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Exploring the Therapeutic Relationship in the Digital Age

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Portfolio Submitted for the Award of Doctorate in Counselling Psychology (DPsych)

City University, London

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Preface

Overview

This DPsych in Counselling Psychology portfolio consists of three sections of my original work: a research study, a research paper and a combined clinical case study and process report. Although these are individual pieces of work, they demonstrate my development throughout the course of my training. In this preface, I will introduce each section in turn and include reflections on my own journey and my interest in the work I have presented.

I have chosen to present the work I will describe below because there is a theme connecting the individual pieces together. The central theme within this portfolio is the focus on the therapeutic relationship. While the research enquiry and publishable paper focus on the therapist experience, the clinical case study and process report demonstrates not only my work as a trainee but also how I sensed that the therapeutic relationship I developed with my client impacted her therapeutically. The focus on the therapeutic relationship brings together aspects of theory, research and practice through these individual pieces of work.

This common thread does not surprise me, since it was the humanistic principals of Counselling Psychology that drew me to this programme of study. From the onset of my course I was intrigued by the therapeutic relationship and it has been a key component of my training. In one of the first modules, I was introduced to Person-Centred Theory as established by Carl Rogers. His article 'The Necessary and Sufficient Conditions of Therapeutic Personality Change' (Rogers, 1957) details six core conditions for therapeutic change. The theory states that these six conditions are considered to be necessary and sufficient for change and central to this concept was the power of the therapeutic relationship. This represented a contradiction to what I had initially believed, as I arrived from a professional background where I utilised Cognitive and Behavioural Therapy (CBT) which typically emphasised the implementation of tools and techniques (Castonguay, Constantino, McAleavey, & Goldfried, 2010). Although CBT is linked with the term 'collaborative empiricism', which is the idea of working in a team with your client (Beck, Rush, Shaw, & Emery, 1979), I was frequently deliberating about whether the core conditions as described by Rogers (1957) really were enough. For instance, the core conditions have been described as desirable but not essential (Ellis, 1962). Although both models of psychotherapy acknowledge the therapeutic relationship, they are conceptualised differently. It was differences like these that intrigued me and fuelled my interest in the potential impact a therapy relationship can have. I always strive for positive therapeutic relationships, although

I would frequently wonder whether that was sufficient and was fascinated by the various understandings and conceptualisations of the term.

Part 1: Research

The first part of this portfolio is my research entitled: 'Counselling Psychologists' experience of the therapeutic relationship online'. My interest in the therapeutic relationship influenced my decision to want to study this area. Although initially I was intrigued by the different conceptualisations of the therapeutic relationship, I started to wonder more about the context of a therapeutic relationship. This idea was influenced by my awareness of the impact of the internet in our everyday lives and society, particularly the way it has changed the formation, maintenance and ending of various relationships from romantic bonds to friendships (Diomidous et al, 2016). I was curious about the influence the online world was having in a therapeutic context and therapeutic relationships. The continued growth of the internet and client demand for online counselling services have continually grown and are expected to keep increasing (Berger, 2017). Yet the presence of counselling psychologists who work in this way is limited (Wong, Bonn, Tam & Wong., 2018; Shaw & Shaw, 2006; VandenBos & Williams, 2000). One of the reasons cited for this limitation is attributed to factors concerning the therapeutic relationship (Richards & Viganó, 2012; Hanley & Reynolds, Jr., 2009). The therapeutic relationship is the most frequently researched common factor (Norcross, 2010) and is identified as central for successful therapeutic outcome in face-to-face settings (Norcross & Lambert, 2011; Berger, 2017). It is therefore important to explore direct experience of the therapeutic relationship online. The aim of this research is to understand the experience of the therapeutic relationship when connecting via videoconference technology.

The research begins with an exploration of the existing literature around online counselling before focusing on the therapeutic relationship and combining what is known about the two aspects together. This approach highlights the importance for further understanding of this phenomenon. This research enquiry employed a qualitative approach where six counselling psychologists described their experience during individual, one-to-one semi-structured interviews, conducted online via webcam. Participant interviews were transcribed and analysed using Interpretative Phenomenological Analysis as outlined by Smith, Larkin and Flowers (2009). Three superordinate themes emerged from the data: 1) "*It reduces it to that little box*": the perception of physical distance in the therapeutic relationship online, 2)"*It's head to head therapy*": the paradoxical experience of the therapeutic relationship online, 3) "*Working with my hands tied behind my back*": ethical concerns and perceived struggles of engaging in a therapeutic relationship online. All themes are discussed in relation to previous research performed on the online therapeutic relationship and implications for counselling

psychology practice are discussed. Strengths and limitations of the study are also explored and suggestions for future research are suggested.

Part 2: Research paper

This article has been specifically written for submission to *Counselling Psychology Review*. This peer-reviewed journal is the Division of Counselling Psychology's research publication, focusing on the work in the United Kingdom (UK). I specifically chose this journal because, during my literature search, I noticed there was not as many UK-based sources from a counselling psychology perspective that considered online counselling. I wanted to add to the literature on this topic and therefore focused on writing the article for this journal and in accordance with its guidelines. The publishable paper I have written is entitled '"Working with my hands tied behind my back": counselling psychologists' experience of inhibition and lack of control in therapeutic relationships online'. This article is derived from the above research, focusing on a specific theme within the findings. I have chosen to focus on the specific area in the paper because I believe it highlights an important aspect of the findings with regards to how therapists feel when connecting online. Ultimately research is utilised to inform our practice and I hope by highlighting the struggles participants experienced in this study, it will highlight the potential impact and importance of training to work online.

Part 3: Professional practice: case study and process report

The combined clinical case study and process report forms the third aspect of my portfolio. I have chosen to present this piece of work because I feel it not only demonstrates the importance of the therapeutic relationship but it also specifically illustrates my effort to understand my client's experience. Through my training and development, my personal experience at placement settings has utilised different therapeutic modalities including CBT, third wave CBT and psychodynamic play therapy. Although understanding the conceptualisations arising from different therapeutic models has been insightful and important for my development as a practitioner, a commonality I noticed was the importance of a positive experience of the therapeutic relationship, specifically one that consists of but is not limited to trust, empathy and collaboration. One of my first experiences of this lesson was through my experience of the therapeutic relationship in the case study and it has reminded me of the subjectivity surrounding what constitutes a healing experience. It showed me the strength of working in a person-centred way, because the conditions enabled change through the therapeutic relationship (Mearns & Thorne, 2008).

It gives an insight into my professional clinical practice by capturing the clinical skills I have developed, my understanding of applying theory to practice and explores my self-awareness within the therapeutic relationship and process.

This report is entitled: 'Exploring the impact of empathic responding on the external locus of evaluation within the context of a person-centred therapeutic relationship'. The report follows the exploration of therapeutic collaboration with my client "Lisa" (a pseudonym to protect client anonymity). Lisa had experienced a verbally abusive relationship with her father when she was growing up, which she linked with the relationships she was experiencing during the time of our sessions. Her focus in our sessions was primarily on the relationship she had with her father while growing up and the impact she felt this has on her now. The work demonstrates how the therapeutic relationship and empathy in particular assisted Lisa towards achieving positive change.

Throughout this portfolio there is also an overlap between the position adopted for my research enquiry and the way I work clinically. The phenomenological underpinnings of both Interpretative Phenomenological Analysis (IPA) and Person-Centred theory overlap. For instance, both are embedded within phenomenology, both emphasise the relationship and put the use of self in the centre of work. IPA does this in the form of the researcher co-creating meaning with the participant (Smith et al., 2009). In person-centred theory, Rogers (1957) emphasised the counselling relationship and believed that psychological healing occurred when the client's experience is valued, accepted and understood (Merry, 2002), thus implying a collaborative process dependent on both the client and therapist. The clinical case study demonstrates my humanistic approach to facilitating my client to reflect on her concerns. According to Cooper (2009), seeing beyond a client's diagnosis and accepting their otherness is central to humanistic therapies, such as person-centred theory. Similarly the interpretative nature of IPA involves looking beyond the content of participants' discourses and involves trying to make sense of their understanding while acknowledging the subjective nature of their experience (Smith et al., 2009).

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Part One: Research Study:

Counselling Psychologists' Experience of the Therapeutic Relationship Online

Supervised by Dr Jacqui Farrants

Abstract

The demand for online counselling continues to grow, yet the presence of counselling psychologists who work in this way is limited (Wong, Bonn, Tam & Wong., 2018; Shaw & Shaw, 2006). One of the reasons cited for this is due to factors surrounding the therapeutic relationship (Richards & Viganó, 2012; Hanley & Reynolds, 2009) yet little is known about the experience of this. It is therefore important to explore the therapeutic relationship in online settings, particularly from the perspective of the therapist.

This study explores how counselling psychologists experience the therapeutic relationship online when connecting via videoconference technology. Six counselling psychologists described their experience during individual, one-to-one semi-structured interviews, conducted online via webcam. Participant interviews were transcribed and analysed using Interpretative Phenomenological Analysis. There are three superordinate themes that were established from the data and each theme consists of related sub-themes. Superordinate theme 1: '"*It reduces it to that little box*": the perception of physical distance in the therapeutic relationship online'. This theme explored participants' perception of not sharing the same physical and environmental space as their client. Superordinate theme 2: '"*It's head to head therapy*": the paradoxical experience of the therapeutic relationship online'. This theme contextualises and explores the meaning making of the inconsistencies in participants' experience of the therapeutic relationship. Superordinate theme 3: '"*Working with my hands tied behind my back*": ethical concerns and perceived struggles of engaging in a therapeutic relationship online'. The final theme acknowledges the ethical concerns and experience of struggles identified by the participants and explores the deeper subjective experience of power dynamics and feeling of inhibition in the online environment.
All themes are discussed in relation to previous research regarding the online therapeutic relationship and implications for counselling psychology practice are considered. In particular, the need for training professionals to feel more comfortable and confident working with clients online is supported. The areas of improvement, strengths and suggestions for future research are also highlighted.

1 Chapter 1: Introduction

1.1 Chapter Overview

This introductory chapter provides a critical review of the current literature and psychological studies relating to the therapeutic relationship online. The purpose is to critically evaluate and discuss what is currently known about the relationship between online counselling, specifically the use of videoconference technology, and the therapeutic relationship. I will begin by introducing the area of study, provide an overview of the history of online counselling, define online counselling and provide a brief overview of the current themes in the literature before proceeding to focus on the therapeutic relationship and videoconference technology. I will discuss the gaps in the literature, acknowledge the limitations of this literature review and conclude with my research aims and rationale for the importance of exploring this topic within the area of counselling psychology.

I searched for literature for this review using Google Scholar (the search engine) and psychological databases (PsycINFO, PsycARTICLES and PubMed). I used search terms including: "online counselling, webcam counselling, the therapeutic relationship online, experience of therapeutic relationship online, online counselling meta-analyses, videoconference technology and counselling psychology" to identify relevant reviews, research and meta-analyses. Through this search I selected applicable literature which has been included in this chapter. I did not include articles unless they were specifically relevant to online counselling in relation to the therapeutic relationship.

1.2 Introduction

The term "online counselling" on the Google search engine has increased from generating 233 thousand hits (Rummell & Joyce, 2010) to over 100 million (Koufou & Markovic, 2017) and, in 2017, 90% of households had internet access demonstrating a continued increase in internet use (National Statistics, 2017). This contextualises the growth in people seeking psychological and emotional support using the internet, and it also shows that online counselling has and is continuing to grow as predicted (Norcross et al., 2002). This increase provides greater demand for professionals to deliver counselling online (Mallen, Vogel, Rochlen & Day, 2005; Bloom, 1998) and the importance for counselling psychologists to develop an online presence has been highlighted (VandenBos & Williams, 2000). Nevertheless, it has become apparent that in general most counselling psychologists are reluctant to engage with therapeutic relationships online in comparison to other mental health professionals, such as counsellors (Shaw & Shaw, 2006; VandenBos & Williams,

2000). There is a lack of counselling psychologists engaging in online therapy relationships and one of the reasons cited for why psychologists are hesitant to engage online is due to factors impacting the therapeutic relationship (Richards & Viganó, 2012; Hanley & Reynolds, 2009).

Although it has been suggested that more counselling psychologists still need an online presence, there has been a clear increase in the number of these professionals incorporating online mediums into their practice. The increase has led to professional bodies such as the British Psychological Society (BPS) publishing their first edition of guidelines for working online in 2001. This has been superseded by the BPS Practice Guidelines that now offer guidance on working online. The Association for Counselling and Therapy Online (ACTO) was developed as a separate organisation in 2006 to support UK online therapists. They provide a comprehensive statement of Professional Conduct and Code of Ethics (ACTO, 2014). Members of ACTO must be from a recognised professional body, such as the BPS. Despite the need for more counselling psychologists to connect online with clients, this demonstrates that there is an increase in professionals working in this way.

1.2.1 History of online counselling

Whilst traditionally counselling takes place in a face-to-face context, it has become apparent that throughout history there have been alternative geographically remote ways that counselling has been conducted. These range from letter writing (Davidson & Birmingham, 2001) and telephone counselling (Barnett & Scheetz, 2003; Lester, 1995) to the online methods we see today, some of which have been utilised since 1986. This initial venture consisted of an online service offering mental health advice to students at a university in New York (Ainsworth, 2001). Since then, online counselling has rapidly developed into the many forms in which it exists today. Videoconferencing was reportedly initially trialled for group psychotherapy as early as 1961 (Wittson, Affleck & Johnson, 1961). Over the past 15 years online counselling methods have grown (Richards & Viganó, 2012) and whilst email counselling has been reported as the most utilised form of online counselling (Ivey & D'Andrea, 2011) and therefore seems to be the most researched, the use of videoconference technology has increasingly developed in the United Kingdom as well as other developing countries, such as America and Australia (Simpson & Reid, 2014).

1.3 Defining online counselling

Before defining online counselling, it is important to acknowledge that online interventions for emotional and mental health support exist in a variety of forms, such as interactive

multimedia Cognitive Behavioural Therapy (CBT) programmes such as, Beating the Blues UK (Proudfoot et al., 2003), psychoeducational websites and online counselling. There are different terms to describe online counselling, including e-therapy or cyber counselling, and there are various understandings of what is included. To clarify the exact nature of online counselling, it is worthy to note that from the onset online counselling has raised concerns relating to the specifics of what it entails (Richards & Viganó, 2012). According to some researchers, it is believed that online counselling is a new model of therapy (Fenichel et al., 2002) and therefore it can be viewed as a very separate intervention, much like CBT in comparison with Psychodynamic therapy. Whereas an alternative and widely accepted view is that, similar to telephone counselling, online counselling is an alternative mode to face-to-face counselling (Castelnuovo et al., 2003). It can therefore be described as a method of delivering therapeutic interventions and counselling services via the internet as an adjunct to offline counselling or as a standalone service (Richards & Viganó, 2012). Taking this into consideration, online counselling is not necessarily a new intervention but another way of delivering existing psychological models and engaging in therapeutic relationships online.

A definition that captures the essence of online counselling is: “delivery of therapeutic interventions in cyberspace where the communication between a trained professional counsellor and client is facilitated using computer-mediated communication” (Richards & Viganó, 2013, p. 995). This definition is the closest to traditional counselling and encompasses the same objectives (Mallen et al., 2005).

Online counselling has been divided into two types: synchronous real-time therapy, using for example videoconferencing, and asynchronous therapy, for instance via email. Whilst there are many forms of the two methods in terms of the features and the computer software and technological devices employed, the main feature that differentiates the two modes of online counselling is the time between relaying communication (Mulhauser, 2005). Synchronous communication involves transmitting information in real time therefore providing instantaneous responses whereas asynchronous communication has a time lag in communication between therapist and client (Barak, Klein & Proudfoot, 2009).

The table below is an overview of the different synchronous and asynchronous online counselling modes:

Synchronous online counselling methods	Asynchronous online counselling methods
Chat/Instant messaging	Email
Audio	Forum
Webcam	SMS

Table 1, Overview of synchronous and asynchronous counselling modes

1.3.1 Defining Videoconference counselling

Videoconferencing, as with the term online counselling, has been referred to in the literature using a variety of terminology. These terms include real-time video counselling, telemedicine, telehealth, webcam counselling and video-link therapy (Backhaus et al., 2012). Although the term videoconferencing was developed in computer science, it is the most frequently used term in the online literature (Backhaus et al., 2012) and the terms can be used interchangeably as they describe the same concept.

This form of counselling uses a video camera connected to a computer or other electronic device that allows transmission of live video and audio to another user over the internet via software, such as Skype (Mulhauser, 2005). Videoconferencing has been considered to resemble face-to-face therapy (Berger, 2017) due to the two-way communication between client and therapist using visual and audio interaction (Shandley et al., 2011).

There have been advantages and disadvantages associated with online counselling methods. Due to the differences between the various features, associated benefits and drawbacks may not be appropriate to generalise to all approaches. For synchronous methods, such as videoconferencing, some of the advantages that have been acknowledged are: the impact of feeling the therapist's presence due to the multiple sensory cues (the availability of both audio and visual data), the ability to schedule convenient appointments perhaps due to the ability of using a variety of devices to connect online and it has been suggested that the online environment could provide clients with the conditions to explore aspects of themselves that they would not do in person thus giving them the opportunity to explore parts of themselves that is therapeutically beneficial (Suler, 2000).

The disadvantages are the potential for difference in the therapy process, for instance the client may perceive therapy as being specific to appointments as opposed to viewing the therapy as an ongoing process and there is less time to process before replying due to the real-time nature of the videoconference interaction (Suler, 2000). Another disadvantage is the potential loss of connection or technical problems which can be encountered.

It is noteworthy that whilst these associated advantages and disadvantages have been cited, some of them are not necessarily specific to online counselling or videoconference technology. An example of this is the notion of instant responding (Suler, 2000). Whilst linked with videoconference counselling, this is something that also occurs in face-to-face situations. Perhaps what really changes is the use of silence as opposed to the need to respond in the moment. It can be assumed that in-person situations cultivate an environment that allows silence to be utilised, whereas in online situations silence could be misread due to not sharing the same physical space. Therefore it can be understood that this is a disadvantage in comparison to asynchronous communication (for example, email), which provides the time between exchanges allowing therapist and client to process before responding (Suler, 2000). Nevertheless, the ability to respond immediately or in a timely manner with real-time communication has benefits, such as immediate clarification of ambiguous interpretations (Richards & Viganó, 2013). However, this could also be a disadvantage if there is a time lag in the technology as a therapeutic intervention may not be experienced in the way intended by the therapist.

Consistent with this idea, Suler (2004) described the “black hole phenomenon”, representing the potential ambiguity experienced by clients when there is a significant time period between exchanges in asynchronous methods. Although this phenomenon is linked with asynchronous communication, it could be apparent in synchronous methods too especially if there is a time lag between exchanges.

Overall the pros and cons are based on the features of the method of online counselling, although as described the advantages and disadvantages can be the same for all methods or differences can exist. With this in mind it is important to generalise findings with caution. Whilst all the features have not been explored here, applicable aspects will be considered in relation to the therapeutic relationship later in this chapter.

1.4 Current themes and debates in online counselling literature

The online counselling literature is continuing to develop. However, due to the expansion of online practice our knowledge of the field is not consistent with recent changes and research is still in the developmental stage in comparison to our awareness of topics in traditional

face-to-face therapy. Nonetheless several meta-analyses and reviews have revealed distinct themes and debates that have become apparent in the literature (Richards & Viganó, 2012; Barak, Hen, Boniel-Nissim & Shapira, 2008; Rochlen, Zack & Speyer, 2004; Mallen et al., 2005). Key areas of interest include comparisons of the effectiveness of online counselling with face-to-face settings, advantages and disadvantages, ethical concerns, client suitability and legal implications.

Although this is considered a comprehensive review of the current literature, it is neither feasible nor applicable for this research study that I cover all the themes mentioned in great detail. I am acknowledging this is a developing branch in counselling psychology practice and therefore it is important to recognise that there are other areas within online counselling that are separate from the research focus explored in this paper. Some of these areas, however, can be linked to this research topic and where appropriate they will be included in this chapter. For example, studies primarily about client suitability, but which refer to the therapeutic relationship online, will be considered.

1.4.1 Effectiveness of videoconference counselling

The effectiveness of online counselling has been widely debated and in this respect the mode of videoconferencing has been no exception. It is important to explore the effectiveness of online counselling in order to understand the impact this has for clients, professionals and the field of counselling psychology. Examining the evidence base of online counselling has been one of the main components unveiled in the literature and most reviews have summarised evidence that demonstrates overall efficacy, both equivalent and in some cases superior to face-to-face settings (for example: Barak et al., 2008; Richards & Viganó, 2013).

One of the main ways that the effectiveness of online counselling has been explored is by making comparisons with existing offline methods. An example of this is a study by Day and Schneider (2002). They compared face-to-face, telephone and videoconference counselling. One of the areas they investigated was whether the working alliance differed across the modes of therapy and if there was a difference in outcome between the different modes and in comparison to a no-treatment control group. Overall the results from this study indicated that therapeutic relationships can be established using these methods and the similarities between the three were more apparent than any differences. Since this study recruited clients with various presenting concerns, the results show that videoconference counselling can be effective for a variety of different client concerns. Whilst these findings are encouraging, there were limitations to this study that should be acknowledged. One of the

features of this study that stood out was the fact that all participation was located in the clinic in which the research was being undertaken. This meant that participants who were in the videoconference group did not experience the obvious advantage of having a session from a location of their choice, as they had to go to the clinic in the same way that they would do if they were having offline therapy. Whilst the researcher organised the study in this way in order to videotape sessions, the methodological rigour was reduced because it did not accurately represent how typically videoconference sessions would be conducted. One way this could have been improved is to use software that would allow sessions to be recorded remotely, so that participants would have been able to engage with sessions from a location of their choice. Nevertheless these findings show no significant difference between the different modes of counselling hence indicating the effectiveness of all modes.

Case studies have been utilised to demonstrate the effectiveness of online counselling. Some cases have reported positive outcomes (Manchanda & McLaren, 1998; Cowain, 2001). Whilst these case studies demonstrate that videoconference counselling can be successful, it is important to note that most of the case studies utilise a CBT approach to treatment and therefore are limited to this specific therapeutic model. This could mean online counselling is most suited to CBT as opposed to demonstrating general efficacy. Furthermore, case study research has generally been criticised for its inability to generalise findings and therefore lacking external validity. This view suggests that whilst certain case studies have demonstrated effectiveness they could be specific to the individual case as opposed to demonstrating the general effectiveness of online counselling.

Nevertheless, Flyvbjerg (2006) argues for the value of the individual case study, taking into consideration the fact that whilst the outcome is potentially not applicable to a wider population, the findings from this idiographic approach reveal details about the case that adds valuable insight. Furthermore, according to a review of videoconference counselling literature, Simpson (2009) reported case studies that utilised various models of psychotherapy, such as family therapy, which was deemed effective online. From these appraisals it can be inferred that since there are various case studies from different therapeutic modalities that demonstrate efficacy, generally the mode of videoconference technology is efficacious across several types of modality and its effectiveness is therefore not limited to a specific approach. However, research exploring a variety of therapeutic modes online is considered to be in the infant stages and it is important for more research to be completed, using various psychological modalities, before reaching definite conclusions (Backhaus et al., 2012).

A recent pilot study by Franklin et al. (2017) examined the effectiveness of videoconference technology, specifically computer-based and mobile telephone streaming technology, to deliver prolonged exposure therapy for clients with post-traumatic stress disorder. They utilised various quantitative measures to assess effectiveness in terms of symptom reduction. Overall they concluded that the videoconference mode of therapy was effective for this client group. It is noteworthy that although the results demonstrate the effectiveness of this mode of therapy, the study was a small sample size (approximately 40 participants); therefore to increase the validity of the study a larger sample could have been used. Nevertheless, the results demonstrate the effectiveness of using videoconferencing technology for post-traumatic stress disorder.

In contrast, Chester and Glass (2006) reviewed two categories of research undertaken on online counselling. Their appraisal included surveys from practitioners and website analysis of those offering online counselling. They concluded that whilst there are benefits of working online, such as potentially enhancing the therapeutic relationship, there are limitations that should be acknowledged. They discussed how one-third of online practitioners perceive their online work as limited in comparison to their work performed face-to-face, highlighting the difficulty with perceiving non-verbal cues and client suitability. Taking this into consideration, while online counselling has proven efficacious there are areas of concern.

There is clearly evidence to suggest that online counselling is effective when compared to traditional face-to-face methods, although there have been discrepancies in the findings. For instance, in a meta-analysis, Richards and Viganó (2013) identified multiple studies using videoconference technology for the treatment of eating disorders which revealed mixed results. There were some studies that indicated a positive outcome, whilst others reported that although there was approximately a similar level of effectiveness, it was not always directly comparable with a face-to-face setting. This implies that although online counselling is effective, perhaps it is not the most suitable mode of online counselling for some client groups. It is noteworthy that whilst there seems to be quantitative studies in this meta-analysis that have deemed online counselling effective, they have not always been statistically significant and therefore imply that the results could be due to factors independent from those that have been accounted for in the study. One way to further our knowledge of these results would be to introduce a qualitative component, which would provide an idiographic perspective and potentially offer insight into why the findings were not significant or identify the factors impacting non-significant data.

It is obvious from the literature that there is evidence to suggest that online counselling in general is effective across different psychological interventions and client groups. It has

however become apparent that most of the literature on this topic seems to make conclusions about online counselling as a whole, despite the number of methods through which online counselling can be delivered. This highlights the need for more research to focus on specific methods to expand our knowledge of these various modes.

Taking this into consideration, when there are different forms of online counselling it can be difficult to know what method exactly is effective and whether there are discrepancies between the different methods. Nevertheless, a meta-analysis investigating internet psychotherapeutic interventions (Barak et al., 2009) concluded that there was no statistical difference between synchronous and asynchronous methods of online counselling when comparing the effectiveness. However, they reported that chat and email were statistically superior to webcam, audio or forum methods. This is an interesting finding, as webcam is often considered to be the mode of communication that mirrors face-to-face counselling (Berger, 2017). Therefore it is generally implied that this method is most likely to be similar in terms of effectiveness, yet there seems to be a preference for text-based online communication (Chardon, Bragraith & King, 2011 as cited in Cipolletta, Frassoni & Faccio, 2018). Perhaps one of the reasons for this finding is that the literature exploring the mode of text-based counselling appears to be a lot more developed than that associated with videoconference technology and counselling, and this point is acknowledged by the limited number of reviews focused solely on psychotherapy through videoconferencing (Backhaus et al., 2012). In addition, it is striking that no statistical difference was found between synchronous and asynchronous methods when the features of these modes and their associated benefits and drawbacks have significant points of variance. With this in mind it can be assumed that the effectiveness of the methods could indeed have differences, although the data was not significant it does not necessary eliminate the fact that differences may exist and may still be impactful for users.

Most reviews and meta-analyses have focused specifically on text-based therapy or combined a variety of online methods (Hanley & Reynolds, 2009; Dowling & Rickwood, 2013). There is a recognition that due to the variety of methods used for online counselling, there can be difficulty to target specific areas for research (Mulhauser, 2005), which could explain why most reviews combine methods.

Nevertheless, there is data to demonstrate the effectiveness of using videoconference technology for psychotherapy (Simpson, 2009). However it has become apparent that much of this data is from a quantitative perspective and lacks certain features that make this type of research reliable. For instance, in his review of psychotherapy and videoconference

literature, Simpson (2009) acknowledges the descriptive nature of the research and the need for studies to utilise larger samples to thoroughly investigate the clinical efficacy of online counselling and increase the validity of results.

In conclusion, the data and findings exploring the effectiveness of online counselling is mixed. There are findings that illustrate that online counselling is equally effective to face-to-face therapy yet is more or less effective with certain client groups. The general agreement is towards online counselling being deemed an effective way to conduct therapy across a range of therapeutic approaches, client presenting concerns and online counselling methods (Andersson, 2009; Barak et al., 2008; Richards & Viganó, 2013).

1.5 Therapeutic relationship

Common factors in psychotherapy are those aspects that influence the therapeutic process and outcome across therapeutic modalities (Norcross & Lambert, 2011) and are not specific to a particular branch of psychotherapy. There have been a variety of factors that have been identified over the years and one way to understand them is by grouping them into therapist factors, client factors and the therapeutic relationship (Norcross, 2011). The therapeutic relationship is the most frequently researched common factor (Norcross, 2010) and is identified as central for successful therapeutic outcome (Norcross & Lambert, 2011). It is noteworthy that both client and therapist factors can impact the therapeutic relationship also.

It is important to acknowledge that whilst there have been these distinctions between various variables influencing the therapeutic relationship, it is also important to acknowledge therapeutic dynamics, such as power. Whilst power dynamics are acknowledged (Proctor, 2010) there seems to be limited published research directly exploring how it presents itself in the therapeutic relationship (Goldberg, 2001). One of the reasons cited for this is because it evokes confusion within professionals (Goldberg, 2001) therefore highlighting the need for further exploration around this subject area.

Therapeutic modalities conceptualise power differently, for instance, the principal of a 'non-directive' approach in person centred therapy has been criticised as denial of the unavoidable power of the therapist in the relationship (Wilkins, 2003). Nevertheless, Mearns and Thorne (1988) describe that it is the role of the counsellor to share power with their client and not pursue authority or control over another. Similarly in CBT, this idea of collaboration has been criticised because of the innate power by the therapist (Proctor, 2002).

We do not know as much about the experience and impact of the location in which counselling takes place because it has not been a focal area in psychotherapeutic literature (Fenner, 2011; Berger, 2006). Nevertheless, therapy location as a factor in the therapy process has been documented (Pressly & Heesacker, 2001). Backhaus (2007) stresses the importance of acknowledging the relationship between therapist, client and location as part of the overall therapy process. Berger and McLeod (2006), who states there is a natural power struggle in relation to physical location, specifically the traditional therapy room. Taking this into consideration power dynamic s could vary depending on location therefore further research is needed to explore this.

The therapeutic relationship has been considered a vital component for successful face-to-face therapy (Berger, 2017). Another term often used to describe a positive therapeutic relationship is the therapeutic alliance, or working alliance, which was originally a concept established by Freud (1912). Whilst there have been various definitions of the term from different theoretical concepts (Bordin, 1976; Bowlby, 1988; Rogers, 1957), the general idea behind the term is that a positive therapeutic alliance would lend itself to a successful therapeutic outcome (Horvath & Luborsky, 1993; Castonguay & Beutler, 2006; Rogers 1957). A universally accepted description of therapeutic alliance is the agreement between therapist and client on the goals for therapy, the therapy tasks and the bond (Bordin, 1976). In light of this definition, whereas the term therapeutic alliance seems to have positive connotations, the therapeutic relationship could be viewed as a more subjective experience consisting of factors that may not necessarily be commonly associated with therapeutic alliance measures.

Both terminologies are used interchangeably (Horvath, 2001), yet the therapeutic relationship could be seen as an umbrella term with alliance components forming parts of the therapeutic relationship (Norcross, 2010). The therapeutic alliance therefore measures aspects of the therapeutic relationship. Various theoretical models conceptualise the therapeutic relationship differently and these inconsistencies demonstrate the subjectivity of the term.

