

“Reading between the lines”

A Grounded Theory Study of Text-based
Synchronous Online Therapy: How
Practitioners Establish Therapeutic
Relationships Online

Catherine Simpson

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Abstract

This qualitative research study explored the therapeutic relationship in online therapy from a counselling psychology perspective. An overview of the different types of online therapy and a brief history of the field were given and the existing literature surrounding online therapy and the therapeutic relationship was critically reviewed. Through this, a need was identified for an understanding of how therapeutic relationships are established in online therapy, with a particular focus on therapy via instant messaging. Semi-structured interviews were conducted asking online therapy practitioners about their experiences of therapeutic relationships. The resulting data were analysed using the grounded theory method and a tentative model of the processes that influence the formation of a therapeutic relationship online was created. An important factor in the model was therapists' development of skills in online communication, which serve to overcome the lack of a physical presence and non-verbal communication that hinder text-based interactions. Another key influence was the management of the therapeutic frame, which is challenged by the nature of the online setting. Also significant was a client's rationale for choosing online therapy, which influences their ability to engage in a therapy relationship online. The implications of the findings for counselling psychology professional practice, training and research were discussed.

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1. Reflexive Statement part 1

Reflexive practice is an essential part of counselling psychology values. Reflexivity in research involves the recognition that the self of the researcher influences the research process (Kasket, 2013), including assumptions, expectations, and biases brought to the investigation. The following statement explores my choice of research topic and my personal experiences and position concerning the topic and how they might have affected the research process. The purpose of reflexivity is to not only reveal any assumptions, expectations, and biases brought to the investigation but also to try to manage them (Morrow, 2005), therefore I will also describe how I attempted to mitigate the impact of my own attitudes on the research process.

I first became interested in online therapy when working as a volunteer counsellor for Childline. Childline is part of the NSPCC, a UK-based charity, and provides free, 24-hour telephone and online counselling to children up to the age of 18. I undertook training for online counselling after already working for some months as a telephone counsellor. The online counselling I did was both synchronous (known as 1-2-1 chat) and asynchronous (email messages). The internet seemed to me to be a natural choice for younger people seeking help, because they conduct much of their social lives through online media. This mode of counselling is increasingly popular with young people and Childline reorganised some of its bases to provide only online counselling to cope with the increasing demand. From my experience of working online, it seemed that some of the young people using the online service would not seek other types of help such as face-to-face or telephone counselling. Users who preferred online counselling to telephone counselling reported feeling less embarrassed and an increased sense of privacy.

My own experience with computer technology is relevant; I have a previous career in computer software development. My choice of the topic of online therapy when embarking on counselling psychology training could have been an attempt to bridge the gap between my previous career and my new one, giving me a safe and familiar anchor, technology, when having to face the daunting prospect of a whole new field in which I was a novice. Prior to beginning the project, when considering potential topics,

I began to get the impression that other counselling psychology trainees, psychotherapists, and perhaps some of the adult population in general, were very sceptical of the value of online therapy. This idea was based on the comments and reaction of some people who I discussed my research topic with. I had not heard this view from anyone who has practised online therapy. At the outset, I had to recognise some personal investment in the usefulness of online therapy, perhaps because I wanted to think that some of the online counselling work I had done was helpful to the young people who contacted the service. However, I did have some difficult experiences. On one occasion, a young person contacted me claiming to have taken a potentially lethal overdose and refused to take any steps to get medical attention, and refused to give any identifying information. My supervisors decided to breach confidentiality and make a referral to CEOP (the Child Exploitation and Online Protection). When the IP address was traced, the feedback was that no child was living at that address. Incidents such as these at Childline created an atmosphere where there was often some doubt amongst counsellors about who we were actually interacting with. Because of my experiences, when I embarked on the research I felt I needed to bracket my assumptions about my own experiences of young people's preference for online counselling, as this may not apply to populations outside of my own experience. I also needed to set aside my thoughts about "crank" callers and a lack of trust in the client, because this may reflect the fact the Childline is a free national service that tends to attract a high number of testing contacts.

Although I considered myself an outsider to the topic, as a result of my positive experiences at Childline, I felt I was predisposed to be biased in favour of online counselling and the quality of the relationship that might be achieved. Therefore, it was important to be mindful of this when conducting the research in order to minimise the impact of personal bias. One of the ways that I decided to manage this was to document my thoughts and actions in a research journal. This helped me to be aware of what was driving my decision making. For example, I made notes of my decisions about which papers to include in the literature review, to ensure that I paid equal attention to all the literature, including those papers which raised doubts about the quality of the therapeutic relationship that can be achieved online (for example,

Leibert, Archer, Munson, & York, 2006; Pelling, 2009). My personal investment in the usefulness of online therapy has somewhat diminished over the time since I first began to explore this topic. This is because I am not currently counselling online, and have not done so since beginning my counselling psychology training in October 2011. I now have a lot more experience of working in-person and I no longer feel a pull towards defending the role of online counselling, so I have been more open to different viewpoints.

2. Introduction

This study investigates the therapeutic relationship in online therapy. Online therapy or counselling is defined as the delivery of therapeutic interventions where communication between qualified mental health professionals and their clients makes use of computer-mediated communication (CMC) technologies (Richards & Vigano, 2012). Online therapy can be considered either as an additional service offered to face-to-face clients, or as an exclusively online service, where therapist and client never meet in person. Other names used for online therapy or counselling are e-therapy, cybertherapy or telepsychotherapy. For the purposes of this document, the terms “online therapy” and “online counselling” will be used synonymously. This introduction will include an overview of the different types of online therapy and a brief description of its history. There is an overview of the current contexts in which online therapy is used, with a particular focus on the UK. This section will also explain why this topic of study is of interest to counselling psychologists and other professions that offer psychological therapy.

2.1. Types of Online Therapy

Online therapy can take many forms. Some of the types of online therapy referenced in the psychology literature are asynchronous, synchronous, audio or video conferencing and avatar therapy. Asynchronous online therapy involves email exchanges between the client and therapist; they might agree to a single email exchange per week, for example. Email is by far the most commonly used type of online therapy (Chester & Glass, 2006; Suler, 2011). Synchronous online therapy is a real-time exchange of text, otherwise known as instant messaging or chat, where both therapist and client type messages which are more or less received instantaneously by the other party, so that a live exchange of messages can take place. Audio or video conferencing uses VoIP (Voice over Internet Protocol) and video services, such as Skype, where therapist and client can talk to each other and potentially see each other in real time by using a webcam. Avatar therapy is a highly specialised form of treatment where client and therapist can interact as avatars within virtual reality environments. Computerised therapy involves client interaction with a computer

program, but without involving a therapist. This type is not considered a type of online therapy because it is not a true example of computer mediated communication between professional and client, therefore it will be considered out of scope for the purposes of this study.

