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Using avatar based interventions within the therapeutic relationship what therapists find helpful and unhelpful

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Using Avatar Based Interventions Within the Therapeutic Relationship: What therapists find helpful and unhelpful

by

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Abstract

Using Avatar Based Interventions Within the Therapeutic Relationship: What therapists find helpful and unhelpful. By Melanie Baker

Newer forms of technology bring the potential for new ways to deliver psychotherapy. As technology has progressed, therapists have offered new forms of therapy including distance and online therapies. The newest platforms introduce avatars and virtual worlds into the therapy room. Platforms such as ProReal enable therapists to use avatar-based interventions (ABIs) both face to face with clients and remotely. Other ABIs include Virtual Reality Therapy and the Audio Visual Assisted Therapy Aid for Refractory auditory hallucinations (AVATAR) protocol.

The aim of this research was to ascertain how professional psychotherapists experienced the impact of virtual worlds/avatars on how they related to clients, and whether or not this was helpful. Semi-structured interviews took place with 11 professional therapists and the transcripts were analysed using interpretative phenomenological analysis to find superordinate and subordinate themes. Superordinate themes that emerged from analysis included 1. client led therapy when using ABIs; 2. using ABIs to make the unseen seen allows clients to have psychological distance; 3. building blocks of the therapeutic relationship; 4. avatars acting as mediators in the therapeutic relationship; 5. ABIs affect therapeutic use of time; and 6. ABIs as new delivery methods for traditional interventions. Implications of these superordinate themes are then discussed in light of counselling psychology's focus on intersubjectivity and diversity in the therapeutic relationship, Winnicott's theories of the transitional area and transitional objects, and identifying with the avatar. Beliefs regarding what is helpful or unhelpful were found to be flexible dependant on the intersubjective interplay between therapists and clients and reliant on the client's individual characteristics, desires, and choices. What was found to be helpful for one client might not be helpful for another client and what was helpful during one session might not be helpful the next session. Findings also suggested that the virtual world could be seen as a transitional area and the avatars as transitional objects that allowed clients to feel safer to explore their difficulties within the therapeutic relationship. Furthermore, by identifying with the avatar and projecting their difficulties into it to objectively observe them, clients were able to gain new insight or awareness regarding solutions to their difficulties. Limitations of research and future recommendations are then discussed.

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Chapter 1: Introduction

With the rise of new technologies and the pioneering spirit that drives people to constantly improve that technology, the field of mental health may enter a new era which Imel, Caperton, Tanana and Atkins (2017) have called the coming 'technology-inspired revolution' (p. 385). This new era may not change what mental health providers do but it may change how they do it. The exponential growth of technology with decreasing prices is unlikely to abate (Roser and Richie, 2017; National Institute for Mental Health, 2017). This increasingly readily available technology is relevant for counselling psychologists who 'appreciate the significance of wider social [and] cultural domains within which counselling psychology operates' (British Psychological Society, 2017, p. 6). It is prudent for counselling psychologists to consider how expanding use of technology impacts mental health service provision and essential to understand any resulting psychological effects of interacting with technology.

Some neuroscientists have suggested that growing up with technology is changing the structures of the brain so that younger generations have differing structures to those of older generations (Tapscott, 2009; Small & Vorgan, 2008; Knibbs, 2017). Clients from generations who have grown up with the online world may find themselves more comfortable conducting therapy via technology than those who have not.

Furthermore, as counselling psychology has a focus on clients' subjective experience and the 'multidimensional nature of relationships', it is particularly relevant to understand how these clients relate both to technology and to others through technology (British Psychological Society, 2017, p. 6). To ignore technological innovations in mental health provision is to ignore a potentially large part of the experiential context of these clients. Because counselling psychologists value contextualisation and consider normal

development across the lifespan, it is imperative to research how best to utilise technology that clients are wired to use (BPS, 2017).

This increasingly accessible technology may include virtual reality (VR) which originally derived from the gaming industry. Beginning in the early 1990s, the entertainment industry was the first to pioneer research into computer-human interaction and immersive technology in order to sell games that 'let the user experience a computer-generated world as if it were real—producing a sense of presence, or "being there,"' (Bowman & McMahan, 2007, p. 36).

Since then medical and mental health settings, although somewhat slow initially to see the relevance of such tools, have begun conducting research. These tools include computer applications, therapeutic games, and virtual worlds being used for pain management, surgical simulation, and medical education and training (Pensieri & Pennachini, 2014). However, there is a gaping lack of research in the area of counselling psychology and technology.

With the advent of technology in mental health provision, a new field called cyberpsychology was born to research the psychological implications of the 'intersection of human and computer activity' (Ilic, 2015, p. 356). In psychology and psychiatry, virtual reality has been used to treat phobias, social anxiety, symptoms of psychosis, Autism Spectrum Disorder (ASD), and post-traumatic stress disorder (PTSD) (Pensieri & Pennachini, 2014). VR can be delivered via virtual worlds on a computer screen, head mounted displays (HMD), or CAVEs (Cruz-Neira, Sandin, DeFanti, Kenyon, & Hart, 1992).

Virtual Reality Therapy (VRT) often relies on cognitive behavioural (CBT) exposure/desensitisation therapy. Exposure therapy is about helping clients overcome their anxiety by letting go of safety behaviours and facing their fears (Beck, 2011). Originally, these therapies were done in vivo inside or outside of the therapy room. For

exposure/desensitisation therapy to work, the client must feel a certain level of anxiety (Beck, 2011). Therefore, the stimulus must elicit a high enough level of anxiety that clients believe themselves to be in some danger. 'Surviving' that 'danger' facilitates clients to recognise that they are more resilient than they thought and/or that their evaluation of risk was inaccurate (Beck, 2011). In VRT, the virtual world needs to feel real enough to elicit a certain level of anxiety. Riva et al. (2007) showed that virtual environments that evoke a sense of presence can evoke emotional responses such as anxiety. Furthermore, 'a more realistic experience… can make some applications more effective' (Bowman & McMahan, 2007, p. 38).

There are now other platforms to provide avatar-based interventions (ABIs) in mental health. Avatars are digital representations of one's self or others such as social media profile photos or characters in computer games (Rehm et al., 2016). For instance, ProReal is an example of a new platform recently developed to allow therapists and clients to access a virtual world together. The therapist can sit beside the client while the client manipulates the avatars, or they can conduct therapy remotely (Cooper, Chryssafidou, & van Rijn, 2016).

With the advent of new technologies, research is needed on efficacy, ethics including health and safety, and effects on clients (Anthony, 2014). With technologies at the forefront of the emerging field, research is sparse. Furthermore, with the rate of technological expansion, it may be that research needs to focus on more general aspects of cyberpsychology rather than specific technologies (Goss & Hooley, 2015). If research is done on specific technologies, by the time the study is carried out and is accepted as an ethically and clinically viable option, it may be that the technology has already moved on in development.

An example of research being done on a general aspect is the online disinhibition effect. “People say and do things in cyberspace that they wouldn’t ordinarily say or do in the face-to-face world. They… feel more uninhibited, express themselves more openly… They reveal secret emotions, fears, wishes.” (Suler, 2004, p. 321). It is considered benign when it ‘indicates an attempt to understand and explore oneself, to work through problems and find new ways of being’ rather than ‘toxic disinhibition’ in which people reveal more antisocial aspects of themselves (Suler, 2004, p. 321). According to Moser and Axtell (2013), having anonymity can make people less aware of their impact on the other and this may result in behaviour that does not correspond to accepted norms.

On the other hand, avatars in VR may have an effect that counterbalances the online disinhibition affect. Bailenson, Yee, Merget, and Schroeder (2006) found that people may self-disclose less when in the presence of realistic avatars potentially due to fear of being judged by that avatar they perceive as having agency.

1.1 Aims of This Research

The aim of this research was to explore the effect of avatars on the therapeutic relationship and how psychotherapists experienced that effect. As it may be that avatars will serve a larger part in psychotherapy in the coming years, this research explores if therapists who have already been using avatar-based interventions (ABIs) believed them to facilitate how they relate to their clients or if they hindered the relationship in any way. As there has been much research recently on the impact of the therapeutic relationship on therapeutic outcomes, this seemed an important area to consider for counselling psychologists trained with an emphasis on the importance of building a good therapeutic relationship (BPSQC, 2017).

1.2 Reflexive Statement

I originally came across the idea of ABIs through a circuitous route. My interest was piqued by an article about a Japanese couple who were so addicted to an online game that they forgot they had a 6-month-old baby who then died. A colleague and I discussed how it could be possible to completely ignore a presumably crying baby as well as the demands of their own bodies. Through reading about that, I came across literature on Internet addictions, how people get their emotional needs met online, and how people can explore their self through avatars. I then came across an article by Kate Anthony and Deanna Merz Nagel about using Second Life (SL) to deliver therapy online. This fired my imagination and brought up multiple questions. I found myself enthusiastic to learn more and felt positive about the prospect of avatar therapists.

I then came across other forms of ABIs and began to wonder how the inclusion of virtual worlds/avatars affected the relationship between the therapist and client. As a counselling psychologist, I believe relationship-oriented interventions are key to my clients' wellbeing (BPSQC, 2017).

I have also considered that the next generation is growing up with technology in their everyday lives and that I want to stay relevant to people from every age group. I believe to do this, I need to be open to appropriately including the latest technologies into my practice if they are beneficial to clients. However, I am also aware that the newest technologies may not always have efficacy or evidence-based practice research to guide my choices on when or if it is appropriate.

As a counselling psychologist, I value input from various areas of practice including other therapists'/supervisors' clinical experience, my clients' subjective experiences, my own personal and clinical experiences, and research (BPSQC, 2017). Therefore, it is important to understand the literature that is available. The following chapter reviews the literature regarding ABIs and the therapeutic relationship.

Chapter 2: Literature Review

This chapter reviews the literature regarding the therapeutic relationship and the use of avatars/virtual worlds in therapy. The review begins with a sampling of the literature on the therapeutic relationship and progressively narrows through the types of avatar-based interventions (ABIs) to the sparse literature on the therapeutic relationship while using ABIs.

2.1 The Essentials of the Therapeutic Relationship

2.1.1 Definitions

Research abounds for the therapeutic relationship. Various commonly accepted definitions apply. For instance, Bordin (1979) defines the therapeutic alliance as the therapist and client's agreement on treatment goals, collaboration on the tasks of therapy, and the bond they form with each other. Though this definition is widely accepted, some have argued that, if it puts too much emphasis on collaboration, researchers or therapists may end up gauging a client's compliance rather than the strength or quality of the relationship (Doran, 2016). Furthermore, it may not consider the research showing that how a therapist handles ruptures can strengthen or weaken the therapeutic relationship (Doran, 2016).

Another definition that some have adopted is Gelso and Carter's (1994): 'the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed' which encompasses 'a working alliance, a transference configuration (including therapist countertransference), and a real relationship' (p. 296, 297).

Different modalities may have different definitions of what makes the relationship therapeutic. For instance, Rogers (1990b) posited that the therapist's role is to provide

certain conditions including empathy, unconditional positive regard, and congruence that communicate to clients that the therapist is respectful, understanding, and non-judgemental (Rogers, 1990b). These conditions create a safe space for clients to explore their difficulties without fear of judgment.

CBT therapists may speak of the therapeutic alliance as 'building trust and rapport' with clients through 'demonstrating good counselling skills and accurate understanding', sharing the conceptualisation and treatment plan, making decisions in collaboration with the client while seeking feedback, and helping clients 'solve their problems and alleviate their distress' (Beck, 2011, ps. 17-18).

In psychodynamic therapy, the therapist may be more concerned with analysing or interpreting the transference and countertransference, providing "corrective emotional experiences", and facilitating the client's unconscious material to become conscious through new awareness and insight (Lemma, 2003). Transference is the unconscious 'repetition by the client [towards the therapist] of former patterns of relating to significant people, such as parents' and countertransference is the 'thoughts and feelings evoked in the counsellor by the client' (Jacobs, 2010, p. 29, 70). Regarding the 'corrective emotional experience', Clarkson (2003) spoke of a 'reparative/developmentally needed relationship' in which the therapist intentionally provides a 'corrective, reparative, or replenishing relationship or action where the original parenting (or previous experience) was deficient, abusive or overprotective' (p.13). This reparative relationship is intended to help heal the wounds of childhood by providing a different, hopefully more healthy experience.

2.1.2 Impact of the therapeutic relationship

Estimates for the effects of the therapeutic relationship on treatment outcome range from 5% to 30% with small to medium but robust effect sizes (Doran, 2016; Norcross and Lambert, 2011; Horvath, Del Re, Flückiger, & Symonds, 2011; Martin, Garsky, &b Davis,

2000). However, as meta analyses assert, correlation does not infer causation. It is not known if clients see early change in therapy if they then rate the therapeutic relationship more highly or if fostering a good therapeutic relationship from the first session contributes to change (Doran, 2016). Despite this lack of clarity, a strong therapeutic relationship is viewed as essential to effective therapy (Doran, 2016).

In 2016, Levitt, Pomerville, and Surace conducted a meta-analysis of 109 qualitative studies examining clients' experiences. The analysis resulted in 5 clusters, three of which relate to the therapeutic relationship. Cluster 2 states that 'caring, understanding, and accepting therapists allow clients to internalize positive messages and enter the change process of developing self-awareness'. Cluster 3 states 'professional structure creates credibility and clarity but casts suspicion on care in the therapeutic relationship' if the therapist is too rigid with boundaries or promotes dependence, and cluster 4 states "explicitly negotiating client-therapist roles when setting the therapy agenda lessens the clients' sense of a problematic power imbalance" (Levitt et al., 2016, p. 817). Clients found authentic caring, being understood and accepted, and being able to internalize an accepting therapist helpful for the therapeutic relationship (Levitt et al., 2016). These elements helped create a safe space for change.

A study examining the views of 14 psychotherapists deemed to be experts reported that therapists also believe that a sense of safety within the relationship is vital in therapies where clients have to take risks within sessions in order for change to happen (Levitt, Daniel, & Williams, 2010). For instance, in CBT, clients have to let go of safety behaviours in order to break maintenance cycles and reduce anxiety (Beck, 2011). The therapists spoke of various essential elements. For instance, empathy, honesty, openness, appropriate self-disclosure within professional boundaries, and being able to agree on goals and process of therapy were foundational (Levitt et al., 2010).

In 1999, the American Psychological Association (APA) commissioned a task force to examine the complex and varied elements of the therapeutic relationship from an evidence-based standpoint (Norcross and Lambert, 2011). They published their findings in 2001 and then published more findings of various meta-analyses in 2011. A summary includes the demonstrated effectiveness of alliance in therapy, the use of empathy, and collecting feedback from clients (Norcross and Wampold, 2011). Agreeing on therapy goals, collaboration, and the therapist's positive regard were deemed to be "probably effective" but inconclusive and being congruent/genuine, working through ruptures, and managing countertransference needed more research (Norcross and Wampold, 2011, p. 98).

They made suggestions for practice and further research. For instance, they concluded that the therapeutic relationship consistently contributes to outcome regardless of type of treatment and accounts for improvement or failure to improve just as any particular method does. Therapists are urged to tailor the relationship to clients' needs as the relationship, client and therapist characteristics, and treatment methods work together to determine effectiveness (Norcross and Wampold, 2011).

2.2 Relevant Psychodynamic theory

In understanding how the therapeutic relationship facilitates clients' change, it is helpful to introduce select psychodynamic theories. These include Klein's theory on splitting, projection, and introjection and Winnicott's theories on the in-between space and transitional objects (Lemma, 2003; Daniel, 2008). Klein posited that in introjection, humans internalise representations of their experiences, the world, and others in the world (Lemma, 2003). In splitting and projection, humans unconsciously split off unwanted or rejected parts of themselves and 'project' them into others to disown them and feel subjectively better about themselves (Lemma, 2003). This was further conceptualised by Bowlby's (1969) idea of internal working models which are cognitive frameworks that

govern how a person understands the world, self, and others. At times, representations do not get fully integrated into coherent working models. When an incoherent internal working model gets activated, clients can dissociate or act out (Liotti, 2004).

The second concept is Winnicott's "in-between space" or "transitional area". The transitional area is an 'intermediate area of experiencing that lies between fantasy and reality – the area of the therapeutic space... Individuals might have the opportunity to meet neglected ego needs and allow their true selves to emerge' (Daniel, 2008, p. 9). The transitional area bridges the worlds between clients' inner representations and the outer reality (Winnicott, 1953). Furthermore, a transitional object is the 'me' and yet 'not me' object that allows people to feel safe enough to move away from their illusion of omnipotent control within and step out to explore the outer world (Eli, 2013). Just as the attuned mother helps her infant navigate this transitional space, so the therapist is there to contain and facilitate the client (Eli, 2013).

Another concept is that of the observing ego. The observing ego is that part of the ego that is able to be neutral and objective when reflecting on one's own thoughts and emotions in order to gain a more measured perspective of otherwise overwhelming experiences (Glickauf-Hughes, Wells & Chance, 1996). Being the observing ego helps clients to have distance and observe their experiences thoughtfully rather than emotionally. This is thought to aid new awareness in how to process those emotions and thoughts (Glickauf-Hughes et al., 1996). Distancing techniques such as 'the conscious projection of the problem; use of stories and metaphors; [and] a modification of the Gestalt empty chair technique' can help strengthen the observing ego (Glickauf-Hughes et al., 1996, p. 431).

2.3 Online Therapy

Online therapy is 'defined as the delivery of therapeutic interventions in cyberspace where communication between trained professional counsellors and client(s) is facilitated using computer-mediated communication (CMC) technologies' (Richards & Viganó, 2013, p. 994). Other terms for online therapy include e-therapy, e-counseling, or cyber-counseling (American Psychological Association, 2013). It is a recent development in comparison to more traditional therapies and can occur through text messages, email, chat rooms, videoconferencing, webcams, and virtual worlds (Weitz, 2014).

Richards and Viganó (2013) discussed how some researchers/therapists consider online therapy as a transposition of traditional face-to-face therapy in which online therapies are the same therapies but delivered in a different medium. Whereas others consider online therapies a 'new distinct type of therapeutic intervention… needing a different theoretical framework' (Richards & Viganó, 2013, p. 997).

Outcomes may be similar regardless. Researchers have compared face-to-face therapies with Internet-based therapies in treating depression and found no clinically relevant differences in outcomes between the Internet-based therapies and traditional therapies (Cuijpers, Kleiboer, Karyotaki, & Riper, 2017). However, further research into the mechanisms of change is warranted to examine how Internet-based therapies differ from face-to-face therapies in coming to similar outcomes (Cuijpers et al., 2017).

For example, Baker and Ray (2011) suggest that removing 'interpersonal factors [such as visual cues] … provides new territory for the study of common factors' by 'researching the commonalities between online and face-to-face counseling' which 'could enlighten us about… the process and outcome of online treatment' (p. 344). However, the results of these meta-analyses can be questioned due to the small sample sizes and insufficient power in the studies included.

2.3.1 Ethical Considerations

As new technologies continue to be developed, ethical guidelines have been developed to supplement the wider guidelines. For instance, the Association for Counselling and Therapy Online (ACTO) (2017), the American Psychological Association (APA) (2013), and the Online Therapy Institute have developed ethical codes for utilising technology to provide psychotherapy (Anthony & Nagel, 2009). These guidelines governing ethical online practice must be general enough to be applicable across theoretical orientations as well as to cover most situations as guidelines regarding specific technologies can quickly become obsolete as new technologies are developed (Goss & Anthony, 2018). They include being aware and familiar with the differences between face-to-face therapy and online therapy and how those differences impact on the relationship and process, being aware of cultural differences especially when working across boundary lines, being aware of all relevant ethical guidelines and laws in the geographical area for oneself and clients, ensuring working within one's competency including assessing clients' appropriateness for online therapy, understanding and implementing measures to ensure clients' confidentiality and privacy online, and ensuring informed consent including what the procedure entails in the event of technological failure (ACTO, 2017; APA, 2013; Anthony & Nagel, 2009).

Many distinct ethical considerations become apparent when moving from traditional face-to-face therapy to online therapy. It is not sufficient to attempt to transfer face-to-face skills to online work without understanding the differences and the impact online work has on the therapeutic relationship and process (ACTO, 2017). 'Competence as a therapist in one medium does not necessarily translate into another medium' (Goss, Anthony, Jamieson, & Palmer, 2001, p. 2). Therefore, specialist training and consultation should be undertaken before providing technologically-mediated therapy (Goss & Anthony,

2018). This training could come in the form of courses, consultation with experts/supervisors, CPD and workshops at conferences, and reading trusted texts (Anthony & Nagel, 2009).

With recent GDPR regulations, online therapists need to know how to ensure their clients' confidentiality and privacy and ensure clients are fully informed of how their data is being used (General Data Protection Regulation, 2018). In order to protect clients, therapists must have adequate encryption and password protection, firewalls and virus protection, and know how to use relevant hardware and software (Anthony & Nagel, 2009). Furthermore, part of fully informing clients is explaining what current research suggests is best practice for their particular difficulties and the advantages and disadvantages of online therapy (APA, 2013).

2.3.2 Advantages and Disadvantages of Online Therapy

Researchers have been conducting studies into using online therapy for a wide range of mental health difficulties such as depression, social anxieties, schizophrenia, and ASD (Hopkins et al., 2011; Opriş et al., 2012). One challenge to working fully online is the lack of nonverbal communication cues such as eye contact, body language and gestures, tone of voice, and appearance in text only methods which creates a lean environment (Fenichel et al., 2002; Hanley & Reynolds, 2009). Therapists who may be trained to read clients' nonverbal communications in order to glean valuable information may be largely left without this ability (Fenichel et al., 2002).

These challenges call for modifications in communication to compensate. Suggestions for compensations when working online include communicating through words more thoroughly and more often by clarifying any rules from the beginning, 'making implicit rules explicit', and setting a new mutually collaborative norm at the beginning

(Moser, 2013, p. 26; Moser & Axtell, 2013). Therapists and clients must be willing and able to communicate through words that which normally is taken for granted or is unspoken.

However, removing these visual cues may have advantages. For instance, it is suggested that some people are more comfortable being online than offline and/or are more comfortable with technology than being face-to-face (Weitz, 2014). Despite concerns of 'toxic disinhibition', some researchers posit that some clients who feel shame or fear about their difficulties may feel more comfortable talking about them sooner when they cannot see the therapist or can remain relatively anonymous (Suler, 2004; Fletcher-Tomenius & Vossler, 2009).

Further benefits may be found in text-based therapies. Both clients and therapists can take time to consider how to express themselves or edit their words (Baker & Ray, 2011). The act of writing or typing the words can be therapeutic in itself as well as provide a record of therapy (Baker & Ray, 2011). Furthermore, that time to consider the wording and having a record of therapy can facilitate a 'reflective stance' which may benefit clients' awareness (Baker & Ray, 2011, p. 342).

Other perceived advantages include provision of therapeutic services for those who would not or cannot otherwise access traditional face-to-face therapy such as those with social phobias who cannot leave their homes, those in rural areas, and those who may have disabilities that make it difficult to access therapeutic offices (Weitz, 2014). However, some questions remain about the therapeutic relationship.

2.3.3 Online Therapy and the Therapeutic Relationship

It is believed that up to 30% of change through psychotherapy is due to the therapeutic relationship (Lambert, 1992). For some therapists, the relationship is about analysing the transference and countertransference (Lemma, 2003). However, opponents

of online therapy question how online psychotherapists can work with transference and countertransference if they are not in the same room with a client (Hanley & Reynolds, 2009; Dunn, 2012). This in turn leads to questions regarding the quality of the therapeutic relationship (Dunn, 2012).

Nonetheless, some research has found that the therapeutic relationship can be perceived as just as robust and have the same level or even greater level of trust as in traditional, face-to-face therapy (Dunn, 2012; Fletcher-Tomenius & Vossler, 2009). Online therapists have also reported being able to identify transference and countertransference (Dunn, 2012; Quackenbush & Krasner, 2012). In Witt's (2011) doctoral dissertation, one of the participants suggested that in fact transference may be increased due to the anonymity of client and therapist. Depending on the medium of the online therapy, the client may only have the therapist's voice, picture, or avatar to project onto (Witt, 2011). Therefore, the client may be relying on more internal representations to fill in the missing pieces.

However, the above considerations regard online therapies which are conducted from a distance. This may not be the case in many ABIs where the therapist and client is in the same physical space. These will be discussed in the following section.

2.4 Avatar-Based Interventions

Avatar therapy is a form of therapy which employs avatars, or online virtual representations of a person, in virtual worlds (Nagel, 2009). Permutations of avatar-based therapy include: the client fully controlling the avatars; the therapist solely controlling the avatars; and both the client and therapist controlling avatars (Rehm et al., 2016). The therapist and client can be in the same room, adjoining rooms, or miles away from one another. This research uses the term 'avatar-based interventions' (ABIs) to include all forms of interventions using avatars in a way intended to be psychotherapeutic within a therapeutic relationship.

In an article titled What Role Can Avatars Play in E-mental Health Interventions?, Rehm et al. (2016) provide a review of the ways avatars are being used in therapy. They report that each of the different forms serve 5 main functions: 'facilitating the development of a virtual therapeutic alliance; reducing communication barriers; promoting treatment-seeking through anonymity; promoting expression and exploration of client identity; and enabling therapists to control and manipulate treatment stimuli' (Rehm et al., 2016, p. 1). With this in view, what follows is a review of some of the pertinent literature regarding ABIs.

2.4.1 Virtual Reality Therapy

Virtual Reality Therapy (VRT) was pioneered in the early 1990s to address phobias and anxiety disorders using virtual worlds to deliver CBT exposure/desensitisation therapy (North & North, 1994). Various meta-analyses and systematic reviews have found no significant differences between the outcomes of traditional evidence-based therapies and VRT for phobias, anxiety disorders, depression, and PTSD (Mishkind, Norr, Katz, & Reger, 2017; Botella, Fernández-Álvarez, Guillén, García-Palacios, & Baños, 2017; Cuijpers et al., 2017; Kampmann, Emmelkamp, & Morina, 2016). For instance, recent meta-analyses support the effectiveness of VRET for anxiety disorders except panic disorder with real-world benefits and efficacy equalling traditional therapies but not exceeding them (Mishkind et al., 2017; Botella et al., 2017).

2.4.1.1 Acceptability and feasibility of VRT

Some researchers have assessed acceptability and feasibility of using VRT. For example, Hesse, Schroeder, Scheeff, Klingberg, and Plewnia (2017) published an experimental study to ascertain the feasibility and tolerability of using VRT with people who have psychotic disorders and work-related stress. The participants were tasked with asking a virtual co-worker for assistance. They found VRT to be both feasible and tolerable

to 87% of the participants despite some experiencing simulator sickness and some feeling more stressed.

Wong Sarver, Beidel, & Spitalnick (2014) studied the acceptability and feasibility of using VR with 11 children between the ages of 8-12 with social anxiety. Therapists provided 12 weekly sessions of Social Effectiveness Therapy for Children augmented with VR social skills training. Both therapists and clients found the technology satisfactory and easy to use and the children and parents found it beneficial (Wong Sarver et al., 2014). Furthermore, clinicians were proficient at using the VR technology after 8-12 training hours and parents and children only needed a 10-minute training session (Wong Sarver et al., 2014).

There may be advantages to VRT over traditional techniques. In a review of PTSD and phobias treatment research, Maples-Keller, Yasinski, Manjin, & Olasov Rothbaum (2017) discuss that 'patients report high acceptability and satisfaction regarding the use of VR technology' (p. 558). Some clients who are hesitant to try traditional exposure techniques such as in vivo have been more willing to try VRT (Mishkind et al., 2017). Maples-Keller et al. (2017) also discuss how studies have indicated that VRT is less distracting for clients and reduces cognitive avoidance.

Botella et al. (2017) discuss other advantages such as 'the control it allows and its great flexibility. Creating virtual worlds provides great possibilities that can even surpass reality. Moreover, the user will always be safe and protected in these synthetic worlds' (p. 41).

2.4.1.2 Limitations of VRT research

However, there are limitations in the research beyond the small sample sizes and insufficient power (Maples-Keller et al., 2017). For instance, Mohr, Weingardt, Reddy, and Schueller (2017) discuss problems in current research in digital-mediated therapies. For

example, research is often researcher-centred design, not user-centred and is often carried out in artificial settings rather than in clinical settings. However, what happens in clinical trials does not always manifest the same way in typical healthcare settings. Research needs to assess the feasibility of incorporating technology such as VRT into typical clinical settings (Mohr et al., 2017). Furthermore, research design is often done from the perspectives and biases of the researchers and may not take clients'/stakeholders' preferences into account. Recruitment then incorporates those who may already believe as the researchers do. This skews the research towards greater apparent acceptability that may not accord with the greater population (Mohr et al., 2017).

Further limitations include the lack of qualifying RCTs in peer-reviewed journals and the lack of standardised treatment protocols (Botella, Serrano, Baños, & Garcia-Palacios, 2015). Another known limitation of reviews is that 'studies with nonsignificant results could be underreported' and therefore skew the review (Botella et al., 2015, p. 2542). This appears to be a limitation of much of the current research for mental health difficulties and therefore further high-quality research is needed to evaluate VRT.

2.4.2 Distance Avatar Therapy – Second Life

Kate Anthony and Deeanna Merz Nagel, the founders of the Online Therapy Institute, have been talking about the possibility of using avatars in online therapy since 2002 (Nagel, 2009). In what they called "avatar therapy", therapists set up virtual offices in the online game Second Life (Anthony & Nagel, 2014). In SL, 'inhabitants' create an avatar in a customisable virtual world to live out another life online (Nagel & Anthony, 2011). The virtual therapy offices were set up in private real estate called 'islands' only accessible by therapist and client via invitation (Nagel & Anthony, 2011). The avatar of the therapist and the avatar of the client met at the appointed time to carry out therapy via text messaging until voice over internet protocols (VoIP) were added later (Lazar, 2009).

2.4.2.1 Case material – Second Life

Quackenbush and Krasner (2012) wrote a case study using this form of avatar therapy. Dr Quackenbush, a qualified psychotherapist in the United States, provided therapy for a patient in a Middle Eastern country. The patient was a 34-year-old Libyan man she called "Ranndy" who was 'living as a refugee' in another country (Quackenbush & Krasner, 2012, p. 452). He was suffering symptoms of depression, social anxiety, had experienced job loss, and felt isolated.

Ranndy wanted to have online therapy for financial reasons and due to a lack of therapists in his area. He also believed that as a minority in his new country he would not be well received even if he could find a therapist. Dr Quackenbush suggested using Skype as she felt it would be more conducive to therapy and she was more experienced in that medium but Ranndy refused.

Dr Quackenbush provided CBT avatar therapy for behavioural activation and goal setting to reduce depressive symptoms and overcome social anxiety. She discussed times she felt uneasy providing therapy solely via SL due to the unknown aspects of the medium and the lack of available consultants. She admits that this likely caused her not to engage as she would in face-to-face therapy. For instance, Dr Quackenbush would have addressed the transference in Ranndy's dependence on her.

In the end, she wrote that Ranndy reported fewer symptoms of depression. They ended therapy acknowledging that they had established a relationship that taught Ranndy skills he could use in other relationships before she facilitated a transfer to another online therapist.

2.4.3 ProReal

SL may have only been a starting point for ABI platforms. Although therapists used it previously, SL has confidentiality challenges that come with using a public game therapeutically and is no longer being used for one to one therapy (K. Anthony, personal communication, October 23, 2015). No avatar therapists were found in a recent search of SL though there were some psychoeducational groups. Other platforms have been developed specifically to provide online therapies that attempt to ensure confidentiality and ethical use such as VSee (https://vsee.com/).

Another platform, ProReal, allows the client to explore a virtual world with the therapist and populate it with avatars (Cooper et al., 2016). The avatars are featureless, humanoid figures that the client can customise to change the size, colour, and posture/mood. For instance, the client can make the avatar a large, red figure that is having a tantrum to symbolise an angry, overbearing person in her life. The avatars have various props and actions they can perform as well as different emotions with which to tag them. Examples of ProReal scenes can be found at https://www.proreal.world/our-work/health-social/.

In a study with young people attending school-based counselling, Cooper et al. (2016), offered ABIs to 54 clients. The 8 qualified therapists provided non-directive, humanistic counselling. In the end, 41 of the clients were assessed and 16 were interviewed. 7 of the therapists were interviewed a total of 15 times.

Quantitative and qualitative data suggested use of ProReal was effective. Using the Young Person's CORE (YP-CORE), the Strengths and Difficulties Questionnaire (SDQ), the Revised Child Anxiety and Depression Scale (RCADS), the Forms of Self-Criticising/Attacking and Self-Reassuring Scale (FSCRS), and the Experience of Service Questionnaire (CHI-ESQ), the researchers found clinically significant effect sizes in the small to medium range in the

areas of distress and conduct problems. These effect sizes compare favourably with other school-based interventions.

Researchers interviewed the therapists and clients to ascertain their views on what was helpful or unhelpful regarding using ProReal. Clients who wanted to 'develop insight and awareness about their emotions, relationships and self' seemed to find it most helpful in aiding self-expression. However, some clients found it to be unhelpful in this regard if they were already aware of their emotions and wanted to vent (Cooper et al., 2016, p. 6).

Some of the therapists discussed how ABIs might be used as a tool alongside art or play therapy. They also spoke of how ProReal allowed clients to have control and feel empowered. It allowed for a change in perspective, increased awareness and management of emotion, and increased awareness and understanding of relationship dynamics. However, when clients were highly distressed, they found the intervention unhelpful as they seemed to need more direct eye contact and warmth from the therapist. Some of the therapists were also concerned that clients may go too deep too soon in therapy. Although seemingly generally satisfied with the interventions, clients did have some practical suggestions about how to improve the virtual world. For instance, a city-based client suggested that the natural landscape should also include a more familiar cityscape.

The researchers conducted another study evaluating those clients' experiences of ProReal. In that evaluation, van Rijn, Cooper, and Chryssafidou (2018) found that ProReal was acceptable for clients who were interested in computers and found it helpful to visually process their difficulties. This helped them come to new awareness and facilitated self-expression. However, 3 clients reported wanting to use it less because they wanted to talk rather than use the virtual world. (van Rijn et al., 2018).

In a further acceptability and feasibility study, Falconer et al. (2017) conducted a trial with participants with borderline personality disorder using ProReal in group therapy for mentalization-based treatment. Participants ultimately found the treatment acceptable

especially in group therapy and the findings suggest using ProReal in this manner is feasible. However, this study did not assess efficacy and further research is needed (Falconer et al. 2017).

2.4.4 The AVATAR Protocol

The Audio Visual Assisted Therapy Aid for Refractory auditory hallucinations (AVATAR) protocol is another incarnation of ABIs that is important to note. Leff, Williams, Huckvale, Arbuthnot, & Leff (2014) used it with clients who experienced medication resistant persecutory auditory hallucinations. 26 participants were randomly divided into two groups. 14 had the AVATAR protocol and 12 continued their usual treatment followed by the AVATAR protocol later. Treatment consisted of 7 weekly, 30-minute sessions. Participants interacted with the avatars for approximately 15 minutes each session.

In the study, participants designed avatars as they imagine the voices. The therapist then controlled the avatar from another room, giving voice to the auditory hallucinations through a voice transformer. Initially, the avatar was persecutory but as the participant was directed to confront the avatar, the avatar softened and became encouraging.

Leff et al. (2014) reported improvement in the participants' mental well-being. Out of the 17 participants who completed the study, 3 reported complete cessations of the voices at the 3-month follow-up. The rest of the participants experienced clinically significant reductions in the frequency and intensity of the hallucinations as measured by the Psychotic Symptom Rating Scale (PSYRATS) and the revised Beliefs About Voices Questionnaire (BAVQ-R). Participants reported the remaining voices were less omnipotent and less hostile than before therapy. However, a limitation of these results is that participants answer the PSYRATS based on the previous 2 weeks. It may be that they had not heard the voices during that time but that they had heard them at some point in that 3 months.

A second limitation of this study was the lack of a control group. Therefore, Craig et al. (2017) did a follow-up study in which a control group received supportive counselling. In that study, 75 people received the AVATAR protocol for 6 weekly 50-minute sessions and 75 received supportive counselling. All participants had a diagnosis of either a schizophrenia spectrum disorder or affective disorder with psychotic symptoms and were experiencing enduring treatment-resistant auditory hallucinations. The AVATAR protocol group had a high effect size for reduction of the auditory hallucinations as rated on the PSYRATS-AH. This effect size was greater than the control group at the 12 weeks follow-up. However, the outcomes equalised at 24 weeks. These results are promising for short-term therapy and the researchers suggested future research include multi-centre studies and comparison with treatment-as-usual control groups.

Following on from Craig et al's (2017) study on the AVATAR protocol, Hall et al. (2018) assessed the subjective experience of the participants of the trial. They administered a modified version of the Assessing the Impact of Research Questionnaire (AIR) as a baseline and a 20 item self-report measure utilising a Likert scale as a 12-week follow-up measure as well as free text questions. Furthermore, they administered the Reactions to Research Participation Questionnaire (RRPQ). These were given to 'assess positive and negative emotional and cognitive appraisals of experiences of completing structured interviews, questionnaires and having sessions audio-recorded' (Hall et al., 2018, p. 83). 31 of the participants completed the baseline questionnaire and 19 completed the 12-week follow-up. Hall et al. (2018) reported 'that participants found taking part in the trial a beneficial experience with minimal evidence of a negative impact' with nearly 74% of the participants saying they would participate again as they found it helpful and interesting with minimal inconvenience (p. 87). They found it helpful to have a warm, trustworthy therapist to speak to about their difficulties and someone to facilitate new realisations or awareness (Hall et al., 2018).

However, limitations of this study included a small sample size. Furthermore, less than half of the participants who completed the initial baseline assessment then completed the follow-up. This may indicate that something changed for the participants which made them less positively inclined towards the protocol or unwilling to continue participating in further research. This is a known difficulty with follow-up evaluations. Some participants drop out or stop responding for unknown reasons. As well, there was a delay in the ethical approval that may have affected the numbers of willing participants (Hall et al., 2018).

Another consideration when conducting acceptability or subjective experience studies includes the mindset of the participants who agree to participate. These participants had attended all therapy sessions and were fully engaged in the process (Hall et al., 2018). Therefore, they would be those inclined towards positive views of the protocol. If the researchers had been able to evaluate the subjective experiences of those who did not engage well, the results might be different.

2.5 The Therapeutic Relationship and ABIs

Some forms of ABIs do not involve a human therapist (Hopkins et al, 2011; Morie, Antonisse, Bouchard, & Chance, 2009). For example, Rizzo et al. (2016) developed an application using an autonomous virtual therapist called 'Ellie' to investigate how users would interact with her and ascertain their views of the potential therapeutic relationship. However, automated programs do not have the same dynamic as two people interacting.

Avatar-based therapy may have similar questions regarding the quality of the therapeutic relationship as the wider field of online therapy. For instance, researchers have questioned if and how the therapist identifies transference and countertransference in remote avatar-based therapy (Quackenbush and Krasner, 2012; Witt, 2011). On the other hand, Dr Quackenbush reported using nonverbal methods such as emoticons enabled the client to convey emotions which allowed a 'real and transferential relationship' to develop

between herself and Ranndy despite the lack of many nonverbal cues (Quackenbush and Krasner, 2012, p. 459). However, Dr Quackenbush described the therapy as more CBT based and more like coaching than analysis of transference though she believed the transference was there for her to analyse had she chosen to do so (Quackenbush and Krasner, 2012).

Dr Quackenbush reported she experienced a sense of being disconnected that was less satisfying than in face-to-face therapy. However, she also stated that Ranndy was not willing to 'make that relationship more tangible… (by) using Skype' and that this may have represented 'a more global ambivalence about attachments' (Quackenbush and Krasner, 2012, p. 460). Nonetheless, Ranndy reported feeling supported and saw benefits to their primarily text-based communication.

Regarding online relationships, Nagel and Anthony (2011), the cofounders of the Online Therapy Institute, suggest the therapist must 'embrace the concept that relationships can be formed in virtual-world environments and that those relationships are real' (p. 8). They have seen the impact on people who have formed relationships within Second Life (SL) and feel strongly that those relationships are as real as relationships in the physical world (Nagel & Anthony, 2011). They believe the therapist must embrace the client's reality and respond empathically to the client's avatar identity in order to have a deeper therapeutic relationship.