For instance, although the initial concept of the working relationship between therapist and client has been attributed to Freud (Gaston, 1990; Horvath, 2006). He did not specify the term ‘alliance’, he discussed ‘positive transference’ and attachment between ‘patient’ and ‘analyst’ as important for treatment (Crits-Cristoph & Connolly Gibbons, 2003; Horvath, 2000; Freud, 1913). Since then there has been significant focus within the psychodynamic approach about the therapeutic relationship and there have been variations in terminology about what it

entails. Despite variations, there is a commonality that experiencing a positive relationship is important for successful therapy outcome.

The important role of the therapeutic relationship is echoed in other theoretical frameworks and is widely recognised within humanistic psychotherapy. Carl Rogers, the founder of humanistic psychotherapy stated: "significant positive personality change does not occur except in a relationship" (Rogers, 1957, p. 241) thus highlighting the importance of the relational experience.

In his well-known article: 'The Necessary and Sufficient Conditions of Therapeutic Personality Change' (Rogers, 1957) he outlines important theoretical concepts relevant to this approach and therapeutic relationship. The salient features of this article outline what is considered 'necessary' (conditions that are required in order for therapeutic process and change to occur) and 'sufficient' (six conditions exclusively is enough for change to occur). The relationship conditions of empathy, unconditional positive regard and congruence are provided by the therapist enabling personal growth in the client (Horvath, 2000). Through a person-centred perspective, there is a clear focus on the therapeutic relationship consisting of these elements and there has been research to support this as essential aspects of the relationship (Elliott, Bohart, Watson, & Greenberg, 2011; Farber & Doolin, 2011; Kolden, Klein, Wang & Austin, 2011).

From a CBT lens there has been an acknowledgement that the therapeutic relationship has not been significantly emphasised as crucial for positive therapeutic outcome, the emphasis has been on implementation of appropriate techniques (Castonguay, Constantino, McAleavey, & Goldfried, 2010). Despite the focus on techniques for successful therapeutic outcome, CBT conceptualises the therapeutic relationship using the term 'collaborative empiricism' (Beck, Rush, Shaw, & Emery, 1979) which captures the importance of a collaborative relationship. Although a collaborative relationship is necessary, the therapeutic alliance has been described as insufficient as a single ingredient for therapeutic change (DeRubeis, Brotman & Gibons, 2005).

It is clear that three major schools of psychotherapy conceptualise the therapeutic relationship differently, yet a commonality among the three is a positive therapeutic relationship is favoured.

There has been a large body of literature and meta-analyses conducted over the years to demonstrate a link between the strength of a therapeutic relationship and therapy outcome (Horvath & Bedi, 2002; Horvath, Del Re, Flückiger & Symonds, 2011; Horvath & Symonds, 1991; Martin, Garske & Davis, 2000). Whilst other therapeutic variables have been researched, including but not limited to theoretical orientation, therapist competence and

experience, the therapeutic alliance seems to consistently be a common factor that provides greater correlation with therapy outcome in comparison to these other areas (Webb, DeRubeis & Barber, 2010). Therefore whilst these therapeutic factors could impact upon the therapeutic relationship, generally a positive relationship produces a positive therapy outcome.

Researchers investigated potential factors that are common amongst all psychotherapies for successful therapy outcome which emphasised the important role of the therapeutic relationship (Lambert & Barley, 2001; Lambert & Bergin, 1994 as cited in Cooper, 2009). 'Labert's pie' (Asay and Lambert, 1999 as citied in Cooper, 2008) outlines estimated percentages for both common and specific factors contributing to successful therapy, in particular the therapeutic relationship was considered to influence therapy outcome 30 per cent, indicating the key role it has.

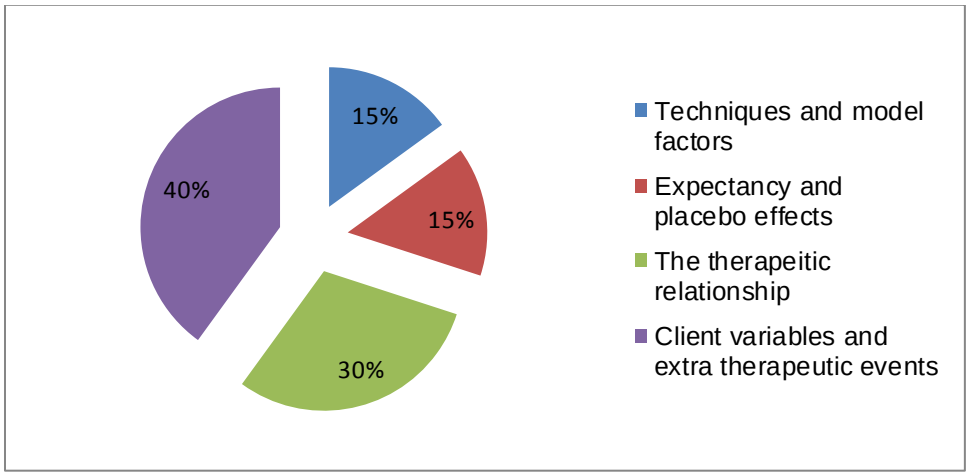

Figure 1, 'Lambert's pie' (from Asay and Lambert, 1999 as cited in Copper, 2008)

Nevertheless, there are ongoing debates about the importance of the therapeutic relationship, with some scholars believing that this is not a central feature of some modalities which show promising therapeutic outcome (Siev, Huppert & Chambless, 2009). Despite this ongoing deliberation, the therapeutic relationship and alliance are consistently found to have a positive correlation across several treatments which have been researched using a wide range of research designs (Flückiger et al., 2012), thus demonstrating the importance for therapy outcome.

1.5.1 Therapeutic relationship and videoconference counselling

Traditionally therapeutic relationships have been established and maintained in a face-to-face context. However the online environment is an alternative way to engage in relationships (Amichai-Hamburger, Klomek, Friedman, Zuckerman & Shani-Sherman, 2014).

As described earlier, online counselling has been deemed effective which implies the therapeutic relationship online has been successful. Nonetheless, the obvious physical distance between therapist and client could change key features of the therapeutic process online in comparison to face-to-face settings (Suler, 2010). The research exploring online counselling has many themes in the literature. Some of these themes can be relevant for our understanding of what is known about the online therapeutic relationship and will be considered in relation to the objectives of this chapter.

Since the effectiveness of online counselling has been a dominant area of exploration, it is appropriate to consider whether the therapeutic relationship impacts upon the outcome of online therapy. One quantitative study that set out to investigate this question was conducted by Yuen, Goetter, Herbert and Forman (2013). The study investigated the relationship between the therapeutic alliance and therapeutic outcome for social anxiety when using videoconference technology to deliver acceptance-based behavioural therapy. It was found that there was no significant correlation between therapeutic alliance and outcome. Similar to this result, there have been reviews of online counselling literature proposing that the outcome of therapy is less dependent on the therapeutic relationship in online settings (Cavanagh & Millings, 2013).

It is noteworthy that whilst there is evidence to demonstrate the positive effect of a strong therapeutic alliance for online therapy outcome (Sucala, Schnur, Constantino, Miller, Brackman, & Montgomery, 2012), there have been reviews that imply the therapeutic relationship online is not crucial in the same way as it is considered to be for face-to-face therapy (Richard & Viganó, 2013; Cavanagh & Millings, 2013). Nevertheless, this conclusion has been drawn mostly from text-based online interventions and therefore may be less applicable for videoconference technology. Given the various studies and reviews of the literature, it can be concluded that the data is mixed and the therapeutic relationship online can be both equivalent to face-to-face relationships as well as superior, while in some cases it is being deemed a less crucial factor for the therapy outcome. Interestingly, it is evident that there has not been a significant amount of research exploring this area and what is known directly about the therapeutic relationship and the outcome of online therapy is limited. There is clear potential to explore this field and add to our knowledge.

One of the ways that the therapeutic relationship has been researched in this area is by comparing the therapeutic alliance online with offline experiences. Research has indicated that it can be similar, different and stronger than the alliance experienced offline (Richards & Viganó, 2012).

Of the studies that have compared the therapeutic alliance online with the alliance experienced face-to-face, many have found positive ratings by clients for the online mode (Preschl et al., 2011; Wagner et al., 2012). Wagner, Horn and Maercker (2014) carried out a randomised controlled trial to investigate internet therapeutic intervention in comparison with traditional face-to-face therapy for treatment of depression. The main finding was that an internet-based intervention is similar to that experienced offline. An interesting aspect of their findings is related to the therapeutic alliance. It became apparent in their research that clients rated their experience of the therapeutic relationship more positively (96%) than those who were in the offline therapy condition (91%). These findings are consistent with other studies generating similar results that indicate a higher number of participants rating their online therapeutic relationship as positive in comparison to those who engage with therapy offline (Barak & Grohol, 2011; Cook & Doyle, 2002; Finn & Barak, 2010; Richards & Viganó, 2013). Although the findings from Wagner et al. (2014) can be used to demonstrate that the therapeutic alliance can be experienced more positively online in comparison to face-to-face settings, it is important to note that it was not clear what the therapist interaction entailed in the online condition. There was reference to this group receiving "intensive therapist contact" (p.115); however, it was not clear whether this contact involved any videoconference communication as most references in the study described text-based involvement. In light of this fact, this study result may not be applicable to videoconference online communication and may represent the efficacy of asynchronous methods. Nevertheless, there have been results to demonstrate that the therapeutic alliance is experienced as superior when interacting through synchronous methods (including videoconferencing) when compared to offline settings (Berger, 2017), thus it can be deemed that both methods can be effective.

It has become apparent that many studies that make comparisons between the therapeutic alliance offline and online have been from a quantitative perspective (Berger, 2017) utilising the Working Alliance Inventory (WAI). This instrument was specifically established to exclude theoretical bias and to be applicable across theoretical orientations (Horvath & Greenberg, 1989). The scale measures emotional bond, agreement on tasks and goals as conceptulised by Bordin (1976). Whilst the emotional connection is measured, the inventory focuses on task and goal agreement, which could compromise sensitivity to the details of emotional bond and therefore compromise the therapeutic relationship. Nevertheless whilst the WAI provides quantitative insight and is deemed externally valid, it does not add to our knowledge in terms of potential factors that enhance or impact the therapeutic relationship that are not pre-determined by the specific aspects included in the scale. This can be enhanced by implementing qualitative components to research designs, such as carrying out

mixed methods studies, so that an idiographic understanding can be added and details of the relationship and experience can be captured.

Whilst the majority of research is from a quantitative angle, an example of one case that utilised both qualitative and quantitative measures is the work undertaken by Simpson, Guerrini and Rochford (2015). The aim of their research was to explore the alliance and therapy outcome in face-to-face and videoconference therapy in a university clinic setting. Participants utilised therapy for a variety of different presenting concerns, including anxiety, depression and alcohol abuse. The type of intervention was tailored for the client and provided by psychologists in training. The qualitative aspect of the research involved interviews which were analysed using content analysis. The quantitative element involved alliance ratings on the Agnew Relationship Measure (Agnew-Davies, Stiles, Hardy, Barkham & Shapiro, 1998 as cited in Simpson, Guerrini & Rochford, 2015). The study found that alliance ratings were equal in both conditions and therefore there was no statistical difference between in-person and online counselling. This statistical result was supported by the qualitative element, which revealed all clients expressing a "good relationship" with their therapist. It was concluded that once a rapport had developed the mode of therapy did not impact the relationship. These findings demonstrate that a positive therapeutic alliance, equal to that experienced face-to-face, can be established online for a range of client concerns and across multiple therapeutic modalities. Whilst the results from this study demonstrate online counselling is as effective as face-to-face settings, there were areas in the study that could have been improved. For instance, whilst the authors conclude that videoconference counselling is effective for a range of client concerns, the exact nature of the problems were not formally assessed; therefore, we are not clear about the symptoms online counselling can be as effective for treating as face-to-face settings are. The authors acknowledge that a flaw of the study was not making formal assessments, which limits the reliability of diagnosis and raises the difficulty of not knowing the specifics of which presenting concerns could benefit from online counselling. They also acknowledged this would limit the replicability of their study to further support their findings. This study could be improved by introducing formal assessments to determine the nature of the concerns that the counselling addressed, in order to make solid conclusions about which concerns online counselling is as effective at treating in comparison with face-to-face counselling.

Nevertheless from the literature it can be concluded that there is supporting evidence to demonstrate that clients in an online counselling setting experience the therapeutic alliance both similarly to and more positively in comparison to face-to-face settings (Berger, 2017; Cook & Doyle, 2002). An interesting aspect of these findings is that whilst clients seem to

rate the therapeutic alliance equally or higher, therapists generally have rated the alliance as lower (Berger, 2017; Simpson & Reid, 2014; Rees & Stone, 2005).

One way to understand why therapists rate the alliance as lower is to acquire a sense of their perspectives regarding online counselling in general. Rees & Stone (2005) conducted a qualitative enquiry to investigate psychologists' attitudes about the use of videoconference technology and the therapeutic relationship. The participants were randomly assigned to rate the therapeutic alliance of a video depicting a therapy session which was either conducted face-to-face or via videoconference technology. Despite the two conditions being controlled so that they would be identical, psychologists rated the therapeutic alliance of the in-person session stronger. Some of the concerns that were discussed were factors that would negatively impact the therapeutic alliance, such as the disruption of technology and the therapist not being able to accurately transmit warmth, empathy and sensitivity. These concerns can be linked to the perceived lack of humanness for which online counselling is criticised (Suler, 2000). This is an interesting concern, because on the surface it could be assumed that this criticism is more applicable for asynchronous methods, such as email counselling, where the two parties cannot see each other, whereas in webcam counselling there is the capacity to transmit non-verbal communication as both client and therapist can see each other. Therefore the transmission of non-verbal communication could be assumed to be stronger for this online mode, yet nevertheless it was a concern for the participants in this study. The difficulties associated with the absence of non-verbal data has been considered an obvious implication of online counselling because of the important role that body language has in face-to-face relationships (Chester & Glass, 2006). Research in this area could be expanded by exploring how the absence of specific aspects of non-verbal cues, for instance the impact of eye contact on the relationship dynamics. This seems like a particularly important exploration because eye contact is an important feature of communication and since this is impacted it can be assumed it will affect the relationship. Whilst videoconference counselling does not eliminate the possibility of eye contact, it has been reported as distorted (Jerome & Zaylor, 2000). To be precise, this could mean that although the therapist is looking at their client directly on their screen, their eye direction could be perceived differently on the client's screen. This suggests that while visual data such as eye contact are apparent, they are not necessarily conveyed accurately via videoconference. Other differences in environmental factors that can influence the digital environment include a limited view, screen size, movement and lighting (Jerome & Zaylor, 2000).

Further conclusions derived from the literature were that online therapy would not be appropriate for certain client groups, such as those that present with suicidal ideation, and that this mode of therapy would be most suitable for CBT and less effective for longer term and more interpersonal theoretical models, such as psychodynamic therapy. There has been consistent evidence to support the suitability for CBT to be conducted online. Nevertheless, there has also been research to demonstrate the potential of psychodynamic theory, so while there have been concerns, experiences of psychodynamic therapy online have been reported as positive (Fishkin, Fishkin, Leli, Katz & Snyder, 2011). This demonstrates the perspective is different from direct experience. Fishkin et al. (2011) report the therapeutic relationship online resembles face-to-face experiences. They discuss how unconscious processes are present in the online environment and suggest that there are certain features that provide a unique insight as a consequence of the different physical locations. Therefore whilst it has been a concern that this modality may not be suitable for psychodynamic interventions, they conclude that the therapeutic relationship can be experienced and enhanced online, especially due to the convenience of online therapy resulting in fewer missed sessions by clients.

Overall the participants in the study by Rees and Stone (2005) were concerned that the use of videoconference technology would have negative implications for the development of the therapeutic alliance. Whilst this study highlights the views of psychologists regarding therapeutic relationships online, it is important to note that this study explored the attitudes of psychologists regarding the use of videoconference technology and not the experiences of the clinicians actually providing the intervention it is therefore secondary data. The findings are insightful, however they do not provide first-hand information since it is not based on actual experience. It could be that whilst psychologists are reluctant and have concerns, the experience is more positive than their anticipation; therefore it would be valuable to get an understanding of their direct experience.

Interestingly, last year in 2017 a study investigated psychotherapists' perspective of online counselling (Koufou & Markovic, 2017), researching their direct experience of engaging with therapeutic relationships online through use of video technology. This study utilised Interpretative Phenomenological Analysis (IPA) to develop an understanding of their experience. Six superordinate themes were identified to capture experience: "Benefits of working, connecting online, the online experience, motivation and suitability, becoming an e-therapist and ethical concerns". The research concluded that there were areas of concern experienced that mirrored the attitudes of the psychologists in the study by Rees and Stone (2005). For example, there was one participant who implied that there was a difficulty in experiencing factors that impact the therapeutic alliance online, which is identical to what

many psychologists anticipate as a potential problem. Nevertheless, all individuals in this study still expressed positive experiences that matched those of their clients, suggesting that whilst there are areas of concern for clinicians the experience can still be positive. Whilst the exploratory findings of this research challenge other results suggesting that therapists experience a stronger therapeutic alliance offline, by the authors' own admission this study was limited due to the bias in sampling. Indeed, they had recruited participants who are currently practicing e-therapy and it can be assumed that the individuals in the study who are choosing to continue their online work are doing so partly due to their positive experience. The authors rightly suggested that perhaps a population group for whom it may be important to give a voice are those practitioners who have performed some therapeutic work online in the past and have decided to stop. By understanding the perspectives and experiences of those practitioners who have conducted online therapy and terminated this work it would be possible to provide insight into the factors that contributed to their decision and therefore potential areas of concern. In turn, this would highlight areas of training required to help therapists to manage their concerns. This study was phenomenological in nature and used open-ended questions to allow for greater insight when researching experience, and yet some of the questions could be viewed as directive. For example, one of the questions was: "Can you reflect on the idea of presence in the online therapeutic relationship?" Whilst this question is not exactly closed, the idea of presence could be viewed as directing the participant's focus, when perhaps presence may not have been a key feature of their experience and something else that they were not asked about could have been more significant. Nevertheless, despite these drawbacks, the study adds to our understanding of the subjective experience of the therapeutic relationship online, utilising data driven directly from experience as opposed to secondary information. Whilst this study does not directly suggest that the online therapeutic relationship is experienced as better or equal to face-to-face experience, nor was it the aim for this research to do this, it does demonstrate a commonality in the findings, which suggests a general positive experience by participants in this study.

It is evident in the literature that, in comparison to the therapists, there is currently a larger proportion of clients who accept online therapy, report higher levels of therapeutic alliance and generally describe a more positive experience (Simpson et al., 2014; Richards & Viganó, 2013; Chester & Glass, 2006). Although some of the reasons for this imbalance have been stated, such as the concerns raised by clinicians (Rees & Stone, 2005), another possible explanation for therapists' reluctance is around ethical practice. The main ethical concerns are around client confidentiality, informed consent and other legal regulations (Richards & Viganó, 2013; Chester & Glass, 2006). These concerns are not necessarily

specific to online counselling, as they are areas of concern in face-to-face settings too. The exact nature of the concern has however been identified as different from offline methods and it has been proposed that online counselling could be best used as an adjunct to face-to-face therapy, in order to overcome some of the ethical tensions and enhance therapeutic rapport (Harris & Birnbaum, 2015). Nevertheless the development of professional and ethical guidelines to support practitioners who work online outline ways that these concerns should be managed (Richards & Viganó 2013). This lack of awareness and concerns from clinicians demonstrates the need for training therapists to work online (Goss & Anthony, 2009). This has been highlighted by Anthony (2015) who discussed three areas that impact the therapeutic world in the digital environment. The three areas of focus are client presenting concerns, the importance of global education regarding the online therapeutic world and tailored training for practitioners working online. Taking this into consideration, perhaps the anxieties raised by clinicians will be eased with tailored training in the area.

A further ethical concern specific to the therapeutic relationship was recognised by a quantitative survey conducted by Sucala, Schnur, Brackman, Constantino and Montgomery (2013). The study explored the online therapeutic relationship in terms of the therapist perception of the importance of the therapeutic alliance in online therapy and their confidence in developing an alliance online. Overall the results of the study indicated that most participants who took part in the survey considered the therapeutic alliance to be important both online and offline; however their ratings for offline alliances were higher. Since research informs our practice, this difference could be explained by the fact that online research about the therapeutic relationship is not as substantially developed as the findings of therapeutic alliance in traditional counselling methods (Berger, 2017). Therefore the importance of therapeutic alliance in online environments is not common knowledge in the field and due to the lack of studies investigating therapeutic alliance, more research is required before definite conclusions are established (Berger, 2017).

Another potential reason there is reluctance from professionals to engage online could be due to the perceived barriers to developing a therapeutic alliance online. In the study by Sucala et al., (2013) participants' responses suggested a fear of the therapeutic relationship becoming dehumanised and they expressed ethical concerns surrounding this issue; thus, this could be a further explanation for the difference in view between therapists and clients. It is important to note that whilst this gives insight into potential factors that may cause a clinician's reluctance to engage with therapeutic relationships online, there are limitations in this study that compromise the generalisability. Some of these limitations have been acknowledged by the authors. For example, they note that the sample of clinicians who took part in the survey comprised a small, self-selected number of individuals who were recruited

online. Therefore it can be assumed that they had a minimum level of internet skill and perhaps a broader sample could be reached if the recruitment strategy involved engaging with clinicians both online and offline. A further limitation was in relation to the measure used to understand clinicians' attitudes: this was a survey that the authors established and it had not yet been validated. Therefore, as acknowledged by the authors, the results should be generalised with caution as the survey was limited to face validity.

It became apparent that the survey did not include views about synchronous methods of online engagement, such as videoconference technology; therefore whilst the views could be representative of asynchronous communication, they do not reflect the former mode. One way to add to our knowledge of these methods would be to explore this research further with a greater focus on these different modes of engaging with therapeutic relationships.

The online literature demonstrates that there is a difference between client and therapist views on online counselling. It has been possible to describe and explore several reasons why therapists are reluctant to pursue online methods. It is important to understand the differences between these views, due to the growing demand from individuals, which makes it equally significant to understand why it is being demanded and by what type of client groups.

Various explorations and studies have investigated this, for instance, Dowling and Rickwood (2014) used a focus group methodology to explore the experiences of professionals providing online counselling to young people. This study aimed to investigate several specific factors relating to the experience of online counselling, including which clients are most likely to benefit from an online counselling intervention and therefore potentially identifying which presenting problems are online counselling. A thematic analysis of the data revealed three main categories: presenting problems, client characteristics and the effect of anonymity. According to the focus group there were multiple presenting problems, client characteristics were understood in terms of the type of support these clients wanted (immediate support and long-term support) and anonymity seemed to allow clients to act in a less inhibited manner and feel more open with expressing themselves, which is a phenomenon also known as "The Online Disinhibition Effect" (Suler, 2004). This effect has been associated with the physical distance between therapist and client, potentially allowing clients to feel safer, be more open and take responsibility (Day & Scheider, 2002). This factor could be why clients prefer online counselling over face-to-face. This study involved young people and could also indicate potential generational issues at play; for instance, I am assuming the therapists in this study were older than the clients, which might affect the comfort levels with modern technology. One way to get an understanding of this is to

conduct a study using younger therapists who are more used to operating online with older clients to see if there is a difference.

Consistent with Dowling and Rickwood's findings (2014), Reynolds, Stiles, Bailer, and Hughes (2013) argue that online modalities in general enhance the therapeutic relationship from the client's perspective because they are able to perceive the online environment as less threatening and more comfortable as opposed to being in the therapist's office (Cipolletta, 2015). D'Arcy, Stiles and Hanley (2015), proposed a term which encompasses this idea, 'The online calming effect', and considered that the online environment creates a more comfortable atmosphere for both client and therapist. However, whilst this could be applicable for asynchronous methods of online interaction it may not be applicable for synchronous methods (including videoconferencing), as most of the research they used to support this principal is derived from an asynchronous background.

In light of the studies reviewed, the client groups that have been identified as the most suitable for online interventions include young people, those who would not access support in person due to factors such as social stigma, as in the case of some men, and people who have barriers to accessing support, for example due to physical limitations or geographical location (Richards & Viganó, 2013; Shaw & Shaw, 2006; DuBois, 2004). Therefore online counselling offers a way to reach a wider population.

The potential of working with client groups that may not necessarily access face-to-face therapy is a frequently referenced advantage of online counselling and whilst it has been identified that these are the categories of individuals who might be most suitable, it is important to note that in some cases these are not the people who are actually accessing the online service. For instance, DuBois (2004) was interested in the demographic features of her online clients and found that those seeking online counselling in her practice were mostly women (85%) as opposed to men (15%). This outcome demonstrates that although online counselling has been deemed as a way to reach populations that may not access face-to-face support, these are not necessarily the people who are accessing support online. Barnett (2005) recognises that whilst there are certain client groups that may benefit most from an online medium, these are people who may not have access to the technologies needed to benefit from the counselling.

It has become apparent that when considering the client groups that are most suitable for online counselling, most research has been focused on specific mental health concerns, as for example in the cases of depression and anxiety using CBT approaches and young people working using text-based interventions (Richards & Viganó, 2013). Therefore whilst

on the one hand it could be interpreted that these are the clients that are most suitable, it could also suggest that these are the groups and methods that are in fact being most researched. For this reason, researching other client populations would be beneficial to support the conclusions that are being made: for instance, if men are considered most suitable and it has been found that they are not using this method, it could be insightful to develop an understanding of why this is the case.

Another way to understand the therapeutic relationship online was explored by Cipolletta, Frassini and Faccio (2017), who investigated how the formation of the therapeutic relationship is developed using videoconference technology. Their aim was to reach an understanding of the specific features and characteristics that make up the therapeutic relationship online, and they did this by direct observation of the interaction in the relationship within a naturalistic setting. They utilised conversation analysis to make sense of the interaction co-constructed by therapist and client. Their findings revealed features of the therapeutic relationship that could be viewed as specific to videoconference technology as well as aspects that are consistent with face-to-face relationships. Some of the differences identified were the increased number of and nature of interruptions to the session, the different environments becoming shared and rules tailored for the online engagement. They concluded that the therapeutic relationship online consists of specific characteristics and emphasised that whilst this is important, what might be more noteworthy is the approach taken by the therapist. Therefore, regardless of the medium in which a therapeutic relationship is being developed, the central feature that determines the quality of the relationship is the shared understanding of the therapeutic process.

Although Cipolletta et al. (2017) study did not aim to compare face-to-face therapeutic relationships with online relationships, it became apparent that this was something that emerged from the research outcomes. There have been other studies that have aimed to make comparisons from the outset, such as those that have already been discussed in this chapter.

A further study that drew comparisons by researching specifically videoconferencing counselling was conducted by Jerome and Zaylor (2000). They described differences between the two modes as differences in the perception of depth, interpersonal distance and a slower rate of communication. They stated that whilst these are differences, there is not enough evidence to conclude whether the impact of these elements is positive or negative for the therapeutic alliance. They did however acknowledge that, contrary to some authors' findings (Rees & Stone, 2005), videoconference counselling does not prevent the transmission of social cues. This is an interesting finding, as another area of debate and

concern for therapists is in relation to how a therapeutic relationship can take place without physical contact due to the loss of non-verbal information (Simpson et al., 2014). Therefore the findings from this research demonstrate that the loss of non-verbal information does not limit the alliance, a fact proven by other studies too (Wagner, Horn & Maercker, 2014). It is important to note that whilst the loss of non-verbal information has been primarily researched in relation to text-based counselling, synchronous methods are thought to overcome this potential barrier as the therapist and client can see each other (Barak & Grohol, 2011). Consistent with this view, Suler (2000) discussed how videoconference counselling utilises multiple sensory cues, which aids the accurate transmission of the therapist's interventions and therefore suggests an experience that resembles face-to-face encounters and involves fewer misunderstandings that may occur with ambiguous text-based online interventions. Thus, whilst the loss of non-verbal information is a concern for online practitioners, perhaps for mediums such as videoconferencing where there is a capacity to transmit multiple forms of communication it is not a concern. It is noteworthy that although the capacity is enhanced in video mode, the non-verbal communication is usually limited to facial expressions and upper body (Nguyen & Canny, 2009).

The therapeutic relationship online has been a concern in terms of the impact of technology potentially limiting the strength of the therapeutic relationship (Lovejoy et al., 2009; Perle, Langsam & Nierenberg, 2011). Cipolletta (2015), a psychotherapist from Italy, discusses how technology changes the therapeutic relationship online when used as an adjunct to offline therapy. In this article there are reflections made about the concept of therapeutic presence, which has been understood as a central component of the therapeutic relationship consisting of three aspects: co-responsibility, honesty and openness. Cipolletta (2015) reflects on these aspects by discussing case studies and how the use of webcam software permitted some of these relational properties and the challenges these brought. For example, when discussing one case the author reflected on how the online environment enhanced the therapeutic process for her client, therefore demonstrating the positive implications of webcam and the therapeutic relationship. This article included recognition that webcam counselling may not be suitable for all clients and online mediums allowed continuity of the therapeutic relationship in situations where it could have ended prematurely. This paper demonstrates how the use of webcam can enhance the therapeutic relationship, especially for those who may have geographical distance as a barrier or individuals who could find the face-to-face experience threatening.

There is a need to understand how specific variables impact the experience of the therapeutic relationship online (Cavanagh & Millings, 2013; Simpson, 2009). It has been

proposed that the factors that are present in a traditional therapeutic relationship are also evident in the online environment (Cook & Doyle, 2002). Specific aspects of the therapeutic relationship online have been researched, such as trust (Fletcher-Tomenious & Vossler, 2009). The findings illustrated that the traditional therapeutic relationship was viewed similarly to online therapeutic relationships. Whilst there were certain differences that were discussed, such as anonymity being a factor that increased the speed of relationship development, overall trust was viewed as important for the therapeutic relationship. Although this research describes various features that seem to impact upon trust and the therapeutic relationship online, it is important to acknowledge that this research focused on text-based counselling. Therefore although anonymity could be a feature of this way of communicating, it is not necessarily an aspect of other methods, such as with the use of a webcam when you can see your client.

1.6 Conclusion

To conclude, an examination of the literature surrounding the therapeutic relationship and videoconference technology demonstrates that overall there is a growing body of literature exploring the therapeutic relationship online from a variety of different perspectives. As discussed in this chapter, there have been various concerns and debates within the literature about online counselling in relation to the therapeutic relationship. Areas that have been explored include the client/therapist perspective, client/therapist experience, suitability of theoretical models, ethical concerns, the need for training, client suitability and the impact of technology. These issues have been investigated from a variety of different methodological positions, although it is apparent that there are a limited number of qualitative research studies. It is acknowledged that, due to the differences between asynchronous and synchronous methods of online counselling, it is important to remain cautious when generalising the findings and data, despite much of the research reviewing the two modes together and making general conclusions about online counselling. Most of the literature researches online counselling by comparing it with in-person counselling. Whilst this has been beneficial for understanding how counselling can work online, it would be useful to research the online method as a separate entity of its own. This could prevent researcher bias that may occur as a result of preconceived ideas and expected results from what is already known about face-to-face therapeutic relationships. One of the main commonalities in the literature that became apparent was the increased concerns from therapists about engaging in online therapeutic relationships, despite evidence to demonstrate that this route is ethically possible. This allows me to conclude that whilst the therapeutic relationship

online has been studied, there remains a need to further understand this branch of counselling psychology to further inform our practice.