2.2. History and Prevalence of Online Therapy

The origin of non-face-to-face therapy can be traced as far back as Freud, who often corresponded with his patients by letter. The advent of the internet brought a new way for psychology and psychotherapy professionals to connect with their clients. The first known service offering mental health advice to individuals online was “Ask Uncle Ezra” established in 1986 (Ainsworth, 2002). Internet use has grown exponentially since that time and has become mainstream in recent years. In the UK, 83 per cent of households in the UK had Internet access in 2013, rising from 47% in 2004 (Office for National Statistics, 2013). As the internet has become a part of everyday life, online communication offers the potential for therapy to reach a wider population than before.

In 1995, fee-paying therapy online was established (Ainsworth, 2002). Now, there are many websites offering online therapy. Numerous training courses and the existence of a professional body for online therapists, ACTO, indicate a thriving profession. Psychotherapists’ enthusiasm for online therapy is demonstrated by the leading psychotherapy organisations in the UK, the BACP and UKCP, holding conferences devoted to this specialist topic, and issuing guidelines for online therapy practice. In a fast moving field, it is impossible to know what the prevalence of online therapy is. Chester and Glass (2006) reported that the average number of online counselling clients, together with the number of practitioners, had tripled over the preceding three-year period. There is some evidence that text-based service delivery via email and chat has become mainstream: In the UK, online counselling is increasingly being used by organisations that offer helpline type counselling services to the public. For example, the Samaritans offer free email correspondence; this service began as a pilot as long ago as 1992 and was launched nationally in 2002. Relate offers relationship counselling via email, at a cost of £28.50 per email (Relate, 2015). Childline offers free

instant messaging and email services to young people. Online counselling seems increasingly to be the preference over telephone counselling for young people in crisis (NSPCC, 2010).

Public mental health care is also engaging in online therapy. There is no NICE guidance that specifically endorses online therapy (JMC Partners, 2015), although NICE guidelines do recommend computerised cognitive behavioural therapy as a low intensity intervention (NICE, 2009). However, access to live online therapy is now available to primary care patients in many NHS trusts, either through a provider such as Ieso Digital Health, a provider of therapist-delivered cognitive-behavioural therapy via instant messaging, or using their own platform and staff, for example, Rotherham, Doncaster and South Humber NHS Trust. Ieso Digital Health is commissioned in 20 NHS Clinical Commissioning Groups (Ieso Digital Health, 2015) treating over 500 patients every month in the UK. In the context of the Improving Access to Psychological Therapies (IAPT) programme, this development is perhaps partly about broadening access as well as potentially improving the cost effectiveness of treatment. It also enhances choice by giving patients the option of having therapy in their own homes or workplaces rather than having to travel to a clinic.

2.3. Relevance to Counselling Psychologists

In 2009, the British-based Counselling Psychology Review published a special issue concerning the use of technology in counselling psychology, which demonstrates the relevance of this topic to the profession. Also, research on this topic is relevant to counselling psychologists because of the potential for online therapy to make our practice more inclusive. According to the BPS definition of Counselling Psychology (British Psychological Society, 2005, p. 2), one of the aims of counselling psychology practice is “to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today”. Online therapy is a way of realising parity because it may be able to reach people who cannot or do not access face-to-face services; for example, young people, those who are housebound, disabled or unable to travel. Therefore, for counselling psychologists, the

possibility of offering psychological services through all means possible, including the online medium is a way of working towards this aim.

This research focuses on the therapeutic relationship online. The counselling psychology value base is “grounded in the primacy of the counselling or psychotherapeutic relationship” (British Psychological Society, 2005, p. 1). Therefore the quality of the therapeutic relationship that can be achieved online is of interest to counselling psychologists who either want to work online, or who through their organisational roles need to be aware of the implications of doing so.

2.4. A Counselling Psychology Perspective

A counselling psychology perspective on the topic will be emphasised throughout this project. Hanley & Richards (2009) argued that counselling psychologists have a role to play in developing online therapy:

The scientist-practitioner model, an approach advocated by many counselling psychologists (e.g. Lane & Corrie, 2006), proves well suited to the examination of a dynamic practice which is constantly evolving due to technological advances. Counselling psychologists can, therefore, play centre stage in the development of this burgeoning field... (Hanley & Richards, 2009, p. 1).

A counselling psychology viewpoint on the problem of forming therapeutic relationships online could be a useful addition to the literature because of the profession’s attention to the relational aspects of therapy and a pluralistic framework for practice. A focus on social context and the pluralistic nature of society are also of value to the thinking surrounding this topic. Some of the published research concerning online therapy and the therapeutic relationship will be detailed in the literature review that follows.

3. Literature Review

3.1. Efficacy and Effectiveness of Online Therapy

A central question about online therapy is whether or not it can deliver any benefits, therefore this review will firstly examine the evidence concerning efficacy. In a review of research on the outcome of online therapy, Hanley and Reynolds (2009) selected studies from a meta-analysis (Barak, Hen, Boniel-Nissim, & Shapira, 2008) including only those studies involving one-on-one therapy and using text-based interventions. The effect size for email was 0.51 and for chat was 0.53; quite similar to the average effect size for traditional face-to-face therapy (Barak et al., 2008). Whilst this demonstrates that online therapy can be effective, the available evidence should be considered quite limited. There were 16 studies included in this analysis, and this involved 614 clients in total. This is a very small number compared with the numbers of clients that would be involved in meta-analyses of face-to-face therapeutic work, so caution should be exercised in comparing effect sizes.

Other studies support the finding that online treatment is comparable in outcome to face-to-face treatment. A randomised controlled trial (Kessler, et al., 2009) involved the treatment of 297 individuals from primary care referrals, with mild, moderate and severe depression scores. This study found that cognitive-behavioural therapy (CBT) conducted by text online in real time by a therapist was effective, with benefits maintained over 8 months. The intervention was more effective for those with more severe depressive symptoms. The effect sizes were quite large compared with other similar face-to-face interventions in primary care. Kessler et al concluded that delivering CBT online could enhance its effectiveness because putting thoughts and feelings into writing allows for reflection and review of the content, and enhances patients' metacognitive awareness.

Another randomised controlled trial compared internet-delivered CBT with an internet self-help treatment, for the treatment of 205 adults with problematic alcohol use (Blankers, Koeter, & Schippers, 2011). This study demonstrated that online therapy was significantly more effective than self-help after a period of 6 months.