Karl Witt's (2011) doctoral dissertation also looked at therapists' perceptions of the therapeutic relationship. Witt (2011) interviewed 5 licensed or certified counsellors regarding their perspectives of providing distance therapy using avatars via SL. He then analysed the data using grounded theory and found four primary themes and nine subthemes. The primary themes included the immersive experience inherent in virtual

worlds, the conditions for success in counselling via avatar, the practice of counselling in a virtual world, and the pioneering spirit inherent in this form of counselling.

Witt (2011) describes the similarities with other forms of online therapy but notes that avatar-based therapy provides more similarity to traditional face-to-face therapy than text only methods. The counselors believed that working in SL provided a virtual world the therapist and user can become immersed in and facilitate the sense of being physically present with one another despite being at a distance (Witt, 2011). He recommended "exploring changes in the relationship itself and the concept of digital empathy" (Witt, 2011, p. 143).

The therapists described the importance of open communication through which rapport builds and the therapeutic relationship develops (Witt, 2011). They reported that building the therapeutic relationship online was similar to face-to-face therapy. It utilises the same skills but could happen even more quickly as clients tended to be less inhibited and began to speak of their difficulties more swiftly (Witt, 2011). One of the therapists found the emotional distance afforded by 'hiding behind an avatar' to be beneficial for the client and the therapeutic relationship as the client felt safe to communicate in depth early on (Witt, 2012). The visual avatars also gave more sense of presence than some other forms of online therapy (Witt, 2011). This in turn facilitated the therapeutic relationship by aiding clients to feel as if they were in the room with the therapist.

Witt (2011) points out that, just as with other forms of online therapy, clients may explore difficulties they may not have brought to a traditional therapist due to shame, fear, anxiety, or physical or mental limitations. Limitations of his research included the use of varying modes of data collection including text communication and voice. He reported this may have affected the quality of the analysis as certain connections between the data collected by different methods may have been missed.

Witt also pointed out that initial interviews may have suffered from his lack of experience with how to use SL and therefore he may not have gotten as rich data as he otherwise did in later interviews. Furthermore, Witt described potential participant bias in that those who agreed to be interviewed agreed because of a positive bias.

The above research looks at the therapeutic relationship within SL ABIs. However, newer forms of ABIs allow the therapist to be in the room with the client. Therefore, many of the concerns are not as relevant.

For instance, with ProReal, the therapist sits with the client. In the study, 3 therapists found 'avatar-based counselling helped initiate and develop the therapeutic relationship' as it helped the therapist to get to know more about the client and provided an ice breaker in initial sessions (Cooper et al., 2016). One therapist expressed a belief that the intervention served to foster an open rapport with the client. However, another therapist found ProReal to be an unhelpful distraction from the relationship when the client was highly distressed. Therefore, it is possible that using ProReal can be either helpful or unhelpful to the relationship depending on the client and what the client is experiencing at the time.

2.6 The Future of ABIs

The sparse research may be due to this being an emerging field. Despite Anthony and Nagel's discussion of avatars in therapy for 16 years, except for Virtual Reality Therapy (VRT), much of the research has been in the last few years (Nagel, 2009). As it is inexorably linked with the development of technology, it seems the technology had to evolve enough to be feasible for use in psychotherapy. For instance, since its inception, VRT suffered the problem of simulation sickness that caused some clients to be too uncomfortable (North & North, 1994; Hesse et al., 2017). However, with improved technology, that limitation has been reduced.

As well, the next generation of therapists coming through training have grown up with computers and therefore may take up online therapy and ABIs more readily. 'Developments in technologically mediated psychological support have, in the past, frequently been led by clients rather than therapists, who often have strongly polarized reactions to the concept' (Anthony, Goss, & Nagel, 2017, p. 639). It may come naturally and easily for them and not seem such a leap as it may seem to others.

Just as the new generation of therapists are using technology in their everyday lives, so are the potential clients. Those growing up with social media, and other platforms to stay connected may decide that is how they want therapy delivered as well. It may be in the near future that the field of counselling psychology will have to adapt to stay relevant to the demands of upcoming generations who have experienced online technology as part of their normal development (BPSQC, 2017). We may be at the cusp of a paradigm shift, maybe not in the underlying theory, but in the practice of psychotherapy.

This literature review has focused largely on remote online therapy because that is where much of the research has been done. However, for this study, most of the participants provided a form of ABI in which the therapist and client were in the same room for at least part of the sessions. In the future, with the rise of platforms like ProReal which enable remote use, more distance ABIs may be done but for now, this research focuses mostly on in-person use with some comments on remote use.

Further research into how ABIs affect the therapeutic relationship is indicated. It is important to know how introducing avatars into psychotherapy affects how the therapist and client relate to one another. A great amount of research is left to be done before ABIs are potentially more widely used. This research is meant to serve the purpose of initiating that research.

Chapter 3: Methods and Methodology

This chapter reports how this research was carried out. It sets out the rationale for the design in data collection and the choice of Interpretative Phenomenological Analysis (IPA) to analyse the data (Smith & Osborne, 2007). As well, this chapter reveals the steps that were taken to recruit qualifying participants and to conduct the research.

3.1 Choice of Interpretative Phenomenological Analysis

In developing this research, there were considerations of doing a mixed-method design. The original design included a mixed methods survey with some open comment questions of 100 therapists and 100 clients who had experience of ABIs. However, an exploratory search for avatar therapists online and a telephone conversation with an expert in the field, Dr Kate Anthony, revealed that this design was not feasible as no avatar therapists of the type from the original conceptualisation were found and Dr Anthony spoke of the difficulty in finding clients to participate in research regarding online therapy in general, much less avatar therapy.

Furthermore, there were time limitations regarding ethics approval and conducting a randomised controlled trial using one form of ABI was deemed unsuitable as it would involve gaining ethical approval for potentially more vulnerable participants, recruiting qualifying participants, and conducting 6-12 weeks of therapy.

Furthermore, as this is a very new area with little research, it would be difficult to formulate a hypothesis to test. A qualitative method with therapists was deemed prudent as qualitative methods are more exploratory in nature. Qualitative methods allow greater exploration of participants' subjective experience while holding fewer preconceptions regarding the data (Smith & Osborne, 2007). These methods also allow a more individualised and contextualised understanding of how each participant makes meaning of

their experiences through their frames of reference (Smith & Osborne, 2007). As each individual understands meaning through their frame of reference, two people who have similar experiences may derive different meaning from those experiences. For instance, two Virtual Reality therapists may experience the same phenomenon with clients but may interpret the significance of that phenomenon differently and therefore respond with different interventions. Their understanding or interpretations are influenced by their own past experiences, history, training, and social and cultural aspects. Many of these influences may be unconscious or hidden from awareness (Mutch, 2005). Mutch (2005) suggests that people may be made aware of these unconscious or hidden aspects through reflection and dialogue. In conducting qualitative research, participants are given a platform to give witness to their experiences and reflect on them with the researcher. Furthermore, the researcher and participant collaboratively derive meaning from the participant's testimony.

After formulating the question regarding what therapists found helpful and unhelpful about using avatar-based interventions (ABIs) and how the use of ABIs affects the therapeutic relationship, it was determined that semi-structured interviews with participants who have experience of providing ABIs would be the most appropriate way to ascertain the answer. These allow a more subjective, deeper, richer understanding than a quantitative method (Smith & Osborne, 2007; Howitt & Cramer, 2011). Quantitative methods such as questionnaires or surveys would have limited the scope of the participants' contributions through questions with predefined answers (Howitt & Cramer, 2011). Questionnaires or surveys may not leave space for participants to discuss their subjective experiences and how those subjective experiences may differ from an 'objective' median.

Once a qualitative design was chosen, a form of analysis had to be chosen. In comparison to Grounded Theory (GT) and Thematic Analysis (TA), IPA seemed the most appropriate analysis. The purpose of IPA is to try to understand what meaning the participants give to their experiences in order 'to learn about their mental and social world' (Smith & Osborne, 2007, p. 66). As well, it allows a focused piece of work on experience but because it has no *a priori* assumptions it does not dictate the type of knowledge to be gained (Smith & Osborne, 2007). Although other forms of qualitative methods may have similar aims, IPA seems the best fit for looking at the lived experience of the therapists; in this case, their experiences of how ABIs were helpful or unhelpful in relating to their clients (Smith & Osborne, 2007). IPA stays very close to the participants' experiences and words while allowing researchers to use their own knowledge base to inform the interpretation (Smith & Osborne, 2007; Shinebourne, 2011).

IPA is also a suitable analytical method for counselling psychology research which takes a pluralistic, humanistic approach to understanding people (BPSQC, 2017). Counselling psychologists emphasise "the exploration of the meaning of events and experiences… [They] focus on people's mental representations of events, and the particular significance of these for relationships with themselves and with others" (BPSQC, 2017, p.4).

As well, counselling psychologists 'recognise the pivotal role of intersubjective experience and collaborative formulation' (BPSQC, 2017, p.4). Participants are seen as the experts in their worldview and in their lived experiences. Their subjective narratives are considered valid accounts for analysis. Both the researcher and participant collaborate to derive meaning of the participant's lived experiences. Therefore, IPA's focus on the researcher making meaning of how the participant makes meaning of their experiences is relevant for counselling psychology research (Smith & Osborne, 2007).

This research could have been analysed using GT. However, as doing GT is meant to result in a theory derived from all available sources of data, the available data in this potentially emerging field appeared to be limited to the interviews conducted for this research (Howitt & Cramer, 2011). It may be too early in the overall research to build a theory regarding the use of ABIs. Research utilising IPA may serve as an exploratory beginning that may serve to enrich the available data for GT at a later date.

In comparison to TA, IPA includes the interpretative element that adds to a deeper understanding (Smith & Osborne, 2007). Therefore, IPA takes the analysis a step further than TA. IPA is also more sensitive to individual differences as analysis can be done on each individual transcript before moving to the next one (Smith & Osborne, 2007). According to Shinebourne (2011), the idiographic nature of IPA celebrates the differences that might be found in individual participants while at the same time looking for similarities and connections between participants. The researcher using IPA does not see differences between participants as aberrations to ignore for the sake of conformity but instead as points of interest to be given consideration as they may be significant variations on themes (Smith & Osborne, 2007). In this way, IPA considers individual differences while at the same time acknowledging the similarities that draw individuals together.

3.2 Epistemology

IPA was chosen for the focus on participants' experience and the meaning they ascribe to those experiences. Shinebourne (2011) describes IPA as 'an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas: phenomenology, hermeneutics and idiography' (p. 17). Husserl suggested taking on a 'phenomenological attitude' in which a person steps back from an unreflective stance to instead examine how one experiences the world in a reflective manner (Husserl, 1983). The phenomenological attitude refers to turning one's

attention to experiences which one would otherwise take for granted or at face value, those experiences that one would simply accept as reality without further reflection and attempt to take a new perspective on those experiences. This phenomenological attitude can sit comfortably between the two poles of relativism and realism in a stance called critical realism (Finlay, 2009). Relativism assumes there is no objective truth and realism assumes that there is a reality that exists (O'Gorman & MacIntosh, 2015).

IPA necessitates both participant and researcher to take this phenomenological attitude as participants are reflecting on their experiences to the researcher and the researcher is reflecting and examining those experiences. This mutual reflection can be considered what Smith and Osborn (2007) call a 'double hermeneutic' in which 'the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world' (p. 53).

This sense of making meaning can be seen in the 'perspectives of Heidegger, Merleau-Ponty, and Sartre, which consider the person as embodied and embedded in the world, in a particular historical, social and cultural context' (Shinebourne, 2011, p. 18). This means that people are inextricably influenced by the world of which they are a part. Humans make meaning using their experiences of being-in-the-world (Heidegger, 1962). Heidegger (1962) spoke of making meaning of the world which is at once revealing itself but at the same time concealing itself in a manner that necessitates interpretation. If we want to make sense of being-in-the-world, we have to uncover or reveal that which is already in one sense revealing itself but in another is concealing itself.

Heidegger (1962) also posits that because we are embedded in-the-world and inextricably involved, we encounter things in-the-world that are already involved in the world in their own contexts. Therefore, we do not give them substance or value, we interpret the value they already have (Heidegger, 1962). As well, he believed that we influence the world at the same time it influences us (Heidegger, 1962). Our interpretation

flows out of our 'fore-conception' of being-in-the-world (Heidegger, 1962). These fore-conceptions are our ideas about how the world is and how we relate and are involved in it. We interpret meaning through these preconceptions.

This means that researchers should attempt to be aware of what preconceptions they have and how those preconceptions are influencing how they interpret participants' contributions. However, it may be that researchers become aware of their own preconceptions and suppositions only through the act of interpretation (Shinebourne, 2011). The material may connect with a presupposition and bring it to the surface while the researcher is analysing the data. As well, in the course of analysis, the researcher's preconceptions may undergo changes (Shinebourne, 2011). For instance, in researching therapists' experiences of ABIs, the researcher's preconceptions of what constitutes an ABI or presuppositions on what is helpful or unhelpful may be challenged.

IPA is also influenced by hermeneutics, particularly Ricoeur's division between an empathic hermeneutic and a critical one (Shinebourne, 2011). According to Shinebourne (2011), Smith suggests that having both an empathic hermeneutic in which the researcher is "trying to understand what it is like from the point of view of the participants", staying very close to participants' words, and having a critically engaging hermeneutic in which the researcher can ask "critical questions of participants' accounts" produces a richer, fuller analysis (p. 21). This empathic hermeneutic that is at the same time critically engaging allows the researcher to deeply understand and value the participants' experiences while seeking to uncover deeper, hidden meanings to those experiences.

Within this phenomenological epistemology, a critical realist stance was taken for this research to understand the participants' views of how aspects of ABIs can be helpful or unhelpful to the therapeutic relationship. Critical realism falls between a purist realist stance and a constructivist one, drawing on both (O'Gorman & MacIntosh, 2015). According to O'Gorman and MacIntosh (2015), 'critical realists assume that there *is* a

reality that exists independently of human perceptions, but that our access to this reality is always limited and skewed *by* those perceptions' (p. 61). These limitations to our access of that reality include physical and ideological ones (O'Gorman & MacIntosh, 2015). For instance, our preconceptions of reality will colour how we view someone else's description of their experience. We may choose to reject or accept the other's views based on our own ideas. However, if we are able to see it from a different perspective, our understanding or perceptions of that reality may change (O'Gorman & MacIntosh, 2015). Furthermore, taking a realist approach 'can highlight the importance of diversity and heterogeneity as a real phenomenon, rather than simply "noise" that obscures general truths… and can sensitize qualitative researchers to the existence of diversity as a real property of social and cultural systems' (Maxwell, 2011, p. 21). This sensitivity to diversity is a value of counselling psychology (BPSQC, 2017).

This stance as a critical realist guided the choice of semi-structured interview questions. Since the participants had an experience of reality to share, it seemed appropriate to directly ask them questions about their experience. In taking this stance with the participants, the assumption is that there is a reality that can exist but that, in the first place, the participants' perceptions coloured how they related that reality to the interviewer. In the second place, the interviewer's assumptions impacted on the interview process and subsequent analysis.

For instance, if there are two potential paths to follow during the interview, the interviewer's preconceptions governed which path to explore further through clarification questions. Then in the analysis, preconceptions coloured which quotes were chosen and what stands out from the participants' words. The themes extracted were filtered through the theoretical knowledge and frame of reference of the researcher (Smith & Osborne, 2007). Therefore, "idiosyncratic elements of human experience and biography come

together to create a perspective… that is completely individual yet refers to something that certainly seems to exist" (O'Gorman & MacIntosh, 2015, p. 63).

In interpreting the data, the assumption was that the participants were relating reality as they see it and their account can be trusted but that they may be revealing more than a surface reading would indicate. As there may be layers of reality in which deeper layers affect more surface layers, researchers use personal perceptions of reality to interpret participants' perception of reality. Therefore, researchers use their self as an analytical tool. In this way, an understanding of reality was co-created in an intersubjective manner (O'Gorman & MacIntosh, 2015).

3.3 Design

This research was designed to ascertain what therapists who offer ABIs believe to be helpful or unhelpful when it comes to how ABIs affect how they relate to their clients. This was done by recruiting 11 therapists using ProReal, Virtual Reality Therapy (VRT), and/or the AVATAR protocol and conducting semi-structured interviews. The interviews were then transcribed and analysed using IPA in order to ascertain if there were themes that arose within each transcript and between transcripts.

3.4 Participants

Participants were recruited using purposive sampling with inclusion criteria and the snowballing method in which known therapists or researchers in the field of ABIs were contacted and asked to disseminate the research invitation to others who may qualify. Inclusion criteria were: a) 18 years or older, b) member of, certified by, or registered by a therapeutic governing body as a psychotherapist or counsellor, c) have experience as a face-to-face therapist without the use of ABIs, d) have experience providing ABIs.

Further considerations include that IPA calls for a homogenous sample rather than a random or representative one. This sample is considered homogenous due to all of the

participants meeting the inclusion criteria. For instance, all of the participants were qualified therapists registered with professional bodies to provide psychotherapy as well as having experience providing ABIs. Organisations included BACP, UKCP, VGCt, ACTO, HCPC, BIG, and the Royal College of Psychiatrists.

There are 2 factors to consider when thinking about homogeneity: 'interpretative concerns' which are 'the degree of similarity or variation that can be contained in the analysis' and 'pragmatic considerations' such as the 'ease or difficulty of contacting potential participants or relative rarity of the phenomenon' and participants' willingness (Pietkiewicz & Smith, 2014, p. 10). In this case, 'the subject matter can itself define the boundaries of the relevant sample… if the topic is rare and few representatives are available' (Pietkiewicz & Smith, 2014, p. 10). As this topic is new and the potential participant pool is small, this sample meets homogeneity criteria due to its rarity and difficulty finding participants who met the inclusion criteria.

Ultimately, 11 psychotherapists from 3 major modalities participated: CBT, person-centred, and psychodynamic. Some considered themselves integrative. As well, they represent 3 forms of ABIs: ProReal and similar software both face-to-face and remotely, Virtual Reality Therapy (VRT), and the AVATAR protocol. Each participant was part of evaluation studies of their respective form of ABI prior to participating in this research.

Participants were asked to identify their ethnicity, though some participants answered with race and some with ethnicity. 6 of the participants identified as white British, 1 participant identified as mixed race, 2 identified as other white, and 2 identified as European.

3 of the participants were between the ages of 30-35, 2 were between 36-45, 2 between 46-55, 1 between 56-65, and 3 were 66 and older.

Below are two tables with the demographic information. In order to further anonymise participants, the order of participants in Table 3.1 is not the same as the order of participants in Table 3.2.

Table 3.1 Experience of Participants

Participant	Post-qualification experience	Years ABI experience at interview	Clients
Male	6 to 10 years	1 year	Adults, adolescents, children
Female	10 years	2 years	Adults
Female	6 to 10 years	Less than a year	Children
Female	10+ years	Did not answer	Adults
Female	6 to 10 years	6 years	Adults
Female	6 to 10 years	1 year	Adults and children
Female	6 to 10 years	8 years	Adults
Female	10+ years	Less than a year	Children
Male	20 years	1 year	Adults
Male	30+ years	3 years	Adults
Female	6 to 10 years	3 years	Adults

The participants' clients presented with various difficulties. Five of the participants worked with adults and/or older adolescents who were experiencing psychotic symptoms using exposure/desensitisation techniques through ABIs. The other participants used ABIs to address a range of difficulties such as trauma, depression, anxiety, and relationship difficulties.

Table 3.2 Theoretical Stance of Participants and ABI used

Participant[1]	Theoretical Stance	Avatar tool
Anna	Integrative/eclectic	Online therapist with experience of ProReal, Second Life, and other 'avatar-type tools'
Beth	Humanistic/existential	ProReal
Sarah	Integrative/eclectic	ProReal
Robert	Psychodynamic	ProReal
James	Person-centred	ProReal
Elle	Integrative/eclectic	ProReal
Matthew	CBT and integrative	AVATAR program
Laila	CBT and integrative	AVATAR program
Holly	CBT	Virtual Reality Therapy
Clara	CBT	AVATAR program and Virtual Reality Therapy
Lily	CBT	Virtual Reality Therapy

3.5 Bias

Bias is to be expected within any research and its effect on the research must be examined (Mehra, 2002). However, in qualitative research, it is not expected that all bias can be eliminated (Mehra, 2002). Reflexivity in qualitative research is important to reduce, though not to eliminate, researcher bias through research journals, transparent and open dialogue with colleagues and supervisors regarding assumptions, and personal reflection on the effects of the research process on the self (Mehra, 2002; Norris, 1997). Researcher and participant bias must be acknowledged in order to be appropriately addressed.

3.5.1 Researcher bias

An assumption at the beginning of this research included a positive bias regarding the helpfulness of ABIs and the belief that any unhelpful aspects would be negligible. Unaddressed, this could have resulted in an attentional bias towards the positive

[1] Pseudonyms have been given to protect the identity of the participants.

statements regarding ABIs and blind spots regarding the negative. However, as this positive bias was known and reflected upon, steps were taken to reduce its effects. For instance, specific attention was given to negative statements to deliberately seek out potentially unhelpful aspects of using ABIs during the interview stage and the analysis and these aspects highlighted in the write up. Furthermore, as the researcher's bias possibly colluded with participants' bias towards the positive aspects, analysis included interpretation to draw out elements participants did not specifically label as unhelpful. Attempts to reduce bias collusion included having open discussions with supervisors and colleagues in which they posed questions to draw attention to potentially negative aspects. This deliberate attention to potentially negative or unhelpful aspects of using ABIs also served to reduce confirmation bias by looking for evidence against the positive bias (Rabin & Schrag, 1999).

Furthermore, a 'halo effect' may have been felt both by the researcher and participants regarding using ABIs (Nisbett & Wilson, 1977). The participants were largely positive about ABIs and at times further prompting regarding unhelpful aspects was deemed appropriate. During the interviews, the participants were experienced by the researcher as warm, highly empathic, and helpful. This may have further influenced how the use of ABIs was seen and confirmed a positive bias. For instance, since the participants had used ABIs and found them positive and they were experienced as helpful, using ABIs must be viewed as helpful. However, as stated above, giving deliberate attention to potentially negative aspects of using ABIs reduces this effect.

3.5.2 Potential participant bias

As mentioned above, many of the participants may have been under a halo effect as they answered the questions regarding using ABIs. Part of this effect may have been due to the novelty of using such interventions. As they were excited by the aspect of using new technology and the initial positive outcomes of the research trials of which they were a

part, this excitement may have created a halo surrounding all the aspects of using ABIs and therefore causing every aspect to look positive. However, it must be noted that the final outcomes of each of the research trials of which they were a part had significant positive effects which supports cause for excitement.

A second, common bias found in qualitative research regards the participant selection. When recruiting participants for interviews, there is a tendency for only those who have had very positive or very negative experiences to volunteer. This could skew the data towards the bias of the majority of the participants unless it is accounted for through deliberate attention given to the opposite in the interview and in the analysis.

3.6 Instruments

The participants were interviewed using a semi-structured interview schedule written specifically for this research[2]. This schedule went through changes during the process as the first two interviews did not offer the amount of data expected. This meant further questions had to be added to elicit more data. After further interviews, some of the questions were found to be superfluous in that the participants answered them in the course of answering other questions. For instance, one of the questions found to be unnecessary was 'how is this [ABI] similar or dissimilar to traditional therapy?' Often, in their answer to the question 'how have you found ABIs to be helpful in relating to your client, if at all?', participants would automatically compare their use of ABIs with traditional therapy. This question was removed after the third interview.

After the first 6 participants, minor amendments to the ethical approval were required in order to recruit further. This was an opportunity to slightly modify the interview

[2] See Appendix F.

schedule. The final interview schedule consisted of 8 main questions with prompting questions and potential questions to ask reliant on the form of ABI used.[3]

Sample questions include:

Can you briefly tell me your understanding of the relationship between you and your clients?

Did you find any aspects of avatar-based interventions unhelpful for the therapeutic relationship?

Being able to modify the questions is one of the benefits of using a semi-structured interview in that the interviewer is not rigidly held to the schedule as in a structured interview. The semi-structured interview schedule provides guidelines to keep the interview on topic but allows flexibility to follow potentially interesting or informative tangents or to ask for clarification.

3.7 Procedure

Recruitment for this study took place in two phases due to the need to make modifications to the recruitment procedures and to include a wider definition of what constitutes an ABI. An insufficient number of participants was recruited with the original methods and therefore, further methods had to be approved.

The directors of the Online Therapy Institute and ProReal both disseminated this research invitation to those who may qualify. For instance, this research was posted on the Online Therapy Institute's website and posted to one of the director's blogs. Other contacts did the same. Invitations to SL forums were also posted. As well, emails were sent to

[3] Copies of both interview schedules can be found in Appendix F.

governing bodies of therapists in various English-speaking nations requesting to post invitations.

As only 6 participants were recruited in the first phase of recruitment and up to 12 were needed, supervisors were consulted, and a list compiled of other possible avenues of recruiting, including finding contact information for other researchers conducting trials regarding ABIs and posting with the BACP. A Qualtrics (2017) link to an expression of interest and screening questionnaire was added to the research invitation and reposted[4].

A list of possible contacts was compiled by searching for literature on the use of avatars in psychotherapy and making note of contact information that was provided for the authors. This step was combined with the search for the literature review using the university library's "search everything" capability, Google scholar, and Ebsco. Examples of search terms included 'avatar therapy', 'avatars in psychotherapy', 'cyberpsychology and avatars', and 'therapy and Second Life'. A Google search yielded universities that had cyberpsychology departments.

For this research, it was necessary to ensure the participants were certified psychotherapists. Therefore, the screening questions asked them by which governing body they were recognised[5]. For the second recruitment period, inclusion of coaches was briefly considered and rejected as this would have widened the focus away from psychotherapists.

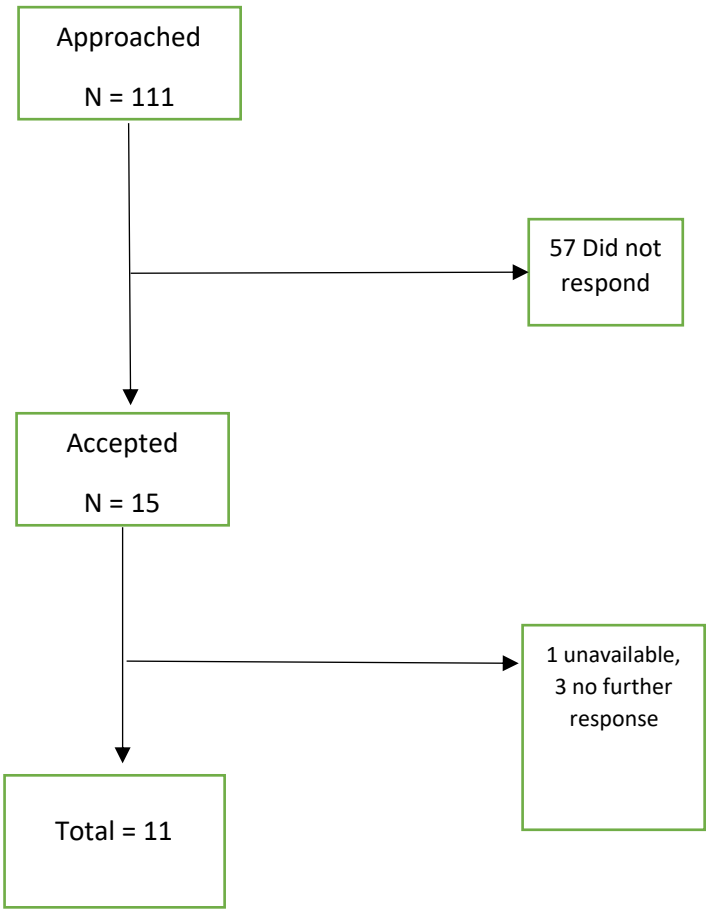
During the second recruitment period, the search for participants was expanded to encompass VRT therapists and those who participated in the AVATAR protocol. VRT therapists had to use avatars in the virtual world. For instance, a therapist using VRT to treat social phobias was eligible but a therapist who exclusively used VRT for phobias such

[4] See Appendix B.
[5] See Appendix E.

as fear of spiders or fear of flying was ineligible as this seemed to take the research too far from the original design.

Below is a flow chart showing the numbers from the two recruitment periods.

Diagram 1 Recruitment Numbers



The original invitation included an offer for the interviews to be conducted either in person on the Roehampton campus or via Skype[6]. In the second round of interviews, an option was added to conduct interviews at an acceptable location in London such as a therapist's office. 7 interviews were conducted via Skype and 4 in person. For the 2 off-site, in-person interviews, supervisors were informed of the location and contacted before and after the interviews.

[6] See Appendix B.

Before each interview, consent was obtained from the participants via an emailed consent form which they signed and returned[7]. In the first round of interviews, participants received the pre-interview questions by email as well. In the second round, most of the participants had responded to the Qualtrics (2017) survey which contained the pre-interview or screening questions[8].

Each participant received an interview information sheet which served to inform them of what would happen at the interview. It also served as a debrief sheet as it included information on supportive resources should they become distressed and further contact information for relevant persons[9]. Furthermore, at the end of the interview, each participant was offered an opportunity to ask any questions or to debrief.

It must be noted that differences may have arisen in the data due to 7 interviews being conducted via Skype and 4 in person. Using Skype allowed access to a larger potential pool of participants and allowed participation by those in other countries. However, using it may have affected the data. For instance, due to the online disinhibition effect, conducting the interviews from a distance may have caused those participants to feel less inhibited and therefore reveal more than they may have done in a face-to-face interview (Suler, 2004). This effect may have been mediated somewhat by the lack of anonymity as the Skype interviews included video. Furthermore, as participants as well as the interviewer were in their own chosen environments during the Skype interviews, both may have been more relaxed or comfortable. This may have allowed further disinhibition on the part of the participants as well as helping the interviewer to build rapport which may have resulted in increased disclosure (Weller, 2015). In the face-to-face interviews, either the interviewer or

[7] See Appendix D.
[8] See Appendix E.
[9] See Appendix C.

both the interviewer and the participant were not in their own environments and this may have affected how they interacted.

3.8 Ethics

Ethical approval was initially granted for this research on 29/03/16. Minor amendments were subsequently approved 06/02/17[10].

Prior to conducting each interview written consent was obtained. Before they signed, participants received via email an information sheet that fully informed them of their rights[11]. They were informed in writing and verbally that they could refuse to answer any question or stop at any time and that if they wished to withdraw their consent, they could do so within a certain time frame. The information sheet also informed them of the steps taken to ensure their confidentiality and anonymity. There was no deception involved in this research.

Regarding the interviews, participants were given a choice between face-to-face interviews and Skype interviews. This type of choice 'offer[s] the participants a degree of control in the research process, encouraging a more equal relationship' (Hanna, 2012). In face-to-face interviews, they were given the choice of location. In Skype interviews, they were given the choice of having video or not. Furthermore, all participants were made aware that the interviews were being recorded and when the recording was turned on and off.

Data was stored and participants' anonymity protected according to the University of Roehampton Data Protection policy (2010). The transcripts have been anonymised and each participant has been given a pseudonym. All potentially identifying details have been removed from the transcripts. As well, any electronic data with identifying information

[10] See Appendix A.
[11] See Appendix C.

such as audio recordings and signed, electronic consents are being kept on an encrypted, external hard drive that is password protected by VeraCrypt (IDRIX, 2017).

3.9 Data Analysis

Table 3.1 Steps of Data Analysis

1. First reading of transcript while making notes of items of interest in left-hand column and underlining the corresponding quote. 2. Second reading and highlighting potential emerging themes. 3. Third reading a day later and emergent themes noted in the right-hand column. 4. Organised emergent themes into subordinate themes. 5. Organised subordinate themes into superordinate themes. 6. Repeat process on each transcript. 7. Once all transcripts analysed, a fourth reading to check for potentially missed themes. 8. Subordinate themes from each transcript organised into subordinate themes across the transcripts. 9. Subordinate themes organised into superordinate themes. 10. Final reading of transcripts to identify usable quotes.

As stated above, IPA was used to analyse the interview transcripts. Although 11 participants were recruited, one of the recordings was lost and therefore, that interview was not transcribed.[12]

The transcript was placed in a table with the participant's words in the middle and a column each side[13]. The column on the left was for initial comments, thoughts, and impressions and the column on the right was for emerging themes. The first step was to read through the transcript and make notes in the left column of anything of interest and any arising associations. At the same time, the corresponding part in the transcript was underlined. In this first reading, an attempt was made to make comments without judging them as there were multiple readings, and there was a possibility of overlooking something potentially important. At the same time, a reflexive journal was available to make a note if what the participant said had a more personal effect.

[12] See Appendix J for a description of the content of that interview.
[13] See Appendix G for an example of a transcript.

During the second reading, more comments were added as many of the first notes were simply paraphrases. Then anything that was not simply a description was highlighted as those parts may have been an emergent theme. Emergent themes are those nascent patterns that are beginning to emerge from repeated readings of the material. These emergent themes come together to form the subordinate themes which make up the bulk of the research. The purpose of this was to be a reminder of those parts when it came time to write the emergent themes. The transcript was then set aside for a day to be revisited with fresh eyes later as it could be easy to miss something.

For the emergent themes, an attempt was made to make connections between the participant's words and psychological theory. More concise notes were made in the right column, paying particular attention to the highlighted parts in the left column.

The next step was to organise these emergent themes into subordinate and superordinate themes. Superordinate themes are the overarching patterns across the material. They are the 'organising framework for the analysis' (University of Auckland, n.d.). Superordinate themes are broad headings for the final themes that emerged from analysis. Subordinate themes cluster together to form the superordinate themes. They are the content of the analysis as they expand on and develop the superordinate themes.

To organise the emergent themes into subordinate themes, the notes in the right column were printed and cut apart. They were then clustered together in categories that seemed to share meaning. These subordinate themes were further categorised into broad superordinate themes. These were then noted on the transcript along with those emergent themes that did not seem to fit into superordinate or subordinate themes as those themes could possibly fit with themes from other transcripts. Therefore, emergent themes that may have only come up once or twice in the one transcript would not get lost.

Once the first transcript was analysed, the process was repeated on the second transcript. However, with subsequent transcripts, themes found in previous transcripts were kept in mind in the event they arose again. As IPA allows a sensitivity to differences within and between transcripts, an attempt was made to remain alert for new themes.

After analysing all the transcripts, the first transcripts were read again in order to look for previously missed material. The themes of the first transcripts were checked against those of the later ones in case themes that had arisen in the later transcripts also appeared in earlier transcripts.

Similar to what was done with each individual transcript, all of the subordinate and superordinate themes were printed and organised into clusters of meaning. In this way, even broader themes were found that then became the new superordinate themes across the data-set. Some that had been superordinate themes for individual transcripts became subordinate themes.

A final reading of each transcript was done in order to find appropriate quotes to support each theme. Each possible quote was copied and pasted under the headings of the superordinate and subordinate themes before the most appropriate quotes were chosen. In this process, it was found that there were two instances where a misunderstanding of the participant's words had occurred, either while the interview was being conducted or during reading through the transcripts. Therefore, a further, careful read through of the quotes was done to attempt to ensure correct interpretation.

In the process of finding quotes, the superordinate and subordinate themes were reorganised again and then yet again during writing the results section in an iterative process. With this in mind, the next chapter discusses the outcome of this analysis and provides quotes to support the resulting themes.

Chapter 4: Analysis

Table 4.1

Superordinate Themes	Subordinate Themes	Subthemes
4.1 Client-Led Therapy When Using ABIs	4.1.1 Ability to tailor ABIs to different clients' needs	4.1.1.1 Ability to control ABIs
		4.1.1.2 Developing the most helpful therapeutic relationship by addressing potentially unhelpful aspects of using ABIs
		4.1.1.3 Tailoring the reduced eye contact to clients' preferences
		4.1.1.4 Tailoring how real the ABIs are
	4.1.2 Appropriate client groups with which to use ABIs	4.1.2.1 Clients for whom ABIs are helpful
		4.1.2.2 Clients for whom ABIs are unhelpful
		4.1.2.3 Clients for whom ABIs are controversial
	4.1.3 ABIs foster clients' agency and choice	4.1.3.1 Collaboration with clients
		4.1.3.2 Therapist direction as unhelpful vs. client direction as helpful
		4.1.3.3 Addressing power dynamics
4.2 Using ABIs to Make the Unseen Seen Allows Clients to Have Psychological Distance	4.2.1 Using ABIs externalises clients' processes	4.2.1.1 ABIs aid new understanding and insight
		4.2.1.2 ABIs aid finding a new perspective
	4.2.2 Using ABIs to create psychological distance from difficulties	
	4.2.3 Avatars as a projection of self	
4.3 Building Blocks of the Therapeutic Relationship	4.3.1 Importance of helping clients feel safe	4.3.1.1 Managing anxiety and defences
		4.3.1.2 Importance of trust in the therapeutic relationship
	4.3.2 Facilitating strong therapeutic relationships	4.3.2.1 Therapists' interventions
		4.3.2.2 Therapists' use of self
	4.3.3 Therapists' own work in supervision and personal therapy affects the therapeutic relationship	
4.4 Avatars Acting as Mediators in the Therapeutic Relationship	4.4.1 Using ABIs can strengthen the intensity in the therapeutic relationship	
	4.4.2 Using ABIs can lessen the intensity in the therapeutic relationship	4.4.2.1 Lessening the intensity can be helpful
		4.4.2.2 Lessening the intensity can be unhelpful
		4.4.2.3 Using ABIs remotely affects the intensity of the therapeutic relationship
	4.4.3 Avatars can act as intercessors between therapist and client in difficult situations	4.4.3.1 Intercession of ABIs as interference
		4.4.3.2 ABIs as intercessor in distance therapy
4.5 ABIs Affect Therapeutic Use of Time	4.5.1 Link between using ABIs and accelerated speed of processing client material	
	4.5.2 Considerations for timing of therapeutic interventions	4.5.2.1 Working in the here and now with ABIs
		4.5.2.2 Speed brought by using ABIs can be challenging
	4.5.3 Time constraints of ABI research trials	
4.6 ABIs as New Delivery Methods for Traditional Interventions	4.6.1 ABIs may provide enhancements to traditional techniques	4.6.1.1 ABIs as a new method for delivering CBT
		4.6.1.2 Benefits of using ABIs in role playing
	4.6.2 ABIs as a tool/adjunct to traditional psychotherapy	
	4.6.3 Participants' views of acceptability of ABIs	

This chapter describes the themes that were generated through Interpretative Phenomenological Analysis (IPA) of 10 interviews. Six superordinate themes with three subordinate themes each were revealed as found in Table 4.1. In the sections that follow, each theme will be presented with quotations selected from participants' interviews as examples to support the results of the analysis.[14]

4.1 Client Led Therapy When Using ABIs

The first superordinate theme to emerge from the data is client led therapy. All 10 participants spoke of the importance of allowing clients' needs and unique presentations to dictate therapy provision. According to these participants, allowing clients to lead therapy appears to strengthen the therapeutic relationship and boost efficacy.

4.1.1 Ability to tailor ABIs to different clients' needs

In client led therapy, tailoring therapy to the client is necessary, especially when using new interventions or technology such as ABIs. **Beth** spoke of stepping into the client's world which the virtual environment of ProReal enabled her to access. "I work with… what's going on in their world. And with [ProReal]… it's just a pictorial or computer-based version" (**Beth**, lines 103-109). When exploring a world not her own, the therapist relies on her client to decide the direction and focus of therapy.

4.1.1.1 Ability to control ABIs

Holly spoke of a useful quality of virtual reality therapy (VRT) in person and the ease with which it can be tailored to clients' needs.[15] 'We can manipulate it… We can specialise on the clients and their unique and special circumstances and anxieties and thoughts' (**Holly**, lines 850-857). She added, 'the most effective therapies were when the

[14] Participants have been given pseudonyms.
[15] Where deemed appropriate, clarifications regarding whether an ABI is used at a distance or in person are included.

therapists got more experienced and dared to be more creative... Personalising it' (**Holly**, lines 1156-1158, 1182). However, she also spoke of the tension therapists sometimes need to hold regarding evidence-based practice and tailoring therapeutic interventions. 'Protocols [for using VRT interventions] are usually… based on very effective psychological research and techniques and I always keep in mind why we are doing what we are doing. But within the why, be as creative as possible' (**Holly**, lines 1196-1204). Therefore, **Holly** advocated being creative with tailoring the use of ABIs to clients' needs while staying within the bounds of evidence-based practice through drawing on therapists' previous knowledge of theory and practice. For instance, VRT finds its foundational rationale in the CBT paradigm.