1.7 Gaps in the literature

From the literature explored, it has become evident that this area of research is limited and most research has focused on asynchronous methods of online counselling (Berger, 2017). It is noteworthy that most research has been conducted from a quantitative perspective as identified by several meta-analyses described in this chapter and there is a need for more qualitative insight. It seems important to acknowledge that although quantitative data is the most frequent method of enquiry in this area, the therapeutic relationship is a concept that can be viewed as intangible and subjective. Being mindful of this dimension, it is important that further qualitative insight is available.

There has been focus on specific client groups and when research is exploring the concept of experience, the understanding is mostly gleaned from secondary data as it explores attitudes and perspectives as opposed to direct experience. This highlights the need for further research to explore direct experience of online counselling specifically using synchronous mediums, as the majority of data and findings represent asynchronous methods.

It has been widely acknowledged that the field of online counselling is continuously developing and more research is needed to inform our clinical practice (Berger, 2017; Harris et al. 2015; Simpson et al., 2014; Richards & Viganó, 2013; Simpson, 2009). Furthermore, since the therapeutic relationship online has limited research it is crucial to further our understanding of this in particular (Berger, 2017; Sucala et al., 2012). It is obvious from the studies described in this chapter that one of the barriers of psychologists' and other professionals' reluctance to engage online is due to their preconceived concerns. This highlights the need for training in this area. Although training is one way to manage concerns about working online. Another way would be to develop an understanding of professionals direct experience to develop awareness of how the experience has been. Perhaps developing an understanding of how experiences have been will remove some of the concerns as well as potentially providing ways to manage them.

1.8 Limitations of this literature review and areas for further development

Although I endeavoured to conduct a thorough literature review of my research topic, it is noteworthy that there are limitations and areas where this could be further developed. This

review chapter is therefore not an exhaustive overview of all the factors that impact the therapeutic relationship via videoconference technology.

It is important to acknowledge there are other relevant areas of online counselling that could have been further elaborated. Decisions about what to include in this chapter involved pragmatic decision making. For example, although ethical concerns in relation to the therapeutic relationship were explored, the area of ethics in online counselling includes other crucial factors that are a central feature in the literature. These other aspects, whilst important in their own right, did not seem relevant to the therapeutic relationship and videoconference technology and were therefore not included in detail. Nevertheless, they have been cited within this review. Taking this into consideration, whilst important areas have been addressed, the focus has remained on the therapeutic relationship via videoconference technology since this is the subject of this research study.

1.9 Research Rationale

The growth of the internet and client demand for online counselling services continue to rise and they are expected to keep increasing (Berger, 2017). Technology is clearly a significant part of how healthcare is being delivered in the contemporary world and whilst this chapter has drawn on some of the debates that are ongoing, the presence of technology in healthcare is apparent. A clear example of this trend is the National Health Service (NHS) Choices website, which outlines online mental health services demonstrating the demand, utility and effectiveness of this mode of therapy. It is necessary to be mindful of this shift and it would be ignorant to assume that online trends will not impact counselling psychology practice and that the discipline can continue in the same way that it has traditionally operated (Anthony, 2015). Taking this into consideration, to conduct research in this field is essential to further our understanding and knowledge.

Furthermore, online counselling and the therapeutic relationship seems to have been studied less (Sucala et al., 2012) in the current literature, in comparison to other areas of online counselling. For instance, there is a lack of material investigating the advantages and disadvantages of this mode of therapeutic engagement. Since the literature on the therapeutic relationship in face-to-face settings has revealed the relationship to be a central component for successful therapeutic outcome (Berger, 2017; Horvath, Del Re, Flückiger & Symonds, 2011; Horvath & Symonds,1991), it is important to further our knowledge of this area in the online environment. It has become clear that whilst the demand for online counselling is increasing, in general there are many negative connotations and a lack of knowledge about this medium, particularly in relation to the therapeutic relationship. Whilst

there has been limited research looking at the effectiveness, perspective and features of the therapeutic relationship online, these are mainly restricted to asynchronous methods, quantitative designs and specific areas of exploration, such as trust or the formation of therapeutic relationships online, providing us with an understanding from a single perspective. Another issue is that whilst the quantitative data makes correlations and generalisations it does not capture lived experience. Taking this all into consideration, it is crucial to further our understanding from a qualitative perspective of the experience of engaging in online counselling relationships.

Without exploring counselling psychologists' direct experience of the therapeutic relationship when working synchronously online, it is presumptuous to expect the experience of engaging online is limited to the generalisations currently being made and naive to assume the experience is not subjective and without points of divergence. Furthermore, the current literature is clearly mixed reflecting both positive and negative connotations surrounding the engagement of online counselling relationships and it would be beneficial to conduct further research. Taking this into consideration, this research aims to explore the experiences of counselling psychologists in relation to the therapeutic relationship online. It is with this intention that the goal of the research will not be to narrow the research to look into a specific aspect but to investigate the phenomenon more broadly, as this approach will allow participants to speak freely about their experience.

1.10 Research Aims

The aim of this research is to explore counselling psychologists' experience of the therapeutic relationship online when communicating through videoconference technology. The primary interest is to establish what it is like to engage in therapeutic relationships via videoconference technology. This enquiry has deliberately used the term therapeutic relationship as opposed to therapeutic alliance in order to account for the subjective nature of the experience. As discussed at the beginning of this chapter, whilst therapeutic alliance seems to have universal dimensions, the term therapeutic relationship is more subjective and could include multi-faceted elements that are not associated with the idea of a therapeutic alliance. For instance, Spagnolli and Gamberini (2002) as cited in Cipolletta et al., 2011 propose that the client and therapist environment and computer screen could potentially become aspects of the therapeutic relationship as well as other elements that are not widely acknowledged in traditional settings; therefore in order to maintain an open, undirected position in this research the term therapeutic relationship has been utilised.

This research study intends to make a positive contribution to counselling psychology because it aims to add to our knowledge of online counselling. It will give a voice to counselling psychologists who have experience of engaging with online relationships without directing or restricting their experience by focusing on a specific element of the therapeutic relationship online. The research enquiry proposes to obtain an idiographic understanding of what the experience is like, what it feels like to develop, maintain and end a relationship online, as well as to make sense of any other factors that are important from the participant's perspective by delving into any aspects of experience that may be prominent for them.

2. Chapter Two: Methodology

2.1 Chapter Overview

In this chapter I describe my process of designing this research study. I will outline and explore the methodological and analytical approach adopted: Interpretative Phenomenological Analysis (IPA). I discuss the epistemological stance taken for this research topic and detail the methodological decisions I have made, such as recruitment strategy and participant selection. I will also discuss ethics and explore reflexivity.

2.2 Methodology

The methodological process applied to investigate phenomena is guided by a research paradigm (the context for the study) including the philosophical assumptions, method and methodology (Ponterotto, 2005). Whilst the term method and methodology are often used interchangeably (Buchler, 1961), according to Willig (2001) methodology is connected to the epistemological position. Therefore in the methodology section of this chapter I will address the broader aspects of the research, for example research design, analytical strategy and philosophical assumptions. Whereas the method section will detail the tools used to gather data, such as the recruitment strategy.

2.2.1 Research Design

Qualitative and quantitative approaches are empirical methods of research design which involve the collection, analysis, and interpretation of data or observations (Ponterotto, 2005). To establish the most appropriate research design, I considered both approaches. Quantitative studies usually involve testing of hypothesis, whereas a qualitative research design typically focuses on the meaning people attribute to particular conditions, experiences and events (Willig, 2013). Taking this into consideration, as well as the literature review, which revealed the need for further qualitative research on this topic and the aim for this research enquiry, a qualitative approach was found to be most suitable.

Furthermore, since a qualitative methodology aims to explore the quality of experience as opposed to establishing cause and effect relationships (Willig, 2013), it is suitable for this research which aims to explore how counselling psychologists experience the therapeutic relationship online when connecting via videoconference technology. This means that in this study my aim is to explore what the therapeutic relationship is like in an online context for counselling psychologists. In this respect, there is no testing of the effect of one variable on another but there is an aim to understand experience. Therefore a qualitative design will

produce the type of knowledge this study hopes to generate. Furthermore, since this research forms part of the Professional Doctorate in Counselling Psychology, a qualitative approach is consistent with both the profession and my own values.

My choice of this methodological design has been further explained and explored in the Reflections presented later in this chapter.

2.2.2 Consideration of qualitative methodologies

Once the qualitative approach was established as being most suitable, I deliberated on what would be the most appropriate analytical methodology. I considered Grounded Theory (GT) as established by Glaser and Strauss (1967). GT stems from sociology and the main aim of this analysis is to inductively establish a theory about social and behavioural phenomena from the data collected (Glaser et al., 1967). I also reflected on the potential benefits of IPA. Both methodologies acknowledge the interpretative nature of their analytical approach and while GT relies on theoretical sampling and requires a larger number of participants, IPA uses purposive sampling to recruit participants for research enquiries (Starks & Trinidad, 2007). Adopting a GT approach could have been used as an analytical strategy for this research enquiry. The main factor that differentiates the two approaches is the lens through which the findings are understood and this was the main reason IPA was favoured. The focus of IPA is on subjective lived experience, which was the aim of this study, whereas GT focuses on the development of an explanatory theory (Willig, 2008). GT was therefore deemed incompatible as it does not complement the aim of this project. According to Smith, Flowers and Larkin (2009), IPA is appropriate for exploring how people make sense of their personal and social world and the meanings associated with experiences. It focuses on specific individuals as they experience or deal with situations or events (Smith et al., 2009), thus making IPA appropriate for this research enquiry, which does not aim to explain participants' experience but intends to explore them in detail.

2.2.3 Interpretative Phenomenological Analysis (IPA)

IPA is grounded in health psychology and utilised in other forms of psychological research including counselling psychology (Larkin, Watts & Clifton, 2006). According to Smith et al. (2009), IPA is an exploration and analysis of how people make sense of experiences in their personal and social world through the meanings they attribute to them. IPA focuses on specific individuals as they experience or deal with particular situations or events. In this study the specific individuals are counselling psychologists and their experience is what it is like to engage in therapeutic relationships online. IPA examines in detail individual

experience and how individuals make sense of it (Eatough & Smith, 2008). It aims to understand commonalities in experience and acknowledges the possibility there will be no defined conclusion (Starks & Brown Trinidad, 2007).

This analytical strategy consists of three distinct theoretical components which I will discuss in turn: phenomenology, hermeneutics and idiography.

2.2.3.1 Phenomenology

IPA stems from phenomenology, a philosophical idea which has been extended by several theorists (Smith et al., 2009). Edmund Husserl (1901), who is considered the main theorist for descriptive phenomenology, describes the aim of a phenomenological method as understanding what he refers to as the essence of conscious experience. This moves away from positivism towards lived experiences.

Husserl (1901) established the descriptive tradition of phenomenology and he coined the term 'intentionality' which refers to an individual's awareness and consciousness about objects or events. He emphasised the importance of subjective human experiences and believed there is an individual perception of objects and events as opposed to an objective perspective (Smith et al., 2009). He spoke about "phenomenological attitude" which means being reflexive so that meaning can be derived; thus reflexivity is a key aspect of this approach (Husserl, 1929).

2.2.3.2 Hermeneutics

Heidegger (1962) shifted from descriptive phenomenology to an emphasis on interpretation. He acknowledged that individuals are part of a world that consists of social relationships, culture and language and believed access and engagement in lived time was achieved by interpretation (Heidegger, 1962).

Within IPA this core theoretical component states that a researcher endeavours to make sense of their participant trying to make sense of their experience through interpretation (Smith et al., 2009), thus making it a dual-faceted approach.

To capture the subjective experience, an important concept of IPA is the process of 'bracketing' which involves dismissing as far as possible prior assumptions, such as knowledge and understanding of a phenomenon (Smith et al., 2009). Whilst bracketing is a crucial aspect of IPA, there is an acknowledgement that it is impossible to get direct access to participants' experience (Willig, 2008), thus the result of IPA analysis will be an interpretation of the participants' experience, referred to as a double hermeneutic. IPA

acknowledges the concept of bracketing is not fully achievable (Smith et al., 2009). The hermeneutic circle is referred to by Smith et al. (2009) to describe the relationship between 'part' and 'whole'. This means in order to understand a 'part' it needs to be explored individually as well as in relation to the 'whole' and vice versa.

Related to this, Smith et al. (2009) discussed trying to achieve a combination of both a hermeneutics of suspicion and a hermeneutics of empathy. According to Smith et al. (2009), hermeneutics of suspicion involves a way of interpretation that includes questioning why participants articulate something in the way they do. In contrast, a hermeneutics of empathy is the acceptance of participants' articulation without questioning their communication. Taking this into consideration, the analytical process in IPA acknowledges the importance of interpretation and understands that bracketing is not something that can be fully achieved. Therefore any IPA analysis will always be influenced by the researcher.

2.2.3.3 Idiography

Idiography is another key feature of IPA and it places an emphasis on individual subjective experience as opposed to understanding a group broadly. By this I mean there is a focus on particular experience as opposed to general experience, whilst acknowledging the two are interrelated (Smith et al., 2009). The aim and focus are not to develop laws for human behaviour but to understand a phenomenon from an individual perspective contextualised in a specific time and place (Smith et al., 2009). The idiographic nature of IPA involves studying individual cases before creating any generalised commonalities (Pietkiewicz & Smith, 2014). The idiographic influence in IPA analysis acknowledges that the specifics of individual accounts are unique, yet they can be linked by shared connections within their experience (Smith et al., 2009).

2.2.3.4 IPA critique

IPA, as with other forms of analysis, has been criticised for having limitations (Willig, 2008). One of the potential concerns is around the role of language. IPA utilises language as the necessary tool to transmit data from participant to researcher (for example, via spoken interviews) which assumes the participant's description is sufficiently able to represent their experience (Willig, 2008). This can be problematic because language can be seen as a construction of a number of versions of reality as opposed to a simple description of experience (Willig, 2008). Taking this into consideration the reliance on language may not be suitable for participants who find it difficult or are not accustomed to using their voice to give expression to their experience (Willig, 2008); thus, the process could be challenging for

those individuals. Nevertheless, in this research study it can be assumed the sample (counselling psychologists), who have been trained to be reflective and explore their experiences, for example via personal therapy, would be comfortable and able to express themselves verbally.

IPA has been criticised for potentially taking away from the participants' authentic description of their experience due to the deeper and interpretative analysis that is undertaken by the researcher (Pringle, Drummond, McLafferty & Hendry, 2011). Whilst this could be one way of looking at IPA analysis, Smith et al. (2009) encourage master themes to be firmly grounded in direct participant accounts, thus staying as close to the participants' descriptions as possible. Furthermore, IPA acknowledges that there could be alternative interpretations and thus this possibility is considered within the process.

IPA has been criticised for the subjective nature of interpretation because it could unintentionally include the researcher bringing their own preconceptions when analysing the data and therefore, without consciously appreciating the fact, a prior knowledge of existing literature could impact the interpretative process (Brocki & Wearden, 2006). The role of the researcher is fully acknowledged in IPA and whilst this could influence the analytical process, transparency and reflexivity in this respect is advised (Brocki & Wearden, 2006). Furthermore, tracking the analytical process as though it was a 'paper trail' so that the stages of analysis are visible (Yardley, 2015) is encouraged so that the interference of any prior knowledge is acknowledged.

Similar to other qualitative analysis, the small sample size within IPA is often criticised for its inability to generalise findings (Pringle et al., 2011). Whilst the idiographic nature of IPA has been emphasised by Smith et al. (2009), the commonalities among cases could offer insight that may have wider implications (Reid et al., 2005, as cited in Pringle et al., 2011). Nevertheless, it is not the aim of IPA to generalise findings, therefore it should not necessarily be considered a weakness. IPA is a way to develop insight into the participant's internal world, employing my own understanding as a researcher (Biggerstaff & Thompson, 2008).

It is clear that despite the cited disadvantages associated with IPA analysis, there are ways to overcome and manage these as described.

2.2.3.5 Rationale for IPA

Whilst it is apparent that there were other analytical strategies that could have been utilised to frame this research enquiry, hence the consideration of GT, my choice of IPA seems most appropriate despite the limitations that have been acknowledged. One of the main reasons I

have chosen to utilise IPA is because it complements the aim of the research enquiry, which is to explore how counselling psychologists working online experience the therapeutic relationship when it is conducted via videoconference technology. IPA lends itself well to this enquiry because it complements the research objective through its focus on individual experience, the possibility of differences within individual experience and there being no aim to establish a defined conclusion or theory (Starks & Brown Trinidad, 2007). Furthermore, previous literature in this field has not explored the topic from a meaning making perspective and therefore it is important to develop awareness through this lens. This approach will add to the literature by not only identifying aspects of the therapeutic relationship online but also explore it deeper to get an understanding of the meaning behind the perspective.

The therapeutic relationship can be a potentially multi-faceted area of study, since there are so many factors that have been associated with it, ranging from the therapeutic model that is used to the therapist characteristics. Taking this into account, it could be an area of complex human experience. Thus IPA is deemed appropriate for engaging with participants about their reflections on complex human experiences (Smith et al., 2009) which is another reason this analytical strategy is favoured. It is interesting that the IPA process seems in some ways identical to the process of the therapeutic relationship. Just as a therapist in the therapeutic relationship is trying to make sense of their client's experience, the researcher using IPA is trying to make sense of their participant's experience. Thus, being an analytical mode that provides insight into participant's internal world through researcher understanding (Biggerstaff & Thompson, 2008) makes IPA a good fit for this exploration.

IPA can potentially generate new explorations (Reid, Flowers & Larkin, 2005). Given this point, and the fact this topic area is not yet well established, it is evident that this study could potentially add new perspectives to the existing and growing topic area. This is another reason IPA is considered an appropriate analytical strategy.

IPA is further favoured because not only does the phenomenological aspect of this analysis recognise the voice of participants, but the interpretive nature also means the data can be contextualised from a psychological perspective (Larkin, Watts & Clifton, 2006), as one possible perspective of the data.

Furthermore, Smith et al. (2009) state that selecting an analytical approach is not about the 'tool for the job' but is all about 'what the job is' (p.43). This means being mindful of the type of data that I seek to generate, and in this case IPA generates the type of data this research study is aiming to collect, therefore making it an appropriate analytical strategy.

2.2.3.6 Epistemological and ontological considerations

It is important to identify my personal philosophical standpoint in relation to this research study because this guides my research enquiry in terms of the data gathered, the tools utilised to collect data, my relationship with my participants and hence the enquiry I am exploring (Ponterotto, 2005). My philosophical standpoint is related to assumptions, which relate to ontology, which is concerned with the nature of reality and being, and to epistemology, which is the focus on how we acquire knowledge (Ponterotto, 2005).

To recognise my own epistemological standpoint, I reflected on three questions proposed by Willig (2013) that are designed to enable identification of an epistemological position: What knowledge does the methodology aim to produce? What kinds of assumptions does the methodology make about the world? How does the role of the researcher get conceptualised in the research process? (p.12).

Whilst IPA allows a variety of different epistemological standpoints (Larkin et al., 2006), as I reflected on these questions, I discovered my assumptions for this research were in part aligned with an interpretivist paradigm. Consistent with this paradigm, I do not believe there is one single truth to be discovered. Adopting this stance in engaging with individuals' accounts assumes that as a researcher I am actively involved in the analysis, which results in phenomenology: the participant's unique experience and the interpretive element of my own perspective (Willig, 2013). From this interpretivist position, I believe interpretation can take a more critical stance and question the data in a way that participants might not do themselves (Eatough & Smith, 2008). I believe in adopting a balance of both hermeneutics of suspicion and hermeneutics of empathy when interpreting the data (Smith et al., 2009). Thus, I believe that, in order to understand meaning, meaning must first be unveiled because it is concealed; therefore the research is dependent on both researcher and participant (Ponterotto, 2005). Consistent with IPA and phenomenology, I believe that understanding is achieved through a combination of cognition, mood, intersubjective contexts and senses (Smith et al., 2009), and these are influenced by the historical and cultural context in which people are situated (Scotland, 2012).

Within the interpretative paradigm, the relativist ontology fits well (Ponterotto, 2005). A relativist ontology focuses on subjective experiences as opposed to an objective truth (Willig, 2013). This is appropriate for this research study, which is not looking for an objective truth, nor is it trying to uncover how true the participants' descriptions are (Willig, 2013); rather the aim is to understand how counselling psychologists experience the therapeutic relationship online and their meaning making. Thus, from this perspective there is not just one single,

objective reality of experience but multiple and subjective perspectives (Scotland, 2012); thus a relativist position is adopted.

2.3 Method

Smith et al. (2009) state that it is appropriate to select an analytical strategy before devising your research question, because the chosen approach will influence aspects of your method, for instance the sample size, what constitutes as data and the suitable data generating tools. The research question, which is exploring how counselling psychologists experience the therapeutic relationship online, has been specifically framed to coincide with the IPA framework.

2.3.1 Recruitment strategy and participant selection

Smith et al. (2009) describe purposive sampling and contacting potential participants through referral or opportunities through others as common means of selecting participants. Reflecting on this point, I decided that it would be most suitable to contact counselling psychologists directly. The first step was to identify counselling psychologists who worked online by researching online counselling directories, such as the one available via The Association for Counselling and Therapy Online (ACTO), or through recommendation from participants who had already taken part. Counselling psychologists who were advertising that they offer online counselling, specifically via videoconferencing, were contacted via email. I sent them an email invitation, introducing myself and inviting them to take part in the project (Appendix 1). I attached an information sheet with details about the research (Appendix 2) and sent a follow up email if they had not responded within seven days. There was limited progress in the first few months of recruitment because only two participants responded to express their willingness and interest in taking part. In total forty individuals were contacted, six responded and agreed to participate and these six respondents were the counselling psychologists who took part in the study. Although I waited for more to respond, I had to make the practical decision to finalise at six participants because there was no more interest, despite follow up emails being sent and searching for other potential participants via the methods already described. Participants sent their informed consent via email and we arranged interview details through email exchanges, establishing interview time and their Skype identification (the latter was required to conduct the interviews, and more information about why this interview method was used can be found below in '2.3.4 Generating Data').

2.3.2 Sampling

IPA advocates homogeneity when selecting the sample (Smith et al., 2009). By this Smith et al. (2009) explain there should be uniformity between the participants so that group variability from a psychological perspective can be achieved; the objective is not to generalise findings. Taking this into consideration, the sample in this study shared characteristics deemed appropriate for this research question (Smith & Osborn, 2008), as detailed in the inclusion criteria. Whilst time constraints and difficulty with recruitment were practical factors that influenced the number of participants taking part, it was considered an appropriate number of interviews because IPA emphasises the quality of data and depth of experience rather than number of participants (Smith et al., 2009). Consistent with this goal, the data gathered was deemed to be rich and in depth; thus six participants was considered appropriate for this research study.

2.3.3 Inclusion Criteria

Whilst initially my inclusion criteria for this research was to include accredited counsellors and counselling psychologists who have had experience of providing online counselling using videoconference technology, I later changed this to focus more specifically on counselling psychologists. The reasons for this change are later explored in '2.6.2 Methodological Reflexivity'.

I did not restrict or place any defining criteria on what I mean by experience. Experience is such a subjective word that I did not want to place any parameters on its meaning. I interviewed participants who perceived they had experience that they were happy to describe and reflect upon. I did not define experience by limiting it to a certain number of sessions and interviewed individuals who were using online counselling as an adjunct to face-to-face sessions as well as connecting with clients online only.

All participants needed to have access to Skype since interviews were being conducted through this medium.

There were no specific restrictions in relation to age, gender or other demographic factors, as this was deemed irrelevant for this specific research. It was the participants' experience that was being explored as opposed to the interaction between their experience and a demographic variable, thus these factors were not considered crucial or an aspect of the inclusion criteria.

Participant	Online Counselling as an adjunct to face-to-face therapy or online counselling as a standalone service	Years Qualified as a Counselling Psychologist	Therapeutic Orientation
Myles	Both	3 years	Pluralistic approach
Holly	Both	4 years	Pluralistic approach
Harry	Adjunct	5 ½ Years	Pluralistic approach
Tiana	Adjunct	12 years	Pluralistic approach
Catherine	Adjunct	16 years	Pluralistic approach
Minnie	Both	23 years	Integrative (Cognitive Behavioural Therapy and Mindfulness)

Table 2, Table displaying participant data. This information was collected to build rapport and ease participants into the interview as suggested by Smith et al. (2009).

2.3.4 Generating Data

Reid, Flowers and Larkin (2005) describe one-to-one semi-structured interviews as the most utilised method to generate data. It is believed that this method of data generation allows fluidity which could potentially allow novel aspects of experience to be unveiled (Smith & Osborn, 2003). Consistent with the IPA approach, I utilised semi-structured interviews which were conducted via Skype (videoconference technology). On average the duration of each interview was approximately sixty minutes, to allow participants the space and time to explore rich and detailed accounts of their experience (Smith et al., 2009).

Qualitative data collection tools should aim to illuminate the realities of participants' lives and therefore population groups; for example, online counselling users could benefit from the adaptation of traditional qualitative interviewing methods (Mason, 2010), from traditional face-to-face interviews to online interviews. Furthermore Smith et al. (2009) stated that the location for an interview should be at a place in which the participant has some level of familiarity and comfort in order to minimise distraction and potentially promote reflection. Therefore taking all these points into consideration, I decided to conduct my interviews online using Skype in order to both accommodate my participants as well as mirror aspects of the phenomena I am researching. Since I am researching within the field of online counselling, it is ecologically valid to mirror the online connection through videoconference technology.

2.3.5 Pilot Interview

According to Smith et al. (2009) a pilot interview is beneficial for developing an interview schedule and it can be helpful for the researcher to prepare for the actual research interviews. In view of this and considering the practicalities of my research interviews being conducted via Skype, I conducted one pilot interview. Firstly, I devised ten open-ended questions that aimed to get a sense of participants' experience. The questions were based on different aspects of the therapeutic relationship, for example how therapeutic ruptures are managed. The questions were then piloted with a trainee counselling psychologist who has experience of providing online counselling. Because of this pilot and her feedback, the interview schedule was changed. The nine questions were repetitive, did not allow sufficient participant time to reflect on each question and were not considered broad enough, as the participant felt the interview could be seen as directive as opposed to free flowing. In this respect, the draft interview schedule was not considered consistent with IPA, which

encourages bracketing assumptions, because it was felt that by asking about ruptures I assumed that ruptures would exist as part of participant experience. Furthermore, by sticking rigidly to the ten questions and their specific wording, the interview was not fluid and did not allow a genuine flow of discussion as recommended by Smith et al. (2009). Based on the pilot interview and its outcomes, the interview schedule was changed as described in the heading 'Interview Schedule' to include fewer questions that were open ended. I also changed my style of interview, namely by not sticking rigidly to the wording of my questions and instead allowing the schedule to serve as a guide. The pilot data was not used for the analysis of this research.

2.3.6 Interview schedule and conducting the interview

The interview schedule (Appendix 3) was informed by the aims of the research, a preliminary exploration of the subject area and the pilot interview. The schedule was a semi-structured interview to provide the basic structure, which consisted of seven open-ended questions aimed to acquire an understanding of participants' phenomenological subjective experience of the therapeutic relationship online (Laverty, 2003). Whilst these pre-set questions were established to guide the interview process and ensure that the original topic enquiry was not lost (Willig, 2013), I tried to not follow the schedule in a rigid manner in order to allow fluidity, non-directivity and to encourage participants to speak freely about their experience (Smith et al., 2009).

Before I started the interview schedule, I confirmed with my participants their consent, understanding of their involvement, confirmed they were in a confidential place to take part in the interview and agreed if there were technical problems I would attempt to call back. Smith et al. (2009) suggest that building rapport with participants enables them to feel comfortable and generates good data. To establish rapport, I deliberately asked my participants some background questions about their professional role and how they practice to allow them to introduce themselves and ease them into the interview process. This was done consistently for all six interviews and it appeared helpful in building rapport and trust.

Whilst I felt generally comfortable to adjust my interview schedule and prompt participants for further exploration, initially I struggled with this. I explore this aspect further in the Reflexivity section of this chapter.

2.3.7 Interview Transcription

I transcribed the recorded interviews verbatim onto Microsoft Word software. I transcribed all interviews personally, which gave me the opportunity to revisit the data and recall the verbal and behavioural responses of my participants. To ensure a faithful transcription of the interview, I replayed the audio and followed my written transcription and made appropriate amendments where necessary. Smith et al. (2009) recommend noting the participants' and interviewer's utterances, pauses and non-verbal communication so they can be revisited when analysing the data; thus I endeavoured to include these aspects along with notes of my own feelings and observations. Therefore I included significant pauses, laughter and breaks in the interview (because the interviews were conducted by Skype there were a couple of interviews that lost connection and had to be reconnected). I also added punctuation so that it was easier to follow the transcripts. Without it, the passages felt like a stream of consciousness and were more difficult to interpret.

The transcriptions were then anonymised by removing all identifiable information and each participant was given an unrelated pseudonym for confidentiality. I then numbered the transcript line by line and altered margins and text size to start the analytical process.

2.3.8 Conducting the analysis

The analytical process in IPA involves a process in which the researcher must 'totally immerse' themselves in the data (Pietkiewicz & Smith, 2014). This involves trying to understand the data from the participants' perspective. Smith et al. (2009) describe how for the experienced researcher IPA analysis is flexible and creative within its framework and acknowledge that for the novice there is a six-stage guideline for analysing data. It is stated that these guidelines are not prescriptive, and the researcher should be flexible according to their individual research objectives (Pietkiewicz & Smith, 2014). However, I decided to rely on these guidelines and analysed my data closely according to the prescribed steps. I will discuss each step in turn and detail how it was implemented.

2.3.8.1 Step 1: Reading and re-reading

Smith et al. (2009) describe reading the transcripts several times as a way of 'immersing' oneself into the data. I achieved this by reading the transcripts several times. The first time I read the data after transcribing it, I read while playing the audio recording of the interview so that I could follow along simultaneously. As suggested by Pietkiewiez and Smith (2014), in doing this I was able to recall the original interview and reconnect with each participant by

remembering how they expressed themselves. For example, in one of my interviews, the participant pointed at the screen several times to illustrate what he was describing. This recollection and others similar to this enabled me to feel familiar with the data, the interview experience and enter my participants' world as I made every effort to bracket my own assumptions and ideas about their descriptions. I used a separate piece of paper to note down any assumptions that came to mind, so that I could revisit them during the interpretative phase and reflect upon them.

2.3.8.2 Step 2: Noting initial emerging concepts

The aim of this stage was to note initial exploratory ideas. To do this I noted whatever came to my mind on the back of the transcript and underlined aspects of the text that stood out so that I could revisit these aspects and their potential importance to the data later (Larkin et al., 2006). As recommended by Smith et al. (2009), I focused on three specific areas: descriptive comments, particularly the subject that was being explored, comments that seemed to be important to the participant (Smith et al., 2009), and linguistic features relating to how the participant described their experience, for instance, repetition of words and conceptual comments which included interpretive comments that moved from the description to an understanding of the meaning making process. I did this for each line of the data separately, focusing on one of the three areas in turn. I noted the different features using different coloured pens so that I could differentiate between them. For example, I noted linguistic features using a green pen whereas I noted interpretative comments using a red pen. I did all this by hand and it was a time-consuming process which involved taking frequent breaks and reengaging with an open mind. See Appendix 4 for an example of this stage.