The evidence from randomised controlled trials should be accepted with caution and cannot necessarily be generalised to real world clinical practice because the characteristics of the treatments and the carefully selected patients are not adequately representative of routine clinical practice (Westen, 2005). Effectiveness studies conducted in routine clinical practice settings can provide evidence of external validity. An uncontrolled study of 1500 patients treated for panic, post-traumatic stress disorder, depression and burnout with asynchronously delivered CBT, found that online therapist-assisted CBT was as effective in routine practice as it is in clinical trials (Ruwaard, Lange, Schrieken, Dolan, & Emmelkamp, 2012). The outcomes were also found to be comparable to those of routine face-to-face CBT practice, and were reliable up to a one-year follow-up.

It has been demonstrated that CBT can be delivered online to effectively treat a variety of presenting problems, including severe presentations. The literature shows that CBT seems to be the most commonly investigated theoretical orientation in the online environment. Hanley & Reynolds (2009) report that the existing research is biased towards more technical approaches to therapy such as CBT rather than approaches that are more relational in nature, such as person-centred or psychodynamic. It seems likely that the bias in research studies carried out reflects the actual types of therapy being carried out in the online medium given that CBT is dominant among treatment choices in public healthcare in the UK. Counselling psychologists, who have a pluralistic approach to practice, would benefit from knowing more about the effectiveness of different types of therapy.

It may be anticipated that the quality of training and supervision of therapists has a bearing on bridging the efficacy-effectiveness gap. The effectiveness of online psychological interventions might also be influenced by certain client demographic characteristics and severity and type of presenting problem. Further research into effectiveness could usefully elucidate how these aspects relate to online therapy outcomes.

3.2. The Therapeutic Relationship

Counselling psychologists view the therapeutic relationship as central to the therapeutic endeavour (Gillies, 2010), so a key issue for the profession concerns the quality of the relationship that can be formed online. The strength of the relationship between therapist and client is a strong predictor of the eventual outcome of therapy, regardless of the theoretical orientation of the therapy (Lambert & Barley, 2001) and is therefore considered to be a key component of successful therapy. Therefore, the question of whether a therapeutic relationship is possible online has been a central part of the debate about online therapy.

A major difference affecting the relationship in an online setting is the lack of non-verbal communication. The “cuelessness model” (Rutter, Stephenson, & Dewey, 1981) was developed through experiments in face-to-face versus audio conditions and has been used to describe the experience of computer mediated communication where the communication lacks all non-verbal cues such as facial expressions, hand gestures, appearance, tone of voice, and body language. The model suggests that psychological distance is increased as cues are removed and the lower the number of social cues transmitted by a medium, the more cueless it is, and consequently the more task-oriented and impersonal the content of the discussion. Research in computer-mediated communication has not provided much support for the cuelessness model (Sassenberg & Jonas, 2012) and people have increasingly used the relatively cueless environment of the internet for social and emotional contact.

Due to the cuelessness of the online environment, some authors have argued that a relationship good enough for therapy cannot be formed online. Bird (2003) argued that computer mediated communication lacks the capacity to provide an emotional link between people. Pelling (2009) examined some of the difficulties with online counselling resulting from the lack of non-verbal communication and reported that when a therapist is unable to observe the client’s body posture or facial expression, they lack information about their state of mind. Even if clients are adept at communicating how they are feeling, gestures that the client may not be consciously

aware of, such as clenching their fist will be missed, as will hushed or raised vocal tones.

3.2.1. Quantitative Research

The working alliance as described by Bordin (1979) is a component of the therapeutic relationship that may be considered to be the collaborative aspect of the relationship between client and therapist. In traditional face-to-face therapy, there is a strong association between measures of working alliance and positive therapy outcome, regardless of many other factors, such as the type of therapy practised or the length of treatment (Horvath & Symonds, 1991). Therefore much of the research into online therapy has focussed on whether a working alliance can be adequately established online.

Cook and Doyle (2002) compared the working alliance in online therapy to face-to-face therapy using the Working Alliance Inventory (WAI). They found that WAI scores were higher in their online therapy sample, than the face-to-face therapy comparison group, regardless of client presenting problem and the modality of communication (email and chat). The presenting problems were varied, and were mostly depression and relationship issues. The five therapists involved in this study practised from a range of theoretical orientations, although these were not specified. This is a much-cited study in the literature on the working alliance in online therapy. However the authors themselves suggested that the results should be viewed with caution due to the small and self-selecting nature of the participants. The online sample consisted of volunteers who were recruited via online therapists or their websites. They were therefore perhaps more receptive to online therapy than the average population and as a consequence more likely to have a positive view of online relationships. This means the results are not generalisable.

A later study conflicted somewhat with Cook and Doyle's findings. Leibert, Archer, Munson and York (2006), found that measures of client satisfaction and working alliance, although positive, were significantly less than those indicated by the data used for comparison involving face-to-face counselling. Again, the theoretical orientation of the counsellors used was not reported. The authors did suggest that the

WAI may not be a suitable inventory for online counselling, and that items on the WAI may be biased towards face-to-face contact, as a result of tuning in to non-verbal cues. Also, some of the advantages of the online environment such as disinhibition and anonymity are not adequately captured by the WAI. The disinhibiting effects of online communication were described by Suler (2004); features of communicating online include anonymity, invisibility and a minimisation of authority and can result in people revealing more personal information online and feeling less vulnerable about such disclosures. Leibert et al (2006) concluded that the advantages of disinhibition phenomena for the relationship offset the problems caused by the lack of visual cues.

A study by Hanley (2009) investigated the working alliance in a service providing relationally oriented online counselling by text to young people. This study used the Therapeutic Alliance Quality Scale (TAQS) a scale developed to measure the working alliance in therapeutic relationships with young people, and found that 76% of users rated the alliance as medium or high. A review of the quantitative research (Hanley & Reynolds, 2009) claimed persuasive evidence in favour of the working alliance in online therapy. Aside from the studies already mentioned, a further three studies that made comparisons with a face-to-face group found that the online alliance was higher than or similar to the comparison group.

Videoconferencing may be considered an electronic means of replicating face-to-face therapy, rather than an altogether different type (Anthony & Nagel, 2010). Despite this, a study by Rees and Stone (2005) found that ratings of the therapeutic alliance were much lower for a video session than a face-to-face session, conducted with identical content, although these ratings were by professionals rather than clients and in a non-naturalistic set up. Conversely, a small study of clients with eating disorders who had received CBT via videoconferencing found that they rated the therapeutic alliance highly, with similar scores to a comparable face-to-face group (Simpson, Bell, Knox, & Mitchell, 2005).