As well as being able to be creative when manipulating the virtual world, having more control of therapy appealed to **Matthew** and **Clara,** both of whom have experience with VRT and the Audio Visual Assisted Therapy Aid for Refractory auditory hallucinations (AVATAR) protocol in person. They spoke of the benefits of being able to control ABIs to better tailor therapy to clients' needs. **Matthew** declared, 'the therapy was tailored for every individual' and 'titrat[ed] to what the person could tolerate' (lines 645-646, 639-640).

> I think the most important thing is the ability to create and control the environment…. [In] a real-life exposure, you've got no control over what is happening around you… [But in AVATAR and VRT] the therapist has control over the experience, and I think that's the key. (**Matthew**, lines 711-740)[16]

As **Holly** said, these participants could 'specialise' on the client. They appreciated the control over stimuli and therapeutic process afforded to them through using ABIs.

[16] For the longer quote, see Appendix H.

4.1.1.2 Developing the most helpful therapeutic relationship by addressing potentially unhelpful aspects of using ABIs

As in traditional therapy, the relationship may need tailoring as well. **Elle** related a story of working with a client who said he needed more warmth than was afforded when they were focused on the avatars despite therapy being in person (lines 430-431). This is a potentially unhelpful aspect of using ABIs. **Elle** formulated that his experience with his mother meant he needed a more 'reparative mother type relationship' (line 96). She said, "I tailor my sessions entirely through what's going on in the moment… [What] one of my clients… found very therapeutic was to… receive warmth and compassion… He… articulate[d] that he "missed that warmth" [while using ProReal]" (**Elle**, lines 31-33, 421-431).

Elle explained there is warmth using ABIs but for some clients, interacting via the screen may lessen the perceived warmth. Therefore, using the ABI was unhelpful for this client but may not be for others. This indicates a need for therapists to understand the type of interactions clients need in order to tailor the therapeutic relationship and to make a clinical judgment regarding suitability. This can be done through an assessment before introducing the ABIs.

Sarah would probably concur when she spoke of tailoring the intensity of the relationship to clients' needs when clients are not engaging with the ABI. "They may… need someone to be really present with them. And perhaps with the screen, [there's] perhaps less of the relationship… nourishment…" (**Sarah**, lines 275-280).

Sarah expanded on needing to understand clients when she says that either 'the relationship or the screen can be a distraction' to the client (lines 297-298). In these cases, she tailors the intervention to "whatever's negotiated as the least distracting or… if it's a

useful distraction, we understand why… because the feelings are too strong to tolerate… without… another space to… explore and expand, express" (**Sarah**, lines 300-308).

According to **Sarah**, the helpfulness or unhelpfulness of using ABIs depends on clients' preferences. As long as clients want to use ABIs, it is helpful. If it is unwanted, then it is unhelpful. Therefore, **Sarah** suggested following the client's lead regarding using ABIs. "Because I've never imposed avatar use, I can't say I can think of a really unhelpful quality of it. We'll just not use it as much or we'll just not use it at all if that's what feels right" (**Sarah**, lines 456-462). **Anna** would agree as she suggested that a therapist should not "inflict avatar on the person who doesn't want or need it" (lines 896-898).

However, therapists of different modalities may have differing views on the issues of warmth and 'distraction'. For instance, a purely PCT therapist may take issue with the perceived lack of warmth that **Elle's** client expressed and decide that ABIs are not useful. In regard to distraction, a therapist who formulates difficulties psychodynamically may read **Sarah's** use of the word "distraction" instead as resistance, avoidance, or collusion and choose whether to work with these defences either through the ABI or not. Just as no one modality or intervention is suited to every therapist or every client, 'the use of technology [of any kind] is not for every[one]' (Anthony, Goss, & Nagel, 2017, p. 639). In any case, therapists should make professional decisions based on their knowledge and understanding of their clients as well as their own theory and therapeutic experience.

4.1.1.3 Tailoring the reduced eye contact to clients' preferences

Another area where tailoring may be warranted is eye contact. The reduced eye contact when using ABIs could be helpful or unhelpful.

4.1.1.3.1 Reduced eye contact as unhelpful

Four of the participants spoke of the effect of eye contact on the therapeutic relationship. **Elle** specifically addressed how eye contact or lack thereof affects how clients experience the relationship. When asked about potentially unhelpful aspects of ABI, she reported the reduced eye contact as the most significant aspect. 'A lot of the time you are both looking at the screen [despite sitting next to each other] … with some of the clients, I felt there was a little bit of a loss of connection at times' (**Elle**, lines 232-237).

She found that 'personally quite difficult and uncomfortable initially' so she modified how she used ABIs (**Elle**, lines 238-239). She 'rectified' that loss of connection by having "5 minutes of eye contact… intimate, facing talk… at the beginning and end of the session… so that we've gained contact again" (**Elle**, lines 232-260). In this instance, using ABIs negatively affected the therapist and potentially clients, though she modified its use to help alleviate this effect for both.

Furthermore, some clients want eye contact while it may be uncomfortable for others. Therapists often determine clients' level of eye contact in assessment and during therapy to gauge the therapeutic relationship and decide what might be helpful for clients. "Some clients… found it very necessary to… have eye contact, a… sort of… nurturing… relationship. If they were very fragile and… needed… that one to one, and that… continual sort of dialogue… it wasn't appropriate to use the avatar" (**Elle**, lines 90-101).

4.1.1.1.3.2 Reduced eye contact as helpful

Alternatively, clients with Autism Spectrum Disorder (ASD) potentially needed a different relationship with eye contact. **Elle** describes how the reduced eye contact while using ProReal helped them use the postures, lists of emotions, and speech bubbles. "Without a doubt, it [is]… very non-threatening. [They] find it difficult to have eye contact

and feel… observed… They were able to articulate a lot more when I wasn't looking at them…" (**Elle**, lines 384-392, 630-632). However, as clients with ASD are a specialised group, therapists have to consider if this benefit of using ABIs with clients with ASD remains a benefit to those without ASD or if it is too much of a loss.

Holly is another of the participants who spoke about reduced eye contact. She has been questioned about the lack of eye contact due to her clients wearing VR headsets in her presence. "It's a question I so often get… "oh, but this must be hurtful for your therapeutic relationship…" And my experience has been exactly the opposite, maybe" (**Holly**, lines 1306-1310). She spoke of adapting to the lack of eye contact while the client was wearing the headset by simply asking her clients for verbal feedback on how they were feeling. This in turn aided the therapeutic relationship by increasing feedback through explicit verbal communication (**Holly**, lines 482-498).

4.1.1.4 Tailoring how real the ABIs are

Another way therapists may need to tailor therapy may be in how 'real' the ABIs appear and feel to clients.

4.1.1.4.1 Too realistic ABIs are unhelpful

Questions have arisen of how real the avatar/virtual world needs to be and how real is too real. **Matthew** addressed this question regarding the AVATAR protocol and VRT. "It does push the therapist to… always be conscious of risk… that balance between making it real enough that it's a real experience [to] really grappl[e] with and not going over the top so that it becomes even worse" (**Matthew**, lines 549-558, 778-782).[17]

Furthermore, **Clara** questioned if it would be ethical to reproduce traumatic material such as a rape or an avatar that 'touches' the client in VRT (lines 750-754).

[17] See Appendix H, number 2.

Currently this is not being done and using it in such a way would necessarily be subject to rigorous ethical procedures before being carried out. Both **Clara** and **Beth** (lines 607-614) wondered if VR would feel 'too real' and therefore 'retraumatise' clients who experience PTSD symptoms or are feeling overwhelmed by traumatic experiences. It may be that experiencing the trauma in VR even with the therapist beside them would be more overwhelmingly real than current CBT techniques for treating PTSD.

4.1.1.4.2 Level of realism and suspension of disbelief

Holly also addressed the client's view of the reality of VR when working with clients experiencing psychotic symptoms and how it might affect efficacy. Some level of suspension of disbelief may be required.

> We had one or two who really could not relate. They would say, "This is not real." No matter what we tried, imaginary techniques or [VRT, it didn't work] … If they let that go… the repetitive process of the [CBT] exposure [would have] still worked. (**Holly**, lines 1126-1135, 1113-1114)[18]

Therefore, due to the client's avoidance or not having that suspension of disbelief, **Holly** moved away from using imaginal techniques or ABIs and used more traditional exposure techniques. However, it could be noted that though these clients said it was not real enough, formulating from a CBT perspective, this may have been due to their fear of engaging with something that actually felt too real.

Two of the AVATAR protocol therapists, **Laila** and **Clara**, also spoke about suspension of disbelief when working with clients with psychosis. The AVATAR protocol is delivered partially in the same room and partially from another room. They reported that many of the clients forgot that it was the therapist's disguised voice as the voice of the

[18] See Appendix H, number 3.

avatar representing their hallucinations. This is despite being fully informed of how the AVATAR protocol worked. This surprised **Laila**, though she theorised why this might happen.

> Generally, I think, even if they can hold in mind it is you, they just get so into the moment that actually that's all that matters... I think in the moment, because it's the face they created [speaking the horrible things] … they're just back in there. And suddenly [they're hearing the persecutory voice] but a different way. (**Laila**, lines 1088-1090, 950-960)[19]

She further wondered if there would be "less… change if people are more conscious that it's you" and they did not have that "suspension of reality and disbelief" (**Laila**, lines 1067-1068, 959-960). This means that maybe clients need to feel it is real and forget it is the therapist. "If you can get into the sense of directly challenging your voice and you feel like you're standing up to [it], I think that's different from thinking it's somebody else doing this and I'm standing up to them" (**Laila**, lines 1071-1077). She believes it needed to feel that real to clients in order to be effective. Otherwise, they might feel they are simply standing up to the therapist who is actually not a threat in comparison to the voices.

However, as the AVATAR protocol is used with clients with auditory hallucinations, it has not currently been used for any other client groups. Therefore, it is unknown if this phenomenon would occur with other clients.

4.1.2 Appropriate client groups with which to use ABIs

All of the participants spoke of how ABIs were potentially helpful or unhelpful with specific client groups. Some of the therapists believed ABIs could be used with anyone. For

[19] See Appendix H, number 4.

instance, **Robert**, a psychodynamic therapist using ProReal, said "I don't think there's any barrier to working with any diagnosis except the skills and professionalism of the therapist" (lines 985-988). **Anna** seems to agree when speaking of "avatar-type tools": "I can't see a group where it would do harm... We're limited by the limitations of our own minds" (lines 907-908, 950-951). Therefore, they believe that any perceived limitations of ABIs can be rectified by therapists' skilful use of them. However, as skills specific to using ABIs are not part of general training, further CPD is needed.

4.1.2.1 Clients for whom ABIs are helpful

The helpfulness of ABIs may rely on clients' willingness to try something new. **Clara** experienced that some of the clients who were initially a bit hesitant due to the novelty were then the ones who 'really enjoy it… and really engage with this conversation with the avatars' (lines 774-780).

Anna and **Elle** both believed that ABIs such as ProReal could be helpful for people with ASD. 'They were the ones that really took this up to another level and used it phenomenally. And were really excited by it, felt empowered, were able to take more risks…' (**Elle**, lines 398-402). She described how it helped 'them to recognise some of their own emotions [as opposed to] a one to one dialogue by… using the naming part of it' (**Elle**, lines 408-415).

Laila, a CBT therapist who likes to formulate psychodynamically, added to the list of clients that might find ABIs.

> I think it would be amazing for grief work. There's a lot of powerful work that we did. People who were talking to abusers who have since died or people in their past that they can't connect with anymore who did horrible things to them that they

need to work through. I think for self-esteem, and confidence, it would make a big difference. (**Laila**, lines 1233-1251)

Laila believes that the AVATAR protocol can be modified for use with various difficulties: “I don’t know really what it couldn’t be used for” (lines 1251-1252).

4.1.2.2 Clients for whom ABIs are unhelpful

Clara, a CBT therapist with experience of VRT and the AVATAR protocol, spoke of being unable to use ABIs with people on the severe end of the ASD spectrum. Those clients who ‘really struggle with theory of mind and cannot respond to someone on a screen because they struggle even to reply to someone that is a human being’ (**Clara**, lines 788-790). She spoke of other clients who may not be able to use ABIs due to living with certain conditions such as ‘someone presenting a very complex personality [disorder] or people who are very thought disordered… these are very challenging groups’ (**Clara**, lines 786-792). However, these are clients who would be difficult in any form of therapy.

4.1.2.3 Clients for whom ABIs are controversial

When asked which client groups are appropriate or not for ABIs, there were some differences in belief. For instance, when asked who ABIs might be suited to, **Robert,** a psychodynamic therapist who uses ABIs both in person and remotely, believed “it could be extremely useful for sexual abuse because it can be so contained… I can separate myself from anything that’s going on and therefore get some understanding” (lines 978-985). The ability of the therapist and client to use ABIs to contain the client’s emotions may be helpful.

Laila also spoke about people who had experienced horrific sexual abuse and how containing ABIs such as the AVATAR protocol can be. “You can really hold and contain

people in a way that I wasn't expecting" (**Laila**, lines 1253-1264).[20] Therefore, **Laila** would agree with **Robert** that using ABIs provides containment for those who had experienced sexual abuse. However, she believed it would need to be part of a longer course of therapy in order for 'horrifically sexually abused' clients to feel safe enough to open themselves up.

However, **Beth**, a humanistic/existential therapist, suggested that she would be hesitant to use ProReal with suicidal clients and, in contrast to **Laila** and **Robert,** traumatised people. 'It would almost crystallise stuff for them, make too many connections. Too stark a view of their life. If you could see the suicidal thoughts, what would happen?' (**Beth**, lines 598-607).[21] Furthermore, "people who have experienced trauma or have got PTSD… Would that actually pictorially make it feel even… harder… to see? Would that retraumatise them? I don't know" (**Beth**, lines 607-614).

She also said she would not want to use ProReal with clients who experienced domestic violence. 'I think that would be too difficult in their state... I think it would be quite scary to see… the perpetrator [as the avatar]' (**Beth**, lines 576-581).

These differences may be due to therapeutic orientation, location of therapy, training/experience, and/or type of ABI. **Robert** and **Laila**, both of whom formulate difficulties psychodynamically, believed that ProReal which **Robert** used and the AVATAR protocol which **Laila** used were helpful due to the increased ability to contain traumatised clients. The ABI added another layer of safe space in addition to the therapeutic relationship. In contrast, **Beth** is a humanistic/existential therapist who was concerned ABIs would feel too real for traumatised clients (lines 607-614). These two modalities have very different theories of change and ways of formulating difficulties which influence how they

[20] See Appendix H, number 5.
[21] See Appendix H, number 6.

view ABIs' helpfulness or unhelpfulness with certain client groups. Therefore, some variance is to be expected.

Furthermore, both ProReal and the AVATAR protocol can be done either from a distance or at least from outside of the room for part of the time. **Robert**, in particular, has training and experience in delivering distance therapies. Although he initially had reservations about using an ABI with traumatised clients, as he gained more specific experience with it, he came to a different conclusion. He found he could call on his training and prior experience to deliver an ABI from a distance. Whereas, **Beth** used ProReal face-to-face. She did not reveal if she has experience with distance therapies. Part of the variance may be due to different types of experience and training.

Therefore, while some participants did not see any limitations to using ABIs with clients, others discussed possible limitations. There was potential contrast regarding using ABIs with traumatised clients. There was also a difference of opinion with using the AVATAR protocol as one participant mentioned that it was designed specifically for clients with auditory hallucinations while another participant believed it could be modified for use with any clients depending on the creativity of the therapist. Furthermore, whereas ABIs such as ProReal can be helpful for clients on the autistic spectrum, it would not be helpful with those on the severe end.

4.1.3 ABIs foster clients' agency and choice

The third subordinate theme under the heading of client led therapy is regarding the importance of the client having choice and a sense of agency. Eight of the participants across the three modalities spoke of this.

Matthew spoke of a goal of the AVATAR protocol – to help clients gain a sense of control and victory over their persecutory voices. "We always aim to stop it when the

person's anxiety had visibly come down... They always ended on a win" (**Matthew**, lines 650-655). He believed using the AVATAR protocol worked by 'shaping the whole… experience from the typical experience… of a monologue of a voice the patient has no control over to a dialogue with a voice they do have some control over...' (**Matthew**, lines 175-179). Furthermore, he stated, 'It really does have a big impact... Frequency [of the voice] reduces, stress reduces... People felt really good that they felt less frightened… and able to stand up to it. People came out feeling more empowered' (**Matthew**, lines 925-931,368-390).[22] Clients who feel more in control, less afraid, and empowered may have regained a sense of agency.

4.1.3.1 Collaboration with clients

Collaborating with clients may also facilitate their sense of agency and having choice. **Sarah,** an integrative therapist, spoke of collaborating with clients so that they empowered her to facilitate them to change. "It's establishing a collaboration. [Y]ou co-create your space… I might be more explicit about choice… I… mention those qualities of… the client's… agency and autonomy… I think that's really useful… to feel… safe to express… choices" (**Sarah**, lines 24-26, 61, 89-100).

In this extract, **Sarah** seems to be saying that the client ultimately holds the power to change. She continued regarding the importance of clients having choices by theorising a process of change.

> When they were in survival mode, they weren't choice making… [However, in ProReal] there's little, expansive experiences of [choice that] … are rich in that empowerment and in that… connection with the healthy part of themselves... I think all those lovely, lovely rich opportunities for choice and self-expression is

[22] See Appendix H, number 7.

> transformative in itself… on a deeply psychological level. No matter what my clever head says, or my clever little models are, they've had all this rich opportunity for choice, for self-expression. (**Sarah**, lines 912-925, 897-905)

She is saying when clients are in crisis and do not feel safe in their lives, they are unable to make choices. However, **Sarah** believes that using ProReal helps gently and safely move them out of survival mode and allows them opportunities to make their own choices within the safe space of the therapeutic relationship. Furthermore, the type of choices they can make using ProReal are unlike those in more traditional therapy. Therefore, using this ABI is potentially more beneficial.

Holly also spoke of collaborating with clients to bring about the best results. As a CBT therapist, she believes part of this collaboration is recognising that clients are experts on themselves. Her hope is that by the end of therapy, they fully recognise their own agency.

> [W]e work together as a team wherein I am the expert in how the mechanisms or anxiety and psychosis work and the client brings the expertise of... their anxiety. [M]y goal is… to try to get the client to be, when they leave therapy, their own. therapists (**Holly**, lines 63-77)[23]

4.1.3.2 Therapist direction as unhelpful vs. client direction as helpful

Robert, a psychodynamic therapist who used ProReal in person and remotely, had originally had some concerns about the safety of using an ABI for traumatised people because they may 'find themselves in a place where suddenly they are not feeling very safe or suddenly feeling retraumatised' (lines 434-436). However, with experience, he began to come to another conclusion.

[23] See Appendix H, number 8.

> A part of me thinks that so long as the therapist… is allowing the client to lead themselves… I fully believe that people will not go to that place… through choice… But if [a therapist] has the software and they're… extremely directive… I think that could be dangerous… (**Robert**, lines 437-449, 460-464)[24]

This is a potential unhelpful aspect that may need to be contained by professional therapists within a therapeutic relationship. As **Robert** suggests, those therapists should not be 'extremely directive'. This indicates that this ABI, ProReal, may be more suited to exploratory therapies rather than highly directive ones in order for clients to remain feeling safe.

As well, **Beth** found herself uncomfortable as a person-centred therapist with the amount of directing she felt was required when using ProReal.

> It felt I was leading more, directing more than I would do... I found it quite difficult for me... I think it was quite fine at the beginning suggesting things, but I felt after a while, if they couldn't get it to work or they didn't want to work with it, it closed itself down. (**Beth**, lines 122-125, 132-137, 148-154)[25]

However, this need to be directive might not be a characteristic of using ProReal apart from the initial session teaching clients how to use it. Instead, she suggests that having to be unusually directive indicated a disengaged client and hindered further therapeutic processing. This had never happened in her experience in traditional therapy. A therapist from a different modality might theorise the cause of needing to be directive differently. For instance, a psychodynamic therapist may formulate the client's disengagement as resistance and a CBT therapist might see avoidance.

[24] See Appendix H, number 9.
[25] See Appendix H, number 10.

4.1.3.3 Addressing power dynamics

In considering being directive or not, the concept of power dynamics arose. Seven participants directly addressed potential power dynamics within the therapeutic relationship though it was not directly related to using ABIs. **Sarah** spoke of being empowered by the client in an almost circular exchange of power in which the client ultimately holds the power of change (line 88).

As well, **Holly** spoke of recognising a mutual expertise that equalises the power dynamics between the therapist and client. "[I]t's a sort of equal relationship in which we work as a team" (**Holly**, lines 66-77).

Laila spoke about power dynamics that are brought into focus due to differences between the therapist and the client. She drew from her usual practice of thinking of the client's experience of being with her and how they understand her as a psychologist. "If there's differences between you, whether it's religion, race, class, all those sorts of things, I think it's important to acknowledge within a therapeutic relationship, if there's a power imbalance" (**Laila**, lines 12-17).[26] Furthermore, addressing the power imbalance is about 'thinking who comes to see you [and] why, and what would help them get the best out of the therapy. [W]hat would reduce distress the most, how [would] someone… feel the most relaxed in your company' (**Laila**, lines 23-33). She felt strongly about addressing issues of power dynamics that may cause her clients to be uncomfortable or anxious with her.

She believes the observed or perceived differences between therapist and client can cause points of disconnection unless the therapist allows space to speak of them. **Laila**

[26] See Appendix H, number 11.

intends to reduce power imbalances that may harm the therapeutic relationship by speaking directly about those differences (lines 15-17). She believes 'we give words power by not speaking them' so therefore, speaking them breaks their power (**Laila**, lines 979-980).

Therefore, addressing the power dynamics within the therapeutic relationship may help clients feel more of a sense of their agency, that they are in control and have power to change. Therapists can potentially help them get the best outcome by attempting to equalise the power imbalance.

4.2 Using ABIs Makes the Unseen Seen and Allows Clients to Have Psychological Distance

The second superordinate theme is regarding externalising clients' processes to an avatar/virtual world in order to make processes easier to observe and creating psychological distance from what may be overwhelming emotional experiences.

4.2.1 Using ABIs externalises client process

In regard to ProReal and similar "avatar type tools", **Anna** suggested it "puts it out there as opposed to being in here… externalising what's inside and placing those people or situations physically" (lines 511-512, 520-522). Furthermore, **James** spoke of the visual advantage of using ProReal to place the client's process on the screen.

> You may put the voices in the head in little balloons around them. And they're ever present. Whereas, I think the advantage over [traditional therapy] is that we can hold things in our minds but there are perhaps so many other thoughts, other processes going on, they can sort of get put to one side. (**James**, lines 191-199)

With clients' thoughts on the screen, important processes can be revisited rather than potentially being lost. 'Whereas, in the avatar, the balloons... are constant reminders: "I said that. That's how I feel". And you can refer back to that' (**James**, lines 199-202). Using

ABIs can potentially highlight sensations that may otherwise go unnoticed. This may be an improvement over interventions such as CBT's visualisation techniques.

Furthermore, **Sarah** spoke of processes within the client being given form and the 'externalised quality of the process of tuning into the self and noticing our sensations' using avatars (lines 756-759).

> …being able to give a form to… things that are yet… to have a form… [to] something within the client… and all of these lovely, rich opportunities for greater understanding/self-expression… [I]t brings that sense of relief or transformation because it's never had a voice before. Now it's got a little voice and a colour and an image. (**Sarah**, lines 374-387, 891-896)

4.2.1.1 ABIs aid new understanding and insight

Just as giving those processes form and a voice may bring transformation, **Elle**, **Beth,** and **Robert** all spoke of the helpfulness of ProReal's ability to bring understanding. **Elle** related the story of a client who found it difficult to verbally connect with his processes or emotions. He deflected every reflection or verbal intervention **Elle** tried by saying he didn't know (lines 460-475). However, once she introduced ProReal, "he was able to use the speech bubbles and the emoticons to get in touch with what he did know as opposed to what he didn't know" (**Elle**, lines 471-475).

Furthermore, **Beth** spoke of clients going through the lists of emotions and asking themselves if each emotion described how they felt. "Then they've got rid of the things that they didn't know they didn't feel" and that brought clarity about emotions that they did feel (**Beth**, lines 460-462).

Robert spoke of using ABIs for intrapsychic work by becoming the observer ego. 'People can sometimes find it difficult… working in your head… [With ProReal] I can map

out different avatars and realise, “They’re all parts of me! I can be any one of those. No wonder life’s difficult!”’ (**Robert**, lines 968-978). By externalising parts of the self to the screen visually and not exclusively managing issues internally, clients can gain understanding about themselves.

Beth also spoke of how being able to see previously internal processes externally may help clients find new insight.

> My experience was that there’s just so much going on inside people’s heads that when they just put it onto the screen, it’s easier to see. Then when you [the therapist] reflect back the words, the emotions and they hear it externally, they can go, “Oh, ok. Wow, I didn’t realise I was feeling that way.” (**Beth**, lines 428-436)

Just as **Beth** spoke about being able to reflect back to the client, **Robert** also spoke of the ‘gift’ of externalised processes.

> So, with avatar-based work, it’s easier and more dynamic, more impact… I can observe all the barriers and blocks… [That] can be extremely useful. “You put your mother down but I notice you are both looking out different directions.” “Oh, yeah! Well, we’ve never seen eye to eye.” (**Robert**, lines 570-576, 584-597, 619-627)

He found it helpful to be able to notice that which might otherwise go unnoticed. **Robert** believed ‘With avatars, even with things that happen that the client doesn’t intentionally do, shares meaning, and… it’s an opportunity quite often’ (lines 619-624). Furthermore, even if the observation is incorrect, he found it ‘might trigger another thought’ and clients would explore that thought (**Robert**, lines 626-627). Therefore, clients might come to a new understanding based on therapists’ observations.

Elle also spoke of ProReal as useful for clients to find understanding or clarity by placing overwhelming thoughts on the screen and being able to ‘almost have a dialogue

with each part of [their] concerns and deal with it, so, in that sense, it can really help with feelings of being overwhelmed' (lines 688-691).

4.2.1.2 ABIs aid finding a new perspective

Anna identified yet a further helpful aspect of ABIs for clients who may be stuck, rehashing the same material. Externalising the material helps the client find a new perspective.

> It can be quite useful to have just a different way of looking at it. [It] can… be quite exciting for the client because it often proposes them new ways of thinking about material… and that's quite key… to revisit the same thing but in a totally different way, reframed... (**Anna**, lines 736-737, 748-752, 768-770)[27]

In comparison to traditional therapy, using ABIs may help clients move forward when stuck. Externalising processes introduces a new way of processing material that may create new insight by "spark[ing] off [one's] imagination in different ways" (Anna, line 808-810).

4.2.2 Using ABIs to create psychological distance from difficulties

Using ABIs may be helpful when clients need to psychologically step back from their difficulties. Clients may find it difficult to verbally express their experiences. **Elle** found that her clients could sometimes use symbols to express themselves faster.

> [Clients] were able to just go straight to the dark, rock place or the water or the castle and really identify with where they were [emotionally], using the symbols that were on the landscape. So, that expediated that, I think. (**Elle**, lines 171-182)

[27] See Appendix H, number 12.

This was helpful because 'the distancing, projecting their thinking into another world, I think, felt safer for them in many respects in terms of… stepping back from their identity a little bit' (**Elle**, lines 183-187).

In these cases, clients' sense of being unsafe may have been hindering their ability to express themselves verbally. Whereas, using the pre-set symbols enabled them to step back from what they were experiencing and to feel safer to express their emotions.

Sarah spoke of using the 'externalised quality' of using ABIs to help clients gain distance from specific emotions (line 759). She weaves in psychoeducation about those emotions. This in turn allows clients to get a better perspective on their experiences. "[They] plac[e] an avatar that represents shame on the screen… They've [then] got an experience of feeling shamed, to… watching their shame on the screen" external to them (**Sarah**, lines 703-709).

Sarah finds 'the process of identifying' with the shame in the form of the avatar, and then 'disidentifying with it... is immensely transforming and alleviates… a lot of stress' (lines 738-740, 709-711). This 'divorcing the feelings and placing them within the avatar' brings new awareness or a new way of understanding their emotion (**James**, lines 111-112).

Robert had a theory about how this new understanding may happen. "Problem is I'm in my brain, my world, and it's very difficult to grasp sometimes what I'm thinking. Soon as I take it once removed from my brain to an avatar, I am now becoming the observer ego" (**Robert**, lines 400-416).[28]

Being able to project internal processes into an avatar creates psychological distance that enables clients to see those previously unseen processes and begin to better

[28] See Appendix H, number 13.

understand them. This aspect of projecting into an avatar is further explored in the next subordinate theme.

4.2.3 Avatars as a projection of self

This subordinate theme explores how both therapists and clients identify with the avatar and project themselves into it. **Robert** recounted a story of how identifying with an avatar in supervision had a physical effect on him. He set out a group of avatars to represent clients but had his own avatar outside of the group. His supervisor noticed this, and he moved his avatar. 'I saw myself walking into the centre of the group, and I actually felt in my body... a visceral connection with the group. And it really changed the way I felt about my relationship with [them]' (**Robert**, lines 240-263).[29]

By identifying with the avatar that represented himself, **Robert** felt an embodied response to the actions of the avatar. This response led to a change in perspective in how he viewed the group he facilitated and in how he interacted with them. Therefore, projecting himself into the avatar had a real-world effect for him and his clients.

Sarah reported a further potential benefit of projecting one's self into an avatar. She spoke of creating an image in ProReal with the avatars as a 'kind of a first step back towards themselves because they can make an image of themselves rather than be with [the emotion] …' (**Sarah**, lines 861-864). The distance created by the projection of their self into the avatar allowed that first step back to themselves.

Furthermore, **James** who used ProReal remotely and **Elle** who used it in person indicated that clients could be more themselves by projecting their self into the avatar. **Elle** recounted how younger clients felt able to use "swear words" in the image where they would not verbally use them and said, "They're still the character, the avatar, but actually

[29] See Appendix H, number 14.

they're a bit more risk-taking" (lines 193-195). They felt safer for the avatar to express what they truly wanted to say because they felt that distance by projecting their self outward.

4.3 Building Blocks of the Therapeutic Relationship

In the third superordinate theme, each of the participants spoke of what makes the relationship between therapists and clients therapeutic whether using ABIs or not.

4.3.1 Importance of helping clients feel safe

The first subordinate theme involves creating a safe space for clients to explore what may feel like frightening or overwhelming experiences. **Robert,** a psychodynamic therapist who used ProReal in person and remotely, believes that using ABIs is 'very contained' (line 392) and **Elle,** an integrative therapist, stated, 'My belief is that my job is to… empower my clients to make changes in their lives [and] to facilitate those changes by providing a safe space and by providing the Rogerian core conditions, basically' (lines 18-25).

Regarding helping the client feel safe, **Elle** said, "We're giving ourselves and allowing our client to feel very safe and comforted" (lines 442-444). Part of creating a safe space comes from the person of the therapist and from empowering clients.

Matthew described how the therapists using the AVATAR protocol attempted to provide a safe space.

> We knew that what we were going to be asking people to do would be quite scary. And we… provided… tailored interventions to help anxiety... So quite a lot of work put in that initial session… [t]rying to build a sense that we weren't going to do

> anything outlandish or unnecessarily scary and made it clear that the therapy process was under their control. (**Matthew**, lines 68-102, 129-132)[30]

The AVATAR protocol therapists created a safe space by ensuring clients fully understood the process of therapy, tailoring interventions to individual clients, helping clients feel in control, and reassuring them they were not alone despite the therapist at times being in another room. **Laila** found that following the protocol offered 'a kind of safe space in a way that is clear and boundaried… [and] allowed people to talk about… abuse and trauma… quite quickly' (lines 117-119, 82-87).

Clara further spoke of the importance of trust, guidance, and confidentiality in creating a safe space. 'I think that these are more important aspects of our relationship and what makes it very therapeutic because they know they are in a safe space' (**Clara**, lines 118-122). When queried how she helps clients feel safe, she responded that she uses empathic, open questions 'in relation to how they feel being in a room with someone that they just met asking them very personal questions', checking in with them, reminding them of their rights, and ensuring confidentiality (**Clara,** lines 130-144).

Sarah also spoke of asking questions in an open and curious way about the image on the screen when she and clients are sitting together. She said doing so can make clients feel safer than if she gives a potentially unowned or inaccurate interpretation.

> [I]t just creates… the space… to wonder. If that sense of being… judged is… scary… [ProReal] isn't a threat because… the way we can work the image is much more… of a dialogue, and a… growing and a gathering insight. It's more owned by the client and I think that helps the therapeutic relationship because that… I think, provides a sense of safety and a sense of having a voice. (**Sarah**, lines 197-226)

[30] See Appendix H, number 15.

4.3.1.1 Managing anxiety and defences

The need for a safe space is important due to clients' defences and anxieties. **James** spoke of a common, initial anxiety whether using ABIs or not. 'There's this trepidation of "what am I letting myself in for?" The fears of revealing oneself, I think' (**James**, lines 121-124, 130-133).

Robert also indicated that "a barrier with working with avatars" can be clients' fear of being judged if they do not get it right but that it's important to try "to get the client to trust that we're just being spontaneous" (lines 652-653, 639-645). He postulated that fear of judgment may be exacerbated by using ABIs. "I think the anxiety could be there because we're using a different tool. And if it's something I'm not used to, I'm not sure that I understand what's gonna happen, what might I disclose by accident" (**Robert**, lines 712-717). The challenge to the therapeutic relationship could be in getting clients to trust enough "that wherever we go with this piece of work will be ok and that I'm not judging you because that could harm the relationship. There has to be a good relationship for it to really be appropriate" (**Robert**, lines 725-730).

The therapist can work with this fear of judgment. **Sarah,** an integrative therapist who used ProReal in person and remotely, related how she worked with a client who had a 'high experience of shame' and how he used that shame as a defence mechanism (lines 634-648). She described how sometimes when clients felt overwhelmed by bodily experiences they find it difficult to make an image by populating the virtual world with avatars, props, and labels because 'creating images allows too much unknown and … other possibilities could emerge without [them] wanting it to emerge' (**Sarah**, lines 543, 557-559). However, scrolling through the lists and postures allows them to 'explore with less uncertainty, with more words. [More] "I think this". Less "I feel" [this]' (**Sarah**, lines 548-550, 573-574).

For this client, his fear of 'getting it wrong [made] producing an image [possibly feel] too much, too real... That perhaps seemed a bit daunting to him, inhibited his expression' (**Sarah**, lines 655-661). **Sarah** postulated that he was afraid creating an image would allow her to see parts of his self that he rejected and judge him. Through psychoeducation, **Sarah** could then help him recognise that his shame was a defence he needed as a small child 'to try and maintain the bond with … primary attachments' (lines 726-727).

Therefore, ProReal was still helpful to this client. Though he could not bring himself to create his own image, ProReal's postures and lists helped him feel safe to explore his difficulties. It also enabled **Sarah** to give him some psychoeducation about emotions in order to "normalise and generalise the experience so that it's not so… scary" and to "sort of create a little bit of give where it used to be just black or white" (lines 629-632, 573-574). Though this is the type of intervention **Sarah** provides in her usual practice, the ProReal lists added another layer of safety, "a sense of… a limitation so… it's more set. It's less floaty", a boundary, which allowed the client to explore (lines 555-557).

Furthermore, **Robert**, as a psychodynamic therapist, discussed the therapist's professional handling of clients' defences. "Their resistance and defence mechanisms are to keep themselves emotionally/physically safe. My role as a professional is [deciding when] it's appropriate to challenge that resistance and defence" (**Robert**, lines 503-510). If he decides to challenge, 'the client needs to be in a safe place to be challenged' (**Robert**, lines 510-511). Using ABIs can be helpful with this. "With avatar-based work, that could be done, in some ways, quite suddenly, by simply observing what's on the screen… [and] reflect[ing] back [to the client]" in a way that feels safe for the client (**Robert**, lines 511-527).

4.3.1.2 Importance of trust in the therapeutic relationship

When considering creating a safe space and keeping clients' anxieties and defences in focus, trust is another important consideration. However, when speaking of trust in the therapeutic relationship, the participants spoke about more general aspects of building a therapeutic relationship and not specifically of how ABIs affected trust. As **Holly** explained:

> I think trust is very important. There's several building blocks for that trust and for that relationship... [I] predict something [about the results of an intervention]. "If you do this… your anxiety will go down." And if that happens, then that starts to build trust. They're like "Oh, ok. This [intervention] is actually working like my therapist says it would."' (**Holly**, lines 88-93, 100-102, 122-125)

Having therapy work as she says it will work builds trust. Because "many of our clients with paranoia have been traumatised as children, there's a relationship between not trusting people and having lots of experience of not being able to trust people" (**Holly**, lines 876-881). However, sometimes clients need more time to trust the therapist enough to disclose. "Some clients are not able to be very open from the first session... Therapy is scary. The therapist is scary sometimes… Or maybe they don't trust you enough to tell you yet, or maybe they don't really know themselves" (**Holly**, lines 907-920).

Beth found using ABIs helpful in building trust with otherwise hesitant adolescent clients through having a shared activity. 'I found that us looking at [ProReal] together, doing something together, built up some kind of trust' (**Beth**, lines 73-80).

4.3.2 Facilitating strong therapeutic relationships

When facilitating a strong therapeutic relationship, therapists draw from various resources including their self, training, and practical interventions.

4.3.2.1 Therapists' interventions

Each of the participants spoke of how they facilitate relationships with clients whether using ABIs or not. **Elle**, an integrative therapist, spoke of providing Rogers' core conditions along with warmth and compassion as did many of the therapists regardless of their chosen modality (lines 24, 425). **Robert,** a psychodynamic therapist, also gave his views. He spoke of facilitating strong therapeutic relationships by being empathic, open, honest, and professional and by treating clients with respect, 'like a human being, not like a patient' (**Robert**, lines 50-83). Furthermore, he states clients should feel a connection with him and that they are being understood.

Matthew, a CBT therapist, also spoke of the importance of understanding clients deeply. In the AVATAR protocol, they assessed 'the relationship in terms of scales of empathy and insight and understanding… the foundations of a decent working relationship' (**Matthew**, lines 35-42, 47-51). He spoke of constructing a 'formulation that both [therapist] and client can agree with' so that the client felt deeply understood on a human level rather than just theoretically (**Matthew**, lines 373-375). One of the clients 'who did particularly well… said the bit that really helped them was the more insight bit, the bit that sort of connected it to some part of their past lives' (**Matthew**, lines 391-395).

The assessment helped clients feel understood, but then carrying out the therapy, the therapist voicing the avatar of their persecutory hallucinations, increased that feeling of being understood. 'The person feeling… that you shared something of an experience is good for the therapeutic relationship… [Conducting] the session added an extra depth to that feeling of "this person really knows what I'm about"' (**Matthew**, lines 401-407, 418-422). However, currently this form of ABI is only being used for psychotic symptoms. The effect on clients if it is modified to use with other difficulties as **Laila** suggested is yet unknown.

Laila spoke of how challenging she found delivering the AVATAR protocol and how therapists need to be aware of the unique demands of this type of therapy due to the intensity of the intervention which demands therapists say things to clients they would not otherwise say and address issues of trauma earlier than therapists may be comfortable with doing. Furthermore, "[y]ou have to be ready to challenge yourself in a way that you wouldn't in any other therapy" (**Laila**, lines 1305-1307).[31] **Laila** particularly felt her beliefs regarding timing, clients' resilience, and what she could tolerate speaking out loud were challenged. As 'one of the most challenging things [she] has done', she suggests 'you have to be very flexible in your thinking, fast on your feet, [and] a bit more adventurous with what we think we can do' (**Laila**, lines 1300-1305, 1336-1338). Therefore, those qualities she spoke of will help therapists facilitate therapy.