2.3.8.3 Step 3: Identifying and developing emerging themes

This stage of the analysis process was the most challenging, particularly because I was mindful of remaining grounded in the data (I discuss this aspect in the reflections section later in this chapter). My aim at this stage was to devise statements that were both grounded in the data as well as including conceptual ideas (Smith et al., 2009) which were the interpretations that initially came to mind. I chose themes by taking into consideration key factors, such as their frequency in the data, the richness of text and the ability to illuminate what appeared to be important components of the participants' experience (Smith & Osborne, 2003). These initial statements demonstrated not just an understanding of the data but captured the hermeneutic cycle, as I set out to understand my participants'

understanding of their experience. I did this by primarily focusing on the initial notes I made, and these notes deliberately mirrored the participants' own language, and my own ideas were noted as questions in order to refer back to them during interpretation when writing up the analysis (Biggerstaff et al., 2008). As recommended by Smith et al. (2009) I focused on sections of the data while being mindful of the tone of the whole interview. See Appendix 5 for an example of this stage.

2.3.8.4 Step 4: Searching for connections across themes

This stage of analysis involved connecting the themes identified in step three. I aimed to cluster them together by focusing on conceptual comparisons, and this was a time-consuming process involving frequent reorganising of the data. Smith et al. (2009) recommend grouping data together that have a link. I achieved this by clustering theme names together and then deciding on a potential overarching theme name that captures the salient aspects of participants' experience to represent the data set.

For practical purposes, I had all the theme names written on pieces of paper. I utilised a table space in my house to arrange the theme names beside one and another, so I could visually see how they may or may not relate with the aim of devising an overarching theme name to capture the essence of the clustered themes. See Appendix 6 for an example of this stage.

2.3.8.5 Step 5: Moving to the next case

Once the first transcript was analysed, following steps one to four as described above, I repeated each step subsequently for each interview. One of the fundamental aspects of this step was to make every effort to bracket existing knowledge from the previous analysis (Smith et al., 2009), which was achieved by treating each case as independent and making a deliberate effort to understand each interview as independent from the last. I did this by reminding myself that this interview was new and subjective to the participant, which helped me to engage with the process with an open mind.

2.3.8.6 Step 6: Looking for patterns across individual cases

At this stage, my aim was to establish links between the themes I had established for each individual case. I did this by laying out the themes for each individual transcript and looking

for shared commonalities. Once I had done this, I started to devise a master table of themes with their sub-themes and quotes. This process required multiple attempts until I felt comfortable that convergences within the data set were represented without losing individual's voices. See Appendix 7 for an example of this stage.

2.4 Ethics

2.4.1 Study Ethics

This research study was approved by the ethics committee at the Department of Psychology, City University London (refer to Appendix 8 for ethics approval letter). Throughout the research process ethical implications were considered according to the British Psychological Society Code of Human Research Ethics (2014) and the British Psychological Society Ethics Guidelines for Internet-mediated Research (2017), in which I carefully considered the areas addressed, including the protection of research participants, anonymity and potential for harm. All participants were sent a copy of the information sheet which detailed the research aims, information relevant for participation and further contact details. All participants provided informed consent via email and this was confirmed before starting the interview itself. Due to the participants' profession as counselling psychologists, I did not want to make them feel patronised by providing them with support services and due to the nature of this study there was no anticipation that participants would be at risk. I did however remind participants that they can get in touch with me or my research supervisor if they feel they have any concerns after their participation. At the end of the interview, I encouraged participants to provide feedback about how they found the interview process. This gave us the opportunity to debrief after the interview. At the end of the interview participants were asked if they would like a debrief information sheet (refer to Appendix 9 for debrief information) sent to them via email and all participants were sent one. I ensured participant confidentiality by giving participants a pseudonym on their written transcript and by removing other identifying details.

2.4.2 Interpretation Ethics

The process of qualitative research and interpretation is an ethical challenge that I was aware of during this research project. An important factor to acknowledge in this process was the role I performed as the researcher and how this influenced the nature of my interpretations. According to Smith (2008), all qualitative research is ultimately a personal process which involves the researcher being responsible for the analysis within their

interpretative world. Taking this into consideration, whilst I made every attempt to make interpretations that were grounded in the text, I must acknowledge that the very nature of IPA and the use of double hermeneutics means that I am interpreting the participants' interpretation of their experience and therefore there is a possibility that some of my interpretations are not fully representative of how the participant made sense of their experience and reflect more upon how I make sense of them making sense of their experience. Nevertheless, I endeavoured to interpret the data by staying close to the participants' own language and was committed to staying sensitive to the context of the research.

There can be different interpretations of the same text depending on the stance taken by the researcher. Since an IPA approach was used, I took an 'empathetic' position and tried to stay as close to the participants' account in order to interpret their experience (Willig, 2012). According to Willig (2012) empathetic interpretations can be understood by anyone as they do not require familiarisation with existing research; therefore when I found myself being reminded of my prior knowledge, I made every attempt to bracket this and re-focus on the text. Nevertheless, there is risk for misinterpretation and disadvantages associated with this, for example by misunderstanding that there could be wider negative implications.

I attempted to overcome misinterpretation by trying to bracket and attempting to understand the text at face value. Whilst I did this it is important to recognise that, despite my attempts, according to Smith (2008) at each stage of working with the data you move away from the participants' experience and more towards your own experience of trying to understand their experience, therefore increasing reductionism. Furthermore, IPA acknowledges there is no possibility of fully bracketing, as described earlier in this chapter, and Smith et al. (2009) encourages a balance between empathic interpretations and suspicious interpretations. Suspicious interpretation for me felt like curiosity about how my participants were making sense of their experience and what their descriptions meant for them. Thus including suspicion, from an empathic position felt helpful.

2.5 Validity

Quantitative research methods have well established criteria for evaluation, namely through validity and reliability (Yardley, 2000). Due to the differences between the conceptual frameworks of quantitative and qualitative methods, the two should be understood independently (Yardley, 2000). Just as there are a variety of different qualitative analytical approaches, there are differing views on how to evaluate qualitative research and therefore they are less standardised. In addition, since the variety of different qualitative approaches

stem from varying perspectives with different aims, it is important to be clear about the process so that it is open to evaluation (Yardley, 2015).

Despite the different approaches, there are common criteria for regulating qualitative studies and evaluating them (Yardley, 2000). I was mindful of the four principals proposed by Yardley (2000) for this research enquiry, due to their clarity and frequent reference within IPA studies (Yardley as citied in Smith 2009**).** Yardley (2000) describes the four principals as sensitivity to context, commitment and rigour, transparency and coherence and impact and importance. These will be discussed in the following sections. In addition to this, Smith (2011) describes tailored IPA guidelines which were also considered within this IPA research enquiry.

2.5.1 Sensitivity to context

Yardley (2000) describes sensitivity to context as important within qualitative research. This can be demonstrated through social-cultural sensitivity, sensitivity to the data, awareness of the current literature surrounding the topic of exploration and the acknowledgement that data collection is interactional (Smith et al., 2009). I endeavoured to apply this principal to this research enquiry in a number of ways. Sensitivity to the current literature surrounding this topic was achieved through developing my knowledge around the research topic in order to enhance my understanding and formulating my exploration from this understanding, while simultaneously making every effort to not allow this prior knowledge to interfere with the data obtained. Although I aimed to not let any prior knowledge influence the data, this was a challenge and in one it became apparent that my prior knowledge was involved in the two-way interaction between myself and my participant. For example, in one interview the participant was talking about the lack of literature around this topic, and I was tempted to delve into this further with him yet reminded myself that I did not want this to interfere with his narrative and restrained myself from doing this.

I acknowledged that the data collection process is interactional and aimed to be sensitive and considerate to my participants and their potential needs. One of the ways that I was sensitive to this aspect was through conducting online Skype interviews as opposed to face-to-face interviews. Whilst of course I can assume that counselling psychologists would potentially feel comfortable both in a face-to-face setting as well as through the online medium, my choice for conducting the interviews online ultimately allowed them to participate from a comfortable place of their choice, thus demonstrating sensitivity to their position as participants.

In addition, during my analysis I was particularly sensitive with the data and aimed to work ethically when interpreting the data as described earlier in the ethics section. Furthermore, as advised by Smith et al., (2009), in order to give my participants a voice, I have used a number of verbatim extracts to support my interpretations of their experiences.

2.5.2 Commitment and rigour

Yardley (2000) describes commitment and rigour as diligence in data collection, analysis and reporting. She described that diligence can be achieved in a number of different ways, including attaining substantial methodological skills, theoretical depth, personal commitment or extensive and thoughtful engagement with participants or data (Yardley, 2008). I have made every attempt to abide by these guidelines, for example, by purposively collecting data through recruiting participants who are relevant to the enquiry, by deeply engaging in my analysis and trying to develop the methodological depth and competency through continual engagement in IPA literature, research supervision and peer-supervision. Furthermore, my engagement with the data, as suggested by Yardley (2000), involved empathetic exploration and I am aiming to report this process with detail and clarity. I also endeavoured to ensure throughout my analysis that my interpretations were grounded within the data while simultaneously trying to develop my interpretations sensitively (Smith et al., 2009).

2.5.3 Transparency and coherence

Transparency and coherence involve the extent to which the study is consistent, taking into consideration the fit between the research question, the methods used, theoretical approach and data interpretation (Yardley, 2008). Thus this principal relates to the overall clarity of the research enquiry, which is dependent on consistency in all components of the research process and a fit between theory and method. In order to fulfil this principal, I aimed to continually check that there was consistency in my research within an IPA framework and research enquiry. Transparency is achieved primarily through clear identification of the research process with justification of the decisions made (Yardley, 2008). I have endeavoured to be clear and concise throughout by documentation of this research process as well as keeping a paper trail of the analytical process. I have provided excerpts of original data both within my Analysis chapter and in the Appendices. Furthermore, reflexivity has been a crucial component of this research process and I have kept a reflexive diary throughout. I utilised this diary at various stages of the research process as and when I felt appropriate. An example of this is in the beginning stages of analysis. There were times I had to be mindful of my own preconceptions, and keeping a diary helped with this because it meant I was able to differentiate between the content of my participants' experience as

described by them and my own ideas. This was difficult at times and ultimately whilst trying not to let my own ideas influence the analysis, I accept it is not possible to completely bracket my own assumptions. As acknowledged within IPA, full bracketing is not possible (Smith & Osborn, 2008).

2.5.4 Impact and importance

Yardley (2008) states that ultimately research findings should be able to make a difference either on a practical or theoretical level. I speak about the potential impact I believe my research enquiry could have on the field of counselling psychology in my Introductory chapter and believe that in a technology driven society this research finding could potentially have both theoretical and practical implications. I further detail the importance in my Discussion chapter, whereby I make suggestions for further research and ways of identifying and supporting our inevitable move towards technology in the counselling psychology discipline.

2.6 Reflexivity

Reflexivity is an important element of the research process and is typically understood as a process that involves continual internal and critical evaluation of the researcher's position in the research and the acknowledgement that their position could influence the outcome (Berger, 2015). Reflexivity is a way to monitor and enhance the credibility of qualitative research by accounting for researcher involvement (Berger, 2015); therefore it is important for the researcher to continually examine their professional and personal influences on the research process at every stage, from data collection to analysis (Finlay, 2002). Consistent with this view, within IPA there is an explicit acknowledgement of the researcher's dynamic role in the research process, particularly during the analytical stages (Breakwell et al., 2012). Finlay (1998) argues that in order to ensure credibility of research, personal and methodological reflexivity should be a part of every qualitative research process.

2.6.1 Personal reflexivity

In IPA research there is recognition that the researcher interprets the participant's world through their own subjective lens (Smith et al., 2009). Personal reflexivity is a process that entails reflection upon our own individual factors, such as how personal beliefs could influence the research process (Willig, 2008); thus to be reflective throughout is crucial.

In this study, my starting point for personal reflection was in relation to my choice of topic area. Online counselling is an area of counselling psychology that has interested me from

the beginning of my training, especially because it has come across as a mode of counselling that is inferior to traditional face-to-face counselling. I initially developed this impression because, as part of the training programme, having to collect clinical hours was a fundamental aspect of the course. To my surprise, clinical hours in my course, along with other DPsych Counselling programmes, meant face-to-face hours, in person and in the same room as your client. This struck me because immediately I was wondering why other modes did not count, including telephone counselling which has been utilised for many years. I started to wonder why this restriction had been set, and what it could mean about other modes of clinical contact. I wondered whether this meant online counselling was not effective: can we not have a therapeutic relationship online? Is communicating in this way wrong? Are there any groups of people who would really benefit from this? And what are the perspectives of counselling psychologists and professionals alike? With these many questions in mind, I started to briefly research the topic, and two features in the literature stood out. Firstly, I was interested that online counselling was deemed most suitable for certain client groups, such as men, for reasons such as social stigma that may prevent them from accessing traditional in-person therapy. The second finding that I was struck by was that there seemed to be a real demand for online counselling and not enough of a presence in terms of counselling psychologists offering this form of therapy. This was striking because I wondered why counselling psychology as a field would almost neglect what I viewed as an important area of expansion, as well as the opportunity to reach those that we may not see in face-to-face settings. Before I embarked on this research enquiry to explore how counselling psychologists experience the therapeutic relationship online, I was initially interested in exploring the male experience of online counselling. Due to recruitment difficulties I was unable to engage with the required client group. It became apparent that the organisations who offer online counselling appeal to males due to the anonymity of the process; therefore the feedback was that, whilst my research took measures to ensure their confidentiality, the organisations I contacted were understandably reluctant to take part. Since I am very interested in online counselling and the therapeutic relationship, my endeavour to embark on this research started. I then started my journey to understand counselling psychologists' experience of the therapeutic relationship online.

A little extra background that feels relevant from a reflexivity perspective is that growing up in the "digital age" meant I was exposed to the online context and I am part of the digital generation. Communicating with friends and family with videoconference technology using the webcam on my computer quickly progressed to my tablet and now mobile phone. The ease and style of communicating in this way for me has been the norm. From this perspective, my view on the digital world and interaction in this way is positive and

integrating it into my life did not feel like a challenge: it was just part of how I communicate. Being mindful of this, I was aware that I had a desire for online counselling to be seen from a positive angle. One way I managed this during the research process was to be aware so that, when analysing my data, I focused on my participants' experience, what they were describing and what meaning I could make from this as a researcher. I tried to use bracketing to help me focus on my participants' voices, and my focus on this helped me to manage my own views, as my endeavour to stay as faithful to their words and the meaning they made superseded my hope that this research would positively represent online counselling and reveal that online counselling can be a positive experience. By reflexively engaging with the process I was able to challenge some of the interpretations I made initially, by asking myself whether this interpretation is grounded in the data or was it skewed entirely by my own views? This proved to be a valuable way to make interpretations that were indeed grounded in the data, although I am mindful other researchers could have different interpretations (as with any IPA study).

2.6.2 Methodological reflexivity

My first acknowledgement in terms of methodological reflexivity was in relation to my choice of IPA. One of the factors that I am aware attracted me to this analytical strategy was the comfort in knowing there was a "guide" to conduct the analysis. I was reassured by this notion, as it made me feel more comfortable about embarking on this research journey. Another factor I reflected on was my clinical experience and the influence this had on my choice of IPA. I typically work from a person-centred framework and recognise that both IPA and person-centred theory emphasise the subjectivity of human experience; thus, since my stance clinically was to understand experience based on this notion, it impacted my decision to explore this research topic in the same way. Furthermore, at the heart of person-centred theory is the therapeutic relationship and this may have also influenced my decision to focus on this aspect of online counselling. This is consistent with McLeod (2001) who states there is a similarity between conducting qualitative research and the therapy process.

Nevertheless, I strongly believe that IPA was the most appropriate strategy for this research enquiry, as discussed in my rationale and epistemological position.

One of the areas that seemed to present a high level of methodological reflexivity for me and was a challenging aspect of my research centred upon participant selection and ensuring homogeneity of my sample. I had initially set out to recruit 'therapists'. By this I meant I would interview both counsellors and counselling psychologists who have had experience of the therapeutic relationship online. Having initially made this decision I was wondering about

my rationale for including both counsellors and counselling psychologists. I debated the consequences of including both and explored the similarities and differences that were apparent in both disciplines. As I was challenged with this decision, I queried the term homogeneity and questioned the implications of including both professions; in doing so I used my supervisory discussions to explore my options. In supervision, we spoke about my reasons for potentially wanting to only recruit counselling psychologists, which included an acknowledgement of research that indicated that these are the people who have less of a presence online and therefore I wanted to know how those that have chosen to work in this way experience this mode of therapy. I was concerned that, by including both professionals, when making convergences within the data it would not fully represent counselling psychologists. I also referred to Smith et al. (2009) who discuss the possibility of comparing within a sample; for instance, from my understanding, if I were to include both counsellors and counselling psychologists the data generated could be used to compare. However since my research enquiry was not intending to do this I made the decision to recruit only counselling psychologists and thus homogeneity was achieved in this research enquiry. Furthermore, although Smith et al. (2009) discuss how participants are selected to "represent" a phenomenon (p. 49), I felt that including both professions would not represent the population group that I wanted to establish commonalities.

During the interview stage, especially with the earlier interviews that I conducted, I felt the pressure to follow my interview in a rigid systematic way as I was concerned that I would steer away from my initial research question if I did not adhere to the schedule. However during this period I consulted the literature about qualitative interviewing in IPA and had to remind myself that the purpose of the interview schedule was not necessarily a structured format that needs to be followed (Smith et al., 2009). I was also reassured by Hanley, West and Lennie (2012), who describe the transferable skills practitioners have to guide the research process. Being reminded of these facts helped me feel more relaxed and at ease for the interviews that were to follow. I recognised that my training so far equipped me with skills, such as empathy, active listening and being alongside my client, which I believe facilitated the interview process. I quickly noticed this seemed to help with the overall interview process, as I experienced my participants as being open and willing to discuss their experiences. In addition to this, through reflection, I was reminded of the feedback from my pilot study, and particularly how sticking rigidly to the interview schedule did not allow for a flow of conversation. Becoming mindful of this helped me feel more at ease for the interviews going forward, and I felt the flow of conversation was more natural which mirrored the participants' positive feedback of the interviews.

Throughout the analysis phase, my main area of struggle was with regards to developing theme names. Initially I came up with theme names by summarising what I felt best described the data, however I then realised these descriptions not only felt removed from my participants' voice and also seemed broad and unclear. An example of this was the initial master theme label: "Physical distance". This was not clear and did not capture the essence of the sub-themes that it incorporated. After reflecting, I decided to name the master themes with direct participant quotes. These quotes were selected based on those ones that most stood out to me and could represent the convergences within the data set.

There were also times during the analysis that I struggled to narrow down my quotes. To help with this process, I had to remind myself on a number of occasions the research question I set out to answer; this approach helped me to stay focused on the parts of the transcripts that best supported this goal. I did however feel the need to include as much as I could, and my need for thoroughness meant that I struggled not just in the analysis stage but also when writing up my analysis. I had to read and re-read my quotes many times and this was both a time-consuming and occasionally felt frustrating. In part, I found this difficult because I wanted to represent my participants' accounts by staying as close to their own voice as possible while making interpretations that went beyond "face value" (Willig, 2012, p.8). Of course, I acknowledged that as a researcher my interpretations would be influenced by my own subjectivity, hence the process of double hermeneutics in IPA. Furthermore, the aim of tis research was to go beyond identification of themes, I wanted to interpret their experience and make sense of it as with any IPA study. I acknowledge that my way of analysing this data could be interpreted differently by others.

There were other times during the analysis that I felt exhausted, from looking at the data so frequently. I kept a reflective research diary and used personal therapy and supervision to express and explore these frustrations. In engaging with this research in this reflective manner, I feel I have been able to give an interpretive perspective of my participants' experience of the therapeutic relationship when engaging via videoconference technology.

3 Chapter 3: Analysis

3.1 Chapter Overview

In this chapter I present my analytical engagement with the current research project through my use of the methodological process of IPA. The present study has captured rich material relating to counselling psychologists' experience of the therapeutic relationship online using videoconference technology. My aim for this analysis was to represent the data gathered by extracting the prominent aspects from the participants' transcripts and merging these by taking into consideration the commonalities within the data. Whilst this analysis demonstrates my interpretation of the participants' experience and meaning making, I acknowledge that other interpretations would be plausible for another researcher analysing the same data (Smith et al., 2009).

Consistent with the IPA approach, as the researcher I have focused on transcript extracts and discuss my detailed analytical interpretations of the text (Smith et al., 2009). I identified three superordinate themes and relevant subordinate themes were included within each of these three areas. Whilst for clarity I have presented three superordinate themes, it is important to acknowledge that they all share some commonalities and can be understood as interrelated. The themes that I have identified are not hierarchical, but should be considered as representative themes in relation to the overall topic exploring the therapeutic relationship online through the perspective of the counselling psychologist and each theme contributes to the other.

The superordinate themes I have established are:

1. Superordinate theme 1: "*It reduces it to that little box*": The perception of physical distance in the therapeutic relationship online
2. Superordinate theme 2: "*It's head to head therapy*": The paradoxical experience of the therapeutic relationship online
3. Superordinate theme 3: "*Working with my hands tied behind my back*": ethical concerns and perceived struggles of engaging in a therapeutic relationship online

I have given each participant a pseudonym which I selected randomly with no personal association to the participant. The decision to use pseudonyms was primarily to commit to ethical practice and to protect participants' identity. For clarity I have presented the participants' extracts in italics.

The table below displays the superordinate themes and their associated subordinate themes:

Superordinate themes	**Associated subordinate themes**
"*It reduces it to that little box*": The perception of physical distance in the therapeutic relationship online	Screen as a barrier Perceived limitations and benefits of not being "In the room" with clients
"*It's head to head therapy*": The paradoxical experience of the therapeutic relationship online	Making meaning by searching for similarities with face-to-face therapeutic relationships The experience of the therapeutic relationship online as both connected and disconnected Preparing to engage with clients online
"*Working with my hands tied behind my back*": ethical concerns and perceived struggles of engaging in a therapeutic relationship online	Perceiving the online environment as a threat Lack of control of boundaries in the therapeutic relationship online

Table 3, Table displaying superordinate themes and their associated subordinate themes

3.2 Superordinate theme 1: "It reduces it to that little box": The perception of physical distance in the therapeutic relationship online

The first superordinate theme illustrates the participants' perception of not sharing the same physical and environmental space as their client. Most participants spoke about how they experienced this aspect, which sheds light on how they feel about the physical distance and their experience of connecting through the computer screen. To capture this perception in more detail, two subordinate themes were identified: 'screen as a barrier' and 'perceived limitations and benefits of not being "In the room" with clients'.

3.2.1 Screen as a barrier

The sub-theme 'screen as a barrier' emerged from the data to capture how participants spoke directly about the screen being both a physical barrier in the therapeutic relationship as well as an emotional barrier to connecting with their clients. Whilst some participants made direct reference to the screen, others described the experience of the physical distance that the screen created between themselves and the client. Tiana describes the notion of the screen feeling like a barrier in the following excerpt:

> "*I mean I, there is a part of me that feels there is a, you know, the actual screen itself does feel like, there is a part of me that feels there is a barrier there, is a barrier through the screen. You know they're not, I can't physically you know, I can't move closer to them. I can't move my chair you know, there is an element of me that feels there is, there is a barrier by having the erm screen there, is that having the having the screen erm (pause for two seconds) and maybe there is not quite the same attunement as if I was sitting in the room with them, the same kind of attunement in terms of following their process. There is that I guess, it's slightly more distant than if they were in the room. There's a slight distance to it, not a significant one to the extent that I wouldn't offer therapy online, but there is a slight distance compared to sitting in the room with somebody, physically having them in front of you*" (Tiana: 213-222)

In this excerpt Tiana repeats the word "barrier" as she describes how she perceives the computer screen. Her description of a limited attunement to her clients suggests that she senses a discrepancy in capturing the moment to moment experience, as well as experiencing a restriction in the therapeutic relationship. Thus there is recognition of what she perceives herself as being unable to do. Her articulation suggests that there is a level of

connectedness that is not reached when working online with clients; her use of the word "distance" not only refers to both a physical remoteness but also an experience of emotional detachment. She suggests that whilst she experiences a limited connection via the screen and perceives this as a barrier, she feels an adequate bond is still being maintained.

Similarly to Tiana, Catherine describes throughout her interview her experience of the therapeutic relationship and how it mirrors in many ways that of what she perceives in a face-to-face context. Yet she makes reference to the computer screen and describes her concerns about the future of therapy through the screen:

> *"Well something is vivid and more philosophical is that I do wonder about the future of therapy and as we become a more digitised society whether or not, like, how is it gonna go? Because there is something sacred about the therapeutic space, there's something about at least for me that, that's sacredness, that it doesn't feel as special on the screen as it does on the screen, as it does when you're kind of in a physical space with somebody"* (Catherine: 272-276)

Whilst Catherine does not explicitly speak about the screen being a barrier in the therapeutic relationship she implies an association with her experience of the screen preventing a level or type of connection that she feels when she is sharing the same therapeutic space with her clients. Her reference to the relationship as being "sacred" suggests the screen is functioning as an obstacle against achieving the sacredness you can get when sharing the same physical space. The word "sacred" has religious connotations of being holy or deserving a level of superiority. Taking this into consideration, it implies that Catherine experiences the therapeutic relationship online as something she seems to value less when compared to her experience of offline therapeutic relationships. Like Tiana, Catherine's experience of the screen not only acts as a physical barrier in the therapeutic relationship, but also as an emotional block for achieving connection and the process feels limited in comparison to her experience of therapeutic relationships in face-to-face settings.

Myles discusses the difficulties he experiences with the therapeutic relationship online, which he associates primarily with the physical distance between himself and his clients throughout his interview. He directly speaks about the screen as reducing how he experiences relationships online. In the following extract Myles expresses the features of this reduction in terms of his experiencing of the therapeutic relationship and his professional practice:

> "*Now I think that, err erm, perhaps the issues would come in with, with online therapy is that I think that there's a certain feeling in the room that you kind of need with psychodynamic therapy, that often you don't get with Skype, erm you don't, I think*

this is one of the things that the other thing is that you have a very reduced frame, so you really only just reduced on that frame (points at the screen)…I think it's a barrier to connection really, you know you're both not sharing exactly the same experience and and for me it is a problem…" (Myles: 66-328)

Myles links differences in his experience with the computer screen. Myles' reference to the reduced frame in online therapy suggests that not only has he experienced his online relationships as less connecting, but he has also noticed the differences to his professional identity, as he feels unable to fully utilise and access what he perceives as key features of his model of practice (a specific feeling) and thus feels less connected in therapeutic relationships online.

3.2.2 Perceived limitations and benefits of not being "In the room" with clients

The participants expressed their perceived limitations of not being in the room with their clients. Whilst the majority were unified in experiencing various challenges related to not being in the same room, others discussed the benefits of not sharing the same physical space. In their interviews participants associated the physical distance with the strength and quality of the therapeutic relationship. They drew from experiences that they had in a face-to-face context to compare how they were feeling when there was physical distance online. This sub-theme was established to characterise the experience of not sharing the same physical space, as well as to capture one of the fundamental aspects of the therapeutic relationship online.

Harry compared his experience of therapeutic relationships online as generally mirroring his experience of therapeutic relationships in a face-to-face context. Whilst he described his overall experiencing in this way, he spoke about certain aspects of being in the same location with someone that you do not get online:

"*I don't feel any different. I mean there are sometimes, there's a whole lot of sort of things that happen non-verbally in the room, which is a little bit restricted because you tend to see somebody's face but, and only their face and not the rest of them, or they're, they're, they're not physically there and I'm not physically there, but it's close enough somehow. But you know there's, there's definitely a sensitivity to what what the person's feeling or what he's probably sensitive to what I'm I'm feeling, through my errr facial expressions are quite and there's a difference I think between having that facial errr being able to see the video rather than than audio*" (Harry: 121-128)

Harry experiences an adequate emotional connection; nevertheless he uses the word "sensitivity" to describe his awareness of how he is being perceived by his client, and

thereby implies that there is a heightened awareness of his facial expressions and what this may convey to his client in the relationship. He implies that this is a limitation he associates with not being in the same room. His acknowledgement of the difference between video and voice technology implies that whilst he feels a restriction when comparing videoconference technology to the face-to-face therapeutic encounter, he experiences it as advantageous over just audio alone. His use of the word "restricted" indicates a sense of constraint, of not being able to fully function in the same way he would do if he were in the room. For Harry, it seems that being in the room means he is less constrained and has access to non-verbal information, which would suggest this is an important aspect of his experience that he feels is missing. Although his use of the word "little bit restricted" indicates that it is possibly not significant enough for him to not be able to connect in the therapeutic relationship online, there seems to be a feeling of his face-to-face therapeutic relationships feeling better connected. This demonstrates that whilst he is making sense of his experience of the therapeutic relationship in the context of his face-to-face encounters, his online experience is relatively diminished: despite being able to see his client, he perceives the visual data as limited. Whereas when making sense of his experience in an online context he feels connecting through webcam makes him feel more connected in comparison to engaging via audio only. This is highlighted further in his interview when he recalled an online therapeutic relationship which he connected with via audio and no visual data

> "…*it was audio only so it may have been better with video*…" (Harry: 280)

His articulation suggests he values the cues via webcam that are missing when using audio technology, and so he experiences the video cues as being less effective than face-to-face but better than audio. He seems to feel more connected in his videoconference relationships when he is making sense of his experience within the online context. Perhaps one interpretation for this is he feels more comfortable and less constrained in the face-to-face environment, thus being able to see his client via webcam could almost allow him to resemble more features of his in-person experience as opposed to just audio. This sense of wanting to recreate the in-person experience seems to be echoed throughout his interview:

> "*I think between having that facial, errr, being able to see the video rather than than audio, I think there's a big difference, erm yeah with the audio. I think it's quite, I feel more cut off, more isolated*" (Harry: 127-129)

He suggests he feels more connected when he has increased visual data, hence there being a "big difference" in his webcam experience when compared to just audio. His description of feeling more cut off when connecting via audio conveys the idea that he perceives the webcam visual data as enhancing his feeling of connection, possibly highlighting the need to

mirror aspects of the face-to-face encounter. Nevertheless, he feels the face-to-face therapeutic relationship is more connecting, comfortable and less restricted.