The literature reviewed here concerning quantitative measures of the relationship has given some evidence supporting the notion that a good enough quality therapeutic relationship can be formed online. Due to the small number of studies and sometimes

a lack of information about the type of therapy being utilised, the literature does not present a clear picture of specifically what variables might mediate the formation of a therapeutic relationship. The working alliance is an important part of the client-therapist relationship, but it fails to capture the multi-faceted nature of the therapeutic relationship as it might be conceptualised by counselling psychologists. According to Clarkson's framework (1990, 2003) which provides a pluralistic perspective, there are five different relationship modalities available to therapists; the working alliance is just one of these. Other kinds of therapeutic relationship are the transferential / countertransferential relationship, the reparative relationship, the person-to-person relationship and the transpersonal relationship. Counselling psychology is distinctive in its deliberate engagement with multiple modalities (Orlans & Scoyoc, 2009) so it would be useful for counselling psychologists to have an understanding of how the online setting affects other aspects of the relationship.

3.2.2. Qualitative research

Whilst quantitative research has sought to measure if a relationship can be formed online, qualitative research has investigated how clients and therapists experience the relationship. A study used descriptive phenomenology to look at the experiences of five online clients who received online counselling in the form of synchronous chat (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007). There was much variability in the participants' experiences. Some participants were discouraged by technological problems, for example the server going down, causing communication to break down. For some, especially if the participant was not technically minded, this caused frustration and interrupted the establishment of the counselling relationship. Participants raised some negative aspects of online communication such as the absence of laughter or tone of voice, and also that the counsellor could sometimes misunderstand what they were trying to say. One participant felt that some interventions by text jarred and felt almost patronising, for example "Tell me more about that", whereas such a question in a face-to-face context would be received positively. The lack of visual feedback was problematic for a couple of participants; one wondered how the counsellor might be reacting to her statements, and another questioned whether their emotions could be interpreted just with textual information.

They also raised the problem of time, saying that they would like to have had more time for a session, which reflects the fact that typing is a lot slower than talking meaning that there is considerably less content exchanged within a text-based counselling session. However time was also seen as a positive factor, in that participants reported having more time to think about things online. For some the slower pace of the sessions encouraged deeper reflection for some participants but for others the slow pace was a hindrance. From this study, it is difficult to explain the variability of experiences of the participants, and it would be useful for services to be able to have an appreciation of why some clients make good use of an online counselling relationship whereas some find the challenges insurmountable. Based on the same online counselling trial, the views of the therapists were also sought (Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008). The counsellors reported that the lack of visual information or tone of voice resulted in them feeling a loss of control. The authors concluded that the online setting limits the ability for therapists to make a comprehensive assessment of the dynamics in the session, and cautioned against the use of online counselling for complex problems. A weakness of this research was that it was non-naturalistic; both clients and counsellors were counselling students who had volunteered to take part in the study. This meant that neither therapists nor clients brought their own motivations for online therapy to the encounter so any conclusions from this study are limited.

The problem of how much counselling work can be fitted into a session was also raised in a study that examined transcripts from sessions conducted by instant messaging, between counsellors and young people (Williams, Bambling, King, & Abbott, 2009). The study found that, due to the absence of verbal and non-verbal information, online therapists need to spend extra session time building rapport, rather than accomplishing other tasks and concluded that they might find it difficult to build adequate relationships within the available time. Dunn (2012) investigated the relationship in email counselling by talking to students who had completed a course of online counselling at a university counselling centre. It was found that time in between contacts was highly valued by the participants, with counselling via email allowing them the time to think in between emails before making their response. This highlights

the different experience of time in asynchronous counselling and sets it apart from other forms of counselling as offering a unique opportunity for reflection. Dunn's study also found that the anonymity and disinhibition of the online environment contributed to the clients' sense of safety and empowerment, and in some cases this led to subsequent use of face-to-face counselling. In another university counselling service, Richards (2009) investigated user satisfaction and benefits of asynchronous online counselling. The therapeutic effect of writing was found to be a particular benefit to service users. Writing out their difficulties was helpful in itself; through the process of constructing their story students were able to externalise their experience and give themselves a new perspective. This beneficial effect on physical and mental health of writing emails, independently of a counselling intervention, has been demonstrated previously (Sheese, Brown, & Graziano, 2004).

A qualitative study at an Australian children's helpline, offering single-session counselling, investigated the views of young people who had chosen to use online counselling rather than telephone counselling (King, Bambling, Lloyd, Gomurra, & Smith, 2006). One of the important themes identified was the perceived privacy and emotional safety of the environment. Participants felt less embarrassed with online counselling, and felt in control of their experience. Given the barriers young people face when accessing mental health services (King et al 2006), online services would appear have a key role to play in providing this resource. Hanley (2012) explored the key features of the therapeutic alliance from the point of view of adolescent users of Kooth, a free NHS and local authority funded online advice and counselling service for people aged 11-25. The study found that the power dynamic is quite different to face-to-face counselling relationships, and young people are more empowered in the relationship and feel able to make decisions about their therapy.

Researchers have also sought the perspective of online therapists in order to understand the online therapeutic relationship. Fletcher-Tomenius & Vossler (2009) carried out an interpretative phenomenological analysis of therapist experiences of online therapy relationships with young people. Therapists reported that there was a large element of uncertainty over their mental picture of the client, and that implicit trust in themselves and the client was a way of coping with this uncertainty. This

research found that trusting in the therapeutic relationship online should be considered different to trusting in a face-to-face context, particularly that a leap of faith is required by the therapist in order to start the therapeutic process. Disinhibition was again a key theme and the study highlighted a client's ability to control the length of the communication; clients can more easily withdraw themselves from the online relationship by leaving a session. The therapists reported that this happens far more often online than in face-to-face, perhaps because of in-person interactions being more inhibited by what is deemed to be correct social behaviour; online clients can leave a session or change their email address, without having to explain themselves. The study reported that this gives clients more control over their levels of disclosure and engagement. The empowering effect of having more control through the online medium of communication is potentially reinforced by the absence of racial and ethnic cues in an online environment. Also, the anonymity of the therapist was seen as an advantage because the therapist could not be judged on the basis of his or her appearance.

Other studies have contributed to the idea that online counselling is disinhibiting and consequently is empowering for clients. Bambling, King, Reid & Wegner (2008) carried out consensual qualitative research (CQR) to investigate the experiences of counsellors providing synchronous single-session counselling to young people. Counsellors reported that the emotional safety of the online environment meant that clients found it easier to talk about their concerns from the first statement. The participants perceived the power balance between counsellor and client to be more on equal terms. They attributed the increased assertiveness of clients in the online environment to the lack of immediate proximity to the counsellor and the emotional safety of the online environment. However, this study found that reduced emotional proximity and the absence of non-verbal cues could result in miscommunication and difficulty in accurately assessing a client's emotional state.