Another participant, **Clara**, spoke generally of 'the importance of eye contact, nonverbal behaviour, showing your person in an approachable, willing, helping way, welcoming, warm, always adapting to the people, reassuring the person "I am here."' (lines 521-522, 531-540). However, as addressed previously, eye contact is affected by the form of ABI used. The reduced eye contact needs to be considered when deciding whether or not to use ABIs as an intervention.

4.3.2.2 Therapists' use of self

The participants spoke of all these qualities which help them facilitate their clients and strengthen the therapeutic relationship. However, it is not just what they do but who they are that is important. **Elle** spoke of 'giving ourselves and allowing our client to feel very safe and comforted' (lines 442-444).

[31] See Appendix H, number 16.

Robert spoke of connecting with his clients on a human level to build the therapeutic relationship.

> By being true to myself, I'm being congruent… My client needs to feel like I'm a human being… [who can] understand what's going on for them… [A] lot of things involved in building the relationship are… very subtle, are part of one's professional training… and life history and part of one's identity. (**Robert**, lines 46-83)

Therefore, **Robert** shows himself as a human being who can understand clients' experiences through the lens of his own history and identity. As **Anna** said, 'our own personality comes into everything we do' (lines 208-210).

Some of the participants spoke of how the therapeutic relationship flows out of who they are as therapists. For instance, **Laila** said, 'when you said about the therapeutic relationship, I was like, "That's just what we do!" (lines 765-766). As well, **James,** when asked how he builds the therapeutic relationship, said, "I don't think I specifically, consciously set out to do that... I'm just me… I try to be person-centred throughout my life" (lines 10-12, 14, 392-393). He does expand later on Rogerian tenets such as being genuine, 'empathy, understanding, [and] be[ing] with the client' (**James**, lines 166-169).

Robert might agree when he said, 'I think in the end, being able to be who you are with another person and to BE with another person as yourself… in [their] pain is the beginning of the relationship' (lines 105-111). He also believes it is important "to have some resonance with who I am, so there's some connection [with the client]" (**Robert**, lines 61-63). Having resonance with oneself also means being aware of how personal experiences affect clients.

4.3.3 Therapists' own work in supervision and personal therapy affects the therapeutic relationship.

As human beings, therapists face their own challenges which could potentially affect the therapeutic relationship. They may need to process their own material with supervisors and personal therapists in order to be more helpful to their clients as they bring their personhood into interactions.

Robert seemed to speak of acceptance of the therapist as an imperfect human being coming into relationship with other imperfect human beings. He spoke of client material touching him in a way that brought his attention to personal material. As a psychodynamic professional, he stated he needs to process that material with his own therapist (**Robert**, lines 140-155). This appears to be a recognition that the therapist is not a blank slate but instead is a human with his own emotions that do interplay with those of clients.

Laila expressed how conducting the AVATAR protocol had an effect on her as a person. During the trial, she found that the issue of racial abuse came up very quickly in the assessment because the protocol called for her to directly ask about traumatic experiences. She found that difficult as in her usual practice, she prefers to address such topics later and more gently when she believes clients to be ready. However, her clients' auditory hallucinations were often repeating abusive and traumatic experiences from the past. As she was voicing the avatar, **Laila** had to say 'the most horrific, awful things' to her clients that she would never usually verbalise (lines 830-831). Hearing what the voices said to her clients "was awful... It was massively challenging, but I know that's what he heard every day. That was just [his] reality. He didn't blink. It wasn't him that was… crushed" (**Laila**, lines 983-985).

Laila also said that she advocates that if therapists are going to be providing the AVATAR protocol, that they 'have a very open, clear space [within supervision] that people can just say, "ugh!"' and 'have more of a reflective practice style conversation with therapists about the countertransference/transference' (lines 857-859, 819-822). She continued saying, 'Because this is a different way of working, I think you tap into different parts of yourself… I think you need to be very careful as a therapist about what you feel that you can manage...' (**Laila**, lines 823-841). Furthermore, "witnessing… the huge transition that people go through... [is] really very emotional... It's a very powerful experience in a different way from what I would say in a more traditional therapy…" (**Laila**, lines 883-886, 901-903).

Doing this therapy may challenge therapists in ways they could not envision. Therefore, they may need a space of their own in which to address the challenges in supervision and/or personal therapy and to process the emotions aroused by this ABI.

4.4 Avatars Acting as Mediators in the Therapeutic Relationship

Many of the participants spoke about how using ABIs caused an increased intensity in the therapeutic relationship that was helpful for some clients. For others, using ABIs might beneficially lower that intensity. At times, the avatars could become mediators between therapists and clients in potentially difficult situations.

4.4.1 Using ABIs can strengthen the intensity in the therapeutic relationship

Regarding how using ABIs can affect the intensity of the therapeutic relationship, **Matthew** had the 'overall impression that it… produced a very intense, very rapidly developing relationship (lines 430-431). He believed that this intensity may have been due to the nature of the AVATAR protocol and what the intervention called for.

> There are things that you do in terms of… confrontation with the voice that you would not normally do in standard therapy. In [traditional] therapy, you would never say to somebody, "you're an idiot" or swear at them which of course, you are going to have to do in this therapy. So, that produced a kind of tension in the relationship that you had to be able to manage. (**Matthew**, lines 203-217)

However, rather than potentially damaging the therapeutic relationship, **Matthew** believed saying such things to the client strengthened it. 'The therapy relationship was very strong... People would say to us, "You're the first person to have ever heard what I hear." It's quite strengthening, bonding in a way' (**Matthew**, lines 226-230, 243-247, 268-276).

Based on clients' feedback, they found the AVATAR protocol a "very powerful, engaging activity" (**Matthew**, lines 229-230). They reported that the intensity was helpful because they felt truly understood and that sense of being understood fostered a stronger bond. **Laila** spoke of the protocol helping 'form a very strong bond in a very short time' (lines 1292-1293). Therefore, the intensity in the relationship between the AVATAR therapist and clients was seen as helpful.

4.4.2 Using ABIs can lessen the intensity in the therapeutic relationship

However, ABIs can also lower the intensity in a way that is helpful or unhelpful.

4.4.2.1 Lessening the intensity can be helpful

Whereas in other forms of ABIs, **Anna** spoke of lowering the intensity when a client has been stuck. "[ABIs] take away an intensity between two people sometimes when you're not getting somewhere, when nothing is… coming naturally" (**Anna**, lines 733-736).

She spoke of the pressure that both therapists and clients may feel or the tension that may exist in the therapeutic relationship when clients are 'stuck' and there seems to

be no movement. Using ABIs can facilitate that movement and take the pressure off the relationship by introducing new perspectives.

Sarah also spoke of a helpful reduction for some clients. “Because you’re both looking towards a mutual screen… it lowers the intensity of the relationship. So, if there’s any negative association with power dynamics … then the vulnerability of the client might be… more tolerable [for the client]” (**Sarah**, lines 136-143). In this way, introducing the ABI can aid the therapeutic relationship by reducing the dependence on the relationship in situations where clients may feel too vulnerable to open up.

4.4.2.2 Lessening the intensity can be unhelpful

However, the status of the intensity in the therapeutic relationship using ProReal is unclear. **Sarah** believed that the intensity could “play a part in supporting or distracting the client from what they are experiencing” and advocated following clients’ leads (lines 267-269). Just as the ABI could be helpful for certain clients, it could be unhelpful for others. If they needed ‘presence… relationship nourishment… a helpful intensity’, then the therapist could turn off the screen and turn towards them (**Sarah**, lines 275-282). She reported that for these clients the screen ‘diluted [a helpful intensity] a bit’ (**Sarah**, lines 282-283). Again, this indicates a need for appropriate assessment of clients’ needs on an ongoing basis.

Furthermore, **Beth** experienced the screen and building the avatars as a diversion at times when clients had come “because they want to talk about what’s going on for them. A lot of them got quite caught up with the colours… and making sure everything looked fine” (lines 184-189). She “found that quite difficult [because] it kept things on a very surface level… [with] no depth to a lot of the sessions. [They] didn’t do much relational [work]” (**Beth**, lines 191-195). In these cases, using ABIs lowered the intensity to an unhelpful level when clients got distracted by the technology and they became a sort of game rather than therapeutic. **Beth** spoke of this happening when clients were initially

interested in verbally processing rather than using the ABIs. This indicates a need to follow the client's lead regarding what is most beneficial.

4.4.2.3 Using ABIs remotely affects the intensity of the therapeutic relationship

According to **Sarah**, who used ProReal both face-to-face and from a distance, using ABIs remotely could also affect the intensity of the therapeutic relationship at the same time it increases the power of the image that the client creates on the screen.

> I think the level of… connection between me and the client is definitely reduced when it's remote… I think that's a bit of a loss… But the power of the image… seems to be intensely useful and maybe that's because the intensity of the relationship or maybe the human to human contact is less intense. (**Sarah**, lines 325-352)

It could be that lowering the connection in the therapeutic relationship by conducting ABIs remotely intensifies the effects of using the ABIs. This may be an indication of the transference increasing in regard to the avatar rather than the therapist and making the ABI more important to the outcome. Therapists have to decide for themselves if the 'bit of a loss' of connection in the relationship is worth the increase in the power of the image.

4.4.3 Avatars can act as intercessors between therapist and client in difficult situations

One of the ways that ABIs can affect the therapeutic relationship is by acting as a mediator between therapists and clients. For instance, **Clara** spoke of how having the avatar speak the sort of things the therapist is uncomfortable saying can help save the therapeutic relationship. She gives the example of doing a role play in which "you have to use nasty content, or you have to say the things you don't really want to say as a therapist.

If I use an avatar who's doing the dirty work for me that impact[s] the therapeutic relationship" (**Clara**, lines 233-242). This is because 'part of the work is done by another being, so the attributions they have are not [personalised] towards me but towards an external person' (**Clara**, lines 261-268). She believes "that is a key thing with people with psychosis. Because they per se feel threatened so it's kind of unfair that they feel threatened with their therapists as well" (**Clara**, lines 326-333).

She explained how in the AVATAR protocol and VRT, the avatar came between her and clients so that clients would not 'incorporate [her] in one of their delusions or persecutory beliefs' and disengage from the relationship because they felt threatened (**Clara**, lines 337-339). In the AVATAR protocol with the therapist in another room, **Clara** described how "they kind of forgot [it was my voice] and this was only because the avatar was in the middle of us. It wasn't my face" (lines 353-355).

Having an avatar as a mediator in role playing or exposure therapies helped **Holly** 'feel more freedom to say… the things [clients] do need to practice with' and to 'subjectively feel better about it' (lines 270-273, 291-293). Through the avatar, she was able to say those things which she knew was therapeutic but that felt to her as if it 'goes against everything you feel. We want to help people… [Saying those things] just goes against our nature, I think' (**Holly**, lines 313, 333-336). Although she was standing with the client during the role plays, with the headset on, the client experiences the avatar speaking rather than her.

Furthermore, the avatar can serve as a 'third entity' or 'objective third party'. **Anna** believed that using ABIs are beneficial for clients with ASD "because it's focused through an objective third party in which there is an interplay" (lines 651-653). **Sarah** also described a sense of the avatar as a mediator or 'third entity' in the relationship using ProReal.

> We're both looking towards an image we can both hold curiosity about... So, it sort of becomes a third entity that we're kind of working with and I think that's really, really helpful to the therapeutic relationship and to building up that mutuality and that connectedness. (**Sarah**, lines 149-163)

Sarah believed "having a shared image or creative object… allows… connecti[on] with your clients… in a world [that] can be done in a way that's less threatening, perhaps less pointed" (lines 248-249, 179-183). Furthermore, "they're doing the processing with the image and I am… less… important, in a way" (**Sarah**, lines 184-194).

Therefore, using ABIs provided a mutual focus that brought the therapist and client together and strengthened the therapeutic relationship. It also appears to have taken some of the pressure off the therapist because using ProReal enabled clients to do the work themselves.

4.4.3.1 Intercession of ABIs as interference

However, using ABIs may not always have a beneficial effect on the therapeutic relationship. **Elle** had an experience that indicated that the computer could hinder the client's expression. Though, as she said, it may be more about the research than the use of ABIs.

> They felt very exposed. I noticed that when… we turned the … recorder off… it's almost they had sort of waited to say something really significant... Despite them being anonymous, there was still a feeling with them that the screen and the computer was… somehow… maybe a third person involved or… it was going to be analysed… So, that potentially… stopped some of the work happening. A little bit. Not loads. (**Elle**, lines 289-318)

4.4.3.2 ABIs as intercessor in distance therapy

Another way that ABIs can serve as an intercessor between therapists and clients is in remote work. Depending on the form of online therapy used, sometimes the therapist does not see the client, only what is happening on the screen. For **James,** who used ProReal remotely, being unable to see the client could be helpful. 'I think that that element of anonymity is helpful. Anonymity in not being present with the person' (**James**, lines 449-451). He expanded on that element when he spoke of the difference between sitting in person with a client and working remotely. 'The person is projecting themselves in their avatar… as it is... Visually [in person] they may present a false identity of how they think they "should" look like or how they should behave' (**James**, lines 428-433).

In this case, the avatar serves as a mediator that allows the client to feel safe. It seems they can use the avatar to truly be themselves rather than what they believe the therapist wants them to be. When they are physically unseen by the therapist, it potentially relieves some anxiety and they can present a 'true self'. Whereas, if they are physically present with the therapist, they may feel the need to present a more acceptable version of themselves. This is true of any online distance therapy that does not involve videoconferencing. Some "people might see not being in the presence of someone a negative" but **James** thinks "that's easily overridden by the quality of the counselling" (lines 306-309). That negative can be overridden by making the implicit explicit, communicating that which normally is taken for granted, and using emoticons. With the voice, the therapist can also listen to the tone of voice, silences, and pauses.

Furthermore, **James** spoke of 'the beauty of not seeing someone' (line 335). **James** described how clients and therapists can project associations onto one another based on appearance or physical characteristics. This can affect the connection between them if the associations are negative. The avatar can serve as a mediator between the client's

associations with physical characteristics and the person of the therapist and vice versa. In this way, working through the avatar can help the therapeutic relationship.

4.5 **ABIs Affect Therapeutic Use of Time**

Using ABI may have effects on how therapists and clients use the therapeutic time. Most of the participants spoke of speed when using ABIs. When adding in those who spoke of the constraints of research on timing of interventions, all of the participants contributed to this superordinate theme.

4.5.1 Link between using ABIs and accelerated speed of processing client material

James offered how using ABIs has 'been such a natur[al], seemingly... easy way of working. And the ease with which a client after a short period is able to work with it (lines 107-110).

This ease with which clients could use ProReal may have increased the speed with which clients could process. For example, **Robert,** a psychodynamic therapist using ProReal in person and remotely, spoke of the speed of using ABIs for people who may find it difficult to visualise. "It's far easier to imagine a figure as being my mother or my father" than to visualise it (**Robert**, lines 747-749). This allows them to begin processing their material quickly. "I think most people are surprised how quickly… and I think how much quicker using avatar-based work people will dive into their issues than when they're sat talking to a counsellor" (**Robert**, lines 376-388). For some people, it is easier to think in symbols or images than it is to put what they are experiencing into words.

However, this speed of diving into the work came with a caution that **Robert** was still processing at the time of the interview.

> It's a bit of an anomaly. On the one hand, it's very safe but on the other hand, people start to open up… very quickly. So, you could say it's quite unsafe because I

> end up going somewhere quicker than I'd expected I would… It seems to be very easy to get into deep work very quickly. (**Robert**, lines 393-399)

This speed may or may not be beneficial. 'Part of me is thinking the danger is somebody with very traumatic issues could find themselves in a place where suddenly they are not feeling very safe or suddenly feeling retraumatised' (**Robert**, lines 430-436). However, he reported that as he gained experience, he concluded that the professional therapist could diminish that possibility by allowing the client to lead as he believed they would not go to an unsafe place by choice.

Just as **Robert** found that clients could dive deep quickly, **Sarah** also spoke of the increased speed of clients' processing potentially due to the therapist "noticing… the important threads" because "maybe they're just more visible" (lines 984-987). She reported, 'The way that the client has been able to connect with something meaningful… has been… quicker… I think some really powerful stuff has happened… more quickly than if I was working without… the software' (**Sarah**, lines 952-955, 988-993). However, she did not know 'whether speed is a good or a bad thing' (**Sarah**, lines 993-995).

Furthermore, regarding the AVATAR protocol, **Matthew** said, 'for voices, no traditional therapy has had such a prominent effect in such a short period of time' (lines 883-886). Therefore, in comparison to traditional talking therapies, using ABIs may speed up the process of therapy.

4.5.2 Considerations for timing of therapeutic interventions

The use of virtual reality also seems to expedite some processes due to the timing of interventions.

4.5.2.1 Working in the here and now with ABIs

Holly spoke of getting to know clients 'pretty quickly… because you are all the time there together, being introspective in what is happening. We go through the process together' (lines 884-887). She also spoke of the benefit of doing exposure therapy via VR instead of in vivo, which she rarely does "because it takes a lot of time. It means you don't get that much time with the client. And then we give homework... And now with virtual reality… we can directly analyse what is happening in the moment" (**Holly**, lines 349-264).

As well, **Matthew** spoke of the speed of working in the here and now as intense in comparison to traditional CBT. 'The work was really hot and intense… Rather than slower… semi-interpretive, asking people to test things out at home and come back and discuss. [Whereas] this is all just happening in that hour, very, very quickly' (**Matthew**, lines 445-451, 464-466).

4.5.2.2 Speed brought by using ABIs can be challenging

However, the speed that the AVATAR protocol called for could be challenging. **Laila** found with ABIs 'you got into the work a lot more quickly' (lines 128-129). However, this meant she "had to maybe move at a speed that [she] wasn't necessarily thinking was quite the right speed" (**Laila**, lines 440-442). The AVATAR protocol called for her to ask directly about traumatic experiences in the assessment. This was difficult because she preferred to address traumatic experiences later in therapy when they had built a strong therapeutic relationship and clients felt safe. Though it challenged her, she did find something helpful about directly asking in the beginning as it "allowed people to talk about things quite quickly that maybe they wouldn't have done before…. Actually, [it] did allow me to see people are very resilient and actually can handle more than maybe you might think they can" (**Laila**, lines 85-96).

4.5.3 Time constraints of ABI research trials

As all of the participants except one were therapists in various research studies, one of the subordinate themes regards the constraints imposed on them. Three of them related how they sometimes felt the timing of the research was unhelpful or not how they would use it in practice. For instance, **Matthew** said:

> Our research trial said 6 sessions and if you thought you could get really cracking benefit, you were allowed to increase by up to 3... So, it's not like doing it in real therapy where you would almost certainly take longer before jumping into the deep end and you would almost certainly carry on for longer with a number of people. (**Matthew**, lines 666-685)

As **Laila** spoke about in the previous section on timing of interventions, she found the time constraints 'a bit of an imbalance for' her (line 112).

> [W]hen there's a time pressure and a protocol, it doesn't quite work in the same way. In terms of the therapeutic relationship, knowing that the time frame was so tight and saying to people, "this is what we're doing but in no way feel you have to. We can try and make you feel as comfortable as possible" but then also knowing it kind of had to happen [now]. (**Laila**, lines 96-111)

When asked how she would work with the AVATAR protocol in her practice, she said:

> I think that I would just allow more flexibility and although having a protocol is very helpful, I think there must be… space for people to either take time out or to consider a different way of working so that if in that moment, it feels too much… Looking at what they need... What would help them to feel more in control and more power? (**Laila**, lines 200-212)

Laila spoke of preparing the client for the potential difficulties they may face when sitting in front of the avatar but that sometimes the experience brings them right back into their childhood trauma. Then there is not enough time to process that because "it's a structured kind of protocol. You can talk about how they are, but you've also got 5 measures to fill in" (lines 661-665).

Furthermore, it might not be that only clients experienced something powerful or triggering during the AVATAR session. Conducting the session can have an effect on therapists as well. **Laila** spoke of having 'chunks of time that are really intense and really productive' in AVATAR but then the client is gone after 6 weeks when she is used to working with clients over 6 months (lines 728-730).

> [The AVATAR protocol] is like a kind of "In it! Do it!" And that has massive benefits in terms of speed [and] resources, but then as a therapist, you really have to think about its toll... [Y]ou are under pressure to perform. And in therapy you don't generally have to perform. (**Laila**, lines 733-751)

Therefore, in general practice, **Laila** might take more time with her clients to decide the best timing of addressing traumatic experiences. However, the protocol cannot be done without knowing at least some of the trauma in the form of the things the persecutory voice says. As **Matthew** suggested though, it could be embedded into a longer piece of work so that the therapist can take time to build the relationship before introducing the AVATAR protocol though elsewhere he said the nature of the protocol itself helped develop a very strong relationship rapidly (lines 692-705, 430-431). Having more time for therapy can allow the flexibility to stop the ABI if needed in order to address clients who have been triggered or to not use it in the next session.

Beth also believed she would use ProReal differently in her usual practice than in the research trial.

> So, if I was working naturally, I would have a session with getting to know them, opening them up. Whereas this required you to just basically explain the project [then] fill out forms. In a way, you don't talk to them in any depth. So, that made it difficult in itself and it's quite rigid. (**Beth**, lines 249-250, 258-269)

Like **Laila**, she would have liked more flexibility. With the constraints of the research removed, she may have more flexibility to take more time and fill in fewer forms in her general practice. This might allow greater depth in the sessions.

4.6 ABIs as New Delivery Methods for Traditional Interventions

All of the therapists compared the use of ABIs with traditional therapy. Here, ABIs are seen in some ways to be a new phenomenon and in others, comparable to traditional techniques. This may be seen as providing the same type of interventions but via new methods.

4.6.1 ABIs may provide enhancements to traditional techniques

Anna compared the use of ABIs with a number of techniques therapists use which facilitate externalising and symbolising clients' processes. "It's like pebbles [or] plasticine. Whether you have… figures on a screen or pebbles on the floor, it's the same idea. It's about externalising what's inside and placing [it] physically" (**Anna**, lines 497-504, 518-522). Some therapists use dolls, figurines, modelling clay or other physical objects and in the same way, ABIs use avatars.

James found ProReal enlightening and compared it with a commonly used Gestalt intervention. "It's almost like the empty chair [technique] where you might ask the client to sit and view themselves, to step outside themselves in a sense. And therefore, I found that quite a powerful aspect of the therapy" (**James**, lines 57-64).

4.6.1.1 ABIs as a new method of delivering CBT

Both the AVATAR protocol and VRT are new methods of delivering exposure/desensitisation therapy. **Matthew** spoke of the basic CBT paradigm at the foundation of the AVATAR protocol. "It's habituation, that desensitisation paradigm. It's doing the thing you avoid doing. It's confronting the thing that stops you achieving the goals you want to achieve" (**Matthew**, lines 317-323). Clients are challenging their hallucinatory voices and gaining a sense of control.

Using ABIs to do exposure therapy may be more helpful than traditional ways. **Holly** and **Clara** spoke of the benefits of using VRT as opposed to in vivo experiments. "Sometimes I would get a client and go on the streets, but then they're not very open [because] there are always people about, and so even saying, "how high is your anxiety?" was something I dared not [say]" (**Holly**, lines 978-987). A second issue is:

> A lot is happening in the moment. There's… usually like 10 thoughts and at least 5 feelings, so even talking about it as it's happening, you probably miss some things. But you especially miss a lot more if you have to do it 40 minutes later back in your therapy room when they are safe again and the anxiety is gone. (**Holly**, lines 1008-1016)

Whereas, with the VRT, it is just her and the client doing the exposure together live and in private where she can ask directly about the client's experiences and help process them. **Clara** added further benefits regarding being able to focus on specific beliefs in the moment.

> I as a therapist can focus on aspects that I wouldn't be able to focus on if for instance I was in the same kind of exercise in [an] in vivo environment or outside. So, I am more able to empathise. I'm more able to focus on catastrophic beliefs and

more able to focus on specific worries that this person is having in relation to others. (**Clara**, lines 208-216)

Furthermore, **Holly** added that the therapist can help them through challenges in the moment they are most challenged. 'In virtual reality, if they say, "this is too much", you can manage that together and encourage them and give them positive reinforcement' to help them overcome their fear (**Holly**, lines 426-432).

Sarah described how ProReal can also be used for desensitisation. 'It might be a bit about exposure therapy. Desensitising someone to certain expressions [or emotions]. If they maybe avoided that feeling because it activates too many… powerless feelings, [it helps] to watch it and see it play out [and realise], "Oh, oh. I'm ok still."' (**Sarah**, lines 594-610)

4.6.1.2 Benefits of using ABIs in role playing

Another benefit of using ABIs may be in role playing. **Clara,** a CBT therapist with experience of VRT and the AVATAR protocol, and **Elle,** an integrative therapist using ProReal, spoke of the benefits of using ABIs in this.

> I think the big challenge of psychological therapies is to help generalise what is learned in therapies to the real world. So, by using avatars, you are kind of bridging… these… two worlds. So, for me that's a huge benefit. If you've got a problem with your sister, it brings someone [who] behaves similarly to your sister. I could do role playing [using avatars] and there is the impact on the relationship. (**Clara**, lines 583-603)

Clients could role play having a potentially difficult conversation with an avatar who behaves like the other person rather than with the therapist. **Clara** believed that could potentially have a greater impact on that relationship.

> Playing out… potential conversations was really useful. "How might you put this to your mother or your brother?" Actually, having a dialogue, albeit synthesized was very useful in allowing them to consider what… could be. Something they could use in the future maybe. (**Elle**, lines 146-156)

The participants discussed these new methods of delivering therapy and how ABIs compare to traditional therapy. In the following theme, 7 therapists across the modalities spoke of how they believe ABIs to be an addition to traditional therapy.

4.6.2 ABIs as a tool/adjunct to traditional psychotherapy

Some of the participants believed ABIs are tools or an adjunct to therapy rather than a therapy in its own right. As in any therapeutic endeavour, using ABIs effectively is reliant on the therapist's training. For instance, **Robert** stated, "one should be appropriately trained and qualified if they're going to direct clients using avatars. As with any tool, it's a tool… It's as useful as the person who's facilitating" (lines 465-467, 476-477), and **Anna** suggested a rule: "never use what you don't know how to use. Don't use a tool unless you really have mastered it" through training and practice under appropriate supervision (lines 403-405).

Clara sees "the technology or the avatars as co-therapists or resources I can use in my clinical practice. So, it's just… an adjunct resource that you've got, and you incorporate in your way to deliver interventions" (lines 410-416). **Beth** described ProReal as a tool a therapist could use in play therapy (lines 308-309).

Elle described how she would use ProReal as a tool with clients but not as a specialism.

> I think… I would say like, "This is another tool if you think it might be useful." … I would use it… in a moment that felt useful. I couldn't envisage myself… being an

> [ABI] specialist. My experience is it can be very useful for some clients some of the time. (**Elle**, lines 348-357, 364-376)

4.6.3 Participants' views of acceptability of ABIs

This subordinate theme explores participants' overall impression of using ABIs. These are their closing statements, so to speak.

James spoke of his enthusiasm for ProReal. "I guess for me as a counsellor, I find it's ideal... It's very versatile. I think there is a flexibility to it which is also very appealing… I think you've got my enthusiasm for it" (**James**, lines 241-248, 258-259). He continued by saying "I was just overwhelmed by… how incredible it was, really. Nothing is impossible. People can be put into different situations. They can surround themselves with people. I just think it's incredible. I'm bowled over by it" (**James**, lines 149-155).

Sarah was also enthusiastic about ProReal, as her experience was 'massively, massively very positive' (lines 519-520).

Beth started out enthusiastic. However, her experience did not meet her expectations. 'Did I find it helpful? Yes. I probably found it not as helpful as I thought I would' (**Beth**, lines 65-66). This was because of a difference between her training and her practice. 'I was really positive about it while I was at the training. I thought it was really great and when I was… practicing on… people during the training, I found it worked really well (**Beth**, line 67-71). However, her practice experience was different.

> When I first came upon it, I thought it was so brilliant and I found a reality for me… that it didn't bring with it great depth… I was disappointed. I thought it was going

to be better than it was. I can see lots of ways of using it. But the way I thought it would really, really work, didn't. (**Beth**, lines 466-469, 480-484)

However, she did add a caveat that the reason it did not work as she had hoped or as it worked in training may have been due to the way the organisation she was in did the referrals. Many of her clients "were told to come for therapy and didn't know why" (**Beth**, lines 473-475). Furthermore, **Beth** wondered if it was because some of the clients "wanted to talk. They weren't all that bothered about doing it on a [computer]" (lines 487-489). Therefore, she may find that using ABIs lives up to her expectations if she uses it in a different context with clients who know why they are in therapy and want to use ABIs.

Both **Clara** and **Anna** gave specific closing statements.

I would like to make clear that, in my experience, ABIs haven't in any case made people worse. And I think by the incorporation of avatars you are not increasing the risks… because it's all the time under the supervision… of a clinician. So, I think, it's time to overcome that barrier. Technology is in our everyday life. Avatars and virtual agents are everywhere, so we just need to find the way to make a good use of them. (**Clara**, lines 826-841)

Then **Anna**'s statement:

The one thing that I would want to say is that I think this is where we will be going. A lot of the work that will come through in the next 10 years will… have a wing in avatar, even if it's not avatar centrally. And it's going to be very exciting times to be involved in psychotherapy and counselling to be honest.

I feel like we're 20 years ahead of ourselves, in a way. We have two worlds colliding here. We have the… group… who have got years of experience working online, who have rigorous, ethical standards but all the other people look at us like

we're some sort of specialism, but I know we're not! Because I know that the students coming through now all grew up with iPads in your hands. (**Anna**, lines 1008-1033)

Anna's closing statement helped demonstrate the need for this research. If in fact the field of psychotherapy is at the cusp of a new era, more needs to be known about how the coming years may look. Further research may help guide the way through this new world.

The next section will further elaborate on the themes shown in this chapter by drawing them together and discussing the implications. Furthermore, the next chapter will include psychological theory that may aid a clearer understanding of the implications of the themes.

Chapter 5: Discussion

In this chapter, the themes derived from the analysis are discussed along with the implications regarding how using avatar-based interventions (ABIs) may be helpful or unhelpful to the therapeutic relationship. These include 1. client led therapy when using ABIs; 2. using ABIs to make the unseen seen allows clients to have psychological distance; 3. building blocks of the therapeutic relationship; 4. avatars acting as mediators in the therapeutic relationship; 5. ABIs affect therapeutic use of time; and 6. ABIs as new delivery methods for traditional interventions. Following this, limitations and implications for further research are presented.

5.1 Clients dictate how to use ABIs

In the first superordinate theme, called client led therapy when using ABIs, the participants discussed how and why they followed clients' lead when using ABIs. In this research, client led therapy is valued across the three modalities represented and was found to be important to the therapeutic relationship in ABIs.

5.1.1 Implications of tailoring ABIs

The first implication of using ABIs is that they have an effect on the therapeutic relationship that can be helpful or unhelpful depending on clients' needs. The participants who used ProReal spoke of modifying how and when they would use ABIs with their clients. Their views reflected the balance therapists often consider when thinking of what is 'helpful and unhelpful'. Many of the ABI therapists across the modalities suggest a flexible definition of what is helpful and unhelpful. What is helpful for one client may not be helpful for the next client and what is helpful in one session with a client may not be helpful in the next session with the same client. Therefore, use of ABIs should be flexible and not be rigidly manualised.

Regarding flexibility, the use of ABIs can be modified to correct potential unhelpful aspects. For instance, one potentially unhelpful aspect of using ABIs is the reduced eye contact which could affect the therapeutic relationship. In ProReal, clients are often focused on the screen rather than the therapist as they are sitting side by side rather than facing one another. In Virtual Reality Therapy (VRT), clients have virtual reality headsets over their eyes for the VR portion of the session. In the AVATAR protocol, the therapist is in another room for the avatar portion of the session. This can affect the relationship as maintaining high eye contact in traditional therapy can be perceived as enhancing 'empathy, therapeutic alliance, and treatment credibility' (Dowell & Berman, 2013, p. 158).

However, the reduced eye contact does not need to be a hindrance if the therapist modifies how the ABI is used. The AVATAR protocol already includes time at the beginning and the end of each session in which therapist and client speak face-to-face. VRT therapists and those using ProReal can also include time at the beginning and end of each session without the VR. This allows the connection through eye contact.

Furthermore, therapists can compensate for the reduced eye contact by utilising skills that distance online therapists use such as being more verbally explicit and encouraging clients to be so as well. However, distance therapy skills are not commonly taught on traditional courses (Anthony, 2014). This is an implication for trainers if ABIs become mainstream. Students will need to be taught how to compensate for reduced eye contact.

The reduced eye contact may be an indication of when to use ABIs or not. ABIs can reduce the subjective experience of warmth in the relationship or be a distraction from the relationship. Alternatively, the ABIs can provide a different point of focus that allows clients such as those with Autism Spectrum Disorder (ASD) to feel more comfortable in the therapeutic relationship. In this way, ABIs can help them access therapy in ways they

previously would not have been able to access. This implies that therapists conduct a thorough assessment of clients' needs and difficulties prior to deciding if ABIs are appropriate or if they are appropriate with some modification.

For instance, if clients' want to have a dialogue only therapy and are reasonably self-aware, they may not engage as well with ABIs. Furthermore, if in the assessment clients' difficulties indicate a reparative relationship is needed in which the therapist intentionally provides a 'corrective, reparative, or replenishing relationship or action where the original parenting was deficient', the therapist may decline to offer ABIs (Clarkson, 1995, p.13). Through a reparative relationship, clients experience a 'corrective emotional experience' in which they experience a different response from an authority figure (Clarkson, 1995, p. 13).

However, ProReal and VRT focuses the relationship through the virtual world which can hinder the sense of nurture. Alternatively, the therapist may decide to delay offering ABIs until after a therapeutic relationship is established or to offer them some of the time rather than as the entirety of therapy. However, as clients with ASD may find it useful to connect with the therapist through the virtual world, therapists can consider offering ABIs from the beginning of therapy. In this way, using ABIs could specialise on clients and increase efficacy with clients with ASD.

Although tailoring therapy to the individual and specialising on the client in order to increase efficacy is not a new finding, the ability to manipulate and control ABIs adds a new dimension (Norcross & Wampold, 2011). The participants who used VRT and/or the AVATAR protocol found the ability to modify the virtual environment or the voice of the AVATAR in response to clients' needs helpful in terms of efficacy. For instance, in a CBT based VRT simulation, the therapist can change the environment or modify how an avatar behaves towards clients.

The ability to manipulate and control ABIs is an important implication for therapists offering VRT as a replacement for in vivo experiments. The environment and other people are unpredictable outside the therapy room. Therapists and clients do not know what may happen.

It could be argued that this uncertainty is truer to real life. When clients are alone, they will have unpredictable, novel experiences that they will have to manage. Some may suggest that having the novel experiences or experiences where the feared event happens may help the client see that they can 'survive' it. This is not a substantial argument against VRT because the virtual world can be modified to have the client experience the feared reaction such as a confrontation at the shop or a party. This ability may be of interest to platform developers as they tweak the future manipulation capabilities of virtual reality. Being able to modify the virtual world allows the therapist to address whatever difficulty is deemed most pressing in the moment in the way deemed most appropriate and therefore gain better outcomes.

In turn, positive outcomes are likely to have an effect on how clients view the therapeutic relationship. If clients see early change, they may rate their perception of the therapeutic relationship more favourably (Doran, 2016). However, as Doran (2016) said, it is not always clear if a strong relationship brings better outcomes or if better outcomes give the client a more positive view of the relationship in retrospect. Therefore, it may be that the ability to manipulate ABIs, thus making them more efficacious, strengthens the therapeutic relationship. Alternatively, it may mean that using ABIs strengthens the relationship which in turn makes ABIs more effective.

Furthermore, the participants also spoke of manipulating the realism of the virtual environments/avatars. ABIs can be made to feel more real with greater immersion and sense of presence or less real so that potentially vulnerable clients are not triggered or

overly frightened. ABIs being used for CBT exposure therapies must feel real enough to clients to elicit anxiety for the exposure/desensitisation to be effective (Beck, 2011; Riva et al., 2007). However, it is possible to make them feel too real which could cause damage. This is another implication for platform developers to consider as they continue to modify virtual reality capabilities.

Realism can be considered helpful but too real can be counterproductive. The AVATAR protocol and VRT are both capable of high levels of immersion and sense of presence which can increase efficacy in CBT therapies (Bowman & McMahan, 2007). However, if clients are so immersed in the virtual reality that they believe they are actually in that dangerous situation, they may be unable to process. This could harm the therapeutic relationship if clients lose trust in their therapists' ability to contain them and feel so unsafe that they disengage from therapy. Therefore, ABIs must be real enough to cause a manageable level of anxiety without triggering an unmanageable level.

Therapists can draw on their experience, training, and input from clients and colleagues to make professional judgments regarding the optimal level of realism for each client. It is important to note that one of the therapists had some clients who did not consider VRT 'real' at all but neither did they consider 'imaginal techniques' helpful. These clients were unable to use VRT. However, this could also be formulated as the client's avoidance of feared stimuli because the virtual world possibly felt too real and caused a perceived unmanageable level of anxiety.

It was interesting that two of the AVATAR protocol therapists spoke of clients 'forgetting' that the therapist was role-playing the persecutory hallucination through the avatar. This may indicate an optimal level of realism and clients' suspension of disbelief. However, these clients were experiencing enduring psychotic symptoms which the protocol meant to address. A goal of the AVATAR protocol is for the client to regain a sense of

control over their persecutory auditory hallucination and move from a submissive stance towards the voice to a dominant one. To gain this sense of control, clients must feel they have gained a victory over their persecutory voice rather than over the therapist. If faced with only the therapist they trust, their anxiety levels may not rise enough to have a true sense of victory.

Furthermore, the fact that these clients 'forgot' they were in actuality interacting with the therapist has implications for the therapeutic relationship. As explored in another theme, the avatars acted as mediators between therapists and clients. In these cases, the avatars helped preserve a sense of trust that enabled therapy to take place.

Each form of ABI was found to be helpful in different ways despite their varying levels of realism. As opposed to the AVATAR protocol and VRT, ProReal's featureless avatars may make it less capable of eliciting the same levels of anxiety. However, as the studies for ProReal used primarily person-centred, integrative, and some psychodynamic therapists, it does not work on the same theoretical basis as the AVATAR protocol and CBT based VRT. Therefore, it only needs to provide a 'blank slate' for clients to project onto or a platform to enable them to explore within the safety of the therapeutic relationship.

5.1.2 Debate regarding appropriate client groups

In regard to appropriate client groups with which to use ABIs, the participants had varying opinions. For instance, some of the participants who used ProReal and VRT were hesitant at the thought of using ABIs with highly traumatised people due to it potentially feeling too real and retraumatising them. For instance, in two previous ProReal studies three participants reported that using ProReal increased their distress though it is not known what their presenting issues were (van Rijn et al., 2018; van Rijn, Cooper, Jackson, & Wild, 2017). The authors of the pilot study in a prison reported 'interviews suggested that the intervention brought up intense emotion, as some of the participants worked on

painful and traumatic personal experiences. This highlighted the importance of containment and self-soothing after the sessions' (van Rijn et al., 2017, p. 281). However, two of those participants reported that the increased distress was not lasting, and they ultimately found the intervention helpful. Furthermore, they wanted the course of therapy to last longer (van Rijn et al., 2017).

As stated previously, if highly traumatised clients become too immersed and feel too present with the virtual world/avatar, they could believe themselves to be back in the dangerous situation. Traumatised clients often dissociate when they perceive danger (DePrince & Freyd, 2014). A too real avatar could potentially cause clients to dissociate and move them away from being able to process their experiences.

Whereas, other participants believed sexual abuse survivors or other highly traumatised people could benefit due to ABIs' potential to be containing for clients' emotions. They saw ProReal as a way for clients to metaphorically step back from their traumatising experiences and be more objective. Furthermore, clients could project their emotions into the avatar as if it were experiencing them rather than the client. Therefore, one therapist may refuse to use ABIs with traumatised clients while another therapist believes ABIs may enhance therapy by providing a container for clients' emotions.

It may be that therapists' therapeutic orientation and/or training will dictate whether they believe ABIs to be helpful or unhelpful with traumatised clients. For instance, a person-centred therapist may not direct clients towards material clients do not want to explore (Sanders, 2013). However, a CBT therapist may counsel clients with PTSD that part of treatment is facing the memories or 'reliving' them in ways that retrain the fear response (Gillihan, Cahill, & Foa, 2014). This may take gentle direction or challenge.