Like Harry, Catherine speaks about not being in the room with her client. In the excerpt below she speaks about the experience of missing visual cues when using videoconference technology:

> "*…because there's something about being close to somebody, who's come to you because usually they're struggling with something, and it is much easier to pick up on more subtle expressions of distress that can help you formulate, I think, more fully when you have, when you're sharing an actual physical space together. I'm not saying it's impossible to do it otherwise, but I think you have a bit more data, you know, even the way someone's breathing or how they smell or how they're sitting, or you know if they're fidgeting their hands or tapping their feet or if they've got gross toenails, I mean it could be anything, do you know what I mean? Like the way somebody presents physically and the way that they they act in the room is part of your clinical assessment of that person, yeah, so the little things they do when you say a certain word and I go, ok their right foot twitched there, may mean nothing, may mean something, but I'm gonna store it away at the back of my mind, do you see what I mean? And I think in the early stages of therapy, erm, when I'm getting my head around what this person is about, I think that I do my best work in that phase of treatment when they are sitting in front of me, yeah?*"(Catherine: 95-108)

Catherine implies she feels there is an emotional and physical closeness missing in her online experiences. Her articulation that she does her "best work" offline implies that whilst she is able to engage with her professional role, she experiences a discrepancy in her ability to carry it out as fully as she would do if there was the extra data that she has access to in face-to-face settings. One way to interpret her references to what she perceives as subtle visual cues for her formulation could be indicative of a possible lack of confidence when working online, as suggested by her articulation that she does her "best" work offline. This could be because she is used to working offline and possibly perceiving aspects of the online therapeutic encounter as limiting, because it does not resemble her experience of face-to-face relationships. Her use of very clinical language, such as "formulate" and "clinical assessment", seems at odds with her comments about closeness and relating in the therapeutic relationship. One possible way to interpret this is that she could be masking her lack of confidence with technical language, and this could be one way she is justifying her feeling of not working at her "best".

One way Tiana makes sense of her connection in therapeutic relationships online is by comparing it with her connection in face-to-face therapeutic relationships. In contradiction to how she described experiencing the screen as a barrier, she discusses the experience of feeling similar, as though she is in the room with her client:

> "*I feel like she's in the room with me when I see her, I hear her voice, I can see her facial expressions, erm, I, I feel just as connected to her as if she was sitting in front of me… So what I'm basically trying to say is what makes, what makes for the relationship online is the same as what makes for the relationship face-to-face. Some people are much more feeling vulnerable … but my own experience of having supervision online, and a supervision that feels like a therapy, I feel it's the same, I could have therapy online, that's because I'm open*"(Tiana: 115-165)

Tiana suggests that not being in the same room does not make a significant difference to her experience because via videoconference technology she is still able to experience similar features that she would do in a face-to-face setting. Her articulation suggests the face-to-face setting is most valued, since this is what she is basing her experience on. Like Harry, Tiana seems to be trying to replicate her experience of in-person therapeutic relationships by focusing on features that are the same. Her articulation of herself as being "open" in her own experience could indicate it is her openness that enables her online experience to resemble her face-to-face experience as opposed to anything else. Taking this into consideration, this implies the experience of online therapy as related to how open the client is. Whilst she does not elaborate on what she means by "open", it is feasible to interpret this as meaning if online clients are open then the relationship can feel the same as it would do in person, thus suggesting the in-person experience, for Tiana, is most valued.

Myles discusses throughout his interview his experience of not sharing the same physical space as his client. He speaks about this in terms of not having the same environmental experience, which he implies is a negative feature of engaging with therapeutic relationships online:

> "*It just, it just reduces it, erm it it, it reduces the erm, the erm the, my environmental experience of it, you know, that's why, that's why I think that it really takes away from erm, my my my kind of environmental experience of the relationship is everything. You know it's the physicality, its erm sound, you know smell, the whole the whole thing, the whole thing is is about that relationship and I think that Skype online counselling very much reduces it, you know, I think that it reduces it to that little box (points at screen) and a representation of someone's face … It reduces it to just what is being said and sometimes that's that's really not what therapy is about, you know*

what therapy is about is what's not said, erm you know, what you're not hearing, what you're feeling, you know why why has something you're sensing erm, that you can bring to that relationship, that an in-depth understanding of that person that enhances the relationship … Unconditional positive regard I think is is is harder to transmit erm over Skype. The fact that the way you shape your body, erm the way you erm shape your body, to transmit that regard erm too is is cut off, so some of your tools are cut off, you know your whole body is not operational … so so I think really it, it does, it does restrict the the relationship I think. I think that's a and that's essentially a problem with it, you know, I don't think it will ever, I don't think it can ever replace being in a room..." (Myles: 557-578)

His use of phrases such as a "little box", consisting of a "representation of someone's face", implies that his experience of the relationship online is not as authentic as in face-to-face encounters, which he attributes to connecting with a moving depiction of someone as opposed to their real physical self. For Myles, it could mean that his experience of the therapeutic relationship itself does not feel as authentic. His frequent use of the word "reduce" conceptualises the inferior feeling and lower level of connection he experiences online. As he refers to aspects of his professional practice that he feels are impacted, he denotes a sense of frustration, possibly to indicate the level of disconnect he feels. As he moves from describing the authentic connection he feels offline to how he experiences online therapeutic relationships his choice of words could almost be symbolic for how distinct he perceives the two modes of connecting. For instance, when discussing his face-to-face relationships his language consists of sensory words such as "smell, feeling, physicality", whereas when he moves onto describing his online experience his language is more functional, as for example in "tools, operational, transmit". The way he talks about the two modes of therapy illustrates the difference in feeling and how he experiences the online experience as less significant than face-to-face. Myles seems to have a heightened awareness of what is missing in his online experience of the therapeutic relationship in comparison to his face-to-face experiences.

Myles placed online and face-to-face therapeutic relationships up against each other throughout his interview and seemed to indicate the online experience as being inferior. The following excerpt demonstrates another example of this:

"*With erm probably, doesn't it doesn't feel the same, erm you know, if you're in the room and you're with somebody and you're just being with their difficulty and you're alongside them, I think they feel that. But I think that if, erm, if you're just sort of on a screen, they're just seeing a blank face, you know. I'm not sure those feelings, that*

body language, erm, really gets transmitted and so I think what I do, yeah I get I get forced more into, into a more into a into doing mode" (Myles: 230-236)

As Myles compares his online and offline experiences, he implies his experience of the online therapeutic relationship feels less connected. This is suggested through his concern as coming across as having a "blank face". Whilst he references this to express his concerns for how he perceives his client receives feedback from him, it could also hint at his difficulty in understanding his client. A "blank face" could signify how Myles is not in tune with his emotions when connecting online, thus he feels he has no option but to go into "doing mode", which could be his practical way of compensating for not being able to connect emotionally with his clients. Therefore when comparing the two modes of therapy, Myles suggests he experiences more meaningful relationships in person.

Holly describes her experience of therapeutic relationships online by comparing it to her experience of being in the room with a client. Similarly, as with some of the other participants, she makes comparisons between face-to-face work and working online and identifies these features as benefits or limitations:

"*I think the one that's probably more similar to face-to-face in the room work is working by webcam, like this you know, so but it's not the same, erm some of the things that are different are eye contact, erm, although you know it's not, it's one of the things that you can as an online therapist, you can do something about, like where you have the camera in relation to where you are looking at the person, that sort of stuff, erm, so there's lots of things that, erm, you can you know if you … you know showing yourself properly from the waist up will give people more non-verbal communication cues the other end, you know not being too close, there's lots of things you can do to help without communication, erm, and you know where it probably so the sort of how it's different online then, so those are things are things that, erm, people I think people act a bit differently online in webcam than they do in real life. So some people that I work with, it's a bit like you're not even in their room, they're lurking around their room, you've probably seen this you know, they're looking around their room in their office, they're picking something up they're not even looking at you as such, it's a bit using it like a telephone*"(Holly, 101-113)

Holly's description suggests there is an endeavour for her online experience to resemble her in-person experiences. Her efforts to achieve this could be representative of the comfort she experiences offline in comparison to online, thus she tries to create the same familiarity by adapting aspects that could otherwise be perceived as specific features of online therapy, for instance the perception of not being able to see the full body online is something that does

not happen in face-to-face settings when her client is in front of her. It is possible that the absence of this aspect has been interpreted as a negative feature of the online therapeutic relationship and trying to rectify this situation almost makes the relationship feel more connected and without it there is a disconnect. The potential limits to achieving a connection in the therapeutic relationship online are further emphasised by her reference to "real life". Her use of the word "real life" implies that her online experience in some way does not feel as true to her, just as Myles described there seems to be a sense of authenticity that is missing. She further alludes to an emotional disconnect, as she compares this experience to being like a telephone conversation, which can be representative of being connected to someone whilst simultaneously being separated from them physically. For Holly, this could be experienced as not feeling present with her client, hence her references about the client "lurking around", which could be indicative of not being fully engaged in the therapeutic relationship. It also suggests she understands this as possibly a way her clients hide online, hence her use of the phrase "lurking around" to indicate skulking furtively.

Like others in this study, Minnie describes a perceived negative feature of not sharing the same physical space with her client:

> "*The not being in the same room, erm, and in fact you know, not being able to you know, I am somebody who touches, you know, so not being able to sort of pat someone on the arm as they leave for the last time or just, I find I feel a loss, I feel the loss (emphasis on word loss) on having an intimate goodbye*" (Minnie: 220-223)

The absence of "touch" implies an intimacy in saying goodbye is missing in the online situation, hence her emphasis on the word "loss". Minnie infers the act of touch symbolises the therapeutic ending, whereas the absence of it feels like the loss of a complete therapeutic journey. Her reference to patting her client could be indicative of communicating to herself that the relationship has ended and the therapy is now complete. It could also symbolise reassurance to her client, hence her reference to it being an "intimate goodbye". It is almost like she feels she is unable to convey online the same well wishes she would do in person. Her use and emphasis on the word "loss" indicates this to be a key feature of her experience that is missing, suggesting that without this contact she experiences a sense of feeling deprived from ending the therapy relationship in a way in which she possibly feels more familiar and comfortable. This indicates that her offline therapeutic relationships feel more connected and intimate in a way her online therapy does not. She then wonders about whether her online therapeutic relationships require less presence from her:

> "*Now is this a self-selecting group where your presence is less important*" (Minnie: 242-243)

This suggests she does not feel the same level of connectedness in her online experience. Her questioning could symbolise a feeling of doubt about whether she should be feeling more connected to her online clients. She implies this through wondering whether presence is “less important”, which could also possibly be a way she is trying to reassure herself.

3.2.3 Summary

Overall, “It reduces it to that little box” suggests how the physical distance and connection through the computer screen are associated with feelings of an emotional and physical barrier to connection, indicates a heightened sense of awareness of what is missing in comparison to face-to-face experiences and for some participants highlights a lack of confidence when connecting through this medium. There seemed to be less value and satisfaction with online experiences, which in part seems reinforced by the making meaning of experiences in the context of face-to-face experiences. This element is explored further in the next theme: “It’s head to head therapy”: The paradoxical experience of the therapeutic relationship online.

3.3 Superordinate theme 2: “It’s head to head therapy”: The paradoxical experience of the therapeutic relationship online

This superordinate theme contextualises the inconsistencies in the participants’ experience of the therapeutic relationship online in terms of the experience being perceived as the same but different to face-to-face relationships, feeling connected yet distant in the relationship and being removed while experiencing intensity. This second theme captures the essence of the contradictory aspects co-existing in the experience of the online therapeutic relationship. It demonstrates the way participants made sense of their experience by both directly and indirectly positioning the two modes of therapy (online and face-to-face) against each other to make a comparison. Three subordinate themes were identified to represent my interpretation of the participants’ data.

3.3.1 Making meaning through comparisons with face-to-face therapeutic relationships

Throughout the interview stage it became apparent that participants made sense of their experience online through making connections with their face-to-face experiences. This has been purposely chosen as a subordinate theme of this superordinate theme because, whilst there were general comparisons between their face-to-face and online experiences throughout the interview, the salient parts that seemed to really stand out were when the

participants were making direct comparisons to imply one mode as superior to the other. This theme felt best placed here, as through the analytical endeavour it struck me as a prominent feature that best represented participants' voice under the umbrella of this superordinate theme, because it highlights the specifics of how participants discussed the similarities yet differences of their experience of the therapeutic relationship online in comparison to face-to-face settings. Through their explorations I sensed a general undertone of them placing the two modes of therapy "head to head" and in a battle, as they were trying to make sense of their experience. They endeavoured to find similarities in their experience, yet their focus on differences could be interpreted as a battle within themselves; this internal conflict almost mirrored the two modes of therapy being held up against each other.

In the following excerpt Holly summarises her experience of perceiving the therapeutic relationship online as similar as her face-to-face experiences:

> "*I'm actually working online because it's a real-time communication, erm I'm not sure I'd I'm I'm apart from what I was saying about the the all of the practical types of things, erm it would be just the same as … it feels just the same as having somebody in… there are distractions on the other end… all that containment stuff, erm that we control in our face-to-face room goes out of the window, so we sort of have to let go*" (Holly: 297-305)

Although Holly says her experience feels the "same", her focus on differences could be indicative of her feeling confused. It seems important for Holly to have a similar experience online as she does face-to-face. This could be because she experiences a level of comfort in her face-to-face therapeutic relationships that she is trying to resemble, which is articulated through her reason for working online being due to the instant communication. Whilst she did not elaborate on this here, it is plausible she identifies this communication style as a feature that is similar to offline therapeutic relationships, since this has also been implied in other areas of her transcript. For example, in sub-theme 3.2.2 'Perceived limitations and benefits of not being "In the room" with clients', where she implies that she is searching for similarities yet her identification of differences and ways "practical" factors can be altered to resemble face-to-face encounters could almost represent an internal battle she experiences as she endeavours to replicate the face-to-face encounter. She acknowledges there is a difference but says she feels the "same". When describing the differences, it is almost as though they are not significant for Holly or perhaps she does not identify them as key features of her experience. It seems the features she identifies as different, such as the "distraction on the other end" are minor external features of her experience that she feels you must "let it go". This phrase conveys her perception of factors that she considers not in

her control are less important, yet her use of the word "distraction" not only demonstrates a lack of control she experiences with external factors but potentially a lack of control she feels over her own focus online. The emphasis Holly has on her face-to-face experience indicates she values this more hence she is trying to replicate it online, yet she is not oblivious to the differences.

It became apparent during the analytical stage that throughout Harry's interview he uses the word "same" when drawing connections with his face-to-face experience. Although in other parts of his transcript he uses the word "different" and focuses on differences, as for example when he acknowledges some of the features of his experience:

> "*… erm, CBT, typically we're writing stuff down on paper and we can't do that so well erm and so there's sort of emails backwards and forwards about things and erm so slightly different, but it's the same content, but it's a slightly different way of working… It's the same the relationship for me in that in most of these in fact probably in all of them is the same, the working relationship is the same erm yeah*" (Harry: 56-109)

Harry implies he is unconcerned about the "slightly different way of working"; his use of the word "slightly" conveys his awareness of the change in practical method and indicates that he feels unfazed by this practical difference because his internal experience feels the "same". His frequent use and emphasis of this word indicates he has a sense of familiarity within the relationship. There could almost be a sense of comfort in feeling the "same" which diminishes the significance of any differences. One reason for this feeling could be because Harry experiences a level of comfort and has knowledge of working offline, so that when he is coming to a new environment looking for the similarities could create a sense of safety for him. This segment would suggest that, unlike Holly, he is not feeling confused about his experience, whereas like Holly, there is a hint of face-to-face interaction being the quality of experience they endeavour for; hence there is a sense of relief in experiencing this similarity online.

This is also apparent for Tiana, who describes her experience of the therapeutic relationship as the "same":

> "*Whether it was online or offline, it makes no difference if I saw her online or face-to-face. It's the same experience I think being online, doesn't make any difference, because she's got these problems regardless you know … and it's no difference when I see her face-to-face*" (Tiana: 97-100)

Her frequent use of “no difference” emphasises the similarity in her experience online. Tiana makes frequent references like this throughout her interview and in another example she further states:

> “*It feels no different*” (Tiana: 108).

Her link between client “problems” and her experience of feeling no difference implies that she understands the therapeutic relationship as being related to client problems, regardless of the mode of therapy. This indicates she experiences the two modes of therapy as equal, contradicting other aspects of her interview where her focus has been on the differences she feels. This conveys the contradictory aspects in her experience, as on the one hand she uses the word to symbolise differences, yet on the other hand she expresses it to suggest that there are none. Tiana uses the word “problem” which seems to conflict with the sensed experience, as it conveys a possible detachment from her feelings in the relationship versus her feelings about the modes of therapy.

Myles uses the word “same” throughout his interview to describe the difference as the most prominent feature of his experience:

> “*I don't think with a client that's started out has never really erm developed in the same way, it feels it can only develop to a certain to a certain point erm, and then and then we are limited erm, it won't ever go, erm it won't ever go further than a certain point. I think…I think that we just don't have the same tools and like I say it's that … just the things that I miss with Skype are things as simple as the the meeting the person at the door of my therapy room, and the the the smile or the hand shake or the touch on the arm, or erm the what you say to each other as you walk up the stairs, how you settle in erm, you know those kind of things, those kind of things are missing*” (Myles: 282-298)

Myles implies he feels a “limited” sense of therapeutic intimacy. This is expressed through his use of words, such as “limited” and to a “certain point”. These words indicate a restriction Myles experiences. He seems to feel the absence of intimate moments of connecting with his client hinders the development of the therapeutic relationship. These moments of connecting convey a sense of warmth, humanness and collaboration that is missing; thus he experiences a restricted evolution in the relationship. His description of this connection being lost suggests these are moments he longs for, and that he expects to have prominent opportunities like this to connect deeper; however not having this online seems to be linked with feelings of constraint. His articulation has an undertone of frustration and one possible way he understands this is as being inferior to his offline experiences.

3.3.2 The experience of the therapeutic relationship online as both connected and disconnected

This subordinate theme represents the participants' descriptions of feeling connected in the relationship online, while simultaneously experiencing a level of disconnect. All participants either explicitly spoke about this or implied it through reflection on their experience. This theme emerged from the data to conceptualise the references to intimacy, depth of relationship and other aspects of participants' discourse, which suggested an inconsistency in their experience of closeness in the therapeutic relationship online.

Catherine demonstrates this:

> "*Erm you feel less connected, you feel less connected, it's less intimate. I mean in some ways you kind of think about it's like having sex with somebody over the internet or actually having sex with somebody in person, so you know it's going to be different, you can probably still get off but you're not gonna feel that same sense of warmth*" (Catherine: 220-223)

Catherine implies that whilst there is a connection there is not the same level of intimacy that she experiences in the same physical space. She implies a superior level of intimacy in face-to-face contexts and whilst this can be seen to demonstrate a difference between her experience of being online, it also strongly demonstrates the way that she both feels a level of connection while simultaneously feeling disconnect. Her use of the phrase "sense of warmth" conveys there is a level of affection that is missing, implying that she expects this, which could indicate her perception of offline therapy as being more intimate and potentially more satisfying. She seems to make sense of this as feeling adequate but not close.

Catherine was trying to make sense of this aspect, as she acknowledged that this is something that she has not fully processed:

> "*I don't know why that came to mind… it's a little bit less intimate, but I think it's ok, do you know I think it can work*" (Catherine: 225-227)

Catherine understands her experience as feeling less warm, but seems to justify this by acknowledging that the connection is sufficient for a relationship to "work". She therefore suggests that whilst it is limited, there is a feeling of adequacy and enough of a connection for the relationship to work but to not necessarily get any deeper. In understanding her experience by making these comparisons, Catherine seems to not feel as connected in her therapeutic relationships online and this is influenced by her desire to feel a similar level of connection as she would do in person.

Both Myles and Harry's accounts synchronise with Catherine in their experience of feeling limited closeness. Harry expresses:

> "…*maybe I'm looking for a greater sense of closeness in the that you would get in the room*" (Harry: 260-261)

He suggests he does not experience the same sense of intimacy online, and his description of "looking for" closeness implies it is something he strives for. This statement conveys he would like to experience the same level of closeness he experiences in the room, implying the intimacy online does not feel sufficient and his offline experience provides a superior quality of affection that is missing in his online experience.

Myles makes sense of his lack of connection by identifying his struggle to empathise in online therapeutic relationships:

> "…*it makes me colder erm online, you know it makes me a problem solver. That's what I think I've I've tended to notice …It takes away from the just, from just being with that person from, you know, from from sitting in the hole with them… If I'm very brutal about it I think it does reduce empathy … I think because of Skype I think my empathy is reduced*" (Myles:220-227)

His direct link between Skype and reduced empathy suggests he perceives the medium of communicating as a barrier to connect on a level that he would experience face-to-face, hence his use of the word "colder". This implies he experiences a lack of affection, warmth and empathy in the relationship compared to what he would usually feel offline. It seems interpersonally Myles feels a detachment from his client, which is indicative in his reference to "sitting in the hole with them" offline. This phrase conveys a synchronised feeling with his client, symbolising collaboration and a shared struggle, whereas online he does not share the same sense of being together in the relationship. He describes this as being "very brutal", which could indicate his full acknowledgement of his way of being and the severity of the level of disconnect experienced in the relationship. Nevertheless, his identification of being a "problem solver" indicates he experiences some level of connection, yet not as strong, intimate or collaborative as he does in person. This suggests Myles feels his role has changed in a way that reduces his experience of therapeutic connection.

This experience seems to be exemplified for Myles when he acknowledges the building of a stronger connection with a client whom he started working with online and then met face-to-face:

> "…*the first person to person meeting that we had, the content that he brought was much more in depth, was much more, erm, much more painful for him, erm and*

> *…that was a very enlightening experience, because my experience of him as a person in the room was very different to my experience of him as a representation on the screen, just to just to even to the extent to that he was much bigger than what I imagined, you know, physically when I met him, you know, ok wow you're a lot bigger than I thought you were, erm the sort of the the energy for want of a better phrase was that he had in the room, erm we were we were friendlier, we were kind of less less removed…*" (Myles: 160-169)

Myles implies that the content of the session determines the strength of the therapeutic relationship. He describes an "enlightening experience", which suggests in person he felt he had a revelation and a greater understanding of his client that he did not experience online. His reference about perceiving his client as a "representation on the screen" conveys the idea that he perceives the online connection as inauthentic, and it demonstrates how he potentially feels the connection was an imitation of what a genuine therapeutic connection feels and looks like for him. Myles's idea of interacting with a depiction versus the authentic person seems to be exemplified by his acknowledgement of perceiving his client differently when meeting in person. Perceiving him as physically bigger seems to further illustrate his idea of connecting with an inaccurate depiction online. Furthermore, he uses the word "energy" to represent the shared aura between them, as opposed to something that he experiences himself, which indicates it is a joint feeling, whereas online he feels a disconnect. The use of words like "friendlier" and "less removed" indicates he felt less distant, more connected and in partnership with his client. He implies and seems to make sense of the offline way of connecting as superior and more authentic.

The sense of two opposite feelings occurring simultaneously is mirrored by Minnie, who describes throughout her interview her experience of the therapeutic relationship online as both conveying a feeling of intensity as well as a sense of casualness:

> "…*you know you can't, you know your eyes can't wonder particularly and look out the window as the therapist… It's head to head therapy I think…I think that the intensity can actually be stronger and it's this head to head, no distraction, once you're online with each other you know, unless you get technical breakdown repeatedly…*"
> (Minnie: 149-172)

Her use of the phrase "head to head" not only captures the physical reality of interacting through a computer screen but also conveys some sort of confrontation or battle, which is both symbolic of how she and others in this study have made sense of their experience and also could represent the internal demands she experiences online. The internal demands are suggested through her use of the word "intensity", which conveys a sense of the extreme

physical demand she feels when interacting online. Her references to "no distraction" also suggests she experiences increased concentration and hints at the greater use of internal resources required from her that she does not experience offline. She hints that if she looks away, she is concerned about how this will be perceived by her client; her articulation that this "can't" be done indicates she feels she has to maintain eye contact, possibly in order to feel and express that she is engaged. It also hints at a heightened awareness which feels more demanding for Minnie. The internal demand is further emphasised through her reference of a "technical breakdown". Her tone when she is speaking about this possibility hints at relief, as she comes across as though she needs a break to pause from the intensity of her interaction. Much like being on a battlefield or in a fight, she implies she needs the break to recharge from the intense nature of the interaction. It is inferred that Minnie experiences this intensity as a struggle; she implies that she represses her inner feelings, almost like being inhibited to stay focused on the interaction as she is potentially feeling exhausted. Whilst Minnie's experience has been expressed as intense, she also acknowledges an opposing aspect of her experience online:

> "*So isn't that strange, that I feel sometimes it's disembodied, or I feel that I'm not really, can't really be present if they're really upset or really struggling, but they blur the the therapist and friend more…*" (Minnie: 292:293)

Minnie seems to seek assurance about her perception, described as "strange", as she discusses the "disembodied" feeling she experiences. Her use of the word "disembodied" implies an emotional separation and physical detachment from how she is feeling. On the one hand this could represent her physical disconnect, yet on the other hand it implies an emotional detachment in the relationship, as it creates an image of emotional separation from her client as well as an internal separation of her own feelings through her recognition of not being present. There is an inference that she implies this is a time she should feel more attuned with her client but she recognises a detachment. This is further emphasised as she describes the nature of the therapeutic relationship being blurred, as a "friend", which is the opposite to her description of the "head to head" therapy described earlier. This blurring of relationship dynamics suggests both an experience of concurrent intensity and therapeutic disconnect, thus demonstrating the experience of two opposing feelings of therapeutic closeness and disconnect simultaneously.

3.3.3 Preparing to engage with clients online

Participants revealed the personal challenges of engaging with therapeutic relationships online, in terms of the differences in their overall process of engagement when compared to

face-to-face encounters. Whilst some spoke directly about this, others hinted at aspects that influenced self-care and indicated a sense of personal struggle.

> "*The first thing is I don't see face-to-face clients from my house, but I do see Skype from my house, so there's an immediate difference and I think I'm probably in a slightly different state of mind, stepping from, you know, my kitchen into this room, erm it's it's it's it's errr in that sense it's more casual … I don't have to get in the car, I don't necessarily have to be dressed up, as one would call it, to go to the office on Skype. As long as this bit up is intact (laughs and points to upper body), I could sit in shorts if I want to. No one would know*" (Minnie: 495-501)

Minnie's description of a "slightly different mindset" indicates she does not experience the same attitude online as she does in person. Her use of the word "casual" to label her experience could imply a difficulty with fully engaging from a professional angle. She conveys a difference in the way she prepares to engage online. It seems she understands the activities she engages with before connecting face-to-face prepare her for the therapeutic engagement, whereas she links not engaging in this way with a sense of casualness which appears to be contradictory to the standards she usually operates within.

Catherine's experience seems to mirror how Minnie experiences the overall process of engaging in therapeutic relationships online:

> "*Erm well, I think the process of it is different in a broader sense for me in that, like, when I go into a session in an office like, you know, I've got shoes on (laughs), you know, I'm not in my house, I'm in an office, and I have my professional hat on. In a Skype session, I could be naked from the waist down and you wouldn't know, do you know what I mean? And it requires more of a discipline to put your professional hat on … I tend to try and fit in, do you know, rather than and maybe if I were doing them properly I would kind of treat them, you know, ok, I'm in my office and but it's not always that way and so I think that I do find it harder to focus on Skype sessions than I do when I'm face-to-face with somebody. I'm more distracted on Skype*" (Catherine: 202-210)

Catherine's reference to a "professional hat" implies her mind frame online is different from that experienced face-to-face. She indicates that she feels less professional online which conveys the idea that she does not work at the same standard and does not engage with the typical discipline she usually employs. She seems to make sense of this by understanding the "broader process" as being different, and by different she conveys a sense of less formality, indicating a more relaxed approach. Her reference of not engaging with activities as she would do if she were in a face-to-face relationship indicates she recognises a clear

difference in her experience. She implies she does not value the online therapeutic relationship in the same way as she does her in-person relationships. This is suggested through her phrase "if I were doing them properly", which conveys she is not connecting in a way she feels is of the same high quality as her in-person practice. The idea of her clients not knowing if she was "naked from the waist down" implies she is able to conceal aspects of herself and hide in a way she would not be able to in a face-to-face situation. She seems to understand this as a situation that cannot trouble or impact upon her clients, if they are unaware of it, which seems to be in contradiction to how she experiences the situation herself. She seems to convey how she experiences this as problematic: although she does not state this feeling explicitly, her reference to how she would treat the sessions and her difficulties in maintaining focus hint that this is the case.

The differences participants experience in relation to their own processes when engaging online are further emphasised by Myles:

> "*I think I switch off from the client quicker, whereas whereas you know, with a lot of sessions, when I see the clients out of the door and they go, you know the client, their stuff, lingers for a bit … My process, erm, there's stuff still there and I can work out what that is. I'm not sure that's as, I'm not sure that's the same when I do online counselling. It's kind of you know the screen goes down …It's not the same, so it just feels more cut off, you know it feels as soon as I close the computer lid, erm, that client's gone you know, there's there's no memory of them having been in my room, erm they're removed … Even something as you know, as simple as you know, you don't, you're not left with the client's smell in the room, you know, those kind of things that actually make a difference, you know, that make a difference to your processing your feelings afterwards, that kind of what went on, what happened between us, just to kind of understanding level, erm its its not really there in the same way*" (Myles: 332-347)

Myles suggests he disengages quicker which indicates he may not have felt as connected online and he does not think about the relationship when the session ends. It seems for Myles, significant moments of connecting with his client are missing (something he has spoken about throughout his interview), and he associates this with feeling removed from his client. Not only does this symbolise the practical aspect of being physically in different locations, but it suggests emotionally he feels separated. His reference to "lingers" and "smell" indicates Myles has a preference towards the human aspects of connecting in the therapeutic relationship, whereas online his description of "I close the computer lid, erm, that client's gone" indicates their presence is not strong. He feels he cannot reflect on the

dynamics of the relationship and the ending of sessions online for Myles seem more abrupt, as opposed to his description of in-person meetings when "I see the clients out the door". The latter implies a sense of warmth and connecting and, whilst the client leaves, they remain in his memory, indicating the interaction is more valued. Whereas his detachment online suggests the relationship feels lacking, less intimate and less valued. He associates all this with his experience of his own process, which suggests he feels less able to reflect about the dynamics of the relationship online.

Harry discusses the personal strain of his online clinical work:

> *"Well I think I mean it's come across…I'm a little bit resistant about doing too much of it (online counselling), so I'm erm I'm there's something there …I, I think it affects me. I somehow have this, maybe it's an assumption, that my core work is face-to-face and I use this as a sort of extra, so it must affect me such that it doesn't seem quite quite at the same level, shall we call it I dunno, errr, yeah and yet I've been very positive…"* (Harry: 315-321)

Harry's awareness of his perception of online counselling in comparison with his face-to-face experience appears to come across as if he is feeling confused. His reference to being a "little bit resistant" conveys a sense of reluctance, unwillingness and discomfort in connecting through this medium. Whilst he is acknowledging it "affects" him, he implies this is in a way that is different from face-to-face contact. He seems to make sense of this by understanding it as his perception that his experience of the two ways of connecting are not at the "same level". This indicates his awareness that he seems to view online work as somehow inferior; it can come across as though he values his in-person relationships more. His recognition that, despite the internal demand, he feels he has been "positive" about his experience seems to suggest that the feeling of unease online and a positive perception of his experience cannot coincide and are contradictory. This could demonstrate that whilst he thinks or hopes to portray his online experience as "positive", the experience of how it feels does not match this idea, hence his reference of not wanting to do "too much". Furthermore, he implies through his label of "core work" that he values his online experience less and the offline environment holds more importance and feels less internally demanding. The internal demand Harry experiences is further highlighted in other areas of his transcript:

> "*I tend to leave something like 25 minutes at a minimum between sessions, so there is space to sort of decompress, erm, but that's where I say I've got two Skype sessions in a row, erm, I'm thinking well I probably wouldn't want a third soon afterwards…*" (Harry: 254-256)

Harry seems to perceive his online work as more personally demanding as he describes the need to "decompress". This conveys how he feels the need to relax and suggests he feels pressure. As Harry described in his interview, engaging with online therapeutic relationships is a more recent aspect of his practice and therefore he could still be exploring the type of self-care that works for him. One way to interpret his exploration is as a possible reversion to a novice practitioner state. It comes across as though Harry is trying to find out what works for him and how he feels about connecting online. It seems that whilst Harry struggles with the internal demand, it is a way of working he would include in his practice. This is suggested through his articulation about his client's perception:

> "*… I'm very glad to have it, I think, because the the clients that I'm working with now, I feel that they they value the work and I and I can recognise that it's valuable to them*" (Harry: 331-332)

His discourse could symbolise the way in which he detaches from the internal difficulty by recognising the external value for clients, which could serve as a reminder of the value of his work despite him conveying he does not experience it as equal to his face-to-face therapeutic relationships.