3.3. Models of Online Therapy

The literature reviewed so far highlights the various benefits and challenges of the different online media and shows that there is a complex problem domain where it is

difficult to know under what conditions a therapeutic relationship can develop. Some authors have attempted to develop a model or theory of the relationship, since theories of the therapeutic relationship developed from face-to-face therapy may not be applicable online, especially with text-only communication. Anthony (2000) developed a model that identified features of the online relationship that must be present for it to be considered therapeutic; these included rapport, presence, openness and compensation for the lack of bodily presence through the quality of the written communication. This seminal study demonstrated the possibility of an online relationship being therapeutic and presented a model of how the relationship works. A weakness in the design was that the research question included a presupposition that the lack of visual and auditory cues is in fact compensated for, and this could indicate that the research was biased in favour of finding such a compensatory process. The analysis was based on the “I-You” relationship (Buber (1970), cited in Clarkson (1990)). There are a number of other theories contributing to the understanding of the therapeutic relationship, so it would be useful for a theory of online therapy to be developed that is not confined to a single theoretical framework.

Suler (2000) also developed a theory of online therapy and this proposed that the different methods of communicating in the online environment could be classified on each of five dimensions, for example communicating synchronously versus asynchronously and communicating with only text versus communicating with some audio-visual input. This theory then stated the advantages and disadvantages of each of these different styles, and proposed that cybertherapy can be designed by controlling and combining these features deliberately in a way that addresses the particular needs of clients. Suler also suggested that different styles of therapy can be sequenced as a client progresses towards greater intimacy or higher functioning. For example, a client could advance from text-based asynchronous to synchronous audio-visual interactions, as they manage to overcome trauma or to master difficult interpersonal situations, with an ultimate aim of in-person encounters. This model provides a useful source of information about the pros and cons of the different online media. However it appears to be a theoretical paper, or perhaps based on Suler’s personal experiences; it is not made clear if the ideas are grounded in data. Nor does

this paper establish whether combining these different modes of online therapy according to the guidelines offered results in positive therapeutic relationships or outcomes. A theory of online therapy grounded in data could have more reliability.

3.4. Applications of Online Therapy

The literature reviewed so far shows that a number of studies have investigated online therapy with young people. This group may be particularly well suited to online approaches and current trends show that young people have a strong preference for online contact over face-to-face. Online therapy provides an alternative for people who cannot or will not access face-to-face services. However, there is some evidence within the literature of a general reluctance of professionals to accept working online, for example among psychologists (Mora, Nevid, & Chaplin, 2008), and school counsellors (Glasheen & Campbell, 2009). Glasheen and Campbell argued that this is in part due to the counsellors' perceived difficulties in building an effective therapeutic relationship, in the absence of non-verbal communication. They recommended that there is a requirement for further understanding of how counsellors can build effective relationships online. Studies of psychologists' attitudes (Wangberg, Gammon, & Spitznogle, 2007, Perle, et al., 2013) have found that their support for online therapy is influenced by their theoretical orientation, with cognitive behaviourally oriented psychologists more likely to endorse online therapy than those who were psychodynamically oriented.

3.4.1. Psychodynamic Theory and Online therapy

Psychodynamic theories of the therapeutic relationship focus on how the relationship can reveal a client's lifelong patterns of relating to significant others. The relationship is a manifestation of a client's object relationships and is said to allow such patterns to be understood and reworked. Some authors have discussed the implications of working online for psychodynamic theories of the therapeutic relationship, and these ideas will be summarised here, along with the small amount of research that has focussed specifically on this issue.

Suler (2000) reasoned that in text-based therapy, the ambiguous presentation of typed text can exaggerate transference reactions and projections, and this amplification may be considered useful to the psychodynamic therapist, because of the greater opportunity for exploring such reactions. The absence of a physically present therapist creates a void of information, much like Freud's blank slate, which can mean exaggerated projections and fantasies about the therapist. This could be seen as advantageous to therapy: "The client can picture and hear the Counsellor in whatever way suits him or her best for their therapeutic growth", (Anthony, 2000, p. 22).

Anthony and Nagel (2010) also described how a client's transference reactions could be enhanced, especially in therapy via email because the twenty-four hour nature of the internet can encourage the idealisation of the therapist as the perfect parent, always available. Therefore an unanswered email or a technological breakdown can give rise to frustration and strong transference feelings. Countertransference reactions can also be heightened, although in asynchronous therapy, according to Suler (2000), there is an enhanced "zone for reflection"; time to think about the reply. This suggests that countertransference can be noticed by therapists before they respond, and therefore can be used or managed more effectively.

A study of transference phenomena in online therapy used textual analysis of synchronous online counselling sessions (Zhao, Jia, & Wang, 2013) and concluded that there are many forms of transference and countertransference evident in synchronous online therapy, and that negative transference may have significantly higher occurrence at some stages during the counselling. Based on her own experiences as an online therapist, Zelvin (2003) described how the synchronous modality translates critical elements of the transference-countertransference relationship and operates in a similar way to face-to-face. In contrast to this, the asynchronous modality does not have a face-to-face equivalent and makes for a different experience. This observation was supported by research by Dunn (2012), who found that the unique issue of time in asynchronous therapy affects transference and countertransference processes.

Turkle (1995) and Lingardi (2011) have described the internet and computer-mediated communication as providing transitional space, as defined by Winnicott (1971),

allowing the user to play with realities and identities, an in-between space to be used for reality testing. The research of Dunn (2012) concurred with this idea, finding that a client's online therapy interaction was experienced as a place of safety, representing a transitional space between client and therapist. Zelvin (2003) reported that in asynchronous therapy, emails can be kept as a source of comfort and are printed out and re-read. The permanence of an email provides the client with a transitional object, a representation of the therapist as the good parent.

In summary, there are many implications for the therapeutic relationship online that arise from psychodynamic theory. There is little research into how different theoretical models can be applied online and the existing research has seen an over-emphasis on person-centred and cognitive-behavioural approaches, therefore this is an area for further investigation. There are numerous textbooks by specialists in the online field, describing how practitioners can take their work online, (for example Anthony & Nagel, 2010; Evans, 2009; Jones & Stokes, 2009), but arguably there has not been enough research feeding into such developments, and there is a need for practice to be grounded firmly in empirical evidence.

3.5. Summary of the Literature Review

The literature has shown that online therapy can be effective, with clinical trials finding that the effectiveness can be better or comparable to that seen with face-to-face therapy. In a relatively new field, the evidence base is small compared to in-person therapy, but outcomes are encouraging. The empirical evidence is weighted in favour of CBT, so it would be useful for counselling psychologists to know more about online therapy using other theoretical approaches. Since the origins of online therapy, there have been concerns over the ability to build a good therapeutic relationship via keyboard and screen, and this issue is of particular concern to counselling psychologists. The quantitative evidence reviewed demonstrates that generally a good working alliance can be formed online. But the mediating variables for success are less well known, and considerations for a broad-based or multi-theoretical view of the relationship are under researched.