As ProReal tends more towards person-centred and/or psychodynamic and the AVATAR protocol and VRT tend toward CBT, therapists' theoretical stance may dictate if

they would use one over the other. The AVATAR protocol was specifically designed for clients experiencing psychotic symptoms. This is still linked as persecutory voices can often be traced back to severe trauma (Daalman et al., 2012). In the Craig et al. (2017) study, none of the 75 clients who received the AVATAR protocol were made worse. Instead, they saw benefits comparable to supportive counselling at 24 weeks (Craig et al., 2017).

Furthermore, therapists who have specialised training or significant experience with traumatised clients can utilise the same skills using ABIs as a new medium. In this way, ABIs are add-on interventions to traditional practice. However, as they are not an intervention currently taught in training, further auxiliary training or CPD is necessary to utilise ABIs. In addition, those conducting training for using ABIs either in person or remotely can consider how to include skills training in grounding techniques for trainees in the event clients are triggered by a too-real avatar/virtual world.

Kate Anthony of the Online Therapy Institute discussed 'the challenges of transferring existing [face-to-face] skills to the online environment' and 'highlights the need to keep abreast of technological changes… Given the speed at which technology evolves, ensuring that counsellors… keep up with these changes and consider their implications for practice is a key challenge for continuing professional development' (Goss & Hooley, 2015). Further training in using technology in therapy in general, and ABIs in particular, is essential to ensuring therapists are working within their competencies according to various ethical guidelines (Goss & Anthony, 2018). For instance, those offering ABIs to traumatised clients remotely should have specialised training and experience in delivering psychotherapy at a distance and in trauma theories.

ABIs were beneficial for other client groups. ProReal participants found it to be especially helpful for clients on the mild to moderate end of the autistic spectrum due to the reduced eye contact which allowed those clients to feel safe enough to express themselves. These clients find eye contact difficult, even painful (Trevisan, Roberts, Lin, &

Birmingham, 2017). Therefore, being able to relate to the therapist via the ABI screen without as much eye contact enabled them to process their experiences. The AVATAR protocol was found to be helpful in reducing clients' distress regarding persecutory voices. VRT was found to be helpful for social phobias and skills training as long as clients could suspend their disbelief while in the virtual world and let go of avoidance behaviours.

Ultimately, many of the participants stated that the only limitation to deciding if ABIs are helpful or unhelpful is the client's willingness and ability to use them. This reflects their belief in the value of client-led therapy but also their enthusiasm for ABIs. For ProReal and VRT, many of them stated there were no significant limitations for appropriate use except any limitations in the therapist's skills and training.

5.1.3 Helping clients choose

As briefly discussed in the previous two subordinate themes, client agency and choice are important factors in deciding if ABIs are helpful or unhelpful. The BACP (2018) and the BPS (2018) ethical guidelines advocate respect for clients' needs and choices and their right of self-determination. Each of the forms of ABIs helped clients regain a sense of agency and recognise choices in varying ways.

For instance, as **Matthew** said, the AVATAR protocol was designed that clients would 'end on a win' and regain a sense of control over their persecutory voices (line 655). ProReal gives clients a wealth of opportunities to make choices where they may not otherwise be free to choose. VRT for phobias can help clients regain control over their anxieties and/or phobias.

Clients who have not felt a sense of their own agency or have felt they have no choices can feel out of control, overwhelmed, and helpless. Using ABIs can facilitate therapists to help clients regain a sense of agency. In turn, collaborating with the therapist

strengthens the relationship (Norcross & Wampold, 2011). Collaborating with clients in ways that enable them to feel they have choices and a sense of agency can lessen the potentially negative impact of perceived power imbalances (Levitt et al., 2016).

Collaborating and treating them as a person with agency and choices builds trust. Furthermore, when trust is built, clients feel safe. Then, when therapists facilitate a safe space for clients' self-expression and their choices, clients feel empowered. Empowered clients can then take responsibility for themselves. In ProReal, clients could exercise choice through customising the avatar with colours, sizes, emotions, and postures. Although the ABI provided so many unique opportunities, the therapist provided the containing, safe space for clients to express their choices within a therapeutic relationship. A warm, respectful, non-judgmental therapeutic relationship can facilitate clients to recognise their own agency (Scheel, Klentz Davis, & Henderson, 2012).

5.2 Implications of Externalising Clients' Processes

The second superordinate theme is primarily relevant for the users of ProReal as the ProReal therapists spoke most about the nature of the technology which allows clients' processes to be externalised. Although both the AVATAR protocol and VRT facilitate making previously unseen processes seen as well. The AVATAR protocol allows clients to create an avatar that represents the persecutory voices they hear. This voice which was previously only experienced by the client is given a face and an external voice and can now be experienced by the therapist. This could help change the client's relationship with the voice. With VRT, it is slightly different. Participants spoke of being able to see clients while they are performing the CBT experiments where previously clients would do homework and return to report on their experiences. With the VRT therapist now standing with clients, the therapist can notice processes happening and work with them.

5.2.1 Enhancement similar to text-based therapy

Using ProReal, clients' internal processes become externalised through the speech bubbles and the customisable avatars. As clients use the emotion labels, colours, sizes, and gestures of the avatars and type their thoughts in the speech bubbles, both therapist and client can refer back to the bubbles and notice and reflect on those now externalised processes. Participants spoke of how this helps therapists to more clearly see and understand areas of distress for clients and intervene through observation and reflection. Participants also discussed that for the client, seeing one's inner thoughts and emotions on the screen can aid in understanding them and bring new awareness.

This is an enhancement on traditional dialogue therapy in which processes can get 'lost' due to limitations of human memory. It may be more similar to text-based therapies such as email or text messaging where both client and therapist can read previous messages and choose to come back to previously ignored or under-processed material. However, one wonders if there is the potential to have so many processes symbolised on the screen at any given time, that clients do not know what to address next or get confused. Although, therapists could then step in with an observation, reflection, or interpretation.

5.2.2 Using ABIs to become the observing ego

Furthermore, once those processes have been externalised, using ProReal enables clients to step outside of themselves and become the observing ego. Clients can project themselves into the avatar and therefore gain a sense of distance. As the observing ego, they can step outside of their subjective experience and instead process it more objectively (Glickauf-Hughes et al., 1996). As well, ProReal avatars can serve as containers for the clients' affect as the disowned parts of the self are projected into the avatar with the therapist who is also there to contain them (Glickauf-Hughes et al., 1996). This can lead to

new insights or awareness. The disowned parts are then processed so that they can be re-introjected as healthier, owned parts. Although this is done in traditional therapy, the ABI adds a visual dimension that makes it easier for some clients to visualise stepping outside of themselves.

5.2.3 Avatars as 'me and not me'

As noted above, ProReal provides the avatars for clients to project potentially split-off, rejected parts of the self (Lemma, 2003). The attuned therapist can facilitate the client to process their feelings and cognitions about that now externalised material. Once the client has gained a new awareness about their self, they may be able to integrate those previously unintegrated experiences into their internal working models (Liotti, 2004). They can then potentially feel safe enough to take those parts of their self back through introjecting the hopefully now better integrated experiences.

Clients symbolise their parts of self or multiple selves as avatars and observe them to gain insight. Alternatively, clients can use the built-in symbols and metaphors to gain new self-awareness and a new perspective (Cooper et al., 2016). This new perspective could help the client see a new solution to old material (Cooper et al., 2016).

As well, the virtual world may potentially be understood in terms of Winnicott's "in-between space" or "transitional area" and, in a sense, the avatars can be thought of as "transitional objects" (Winnicott, 1953). The avatar, with parts of the self projected into it, plays that role of "me but not me" and bridges the client's inner world and the outer reality in a safe manner with an attuned, containing therapist there to help navigate (Winnicott, 1953). Clients can be 'spontaneously playful' within that transitional, in-between space of the ProReal virtual world which is itself imbedded within the transitional area of the therapeutic relationship (McCann & Pearlman, 2000). Doing so may enable the client to take risks to try new experiences that were previously too frightening. In this way, ProReal

offers another layer of safety for clients to explore difficulties and potentially bolsters the therapeutic relationship.

Furthermore, viewing the avatar as self or as a transitional object may allow a visceral connection and bodily reaction. For instance, while watching the video of an interview she participated in for an art project via Second Life, Kate Anthony (2016) noticed that her avatar's left arm was moving while her right arm stayed largely still. At the time of the interview, Anthony (2016) was undergoing muscular rehabilitation for her left arm. She reports that by the end of the interview watching her avatar's left arm move caused her left arm to ache as if it had actually been moving. Therefore, identifying with the avatar can elicit psychological and physiological responses. This indicates that using ABIs can effect real-life change when clients identify with the avatar and watch its experiences.

5.3 **Building the Therapeutic Relationship Through ABIs**

Although the participants spoke generally about the building blocks of the therapeutic relationship, this section discusses the implications regarding ABIs.

5.3.1 ABIs help clients feel safe

In any therapy, clients may be frightened, overwhelmed, or very defended and the therapist can facilitate them feeling safe by providing the Rogerian core conditions of empathy, unconditional positive regard and congruity (Rogers, 1990b). For therapy to be effective, it is important for the therapist to provide the conditions that create a safe space and empower clients. According to the participants, clients can also feel safe when they are fully informed and feel as if they have a voice in the relationship. They can feel safe when their individual needs are considered, as in the case of using individualised anxiety reducing techniques or in the case of clients with ASD feeling safer relating via ProReal. Furthermore, reassurance of the therapist's presence, whether in person or via voice, can help.

As well, having clients' processes externalised as in ProReal, therapists can simply reflect back what they observe in a non-judgemental, non-threatening way. Although reflections, observations, and interpretations are done in traditional therapy, the externalised quality of using ABIs makes it easier to see material on which to reflect. A reflection may feel less threatening than an interpretation and allow clients to gain insight at a pace that feels safe to them. This is potentially a way to gently challenge or bring new insight to a very defended client. It draws their notice to their defences and invites them to consider what may be done with them. In this way, ProReal and other similar ABIs may help clients trust the therapist and the space. When clients feel safe and trusting, they may be able to let go of outdated defences or, in the case of CBT, safety behaviours that maintain anxiety (Lemma, 2003; Beck, 2011). This is also true of VRT as the therapist is right there with the client as the client is experiencing the feared stimuli. The therapist can see reactions that otherwise might have gone unnoticed.

5.3.2 Conditions for therapeutic relationships

Some aspects that participants spoke of that may be helpful to the therapeutic relationship are more dependent on the therapist than the use of ABIs. Some of these aspects include the Rogerian core conditions, deep understanding of clients, being with clients as oneself and giving of oneself, reassurance and encouragement, calling on one's own experiences and training, and therapist adventurousness and creativity to try new and potentially self-challenging things. Furthermore, facilitating a strong therapeutic relationship may be about treating clients with respect as human beings and not having rigid preconceptions about how to work with them.

The AVATAR protocol enabled clients to feel deeply understood in ways that previous interventions may not. This in turn strengthened the therapeutic relationship. This was dependant on the protocol itself as it called for the therapist to speak the horrific

things the persecutory voice said and that no one but the client had ever 'heard' before. Although something like this may be done in Relating Therapy through role-plays, the avatar adds another level of realism and personalisation through the client-designed face. This could further enhance the client's sense of being deeply understood as the therapist also now "sees" the voice. Furthermore, the avatar may be acting as a mediator in the relationship and taking any negative projections and potentially allowing the client to see the therapist as safe.

Another way that ABIs may be an enhancement to traditional therapy is in the ability to encourage clients in their most anxious moments during exposure/desensitisation therapy as opposed to the limitations of in vivo or homework. This timely encouragement could help clients push through the fear when they might otherwise quit. With therapists standing with clients, they may feel they have an ally in the therapist which strengthens the therapeutic relationship.

5.3.3 ABIs effects on therapists

In facilitating a strong therapeutic relationship, it is important to recognise that the therapist's humanity affects the relationship in an intersubjective interplay. Therapists give of themselves by being themselves and the relationship flows out of that. It is recognising that, in a two-person psychology, the therapist is not a blank slate but that instead the person of the therapist inexorably interacts with the person of the client (Ringstrom, 2010). Therefore, therapists need to have enough self-awareness to know when to allow their personal processes to influence the therapy and when to bracket them off in order to process with their own therapists or supervisors.

Four of the participants spoke of the importance of having supervision when providing ABIs. The AVATAR protocol was particularly challenging on therapists due to the nature of the protocol. The emotions it brings out in the therapist need to be expressed in

a space other than clients' space. Otherwise, the therapist's emotional responses to having to verbalise persecution to clients can overshadow the client's work. It is recommended that therapists have supervision as well as another space such as personal therapy to be able to reflect on the challenges of delivering the AVATAR protocol.

However, it is not only the AVATAR protocol that elicits emotional responses from the therapist. Others providing ProReal or VRT may appreciate having a space to discuss or reflect on their responses rather than to only discuss their clients. One of the participants said the interview gave her an opportunity to reflect back on her experience in an almost cathartic debriefing. Although she had been able to discuss with the researchers in the study she had been part of, the topic of the discussion was somewhat limited to her experience of how the program worked. Whereas, being interviewed allowed her to reflect on how it felt for her to be part of that research and how it changed her relationship with her clients.

5.4 Implications of Moderating the Therapeutic Relationship

This section discusses the implications of the closely related but subtly different subordinate themes of using ABIs to strengthen or lessen the intensity in the therapeutic relationship and avatars acting as intercessors between therapist and client in difficult situations.

5.4.1 Using ABIs to moderate the therapeutic relationship

Many of the aspects that the participants spoke of as helpful or unhelpful were dependant on the particular client or the form of ABI used. For instance, participants spoke of the perceived intensity in the relationship that the use of ABIs either brings or mediates. In the AVATAR protocol, the perceived increased intensity was helpful in strengthening the relationship, but therapists should be prepared in advance for that possibility as the

protocol may be too intense for some. It helped clients feel deeply understood and to gain insight in a way no other therapy had done. The fact that another person could finally 'hear' and 'see' the voice deepened the perception of the therapist as an ally. Now that two of them were confronting the voice, it became possible to overcome it. However, a further possibility is that the realism of hearing and seeing the auditory hallucination externally causes greater anxiety and therefore greater reliance on the therapist as ally.

At other times, depending on the aim of therapy, lowering the intensity may be desired in order to move a stuck client out of old ways. ABIs such as ProReal can provide a new focus that lessens the reliance on the therapist and client to find the 'right' answer and frees them to explore old material in new ways. This can lessen the burden on the therapeutic relationship and allow both to emerge from the weight of expectations of how they should progress. Because it is a novel way of working, it may spark the imagination in ways that traditional interventions do not and foster creative thinking.

However, the use of ProReal may lower a helpful intensity and therefore become unhelpful to the relationship if it keeps therapy at a surface level by distracting from clients' processes. Once again, this circles back to tailoring therapy for the client's needs and what is most helpful for that client at that time.

Sometimes the avatar can lower intensity or otherwise aid in saving the therapeutic relationship by acting as an intercessor between the therapist and client as seen in the next subordinate theme.

5.4.2 Implications of interceding avatars

Using ABIs can be helpful for the therapeutic relationship in difficult situations in which the therapist is uncomfortable. For instance, in the case of CBT therapists having to say abusive or frightening things to clients because clients need to overcome their fear

through exposure/desensitisation, the avatar can 'say' them. Then clients do not begin to associate negatively with the therapist or incorporate them into delusions or negative projections. This provides a sense of safety for both therapist and client that is not found in role-playing. The psychological distance afforded by the avatar helps the therapist feel safe enough from the fear of causing damage and the client retains positive associations of being safe with the therapist. Thus, the avatars enable the client to continue viewing the therapist as a safe, non-judgmental ally who then steps in to help build adaptive techniques.

However, at times the avatar may not be seen as a helpful intercessor. In ProReal, it could either serve as a helpful transitional object in the relationship, as an unhelpful distraction, or even as a potentially judgmental other. In the case of clients who wanted to turn off the recording before making significant disclosures, the presence of the computer may have felt too real and potentially judgmental. Bailenson et al. (2006) found that people may self-disclose less when in the presence of realistic avatars or a realistic virtual world potentially due to fear of being judged by that avatar that they perceive as having agency. In this case, these clients did not feel unsafe with the therapist but with the computer and the perception that someone else might judge them. This may be due to the research project and the knowledge that researchers would evaluate sessions. It remains to be seen if this occurs within recorded sessions in usual practice.

5.5 Implications for Timing Using ABIs

This section discusses how ABIs affected the speed of processing client material and timing of therapeutic interventions. This theme also includes the subordinate theme comparing the time constraints of ABI research with how the participants would use them in general practice.

5.5.1 Benefits of accelerated speed of processing client material using ABIs

ABIs affected the use of time by accelerating the speed of accessing and processing client material. Possibly due to externalised processes or the protocol for research, participants found that using ABIs had similar outcomes in a shorter amount of time than traditional forms of therapy. This can have potential benefits for organisations offering time-limited therapies such as the NHS which typically offer 6-12 sessions. In Craig et al.'s (2017) study, clients receiving the AVATAR protocol saw significantly greater reduction of the voices at the 12 weeks follow-up than the control group receiving supportive counselling. However, this equalised at 24 weeks. If ABIs are proven faster than currently accepted therapies, they can be implemented in order to save resources. Furthermore, reduced time in producing positive outcomes means more clients can receive treatment.

ProReal therapists found the speed at times helpful as clients were able to use symbols and metaphor immediately to express themselves and come to new awareness. Though this speed came with a caution for therapists dealing with traumatised clients who may suddenly find themselves triggered. However, as Nagel and Anthony (2011) suggested, therapists trained in trauma related theories can use their skills to contain triggered clients when using technology either in person or remotely. This containment both through ABIs, which facilitate externalising and distancing, and through the supportive therapist may allow traumatised clients to feel safe enough to access and then heal from their psychological wounds (Draucker & Martsolf, 2006).

5.5.2 Implications for timing of therapeutic interventions

For the CBT therapists, the helpful aspects of speed came with working with material. This is considered a benefit over traditional CBT therapy in which the client does homework between sessions. Using ABIs speeds up the course of therapy and allows the therapist to work with the client in the privacy of the therapy room rather than in public.

This means there is no time-delay between clients experiencing anxiety-provoking stimuli and the intervention. Once again, accelerated therapy has positive implications for time-limited organisations.

5.5.3 ABIs in research and general practice

Partially due to the constraints of research, therapists may find the speed unhelpful if they feel they have to work faster and go deep sooner than is comfortable for them. However, outside of the constraints of research, in usual practice, the use of ABIs may not be so rigid. Therapists may have flexibility to take more time or to use ABIs as a tool within a longer piece of work if they are working without time-limits. However, if working within time-limited organisations, the speed of ABIs means they may be easily integrated into organisations offering time limited therapies. Therapists should be prepared to work within the timescale given. It may be helpful for therapists uncomfortable with the speed and depth to familiarise themselves with the reasoning for the protocol.

5.6 ABIs as enhancement to traditional therapy

Participants compared ABIs to using traditional techniques but in new, sometimes enhanced ways. In this way, using ABIs was seen as a tool or an adjunct to traditional therapy to be used if and when appropriate by properly trained therapists.

5.6.1 ABIs in addition to traditional techniques

In comparing ABIs to traditional techniques, the participants spoke of the similarities with the empty chair technique, play therapy, pebbles, and role playing. Using ABIs for the empty chair technique may feel more accessible for people who find visualisation difficult or awkward as it is easier to attribute agency to an avatar than to a chair or an imagined person in the chair (Bailenson et al., 2006). Role playing is also enhanced by ABIs due to the intercession of the avatar.

Participants also spoke of the enhanced benefits of using ABIs in exposure/desensitisation therapy. Due to the nature of ABIs, therapy is more targeted to the most immediately distressing moments. This ability makes ABIs faster as the therapist can implement cognitive therapy as the client is experiencing maladaptive thoughts rather than up to a week later when thoughts have gotten lost. Furthermore, they can provide exposure therapy discreetly rather than publicly in vivo. This is an enhancement to traditional therapy as the privacy allows therapists to intervene immediately without fear of publicly breaking clients' confidentiality. ABIs help provide a safe and confidential space for clients to let go of safety behaviours and overcome phobias. This in turn strengthens the therapeutic relationship as clients can trust therapists' discretion.

In using ABIs as a new method of delivery, the participants from all three major modalities indicated that ABIs are a tool or an adjunct to psychotherapy rather than a new modality or replacement for traditional psychotherapy. These similarities with, and improvements on, traditional techniques imply that in using ABIs, therapists are implementing time-valued interventions through a new medium.

Though Mohr et al. (2017) suggest this tendency to see technology as only a new way of delivering evidence-based psychotherapy 'limit[s] our vision of what is possible by maintaining a frame based on past conceptualizations' and that 'a true paradigm shift cannot be achieved by clinging to old models. [I]nnovation will require new models of behavior change that move away from traditional psychotherapy models' (p. 429). However, until more research is done on the underlying change mechanisms or new theoretical models of change are developed regarding ABIs, having a view of ABIs as a new method for delivering time-honoured interventions may make them more acceptable to therapists considering their use.

Furthermore, therapists utilise their traditional therapeutic skills and rely on their professional training and experiences when using ABIs. As the participants suggested that ABIs are not suitable as a specialism in itself, therapists must have foundational psychotherapeutic training. Having one course of practical 'ABI training' will not be sufficient to gain the skills to use ABIs as a sole therapeutic offering. In the same manner, the specific skills and relevant theory regarding using technology in therapy needed to competently use ABIs are not generally part of traditional training courses (Anthony, 2014). However, therapists may wish to consider the costs of the technology and further training when weighing up if the enhancements are worthwhile for them.

5.6.2 Enthusiastic ABI therapists

Ultimately, the response seemed to be overwhelmingly positive towards the use of ABIs in each of these forms. Only one participant found herself disappointed in practice. However, the problem may have been with the referral process at that organisation rather than with the ABI itself. Therapists caveated other potentially negative aspects as well. Potentially unhelpful aspects could be due to constraints of research or using ABIs when that was not preferred by the client. However, as **Anna** said, "nothing is unhelpful. It's just about using it in the right context" (lines 892-895). Clients' context is key.

5.7 Evaluation of Research

The methodology and methods chosen to answer the research question were sufficient for the purpose. As the design of the research went through multiple drafts, the end approach proved the most satisfactory. Furthermore, as professional therapists who have experience with avatar-based interventions were interviewed, the data collected came from knowledgeable sources and supplied rich data for the analysis. This being a frontier of psychotherapy, these participants can be viewed as experts in this emerging field in which they are pioneering. As a new frontier, there were difficulties with

recruitment but if and when ABIs become more commonly used, future research may not have such difficulties.

Regarding recruitment, as IPA can be done with fewer participants, this research could have been done with the initial 6 participants. This would have resulted in a less complex, more fully synthesised analysis. However, as the first two interviews did not result in the amount of data originally expected due to limitations in the interview schedule and the interviewer's experience, more participants were desired. Furthermore, as the first 6 participants all had experience with ProReal, there was a concern that this research would only reproduce the results from the ProReal clinical trial without adding anything substantial to the literature.

As I recognise that my subjectivity as the researcher includes biases and preconceptions that influenced analysis, I describe here in the evaluation how those biases affected how I conducted the research. One preconception was that ABIs are potentially very helpful. I wanted to contribute to this emerging field of ABIs and potentially exhibit how counselling psychologists may benefit from adding such tools to their practice.

This preconception was reinforced by most of the participants. Their enthusiasm for ABIs was evident and that fuelled my enthusiasm. However, I felt very aware that as I had a positive view of ABIs, I had to be wary of any potential to ignore negative associations. I wanted to give just as much attention to those aspects that participants found unhelpful. However, I also realised that there is often a certain bias already in research that the people who often respond to invitations are those who feel strongly enough about it, either positively or negatively, to take the time to share their experiences. Two of the participants told me of therapists they knew who had not had as positive an experience and had decided not to continue using ABIs. I asked the two participants to offer the invitation to those therapists as I wanted to understand their views. Though the participants agreed, the therapists were unwilling.

I am also aware that part of the method I chose for analysis, IPA, is about intersubjectivity between the researcher and the participant, that we co-create meaning (Smith & Osborne, 2007). It was difficult for me to keep a balance between respecting my thoughts and associations and not wanting to infer the "wrong" thing from the participants' words.

I did not want them to read the research and find an interpretation of their words incorrect, jarring, or even judgmental. This somewhat limited my interpretation at times so that it may have been less critical than it could have been. Smith and Osborne (2007) suggest a couple questions that I found slightly uncomfortable: "Is something leaking out here that wasn't intended? Do I have a sense of something going on here that maybe the participants themselves are less aware of?" (p. 53). This may have limited the depth of interpretation for fear of being wrong or revealing something that "wasn't intended" that would feel invasive to the participant.

5.7.1 Limitations and recommendations

Some limitations for this research include a somewhat narrow initial research question, interviewing some therapists who have only used ABIs in research, and a small pool of potential participants.

Although my original intention for this research was to only study how ABIs affected the therapeutic relationship, this question proved too narrow as I did not get the amount of rich data I expected. I modified the interview schedule as I found that the initial participants desired to tell me of other aspects they found generally helpful or unhelpful. This means that some of the resulting themes are not directly addressing the therapeutic relationship. I have attempted to discuss how those themes did in fact relate to the relationship, but this was not always possible. Furthermore, the initial definition of an

avatar therapist only included those who had used Second Life or ProReal. Ultimately, only one of the participants had any experience using Second Life.

For the second point, many of the therapists' experiences using ABIs were constrained by research protocol. This may have resulted in a less organic experience of how ABIs affected the therapeutic relationship as the therapists were not always working in a comfortable way. This in itself may have affected the therapeutic relationship. Many of the participants spoke of needing more flexibility in modifying the use of ABIs for their usual practice. By using ABI as a tool, they would be able to introduce it when they deemed appropriate and allow clients to choose when to use it. Furthermore, they could wait until they felt they had built a good therapeutic relationship.

It would be interesting to see this research in 5-10 years if ABIs have been established in usual practice and how it would be different than research. One of the participants mentioned that I may be 'a bit early' because so much of the ABIs are only in the research phase.

This leads to the third limitation. If I was doing this research if/when ABIs are more established, participants might not be as difficult to find. A more thorough study could be conducted of therapists' views of individual forms. As it is, I ended with a large amount of data that may have limited the depth with which I could explore implications for each individual ABI. Furthermore, due to the number of qualifications and caveats regarding what is helpful or unhelpful for individual clients, the data resulted in complex and sometimes contrasting findings.

The complex data resulted in a large number of themes as well as some themes being largely relevant to only specific types of ABIs. Although there is no standard number of themes expected in IPA, the amount and complexity of the data limited the depth of analysis as well as discussion of the implications.

Therefore, one recommendation for further research includes conducting similar research on each form of ABIs individually when/if they become established. This could enable a fuller, richer understanding of what is helpful and unhelpful for each form without comparison. That research could also explore the deeper implications regarding contrasts between participants' views. For instance, research can be carried out using ABIs such as ProReal on traumatised clients with highly trained trauma specialists.

Furthermore, research could focus on the use within usual practice. How it is used in research protocols may not be how it is used when therapists have the flexibility to modify it according to their professional judgment. This may change how they speak of the helpful and unhelpful aspects. As well, research can be done on mechanisms of change in order to develop new theories regarding using ABIs. This would help clarify if ABIs are a new method of delivering time-honoured interventions or if they are a new type of intervention that need their own theoretical basis.

Further research could also look at clients' views of what is helpful or unhelpful. Again, this would preferably be in relation to each separate form. Clients may have very different views to the therapists. However, many of the participants said they were reporting their clients' feedback.

These recommendations are narrow and few in comparison to the breadth of possibility that exists when researching ABIs in psychotherapy. When a new frontier is emerging, or a possible paradigm shift is in the process, the possibilities for research seem unlimited.

5.7.2 Final Reflective Statement

In the course of this research, my stance has changed somewhat. Although I am still enthusiastic about ABIs, I am hesitant to suggest I am trying to 'convince' counselling psychologists to use them. I respect that there will be varying opinions, beliefs, and

experiences regarding ABIs and my intention here is to set out a balanced account of the implications rather than an argument for or against.

However, I do believe that virtual worlds/avatars will be increasingly incorporated into therapy as the technology develops and becomes more accessible. Newer generations have technology as part of their normal development. If recent neuroscientific hypotheses are correct, these newer generations have different brain configurations due to technology use from a young age that change how they process information (Tapscott, 2009; Small & Vorgan, 2008). This may be relevant for those looking for the most effective interventions for clients. If "digital natives" have brains wired to process information differently, using technology may be an effective method of providing therapy because it works with the way their brains have been wired to process previously unprocessed material and to make sense of their experiences within the context of that which is normal to them (Tapscott, 2009; Small & Vorgan, 2008; Knibbs, 2017). Furthermore, the initial research shows that using ABIs is acceptable to clients, but further research is needed regarding acceptability and feasibility of incorporating ABIs into established clinical practices (Hesse, et al., 2017; Wong Sarver et al., 2014; Maples-Keller et al., 2017; Falconer et al., 2017).

These 'digital natives' affect both sides of therapy. As they become therapists, the norm for therapy will change as they provide therapy in ways more suited to newer generation brains. Furthermore, as clients, they bring those experiences of technology into the therapy room. Though, it is not solely 'millennials' and younger that can benefit from ABIs. The participants spoke of using ABIs to the enjoyment and benefit of clients of all ages.

If therapists see that the underlying theory for ABIs is similar or remains the same as traditional techniques, it may be easier to adjust to the upcoming new norm and remain relevant to newer generations who prefer relating via technology. This means that further research is still needed.

Chapter 6: Conclusion

This research explored therapists' views of how the use of avatar-based interventions (ABIs) affected how they relate to their clients and what they found helpful and/or unhelpful regarding the therapeutic relationship and in general. 11 interviews were conducted with professional psychotherapists from 3 main modalities and from 3 types of ABIs. The interview transcripts were subjected to interpretative phenomenological analysis which resulted in the superordinate and subordinate themes found in table 4.1. Those themes were then discussed in the context of pre-existing theory, thus contextualising the findings within the broader field of psychology.

Some findings that may be specifically pertinent to counselling psychologists include: using ABIs to enhance therapeutic work by visually externalising internal processes which brings a sense of distance and new awareness, using ABIs to either benefit or hinder the therapeutic relationship depending on clients' individual needs, and the way they may be modified to reduce hindrances. Furthermore, avatars act as intercessors in the therapeutic relationship in ways that other interventions do not. As well, ABIs affect the speed of the therapeutic process and provide enhancements to traditional therapies. Though it utilises previous underlying theory, it is not a standalone therapy. Instead, ABIs such as the AVATAR protocol and VRT are new ways to deliver exposure/desensitisation therapy. As well, ProReal is an enhancement to traditional dialogue therapies due to the ability to revisit the ever-present text on the screen.

ABIs are interventions to be used in addition to traditional therapies. This means that therapists can use them in addition to the skills and training they already use. Though some further training may be needed to learn the appropriate usage of ABIs including supervision in accordance with BACP (2018) and BPS (2018) guidelines for ethical practice. Training is essential to competence using new technologies which are being introduced.

Theoretical implications from a practice perspective may include the use of some forms of ABIs as a transitional space alongside the space that the therapeutic relationship affords and the avatars as transitional objects (Winnicott, 1953). Clients may project themselves into the avatar or become immersed in the virtual world in such a way as to allow it to have an effect in their real lives. Therapists discussed the importance of tailoring therapy to the needs of individual clients and delivering the ABIs in a space that feels safe with a containing therapist to facilitate. This safe space may be facilitated using Rogers' core conditions (Rogers, 1990b).

Due to the increasingly readily available virtual reality technology and the inclusion of technology in normal development of younger generations, using ABIs is unlikely to be a passing gimmick. The finding that they provide more accessible interventions for clients on the mild to moderate end of the autism spectrum is especially relevant as an indication that some form of ABIs will become an enduring treatment option.

However, this is not a given as some forms of avatar therapy and/or platforms for providing online therapy have become defunct. This is not to say that the 'original' form of avatar therapy cannot be revived given the appropriately confidential platform. Furthermore, VRT has been researched for decades but has been hindered by limitations in the technology as well as the often-polarising effect technology in psychotherapy has on therapists. Though the technological limitations are quickly being addressed, it may take more time to address other limitations.

Many of these conclusions correspond with existing literature on the importance of the therapeutic relationship, tailoring therapy, and collaboration. These appear to be foundational to any therapy. However, it presents possibly new conclusions to the emerging literature concerning ABIs as the literature is currently sparse. Further research is being done to ascertain ABIs place in psychotherapy.

Appendices

Appendix A Ethical Approval

Original Ethics Approval

The research for this project was submitted for ethics consideration under the reference PSYC 16/ 202 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 29.03.16.

Minor Amendments Approval

Dear Melanie,

Ethics Application (Amendment 03.17)
Applicant: Melanie Baker
Title: Helpful and unhelpful aspects of avatar-based interventions for the therapeutic relationship: a qualitative study
Reference: PSYC 16/ 202
Department: Psychology
Original Approval Date: 29.03.16

I am pleased to confirm that the risk assessment for your amendment has been reviewed and approved by the Health, Safety and Environment Department. As this was the final outstanding condition of approval, under the procedures agreed by the University Ethics Committee I am pleased to advise you that your Department has confirmed that all conditions for approval of this amendment dated 06.02.17 have now been met. We do not require anything further in relation to this amendment.

Please Note:

- **This email confirms that any conditions have been met and thus confirms final ethics approval for this amendment.**
- **University of Roehampton ethics approval will always be subject to compliance with the University policies and procedures applying at the time when the work takes place. It is your responsibility to ensure that you are familiar and compliant with all such policies and procedures when undertaking your research.**
- **Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.**

Many thanks,

Appendix B Research Invitations

Original Research Invitation

Interview Invitation

This research invitation is requesting your participation in an interview asking you about your experience of avatar-based therapy as a therapist offering avatar-based interventions. The research aims to explore the helpful and unhelpful aspects of using avatar-based interventions in regard to the therapeutic relationship. I hope to explore how using avatar-based interventions affects building, maintaining, and working through the therapeutic relationship and how this may compare or contrast to more traditional forms of psychotherapy.

The type of data to be collected

This research uses a semi-structured interview to ask about your experiences of providing avatar-based interventions. It is not expected that this interview will take longer than 1 hour.

Confidentiality and anonymity

Interview responses are kept anonymous and confidential. Each interview will be given a code for data collection and analysis purposes and only the research team will listen to recordings for transcription purposes or access data.
I will treat all data you provide in confidence. Your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy of the United Kingdom.

Inclusion criteria include a) 18 years or older, b) member of, certified by, or registered by a therapeutic governing body as a psychotherapist or counsellor, c) have experience as a face-to-face therapist without the use of avatar-based interventions, d) have experience providing avatar-based interventions.

If you would like to kindly participate or would like more information, I can provide an information sheet via the email address below. There is also a set of demographic and pre-interview questions to answer to ensure inclusion criteria are met for this research.

Name and contact details of primary investigator

Name: Melanie Baker

Department: Psychology

University Address: Whitelands College

Holybourne Ave

London

Postcode: SW15 4JD

Email: avatarresearch(at)yahoo.co.uk

Amended Research Invitation

Interview Invitation

This research invitation is requesting your participation in an interview asking you about your experience of avatar-based therapy as a therapist offering avatar-based interventions. The research aims to explore the helpful and unhelpful aspects of using avatar-based interventions in regard to the therapeutic relationship. I hope to explore how using avatar-based interventions affects the therapeutic relationship and how this may compare or contrast to more traditional forms of psychotherapy. For the purposes of this study, avatar-based interventions are defined as using software, computers, or a virtual world that allows a client and/or therapist/counsellor/psychologist to manipulate the virtual world and/or characters in the world for the purposes of therapeutic change. This can be with the client and therapist in person or done remotely from a distance.

The type of data to be collected

This research uses a semi-structured interview to ask about your experiences of providing avatar-based interventions. It is not expected that this interview will take longer than 1 hour. I hope to interview up to 12 participants but only you and I, the researcher will be present in the room. Interviews may be in person on the University of Roehampton Whitelands college campus, private rooms in the University of Roehampton library, or via Skype. It may be possible to conduct interviews in a library in Central London or in private offices. For potential participants outside of the UK, I will accommodate the time difference.

Confidentiality and anonymity

Interview responses are kept anonymous and confidential. Each interview will be given a code for data collection and analysis purposes and only the research team will listen to recordings for transcription purposes or access data. However, if you agree to an interview via the Qualtrics link below, I will need contact information in the form of an email address. I will treat all data you provide in confidence. Your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy of the United Kingdom.

Inclusion criteria include a) 18 years or older, b) member of, certified by, or registered by a therapeutic governing body as a psychotherapist or counsellor, c) have experience as a face-to-face therapist without the use of avatar-based interventions, d) have experience providing avatar-based interventions which includes interaction directly with the client.

If you would like to kindly participate or would like more information, I can provide an information sheet via the email address below. There is also a set of demographic and pre-

interview questions to answer to ensure inclusion criteria are met for this research. The link is included here:
https://roehamptonpsych.az1.qualtrics.com/SE/?SID=SV_befrI1wNGuJATUF

This link is a pre-interview questionnaire and an expression of interest. I only need up to 12 eligible participants to interview. Once I have that number, I will no longer be recruiting. Whatever the outcome, I will contact you to let you know.

Name and contact details of primary investigator

Name: Melanie Baker

Department: Psychology

University Address: Whitelands College

Holybourne Ave

London

Postcode: SW15 4JD

Email: avatarresearch(at)yahoo.co.uk or bakerm(at)roehampton.ac.uk *

* Insert (at) where you see (at).

Appendix C Information Sheets

Original Information Sheet

Information Sheet

The aims of the project

This research invitation is for an interview asking you about your experience of avatar-based therapy as a therapist offering avatar-based interventions. The research aims to explore the helpful and unhelpful aspects of using avatar-based interventions in regard to the therapeutic relationship. I hope to explore how using avatar-based interventions affects building, maintaining, and working through the therapeutic relationship and how this may compare or contrast to more traditional forms of psychotherapy.

The type of data to be collected

This research uses a semi-structured interview to ask about your experiences of providing avatar-based interventions.

Time commitment expected from participants

It is not expected that this interview will take longer than 1 hour.

Confidentiality and anonymity

Interview responses are kept anonymous and confidential. Each interview will be given a code for data collection and analysis purposes and only the research team will listen to recordings for transcription purposes or access data. The write up of the analysis may include direct quotes and I may include a portion of the transcript in the appendices. However, all potential identifying information will be removed or edited to protect your confidentiality.

Compliance with data protection act and freedom of information act

I will treat all data you provide in confidence. Your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy of the United Kingdom.

The right to decline to offer any information requested by researcher

You have the right to decline to answer any questions I ask in the interview.

The opportunity to withdraw at any time without adverse consequences

You also have the right to withdraw from the research at any time. You can ask for any information you have given to be deleted up to March 2016. After this time, I expect to aggregate all the information and I will be unable to separate your responses from all the other anonymised participant's responses. However, if I have used a direct or summarised quote from your interview transcript, it will be removed.

Details of any risks associated with participation

Depending on your experience of providing avatar-based therapy, it is possible you may become distressed while telling me of your experiences. If you do become distressed, you can call an end to the interview.
If you become distressed after the interview, you can find therapists at the following organisations:

www.itsgoodtotalk.org.uk/therapists - BACP website or the UKCP website www.psychotherapy.org.uk/findatherapist

Name and contact details of primary investigator

Name: Melanie Baker

Department: Psychology

University Address: Whitelands College

Holybourne Ave

London

Postcode: SW15 4JD

Email: avatarresearch(at)yahoo.co.uk

Name and contact details of HoD

Head of Department Contact Details:

Name Dr Diane Bray

University Address Room 2074

Whitelands College

Holybourne Ave

London SW15 4JD

Email d.bray(at)roehampton.ac.uk

Telephone +44 (0)20 8392 3627

Any debriefing that is planned

I will give you an opportunity to ask questions at the end of the interview. This information sheet with my contact information is yours if you need to contact me about this research.

How the data will be used and planned outcomes

I will use the interview responses for the purposes and aims of this research only. I will seek to publish the finished result of the research in a reputable journal. However, I will make every effort to ensure no one will be able to connect you with the research.