3.3.4 Summary

'"It's head to head therapy": the paradoxical experience of the therapeutic relationship online' represents the ways in which participants make sense of their online experience of the therapeutic relationship in the context of their face-to-face work. They seem to make connections and acknowledge the differences, and these findings highlight the way they perceive the two modes as a battle against each other which is expressed through the contradictory feelings they experience. Overall there seemed to be convergences in participants' perceptions in that their experience and value of offline relationships are superior in terms of how they connect and what they feel.

3.4 Superordinate theme 3: "Working with my hands tied behind my back": ethical concerns and perceived struggles of engaging in a therapeutic relationship online

As recognised in the introduction to this chapter, all the themes interlink. This theme demonstrates this overlap because it refers to various aspects of experience that can be made sense of through the lens of the other themes identified in this chapter. For example, there are aspects of this experience that participants also made sense of through comparisons with their face-to-face experience, thus understanding from this lens could create a different meaning. Nevertheless, throughout the analytical process it made sense to

fit these aspects within this theme for the reasons explained in the interpretations below and also because another commonality was they seemed to identify ethical concerns.

The acknowledgement of ethical concerns and struggles of engaging with therapeutic relationships online not only invites an understanding of the important ethical worries experienced in the online environment, but also provides a deeper subjective view of the power dynamics experienced in the therapeutic relationship online that goes beyond the identification of such concerns. This section draws on the participants' experience of managing their concerns and the personal meaning they attribute to this. Their experiences of the therapeutic relationship online revealed their preoccupation with factors that they perceived as essential with regard to their professional responsibilities and, through IPA analysis, this revealed possible deeper struggles, for example relating to a perceived lack of control in the therapeutic relationship online and feelings of inhibition. From the accounts given, two sub-themes were identified as below.

3.4.1 Perceiving the online environment as a threat/risk

> "*… one of the issues with Skype, one of the things is that actually, you know, if you're working with somebody, erm, and they are very, you know very distressed, it's your physically removed from them, you know, there's there's not a lot you can kind of do, you know. It's not, errr its not errr erm, I sometimes feel it's a bit risky sometimes, the that you are very very removed from that person and that person can just really you know just switch the screen off, and that's that you know there's there's nothing else you can kind of do. So whereas I think when you're when you're with them in the room there's a safety aspect to it, you know, there's a you you sort of safer with that person or that person's safer with you*" (Myles: 179-186)

Myles seems adamant about his perception of a lack of control over managing risk. He seems to associate being "physically removed" with feeling unsafe. His use of the phrase "just switch the screen off" implies he feels the control is one sided and driven by his client, indicating a sense of not feeling in partnership with his client. This suggests that in person he feels more comfortable, possibly because he perceives there to be different social rules online, rules that could ensure greater safety or less impulsive behaviour from his client and where he feels the relationship is potentially more balanced. It also suggests he is concerned about feeling vulnerable as a practitioner, as he recognises there is nothing else he can do, indicating the level of responsibility he feels and lack of power. He seems to make sense of this feeling by associating the perceived lack of control with being physically

removed, which suggests in person he feels he would have more control over the situation because the client cannot "just switch the screen off". Myles not only sheds light on his concerns about managing risk for his client's safety but implies a level of risk he experiences for himself, thus perceiving the online world as a threat.

Similarly to Myles, Catherine implies that an important consideration of her therapeutic work online is related to the management of risk and describes a similar experience of feeling less safe over the internet:

> "*… if I didn't know the person and we didn't have a relationship in place, I'd probably be a bit more careful about what I would try to do erm online, because I couldn't be there to contain that as well*" (Catherine: 83-84)

She implies that when counselling in person and a therapeutic relationship has not yet been established she would potentially feel less inhibited in her approach. Whereas her reference about "being careful" online implies she would not use the same therapeutic interventions. Whilst on the one hand this demonstrates Catherine's tentativeness towards managing risk, the difference in her interventions over the internet could suggest a perception of the process not being as safe online. This is emphasised through her reference to "contain", meaning the psychological concept of "containment", as Catherine feels she has to be "there to contain" her client and can thus in person be more daring with her interventions. Although she does not explicitly express what she means by "there", given the context of the segment it correlates with the segment to assume that she is referring to physical presence. An interpretation for this is that Catherine possibly perceives the online environment as not being as safe and she experiences it as a place where she needs to be cautious, which could indicate that she feels more relaxed offline. She implies she is not as confident managing risk online through her articulation of not being able to manage risk "as well". This implies that, although she feels she could manage risk, her level of ability in doing so is not consistent with how she feels about managing risk offline. It is like she feels more control and less inhibited online.

As in the case of both Myles and Catherine, Holly speaks about the management of risk when working online:

> "*…safety of the person on the other end, so I do quite full assessments beforehand, I have someone's GP details, I don't work anonymously… because people who are drawn to psychologists are quite often, are having quite serious mental health problems … I like to work safely, as safely as I can, you know?*" (Holly: 71-78)

Holly's discourse is about safety, feeling safe and preparing for risk. Although she seems to want to present herself as thorough with managing risk, she hints that she recognises that there is a limit to the level of safety she can be prepared for, as indicated by her statement "as safely as I can". Although she does not explicitly state she perceives the online environment as a risk, and seems to associate risk with "serious mental health problems", since the focus of her discourse was on her online experience her expression could suggest that she perceives the environment as unsafe, hence her reference to what she does to safeguard herself and her client by taking precautions. Her reference to not working anonymously further highlights this idea, as it implies she does not feel comfortable working in this way, despite the fact that working anonymously is an option. She seems to reassure herself that she has taken adequate measures in her control to manage risk. Although the question posed at the end of her discourse – "you know?" – conveys a sense of doubt, it appears that Holly was seeking assurance to remove any uncertainty she was experiencing about her way of managing risk and possibly looking for validation that it can be risky working in this way.

As participants disclosed their concerns about factors such as risk management, it revealed their perception of the online environment and their sense of caution connecting through this medium. Tiana suggests similar feelings:

> "*I wouldn't do that (online counselling) with a client with an eating disorder …it's too risky, generally those kind of clients can be quite avoidant…*" (Tiana: 69-71)

Tiana implies a sense of certainty about who she would engage with online, as she conveys the environment can be experienced as a potential threat for some individuals. Her reference to not engaging in this way also indicates she experiences a sense of discomfort. Her use of the word "avoidant" conveys how she makes sense of the online environment as being unsuitable for those who could struggle with emotional intimacy, hence her decision to not connect with these types of client through this medium. This point is further emphasised below:

> "*I mean essentially it's about you feeling safe and …it's quite hard online to create. It's not so easy, you know, when you just meet somebody for the first time and over time it doesn't feel so easy to build up that relationship online. There's a sense of safety, so if you've seen them beforehand, you've had some sessions with them, you've build up that sense of safety and security so that they feel safe… My sense is is if, you know, just having it online without having met them beforehand, just I, I, it just wouldn't be a preference*" (Tiana: 246-253)

Not only does this statement highlight the possible perception of the online environment as being a place where caution is required, but also this could indicate the environment does not provide the conditions Tiana feels are adequate to establish a safe therapeutic relationship. Her articulation that she would prefer not to establish a therapeutic relationship online could suggest that she has become accustomed to establishing therapeutic relationships in person, within an atmosphere in which she feels she is better placed, where she hints she is more relaxed and less inhibited, hence her articulation of "it doesn't feel so easy" online. Her sense of caution can be linked to a perception of the online environment seeming like a threat, not only for certain clients but for herself as the practitioner facilitating part of the therapeutic relationship online.

Harry describes his perception of possible threats and risks:

> "*…it cuts out occasionally, depending on where the person is and how reliable, this seems like a really reliable network we've got here, so it doesn't look like that we'll cancel, but sometimes it does. So it does affect, you know, if somebody's in it, effects the security of the frame if you like of the of the work can be affected. So I think there will probably be certain clients I wouldn't work with online and others and these ones that I do, I'm I'm fairly confident they're robust enough to be able to cope with that breakdown of communication if it happens*" (Harry: 80-86)

Like Tiana, Harry seems to have conditions around who he would engage with online. He comes across as understanding the environment as requiring client robustness. His use of the word "robust" conveys that he feels the environment could be a threat for those who he considers fragile or not adequately resilient. As he focuses on technical concerns, this demonstrates an area of his experience he has no control over, yet his focus could suggest a level of responsibility that he feels in this respect. This seems emphasised through his concerns about how clients will cope, which is a statement that comes across as extra cautious. Although on the surface he seems to be speaking about client safety, it could also indicate his precautions for keeping himself safe. It could demonstrate insight into how he feels concerned about clients he perceives as not being "robust enough", hence he could potentially feel vulnerable about not knowing or feeling confident about how they will perceive and react to some of the potential disruptions online. This is indicated through his reference to needing to be "fairly confident" about the clients he is engaged with online as it demonstrates a level of doubt.

3.4.2 Lack of control of boundaries in the therapeutic relationship online

Participants expressed the insight they can get into their client's world online and revealed the corresponding view clients get into theirs. The view the participants get into their client's world seems on the surface to be experienced as a positive aspect of the therapeutic relationship online, one that enhances intimacy, yet it seems to raise questions about boundaries and relationship dynamics. This sub-theme captures this difference as it explores the deeper feelings of lack of control participants experience in the therapeutic relationship online in relation to this feature of their experience.

Minnie discusses her experience of insight into her client's daily world:

> "*Erm … I'm going to turn this into a joke, but you have no idea how many men's bedrooms I've been in (Laughs) … and I understand this is where they go to close the door, right, but there's also something about you know, one one one client that I worked quite a long time with you know, he used to erm, he used to erm, he used to pick his computer up and spin it around and say "Look at the mess my room's in" because it was a problem, I know it sounds (rolls eyes), then another week he would pick it up and spin it around and say "Look, tidied up", so you, it's really interesting one person … There are weird and wonderful things that happen… There are others that without thinking what you're doing is that you are looking at them and behind them is their ruffled bed or whatever erm, what Freud would have to say about this I have no idea (laughs), but it's mind blowing. So there's an intimacy, there's something, as the therapist you're entering their homes…I'm really acceptable about that, because I recognise here I am, this head on their screen, and they want to make it intimate, in a way that would happen in a therapy room, so actually they're showing me what, in some ways they're showing me what I would see if I was sitting with them now*" (Minnie: 421-451)

While Minnie implies the window into her clients' world enhances her experience of closeness, the joke she uses to describe it, "you have no idea how many men's bedrooms I've been in", has implications of an illicit nature and likens to something more sexual. This suggests a difference in her experience of the therapeutic boundaries; as she laughs when she says this, it could almost represent a level of discomfort she feels about the situation. Minnie further refers to this phenomenon as both "weird and wonderful". Her use of this phrase not only suggests she is aware that this is something strange, as her being in her client's bedroom is a place typically only close friends or a partner would be, but also suggests it is an experience that she feels creates a stronger bond. Furthermore, when she

rolls her eyes, this could further convey her sensing her experience as strange. Perhaps one way Minnie is justifying her experience is by acknowledging this would happen in the therapy room. Whilst she does not fully explain the connotation of this, it is possible to infer that she is describing the emotional connection she would experience, as it is quite apparent that if they were in the same therapy room it would not be the same and she would not be in the client's bedroom. Although it appears Minnie has these conflicting feelings about this experience, it appears she justifies the process by referring to herself as a "head on the screen", which indicates a detachment from her clients which makes it "acceptable" to enter their bedrooms (a boundary she could be firm about not crossing in face-to-face settings). In this way, she feels closer to them and senses that they feel more connected with her, despite the fact she potentially knows this could be perceived as a breach of boundaries, hence her reference to Freud.

She explains this aspect as a unique feature of her experience of the therapeutic relationship online:

> "*Yeah those experiences wouldn't happen would they in face-to-face…*" (Minnie: 472)

Minnie seems to be acknowledging this as specific to her experience of working online. She implies the nature of this relationship is dissimilar to what is typically associated within the therapeutic boundaries in her face-to-face experiences. Minnie seems to experience the client as inviting a greater closeness than that of a therapist and client, more like an intimate friend, which has been echoed throughout her interview:

> "*They blur the the therapist and friend*" (Minnie: 293)

> "*You've got to be very careful they're not stepping over to friendship, but they're sharing their inner well, not their inner world, but they're sharing their daily world*" (Minnie: 452-454)

Both these quotes suggest that perhaps Minnie experiences the client as inviting a greater closeness than is usually experienced between a therapist and client. She seems to understand this invitation as a search for closeness, yet her reference to having to be "very careful" suggests she is cautious of boundaries. On the one hand Minnie seems accepting of this aspect of her experience, yet on the other hand her references have suggested she feels a level of discomfort. As she differentiates between an "inner" and a "daily" world it suggests she associates the latter with different types of relationships, such as a close friendship and not the therapeutic relationship.

She further discusses the two-dimensional aspect of seeing her client's daily world:

> "*I think there is that mutual trust and in fact thinking about it again, erm, I did some Skype, I went to America and I did Skype with this same client. This was my UK client but from America, erm, one that was great for me because it meant that I could go away but …maintain erm, my contact with my clients, because I was away for quite a long time. Erm but also they then would comment on the different background, you know they weren't seeing a familiar background and where was I, and what was I doing? And I was sharing that, not a great deal about what I was doing, but enough, what I think was intimacy. It is trust but it's an intimacy*" (Minnie: 464-470)

Minnie seems to understand sharing a change in her therapy space as feeling "intimate" and "safe" in the therapeutic relationship. This conveys a sense of closeness, warmth and partnership. It could also indicate a feature of her experience that demonstrates a difference in therapeutic boundaries, since her client is getting access into her daily world. The insight is different from the usual background, thus it appears Minnie is disclosing information unintentionally, despite her not sharing a "great deal", which indicates she verbalises as much as she feels comfortable with and feels in control of how much she discloses.

Like Minnie, Catherine explained the view she gets of her client's world: When pre-empted, Catherine expressed that whilst this view connected to how she experiences the therapeutic relationship online, she was not certain in what way it shaped her experience:

> "*I think you know you're seeing somebody in their own space … I was working with the one that was kind of shut in, you know her place was just a den of mess and cats, you know, and to actually see that, you know, you do connect in a different way with that person, and you actually can see with your eyes kind of how difficult life is in a way. Maybe, maybe you can hear about it in the office, but it's your sterile environment, it's your turf rather than their turf yeah*" (Catherine: 145-152)

Catherine's description of connecting with her client in a "different way" implies she feels a deeper sense of connection. This is conveyed through her empathic description of seeing for herself the struggle her client describes. Her use of the phrase "your turf rather than their turf" indicates a shift in power or an imbalance of control over therapeutic boundaries. This shift suggests Catherine feels less in control and perceives her client is in control, and it comes across as uncomfortable, as Catherine contrasts her client's space with her own "sterile environment", which could be indicative of the raw insight she perceives.

Holly acknowledges how her own background functions as a key feature of her experience of the therapeutic relationship online:

"*…I've worked with (clients) that are scrutinising where I'm working…*" (Holly: 113-114)

Her use of the word "scrutinising" indicates a feeling of potentially being more exposed than she would be in other modes of counselling, thus intimating a difference and lack of control in therapeutic boundaries. Although there are aspects of her background she can control, as with Minnie, perhaps there are aspects that are unintentionally self-disclosed. It also reveals a possible feeling of discomfort, as feeling scrutinised carries a connotation of being analysed and her tone of voice when describing this word indicated a sense of frustration.

Throughout his interview Myles expressed his frustrations with his experience of the therapeutic relationship online. One element of his experience he discusses is in direct reference to the lack of control in boundaries:

"*…it is a frustrating experience, is that you you do feel that, erm that errr, the that your hands are tied behind your back really, in a lot of respects, and and and, that's some of the very very basic tools, where like I say the formation of the relationship, erm the very very basic thing that I feel needs to be there, it's it's very difficult to do erm and it's very difficult to do because of the context of the of the online therapy…*" (Myles: 258-263)

"Hands are tied behind your back" conveys Myles's feelings of frustration: he seems to feel helpless and unable to utilise his therapeutic skills in the relationship. This creates an image of being powerless, having a lack of control and perceiving he is unable to employ the skills he would do in person, including what he perceives as the "basic thing". This statement conveys his perception of an inability to connect at a fundamental level, let alone achieve anything deeper and more meaningful. He associates this with the context of online therapy, which suggests he perceives the environment as restrictive. He uses the word "very difficult" twice, which demonstrates the extent of struggle he experiences as a therapist online. His discourse comes across as very strong, as he seems adamant about the struggles and the inhibition he experiences which conveys the sense of control being taken away from him.

His concern regarding the issues around confidentiality online further emphasises his lack of control:

"*I think erm there are issues of confidentiality. I think that's erm that's always difficult from the client's perspective, because erm, because we can't guarantee that what the client is doing, that they're in a confidential space, you know, that's erm when when we're in our own office our own therapy room, you know we know that that is*

confidential erm, it's a difficulty for a practitioner I think to, erm, to just have to kind of accept that it's confidential, erm and that that that for me is a difficulty" (Myles: 47-52)

Whilst on the one hand this demonstrates Myles's concerns about confidentiality, it also highlights a struggle he experiences as a practitioner engaging with online relationships and indicates the power imbalance, since it is indicated that his client is in control. The online environment is perceived as a space belonging to his client, which is implied by statements such as "our own office", which suggests the online space does not feel shared. Furthermore, one way to understand this statement is that although on the surface the "difficulty" Myles describes is accepting confidentiality, possibly what is more difficult for him is accepting the lack of control he experiences.

Like Myles, Harry discusses his concerns about confidentiality:

"*There is an issue about the client's environment …you know they could I guess record the sessions and I that isn't part of the contract … So I don't know what the technology is online, can someone record something and I be unaware of it?*" (Harry: 205-381)

Harry seems dubious regarding his perceived issues around confidentiality, suggesting vulnerability in not knowing what his client can do with the technology in the online engagement. This highlights a potential imbalance in the control he perceives in the relationship. It also suggests he feels uncomfortable and inhibited, as he perceives it as something he is unable to do anything about, hence his implication of a lack of control.

3.4.3 Summary

The superordinate and two associated subordinate themes explore participant experiences of ethical concerns with therapeutic relationships online. Both of the subordinate themes demonstrate how participants in this study experienced a difference in the dynamics of the therapeutic relationship online. Through their articulation of these concerns, the feedback revealed a struggle in participants' experience. They implied deeper more subjective struggles in relation to perceiving the online environment as a threat, feeling less in control and having a more heightened awareness of themselves and their online surroundings. It became apparent that, for some participants, making sense of their experience was a struggle, almost mirroring the struggles they were discussing. One of the overarching commonalities apparent within the differences in their discourses was the feeling of inhibition, which means they were unable to behave in a relaxed and natural way.

3.5 Analytical Summary

This analysis aims to explore the experience of six counselling psychologists' experience of the therapeutic relationship online. Three superordinate themes have been established to represent and provide an interpretation of what this experience is like. The sub-themes were considered to represent aspects of the superordinate theme that captured specific convergences of participants' experience. One of the main aspects of the findings was in relation to how participants made sense of their experience in the context of their face-to-face experiences of the therapeutic relationship. In making sense of their experience in this way, participants generally perceived limitations to their experience of the therapeutic relationship online, although various positive aspects were disclosed.

4 Chapter 4: Discussion

4.1 Chapter Overview

In this chapter I contextualise my findings by relocating the experiences described in this study within the current literature that is available about the therapeutic relationship online via videoconference technology. The purpose of this chapter is to explore the findings and discuss their relevance to practice and theory. This present study contributes to the research area by exploring the experience of the therapeutic relationship online via videoconference technology from the perspective of counselling psychologists who include this mode of therapy in their professional work.

I will explore the key findings in this chapter and evaluate them in relation to the existing literature. My aim is not to offer a theory or generalisable explanation. I will then discuss the implications of this research for the counselling psychology discipline as well critically evaluate and acknowledge the limitations of my research project. I will conclude by considering my findings in relation to future research that could further enhance our knowledge and understanding of the topic.

4.2 Overview of Findings

During the interviews, participants reflected on their experience of the therapeutic relationship online via videoconference technology. My interpretation of their data revealed that one of the most prominent ways participants made sense of their experience was in the context of their face-to-face experience. In general, it came across as though they did not feel as connected in their online therapeutic relationships, they seemed to value the experience less and seemed to look for similarities in the two modes of therapy which indicated the discomfort experienced online. Participants also revealed areas of ethical concern about their experience of the therapeutic relationship online, which conveyed the sense of perceiving the online environment as a threat, their confusion about their role as a practitioner and the lack of control they experienced. These findings have been conceptualised in the themes discussed in the Analysis chapter. The key themes were organised into three superordinate themes: '"It reduces it to that little box": the perception of physical distance in the therapeutic relationship online'; '"It's head to head therapy": the paradoxical experience of the therapeutic relationship online' and '"Working with my hands tied behind my back": ethical concerns and perceived struggles of engaging in a therapeutic relationship online'.

4.3 Superordinate theme 1: *"It reduces it to that little box":* The perception of physical distance in the therapeutic relationship online

4.3.1 Screen as a barrier

The subordinate theme symbolises a key feature of most participants' experience in relation to not sharing the same physical space. Clients spoke about perceiving the computer screen as a physical barrier to emotional connection and how they experienced a restriction in their professional skills and general therapy process. These findings are supported by Suler (2010) who describes how the key features of the therapeutic process online could change between the therapist and client due to the physical distance. In this study, the key processes participants reported as being different from their in-person experience included how they experienced a lack of emotional connection, a loss of attunement and a barrier which was linked both directly and by implication with the computer screen and physical distance.

The references to the computer screen in this study were consistent with accounts given by participants in a similar study conducted by Koufou and Markovic (2017). As described in the Introduction, this study also explored the therapeutic relationship online through the perspective of psychotherapists. One of the themes in their study was 'Across space and screens': the theme conceptualised the experience of the screen as facilitating intimacy in the therapeutic relationship as well as symbolising the screen as a "barrier". As in the case of Koufou and Markovic (2017), the participants in this study explored their perception of the computer screen as a "barrier" to being able to connect with their client. The use of this word was mirrored and demonstrates a consistency in the struggle to feel connected online and the restrictions the participants experienced. The findings could be identical, because both research studies used similar samples, in that the findings are from the perspective of the professional. Furthermore, both studies utilised IPA in the analytical strategy and thus the interpretations of the data seem to be similar. Perhaps if a different methodological approach was utilised the findings may have differed or if a different sample was used, such as from the perspective of the client, this may have given a different perspective.

It is interesting that the screen was perceived as a barrier and the participants did not feel close enough, because in some ways they are in fact closer to their client than they would be in person. By stating this, I am assuming that the computer screen or device utilised to connect online is much closer in proximity to them than they would be in person with their client in the room.

4.3.2 Perceived limitations and benefits of not being "In the room" with clients

One of the primary experiences expressed by the participants in this study was about how it felt to not be in the same room with their clients. This was different from the 'screen as a barrier' perception, because whilst the screen represented both a physical and emotional restriction for most participants, not being in the same physical location had perceived benefits and limitations. In general, participants identified a lack of non-verbal data as a key feature missing from their experience. This seemed to imply a lack of confidence and suggested a general feeling of experiencing a challenge.

From the Introduction, it is evident that the challenges of online counselling have been documented and anticipated by other studies online (Cipolletta, 2015). One of the main areas for concern is around the challenges associated with the lack of non-verbal data (Chester and Glass, 2006). Whilst videoconference counselling permits visibility of the upper body and facial gestures, therefore allowing visibility of some non-verbal data, this was nevertheless a feature that was experienced as a struggle for participants in this study. This is an interesting finding because online counselling via videoconference technology has been considered to resemble face-to-face counselling due to the very nature of visibility of the upper body (Berger, 2017). It is interesting that the experience of reading upper body cues was perceived as absent or somehow lacking for some participants, since this is a key feature that differentiates videoconference counselling in comparison to other forms of online counselling, such as via email. However, it is noteworthy that the amount of visibility is dependent on the positioning of the camera and the clarity could be compromised depending on the hardware and software used to communicate, which could provide an insight into why participants experienced non-verbal data as lacking.

Research generally indicates that online counselling is overall as effective and in some cases superior to in-person counselling (Barak et al., 2008; Richards & Viganó, 2013). This outcome could indicate that therapists working online are in fact focusing on factors that they feel are problematic but which do not actually make a difference to therapeutic outcome. They are worried about the lack of non-verbal data but the research suggests it is not a key feature of the therapeutic process online, thus there seems to be a focus on factors that are potentially less important for the online interaction and perhaps more important for in-person counselling. This seems to be highlighted by the data that demonstrates the effectiveness of writing and email counselling (Wright, 2002). In this form of online counselling, the therapist and client cannot see each other yet it is considered effective.

Taking into consideration these findings, one way to make sense of the perception of lack of non-verbal data is by understanding it in the context of individual therapist characteristics. In a review of therapist characteristics that negatively impact the therapeutic rapport (Ackerman & Hilsenroth, 2001) therapist anxiety and attitudes were considered to be the salient features. In light of these findings, there are certain therapist attributes, including limited confidence, which can negatively influence the therapeutic relationship (Ackerman & Hilsenroth, 2001). This could mean that if therapist attitudes are negative or if they feel anxious about working online it could lessen the experience of the quality of the therapeutic relationship. This concept can be linked to participants in this study, since they felt less confident and seemed to have lesser views of their online encounters, which could indicate the concern is around therapist confidence as opposed to a lack or absence of non-verbal data. This makes it important to train therapists to work effectively online, as recommended by Anthony (2015), in order to reduce their anxiety. Such training could have positive implications for the therapeutic relationship. It also reveals the need for further research to understand whether or not there is a correlation between therapist anxiety and the quality of therapeutic relationship in online settings. Quantitative research investigating this issue would therefore be beneficial to identify and explore therapist factors that impact the relationship online.

Another feature following from the lack of non-verbal data experienced by participants was their anxieties around whether they could convey how they felt to their clients. For some of the participants this anxiety was linked with not sharing the same physical space as their client. They expressed frustrations about whether or not their client was receiving what they intended to convey through their therapeutic interventions, such as whether warmth was being perceived in the relationship. They spoke about being more aware of themselves and being increasingly sensitive towards their client online in comparison to when they are engaged in face-to-face therapeutic relationships. Their feedback implied that they were often focused on this issue as opposed to being present in the relationship. The fact that the participants were preoccupied with how their interventions were being perceived and how they were transmitting interventions is consistent with other online therapists who report similar concerns (Chester & Glass, 2006).

These findings could be linked with research concentrating on the therapeutic presence in offline literature. The concept of therapeutic presence has been referred to by therapists from various theoretical orientations (Tannen & Daniels, 2009). From these subjective accounts it is clear that the experience of therapeutic presence is unique for different people; however a commonality in the findings appears to be an acknowledgement that there is a difference between therapeutic intervention and a way of being in the therapeutic

relationship. Geller and Greenberger (2002) developed a model of therapeutic presence, defining presence as the therapist being fully in the moment on several levels including cognitively, relationally, physically and emotionally. From the findings described in the Analysis chapter, it can be suggested that the counselling psychologists in this study struggle with being present in this way. If their focus seems to be on their interventions, it demonstrates a difference in the therapeutic presence online. This is an important finding, because offline literature has found a positive correlation between therapeutic presence and therapy outcome (Tannen & Daniels, 2009). Therefore, since there is a difference in experience online, it would be important to conduct further research and understand the therapeutic presence in online environments in order to get a sense of whether it holds the same importance as it has been demonstrated to have in face-to-face settings. Quantitative research into this aspect would enable further understanding into whether there is a correlation between therapeutic presence and therapy outcome online, whereas a qualitative perspective would enhance our understanding of the key features of how this is experienced. If being therapeutically present requires a physical presence, it is questionable how this is impacted and experienced in the obvious physical distance online. It could be that presence as we know it offline is different from the existence of presence online, or not as focal to the outcome. This seems plausible, since what we know about the concept of presence was written in a time and culture before the emergence of the digital culture in which we now live; thus, the previous research findings could potentially be limited to that specific time and culture. Since the digital world as we know it now has changed and how we interact within the digital space continues to evolve, it is possible this different culture could generate different attitudes to traditional psychotherapeutic concepts. To my knowledge there has not been any research considering the idea of presence online and therefore these findings highlight the need for further analysis to be conducted. This seems particularly important because, as the field of online counselling continues to develop, we need to be consistent with digital growth to remain up to date, and while there appears to be substantial research in this area prior to the digital age there does not seem to be sufficient attention paid to this subject since the onset of the digital revolution.

Furthermore, the preoccupation with how participants' interventions are being perceived by clients is an interesting feature of their experience, especially when comparing this element with the experience of therapists engaging in text-based online therapeutic relationships. For instance, Sucala, Schnur, Brackman, Constantino, & Montgomery (2013) discussed clinicians' attitudes regarding the therapeutic alliance conducted through text-based online communication. The clinicians expressed a barrier for developing strong therapeutic relationships, because they felt it was difficult to convey empathy and warmth, supposedly

due to not being able to see their client. Sucala et al. (2013) speculated that this might be dependent on the mode of online counselling used (text-based) and recommended further research to explore other forms of online communication. It is interesting to note that in this study, when utilising videoconference technology, the concerns were identical, despite the participants being able to see their client. Thus, in both contexts, regardless of being able to see your client or not, therapists experience a level of anxiety about how they convey therapeutic interventions, suggesting the feeling might not be specific to the type of technology used. Nevertheless, the extent of anxiety and the specifics of how this is experienced can vary; for instance, in this study, anxiety was a commonality for the majority but it was not a feature of all participants' experiences, therefore implying that it was not a difficulty for some counselling psychologists. It would be interesting to complete further research to explore why some do and some do not experience this as a struggle, because the data generated could provide ways to overcome such challenges and provide insight into the differences. One factor that could be linked to this anxiety is the level of training. Some counsellors are trained to work online whereas others are not, and it may be that the training helps build confidence and thus the perception of a struggle is reduced when sufficient training has been undertaken. This seems a reasonable assumption, as training programmes are encouraged to include online counselling, so comfort and confidence can be increased (Anthony, 2015).