Qualitative studies have given insight into how the relationship is experienced by both client and therapist. The advantages of online disinhibition for clients are well established in this literature and it shows that the relationship in online therapy can provide a unique environment allowing clients to feel safe to talk and giving them an increased sense of empowerment and choice over their engagement. It seems possible that this phenomenon may serve to avoid interpersonal intimacy, and so it raises the question of whether working at relational depth in online therapy is possible. There are therapeutic benefits to be found in using the written word, and email counselling allows time for personal reflection. The literature shows that there are some difficulties with engaging online; counselling interventions delivered by text without visual feedback resulted in misunderstandings and a perceived lack of sincerity. Therapists are challenged by the uncertainty over whether they truly know their client and also must experience the dissatisfaction associated with clients disappearing at a time of their own choosing and without explanation. Therefore the online environment can result in both advantages and disadvantages for the relationship.

3.6. Limitations of the current literature

The current literature does not provide an understanding of how the competing aspects of the online therapy relationship are negotiated, nor if there are optimal circumstances that can lead to an effective relationship being established. Some existing models of the online therapy relationship were reviewed but were not found to adequately answer this question. Therefore there is a lack of knowledge about how the relationship online works in practice. Services and practitioners would benefit from knowing how they can act to facilitate the relationship, by having a fuller understanding of the ideal conditions or contraindications for online therapy.

Many of the studies of the online therapeutic relationship reviewed here were conducted in services for young people and this might reflect the reality of online therapy services. Even so, it would be useful for further research to focus on other settings and with different age groups. Also, some of the existing research has investigated single session counselling at services that operate much like a telephone helpline. There is less research into the development of an on-going relationship over

multiple sessions in naturalistic settings. Further research should focus on whether the same issues arise in a longer-term therapeutic relationship, and also what strategies are used to overcome such difficulties, in order to understand the implications for therapy over multiple sessions.

3.7. Research Question and Rationale

Online therapy is a growing and fast moving field, influenced by rapid technological advances. Private practitioners and services are adapting to meet the demands of those who prefer online therapy, and it is important for knowledge and theory to be commensurate with these advances and grounded in research. There is a gap in the knowledge about how the different variables affecting a therapeutic relationship interact and therefore how the relationship is developed online, especially with text-based therapy with adults over multiple sessions. Therefore, this research asks the question “How are therapeutic relationships established in synchronous online text-based therapy?” This research will be carried out by asking online practitioners who have experience of working online with adult populations and over multiple sessions about how they develop relationships online. The research will include therapists of different theoretical orientations so that a pluralistic approach to the therapeutic relationship can be considered.

This research focusses on the synchronous modality, where therapist and client send and receive typed messages in real-time. This type of online therapy is now in widespread use and there is evidence of its effectiveness (Kessler, et al., 2009). Proven effectiveness shows that there is a realistic potential for this modality to become an increasing part of the drive to improve access to therapy. Therefore, there is a need for research to further the understanding of how the therapeutic relationship works in this type of therapy. Text-based therapy is considered to be a significantly different in practice to face-to-face therapy whereas videoconferencing is likely to provide a similar experience to face-to-face therapy, provided the speed and quality of the technology is good enough. The synchronous mode is closer to the experience of face-to-face therapy than asynchronous, because of the immediacy of the interactions

between client and therapist, affording a situation where the therapeutic relationship can develop at a rapid and intense pace (Zelvin, 2003).

There is some indication within the literature of a general reluctance of professionals towards working online, although the views of counselling psychologists specifically are unknown. This research aims to contribute to our profession's understanding of building effective online relationships, so that practitioners can be more fully informed in their decisions about whether and how to work with clients using a synchronous, text-based online medium. Psychologists would benefit from knowing what interventions might aid the establishment of the relationship, and how face-to-face interventions might have to be adapted, as well as what the implications are for services when implementing online therapy. Therefore, this knowledge will be of interest to psychologists, counsellors and psychotherapists considering practising therapy online. It is arguably of particular relevance for counselling psychologists, because of the importance of the therapeutic relationship in counselling psychology and because online therapy might reach potential clients who may not be able to access face-to-face services. Providing therapy online could be considered inclusive, anti-discriminatory practice that recognises the pluralistic nature of society, which is consistent with counselling psychology values. Adding to the online therapy knowledge base is also important for the wider population, in particular those potential clients who benefit from greater choice of how to access therapy.

4. Method

This section will explain why a qualitative methodology was chosen for this study and will present a rationale for the choice of the grounded theory method with a constructivist epistemological stance. It will then discuss the way in which the grounded theory method was employed in this study, explaining all decisions made about the research design and will describe how the study was carried out, including ethical considerations, the procedure for recruiting participants and collecting and analysing data.

4.1. Design

4.1.1. Choice of a Qualitative Approach

Rafalin (2010) argues that counselling psychologists need to be willing to engage with both qualitative and quantitative paradigms, and to navigate a methodological pluralist approach. Adopting this attitude means that multiple research philosophies can be appreciated, and with such an approach, it is the nature of the research question that should be considered primarily, before the epistemological stance and methodology.

The research question in this study asks how the therapeutic relationship is established online. This question is oriented towards open exploration and could not be answered through collecting quantitative data and testing hypotheses. Therefore a qualitative research design was chosen to address this research question. Qualitative research can ask questions about processes, such as “how” something happens (Willig, 2008).

Qualitative research is also appropriate when a detailed understanding of a problem area is required, and where there are no existing theories that adequately capture its complexity (Creswell, 2013). The nature of the therapeutic relationship in text-based online therapy is a highly specialised area about which relatively little is known, therefore a qualitative study is fitting.

4.1.2. Choice of Grounded Theory

This study uses the grounded theory method (Glaser & Strauss, 1967), a systematic method for analysing qualitative data and developing a theory derived from and

grounded in the data. Grounded theory is suitable when the research aims to develop a theory to help explain an under-theorised area of human experience (Dallos & Vetere, 2005) and so was considered a suitable method for an exploration of the processes involved in establishing an online therapeutic relationship, with the aim of developing a theory.

Another method that could have been considered for this study was interpretative phenomenological analysis (IPA). IPA aims to explore how participants make sense of their social and personal experience (Smith & Osborn, 2003). It is suitable for examining the subjective experience of participants. A difference between grounded theory and IPA is that grounded theory allows the researcher to take the subjective experience of participants and abstract it further into a theory about the topic area (Suddaby, 2006). The research question is not purely concerned with the subjective experience of the online counselling practitioners who are its participants, but also aims to go beyond this to establish a model of “how” the participants build therapeutic relationships with their clients. This further abstraction gives grounded theory explanatory power (Mills, Bonner, & Francis, 2006) and this is what makes grounded theory a more suitable method for this study than IPA.