How the results of the research will be made available to participants

Completion of the research is expected by September 2016. If you would like to see the results of this research you can email me at avatarresearch(at)yahoo.co.uk.

Amended Information Sheet

Information Sheet

The aims of the project

This research invitation is for an interview asking you about your experience of avatar-based therapy as a therapist offering avatar-based interventions. The research aims to explore the helpful and unhelpful aspects of using avatar-based interventions in regard to the therapeutic relationship. I hope to explore how using avatar-based interventions affects building, maintaining, and working through the therapeutic relationship and how this may compare or contrast to more traditional forms of psychotherapy.

The type of data to be collected

This research uses a semi-structured interview to ask about your experiences of providing avatar-based interventions. I hope to interview up to 12 participants but only you and I, the researcher will be present in the room. Interviews may be in person on Roehampton University Whitelands college campus, private rooms in the Roehampton University library, or via Skype. In exceptional circumstances, it may be possible to conduct interviews at my therapy room in South Kensington or in private offices.

Time commitment expected from participants

It is not expected that this interview will take longer than 1 hour.

Confidentiality and anonymity

Interview responses are kept anonymous and confidential. Each interview will be given a code for data collection and analysis purposes and only the research team will listen to recordings for transcription purposes or access data. The write up of the analysis may include direct quotes and I may include a portion of the transcript in the appendices. However, all potential identifying information will be removed or edited to protect your confidentiality.

Compliance with data protection act and freedom of information act

I will treat all data you provide in confidence. Your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy of the United Kingdom.

The right to decline to offer any information requested by researcher

You have the right to decline to answer any questions I ask in the interview.

The opportunity to withdraw at any time without adverse consequences

You also have the right to withdraw from the research. Withdrawal can be at any time, but data may still be used in a collated form as it will not be possible to remove data from the final written up report or after publication. However, if I have used a direct or summarised quote from your interview transcript, it will be removed if withdrawal falls before the final write-up or publication of the research.

Details of any risks associated with participation

Depending on your experience of providing avatar-based therapy, it is possible you may become distressed while telling me of your experiences. If you do become distressed, you can call an end to the interview.
If you become distressed after the interview, you can find therapists at the following organisations:

www.itsgoodtotalk.org.uk/therapists - BACP website or the UKCP website www.psychotherapy.org.uk/findatherapist

Name and contact details of primary investigator

Name: Melanie Baker

Department: Psychology

University Address: Whitelands College

Holybourne Ave

London

Postcode: SW15 4JD

Email: avatarresearch(at)yahoo.co.uk

Name and contact details of HoD

Head of Department Contact Details:

Name Dr Diane Bray

University Address Room 2074

Whitelands College

Holybourne Ave

London SW15 4JD

Email d.bray(at)roehampton.ac.uk

Telephone +44 (0)20 8392 3627

Any debriefing that is planned

I will give you an opportunity to ask questions at the end of the interview. This information sheet with my contact information is yours if you need to contact me about this research.

How the data will be used and planned outcomes

I will use the interview responses for the purposes and aims of this research only. I will seek to publish the finished result of the research in a reputable journal. However, I will make every effort to ensure no one will be able to connect you with the research.

How the results of the research will be made available to participants

Completion of the research is expected by September 2016. If you would like to see the results of this research you can email me at avatarresearch(at)yahoo.co.uk.

Appendix D Consent Form

RESEARCH PARTICIPANT CONSENT FORM

Title of Research Project: Helpful and unhelpful aspects of avatar-based interventions in the therapeutic relationship.

Brief Description of Research Project, and What Participation Involves:

This interview explores therapists' perceptions of the helpful and unhelpful aspects of providing avatar-based interventions in building, maintaining, and/or working through the therapeutic relationship. It consists of a 1-hour semi-structured interview. The interview is an opportunity for you to share your perceptions of avatar-based therapy. The aim of this research is to determine: a) what is helpful about using avatar-based interventions in the therapeutic relationship in comparison to more traditional forms of psychotherapy and b) what is unhelpful about avatar-based interventions in the therapeutic relationship in comparison to more traditional forms of psychotherapy.

Please see the Information Sheet for further details.

Investigator Contact Details:

Name: Melanie Baker

Department: Psychology

University Address: Whitelands College

Holybourne Ave

London

Postcode: SW15 4JD

Email: avatarresearch(at)yahoo.co.uk

Consent Statement:

I agree to take part in this research and am aware that I am free to withdraw at any point without giving a reason, although if I do so I understand that my data might still be used in a collated form. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy.

Name ……..

Signature ……

Date ……

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

Director of Studies Contact Details:

Name Gella Richards

University Address Room 1063

Whitelands College

Holybourne Ave

London SW15 4JD

Email g.richards(at)roehampton.ac.uk

Telephone +44 (0)208392 3609

Head of Department Contact Details:

Name Dr Diane Bray

University Address Room 2074

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University of Roehampton London

Demographic and Pre-Interview Questions

Demographic Questions:

Age:

☐ 18-25

☐ 26-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66 and older

☐ Prefer not to answer.

Gender:

☐ Male

☐ Female

☐ Transgender

☐ Other: _____

☐ Prefer not to answer

3) Which is your ethnic group?

A White
☐English/Welsh/Scottish/Northern Irish/British
☐Irish
☐Gypsy or Irish Traveller
☐Any other White background, please describe:

……

B Mixed/Multiple ethnic groups
☐White and Black Caribbean
☐White and Black African
☐White and Asian
☐ Any other Mixed/Multiple ethnic background, please describe:

……

C Asian/Asian British
☐Indian
☐Pakistani
☐Bangladeshi
☐Chinese
☐ Any other Asian background, please describe:

……

D Black/ African/Caribbean/Black British
☐African
☐Caribbean
☐Any other Black/African/Caribbean background, please describe:

……

E Indigenous Populations

☐ Native American

☐ Aborigine

☐ Maori

☐ Any other indigenous or “first people” groups

……

F Other ethnic group

☐Arab
☐Any other ethnic group, please describe:……

Do you provide face-to-face psychotherapy or counselling apart from providing avatar-based interventions?

☐ Yes

☐ No

☐ Prefer not to answer

If yes, how long have you been practicing as a psychotherapist/counsellor?

☐ Less than a year

☐ 1 Year up to 5 years

☐ 6 to 10 years

☐ Longer than 10 years

Are you registered/accredited/affiliated with a therapeutic governing body?

☐ Yes

☐ No

☐ Other

☐ Not Applicable/Not a therapist

If yes, which organisation?

☐ BACP

☐ UKCP

☐ BPS

☐ BABCP

☐ Other - _____

As a therapist/counsellor, do you practice from a specific theoretical stance?

☐ Psychodynamic

☐ Humanistic/Existential

☐ CBT

☐ Integrative/Eclectic

☐ None

☐ Not Applicable/refuse to answer

What form of avatar-based interventions do/have you use(d)? Choose all that apply

☐ Distance Avatar therapy – both therapist and client have an avatar that meet in a virtual space but are not present in the same physical space

☐ Face-to-face therapy which uses avatar-based software/computer programs/games for use within the therapy space

☐ Instruction on how to use avatar-based self-help programs outside of the therapy space (The instruction may have taken place inside the therapy room, but the client utilised the program outside the space without direct interaction from you, the therapist/counsellor, at the time.)

☐ Other – please specify

_____

☐ A combination of these – please specify

_____

☐ Not applicable

How long have you been providing avatar-based interventions?

☐ Less than a year

☐ 1 Year up to 5 years

☐ 6 to 10 years

☐ Longer than 10 years

Qualtrics Questionnaire

How old are you?

What is your gender?

- ❍ Male (1)
- ❍ Female (2)
- ❍ Transgender (3)
- ❍ Other (4)
- ❍ Prefer not to answer (5)

How do you describe your ethnicity?

_____

Do you provide traditional face-to-face psychotherapy or counselling apart from providing avatar-based interventions?

- ❍ Yes (1)
- ❍ No (2)
- ❍ Prefer not to answer (3)

If yes, how long have you been practising as a psychotherapist/counsellor/psychologist/psychiatrist (since qualifying)?

Are you registered/accredited/affiliated with a therapeutic governing body?

- ❍ Yes (1)
- ❍ No (2)
- ❍ Other - please explain (3) _____
- ❍ Not applicable/not a therapist (4)

If yes, which organisation(s)? If outside UK, please mark other and name of organisation.

- BACP (1)
- UKCP (2)
- BPS (3)
- BABCP (4)
- ACTO (5)
- Other (6) _____

As a therapist/counsellor/psychologist/psychiatrist, do you practice from a specific theoretical stance?

- ❍ Psychodynamic (1)
- ❍ Humanistic/Existential (2)
- ❍ CBT (3)
- ❍ Integrative/Eclectic/Pluralistic (4)
- ❍ None (5)
- ❍ Not applicable/refuse to answer (6)

Please state your knowledge of the following types of therapy:

1 – Never heard of this, 2 - aware of the name, but not sure what is involved, 3 -I have a working knowledge of this, 4 - I use this in my practice, 5 – I am a competent therapist using this mode of therapy

Online therapy

Bibliotherapy

Use of robots in therapy

Avatar therapy

What form of avatar-based interventions do/have you use(d)? Choose all that apply

- Distance Avatar therapy – therapist and client are not in the same physical space (1)
- Face-to-face therapy which uses avatar-based software/computer programs/games for use within the therapy space (2)
- Instruction on how to use avatar-based self-help programs outside of the therapy space (The instruction may have taken place inside the therapy room, but the client utilised the program outside the space without direct interaction from you, the therapist/counsellor, at the time.) (3)
- Other – please specify (4) _____
- A combination of these – please specify (5) _____
- Not applicable (6)

How long have you been providing avatar-based interventions?

Do you work with: Select all that apply

- Adults (1)
- Adolescents (2)
- Children (3)

Appendix F Interview Schedules

Original Interview Schedule

Interview Schedule

Can you briefly tell me your understanding of the therapeutic relationship?

How do you initially build a therapeutic relationship?

If different, to how you build a therapeutic relationship, how do you maintain it?

Can you tell me how you have used avatar-based interventions?

What forms of avatar-based interventions?

With what presenting difficulties?

Did you find any aspects of avatar-based interventions helpful in building and/or maintaining the therapeutic relationship?

How, if at all, is this similar to traditional psychotherapy?

Is this different to traditional psychotherapy?

If so, how?

Did you find any aspects of avatar-based interventions unhelpful in building and/or maintaining the therapeutic relationship?

Is this similar to traditional psychotherapy?

If so, how?

How, if at all, is this different to traditional psychotherapy?

Would you say your overall experience of providing avatar-based interventions was generally helpful in building and maintaining a therapeutic relationship?

Generally unhelpful?

A mixture?

Is there anything else you would like to tell me about providing avatar-based interventions in relation to building and maintaining the therapeutic relationship?

Potential questions to ask if this doesn't engender enough data.

What aspects of providing avatar-based interventions did you find helpful generally?

How does this compare to traditional forms of psychotherapy, if at all?

What aspects of providing avatar-based interventions did you find unhelpful generally?

How does this compare to traditional forms of psychotherapy, if at all?

Amended Interview Schedule

1. Can you tell me how you have used avatar-based interventions?

   What forms of avatar-based interventions?

   What difficulties or issues have your clients presented with? What caused them to seek therapy?

2. Can you briefly tell me your understanding of the relationship between you and your clients?

   Prompting questions

   What makes the relationship between you and the client therapeutic?

   For instance, one way of understanding the therapeutic relationship may be through transference and countertransference?

   How do you build a therapeutic relationship at the beginning?

3. Did you find any aspects of avatar-based interventions helpful for the therapeutic relationship?

   Prompt question or alternative wording: In what ways, if any, did the avatar-based interventions benefit your relationship with clients?

4. Did you find any aspects of avatar-based interventions unhelpful for the therapeutic relationship?

(For participants who have experience with both distance avatar therapy – where they are not in the same physical space – and avatar-based interventions where the therapist is sitting with the client.)

How does the distant form of avatar-based interventions compare or contrast from providing avatar-based interventions while sitting with the client?

How does this affect the therapeutic relationship?

5. Would you say your overall experience of providing avatar-based interventions was generally helpful to the therapeutic relationship?
    a. Generally unhelpful?
    b. A mixture?

(Potential questions to ask if the above questions don't engender enough data.)

What aspects of providing avatar-based interventions did you find helpful generally? This question is not limited to the therapeutic relationship.

What aspects of providing avatar-based interventions did you find unhelpful generally? This question is not limited to the therapeutic relationship.

6. Do you have any thoughts about the type of clients avatar-based interventions would benefit?

7. Any thoughts about what type of clients may not be helped by avatar-based interventions?

8. Is there anything else you would like to tell me about providing avatar-based interventions, either in regard to the therapeutic relationship or more generally?

Appendix G Annotated Transcript and Example of Process of Analysis

Initial Comments	Transcript	Line	Emerging Themes
	May 16, 2016		
	Interviewer 1: So, you've said in the pre-	1	
	interview questions that you work	2	
	integratively or eclectically.	3	
	Sarah 1: Yes, that's my initial training. (Ok)	4	
Image, role	Uhm, so I use image, (Mm hmm) and role and	5	
Trauma model, play, improvisation, developmental model	uhm… uh, that kind of thing so, uhm… and	6	
	then, uh, integrated into that is, uh, trauma	7	
	informed practice (Ok) using play and	8	
Integrative	improvisation as well as a developmental…	9	
	uh, model so… yeah, that's quite, quite	10	
	eclectic, quite integrated (Yes) really.	11	
	Interviewer 2: Yes. Do you have, uhm… some	12	
	therapists when they're-they're formulating	13	
	the client's presenting issue they might have	14	
	one mode or modality that they choose to	15	
	formulate (Mm hmm) do you have that?	16	
	Sarah 2: I think that would be the	17	
Formulates through developmental trauma model	developmental trauma model. (Ok) Yeah,	18	
	yeah.	19	
	Interviewer 3: Ok, uhm… ok, so, do you…	20	
	what is your understanding then of the	21	
	therapeutic relationship?	22	
		23	

	Sarah 3a: Uhm… I think it's about establishing	24	
	a collaboration (Mm hmm) that you co-	25	
Collaboration, co-creation of space	create your space (Ok) and that, uhm… uh,	26	
	my, my understanding of it, or my practice of	27	
	uh, facilitating tha-that relationship is, uh,	28	
Therapist facilitates the relationship	something about agency and really	29	
Agency, recognising what the client is bringing or withholding	recognising what the client is bringing, even	30	Client agency
	if, you know, even if that's withholding,	31	
Withholding still has meaning – the client is revealing something in what they withhold	they're still, they're still presenting	32	Everything has meaning even withholding
	something, you know. So, their agency within	33	
	their withholding is that they are trying to	34	
Agency to present or withhold	take care of themselves (Mm hmm) and my-	35	Defences for self-care
Client taking care of self – defences?	my kind of, uh, practice is around recognising	36	
Therapist recognises/ interprets client's defences and facilitates them feeling safe by allowing client to have self-agency and choice	what, uhm… what they are doing to take care	37	Therapist facilitates client feeling safe by allowing client agency and choice
	of themselves within that space, you know.	38	
	(Ok)	39	
		40	
	Sarah 3b: So, there's no expectation that	41	
No expectation that client has to trust immediately	they… should trust. You know, th-that they're	42	
	going to take their time to decide whether	43	
Client can take time to decide to trust	they want to trust, you know, the space,	44	Client can take time to trust the space and the therapist – client led timing, trust
	(Yes)… and me. Uhm… yeah… I think that's,	45	
	that's it in a nutshell. (Ok) Although I could	46	
	talk for months on that! (Both laugh) I'll try	47	
	and be brief.	48	

	Interviewer 4: Well, we could come back to it if we've got time. So, there is kind of a further question in that do you… when you are first building the therapeutic relationship, is it any different from the way you are with the client as you're maintaining the relationship? Do you do anything differently at the very beginning of, of the relationship than you do throughout the rest of it. Sarah 4a: Uhm… I might be more explicit about what their rights and their responsibilities are to themselves, you know. So, I might be more explicit about choice, about take your time, you know, uhm… And really coming back to that sort of, there's, tha-that, uhm, agreement, (Mm hmm) you know, that there's-there's… I think that… it can be really useful to have a contract at each session. So, sort of an agreement at each session like, "Ok, so wh-what, what is this space, how would you like to use this space today? Wh-what's…" You know. (Mm hmm) And I sort of, uh, really go over that it's not- I don't work in a goal orientated way so if they say, "Well, I really want to stop feeling	49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73	
Explicit about client's rights - Client has a choice, has time, responsibility of self-care Giving client choices allows them to feel safer – builds therapeutic relationship Agreement/contract each session Collaboration Not goal oriented – instead exploration of causes of client's			Build therapeutic relationship by being explicit about client's rights - Client has a choice which makes them feel safe, time, responsibility of self-care Collaboration – agreement, contract each session Exploration of difficulties rather

difficulty, no preconceived ideas of what they will find so no preordained "answers"? Therapist not all-knowing? Goal-orientation not person-centred Each client's difficulties and circumstances unique to that person so the "answers" are unique to that person – therapist helps client find those answers	stressed about this and this" then I'll say, "Well, you know, tha-that's kind of like a goal, and I-I don't, I don't know if that's possible to just say, 'I'm not gonna feel stressed' so I wouldn- I couldn't offer that. But I could help you explore what gets in the way of… uhm, feeling… not stressed". (Sarah laughs a bit) You know, or-or exploring what that stress is about.	74 75 76 77 78 79 80 81 82 83	than "goals" – no preconceived ideas Therapist not expert, each client unique
Client holds the power of change for themselves so contracting and collaborating empowers therapist to help them Therapist lets them know her limits – she doesn't see herself as the one with all the power in the relationship Client's agency, autonomy	Sarah 4b: So, it's kind of a, a renegotiating every contracting so that they are empowering me, (Mm hmm) and I'm letting them know what my limits are in-in how I can sort of be empowered by them. Uhm… and so I think, I think I probably do mention those qualities of… the client's… agency (Mm hmm) and autonomy, I think, from, from the, from a lot of, a lot within the sessions as well.	84 85 86 87 88 89 90 91 92	Collaboration empowers therapist to help client – client holds the power Client's agency, autonomy
Ability to pause – if they don't want to continue with something they are creating, they have the choice to stop good/useful to feel	Especially, especially when creative-creations come up because, you know, that sense of being able to pause, not do it, you know, (Mm hmm) that they've got choices. (Yes) I think that's really useful, real-really good for them to- for any of us- to feel like,	93 94 95 96 97 98	Client choice

safe to express choices or preferences Worked with trauma clients Young people, separation from birth families, neglect, abuse, early relationship traumas Sense of self/identity	you know… safe to express our choices or our preferences. Uhm, yeah. Interviewer 5: Ok…. Uhm, can you tell me the sort of presenting issues have you worked with? What sort of issues have your clients had? Sarah 5: Most of them it's, uh, trauma and uhm, I work with young people as well (Mm hmm). It might have also been neglect or serious abuse, uh, as well. Uhm… relationship traumas, ear-early relationship traumas, so, uhm… uh… and how that impacts on the sense of self, you know. Uhm… uhm… my referrals are- I'm a private practitioner (Mm hmm) so my referrals are often self-referrals or organisations who are looking after young people. (Mm hmm) So foster care agencies, social services, that kind of thing so I might see a family around that. (Ok) Uhm, and because it's self-referrals, it means I'm not getting the sort of the massively medicated clients or people who are requiring regular interventions from the health service, you know. So, I don't see high end, uhm,	99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123	Clients need to feel safe to be able to express preferences

	psychosis or, uhm… uhm, many of those debilitating, uhm, difficulties and disorders. (Ok) Is that clear enough? Does that…? Interviewer 6: Yes. Thank you… So, uhm… going now more specifically into the avatar-based interventions. (Yeah) Can you tell me if you found anything helpful about using the avatar-based interventions, in particular to the therapeutic relationship, in relating to your client? Sarah 6a: Yeah, very much, very much, because, uhm, because you're both looking towards a mutual screen (Mm hmm) uhm, I think it lowers the intensity of the relationship. So, uhm, if there's any negative association with power dynamics, which we all have (Sarah laughs) ev-every now and then uhm… then the vulnerability of the client might be… ro- more tolerable, you know. Sarah 6b: We're both looking towards an im-image we can both hold curiosity about, (Ok)	124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148	Helpful to both be looking towards a mutual screen Lowers the intensity of the relationship – less reliant on therapist? ABI screen lowers intensity of negative power dynamics – clients can feel safer to be vulnerable Vulnerability more tolerable if therapist not looking at client, less exposing? Being vulnerable in front of screen rather than therapist? Online disinhibition effect even with therapist sitting there? The screen lowers the intensity negative power dynamics in the therapeutic relationship ABI helps clients feel safer to be vulnerable if they feel power dynamics more equal

	and uhm, the quality of curiosity and choice	149	
Both therapist and client have curiosity about the image on the screen	and… compassion comes into it regularly	150	Clients possibly feel less exposed with both looking at screen
Quality of curiosity, choice, and compassion important when looking at image – curiosity about what the client is "saying" through the image, what meaning the client is giving to the image	because we are both able to sit back with	151	
	their image and with… you know, with what	152	
	else, what other qualities there are from the	153	Curiosity, client choice, compassion
	image. (Mm)	154	
		155	Client saying something important through image – meaning making
	Sarah 6c: So, it sort of becomes a third entity	156	
	that we're kind of working with and I think	157	
	that's really, really helpful (Mm hmm) to, to	158	
The screen is like a third entity in the therapeutic relationship – especially helpful in building mutuality and connecting therapist and client – gives them something to connect about/through	the therapeutic relationship and to building	159	Screen as third entity - mediator
	up that, uhm, that mutuality and that, uhhh,	160	Screen helps build mutuality
	connectedness, I guess.	161	Screen connects therapist and client
	Interviewer 7: So th-the role that this third	162	
	entity plays, (Uh hmm, uh hmm) how does	163	
	that play out?	164	
	Sarah 7a: So, uhm… the fact that you're both	165	
	kind of looking at this image, that, uh, the	166	
	software that I've used is ProReal, (Mm	167	
	hmm) and it has, uh, moving and animated	168	
	aspects of it (Yeah) so th-the little figures	169	
	have these postures and they can move.	170	
	Uhm, so you can sit back and look at the	171	
Postures, movement, interactions are interesting, delightful	interactions, uhhh, and that can be, uhm…	172	Delightful postures, movement
	yeah, really interesting, really delightful, you	173	

	know. (Mm hmm) And it's, uh, it's, uhm, thi-	174	
	this separateness from inside of my head,	175	
	from what I think, to having it there, shared.	176	
	And uhm, I think that process of, uhm… uhm,	177	
Separateness from inside my head – distance, externalised process	connecting with your clients… in a world (Mm	178	Distance, externalised process
	hmm) uhm, can be done in a way that's,	179	
Sharing the burden?	uhm, again, that's less threatening, perhaps	180	
Process of connecting with client less threatening through the world	less, uhm, pointed, you know. (Ok) So we can	181	Connection less threatening, less pointed through ABI
	both hold some curiosity about what it looks	182	
Less pointed	like, what it feels like to see that, you know.	183	
	And, uhm… they are then doing, they're	184	External processing – timing, client immediately doing the work
Client doing the work immediately through curiosity about the image – external processing	doing the work. They're doing the sort of the	185	
	processing with the image and I am… less,	186	
	uhm… less important, in a way. (Ok)	187	
therapist less important because client is doing the work for themselves through the image – therapist less powerful?		188	Client doing work for themselves
		189	Therapist "less important"
	Sarah 7b: You know, so… uh, and I can, I can	190	
	check things out in a very, uhm… yeah, open	191	
	and curious way. So, I wonder, "I wonder	192	
Openness and curiosity – wondering, observing	what it's like from that perspective?" (Mm	193	Openness, curiosity – wondering, observing, noticing
	hmm) Or "I wonder what it's like for that	194	
	avatar?" So, it just creates this sort of, this…	195	
New perspective	the space for… uhm… for us both really… to	196	New perspective
Identifying with the avatar	wonder, you know. And uh, I think, if-if that	197	Identifying with avatar
Creates space to wonder	sense of being… judged is… is scary, you	198	Space to wonder

	know, (Mm hmm) and being… uhm, reduced	199	Reduces fear of judgment
ABI reduces fear of judgement	to something like an interpretation or,	200	
		201	Interpretation threatening if wrong or feels reducing –
Client's sense of being reduced to an interpretation could harm the relationship? Whereas, if client doing the work, they don't feel reduced by the therapist?		202	therapist in power?
	Sarah 7c: you know, something that might	203	
	not feel entirely owned, yet, perhaps, or	204	
	owned at all, or even accurate (Mm) by the	205	Client in control of meaning making –
	client, then that… isn't a threat because	206	agency
Therapist interpretation of something not entirely owned yet or inaccurate interpretation potentially distressing/ threatening to client? Potentially negative to therapeutic relationship? But if client doing the interpreting with both "wondering", it helps the client to own the material. Better outcome if client owns material?	uhm…	207	Meaning making, interpretation in control of client feels
		208	safer and allows client to own the
		209	material – agency, choice better
		210	outcome
		211	
		212	
		213	
		214	
	Sarah 7d: the way we can work the image is	215	
	much more… of a dialogue, (Mm hmm) uhm,	216	
	and a… a growing and a gathering insight	217	Dialogue safer than therapist
	rather than "I've got me, the therapist, has	218	interpretation Growing insight –
Dialogue feels safer than interpretation Growing/gathering insight through dialogue easier for client to take ownership Shows client that therapist doesn't have the power and the only correct	the power and interpretation right", you	219	new awareness
	know. It's more, it's more owned by the	220	
	client and uhm, and I think that helps the	221	Dialogue lessens power dynamic
	therapeutic relationship because that… I	222	
		223	Dialogue allows client to make own meaning they can own

interpretation – dialogue allows client to make meaning Sense of safety and having a voice helps therapeutic relationship	think, provides a sense of safety and a sense of having a voice. Interviewer 8: Yes… So then, in comparison to uhm, say just sitting with the client, or just being in the same physical space without the avatar-based interventions (Mm hmm, mm hmm) you said the avatar-based interventions, it lowers the therapeutic intensity. I think that's the words that you used. Sarah 8: Yeah, yeah, yeah… Yeah, so… the… the difference then… from just sitting opposite, uhm a client, then, uhm… I think that, uhm… the, you know, ey-eye contact (Mm hmm) is… uhm, an option, because we're sitting opposite each other, (Yes) you know, and tha-that evokes different feelings, you know, that sort of intimacy and trusting or… (Mm hmm) social expectations, you know. (Mm hmm) So there might be more social expectations impinging on… what that client really needs or really feels an impulse to do, you know. (Mm hmm) And I think, uhhh, having a shared image or, uhm, creative object, you know… allows that, that	224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248	Sense of safety and having a voice helps therapeutic relationship Eye contact evokes intimacy, trust Social expectations impinge on client's needs, feelings, impulses client's fear of judgment a hindrance - keeping them from doing what they need to do for their best
Traditional therapy eye contact is an option or in ABI it's an option? Eye contact evokes intimacy, trust Social expectations impinge on client's needs, feelings, impulses – might not be self when sitting opposite therapist due to social expectations – client's fear of			

judgment keeping them from doing what they need to do for their best Spontaneity/ playfulness Shared image allows movement between therapist and client – ABI as mediator? ABI more client-centred Choice of where to look Screen gives a spacious focus to look at Reflective, client can take a thoughtful pause by looking at screen Intensity of relationship between therapist and client can support or distract from what the client experiences	movement to and from each other, you know. And, uhm, I think it makes it a lot… I don't like to use the word easier, but a lot more… client centred, in a way. (Ok) And… an-and then there's the choice of, yeah… I mean, there's always a choice of where they look (Mm hmm) if someone is sitting opposite. You know, we sit opposite of each other…uhm… Interviewer 9: Whereas, the screen gives you… a focus, (Yeah, yeah, yeah) something to focus on. Sarah 9: An-and also qui-quite a spacious focus, you know. Quite a reflective and, uhm… thoughtful pause, you know. (Mm hmm) Uhm, and I think perhaps… the intensity of the relationship between me and the client can… can play a part in supporting or distracting (Mm hmm) the client from what they are experiencing so… yeah. Interviewer 10: So then would you say that the avatar-based interventions lowering the intensity of the relationship, that that could be both helpful and unhelpful?	Spontaneity and playfulness important in ABI ABI as mediator between therapist and client ABI more client-centred Intensity of relationship between therapist and client can support or distract from what the client experiences depending on what client needs

	Sarah 10: Yeah. Yeah, yeah. So… that, uhm…	274	
	that they may… feel the need for presence,	275	
	(Yes) you know, for someone to be really	276	
	present with them. (Yeah) And, uhm, perhaps	277	
Client may feel need for more therapist presence	with the avatar space, with the screen,	278	Focus on screen may make therapeutic relationship less "nourishing" – tailor to client's needs, might need that "intensity"
	perhaps less of the relationship, uhm…	279	
	nourishment. Perhaps there's an experience	280	
	of it being, uhm, less, uhm… less intense, you	281	
Through avatars relationship might feel less nourishing for client because of focus on screen. Intensity can be helpful as well if seen as nourishment rather than negative power dynamic. Client might want that "intensity".	know, (Mm hmm) like a helpful intensity and	282	
	that maybe it's-it's diluted a bit, you know,	283	
	but uhm…	284	
	Interviewer 11: So, what I'm hearing is that	285	
	maybe, uhm, maybe this is uhm, another	286	
	thing that would depend on the client, on	287	
	who the client is?	288	
	Sarah 11: Yeah, yes! And if that's the sense	289	Therapist paying attention to client's indications of what they need – client led therapy
	that you get because they're not really	290	
	engaging with the screen, they're engaging	291	
Paying attention to client's indications of what they want/need – client paying more attention to therapist than screen, may need more therapist presence Client led	more with the space between us, then, then	292	
	that's ok, you know. (Mm hmm) Then that	293	
	can be, that can be… followed… uhm, from	294	
	the client, you know. (Mm) And I think the	295	
	wo- the thought about distraction, you know,	296	Screen as distraction from process
	that… the… the relationship or the screen can	297	
	either be a distraction to the client having	298	

Screen or relationship can be distracting from experience/process Negotiation for what's least distracting Understanding why client distracted useful – distraction could be helpful if used because client's strong feelings are intolerable to client Distraction as defence mechanism? Exploration, expansion, expression – safer to explore strong, intolerable feelings through ABI	their experience, so I guess whatever's… whatever's negotiated as the least distracting from their experience (Mm hmm) or… if it's a useful distraction, w-we understand why it's useful because the feelings are too strong to tolerate… without… another space to… uhm… explore and expand, maybe. Interviewer 12: So, it sounds like that provides- Sarah 12: Express. Interviewer 13: Yeah. -provides an opportunity to explore more of the material or explore more of what's happening. (I guess, yeah…) to open up more material. Sarah 13: Yeah, to express. Yeah, yeah… yeah. Interviewer 14: Ok. So, thinking about the fact that you do avatar-based interventions in the same physical space and remotely, (Yeah, yeah) uhm, has there been a difference in that with the lowering the ther- the intensity of the relationship? Have you noticed that, uhm…? I don't know, I don't know if I want to say if you prefer one or the other, but have you noticed differences?	299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323	Negotiation Exploration of reason for distraction Distraction helpful if used because client's strong feelings are intolerable to client safer to explore strong, intolerable feelings through ABI

	Sarah 14: Yeah, I think the, uhm, I think the	324	Level of connection reduced in remote
	level of… connection between me and the	325	work
	client is definitely reduced (Mm hmm) when	326	
	it's remote (Mm hmm) because, uhm…	327	Importance of checking in when
Level of connection reduced in remote work	because I… invite a sort of checking in, you	328	doing remote work – deliberately asking
	know, and kind of a noticing. (Yes) Uhm, and I	329	client for feedback or noticing more
	can't do as much feedback when their little	330	
Checking in, noticing	face is tiny, or I don't even have their face,	331	
Can't do as much feedback/noticing/ checking in when tiny face or no face	you know. (Yeah) So, I think that, I think	332	
	that's a bit of a loss (Mm hmm) when you do	333	
Bit of a loss with remote work	it remotely. Uhm… but, uhm… it means just	334	
	paying more attention to that and sort of	335	
	maybe, noticing that together. (Mm hmm)	336	Collaboration
Means deliberately paying attention to getting feedback or noticing together	You know, so "I can't see you as fully so I as a	337	
	practitioner think it can be useful to just	338	
	pause and notice and sit with the image and	339	
Collaboration with client – inviting client to notice too because she can't do as much	sit with the sensations and so, uhm, I'll be	340	
	interested, and I'll be inviting you to do that	341	Have client notice sensations in remote
	even though I, you know, I can't… uhm,	342	
	notice as much with you because we're	343	
	through this image or we're through the	344	
	screen", you know. So yeah, so that feels like	345	
	I have to be more intentional as a	346	
Therapist has to be more intentional about seeking feedback, having client notice	practitioner when we work remotely. (Ok)	347	
	But the power of the image, uhm… seems to	348	Power of the image is useful in remote work maybe because

sensations when remote Power of the image is useful in remote work maybe because less intense relationship or less human to human contact – remote ABI potentially even more powerful? Have to ask clients Helpful to have an image to talk about Image as third entity	be intensely useful (Mm hmm) and maybe that's because the intensity of the relationship or maybe the human to human contact is less (Mm hmm) intense, you know. Uhm… and so… you'd have to ask my clients. (Both laugh) Interviewer 15: Yes… yes, so uhm… that was kind of surrounding the uhm, the lowering of the intensity… Were there any other aspects of the avatar-based interventions that you found helpful? And it could be, this could be regarding the therapeutic relationship or just what you found helpful. Sarah 15: Ok, ok. Uhm… I found it really helpful when, uhm… when having an image to talk about, you know, to talk with (Mm hmm) you know, so we're both engaging with the image. (Yeah) Uhm, so you've got this sort of, uhm… like I described earlier about this, this third entity (Yes) within the dynamic and uhm… uhm… yeah… uhm. So, your question is what else have I found helpful? Interviewer 16: Yes, if there is anything else that you've found helpful.	349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373	less intense relationship or less human to human contact – remote ABI potentially even more powerful? Image as third entity – mediator

Giving form to things that don't yet have a form – externalised, visual process making client process accessible to both Mutuality – intersubjectivity? Image, placement, proximity all have meaning ABI affords greater opportunities for understanding and self-expression – new awareness through externalised process More opportunity to invite expression and reflection Distance – trust to reflect and express Externalised process Psychological distance (My term, not hers)	Sarah 16: Yeah, yeah… I think, uhm… being able to give a form to… things that are yet… to have a form (Sarah laughs a bit) (Ok) You know, so there's a sense of something (Mm hmm) uh, within the client. Uhm… and probably within me, you know, and… to give them a form, with image and placement, proximity. You know, (Mm hmm) where the avatars are to each other, where they are to… certain landmarks, you know, in the… in the landscape. (Mm hmm) And all of these lovely, the really rich opportunities for greater understanding, for greater self- expression. So, I guess… I guess, uhm… there's uh, more capacity, more opportunity. I guess it's more opportunity. More opportunity to, uhm, invite expression and reflection and uhm, to trust that there's, uhm… to trust that there's, there's, uhm, the opportunity to, to see things (Mm hmm) and to be separate from them and that that's a useful… quality. Uhm… so… Interviewer 17: That sort of psychological distance that they can have.	374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398	Externalised process – image gives form to client processes and makes them accessible to therapist and client Mutuality – intersubjectivity Everything has meaning – image, placement ABI affords greater opportunities for understanding and self-expression – new awareness through externalised process Distance – trust to reflect and express Externalised process

	Sarah 17: Yeah, yeah, yeah. Yeah. Yeah, I	399	
	mean I, I find it useful as a practitioner to get	400	Externalised process, visuals make client material accessible, symbolise without words when client has difficulty finding words
Helps practitioner see what client is experiencing when client doesn't have the words – externalised process, visuals make client material accessible, symbolise without words	a sense of what the client is experiencing,	401	
	you know. (Mm hmm) And, uhm… they might	402	
	not have a lot of words for what they're	403	
	experiencing, (Mm hmm) and so when	404	
	they're able to put that into an image, uhm…	405	
Therapist can be curious about what she sees and expand on that	that helps me see all, lit-literally. And it can	406	
	help me expa- you know, ask and be curious	407	
Client guiding therapist because it's their world – client expert on client's world	about, uhm… uhm… about what I can see	408	
	and, (Yeah) and there's more opportunity to	409	Client led, guiding – client as expert
	sort of guide me, you know. (Mm hmm) And	410	
	then they're kind of organising their thoughts	411	
Client organising their thoughts through ABI – discovery of material, new awareness	as they're doing it. So, it's sort of a… Yeah, it	412	ABI helps client organise their thoughts
	seems, it seems a really useful process that	413	
ABI self-organising	they are finding. (Mm hmm) It's self-	414	Discovery of new material, new awareness
	organising.	415	
	Interviewer 18: Have you gotten any	416	
	feedback from your clients about…?	417	
	Sarah 18: Yes, yes. It's kind of similar to what	418	
	I've shared really. (Yeah) So I've kind of	419	
	shared this a lot from what clients have said,	420	
	you know. As well as what I personally have	421	
	experienced as a client, you know, in using …	422	
	uhm, avatars remotely or-or face-to-face.	423	