Within the text-based literature there have been suggestions on ways that the lack of non-verbal data could be managed. For instance, *'Presence Techniques'* have been identified as a way of communicating factors that cannot be seen by, for example, placing emoticons in brackets after statements to emphasise how one feels, such as a sad face, or by clarifying text (Murphy & Mitchell, 1998; Collie et al., 2000, cited in Wright, 2002). These techniques can provide the opportunity to demonstrate physical cues or clarify ambiguous statements. Although these actions could compensate for missing physical cues with text-based counselling, it would not allow the counsellor to notice body language that could further communicate important messages about the client's distress. Thus, whilst being able to utilise 'presence techniques' could remove difficulties associated with the lack of non-verbal information in text-based online therapeutic relationships, it does not necessarily provide a method for overcoming the concerns with videoconference technology. Therefore it is important to complete research in this area specifically utilising videoconference technology, as this is an obvious gap for exploration. One possible way to overcome the issue of non-verbal data is to consider the types of devices or software that individuals are utilising to communicate. For example, some technology could permit clear visibility and therefore might

not be a concern, or there could be other associated factors and ways to address this problem that could be established through research.

Reese et al. (2016) researched how different technological formats influenced the therapeutic relationship online and impacted on the empathic accuracy (how clients were perceiving therapist interventions). Interestingly, one of the main findings of this project is contrary to the beliefs of the participants in this current study. Participants in this study were generally concerned about their facial expressions and non-verbal ways of communicating their therapeutic interventions, such as empathy. In contrast, Reese et al. (2016) found therapist empathic accuracy was no better in face-to-face settings and there was no difference between the different modes (videoconferencing and via telephone). The authors suggested these findings indicate non-verbal behaviour may not be as important for empathic accuracy as the accuracy of verbal content in the therapeutic relationship online. These findings contradict the idea of body language or non-verbal data being fundamental for helping clients. Thus the sense of restriction and concern expressed by participants in this study could indicate their focus is on factors that are not as important online. It seems inevitable that counselling psychologists would utilise the information they know about their in-person work online, yet it seems some of the processes in the therapeutic relationship are different in an online context, thus highlighting the need to research this area as a mode of delivery separate from face-to-face work. It appears that whilst some of the ingredients are the same, the method and extent to which these are used online are different. Therefore in some ways it seems inapplicable to utilise in-person literature to analyse online clinical work. Another way to understand this is, despite the end product being the same (to experience a positive therapeutic alliance in order to alleviate client distress), the process is different.

When participants spoke about their "in the room" experience, they often referred to their training of utilising the space and working with what the client brings to "the room". The constant comparisons highlight the sense making in these participants' experience and emphasises the need to train clinicians on how to utilise the online environment. Maybe there could be a similar concept of how to utilise the online environment as there is for in "the room" counselling. For instance, when understanding their experience in relation to their in-person training experiences the participants naturally highlight certain features as missing; perhaps, if they were trained to utilise the online environment before working in person, they may have considered their face-to-face work as providing an inferior experience. Or they may appreciate the difference in working techniques and use "in the room" when counselling in person and utilise the online "room" when connecting over the internet. This idea seems consistent with Anthony (2015), who emphasises the importance of teaching individuals to

utilise the online environment. This could imply the online environment could represent the equivalence of working “in the room” in face-to-face contexts.

4.4 Superordinate theme 2: “It’s head to head therapy”: The paradoxical experience of the therapeutic relationship online

4.4.1 Making meaning through comparisons with face-to-face therapeutic relationships

The subsequent superordinate theme contextualised the inconsistencies in the participants’ experience of the therapeutic relationship online in terms of the experience being perceived as the same but different to face-to-face relationships. It became apparent when making meaning of the participants’ experience that they made sense of it in the context of their in-person therapeutic relationships. Generally, it seemed that participants perceived their online experience as inferior and lacking, despite looking for similarities between the two modes of connecting. This seems to mirror other research results, as indicated in the review of online counselling literature by Richards and Viganó (2013), who discussed the therapeutic relationship online as being inferior to face-to-face therapeutic relationships from the therapist perspective.

In their attempt to make meaning through comparisons, many participants used the word “same” to describe their experience. A common reported feature of their experience that made it feel similar to their offline work was the ability to be able to see the client using videoconference technology. This feeling is consistent with the literature that states that videoconference technology resembles face-to-face therapy the most when compared to other online methods due to the ability to see clients and is therefore considered most similar to offline methods (Shandley et al., 2011). This is interesting because, on the one hand, participants described being able to see their client as a similar feature yet, as discussed earlier in the chapter, participants also perceived a lack of non-verbal data. One way to understand this contradiction could be that, although this method seems most similar, in some cases the experience is not quite the same, hence connecting via videoconference technology could be viewed as adequate yet lacking by the participants in this study.

Whilst they described their experiences as the “same”, the participants nevertheless focused on differences. Grohol (1999) as cited in Wright (2002) found online therapeutic relationships are considered different in comparison to face-to-face therapeutic relationships. This could provide some understanding into why participants in this study perceived their experiences

as the same as face-to-face therapeutic relationships yet focused on the differences they experienced.

There was a general undertone of the online counselling experience being perceived as inferior. This is interesting because perhaps if participants were not making sense of their experience by comparing it with face-to-face settings, they would not have experienced this general undertone of online therapeutic relationships feeling somehow inadequate. This has been acknowledged by Goss and Anthony (2009), who acknowledged that the comparisons between traditional and online modes of counselling limit research and does not accurately represent online counselling (Anthony, 2000). Although this study did not aim to look for an "accurate" description of the online counselling experience and was not designed from the perspective of seeking one truth, it could provide a perspective on why some participants experience and view online counselling as being not as sacred or consider it as lacking in some way in comparison with the therapeutic relationship experienced in face-to-face settings.

This overall perception of the online mode feeling as less than what is experienced face-to-face is striking when considered in light of research that demonstrates online counselling to provide equal and, in some cases, superior levels of therapeutic effectiveness (Richards & Viganó 2013). As echoed in other areas of this chapter, this outcome seems to highlight the need for training, because the participants' meaning making could in part be influenced by the training experienced by counselling psychologists. To my knowledge, most training programmes emphasise face-to-face work and therefore much training and understanding is focused on "in the room" therapeutic work. Perhaps with increased levels of training for professionals to work online, then certain features that participants in this study have tried to make sense of would be reflected upon differently. Especially since the participants in this study were not trained to work online.

4.4.2 The experience of the therapeutic relationship online as both connected and disconnected

The participants' experience of the therapeutic relationship as both connected yet in some way disconnected has been mirrored by Lewis et al. (2003) who investigated the experience of videoconference counselling from the client and counsellor perspective. This study involved counselling students being assigned a role as either a counsellor or client. The findings showed the experience from both perspectives and found the relationship was experienced as different from face-to-face, as although it was described as good the participants did not experience strong emotional counselling. This also mirrors findings

where the online alliance was perceived as potentially being lower in comparison to face-to-face settings (Mallen, Day & Green, 2003). It is interesting that both perception and direct experience of the therapeutic relationship online are viewed as substantial but not as emotionally deep. Much like other findings in this study, it seems understanding the online experience in the context of face-to-face experiences reduces the perceived effectiveness of online counselling. It would be interesting for future research to investigate what impact this view is having and whether there would be differences if the comparisons were not being made. Similar to the findings of this study, Koufou and Markovic (2017), also described one of their themes as 'Something lost but still effective' (p. 29). This theme represented the experience of the participants as being something that felt effective yet was missing aspects that were central in their offline experience. Like the participants in this study, they appeared to describe differences while focusing on what they perceived as similarities as a way of making sense of their experience. Most of the features they referred to as missing were obvious external features; for example, the removal of the factor of being in the same room. Like the participants in this study, "something lost" has negative connotations and seems to be experienced as feeling connected yet somewhat distant.

Although participants' experience in this study is consistent with the research described above, it contradicts the qualitative findings from Fletcher-Tomenius and Vossler, (2009) who reported themes that supported relational depth. They therefore implied that a more than adequate relationship can be experienced online and it is not dependent on sharing the same physical space with clients. However, it is noteworthy that one of the reasons these findings are not consistent with this study could be because the sample in the 2009 study consisted of participants who had experience of both synchronous and asynchronous methods of connecting online. While it was not clear whether they were reflecting on their experience of webcam or email-based counselling, the findings seem to suggest that the results were related to email counselling. This seems plausible because one of the findings was about anonymity and the therapeutic benefits of writing. Taking this into consideration, the difference in connection could be linked with the online medium that was analysed, meaning via email a deeper connection is viable. One of the reasons cited by the authors for this meaning was client anonymity and they referenced Anthony (2000) to support their claim. She states that physical presence and spoken words are not what make therapeutic rapport but instead it can be achieved by entering a client's world via written words. Being mindful of this, the results suggest that, since webcam counselling does not permit anonymity in the way email does (as via webcam you can see the client), connecting on a deeper level via webcam seems more difficult and hence clients in this study were experiencing an adequate connection, yet not in the same way as they would offline.

Nevertheless, the fact that face-to-face relationships are considered more connecting suggests that seeing your client is not always a negative feature of the therapeutic relationship, yet online it can be problematic. Perhaps this indicates that online counselling attracts individuals who are more likely to not want to be seen, such as stigmatised populations. From this perspective, the findings from this study could support such claims.

The perception of not being able to connect on a deep level is supported by Savege-Scharff (2013). This author discussed issues with transference and countertransference in online therapy relationships, thus suggesting problems with engaging on an in-depth level. In consideration of this study, there seems to be research to both support and challenge the findings of the present investigation. One potential way to make sense of these differences is to emphasise the subjective nature of the experience of the therapeutic relationship online. This subjectivity could also suggest how feeling connected on a deeper level versus feeling an adequate closeness could be influenced by the model of therapy utilised, since concepts such as relational depth, transference and countertransference are subject to individual perception and derive from different psychotherapeutic models.

Nevertheless, it is documented that psychodynamic therapy can be experienced similarly to face-to-face settings without losing the feeling you would get in the room which was perceived as missing by participants in this study. For example, Fishkin et al. (2011), discussed a psychodynamic case study where feelings of both transference and countertransference could be experienced through videoconference technology without implications for the therapeutic relationship. Although Fishkin et al. (2011) described the ability for these feelings to be experienced, it does not necessarily mean that the experience itself does not feel limiting and different in comparison to face-to-face settings. For the participants in this current study, there was a sense of loss and inability to feel as strong a connection as they would do in person.

Consistent with this finding, Brottman (2012) as citied in Zilberstein (2015) acknowledged difficulties for psychodynamic therapists in terms of the depth of therapeutic relationships online. However, this was in relation to email-based interaction and not videoconference technology: therefore Brottman's study may not be representative of this mode of communication. Nonetheless, it is striking that in both modes the difficulties are perceived on some level as being identical.

On the one hand experiencing psychodynamic therapy as difficult or inappropriate for the online medium has been supported by research suggesting this mode of therapy is best suited for a CBT approach (Cowain, 2001; Richards & Viganó, 2013). Consistent with this notion, participants in this study expressed CBT as most applicable for online counselling.

Perhaps one of the reasons for this view is the assumption that CBT is more manualised, with less emphasis on the therapeutic relationship, and according to participants in this study it is less in depth in comparison to other forms of psychotherapy. This idea could be supported by the evidence that demonstrates the effectiveness of manualised CBT programmes that are unassisted by any therapist (Eells, Barrett, Wright & Thase, 2014). Since these programmes are effective, it could imply a therapist is not essential for therapeutic change, thus the emphasis on the therapeutic relationship and depth of connection could be overemphasised. There is a possibility that online users do not need the level of depth of connection that the participants in this study were hoping to achieve; thus whilst feeling a deep connection may be important for the participants in this study, this requirement might not be applicable for online counselling users.

Being mindful of this and the findings from this research, the subjective nature of the therapeutic relationship has been highlighted. By this I mean that different therapeutic models conceptualise the therapeutic relationship and the role differently. Thus what is considered to be a deep connection seems to be dependent on these different conceptualisations. Clarkson (2003) details the variation in how the psychotherapeutic relationship can be understood; for example, he refers to the working alliance, the developmental relationship and the person to person relationship. All these terms are understood differently, thus what might be considered to represent depth in one relationship may not be viewed in the same light in another, which suggests perhaps depth can be reached online, despite participants not experiencing it in this study. Nevertheless, the aim of this research was not to differentiate between the different terms but to get a sense of what it is like to connect and be part of an online therapeutic relationship. In doing this, it has become apparent that one of the factors that could be involved in the perception of this process is the model of therapy adopted.

4.4.3 Preparing to engage with clients online

This theme explored experiences relating to how participants prepared for clinical work online. For instance, one of the areas they spoke about was getting ready for the therapeutic encounter including the activities they were engaged with prior to their online session and what clothes they were wearing. Participants made sense of this as representing a struggle with engaging online, for example, some said they wore more formal attire when seeing clients in face-to-face settings, whereas when connecting with clients using videoconferencing they only wore appropriate clothing on the upper part of their body because this was what the clients could see. They described the implications of engaging from a professional angle, including difficulties focusing on the session.

The anonymity that attracts clients to online therapy can be likened to the secrecy involved in the participants' engagement with the sessions. Their reference to not wearing appropriate attire, because their clients would not know, indicates how the role of concealment is also part of their experience.

In terms of preparing for in-person work, the participants had an established routine, as for instance with their journey to work which was identified as a feature of the experience that aided with their detachment from clients, whereas walking from one room to another in their house (where online sessions are conducted) did not seem to provide the same experience of detachment. This finding has implications for therapist self-care. For example, if face-to-face settings allow participants to detach yet online methods do not, future research could consider what factors impact on this experience and how this can be supported. It also highlights a potential similarity between working online with working from home in a face-to-face context, when it could be assumed that one walks from the therapy room into another room in the house: future research could compare the two settings as well as investigate the problem more generally.

4.5 Superordinate theme 3: "Working with my hands tied behind my back": ethical concerns and perceived struggles of engaging in a therapeutic relationship online

4.5.1 Perceiving the online environment as a threat/risk

One way participants seemed to make meaning with regards to their experience of feeling inhibited is by perceiving the environment as belonging to their client. Contrary to this perception, Cipolletta (2017) described the online interaction as one shared environment, suggesting the space belongs to neither the client nor therapist; nevertheless, participants in this study did not seem to experience the online environment as neutral territory. The power imbalance experienced seems consistent with the findings of Berger and McLeod (2006), who states there is a natural power struggle in relation to physical location, specifically the traditional therapy room. His belief is that if client and therapist are in an independent natural environment there is an opportunity to create a balance in the relationship. Whilst the online environment is not a natural place, in the sense that it is "not outdoors", it is not the same traditional therapist space where clients could associate increased power with their therapist (Berger & McLeod, 2006), therefore a power imbalance seems unlikely to be experienced online.

Being mindful of Berger and McLeod (2006), it is interesting that the counselling psychologists in this study did not seem to experience the online setting as an opportunity for power balance but rather they seemed to perceive a lack of control on their part. This

finding sheds light on the inherent power they have in person. If the findings from this study demonstrate that a neutral place such as the online environment does not possess the conditions for equality in the therapeutic relationship, it raises the question whether a balance can ever really be established? It also highlights the powerlessness experienced by the participants in this study, which in turn suggests that clients could have felt more in control. The potential control experienced by clients has been cited by others. For instance, Hanley and Reynolds (2009) reported how clients experienced more control online which was associated with the development and progression of the therapeutic relationship. However, it is noteworthy that this research was based on text-based therapy and therefore may not be applicable for connecting via webcam technology because they are different ways of connecting.

Although there has been much research detailing important therapist and client factors within the therapeutic relationship (Norcross, 2011), we do not know as much about the experience and impact of the location in which counselling takes place because it has not been a focal area in psychotherapeutic literature (Fenner, 2011; Berger, 2006). Nevertheless, therapy location as a factor in the therapy process has been documented (Pressly & Heesacker, 2001). Backhaus (2007) stresses the importance of acknowledging the relationship between therapist, client and location as part of the overall therapy process. This present study seems consistent with this notion, as not only did participants experience an inhibition associated with the environment but there were also implications around confusion of their role online. In some ways it came across as though the roles could have been reversed. What I mean by this is that usually a client comes across to a therapist as feeling vulnerable; however, in this study, the therapist was entering the encounter feeling discomfort. This outcome lends itself to queries, such as what happens when the helper (counselling psychologist) feels helpless? It seemed in this study it was linked with feelings of inhibition and feeling less connected in the therapeutic relationship.

It is interesting that there are other accounts within the psychotherapeutic literature where therapists are documented feeling a similar way when not working within their own therapeutic room with their client. For instance, Jordan and Marshall (2010) reflected on the therapeutic frame and relationship when taking therapy outdoors. They spoke about wanting to encourage practitioners to practice in non-traditional therapy locations, for instance in outdoor spaces. Many of the areas they spoke about could be linked with various themes in this study. One of the areas they referenced was the perceived danger in taking therapy out of the room, which meant they were missing something. Practitioners spoke about shifts in the intensity they experienced (similar to the theme in this study: ‘the experience of the therapeutic relationship online as both connected and disconnected’) and a lack of control in

relation to the boundaries, which will be discussed further in the next sub-theme. Taking this into consideration, it could suggest therapists perceive most non-traditional therapeutic spaces as a potential threat; thus the feeling might not be limited to the online counselling space. It would be interesting to explore research comparing the different environments as well as looking into what it is like when the therapist is in a space that explicitly belongs to the client, such as their home.

Although some participants experienced the online environment as a power imbalance, they also acknowledged the therapeutic benefit of seeing clients in their own space and they seemed to link this with feeling more connected at times. This outcome seems consistent with Cipolletta et al. (2017) who discussed the experience of constructing a therapeutic relationship online and spoke about how the differences in environment can assist with enhancing the therapeutic relationship by discussing the environment explicitly. This can be related to the experiences of some of the counselling psychologists in this study, who spoke about their experiences of discussing their background and their clients' background during sessions, although others seemed to not explicitly acknowledge this interaction with their clients. Although this behaviour demonstrates a difference in therapeutic boundaries, participants identified this as a feature of their experience that enhanced the connection with their client. This discussion, as predicted by Cipolletta et al. (2017), facilitated the therapeutic relationship for the participants in this study, who expressed feelings of intimacy associated with the discussions around aspects of the client's daily worlds. These findings could be linked with the online disinhibition effect (Suler, 2004) as described in the Introduction. This effect allows clients to feel less inhibited in comparison to in-person therapeutic relationships where socially controlled behaviour is more likely to be observed. Not only does this seem to highlight different social rules online for clients, but it has also been expressed that this could provide clients the opportunity to explore aspects of self-inquiry that could be difficult to perform in a therapist's room (Suler, 2002). Although typically associated with email-based therapeutic relationships (Suler, 2004), the concept seems relevant for these findings because participants reported they uniquely experienced less controlled behaviour from clients, therefore they were less inhibited and not governed by the same social rules that apply in face-to-face settings.

It is striking that although clients seem to have experienced an online disinhibition effect (Suler, 2004), the therapists seem to experience the reverse effect, which perhaps could be termed an online inhibition effect. Their expressions of perceiving the online environment as not safe, the descriptions of feeling more comfortable offline, the emphasis on the need for physical presence and the focus on client safety and suitability all, on the surface, reveal areas of professional concern and duty. It is of course important to work safely, make sound

client judgements and be prepared for potential risks, yet the participants' descriptions of these concerns demonstrated the inhibition they experienced, the discomfort associated with the different social rules and a general sense of powerlessness. Although this study was not looking for a cause and effect model, these perceived aspects neatly suggest the idea of an "online inhibition effect" because it demonstrates the restriction experienced by participants.

Furthermore, the findings in this study seem to contradict in part the concept proposed by D'Arcy, Stiles and Hanley (2015): 'The online calming effect'. 'The online calming effect' proposes that the online environment creates a more comfortable atmosphere for both client and therapist. Although participants in this study speculated that their clients were calmer online, they did not themselves express or imply that they felt calm. The online environment seemed to be experienced with emotions that were the opposite of feeling calm. One way to make sense of the difference in the findings is to acknowledge 'The online calming effect' was written in reference to asynchronous methods, whereas the mode of communication in this study was not asynchronous. This calming effect could be related to the fact most asynchronous methods do not require you to visually see your client, whereas in videoconference technology you do make visual contact. This is plausible since participants in this study made references to differences in their behaviour, as described in sub-theme '3.3.3 Preparing to engage with clients online' in the Analysis chapter. They linked these differences with their client not being able to see them in full. One of the most articulated aspects of their experience in relation to this theme was not wearing the same clothing as they would in an office setting, because their clients could only see the top half of them. This seems to symbolically represent the casual nature referred to by D'Arcy et al. (2015), with the top half of what they were wearing being what they considered as work appropriate because it could be seen by their client, yet what their client could not see they implied was more relaxed and comfortable clothing. This could symbolise how seeing their client made a significant difference to how they felt and their appearance, thus 'the online calming effect' may not be applicable for videoconference technology. Although the fact they implied what could not be seen by their client was more relaxed could support the notion.

There has been research that describes the differences in location becoming one shared environment (Spagnolli & Gamberini, 2002 as cited in Cipolletta et al., 2011). It is interesting that participants in this study did not make sense of these separate locations as one virtual counselling space. This finding demonstrates on the one hand a clear separation from their client in their own distinct space, while on the other hand offering a level of intimacy that is not apparent with face-to-face therapeutic relationships. Yet participants seemed to perceive the online environment as a threat, they came across as cautious and expressed a general preference for connecting in person. The discomfort they experienced could be linked with a

lack of training for working in this medium. Most of the participants in this study did not train to work online, but rather this mode of therapy became part of their practice that was generally viewed as a supplement to their "real" way of working. In some ways it felt as though they had reverted to a novice practitioner state at the beginning of their training, a time when things are feeling unfamiliar. As they have not been trained to work in this way, their anxieties could be linked with a lack of confidence.

In terms of management of risk, one of the most articulated concerns was in relation to the potential issues related to risk, such as if the client switched off the computer screen. Hence another feature of the participants' experience implies that the online environment is a potentially unsafe place. The participants in this study implied that they were concerned that they would not be able to conduct an adequate risk assessment or do as much as they can do in face-to-face environments. What was striking about these concerns is that none of the participants reported experiencing any situations where they felt they were not able to manage risk, but they spoke about being worried about the consequences of what would happen if they did encounter risk. One way to understand this could be that professionals are having an emotional response rather than a rational one based on evidence and research.

Through their awareness of potential risk issues, participants revealed a sense of perceiving their experience of the therapeutic relationship as fragile in certain ways, as for example in references to the client potentially recording their sessions without their knowledge. This was interesting, because it seemed that participants did not appear to acknowledge or register awareness that a similar situation is possible offline. Furthermore, in an offline setting clients can leave the therapy room, yet participants felt more vulnerable, less in control and greater unease online. Consistent with the findings discussed previously, this phenomenon could be linked with the online disinhibition effect (Suler, 2004), since it implies that clients might behave in ways that are governed by different social rules. Yet it also emphasises the need for training to work in this medium. Participants' concerns are exemplified in the findings, yet they do not acknowledge that the same risks can occur in face-to-face counselling and one possible way to make sense of this fact is that they feel confident and have been trained to manage and work in person; therefore it is plausible, with online training, that participants might not feel as vulnerable and could view the environment differently.

There has been research that has found similar concerns expressed by other professionals (Rees & Stone, 2005), yet there does not seem to be literature to explore why they are concerned and what personal meaning this may hold. Most research investigating ethical concerns surrounding the online environment have focused on identifying and how to

manage risk (for example, see Harris & Birnbaum, 2014, for a review of the legal and ethical implications of online counselling). Whilst managing risk is of course crucial in order to practice safely online, it does not provide insight into professionals' experience. This research study sheds light on the practitioner's point of view by offering an interpretation of the participants' meaning making in this study. It has reported how counsellors feel more vulnerable, less in control and experience a general difference in power dynamics in the therapeutic relationship as opposed to acknowledging the general concern of risk management. There have been studies to suggest differences in dynamics in the therapeutic relationship (Koufou & Markovi, 2017), yet this study links the issues around risk management with participants' sense making and perception of the therapeutic relationship.

One of the foremost ethical concerns with the participants' experience of the therapeutic relationship online was about client suitability for engaging therapeutically online. Participants identified client populations they perceived as suitable and not suitable for online therapeutic relationships, which implied the online environment is dangerous for some clients. Whilst it is essential to be considerate of ethical practice in terms of management of risks for particular client groups and situations (Fenichel et al., 2002), it is striking that the online environment is viewed as a potentially dangerous place to engage in therapeutic relationships, leaving professionals feeling concerned about engaging in this medium. This is especially a concern since one of the benefits of online counselling is that it has been known to reach individuals who may not access face-to-face treatment (Zack & Speyer, 2004). If professionals are reluctant to engage online, this could potentially mean the demand will be greater than the level of online psychotherapy services provided.

4.5.2 Lack of control of boundaries in the therapeutic relationship online:

The difference in boundaries has clearly been a significant feature of participants' experience in this study. As they described the insight they get into their client's daily world they revealed the view that clients correspondingly get into their world; this phenomenon seems to raise questions about therapeutic boundaries.

Other authors have also acknowledged similar experiences. For example, Fishkin et al. (2011) discussed boundaries online being different for reasons such as the potential for being able to use the mouse to hover over your therapists' face, which they identify as the equivalence of touching the therapist in face-to-face settings. The difference that is acknowledged is that the former online 'contact' would be unknown to the therapist. This is striking because whilst on the one hand, as acknowledged by the author, this could be a boundary breach, perhaps on the other hand it could also be a way for clients to feel closer

to their therapist. With the absence of physical proximity this might be a way to feel more connected and closer to their therapist or the therapist with client. Nevertheless, it does demonstrate a difference in boundaries online which can be perceived as both a way to enhance connection as well as a potential area of concern.

For some participants in this study, they spoke about experiencing the difference in boundaries as their clients inviting them to see aspects of their life. They associated this with feeling more connected in the therapeutic relationship, because they felt they received a valuable insight that they would not see in face-to-face settings. This idea of getting a real-time insight into the clients' personal world has been referenced by Fishkin et al. (2011), who implied this view benefited the therapeutic engagement through transference. Although this seems to be an obvious implication of online counselling using videoconference technology, the experience of this factor and its implications or connotations have not yet been researched. Taking this into consideration, this research study sheds light on commonalities arising from therapist experience of this insight within the context of the therapeutic relationship. It also highlights the need for further research to understand the impact and promote our understanding of this insight.

The participants in this study also discussed how the client could see their space. For instance, if the therapist was choosing to videoconference from their living room, the therapists would be revealing more personal information about themselves and some individuals in this study felt this was being scrutinised by their clients. This was made sense of by the participants as a feature that becomes part of the therapeutic relationship, because they are sharing aspects of themselves that they would not do if they were working in a face-to-face environment. In this respect, it could be argued this feature enhances intimacy from the client's perspective, despite the discomfort experienced by the therapist. It is interesting that when looking into the clients' world, the participants implied intimacy, yet when considering the view that their clients see of them, they conveyed a more uncomfortable feeling. It seemed the participants were aware there were potential boundary concerns, which is something that has been documented in the literature (Drum & Littleton, 2014). Drum and Littleton (2014) acknowledge the challenges with maintaining therapeutic boundaries online and discuss ways that boundaries can be upheld. Although this aspect has been acknowledged, there seems to be a lack of information available about therapeutic boundaries online, the experience of them and their potential implications.

Another key feature of participants' experience in relation to the lack of control over boundaries was around how they perceived the dynamics of the relationship and their role. Some implied there was a casual nature to their online therapeutic relationship, describing

the dynamics as blurred and existing somewhere between therapist and friend. As with the findings in this study, it has been acknowledged that the online therapeutic relationship can be viewed as more casual, as the therapist is viewed as less of an authority figure (Owen, 1995, cited in Rochlen et al., 2004). Whilst this was experienced as an area for caution, the potential for a collaborative and equal relationship has been acknowledged by Speyer and Zack (2003), who described the therapeutic relationship as equal when both client and therapist are communicating using the same technological mode of communication. In this study, participants did not feel equal. The perception of changes in their role has been expressed and explored through other themes in this analysis and meaning has been made of the encounters in different ways, yet the striking aspect here is the casual nature between therapist and client.

As discussed earlier, Jordan et al. (2010) discussed boundaries when working outdoors with clients. The aspects of their reflections that could be linked with this theme are the participants' feelings of being exposed, differences in terms of how they perceived their professional identity being taken away and their feelings of discomfort because they did not have the protection they had in person. Although they did not elaborate on what the protection was, the findings demonstrate a possible perception of the environment as a threat and a difference in their therapeutic role. Just as with the participants in this study, they did not feel in control of the therapeutic boundaries in the same comfortable way they did in person. They experienced their role differently, in a way that implied it did not feel therapeutic.

4.6 Future research

Although there have been suggestions throughout this chapter about future research as well as in the Introduction, it is important to acknowledge that the field of online counselling and the therapeutic relationship is a developing enquiry that requires more research (Sucala et al., 2012). This is especially important since the literature on the therapeutic relationship in face-to-face settings has revealed itself as a central component for successful therapeutic outcome (Berger, 2017; Horvath & Bedi, 2002; Horvath et al., 2011). It is important to further our knowledge of this area in the online environment, especially since the therapeutic relationship is what most models of psychotherapy emphasise as a key ingredient for therapeutic change.

It has become clear that whilst the demand for online counselling is increasing, in general there are many negative connotations and a lack of knowledge about this medium, particularly in relation to the therapeutic relationship, and therefore the research in this field needs to be increased in broad terms as well as by focusing on specific aspects. For

instance, one of the areas that could be further understood is how therapists who are trained to work online experience the therapeutic relationship.

When considering the findings from this research, links have been identified with existing literature and used to explore the salient features of participants' experience. In adopting this approach, I have explored the possible impact of factors, although this was not the aim of this research. Being mindful of this fact, future research could directly explore the relationship that exists among various factors of experience. This could be performed utilising a Grounded Theory approach which investigates the relationship among causes, contexts and consequences of a research enquiry (Starks & Brown Trinidad, 2007). For instance, if research has found training is required and participants in this study were reporting their anxieties, it seems appropriate to speculate this could impact their experience and sense making. Therefore research exploring this factor directly could provide a further perspective.

All participants in this study experienced difficulties but were still connecting with therapeutic relationships online. It is suggested that perhaps future research could look into professionals who have started working online and have chosen to stop. In this study, participants described feelings of anxiety which seemed to be linked with negative experiences of the therapeutic relationship. This indicates a need for further research to understand whether or not there is a correlation between therapist anxiety and the quality of therapeutic relationship in online settings. Quantitative research investigating this issue would therefore be beneficial to identify and explore therapist factors that impact the relationship online.

In addition, there is a need for research to explore therapeutic presence online. As discussed already, while there appears to be substantial research in this area prior to the digital age, there does not seem to be sufficient attention paid to this subject since the onset of the digital revolution. This is an important area to develop, especially when considering the participants in this study frequently made sense of their experience in an offline context. Whilst this may not be a negative aspect of their experience, it did appear to influence their perception of online counselling as inferior. By researching psychological concepts online, there is a possibility that these concepts could be understood differently as opposed to being lesser or more than.