4.1.3. Epistemology

Grounded theory is a methodology that has been used by researchers with both a positivist and constructivist epistemology. Although the “discovery of theory from data” (Glaser & Strauss, 1967, p. 1) appears to imply ontological realism, the classical grounded theory of Glaser is considered epistemologically and ontologically neutral (Breckenridge, Jones, Elliott, & Nicol, 2012). Strauss and Corbin’s version of grounded theory (1994) adopted a post-positivist perspective. Charmaz (1995) introduced a social constructionist version of grounded theory, with an emphasis on the creation rather than the discovery of theory. In this understanding of grounded theory, categories and theories are constructed by the researcher through interactions with the field and its participants (Charmaz, 2006). This approach takes a more subjective and reflexive stance than other permutations of grounded theory, emphasising the position of the researcher as a coproducer of the data (Mills, Bonner, & Francis, 2006).

Counselling psychology is defined as being concerned with subjectivity and intersubjectivity, and strongly emphasises respecting first person accounts (British Psychological Society, 2005). Constructivist grounded theory recognises researcher subjectivity and the interaction between researcher and participants, and takes a reflexive stance towards the research process, emphasising awareness of presuppositions (Charmaz, 2006). Constructivist grounded theory assumes multiple realities and multiple perspectives on these realities (Thornberg, 2012) and is particularly concerned with giving voice to participants. Therefore constructivist grounded theory is a particularly suitable approach for counselling psychology research. The grounded theory of Charmaz is not a radical constructionist approach and “assumes the existence of an obdurate, real world that may be interpreted in multiple ways” (Charmaz, 2008, p. 409). Therefore this approach is arguably rooted in critical realism. Critical realism retains an ontological realism while accepting epistemological constructivism and relativism (Maxwell, 2012).

As Rafalin (2010) argued, the object of inquiry should be of primary importance when considering a research paradigm. The topic under investigation is the therapeutic relationship, a concept that is arguably constructed through the interpretations of those experiencing it, rather than existing as a solid entity whose characteristics can be discovered. A constructivist view of the relationship sees it as invented by therapists and clients through their language and interaction (Sutherland, 2005). The process of grounded theory analysis involves further meaning making by the researcher and participants. It is this researcher’s belief that the process inevitably leads to the creation of any theory that is formulated, rather than the discovery of a fixed truth. Therefore it is a constructivist epistemology that underlies the methodology in this research.

4.1.4. Use of Literature

In classical grounded theory, Glaser and Strauss (1967) argued for delaying literature reviewing until after the primary data collection. This is because the researcher’s knowledge of the literature in their area of investigation can constrain grounded theory analysis towards existing theories and stifle creativity. Delaying literature

reviewing until after the data analysis is a problematic requirement, since it is unrealistic that researchers would not possess any knowledge of their chosen field of inquiry (Thornberg, 2012). Also, a postgraduate project, including this one, necessitates a summary of the existing literature as a part of the research proposal, therefore dispensing with a literature review is not possible. With knowledge of the literature unavoidable, it is important to be aware of how the literature can be used to help rather than hinder the research. Constructivist grounded theory acknowledges multiple realities and so constructivist grounded theorists “advocate recognizing prior knowledge and theoretical preconceptions and subjecting them to rigorous scrutiny” (Charmaz, 2008, p. 402). The existing knowledge about a research interest provides “sensitizing concepts” (Blumer, 1969); these are initial ideas to give direction and to help formulate particular types of questions about the research topic (Charmaz, 2006). Sensitising concepts are a starting point and there is a need for the researcher to remain as open as possible to what they find in the data. The initial concepts and questions demonstrate the overall intent of the research, but leads can be followed and the research is shaped by the data, not by forcing preconceived ideas on to the data.

4.1.5. Theoretical Saturation and Theoretical Sampling

In a full grounded theory study, data collection and analysis are performed iteratively until “theoretical saturation” is reached; a point where no new categories and no variation in existing categories can be generated (Glaser & Strauss, 1967). In this grounded theory study, data was collected from three semi-structured interviews and an initial model of the data was created after the first three interviews had been analysed. Then based on that initial model, a further four interviews were conducted, with later interviews focussing on expanding on and clarifying the initial model and exploring negative cases. The design in this study did not allow for an indefinite number of iterations of data collection and analysis until the point of theoretical saturation, but aimed for a best-fit model which provides “theoretical sufficiency” (Dey, 1999). Setting an achievable aim which does not require building a total theory is advocated by Henwood and Pidgeon (1995) especially in postgraduate research where resources are limited. This smaller-scale approach to grounded theory, which does not

attempt to achieve theoretical saturation, has established precedents in counselling psychology professional doctorate research, for example Rossi (2013) and Barker (2015).

Theoretical sufficiency was supported through the strategy of theoretical sampling. Theoretical sampling is a method of sampling data for the development of a theoretical category (Charmaz, 2008). In this study, following the initial data collection and analysis, theoretical sampling was done by deciding what data to collect next, with an evolving interview schedule designed to seek comparative data in order to find out more about emerging categories. Theoretical sampling also involved choosing where to find the data, by identifying areas of diversity that needed further exploration. Participant diversity included factors such as gender, level of online training and theoretical orientation.

4.1.6. Choice of Data Collection Method

The data for this grounded theory study were obtained by audio recording in-person semi-structured interviews. A semi-structured interview uses a prepared set of open-ended questions which is used flexibly, and additional questions might be asked during the interview to pursue ideas of interest that emerge. This style of in-depth interviewing offers a combination of flexibility and control that is fitting for grounded theory analysis (Charmaz, 2006). Some research into the therapeutic relationship online has been carried out by using synchronous online messaging for the method of data collection (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009), with one suggested advantage being that the method of data collection is congruent with the subject matter, allowing for a personal reflection on the process of online communication (Fletcher-Tomenius, 2010). There are possible disadvantages for interviewing online, in particular, the time taken to generate enough data. Davis, Bolding, Hart, Sherr and Elford (2004) found that online interviews took longer and produced less text than the transcribed text from face-to-face interviewing; for example, an online interview produced seven pages of text in 120 minutes compared to thirty or forty pages in 90 minutes from a face-to-face interview. They also found that the “staccato” (p949) nature of the dialogue online meant that the interviews do

not readily lend themselves to an in-depth exploration of meaning. In grounded theory, intensive interviews are required to produce rich data, with the participant doing most of the talking (Charmaz, 2006), therefore online interviewing was judged an unsuitable choice for gathering data for this study.