If client doesn't engage in avatars, that is informative too. More interested in relationship, therapist changes way of working to fit client's needs	Interviewer 19: Mmm. So, what you've just shared with me, uhm, is there any difference between the remote and being in the same space in that, in what you've just shared? Or is that…? Sarah 19: Uhm… no, I was thinking of remote sessions then as well as side to side sessions. (Ok) So yeah, I think that's probably quite strong in either. Interviewer 20: Ok…. So, uh… so then I think the next question would be asking about if you've found any aspects to be unhelpful about av- about avatar-based interventions? And this question is in particularly when relating to clients. Sarah 20: Mm hmm, mm hmm…. Uhm, not so much. Because what I've, what I've found is that if a client doesn't really want to engage in an image and doesn't want to create the image and they are more, uhm… more interested in… the (Mm hmm) the relationship (Mm hmm) between them and myself, uhm… then that gives information in itself. So even if they're turning away from the screen or they're sort of using it in a	424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448	Everything has meaning – if client doesn't engage with ABI, might mean they are more interested in relationship Tailoring working to client's needs

	very… loose, random kind of way (Mm hmm)	449	
	and it sort of doesn't feel like it's touching	450	
Watching for client's indications of their needs, client led	on… (Mm hmm) things that feel like they've	451	
	got any energy behind them, or really any…	452	Client led
	any pull, you know. (Mm hmm) Then tha-	453	
	that's information in itself that helps me get	454	
Therapist's curiosity about client's needs – therapist can notice client's disengagement and wonder about it	a sense of, or at least get curious about what	455	
	that's about. So, I would, I- because I've	456	Never impose avatar – tailor to client's wishes
Client led – never impose avatar use	never, uh, imposed avatar use (Mm hmm) I	457	
	can't say I can think of a really unhelpful	458	
Can't think of unhelpful quality as long as it's use tailored to client's needs	quality of it. (Ok) Do you know what I mean?	459	
	(Yeah) It's just, we'll just not use it as much	460	
	or we'll just not use it at all if that's what	461	
	feels… right, you know.	462	
	Interviewer 21: Yeah. So again, it goes back	463	Client has control, power
Client in control, in power	to the client having control (Yeah, yeah) and	464	
	the client having power to say (Yeah)	465	
	"Actually, rather not". (Yeah) And that's	466	
	within any session? Like at any given point	467	
	they can say, "Actually, I'd rather not do that	468	
	today"?	469	
	Sarah 21: Yeah, yeah, or I might say, "Oh, you	470	
Reflection, curiosity, noticing	know, you don't look like you're really	471	
	settling on any one place today. (Mm) Does	472	
	that, does that reflect something about	473	Curiosity, noticing

	what's going on for you at the moment?" You	474	
	know. And they might be like, "Eh, no, meh,	475	
	meh." You know, chat, chat, chat. And you	476	
	know, maybe that is- bu-but we wouldn't, we	477	
Wouldn't get stuck because of disengagement with avatars, no judgement about not engaging with avatars – disengagement with ABI not a hindrance, just something else to be explored	wouldn't get… s-stuck there, or, (Mm) you	478	No judgement if client not engaging with ABI – something else to be explored as to why
	know, kind of, uhm… have a judgement	479	
	about that. I think it- or that it's… you know,	480	
	not the right way of- you know, or that it's	481	
	got in the way. I think… yeah.	482	
	Interviewer 22: And that would be the same	483	
	with your remote clients as well as the same	484	
	physical space clients?	485	
	Sarah 22: Well, I guess that is harder because	486	
	uhm…	487	
	Interviewer 23: That's what I was thinking. It	488	
	might be a bit more difficult with…	489	
	Sarah 23: Yeah, yeah. Because then we've	490	When remote client disengaged from ABI though it's harder because the image isn't there
Harder to notice with remote clients through avatars because the image isn't there for the both of them to look at	not got the mutual image that's not	491	
	mutually… communicating. (Yes) And, uhm,	492	
	what I've noticed that… will end up doing	493	
Therapist notices client doing less moving or representing inworld and more speaking	less- or they will end up doing less… moving	494	
	or less representing, and it'll be more of uh,	495	
	speaking. (Yes) And the image, the image, the	496	
	movement, the changes will just kind of slow,	497	
Movement slows – that is still ok because it's what the client needs	and you won't have so much going on there	498	

	but there'll be more talking. (Ok) And for	499	
	that-that's ok too, you know… uhm… And…	500	Client led – what the client needs
In remote ABI switching to talking like turning to each other in face-to-face	I'm trying to think if I've ever switched from	501	
	the bigger screen avatar to the big screen	502	
	face, you know, (Mm hmm) so it's more like	503	
	we're turning to each other. Don't think I've	504	
Meandering through the world while talking has a lighter presence	done that. (Ok) I think, uhm, the image has	505	
	stayed there. We just kind of meandered and	506	
	talked a little bit. It's kind of got a lighter	507	
Lighter presence also helpful if that's what the client wants	presence. (Mm hmm) But uhm, and that feels	508	
	helpful in a way, somehow, too. Uh… yeah.	509	
Curiosity important, noticing because even meandering reflects client's experience or wants	It's just useful to have as a curiosity, you	510	Important to have curiosity about client's disengagement because they are saying something about their wants or needs
	know, for something to prompt your	511	
	curiosity. "Oh, I've noticed that." You know.	512	
	(Mm) So, reflects something about how it is,	513	
	you know. Yeah.	514	
	Interviewer 24: Yeah. So, it sounds, it sounds	515	
	like your overall experience of providing	516	
	avatar-based interventions has been, has	517	
	been positive.	518	
	Sarah 24: Massively, massively. (Yeah) Yeah,	519	
Massively positive about avatars	very positive.	520	
	Interviewer 25: Do you have any thoughts	521	
	on- cause I know you've said you've wor- you	522	
	work with clients who have been	523	

	traumatised, (Mm hmm) and a lot of early	524	
	childhood trauma. (Yeah) Uhm, do you have	525	
	an-any thoughts on… what sort of clients	526	
	would, avatar-based interventions would be	527	
	helpful for, and what sort of clients it might	528	
	not be helpful for?	529	
	Sarah 25a: … Uhm… sometimes if thinking	530	
Can be more difficult to get into client's head if client	about stuff or (Mm hmm) or getting into	531	Trauma client's feeling unsafe to
experiencing overwhelming body	their head is a useful thing, (Mm hmm) so	532	create image – overwhelming
experiences that make it feel unsafe	that experiences in the body have been	533	experiences
to create an image – client may feel need	overwhelming, then creating an image can	534	
to dissociate from body or	sometimes not feel… easy. (Ok) So… there's	535	
intellectualise in order to not feel	more… a-a-a tendency to want to… uh, I	536	Defence mechanisms – dissociation or
	don't know. They'll use a word inte…	537	intellectualisation
Client may feel need to intellectualise –	intellectualise. (Ok) I kind of… I don't have a	538	
no judgement on that, no negative	negative- that feels kind of- it's got a-a	539	No judgment about client use of
association on defence mechanisms	negative association which I don't hold so	540	defences – defences are necessary for
because client should do what	much. (Mm hmm)	541	client to feel safe
needs to be done to keep self safe		542	
	Sarah 25b: But it's more that creating images	543	Creating images
Creating images allows too much	allows too much unknown and that there's	544	allows too much unknown –
unknown	more safety for the client, that they feel safer	545	defences, safety, client led therapy
Client may feel unsafe creating	or more… stabilised or more like they can	546	
image if they need to use words to feel	tolerate… some experiencing of what they	547	
more stabilised or that it is more tolerable	are trying to explore. (Mm hmm) Uhm… with	548	

Feelings too threatening so creating image maybe difficult Scrolling through postures can be helpful to ease the threat because it's more containing, pre-defined, known elements Fear of something emerging that is unwanted – in regard to the "floatiness" of creating images – the client isn't creating, just playing around Playfulness Try out feelings that felt too threatening before by going through the list and being curious Can be humorous, lighten the intensity Creates space, give – perspective	less uncertainty, with more words and "I think this, and I think this". Less "I feel", naming some feelings. Uhm… so the, the postures and kind of scrolling through the postures (Mm hmm) can be really useful. (Mm hmm) Uhm… because… uh… there's a- it feels like there's a sense of, of uhm… something about a-a limitation (Mm hmm) so it's more, it's more set. It's less floaty. Other possibilities could emerge (Mm hmm) and without me wanting it to emerge. And that's kind of like "Oh there's that posture and there's that posture" and there's also like, a- a-a playful invitation to just, "just try some out. Let's see what that one looks like". You know, and they might have been feelings that might have been a bit too… not comfortable, (Ok) you know, had we been talking about them but to just try them out and to look at these… these very… you know, they're repetitive. They're on a repetition loop (Mm hmm) and are set little, little things and you try them out. You disregard some or-or… choose to kind of giggle at one an-and try that so, it sort of, it creates a little bit of give	549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573	Postures, labels containing, known entities so feel safer when overwhelmed by emotion Creating own images too "floaty", too uncontrolled – fear of something unwanted emerging Encourage client to play Explore, experiment with threatening feelings Distance – Humorous postures lighten the intensity – creates space, gives perspective

Having space or seeing grey areas allows feelings to become more tolerable to explore Postures less "floaty" than creating images but at the same time, they create a bit of give and grey areas instead of black and white. Good limitations, containing without being rigidly restraining. "Boundaries not walls"	where it used to be just black or white. And it just allows that little bit of a grey area, I think, uhm. (Ok) But I think your question was something else and I've gone off on a tangent. Interviewer 26: Oh, no. No, no, that's fine. Sarah 26: What was it? Oh, you were thinking about trauma! Yeah, so I think, I think- Interviewer 27: Well, I was asking, I was asking if there are any clients that you feel- Sarah 27: That it might not be useful for. Interviewer 28: Yeah, that it mi- any that it's particularly useful for and any that it might not be particularly useful for, (Yeah, yeah) and what I… what I believe I heard was that… there is something about… uhm, having the set… definitions, maybe?... like, something defining (Yeah) which gives them a bit more certainty makes them feel a bit safer to go there (Yeah) to speak about it? Sarah 28: Yeah… Yeah, yeah, and I think it	574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594	Having space or seeing grey areas allows feelings to become more tolerable to explore
Exposure therapy for traumatised clients, Desensitisation to certain expressions so that they can tolerate them, so they feel safer to express	might be a little bit about exposure… uh, uh, therapy. You know, sort of reducing sensitisation. You know, desensitising someone to certain expressions. So, you've	595 596 597 598	Exposure therapy for traumatised clients, Desensitisation to certain expressions so that they can tolerate them, so they feel safer to express

	got this little one, this little avatar that does	599	
	this beautiful tantrum. You know, they're sort	600	
	of stamping their feet and "roar!" And it's	601	
Humorous, lightening	quite, it's quite amusing. (Mm hmm) And it's,	602	
	you kind of get this giggle sometimes, you	603	Avatar expressing emotion is less threatening
	know, t-to watch that expressing itself.	604	
Less threatening to see avatar expressing a previously threatening emotion	Uhm… and I think, uhm, if that feeling was	605	Avoidance of emotion
	something that… they may have avoided	606	
Avoidance of threatening emotions	because it's, it activates too many…	607	
Powerlessness – feelings of anger as being powerless rather than powerful	powerless feelings (Mm hmm) or	608	Powerlessness in face of overwhelming emotions
	vulnerability, uhm, to watch it and see it play	609	
vulnerability	out and actually, "Oh, oh. I'm ok still. (Yeah)	610	
Experience of expression – the little avatar is expressing itself and client can see it is still ok, it is safe – expressing threatening emotions isn't destroying the avatar or client	And we've talked about this and it's doing its	611	
	thing." It's a nice little, uhm… loose little,	612	
	uhm, experience of expression. Uhm…	613	
	Interviewer 29: So maybe where before it	614	
	would have felt just too big, (Yeah) too big to	615	
	express, (Yeah, yeah) too big to approach,	616	
	(Yeah) it kind of brings down to a little, "Oh,	617	
	ok. I can handle this narrow bit here."	618	
Avatar gives lead in for psychoeducation about emotion	Sarah 29a: Yes, yeah, yeah. And I think it	619	Avatar gives lead in for psychoeducation about emotion
	often gives me a lovely lead in for some sort	620	
	of psychoeducation, so, you know, I can-can	621	
	give a little talk about wh-what anger…	622	
	means or feels like or wh-what some, some	623	

	of the thinking behind anger might be, (Mm	624	
	hmm) why we might be afraid of anger, you	625	
	know, and those sort of things. And we're,	626	
Distance allows client to watch and learn about emotions through avatar	we're kind of looking at that little figure on	627	Distance makes emotions tolerable – observer ego
	there (Yes) rather than their anger, their	628	
	individual experience. Uhm, kind of, uhm,	629	
Normalises or generalises emotion/experience so it's less threatening	normalises (Mm hmm) some of that and, uh,	630	ABI normalises or generalises emotion and experience
	generalises their experience so that it's not	631	
	so… scary, you know. (Mm hmm) Uhm, I'm	632	
	just trying to think of a… I-I worked with a	633	
	young boy and he, he didn't engage with it	634	
	particularly… well, uhm… I think he was very	635	
Fear of expressing something out of control	fearful of expressing something that he didn't	636	Fear of being out of control
	have control over. (Ok) So, uhm, I think he	637	
Fear of getting it wrong, fear of judgement, performance mentality, fear that something he was experiencing couldn't be contained if he expressed it, needed to know that he was safe in the therapeutic relationship to express anything, needed to know therapist could contain him	was worried that he would, uhm, get it	638	Fear of judgment
	wrong.	639	Fear of being uncontained, emotions too much
		640	
		641	
		642	
		643	
		644	
		645	
Someone with high shame, self-criticism might find it difficult Creating an image might feel too much like putting self on	Sarah 29b: You know, so maybe someone	646	Someone with high shame, self-criticism might find it difficult Creating an image might feel too much like putting self on display to be judged
	with a high experience of self-shame and self-	647	
	criticism, uhm… it mi- it might be too much	648	

display to be judged or feel too real, as if they are locked into that image which may be the "wrong" image of them or maybe they feel like the image is right, but they feel ashamed of who they are – avatar as self, possibly more self than self	for (Ok) because they-they're kind of	649	or feel too real, as if they are locked into it
	committing to an image and to a shape, you	650	
	know. And, uhm… uh, perhaps-perhaps- I've	651	
	still got- I've still got the "but then we can do	652	
	this" in my head. (Me laughing) Yeah, you	653	Avatar as self
	know. Perhaps-perhaps there is a sense of	654	
	the- it's too much. It's too real then. "I can be	655	
Freer, looser, slippery with expressions without it being recorded in an image – the idea of having his difficulty recorded made them more threatening	freer and looser and s- more slippery with my	656	
	expressions (Mm hmm) if I don't have to play	657	Having difficulty recorded is threatening
	something and then you've got a record of	658	
	it", you know. Tha-that somehow had,	659	
	perhaps, seemed, seemed a bit daunting to	660	
	him, (Yeah) inhibited his expression. So…	661	
	Interviewer 30: So, you said you've got a	662	
	record of it, so something about it being	663	
	there where you can see it…	664	
Thought of being recorded inhibited client's expression because of fear of judgement and rejection of parts of self	Sarah 30: Yeah, and judge it. And then… it, it	665	Thought of being recorded inhibited client's expression because of fear of judgement and rejection of parts of self
	gets rejected like other parts of themselves,	666	
	maybe. (Mm) Yeah.	667	
	Interviewer 31: So, in that, would it be the	668	
	fear of you seeing it and rejecting it, or the	669	
	fear of the client seeing it? And then "Oh,	670	
	wait a minute. Hold on. That's- "	671	
	Sarah 31: Yeah… yeah, yeah. Uhm… uh, I-I	672	
	would guess that it's the client's deeper	673	

Client feeling like parts of self are rejectable Anticipation of rejection from therapist because client feels like he should be rejected Feels like it came from therapist when it came from client – projecting own sense of judgement onto therapist Not fully committed to perspective that avatars might be unhelpful with clients with deep shame because therapist can tailor ABI to client's needs – therapist can find new way of working with it to facilitate client What is unhelpful for some, not for all Need to tailor to client's needs	sense (Mm) that it's… that, you know, that there's parts of them that are reject-worthy, (Mm) and so they will perhaps have that anticipated- they expect you to find them reject-worthy or you- they expect you to find their stuff reject-worthy. (Ok) So, uhm… yeah, I guess it would… feel like it came from me. They were fearful of my judgements of what they've done, perhaps. Interviewer 32: Ok, so you've said… avatar- based interventions might not be as helpful with clients who have deep shame… (Sarah takes a deep breath.) or deep fear of rejection. (Yeah, yeah) But then you've got the, like you said, "yes, but then we can do this…" Sarah 32: Exactly! I'm not fully committed to that perspective. (Both laugh) Interviewer 33: Ok. (Both laugh) And I can, I can reflect that in the analysis as well, (Yeah) is that there are levels of these things as well because we can point out that this might be unhelpful for some people, (yeah) but that doesn't have to be the case for all.	674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698	Projection of judgment of self onto therapist – client felt reject-worthy so thought therapist saw him that way Therapist can tailor ABI to individual clients Contextuality or subjectivity – what is helpful or unhelpful for some not for all

	Sarah 33: For sure. For sure. And, uhm…	699	
Therapist's flexibility and responsiveness, support them, good therapeutic relationship can help client notice the shame	perhaps some of that might rely on my…	700	
	flexibility and my responsiveness, you know,	701	Therapist's flexibility and responsiveness, support them, good therapeutic relationship
	an-and how I might then support them to…	702	
	to notice the shame, (Yeah) to, to place an	703	
Noticing, externalising or personifying shame as avatar Transformation	avatar that represents the shame. And that's	704	Noticing, externalising or personifying shame as avatar is transforming
	massively, massively … phew, uh,	705	
	transforming. (Yeah) You know, when they've	706	
	got an experience of feeling shamed, to…	707	
Externalising shame in the context of the relationship can alleviate stress	watching their shame (Mm hmm) on the, on	708	Externalising shame in the context of the relationship can alleviate stress
	the screen. And I- and that's immensely	709	
	transforming and, uh, alleviates, uhm… (Do	710	
	you-) … a lot of stress.	711	
	Interviewer 34: Do you have thoughts about	712	
	how that alleviates the stress, or how that…	713	
	uhm… how that is transforming?	714	
	Sarah 34: I think, I think there's something	715	
	about recognising how… it's, uh… that we	716	
Feelings influence our experience, but they aren't all-knowing truth – feelings don't define our experience	have feelings that influence our experience	717	
	(Mm hmm) and how they aren't… they don't	718	
	always- they don't hold the all-knowing truth.	719	
	(Mm hmm) And so giving it form and placing	720	
	it on the screen… and we're calling it so, you	721	
	know, their shame. (Yes) You know, and their	722	
	shame is very certain about some stuff, and	723	

Psychoeducation about how shame feels like it is true, but it might not be	I'll weave a little bit of psychoeducation	724	Psychoeducation about feelings not defining our experience
	about how… we have felt shame often to	725	
Shame as defence mechanism to maintain bond with attachment figures	protect ourselves, to try and maintain the	726	Shame as defence mechanism
	bond with our (Mm) … primary attachments.	727	
	(Mm hmm) And, uhm… and so… we can kind	728	
Externalised processing allows client to see more options than shame being totally true	of, because it's externalised, somehow- and	729	Externalised processing allows client to see more options than shame being totally true – allows shift of perspective
	we can use the spacing and the proximity and	730	
	sites, there's just a little more opport-op-	731	
	options, you know. (Mm hmm) Instead of	732	
ABI allows shift of perspective about shame	like, "I experience shame because I'm bad",	733	
	there's like, "there is shame… and I feel bad	734	
	when I'm in touch with that shame" (Yes) or	735	
Shame maybe needed previously but not needed anymore so can give it up.	"that shame belongs to a time that's not right	736	
	now." That shame… we can locate it (Yes) to	737	
	another time. So, it's… a process of	738	
Identification with shame and then disidentifying with it	identifying… with it, (Mm hmm) and then…	739	Identification and then disidentification allows client to give up shame as a defence mechanism
	disidentifying with it. (Mm hmm) So, "I don't	740	
Able to give up shame as a defence mechanism	need it so much now because I know I'm, I'm	741	
Vulnerability is not total either – can survive someone turning away	ok now whether someone turns away from	742	
	me or not. That's the stuff they want to do.	743	
	That's up to them. It's not- I'm no longer…	744	
	totally vulnerable and totally in need of them	745	
	to not turn away from me." (Mm) You know,	746	
	so those sort of things. So actually, tha-that	747	
Identification and disidentification	process, uh… of identifying with it and then	748	

helpful in traditional talk therapy and avatars	disidentifying with it (Mm hmm) is-is something I do in talk therapy without the avatars as helping. Interviewer 35: Yes, that was going to be the next question. Sarah 35: It's immensely transforming in that	749 750 751 752 753 754	
Tuning into self, noticing sensations	sense. There's a kind of process of tuning into the self and noticing our sensations and that kind of thing. Uhm, that we do- we can do	755 756 757	Importance of tuning into self and noticing sensations – transforming
Avatars add another externalised quality	just as much with the avatars, but i-it adds another, uhm… externalised quality, I guess. Wh-which might be, you know, thinking	758 759 760	ABI adds externalised quality of tuning in and noticing
	about long-term change, (Mm hmm) … you know, t-to be curious about which one would be more effective. (Mm hmm) So… if one was	761 762 763	
Checking in, tuning in, connecting with, bringing attention inwards	to be face-to-face and checking in and tuning in and connecting with and bringing one's attention in inward (Mm hmm) … uhm, to	764 765 766	Face-to-face therapy brings attention inwards – comparison with ABI
Avatars tune into looking outwards, pulling back	allow that identification and disidentification compared with avatar… tuning in to look at that, that figure and being able to, uhm, kind of pull back and… uhm, recognise, identify, you know, (Mm hmm) and then disidentification, if that was- and then later on in the week… if that would have a differ-,	767 768 769 770 771 772 773	ABI allows distance to pull back and look at it outwardly – comparison with traditional

Curiosity about which would have longer reaching effects traditional therapy which looks inward or avatars which help externalisation	you know, if they would experience the shame differently, you know. (Mm hmm) I gue- I guess it would be good to be curious about that. (Mmm) D-do you know what I mean? Have I articulated it…? Interviewer 36: Uhm, I'm thinking I mi-might need to hear that again. Sarah 36: So, my understanding of the process of change (Mm hmm) is that we can	774 775 776 777 778 779 780 781 782	
Identify reasons identities evolved- reasons for defences	identify with the reasons… certain identities evolved. (Ok. Yes) Yes? So, uhm… if my carer turns away from me or is aggressive or is hostile but in some way turns away from me an-and doesn't meet my needs, doesn't	783 784 785 786 787	Identify reasons defences evolved and have empathy, compassion with them
Self-blame for carer's actions in turning away Fear, threat Child feels they can't blame parents so must blame self	recognise a-all that I am, (Yes) and I then need to… in order to survive I have to look after myself by saying to myself, "It must be my fault", (Yeah) "It can't be them. If it's them, I'm in deep trouble." You know. "If they are, if they're who I depend on and they are turning away, then, then I'm in deep trouble." (Yeah) So that's got a… really… Interviewer 37: Yeah, cause then it, if it's something about me, it's something I can change.	788 789 790 791 792 793 794 795 796 797 798	Self-blame

Child feels can control/change self to stay safe/reduce threat but not parent Feeling of being able to control self alleviates feelings of being overwhelmed Process of change recognising that self-defences were to take care of self and they had a lack of choices but now they have more choices and don't need the old defences Self-compassion and care for the younger self They now have choices, not as vulnerable Can see that they can let go of their archaic self-defences	Sarah 37: Absolutely, I can control or I can control the way I pr-, I present myself (Yeah) or the way I smile, change the way I please them or (Yes) you know, I can do all these things I can take control then. (Yes) Uhm, and then my experience isn't so overwhelming so then, the process of change is when someone recognises that they needed to do that to take care of themselves. That was the best way they could… an-and that they had no other choices. (Yeah) That was all they could do. (Yeah) Uhm, and there's that self- compassion, you know, that sort of care for oneself. (Yeah) You know, that care for th-the younger self… you know, of themselves. And uhm… and that now, when the smiling and, you know, uh… when whate-whatever the strategies were back then, when they, when they do it now, uhm… something shifts because they realise they have a choice. They're not as vulnerable as they were back then. They're able to discern- I think this is the trauma informed work is we're able to discern their there-and-then to the here-and- now. (Yeah) Uhm…	799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823	Control as defence mechanism to stay safe Lack of choices as child but seeing options now makes old defences obsolete Self-compassion and care for the younger self

	Interviewer 38: Yeah. That the way they had	824	
	to protect themselves then (Yes) that they're	825	
	not in that situation any longer. They're in a	826	
	different situation (Yeah) and so they don't	827	
	have to protect themselves in the same way.	828	
	(Yeah) Ok.	829	
	Sarah 38: Yeah, and they can recognise how	830	
	vulnerable they feel about it. (Mmm)	831	
Tune into vulnerability rather than controlling	Whereas back then they-they couldn't tune	832	Tune into vulnerability rather than controlling
	into that at all. They just had to start	833	
When in survival mode, difficult to tune in – fight, flight, freeze mode inhibits higher reasoning.	controlling stuff. You know, (Mmm) try, try	834	When in survival mode, difficult to tune in
	and block out their vulnerability. Whereas	835	
	now, they have the option of recognising	836	
	their vulnerability and their-their smallness,	837	
	you know, and their-their… sadness, their	838	
Option of recognising emotions rather than avoiding them	disappointment that people do stuff that	839	Option of recognising emotions rather than avoiding them
	they don't like. (Mm hmm) You know, all that	840	
	lovely-lovely mixture of stuff when we	841	
Connection with self	connect with ourselves, you know… And,	842	Connection with self
	uhm, so that process can happen beautifully	843	
	talking face-to-face and in an embodied way.	844	
	(Mm hmm) Uhm… with, with the avatars,	845	
	uhm… I think… I get the sense that…	846	
	somehow developmentally, uhm … because	847	
	yo- you can- yeah, that some,	848	

Some people do the work internally without the need for externalisation and others are less able to do so If the avatars are not holding the client's interest, it may be that they've already done the work internally Connect with self – some people do so internally, some need to do so externally Image as a first step back to themselves – distance, externalised process allows them to begin to connect with themselves Therapist respects the continuum of capacity to process difficult feelings and works in a way that is best for the client. Noticing, being in tune with client's experience	developmentally… people can be more able and less able to do the embodied processing. (Mm hmm) So, uhm… and I think sometimes the avatars just don't, they just don't that, uh…... what's the word… uh, power, hook. They just don't hold it because the person's done the work for themselves internally, (Ok) and they're able to manage that… And then some people, when they're invited to connect with themselves and they are in their experience… they can't (Mm hmm) … so that's, that's really useful when they've got an image because that's kind of a first step back towards themselves, I think, because they can make an image of themselves rather than be with it… So, I think, I think, there's sort of a continuum of the capacity that someone has to process (Yes) difficult feelings. Interviewer 39: So, it, once again, it comes back to knowing your client (Yeah, yeah) and being in tune with- Sarah 39: Yeah, real-really noticing all those little-	849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873	Tailor therapy to needs and abilities of client ABI may not hold client's attention if they've already done the work internally Distance, externalised process, avatar as self Therapist respects client's capacity to process and works with it Noticing, being in tune with client's experience

	Interviewer 40: -with your client's	874	
	experience. Yeah.	875	
	Sarah 40: inwards and outwards, you know,	876	
	little shifts, or ease or… unease.	877	
	Interviewer 41: Yeah, and so it goes back to	878	
	again that… in a, within a session they might	879	
	be like "No, don't want to do that right now"	880	
	or (Yeah, yeah) come in and be like "I would	881	
	love to be in on the avatar system today".	882	
	Sarah 41: Yes, yes, yes… Yeah, yeah and	883	
Giving a voice	because, kind of giving it a voice, (Mm hmm)	884	ABI giving a voice
	I think you were asking about what did I	885	
	think, uhm… brings, uh, what was the word	886	
	you used, uh, maybe you used-	887	
	Interviewer 42: What was the	888	
	transformation? (Transformation) How did	889	
	the transformation happen? Or, yeah.	890	
	Sarah 42: Yeah, that's right. Uh, and I think	891	
Having a voice (the feeling etc.) brings relief or transformation	sometimes, uh, it brings that sense of relief	892	Giving voice to emotion brings relief or transformation
	or transformation because it's had a voice.	893	
The feeling has been symbolised externally.	(Mm hmm) Whereas, it's never had a voice	894	Feeling symbolised externally
	before. Now it's got a little voice and a colour	895	
	and an image. They've been able to be really	896	
	specific about the colour they've chosen, and	897	
	I think all those lovely, lovely rich	898	Choice and self-expression is transformative.

Choice and self-expression is transformative. Traumatised people had their choices taken from them. Choice, self-expression, connection with self key, more so than theory?	opportunities for choice and self-expression (Mmm) is transformative in itself. I mean, tha-that's really key. (Yes) No matter what my clever head says, or my clever, little models are, they've had all this rich opportunity for choice, for self-expression, connection with themselves. Interviewer 43: Yeah. I can see how, if they didn't have choices as a young person, as a child (Yeah) how having choices now would feel empowering.	899 900 901 902 903 904 905 906 907 908 909	Choice, self-expression, connection with self key – empowering on a deeply psychological level
Having choices empowering on a deeply psychological level	Sarah 43: Yeah. Yeah, yeah. Yeah, and on a deeply psychological level. You know, wh-	910 911	
In survival mode, not able to make choices, just reacting Not safe to take time to think of options when threatened – primitive functioning	when they were in survival mode, they weren't choice making, you know. That was, that was, "I've just got-" you, know, your organism is going to organise how you behave because there is no choice here. It's not safe. (Yeah) You know, ther-there's little experiences, and I think they're expansive	912 913 914 915 916 917 918	Defences – survival mode Having choices expands client's world
Having choices = expansive experiences, opportunities to stretch their wings, explore, expand their horizons Empowerment	experiences of, "Yeah, I want that" and, uh, "I want to move it just a little bit over there" and, uh, "I want to view it from over there". (Mmm) Those are just rich in that empowerment and in that sort of self…	919 920 921 922 923	Empowerment – power dynamics, agency

Connection with healthy part of self	connection with health, you know, with the healthy part of themselves, so…. Yeah. (Ok, ok) Mmm, I love this stuff! Interviewer 44: I can see! (Both laugh) I'm actually getting quite excited… They did tell us as a research student you have to find something that's gonna keep your attention (Yeah!) for- And I think just doing these interviews have made me more excited. (Both laugh.) Sarah 44: That's wonderful. Interviewer 45: But I've also kind of been thinking I do have to watch out (Sarah laughs) that if someone does feel that there were more unhelpful aspects about it (Sure, sure, sure) that I give that just as much space. Sarah 45: For sure. Yeah, be curious and let me know. (Both laugh) (We then briefly spoke of when the research might be available before I asked the final question of the interview.) Interviewer 46: Is there anything else that you would like to tell me about your experiences of providing avatar-based interventions?	924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948	Connection with healthy part of self

	Sarah 46: I will pause and think.	949	
	Interviewer 47: Ok.	950	
Speed of connecting with something meaningful in self good for client, deskilling for therapist – maybe thoughts of the client being able to do it on their own? Or that therapist has trained and has all the theories but yet with ABI client connects with meaningful material quicker	Sarah 47: (long pause) I think sometimes the speed of the, uhm…... the way that the client has been able to connect with something meaningful… (Mm hmm) has been, uh… quicker. (Ok) … So, uhm, and that's a little bit deskilling for me. (Sarah laughs)	951 952 953 954 955 956	Speed of connecting with something meaningful in self good for client, deskilling for therapist
	Interviewer 48: Oh, oh dear.	957 958 959 960	
Traditional talk therapy now feels slower	Sarah 48: Because I don't use it all the time, so, you know, I have to go back to, you know, the slower way, the slower method in other-	961 962 963	Traditional therapy feels slower - timing
	(Yeah) (Sarah laughs) realms, so, uhm…	964	
	Interviewer 49: So maybe it sort of changes your expectations of… (Yeah, yeah) of the clients that you're jus- you're sitting with without the avatar-based…	965 966 967 968	
	Sarah 49: Yeah, yeah. I've saw two clients, uh, that I have seen over the last few months and, and, uhm, we didn't have the internet and, uh, so we couldn't use the avatars and,	969 970 971 972	
Traditional therapy didn't feel as if it	uhm… yeah, it didn't flow as easily. Uhm, but	973	Traditional therapy doesn't flow as

flowed as easily after ABI But had already been a bit "clunky" relationship Could potentially be an issue to rely on software than on own skills as therapist Important threads more visible, externalised process, focus Powerful stuff happening quickly Not sure whether speed is good or not	it had been a month or two since I'd seen them, and it was a little bit a clunky relationship within a school. (Yes) Uhm, but yes. I did find that I had some skills left, thankfully! (Both laugh) But I guess that could be, that could be an issue in that… you know, to be sort of reliant on it, you know, (Mm hmm) as an, as a medium but, uhm… but I think, uh… but I think wh-when it's used, when it's used, there's definitely something about… uhm, dis- I think there's something I kept noticing… the important threads. (Mm hmm) It feel- that I feel… maybe they're just more visible. Maybe that's it, but they feel quicker. And I think, I think some really powerful stuff has happened (Mm hmm) really quickly. (Mm hmm) And I think- I'm sure that's happened more… more quickly than if I was working with-without the… th- the software. (Ok) Uhm… whether that's a good or a bad thing, I don't know. You know, whether speed is a good thing, I don't know. (Mmm) But it definitely, it definitely had a quality about it, so, uhm…	974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998	easily after trying ABI - timing Important threads more visible, externalised process, focus Powerful stuff happening quickly timing Uncertain if speed good or not but leaning towards it being helpful

	Interviewer 50: So maybe it's something	999	
	that… say when I'm doing the writing up or	1000	
	the analysing… we don't know if it's helpful	1001	
	or unhelpful, it just is.	1002	
	Sarah 50: Yeah, yeah. And I mean, you know,	1003	
Budgets, limited resources	they talk about budgets and… having limited	1004	
	resources these days and so having therapies	1005	
	that work quickly, (Mmm) you know… This	1006	
Not sure whether faster therapies are effective in the long term	might speak into that but whether that's… as	1007	
	effective or more effective, I don't know.	1008	
	Interviewer 51: Yes… It's kind of thinking,	1009	
	who is it more helpful for? (Exactly!) Is it, is it	1010	
	just helpful for say… NHS which might want	1011	
	to get people out in 6 sessions (Yeah) or is it	1012	
	actually helpful to the client?	1013	
	Sarah 51: Yeah. Yeah, yeah… but I have seen,	1014	
	I have seen rapid change fo-for clients, as	1015	
	well, you know. (Mm hmm) So, uhm…	1016	
	Interviewer 52: So, would you be leaning on	1017	
	that one towards more helpful or unhelpful?	1018	
Leaning more towards the speed being helpful	Sarah 52: I think helpful. (Helpful) Yeah. Yeah,	1019	Speed probably helpful – timing
	yeah. Yeah, I probably would.	1020	
	Interviewer 53: Ok. Is there anything else you	1021	
	would like to tell me or is there any questions	1022	
	you would like to ask me?	1023	

	(Brief discussion about play therapy which led to a question about avatar therapy.) Interviewer 54: Do you think that avatar-based interventions that that could be a therapy in its own… or is it more of an adjunctive or… supplementary? Sarah 54: I…... uhm, uhm, uhm, that's hard to answer because I have my skills that I've… (Yes) looked through. (Yes) Uhm… I've, I… I don't know. I think it might be possible to… get a lot from the image making, you know, (Yes) and to interacting with the image might be…... that be really good, (Mmm) you know, that might be really effective… Uhm… because what I said about the client's processing. (Mm hmm) You know, there's stuff going on for them, you know. (Yes) And I think that would probably happen if you had… a sensitive… responsive kind of therapist with you but who, who had the interventions that were avatar-based, you know, (Mm hmm) so "Let's look at it from a different angle. What size would that be, what colour?" You know, so if it was sort of avatar driven, (Mm hmm) I guess, I guess it's	1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048	
Need for therapist to be sensitive and responsive			Need for therapist to be sensitive and responsive

	possible that many clients could get	1049	
	something quite valuable from that. (Yeah) I	1050	
Importance of having skilled therapist whether with or without avatars	personally… because I've got the skills that I integrate into using it, (Yes) and it is, it is part of this… this-this intervention that I offer, because it's part of it, I don't know how to separate them. (Mm hmm) You know. (Yes) And I would be like, "Uh, would other therapists, you know… use all those opportunities (Mm hmm) tha-that I use because of my training?" You know? And uh, if they, they didn't have that, uh, training (Yeah) the client may still get a lot from that opportunity. (Yeah) So, (Yeah) it's possible. I don't know…	1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063	Importance of having skilled, trained therapist whether with or without avatars
Training	Interviewer 55: I think-	1064	
Importance of training in understanding self and others	Sarah 55: You'd have to get a lot, you'd have to get a lot of training… in understanding yourself and understanding others, I think.	1065 1066 1067	Therapist trained in understanding self and others
Would miss a lot if not trained in traditional therapy techniques so ABI can't be used on its own without a trained therapist.	(Yeah) I don't think- (Sarah makes noise) I think you'd miss a lot. I think you'd just miss a lot if you weren't trained in, in therapy.	1068 1069 1070	
	Interviewer 56: It feels like it's a crossover… (Yeah, yeah) between traditional face-to-face therapy where you just sitting with a client	1071 1072 1073	

	talking (Mmm, mmm) or so traditional talking	1074	
	therapies and, and say art therapy, art-arts	1075	
	therapies, dance therapy, play therapy. It	1076	
	feels like it's a nice crossover. (Yeah, yeah,	1077	
	yeah) Like a bridge.	1078	
	Sarah 56: Yeah, I think, uhm… my, one of the	1079	
	big trainings that I've done is innnn this	1080	
Play and improvisation	improvised and play, playful therapy (Mmm)	1081	Play and improvising important
	so, you kind of have a play space together	1082	
	and it's improvised. (Yeah) And, uhm… the	1083	
Misses avatars when not doing it because they bring opportunities to respond to information and associations	thing that I miss… when I'm either not doing	1084	
	avatars or doing that… uhm… I miss the	1085	
	opportunities to respond to things because	1086	ABI brings opportunities to respond to information and associations – new awareness, insight
	that brings information and… associations	1087	
	occur as you're looki- "Oh, no, I don't want to	1088	
	be under the dark tree!" "What's under the	1089	
	dark tree?" (Mmm) That sort of, that	1090	
Playfulness in therapist's response	playfulness and that sort of responding to	1091	Playfulness
	what's there, (Yes) because it calls on	1092	
	something that's in here, (Mm hmm) so,	1093	
	uhm… so I miss that. So tha-that feels like a	1094	
	bridge, as well. (Mmm) So it's like it's a	1095	
seeable… placeable, adjustable thing that's psychologically driven	seeable… placeable, adjustable thing, (Yes)	1096	
	uhm… that's psych-psychologically driven.	1097	
	(Mm hmm) So, uhm… so… (Sarah blows	1098	

	breath out) So, I don't know what I was trying	1099	
	to say there! (Both laugh) So yeah. But, yes, I	1100	
	would agree. I like the idea of it being a	1101	
ABI as a substantial bridge	bridge. Yeah, yeah. And quite a substantial	1102	ABI as tool – substantial bridge
	bridge. It feels pretty… (Mm) pretty… (Yes)	1103	
Play is good – in play therapy, play is healing	Yeah… and play, play is good, as you- it's	1104	Play is good, healing
	lovely that you know, you know. So, that	1105	
	opportunity to just play- and when I say just	1106	
	play, I mean it in the most… expansive sense.	1107	
	(Ahh, yes, yes) Yeah… you know, it's all those	1108	
	things about choice and not black or white.	1109	
Possibilities	All the… all the possibilities. (Yes) Lovely!	1110	Expansion of possibilities
	Lovely.	1111	
	Interviewer 57: Mmm, yes.	1112	
	Sarah 57: I think that's maybe, also about the	1113	
Not babyish or uncool play so teenagers are interested – ABI accessible because it is play but for teens and adults	teenagers that I've worked with, that this is	1114	
	play. The avatars is play, (Yeah) but it's, it's	1115	ABI accessible because it is play but for teens and adults
	not uncool. (Yes) It's not babyish, you know,	1116	
	so it's, it's very accessible. And equally, you	1117	
	know, with grown up clients, it feels very…	1118	
	grown up. It feels very… uh… you know,	1119	
	accessible rather than a, you know, finger	1120	
	paints- "Oh, no, that's messy!" Play is silly,	1121	
	you know. It's quite a playful and delightful	1122	
	process, so, yeah, yeah. I will add that.	1123	

Playfulness really key	Interviewer 57: Great! So, I will add that in. Sarah 58: Yeah, I think that's really key.	1124 1125	Playfulness is key

Key to reading the transcript

Yellow highlighted passages were those passages chosen as potential quotes for the write up.

Green highlighted parts are the interviewers/analyser's own thoughts and not directly the words of the participant. These were highlighted to keep them in mind while completing the analysis and write-up.

Blue highlighted parts were parts that were intended for definite use in the write-up.

Underlined passages were the first lines that caught the analyser's attention for comments/notes.