4.7 Strengths and Limitations of this study

This study has both strengths and limitations. For instance there are areas in which this research study could be improved. An example of a potential weakness is that there was no

distinction between participants who are engaging with online counselling as an adjunct to therapy versus those who were working solely online. This meant that whilst some participants were exploring relationships that existed solely online, others were talking about their experience of adjunct therapies. For a few participants this meant they were seeing clients both online and offline, whereas for others it meant they started their relationship offline and continued online. Although only two out of six participants made references to therapeutic relationships that were solely online, it could have been helpful to make this distinction when recruiting for participants. Nevertheless, due to the limited number of counselling psychologists working online, the process of making this distinction would have resulted in negative implications for recruitment, as it would have meant within the limited population I would have been further restricted. At the time of recruitment, it did not feel like limiting my sample in this way was required to achieve homogeneity of data and thus a distinction was not implemented. As more counselling psychologists begin to have an online presence, future research could consider making a distinction between online counselling as an adjunct and online therapy as a standalone service.

Another limitation of this research, consistent with other literature within the online environment, is that whilst on the one hand this enquiry is timely because of the rapid growth of the internet and the need for research to inform our practice, on the other hand, since the focus of this research has been on the use of videoconference technology and most participants engaged in this via a laptop, it could be viewed as dated when compared to other newer modes of internet-based counselling or not applicable for certain online modes of therapy. For instance, there are different platforms for online counselling via videoconference technology, such as through smart phone applications like WhatsApp, Facetime and Skype. Individuals can also access these platforms through a variety of devices, such as smart phones, tablets and laptops. These different mechanisms for connecting could have impacted the experience of the therapeutic relationship. Few participants in this study commented on the hardware they were using. For instance, one participant started the interview using her smart phone and then switched to her tablet as she could see me more clearly. These differences in, for example, the visual data described impacted the experience of the interview process which could imply a potential difference in the experience of the therapeutic relationship too, especially since one of the factors participants explored was the experience of non-verbal data. Taking this into consideration, this research could have been improved by noting the devices utilised when connecting in therapeutic relationships online. Future research could consider this option by, for example, researching the most used medium, such as videoconferencing via a smart phone as opposed to videoconferencing via any device.

One of the strengths of this study was the use of the IPA qualitative methodology. As discussed in the Introduction, most existing research has not looked at experience through the perspective of the counselling psychologist and has been quantitative in nature. Thus, whilst most of our current knowledge has revealed correlations between online variables, this research provides an alternative perspective through understanding direct experience.

Whilst I did not put specific parameters on "experience", future studies could define the number of sessions or length of time a practitioner has worked online, as these are all factors that could influence the perception and meaning someone makes of their experience of therapeutic relationships online.

Although not a limitation of IPA, future research studies could utilise a larger number of participants in order to generalise findings. The aim of this research was not to generalise findings but to shed light on the in-depth experiences and meaning making of the participants involved, thus being consistent with an IPA approach the recruitment of six participants allowed rich data to be explored and analysed.

4.8 Implications for counselling psychology

This research study endeavoured to make a positive contribution to counselling psychology because it aims to add to our knowledge of online counselling and give a voice to counselling psychologists who have experience of engaging with online relationships without directing or restricting their experience by focusing on a specific element of the therapeutic relationship online. As discussed in the Introduction, there is a lack of counselling psychologists present in the online world and one reason proposed for this has been concerns regarding the therapeutic relationship (Richards & Viganó, 2012; Hanley & Reynolds, Jt., 2009). By giving the counselling psychologists a voice in this study, the research sheds light on their direct experience. Furthermore, whilst anxieties regarding the therapeutic relationship were prominent in the therapeutic relationship online, the findings can be used to support the acknowledgement of the requirement for tailored training for professionals working online (Anthony, 2015). Although there are several different training programmes available, the participants in this study did not have specific training and supervision to work online, which could highlight the importance to train in this way of connecting.

It is clear that training to work therapeutically online would be beneficial for practitioners. Some of the potential implications of this is it could remove or normalise the anxiety experienced in terms of power dynamics. The shift of power could help empower clients and therefore training practitioners to be comfortable with this could have positive therapeutic

benefits. Furthermore, by training professionals to work online, they could become less dependent on the features they rely on in face to face setting and fully utilise the online environment. This could put a different perspective on viewing online counselling as inferior because meaning making could be from an online context as opposed to offline. This idea seems consistent with Anthony (2015), who emphasises the importance of teaching individuals to utilise the online environment. In addition to this, online counselling has been cited as a way to reach stigmatised client groups that may not seek help through traditional means. Being trained to work online could encourage practitioners to engage in this way and thus provide services to those client groups.

As the development of online counselling continues to grow, counselling psychology practice should be consistent with these changes, as ignoring them and not addressing the demand could have a detrimental effect on clients and the field.

4.9 Reflective Summary

As described by Finlay (2002), trustworthiness and integrity are achieved through constant reflection upon the personal and professional influences on a research project. I started this research process being mindful of the importance of reflexivity and explored some aspects of this issue in the Methodology Chapter. Now, coming to the end of my research journey, I am reminded of the struggles and potential influences I encountered including, for example, bracketing my own views.

I was very mindful of my own views and motivations for embarking on this specific topic. Being aware of this fact, I felt it was important to consistently check in with myself when analysing the data. This felt particularly important because, during some of my interviews, I felt I was almost experiencing some of the frustrations my participants were talking about. For instance, in one of the interviews we kept having interruptions to the network and I was not quite sure where my participant thought I was looking when communicating with him. Initially I felt quite distracted by this experience, and whilst I was focused on the interview I nevertheless had times when my mind wondered into considering: Am I looking in the right place? What am I conveying? This felt similar to how the participants said they felt in the sub-theme '4.3.2 perceived limitations and benefits of not being "In the room" with clients'. By recognising this feeling early on, I was able to separate my experience of the interview process with my participants' discourse about their experience of the therapeutic relationship. Also, being aware that IPA is a co-construction of meaning created by researcher and participant (Smith et al., 2009), I understood that whilst my interpretation of participants' sense making was a fundamental aspect of this research, I made every effort to not let my own experience influence my analysis. One way I achieved this was by asking

myself if my interpretations were grounded within the data. Also, whilst I acknowledge another researcher could have different interpretations to me, it was helpful to ask myself whether someone reading my interpretations could understand how I arrived at them: this helped me to stay grounded within the data.

Overall, I feel I was able to portray my interpretation of my participants' experience, although I acknowledge others may have different views to my own.

4.10 Conclusion

In this research study, I aimed to explore and develop an idiographic understanding of counselling psychologists' experience of the therapeutic relationship online using videoconference technology. It was important to achieve a phenomenological perspective so that salient aspects of experience could be delved into by offering a plausible interpretation of the participants' meaning making. This valuable insight was offered by all six participants who took part in the study. Their discussion offers insight into individual experience as well as providing the opportunity to identify commonalities among them. With the growing demand of online counselling and the resistance from psychologists to participate in this mode, this study offers one way of making sense of the professional context through exploring direct experience. Despite the different themes identified, some of the salient aspects of these interconnected themes were echoed throughout and seemed to indicate feelings of powerlessness, inhibition, struggles, lack of confidence, feelings of loss and perceiving the online encounter as inferior which indicated the value placed on face-to-face therapeutic relationships. This highlighted the comfort, confidence and power participants feel when counselling in person.

It became apparent when considering these findings in the context of other online counselling literature, that possibly there is a specific need for training individuals for working online. Whilst the aim of this research was not to find a solution to a problem, it has become apparent through the participants' articulation of their experiences that most of their concerns could have been influenced by their training and the way they were understanding their experience in the context of their in-person work. When considering this fact, it was clear that, as described by Anthony (2014), traditional core training programmes are not consistent with the changing digital age we live in. There is a lack of human behavioural theories integrated with online culture, which leaves practitioners professionally deficient when operating within a modern society that is clearly impacted by the internet. Since modern technology is changing the nature of our relationships and impacting the way we communicate and deal with each other, it is inevitable that this will influence therapeutic relationships too. Whilst there are training programmes available, there seems to be a need

to include this element in core training programmes in order to demonstrate the importance of this mode.

This study does not make any definitive conclusions about the experience of therapeutic relationships online, because it was focused on subjectivity. It does however bring to light the commonalities of the struggles these participants perceive in their online experience. It demonstrates the difficult position they are in when the demand for online counselling is increasing and yet their confidence and faith in this mode is limited. It sheds light on the meaning they make of their experience and emphasises the need for training in order for counselling psychology practice to be consistent with the changes in technology. Ultimately it demonstrates online therapeutic relationships via videoconference technology can be effective, yet the experience can include the many different dimensions explored in this research study.

I have endeavoured to demonstrate the importance of this research in the counselling psychology arena, and through emphasising its significance, I hope this research will raise awareness of the need for training and highlight the positive changes we can make by embarking on this way of connecting. As a discipline we would like to reach undeserved and stigmatised population groups and online counselling provides a promising medium for this goal to be achieved, hence the importance for us to have a stronger presence online.

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Appendices

Appendix 1: Email Invite

Dear xx,

I am writing to invite you to take part in a study to explore how therapists' experience the therapeutic relationship in an online counselling relationship. Attached to this email is a document detailing information about the research and your potential involvement. After reading the attached information should you be willing to take part or have any queries please do not hesitate to get in touch.

If you have read and understood your involvement and are willing to take part, then please respond to this email by stating your interest and that you freely consent to participate in this study:

"I have read and understood the informed consent and had the opportunity to ask questions. I understand that I can withdraw from the study without any consequences and my responses confirm my ongoing consent".

I hope that you are interested to take part as your cooperation would be most appreciated.

I look forward to hearing from you.

Kind regards,
Salima

Appendix 2: Research Information

CITY UNIVERSITY LONDON

Research Information

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

Title of study: ***Therapists' Experience Of The Therapeutic Relationship Online*** (Working title)

What is the purpose of the study?
This study aims to understand therapists' experience of delivering and being part of an online therapeutic relationship. The research is concerned with the impact online counselling has on the therapeutic relationship and how this is experienced by the therapist and factors that impact this.

Why have I been invited?
This research is looking at how therapists experience delivering counselling online. You have been invited because you have had experience of delivering online counselling using video conference technology and have been part of an online counselling relationship. Your views are important and could help develop our knowledge of the field. There will be a total of six-eight therapists who will part in this research.

Do I have to take part?
Participation in the research is voluntary, and you can choose not to participate. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. You do not have to answer any questions that you are not comfortable with and are free to contact the researcher if you have any queries. If you do decide to take part you will be asked to send your informed consent by sending an email to state that you understand the terms of the study:

"I have read and understood the informed consent and had the opportunity to ask questions. I understand that I can withdraw from the study without any consequences and my responses confirm my ongoing consent".

If you decide to take part you are still free to withdraw from the study without giving a reason.

What will happen if I take part?

- You will be involved in the study for the duration it takes to complete an online Skype interview (estimated to take approximately 45 minutes to 1 hour of your time).
- During the interview you will be briefed, engage in an audio recorded semi-structured interview over Skype and then debriefed on the nature of the study.
- An IPA (Interpretative Phenomenological Analysis) research method is being used to collect and analyse the data in this study. This is the chosen method in order to capture the experience of the therapeutic relationship when delivered using video-conference technology.

What are the possible disadvantages and risks of taking part?
There are no foreseeable disadvantages and risks, however I acknowledge that due to the subjective nature of taking part sensitive information could emerge. As you are therapists I take the liberty to

assume that you are aware of available support services, however if you feel you would like some additional information about available support, please email me to request a list of support services and I will be happy to provide you with a list.

What will be done to protect my privacy?

There will be a strict process to protect your privacy, however it is important to note that data over the internet has the potential to be intercepted and inadvertently disclosed on the internet. Particular measures, such as using pseudonyms and hiding other identifying data when storing your responses will be taken to protect your anonymity and privacy. The data will therefore be deindentified and only the main researcher who is conducting the interview will be aware of who the data has been provided by.

What are the possible benefits of taking part?
The benefits of this study include the chance to reflect on your experience and share information that could contribute to our growing knowledge of online counselling and serve the psychological profession.

What will happen when the research study stops?
The data collected will be used for the purpose of exploring the research question and conducting a doctoral piece of research to be formally assessed.

Once complete all of your personal details and data pertaining to you will be deleted from the computer software. Any printed or hand written data will be destroyed as soon as they have been entered into the computer.

If the study terminates prematurely, you will be directly contacted and your data will be immediately destroyed.

Will my taking part in the study be kept confidential?

- Your confidentiality will be maintained at all times and all identifiable information will be removed from the transcript. You will be given a pseudonym for the purposes of this study.
- There will be no future use of personal information
- All data will be stored as described under the section above "What will be done to protect my privacy" what will be done about my privacy
- Hard copies will be kept for 5 years after collection in accordance with the Data Protection Act and to comply with BPS guidelines.
- Confidentiality may be breached where serious threat of danger or terrorism, or a risk of harm is expressed

What will happen to the results of the research study?
The results of the study will be used to write up a current thesis as part of the doctorate programme. Anonymity will be maintained. The only person who will be aware of your identity from your email address is the main researcher who you will be corresponding with. There is the possibility of future publications and anonymity will be maintained.

What will happen if I don't want to carry on with the study?
You are at liberty to withdraw from participation up to one month after the interview has taken place, and you will not be penalised in any way.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [redacted]. [redacted] inform them that the name of the project is:

Therapists' Experience Of The Therapeutic Relationship Online

You could also write to the Secretary at:

[redacted]

Email: [redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

[redacted]

Further information and contact details

[redacted]

Email: [redacted]

Thank you for taking the time to read this information sheet.

Appendix 3: Interview Schedule and Prompts

Warm up questions to build rapport:

1) How long have you been qualified as a psychologist?
2) How would you describe your way of working as a Psychologist?
    -What models of psychotherapy do you utilise?
3) What made you decide to include online therapy in your practice?
    -What online methods do you use to connect? For example, email?

Interview Questions:

1) Can you tell me a bit about your experience of being a counselling psychologist online?

2) Can you tell me about your experience of therapeutic relationships online?

    -Are there any stories that stand out?

3) Do you have any reflections about your experience of the therapeutic relationship that you would like to share?
    -Are there any factors that are central to your experience?

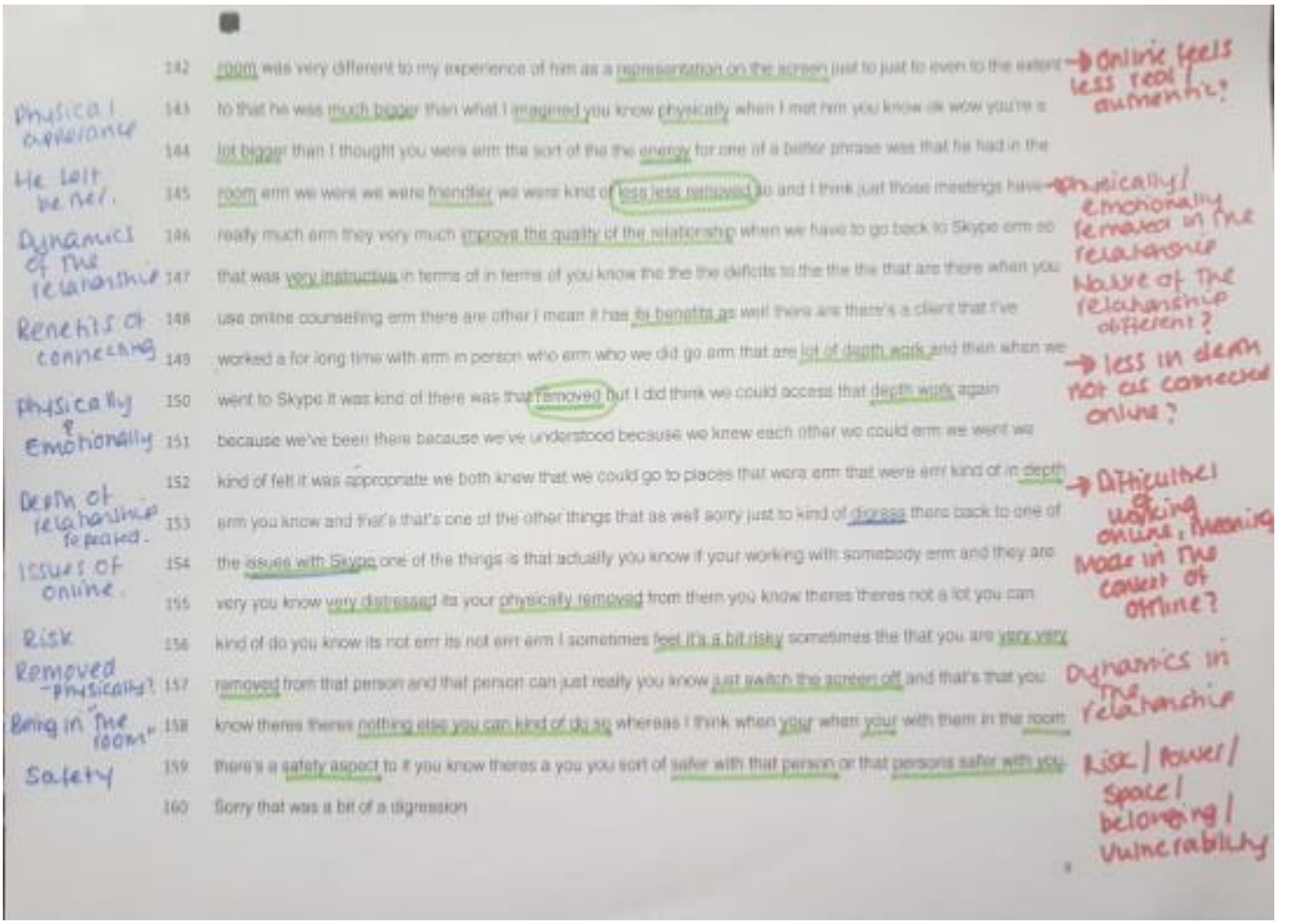
4) What is it like to develop therapeutic relationships online?

5) What is the maintenance of therapeutic relationships like online?
    -What is it like?

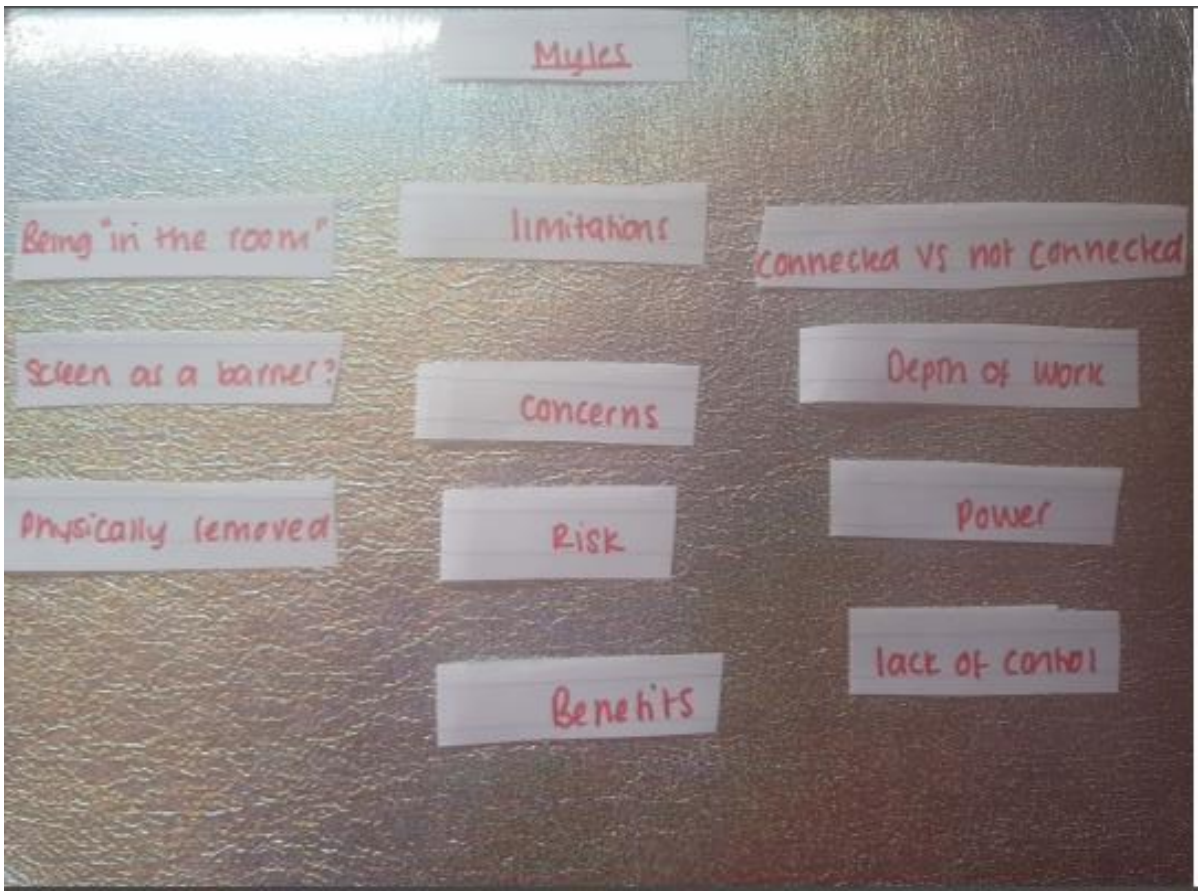
6) What is it like to end therapeutic relationships online?

7) Is there anything else you would like to add?

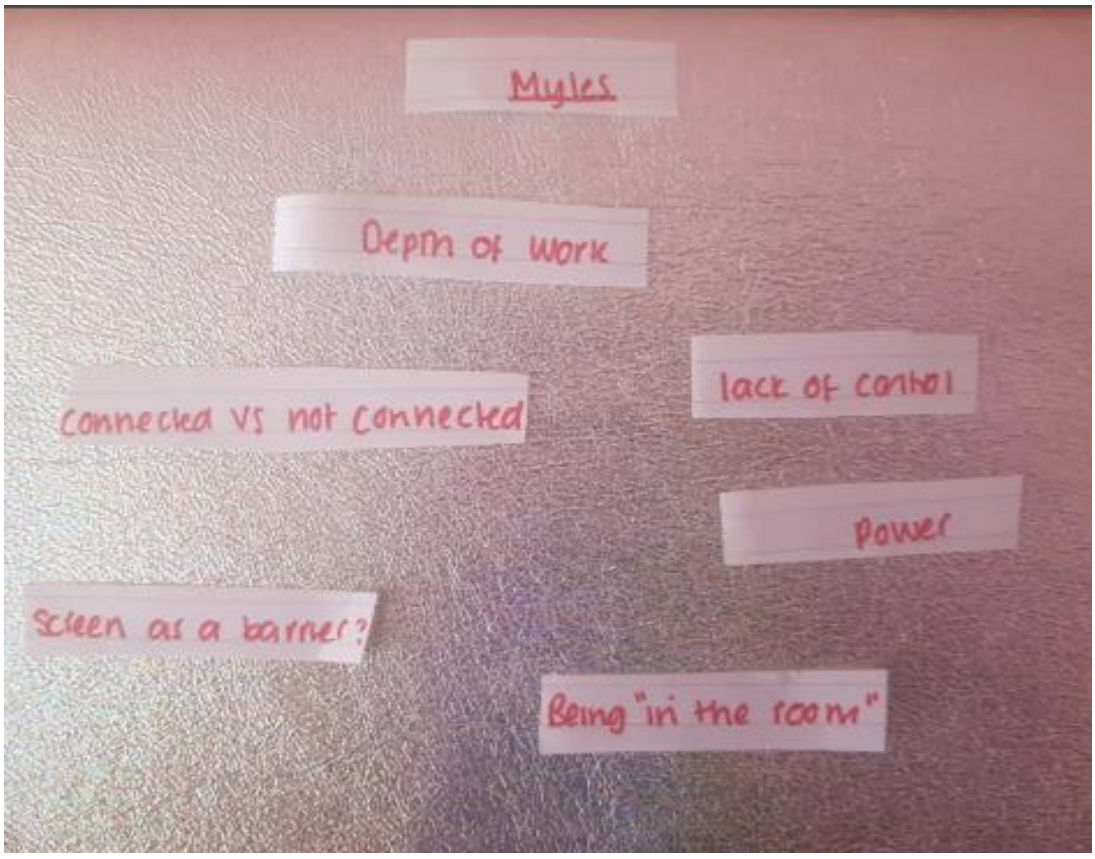
Appendix 4: Example of analysis step 2, noting initial emerging concepts



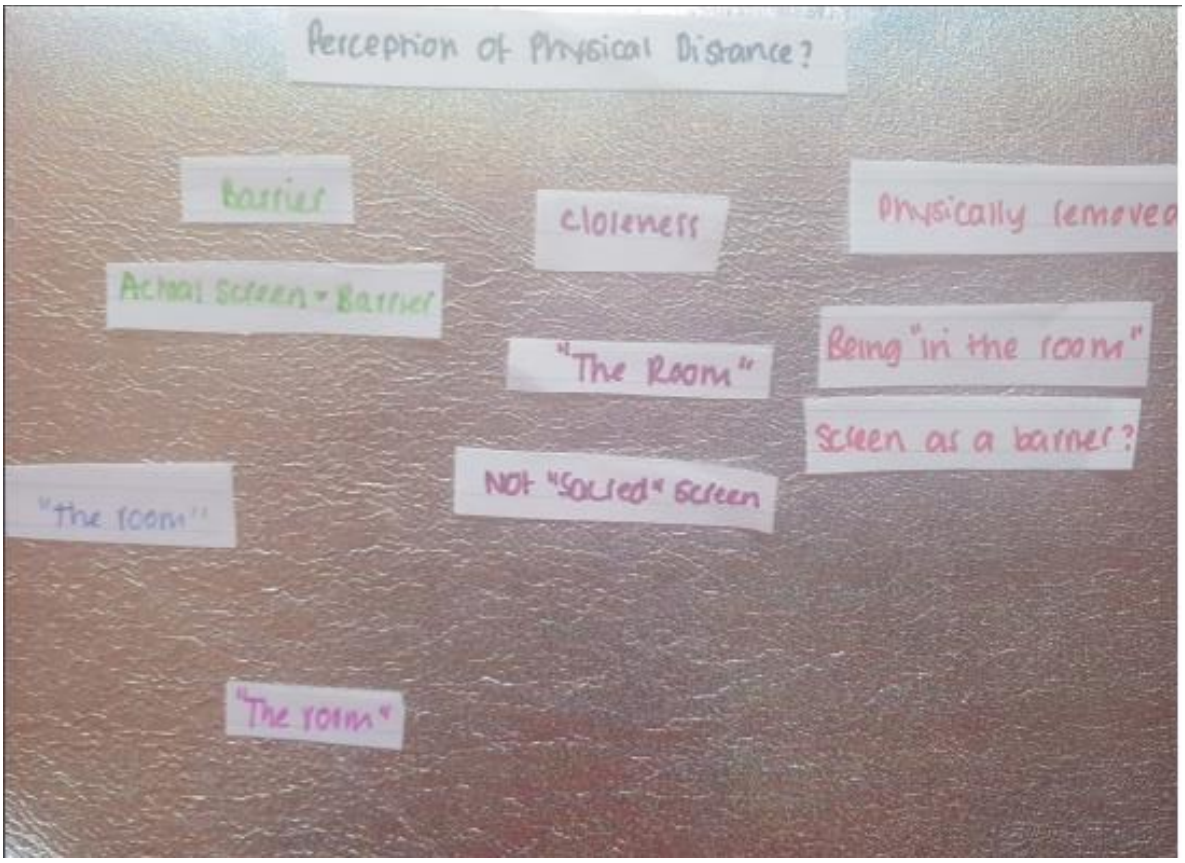
Appendix 5: Example of analysis step 3, identifying and developing emerging themes



Appendix 6: Example of analysis step 4, searching for connections across themes



Appendix 7 Example of analysis step 6, looking for patterns across individual cases



The perception of physical distance	Ref	Quote
Screen as a barrier	Tiana: 213-222	*I mean I, there is a part of me that feels there is a, you know, the actual screen itself does feel like, there is a part of me that feels there is a barrier there, is a barrier through the screen. You know they're not, I can't physically you know, I can't move closer to them. I can't move my chair you know, there is an element of me that feels there is, there is a barrier by having the erm screen there, is that having the having the screen erm (pause for two seconds) and maybe there is not quite the same attunement as if I was sitting in the room with them, the same kind of attunement in terms of following their process. There is that I guess, it's slightly more distant than if they were in the room. There's a slight distance to it, not a significant one to the extent that I wouldn't offer therapy online, but there is a slight distance compared to sitting in the room with somebody, physically having them in front of you*"
Screen as a barrier	Catherine: 272-276	*Well something is vivid and more philosophical is that I do wonder about the future of therapy and as we become a more digitised society whether or not, like, how is it gonna go? Because there is something sacred about the therapeutic space, there's something about at least for me that, that's sacredness, that it doesn't feel as special on the screen as it does on the screen, as it does when you're kind of in a physical space with somebody"*
Screen as a barrier	Myles: 66-328	*Now I think that, err erm, perhaps the issues would come in with, with online therapy is that I think that there's a certain feeling in the room that you kind of need with psychodynamic therapy, that often you don't get with Skype, erm you don't, I think this is one of the things that the other thing is that you have a very reduced frame, so you really only just reduced on that frame (points at the screen)…I think it's a barrier to connection really, you know you're both not sharing exactly the same experience and and for me it is a problem…*"
Not being in the room	Harry: 121-128	*I don't feel any different. I mean there are sometimes, there's a whole lot of sort of things that happen non-verbally in the room, which is a little bit restricted because you tend to see*

		somebody's face but, and only their face and not the rest of them, or they're, they're, they're not physically there and I'm not physically there, but it's close enough somehow. But you know there's, there's definitely a sensitivity to what what the person's feeling or what he's probably sensitive to what I'm I'm feeling, through my errr facial expressions are quite and there's a difference I think between having that facial errr being able to see the video rather than than audio Harry: 127-129 *I think between having that facial, errr, being able to see the video rather than than audio, I think there's a big difference, erm yeah with the audio. I think it's quite, I feel more cut off, more isolated*"
Not being in the room	Holly 101-103	*I think the one that's probably more similar to face-to-face in the room work is working by webcam, like this you know, so but it's not the same, erm some of the things that are different are eye contact*

Appendix 8: Ethics Approval Letter

[redacted]

27th March 2017

Dear [redacted]

Reference: [redacted]

Project title: Therapists' Experience of The Therapeutic Relationship Online

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants

(b) Change, or add to, the research method employed

(c) Collect additional types of data

(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the [redacted] Research Ethics Committee [redacted] in the event of any of the following:

(a) Adverse events

(b) Breaches of confidentiality

(c) Safeguarding issues relating to children and vulnerable adults

(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

[redacted]

[redacted]

[redacted]

[redacted]

Appendix 9: Debrief Information

CITY UNIVERSITY LONDON

Therapists' Experience Of The Therapeutic Relationship Online

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

This research took place as part of a doctorate study in Counselling Psychology. This study was to get an understanding of your experience of the therapeutic relationship when delivering online counselling using video-conference technology. This took the form of a Skype interview, which intended to give you the opportunity to reflect on your experience and provide me with a subjective account for my research. I hope that this research will help get an understanding of therapist experiences of the therapeutic relationship online.

If participating in this research has raised any concerns for you, please contact relevant support services. If you would like a list of available support please contact me via email and I will be happy to provide you with a list.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

[redacted]

Ethics approval code [redacted]