Emerging Themes organised into Superordinate Themes

1. **Exploration and Meaning Making**
   1.1. Curiosity and playfulness in exploration

Exploration of difficulties rather than "goals" – no preconceived ideas

Openness, curiosity – wondering, observing, noticing, asking questions about the image, space to wonder

No judgement if client not engaging with ABI – something else to be explored as to why; Important to have curiosity about client's disengagement because they are saying something about their wants or needs

Being in tune important – therapist with client and client with self and noticing sensations is transforming (very important in remote work); difficult in survival mode

Play, exploration key - be spontaneous, safer to explore, experiment with strong, intolerable or threatening feelings in ABI, improvise, play is healing, allows teens and adults to play

1.2. New insights

Expansion of possibilities – new perspective

Having space or seeing grey areas allows feelings to become more tolerable to explore

Growing insight – new awareness; Discovery of new material; ABI affords greater opportunities for understanding and self-expression – new awareness through externalised process

Externalised processing – allows client to see more options than shame being totally true; allows shift of perspective

1.3. Meaning

Everything has meaning – even withholding, image, placement; if client doesn't engage with ABI, might mean they are more interested in relationship; Important to have curiosity about client's disengagement because they are saying something about their wants or needs

Meaning making – Client saying something important through image; Client in control of meaning making, agency; interpretation in control of client feels safer and allows client to own the material, agency, choice better outcome; Dialogue allows client to make own meaning they can own

2. Client- centred practice– Sarah

2.1. Tailor therapy to client's needs

Someone with high shame, self-criticism might find it difficult but therapist can tailor therapy

Client led therapy – Therapist paying attention to client's indications of what they need, client guides therapist, client as expert on self

Tailoring work to client's needs and abilities – Never impose avatar, ABI tailorable to individuals; contextuality or subjectivity, what is helpful or unhelpful for some not for all; Therapist respects client's capacity to process and works with it; no preconceived ideas from therapist; Therapist not expert, each client unique

Important to have curiosity about client's disengagement because they are saying something about their wants or needs

ABI more client-centred

2.2. Client agency

therapist facilitates client feeling safe by allowing client agency and choice; autonomy; client has a choice, control, power; client holds

the power, not the therapist; Choice and self-expression is transformative; connection with self to allow choice and self-expression key and empowering on a deeply psychological level; making choices difficult in survival mode; Having choices expands client's world

Build therapeutic relationship by being explicit about client's rights - Client has a choice which makes them feel safe, time, responsibility of self-care; Clients need to feel safe to be able to express preferences

Client doing work for themselves - Therapist "less important"; interpretation in control of client feels safer and allows client to own the material for a better outcome

Important to have curiosity about client's disengagement because they are saying something about their wants or needs

2.3. Power dynamics

Collaboration – agreement, contract each session; empowers therapist to help client because client holds the power; Mutuality, intersubjectivity; negotiation

The screen lowers the intensity of negative power dynamics in the therapeutic relationship; ABI helps clients feel safer to be vulnerable if they feel power dynamics more equal; helps build mutuality; Dialogue lessens power dynamic; Dialogue safer than therapist interpretation

3. Defences

3.1. Fear

Fear of being out of control

Fear of judgment – ABI reduces fear of judgment; Having difficulty recorded is threatening; Thought of being recorded inhibited client's expression because of fear of judgement and rejection of parts of self; Projection of judgment of self onto therapist, client felt reject-worthy so thought therapist saw him that way; Client's fear of judgment keeping them from doing what they need to do for their best; Social expectations impinge on client's needs, feelings, impulses

fear of being uncontained

avoidance of emotion

powerlessness in face of overwhelming emotions

Creating own images too "floaty", too uncontrolled – fear of something unwanted emerging, allows too much unknown; might feel too much like putting self on display to be judged or feel too

real, as if they are locked into it; Trauma client's feeling unsafe to create image due to overwhelming experiences

3.2. Reasons for defence mechanisms

dissociation or intellectualisation, for self-care, necessary for client to feel safe; control as defence mechanism; No judgment about client use of defences; Shame as defence mechanism; Identification and then disidentification allows client to give up shame as a defence mechanism; Identify reasons defences evolved and have empathy, compassion with them

Distraction helpful if used because client's strong feelings are intolerable to client; Client may feel unsafe creating image if they need to use words to feel more stabilised or that it is more tolerable; avoidance of emotion; Powerlessness in face of overwhelming emotions

Self-blame

3.3. Managing defences

Lack of choices as child but seeing options now makes old defences obsolete; Self-compassion and care for the younger self; Tune into vulnerability rather than controlling; Option of recognising emotions rather than avoiding them

Noticing, externalising or personifying shame as avatar is transforming – projection into avatar; Identification and then disidentification allows client to give up shame as a defence mechanism

4. Externalised process– Sarah

4.1. Distance

Distance, externalised process – image gives form to client processes and makes them accessible to therapist and client; distance aids trust to reflect and express; symbolise without words when client has difficulty finding words; makes emotions tolerable through becoming observer ego; Externalising shame in the context of the relationship can alleviate stress; allows client to see more options than shame being totally true; allows shift of perspective; pull back and look at it outwardly; Feeling symbolised externally; Important threads more visible, able to be focused on; timing, client immediately doing the work; ABI helps client organise their thoughts to see more options; brings opportunities to respond to information and associations

ABI adds externalised quality of tuning in and noticing

Face-to-face therapy brings attention inwards - ABI allows distance to pull back and look at it outwardly; ABI may not hold client's attention if they've already done the work internally

4.2. New awareness/insight

New awareness – ABI affords greater opportunities for understanding and self-expression; brings opportunities to respond to information and associations

ABI giving a voice to emotions - brings relief or transformation

4.3. Identifying with avatar

Avatar as self, personifying shame by projecting it into avatar and noticing it is transforming; Connection with healthy part of self is less threatening with ABI; Identification and then disidentification allows client to give up shame as a defence mechanism

5. Therapeutic Relationship– Sarah

5.1. Therapist's qualities

flexibility, sensitivity, and responsiveness in supporting client, compassion

Importance of having skilled, trained therapist whether with or without avatars – Therapist trained in understanding self and others

5.2. Intensity of relationship

Intensity of relationship between therapist and client can support or distract from what the client experiences depending on what client needs

5.3. Building blocks of therapeutic relationship

Sense of safety and having a voice helps therapeutic relationship – Safer to explore strong, intolerable feelings through ABI; Connection less threatening, less pointed through ABI

Eye contact evokes intimacy, trust

Build therapeutic relationship by being explicit about client's rights - Client has a choice which makes them feel safe, responsibility of self-care; Client can take time to trust the space and the therapist

Importance of checking in when doing remote work, deliberately asking client for feedback or noticing more; Level of connection reduced in remote work; When remote client disengaged from ABI it's harder because the image isn't there

5.4. Avatar as mediator in relationship

Screen, image as third entity – Screen connects therapist and client; The screen lowers the intensity negative power dynamics in

the therapeutic relationship; Clients possibly feel less exposed with both looking at screen; ABI as mediator between therapist and client

Focus on screen may make therapeutic relationship less "nourishing" – tailor to client's needs, might need that "intensity"

Power of the image is useful in remote work maybe because less intense relationship or less human to human contact, remote ABI potentially even more powerful?

6. Timing– Sarah

6.1. ABIs faster than traditional

Client immediately doing the work

Speed of connecting with something meaningful in self good for client, deskilling for therapist - Powerful stuff happening quickly

Traditional therapy feels slower and doesn't flow as easily after trying ABI

6.2. Speed Helpfulness

Uncertain if speed good or not but leaning towards it being helpful

7. **Comparison to Traditional Techniques**– Sarah

7.1. ABIs more helpful than traditional

Safer to explore strong, intolerable feelings through ABI

Traditional therapy feels slower and doesn't flow as easily after trying ABI

Speed of connecting with something meaningful in self good for client, deskilling for therapist - Powerful stuff happening quickly

7.2. Similar to or use alongside traditional techniques

Avatar gives lead in for psychoeducation about emotion

Psychoeducation about feelings not defining our experience

ABI normalises or generalises emotion and experience

Exposure therapy for traumatised clients, desensitisation to certain expressions so that they can tolerate them, so they feel safer to express

ABI as tool – substantial bridge

8. **Themes that don't fit in Superordinate but may be useful in overall Superordinate themes**

    Delightful postures, movement

    Postures, labels containing, known entities so feel safer when overwhelmed by emotion

    Humorous postures lighten the intensity – creates space, gives perspective

    Screen as distraction from process

Sarah Transcript Tables

Table 1.

Superordinate Theme	Subordinate theme 1	Subordinate theme 2	Subordinate Theme 3	Subordinate theme 4
1. Exploration and Meaning Making	1.1 Curiosity and playfulness in exploration	1.2 New insights through ABIs	1.3 Making meaning	
2. Client-centred practice	2.1 Tailor therapy to client's needs	2.2 Client agency	2.3 Power dynamics	
3. Defences	3.1 Fear	3.2 Reasons for defence mechanisms	3.3 Managing defences	
4. Externalised practice	4.1 Distance	4.2 New awareness/insight	4.3 Identifying with avatars	
5. Therapeutic relationship	5.1 Therapist's qualities	5.2 Intensity of therapeutic relationship	5.3 Building blocks of therapeutic relationship	5.4 Avatar as mediator in therapeutic relationship
6. Timing	6.1 ABIs faster than traditional	6.2 Speed helpfulness		
7. Comparison to traditional techniques	7.1 ABIs more helpful than traditional	7.2 Similar to or usage alongside traditional techniques		

Table 2 Quotes supporting Superordinate theme 1 Exploration and Meaning Making

Subordinate Theme	Line Numbers	Example Quote
Curiosity and Playfulness in exploration	149-155	'We're both looking towards an image we can both hold curiosity about, and uhm, the quality of curiosity and choice and… compassion comes into it regularly because we are both able to sit back with their image.'
	179-187	'I think that process of… connecting with your clients… in a world can be done in a way that's… less threatening, perhaps less… pointed, you know. So, we can both hold some curiosity about what it looks like, what it feels like to see that, you know. And… they are then… doing the work.'
	1104-1107	'play is good, as you know. So, that opportunity to just play- and when I say just play, I mean it in the most… expansive sense.'
	1115-1123	'The avatars is play, but… it's not uncool. It's not babyish… It feels very… accessible rather than… finger paints- "Oh, no, that's messy!" Play is silly, you know. It's quite a playful and delightful process…'
	302-308	'we understand why it's useful because the feelings are too strong to tolerate… without… another space to… uhm… explore and expand, maybe… Express.'

	543-553	'But it's more that creating images [in ProReal] allows too much unknown and that there's more safety for the client, that they feel safer or more… stabilised or more like they can tolerate… some experiencing of what they are trying to explore… with less uncertainty, with more words and "I think this, and I think this". Less "I feel", naming some feelings. Uhm… so the, the postures and kind of scrolling through the postures can be really useful.'
New Insights through ABIs	217-221	'the way we can work the image is much more… of a dialogue and a… a growing and a gathering insight rather than "I've got me, the therapist, has the power and interpretation right", you know.'
	1084-1088	'…when I'm… not doing avatars… I miss the opportunities to respond to things because that brings information and… associations occur as you're looki[ng at the screen]'
Making Meaning	26-38	Everything has meaning 'my practice of facilitating that relationship is something about agency and really recognising what the client is bringing… even if that's withholding… they're still presenting something, you know. So, their agency within their withholding is that they are trying to take care of themselves and my kind of practice is around recognising… what they are doing to take care of themselves within that space, you know.'
	153-156	Making meaning of the client's image 'we are both able to sit back with their image and with… what other qualities there are from the image.'
	217-226	The client can work with the image on the screen to find meaning.

		‘the way we can work the image is much more… a growing and a gathering insight rather than “I’ve got me, the therapist, has the power and interpretation right”, you know. It’s more owned by the client… that, I think, provides a sense of safety and a sense of having a voice.’

Table 3 Quotes supporting Superordinate theme 2 Client-centred practice

Subordinate Theme	Line Number	Example Quote
Tailor therapy to client's needs	456-462	'because I've never imposed avatar use I can't say I can think of a really unhelpful quality of it… [W]e'll just not use it as much or we'll just not use it at all if that's what feels… right, you know.'
	646-653	In regard to tailoring therapy to make it more accessible for the client who is finding it difficult 'maybe someone with a high experience of self-shame and self-criticism… it might be too much for because they're kind of committing to an image and to a shape, you know. And… perhaps… I've still got the "but then we can do this" in my head. '
Client Agency	89-100	'I think I probably do mention those qualities of… the client's… agency and autonomy, I think… a lot within the sessions as well… that they've got choices. I think that's really useful, really good for them to- for any of us- to feel… safe to express our choices or our preferences.'
	41-45	'So, there's no expectation that they… should trust. You know, that they're going to take their time to decide whether they want to trust, you know, the space… and me.'
	917-925	'You know, there's little experiences, and I think they're expansive experiences of, "Yeah, I want that" and, "I want to move it just a little bit over there" and, "I want to view it from over there". Those are just rich in that empowerment and in that sort of self… connection… you know, with the healthy part of themselves…'
Power Dynamics	84-88	'So, it's kind of a, a renegotiating every contracting so that they are empowering me, and I'm letting

		them know what my limits are in how I can sort of be empowered by them.'
	137-145	'because you're both looking towards a mutual screen, I think it lowers the intensity of the relationship. So, if there's any negative association with power dynamics, which we all have every now and then… then the vulnerability of the client might be… more tolerable, you know.'
	218-226	'the way we can work the image is much more… of a dialogue and a… a growing and a gathering insight rather than "I've got me, the therapist, has the power and interpretation right", you know. It's… more owned by the client… and I think that helps the therapeutic relationship because that… I think, provides a sense of safety and a sense of having a voice.'
	910-925	'[Being able to have choices is empowering] on a deeply psychological level… Those are just rich in that empowerment and in that sort of self… connection… with the healthy part of themselves…'

Table 4 Quotes Supporting Superordinate Theme 3 Defences

Subordinate Theme	Line Numbers	Example Quotes
Fear	179-184, 193-219	'I think that process of… connecting with your clients… in a world can be done in a way that's… less threatening, perhaps less… pointed, you know. [Using ProReal] I can check things out in a very… open and curious way, so I wonder, "I wonder what it's like from that perspective?" Or "I wonder what it's like for that avatar?" So, it just creates… the space for… for us both really… to wonder, you know. I think, if that sense of being… judged is… is scary, you know, and being… reduced to something like an interpretation or, you know, something that might not feel entirely owned, yet, perhaps, or owned at all, or even accurate by the client, then that… isn't a threat because… the way we can work the image is much more… of a dialogue…'
	626-639	'And we're kind of looking at that little figure on there rather than their anger, their individual experience… kind of… normalises some of that and generalises their experience so that it's not so… scary, you know… I worked with a young boy and he, he didn't engage with it particularly… well… I think he was very fearful of expressing something that he didn't have control over. I think he was worried that he would get it wrong.'
	672-682	'I would guess that it's the client's deeper sense that… there's parts of them that are reject-worthy, and… they expect you to find them reject-worthy or they expect you to find their stuff reject-worthy… I guess it would… feel like it came from me. They were fearful of my judgements of what they've done, perhaps.'

Reasons for defence mechanisms	781-809	'So, my understanding of the process of change is that we can identify with the reasons… certain identities evolved. So… if my carer turns away from me or is aggressive or is hostile but in some way turns away from me and doesn't meet my needs, doesn't recognise all that I am, and… in order to survive I have to look after myself by saying to myself, "It must be my fault. It can't be them. If it's them, I'm in deep trouble. If they're who I depend on and they are turning away, then, then I'm in deep trouble." I can control the way I present myself or the way I smile, change the way I please them… I can take control then… and then my experience isn't so overwhelming… [T]hey needed to do that to take care of themselves… They had no other choices.'
	33-45	'So, their agency within their withholding is that they are trying to take care of themselves and my… practice is around recognising what… they are doing to take care of themselves within that space, you know. So, there's no expectation that they… should trust. You know, that they're going to take their time to decide whether they want to trust, you know, the space… and me.'
	535-541	No negative association with need for defence mechanisms 'So… there's more… a tendency to want to… I don't know. They'll use a word intellectualise… I don't have a negative- that feels kind of- it's got a negative association which I don't hold so much.'
	725-727	'…we have felt shame often to protect ourselves, to try and maintain the bond with our… primary attachments.'

Managing defences	729-747	'…because it's externalised… we can use the spacing and the proximity and sites… Instead of like, "I experience shame because I'm bad", there's like, "there is shame… and I feel bad when I'm in touch with that shame" or "that shame belongs to a time that's not right now." That shame… we can locate it to another time. So, it's… a process of identifying… with it and then… disidentifying with it. So, "I don't need it so much now because I know I'm ok now whether someone turns away from me or not. I'm no longer… totally vulnerable and totally in need of them to not turn away from me."'
	781-823	'So, my understanding of the process of change is that we can identify with the reasons… certain identities evolved… the process of change is when someone recognises that they needed to [use control as a defence mechanism] to take care of themselves. That was the best way they could… and that they had no other choices… and there's that self-compassion… that care for the younger self… and that now… whatever the strategies were back then when they do it now… something shifts because they realise they have a choice. They're not as vulnerable as they were back then. They're able to discern… their there-and-then to the here-and-now.'
	830-840	'…they can recognise how vulnerable they feel about it. Whereas back then they couldn't tune into that at all. They just had to start controlling stuff. You know, try and block out their vulnerability. Whereas now, they have the option of recognising their vulnerability and their smallness, you know, and their… sadness, their

		disappointment that people do stuff that they don't like.'

Table 5 Quotes Supporting Superordinate Theme 4 Externalised Practice

Subordinate Theme	Line Numbers	Example Quotes
Distance	176-178	'And it's this separateness from inside of my head, from what I think, to having it there [on the screen], shared.'
	384-395	'And all of these lovely, the really rich opportunities for greater understanding, for greater self-expression [using ProReal]. So… there's more capacity, more opportunity… to invite expression and reflection and to trust that there's… the opportunity to, to see things and to be separate from them and that that's a useful… quality.'
	626-629	'And we're, we're kind of looking at that little figure on there rather than their anger, their individual experience.'
	856-864	'And then some people, when they're invited to connect with themselves and they are in their experience… they can't… so that's really useful when they've got an image because that's kind of a first step back towards themselves, I think, because they can make an image of themselves rather than be with it…'
New awareness/insight through being able to see processes	217-219	'…the way we can work the image is much more… a growing and a gathering insight...'
	1084-1089	'…when I'm… not doing avatars… I miss the opportunities to respond to things because that brings information and… associations occur as you're looki[ng at the screen]'
	374-387	'… being able to give a form to… things that are yet… to have a form. You know, so there's a

		sense of something within the client… and probably within me, you know, and… to give them a form, with image and placement, proximity. You know, where the avatars are to each other, where they are to… certain landmarks… in the landscape. And all of these lovely, the really rich opportunities for greater understanding, for greater self-expression.'
Identifying with avatars	192-197	Asking client to identify with the avatar by asking about the avatar's experience 'I can check things out in a very… open and curious way. So, I wonder, "I wonder what it's like from that perspective?" Or "I wonder what it's like for that avatar?"'
	700-709, 715-722, 747-749	'…perhaps some of that might rely on my… flexibility and my responsiveness, you know, and how I might then support them to… notice the shame, to place an avatar that represents the shame. And that's massively… transforming. You know, when they've got an experience of feeling shamed, to… watching their shame on the screen… I think there's something about recognising… that we have feelings that influence our experience and how… they don't hold the all-knowing truth. And so, giving it form and placing it on the screen… and we're calling it, you know, their shame… So actually, that process… of identifying with it and then disidentifying with it…'

Table 6 Quotes Supporting Superordinate Theme 5 Therapeutic Relationship - Compassion

Subordinate Theme	Line Numbers	Example Quotes
Therapist's Qualities	700-711	Regarding helping clients who have a high sense of shame '…perhaps some of that might rely on my… flexibility and my responsiveness, you know, and how I might then support them to… notice the shame, to place an avatar that represents the shame. And that's massively… transforming… and alleviates… a lot of stress.'
	1033-1054	I think it might be possible to… get a lot from the image making... that might be really good, that might be really effective… because what I said about the client's processing… And I think that would probably happen if you had… a sensitive… responsive kind of therapist with you but who… had the interventions that were avatar-based… I guess it's possible that many clients could get something quite valuable from that.'
	1051-1071	'…because I've got the skills that I integrate into using it, and it is part of this… intervention that I offer, I don't know how to separate them. If [someone] didn't have that training, the client may still get a lot from that opportunity. So, it's possible. I don't know… You'd have to get a lot of training… in understanding yourself and understanding others, I think. I think you'd just miss a lot if you weren't trained in therapy.'
	149-153	'We're both looking towards an image we can both hold curiosity about, and the quality of curiosity and choice and… compassion comes into it regularly because we are both able to sit back with their image…'

Intensity of therapeutic relationship	137-145	'…because you're both looking towards a mutual screen, I think it lowers the intensity of the relationship. So, if there's any negative association with power dynamics, which we all have every now and then… then the vulnerability of the client might be… more tolerable, you know.'
	265-269	'…the intensity of the relationship between me and the client can… play a part in supporting or distracting the client from what they are experiencing.'
	275-283	'…they may… feel the need for presence, you know, for someone to be really present with them. And perhaps with the avatar space, with the screen, perhaps less of the relationship… nourishment. Perhaps there's an experience of it being less… intense, you know, like a helpful intensity and that maybe it's diluted a bit…'
	345-354	'…that feels like I have to be more intentional as a practitioner when we work remotely. But the power of the image… seems to be intensely useful and maybe that's because the intensity of the relationship or maybe the human to human contact is less intense… you'd have to ask my clients.'
	569-576	'The [expressions, postures are] on a repetition loop and are set little things and you try them out. You disregard some or… choose to kind of giggle at one… It creates a little bit of give where it used to be just black or white. And it just allows that little bit of a grey area, I think.'
Building blocks of therapeutic relationship	223-225	'I think that helps the therapeutic relationship because that… I think, provides a sense of safety and a sense of having a voice.'
	238-242	'…eye contact is… an option, because we're sitting opposite each other, you know, and that evokes

		different feelings, you know, that sort of intimacy and trusting…'
	389-395	'I guess it's more opportunity… to invite expression and reflection and to trust that there's… the opportunity to see things and to be separate from them and that's a useful… quality.'
	324-347	'…the level of… connection between me and the client is definitely reduced when it's remote. I… invite a sort of checking in, you know, and kind of a noticing… I can't do as much feedback when their little face is tiny, or I don't even have their face, you know. So, I think that, I think that's a bit of a loss when you do it remotely… but it means just paying more attention to that and sort of maybe, noticing that together… So, that feels like I have to be more intentional as a practitioner when we work remotely.'
Avatar as mediator in therapeutic relationship	158-163	'So, it sort of becomes a third entity that we're kind of working with and I think that's really helpful to the therapeutic relationship and to building up that mutuality and that connectedness.'
	244-253	'So, there might be more social expectations impinging on… what that client really needs or really feels an impulse to do, you know. And I think having a shared image or creative object, you know… allows that movement to and from each other, you know. And, I think it makes it a lot… I don't like to use the word easier, but a lot more… client centred, in a way.'
	137-145	'because you're both looking towards a mutual screen, I think it lowers the intensity of the relationship. So, if there's any negative association with power dynamics, which we all have every now

		and then… then the vulnerability of the client might be… more tolerable, you know.'
	276-284	'…they may… feel the need for presence, you know, for someone to be really present with them. And perhaps with the avatar space, with the screen, [there's] perhaps less of the relationship… nourishment. Perhaps there's an experience of it being… less intense, you know, like a helpful intensity and that maybe it's diluted a bit…'
	345-352	'So yeah, so that feels like I have to be more intentional as a practitioner when we work remotely. But the power of the image… seems to be intensely useful and maybe that's because the intensity of the relationship or maybe the human to human contact is less intense, you know.'

Table 7 Quotes Supporting Superordinate Theme 6 Timing

Subordinate Theme	Line Numbers	Example Quote
ABIs are faster than traditional	184-190	Client immediately in the work 'So, we can both hold some curiosity about what it looks like, what it feels like to see that, you know. And… they are then doing… the work. They're doing the sort of the processing with the image and I am… less important, in a way.'
	951-956	'I think sometimes the speed of the… way that the client has been able to connect with something meaningful… has been… quicker… and that's a little bit deskilling for me.'
	961-964, 969-976	'Because I don't use it all the time… I have to go back to the slower way, the slower method in other realms… I've saw two clients that I have seen over the last few months and we didn't have the internet and so we couldn't use the avatars and… it didn't flow as easily. But it had been a month or two since I'd seen them, and it was a little bit a clunky relationship within a school.'
Speed helpfulness	984-995	'I think there's something I kept noticing… the important threads… maybe they're just more visible. Maybe that's it, but they feel quicker. And I think some really powerful stuff has happened really quickly… I'm sure that's happened more… more quickly than if I was working without the… software… whether that's a good or a bad thing, I don't know. You know, whether speed is a good thing, I don't know.'
	1004-1008, 1014-1020	'And I mean, you know, they talk about budgets and… having limited resources these days and so having therapies that work quickly, you know… This

		might speak into that but whether that's… as effective or more effective, I don't know… but I have seen, I have seen rapid change for clients, as well, you know.' 'Interviewer: So, would you be leaning on that one towards more helpful or unhelpful?' 'I think helpful. Yeah. Yeah, yeah. Yeah, I probably would.'

Table 8 Quotes Supporting Superordinate Theme 7 Comparison to Traditional Techniques

Subordinate Theme	Line Numbers	Example Quotes
ABIs more helpful than traditional	137-145	ProReal may feel safer for the client 'because you're both looking towards a mutual screen, I think it lowers the intensity of the relationship. So, if there's any negative association with power dynamics, which we all have every now and then… then the vulnerability of the client might be… more tolerable, you know.'
	217-226	Dialogue about the image feels safer 'the way we can work the image is much more… a growing and a gathering insight rather than "I've got me, the therapist, has the power and interpretation right", you know. It's more owned by the client… that, I think, provides a sense of safety and a sense of having a voice.'
	297-305	The screen can give space to explore strong emotion '…the relationship or the screen can either be a distraction to the client having their experience, so I guess whatever's… negotiated as the least distracting from their experience or… if it's a useful distraction, we understand why it's useful because the feelings are too strong to tolerate… without… another space to… explore and expand, maybe.'
	544-554	Creating their own image can feel unsafe but scrolling through the lists can feel safer when they don't have the words 'But it's more that creating images allows too much unknown and that there's more safety for the client, that they feel safer or more… stabilised or more like they can tolerate… some experiencing of what they are trying to explore… with less

		uncertainty, with more words and "I think this, and I think this". Less "I feel", naming some feelings… so… kind of scrolling through the postures can be really useful.'
	984-993	'I think there's something I kept noticing… the important threads… maybe they're just more visible. Maybe that's it, but they feel quicker. And I think some really powerful stuff has happened really quickly… I'm sure that's happened more… more quickly than if I was working without the… software…'
Similar to or use alongside traditional techniques	619-632, 724	'And I think it often gives me a lovely lead in for some sort of psychoeducation, so, you know, I can give a little talk about what anger… means or feels like or what some, some of the thinking behind anger might be. Why we might be afraid of anger, you know, and those sort of things. And we're kind of looking at that little figure on there rather than their anger, their individual experience. [And it] normalises some of that and generalises their experience so that it's not so… scary, you know.' 'I'll weave a little bit of psychoeducation'
	594-613	'I think it might be a little bit about exposure… therapy… You know, desensitising someone to certain expressions. So, you've got… this little avatar that does this beautiful tantrum. You know, they're sort of stamping their feet and "roar!" And it's quite amusing… If that feeling was something that… they may have avoided because it activates too many… powerless feelings or vulnerability, to watch it and see it play out and actually, "Oh, oh. I'm ok still. And we've talked about this and it's doing its thing." It's a nice… loose little experience of expression.'

	1079-1083, 1101-1103	'…one of the big trainings that I've done is in this improvised and play, playful therapy so, you kind of have a play space together and it's improvised… I like the idea of [ProReal] being a bridge… And quite a substantial bridge.'

Appendix H: Participants' Longer Quotes in Context

1. I think the most important thing is the ability to create and control the environment…. You could in a VR environment create say a tube train populated by particular kinds of people [who are] more or less unpleasant. [In] a real-life exposure, you've got no control over what is happening around you. [In AVATAR] you can make the voice more or less hostile…[As] the therapist, you have control over the experience, and I think that's the key (Matthew, lines 711-740).

2. I think it puts more responsibility on the therapist not to do harm… You could make it incredibly scary and probably make things worse. So, it does push the therapist to… always be conscious of that risk… that balance between making it real enough that it's a real experience that the person's really grappling with and not going over the top so that it becomes even worse (Matthew, lines 549-558, 762-767, 778-782).

3. We had one or two who really could not relate. They would say, "This is not real. This is not doing anything for me." And no matter what we tried, with imaginary techniques or with [VRT]… and sometimes it turned out to be avoidance. If they let that go… they would feel it… The repetitive process of the [CBT] exposure [would have] still worked. But [they] could just do nothing with it (Holly, lines 1126-1135, 1113-1114).

4. Generally, I think, even if they can hold in mind it is you, they just get so into the moment that actually that's all that matters... They hear your voice an[d] you have the whole conversation but that's the reality of when… the voices are constantly saying these awful things. They can't escape... But I think in the moment, because it's the face they created [speaking the horrible things] … they're just back in there. And

suddenly it's happening [hearing the persecutory voice] but a different way. It was the suspension of reality and disbelief (Laila, lines 1088-1090, 950-960, 932-935).

5. I think the trauma, I was really questioning to start with. You know, people who had been really horrifically sexually abused and that is then the person that they are kind of working with in the AVATAR and how that might be. But actually, you can really hold and contain people in a way that I wasn't expecting. Though, I think that can't be done in 6 sessions to really allow that kind of supportive piece of work. (Laila, lines 1253-1264).

6. I sometimes worry that if you have a suicidal client, it would almost crystallise stuff for them, make too many connections. Too stark a view of their life. If you could see the suicidal thoughts, [in the ProReal speech bubbles] what would happen?... And even… people who have experienced trauma or have got PTSD… Would that actually pictorially make it feel even… harder… to see? Would that retraumatise them? I don't know (Beth, lines 596-614).

7. It really does have a big impact on the sense of fear and that kind of overwhelming "the voices are in control and there's nothing I can do". Frequency reduces, stress reduces... People felt really good that they felt less frightened by the avatar and able to stand up to it and that produced a sense of control. People came out feeling more empowered and more powerful [than the voices] (Matthew, lines 925-931,368-390).

8. What I hope to accomplish in a working relationship with a client is that we work together as a team wherein I am the expert in how the mechanisms work or how

anxiety and psychosis work and the client brings the expertise of [self], and the unique anxiety because everybody is different. And then my goal is to work with the client and to try to get the client to be, when they leave therapy, their own therapists (Holly, lines 63-77).

9. A part of me thinks that so long as the therapist using the software with them is allowing the client to lead themselves there and they are simply facilitating that work… I fully believe that people will not go to that place… through choice… But if somebody has the software and they're… marketing themselves as a coach, therapist or whatever, and they're extremely directive… I think that could be dangerous… (Robert, lines 437-449, 460-464).

10. There was some bits where I would be probably guiding them a bit… And then I just kind of say, "What about having a look around? Look at [it] from a different angle" … It felt I was leading more, directing more than I would do... I found it quite difficult for me... I think it was quite fine at the beginning suggesting things, but I felt after a while, if they couldn't get it to work or they didn't want to work with it, it closed itself down, which that never really happened when I'm working face-to-face with a client (Beth, lines 122-125, 132-137, 148-154).

11. If there's differences between you, whether it's religion, race, class, all those sorts of things, I think it's important to acknowledge within a therapeutic relationship. If there's a power imbalance. Thinking who comes to see you, why they've come to see you, and what would help them get the best out of the therapy. I automatically think of… what would reduce distress the most, how someone would feel the most relaxed in your company, how they understand you as a psychologist (Laila, lines 7-34).

12. So, the question was how I find [ABIs] helpful in creating the… therapeutic relationship. I'd say that it can really be helpful, especially when you've got stuck. So, for example, you may have a client who's been seeing you for some weeks. They don't seem to be making any headway. Well, you either sit there hoping they're going to make some headway or you think, "Uh-uh, we need to get along with this a bit. We need not sit here in silence for too many sessions." I have always found tools of that sort really useful. It takes away an intensity between two people sometimes when you're not getting somewhere. When nothing is… coming naturally, it can be quite useful to have a different way of looking at it. It can really be quite exciting for the client because it proposes them new ways of thinking about material they'd never thought about. I think that's probably quite key… Because you're doing it… in a different plane. You get a second chance to look at it in a totally different way. [Then] some things just click for some people.

    It's just an opportunity to revisit the same thing but in a totally different way, reframed. That I think is really valuable to people and it's also valuable to people who have spent forever looking at the same material. You know, they've been to 5 therapists before they get to you. And they repeat the story and say, "Look, I'm bored with this story. I have repeated it this often. How are you going to make me any better? None of the others have". But… actually, it's great because… you can look at it with new eyes. And also… cause its 3D, you can walk round the other side of it. You can walk around the back of the avatar characters. You can walk on the park, or whatever it is, in ProReal. And wherever you stand, you get a different perspective…... And we don't do that when we're sitting in the therapy room because we're static. You tend to be very static in the therapy room. You get stuck into your chairs. Whereas…. This I think… just sparks off your imagination in different ways. (Anna, lines 710-810).

13. It's once removed from my brain. Problem is I'm in my brain, my world and it's very difficult to grasp sometimes what I'm thinking. Soon as I take it once removed to an avatar, I am now becoming the observer ego. It becomes clear immediately, "That's me out there and I'm depressed. I'm not always depressed but that's the depressed me." I could put in, "Well, yesterday, I did have a happy moment. I could have the happy moment me." Suddenly, I'm seeing two parts of me (Robert, lines 400-416).

14. I set out the group as avatars. And I placed myself as the director outside of the group. My supervisor then pointed out that I was outside… So, he had me walk in as the avatar. I saw myself walking into the centre of the group, and I actually felt in my body a whole reaction. I felt a visceral connection with the group. And it really changed the way I felt about my relationship with [them]. I realised that part of me is separate and needs to be because I'm running the group, but I'm also one of the group (Robert, lines 240-263).

15. We knew that what we were going to be asking people to do would be quite scary. And we… provided a whole bunch of… tailored interventions to help anxiety... So quite a lot of work put in that initial session explaining what we were going to do. Trying to build a sense that we weren't going to do anything outlandish or unnecessary scary and made it clear that the therapy process was under their control. That there was no kind of coercion or pressure to finish. [We gave a] bit of reassurance that we're not actually leaving you. We are still here even when we aren't sitting in the room (Matthew, lines 68-102, 129-132).

16. I think, some of the clients I worked with, I would have just loved to see them for longer but mainly because I think we formed a very strong bond in a very short time. And I think I'm not necessarily someone who's considered brief therapy as always helpful. But actually, in certain situations, I think, when you have a dynamic that is very powerful for clients and they can really kind of run with that, it's really important. I think it's definitely challenging as a therapist and probably one of the most challenging things I've done. Just being aware of what you need to offer as a person. That you have to be very flexible in your thinking. You have to be fast on your feet. You have to be ready to challenge yourself in a way that you wouldn't in any other therapy. I think people should be prepared if they are going to get involved with that, that there are layers to this that… are outside of your experience. And, you know, I never in my life said the things that I said in this therapy. And it challenged me a great deal to say that to somebody. But actually, that is what made the difference. That it was accepted and that they were able to talk directly afterwards about those experiences and really be empowered to respond and get on top of not being beaten down by it. And I think that was, yeah, it's a very powerful experience as a therapist and as a participant. (Laila, lines 1289-1321).

Appendix I Participants' Details

Participant	Theoretical Stance	Avatar tool
Anna	Integrative/eclectic	Online therapist with experience of ProReal, Second Life, and other 'avatar-type tools'
Beth	Humanistic/existential	ProReal
Sarah	Integrative/eclectic	ProReal
Robert	Psychodynamic	ProReal
James	Person-centred	ProReal
Elle	Integrative/eclectic	ProReal
Matthew	CBT and integrative	AVATAR program
Laila	CBT and integrative	AVATAR program
Holly	CBT	Virtual Reality Therapy
Clara	CBT	AVATAR program
Lily	CBT	Virtual Reality Therapy

Appendix J Lost Participant Information

Explanation of Lost Recording

Though I interviewed 11 participants, I lost one of the recordings due to technological difficulties. It was deleted before I could save it. Therefore, I do not have that transcript. However, within hours of doing the interview, I recorded all that I could remember of what she said. The interview took an hour and my recording of what I could remember is 26 minutes long. I wished to honour her participation by including Lily here in the appendix. The themes she would have contributed to include: ability to tailor ABIs to different clients' needs, appropriate client groups with which to use ABIs, client agency and choice when using ABIs, importance of helping clients feel safe, facilitating strong therapeutic relationships, link between using ABIs and accelerated speed of processing client material, timing of therapeutic intervention, time constraints of ABI research trials vs. ABIs in general practice, and ABIs as new delivery methods for traditional interventions.

Lily spoke of clients who found VR too real at first and needed to be able to see her and feel reassured. In those cases, the VR was too real, but Lily was able to call on other skills and the relationship they had built to enable clients to feel safe enough to try.

She spoke of building a relationship with her clients through collaboration on goals, giving her clients a voice, and ensuring they are fully informed by answering their questions to the best of her ability. According to Lily, if they cannot trust her, therapy cannot happen. Trust in turn enables them to try to do that which they fear.

There is an immediacy to using VR that Lily found helpful. She is next to the client through their anxiety. She can see what they see on the computer screen and monitor their responses. She can then step in with help if they feel overwhelmed. She said that she is speaks to them 25-50% of the time they are using the VR, directing them and asking questions about their experiences. Being able to watch the client as they are experiencing

it, enables her to pick up on things she might not have otherwise picked up on or seen and that the client might not even be aware of themselves. Therefore, she doesn't have to rely on the client coming back and reporting on homework done outside the therapy room.

This helps her to pick up on behaviour that they may have otherwise missed. For instance, clients' behaviours can often bring the very reactions they fear from people, but they may not be aware of those behaviours. With VR, she can see it and talk to them about that and give them different ways of behaving.

Furthermore, using the VR in session, where they know they cannot truly be harmed, helps give them confidence to try it in real life. She found they felt empowered to design and try behavioural experiments on their own after doing the VR exposure in the session with her. Therefore, Lily spoke of their in-session experiences with VR translating to changes in their outside lives.

Although Lily could see them, with the VR headset on, clients could not see her. For some this was helpful and for others it was unhelpful. Some clients benefitted from the online disinhibition effect when wearing the headset and immersed in the VR and were able to disclose things they would otherwise be too afraid or ashamed to disclose if they could see her face (Nagel and Anthony, 2011). Whereas, it was unhelpful for others who were feeling particularly emotionally aroused. If they felt overwhelmed, they sometimes needed to see her face to be reassured. Furthermore, the same client could also need to see her or not see her depending on the context

Another unhelpful aspect of VR is that sometimes at the beginning it feels too real and they feel too afraid to go into the VR without being able to see her. She discusses their concerns and worries with them. However, this was a constraint of the research she was part of, that she couldn't offer anything else even if they were too frightened and decided not to do VR. Lily said if she was in practice apart from doing research she would simply

offer traditional exposure therapy, individualising therapy in collaboration with the client for what is best for the client.

Another helpful aspect was the control she had over the VR. Lily found it helpful to be in control of the avatar's responses and to be standing with her clients helping them through the interventions. With VR, clients can do the same scene repeatedly with the avatars and they respond the same way. This helps for desensitisation. Whereas, in real life, the therapist can't program people. They don't have control over how other people react or respond. For instance, in VR for social phobias, she can have the client stare at the avatar for 30 seconds and she controls how the avatar responds or does not respond. However, in real life a stranger is going to react to that.

Lily was very enthusiastic about VR. She is seeing improvement more quickly than she has in traditional therapy. She believes because it's happening right there, she can help the client stop avoiding. When she can challenge their avoidance in the context of the therapeutic relationship between them, clients show improvement earlier

Lily also stated that the therapist has to believe in VR. Just as a client shouldn't be forced, the therapist shouldn't be forced either. Otherwise, they won't fight for it and the outcomes won't be as good.

Appendix K Glossary of Abbreviations

ABI(s) – avatar-based intervention(s)

ACTO – the Association for Counselling and Therapy Online

APA – American Psychological Association

ASD – Autism Spectrum Disorder

AVATAR protocol - Audio Visual Assisted Therapy Aid for Refractory auditory hallucinations

BACP – British Association of Counselling & Psychotherapy

BAVQ-R – the revised Beliefs About Voices Questionnaire

BIG - The BIG-register is a governmental body that lists officially acknowledged providers of healthcare. Only BIG-registered professionals are legally authorised to use this protected title that stands for identifiable expertise and capability.

BPS – British Psychological Society

CBM – Cognitive Bias Modification

CBT – cognitive behavioural therapy

CHI-ESQ – the Experience of Service Questionnaire

CMC – computer-mediated communication

FSCRS – the Forms of Self-Criticising/Attacking and Self-Reassuring Scale

GMC – General Medical Council

GT – Grounded Theory

HCPC – Health and Care Professions Council

ICBT – internet Cognitive Behavioural Therapy

IPA – Interpretative Phenomenological Analysis

NIMH – National Institute of Mental Health

PSYRATS – the Psychotic Symptom Rating Scale

RCADS – the Revised Child Anxiety and Depression Scale

SDQ – the Strengths and Difficulties Questionnaire

SL – Second Life, an online simulation game in which people create and move avatars through a customisable virtual world. They can also interact with others.

TA – Thematic Analysis

UKCP – UK Council for Psychotherapy

VGCt – a Dutch organisation for cognitive behavioural therapists

VR – virtual reality

VRT or VRET – Virtual Reality Therapy or Virtual Reality Exposure Therapy

YP-CORE – the Young Person's CORE

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