4.2. Procedure

4.2.1. Participants

The data for this grounded theory study were obtained by interviewing online therapy practitioners. It was initially intended to recruit counselling psychologists for the interviews to reflect the counselling psychology perspective of the project, with a backup plan of including qualified psychotherapists, if counselling psychologists with the appropriate experience could not be found. The criteria for participation were that participants had experience of providing online synchronous text-based counselling, had a recognised qualification in psychological therapy or counselling, and had accreditation from a recognised body such as BACP, UKCP, BABCP, BPS or HCPC. Seven online therapists participated in the study; six women and one man, and their ages ranged from 29 to 64 (see Appendix H). Two of the participants identified their primary theoretical approach as cognitive-behavioural therapy. Three described their primary theoretical approach as integrative, one as psychodynamic and one as existential. The participants had experience of providing online therapy in a variety of settings, including NHS psychological therapy services, university counselling services, charitable helpline services and private practice.

4.2.2. Recruitment

An email request was distributed to online therapists in their respective locations through the managers of the Psychological Therapies Service at RDash. They then registered interest by contacting the researcher. Other participants were recruited through online social networking, or by directly approaching them via email and requesting their participation. "Snowball" recruitment was employed by asking participants to discuss the research with their professional associates who they thought would be suitable, and inviting them to contact the researcher. This type of

purposive sampling is useful when the phenomenon under study is relatively uncommon (Bluff, 2005), as is the case with synchronous text-based online therapy.

Potential participants were given an information sheet about the study (Appendix C). The information sheet included background information about the study, inclusion and exclusion criteria, and details of what participation in the study would involve. Potential participants were also asked to complete a brief questionnaire (Appendix D) in order to collect demographic information and to ascertain their suitability.

4.2.3. Researcher

The study was conducted by a female trainee Counselling Psychologist with experience of face-to-face counselling in various training placements, in both NHS and non-NHS settings, and also some experience of telephone and online counselling in the voluntary sector, working with young people up to the age of 18.

The researcher's own experience of online counselling and how it might have affected the research was considered. The inherent subjectivity in qualitative research means that the researcher's own interests and assumptions cannot be removed or bracketed off, but this subjectivity can be managed through self-awareness of potential biases and assumptions, thus improving the quality of research (Morrow, 2005). This was achieved by writing a reflexive account of researcher's beliefs, ideas and potential biases about the topic area at the beginning of the project, (see "Reflexive Statement part 1) and by keeping an on-going reflexive research journal throughout the research process; key observations from this are documented in "Reflexive Statement part 2".

4.2.4. Ethical Considerations

Ethical approval was obtained from the London Metropolitan University ethics committee before the study commenced (see Appendix A). Authorisation was also obtained for working with RDaSH NHS Trust, via the Integrated Research Application System (IRAS) (Appendix B). There were no known risks posed by this project to either researcher or participants. Ethical considerations included confidential treatment of participant's data; any data that could potentially identify the participants was removed from the analysis. Digital audio recordings were stored securely and

destroyed once transcribed. Participants were permitted to stop the interview at any time. Participants were permitted to withdraw their consent to take part in the study for up to one month after the interview. A distress protocol (Appendix G) was defined in case of the unlikely event of a participant experiencing distress during the interview.

4.2.5. Data Collection

A semi-structured interview schedule of open-ended questions was created at the beginning of the study to initiate exploration of the subject area. The interview schedule was refined after piloting with other trainee counselling psychologists. The interview schedule used initially is provided (Appendix I). The questions were adapted through the interviews to further explore the theory as it developed. Interviews were carried out at the participant's place of work or at an agreed location. The interviews were conducted face-to-face and recorded using a digital audio recorder.

In line with the British Psychological Society's Code of Ethics and Conduct (British Psychological Society, 2009), there was a thorough briefing of the research, including information regarding how the data would be used. Each interview began by reviewing the information sheet (Appendix C) and the researcher answering any questions. Participants then signed a consent form (Appendix E) if they agreed to take part, before audio recording commenced. The interview schedule was followed as a guide only, and points of relevance to the research were explored as they came up. The average length of the interviews was 1 hour 10 minutes. At the end of the interview, participants were asked if they had any further comments and a debriefing form was offered to them (Appendix F). Following each interview, the audio recording of the interview was transcribed verbatim with line numbers.

4.2.6. Analytical Procedure

Coding

In grounded theory data analysis is done through coding and the constant comparative method. Initial coding involves a close reading and interrogation of the data to focus on possible meanings of the data. The first stage of analysis was open coding; a line-by-line, phrase-by-phrase examination of the data, to produce detailed codes for each

unit of meaning in the data. A unique identifier was assigned to each code, which included a reference to the interview and the line number. Strategies were used to capture as many initial codes as possible, by breaking the data up into component parts, and looking for implicit meanings and tacit assumptions (Charmaz, 2006).

Following open coding, codes across the first three interviews were examined and compared with each other and identical codes were combined. The comparing of data to find similarities and differences is known as the constant comparative method (Glaser & Strauss, 1967). The codes were compared and analysed for similarity, and very similar codes were combined, with the meaning retained by writing a higher order code to encapsulate all the meaning from the contained codes. This was done iteratively until higher order categories were formed.

In keeping with guidelines for qualitative research (Elliott, Fischer, & Rennie, 1999), credibility checks of the analysis were done by referring the coding and analysis to the researcher's supervisor for verification and the supervisor's feedback was then used to refine the analytic procedure. Appendix K shows an example of codes and categories from the initial phase of the analysis.

Axial coding

Axial coding is the process of coding inter-relationships between categories. Strauss and Corbin (1994) provide a framework for establishing links between categories, by asking questions of the categories. Such questions take the form of asking of a category the questions, what, when, where, why, how, and with what result or consequence (Corbin & Strauss, 2015). Charmaz (2006) uses less formal procedures for exploring relationships between categories, and has some criticism for the idea of axial coding, warning that it can apply an analytic frame to the data, which by nature restricts the analysis with a "technological overlay" (p63). In this study, specific questions of the categories were employed in order to develop axial codes. Although this was not a part of the method as recommended by Charmaz, this was justified on the basis that there is much overlap between grounded theory methods, and Charmaz herself recommends that researchers follow guidelines according to preference. This research sees Charmaz's constructivist grounded theory as offering "flexible guidelines

not methodological rules, recipes, and requirements”, (Charmaz, 2006, p9). The axial coding procedure improved the strength of the theory created by helping to clarify the conditions under which a circumstance or activity occurs and its consequences and it made relationships between the categories more obvious, which was particularly useful for this researcher who was new to the grounded theory method.

Constructing the model

The next stage was to begin to formulate a theory that fitted the categories and the relationships between them in a way that could be represented diagrammatically, showing the effects of different processes on the therapeutic relationship. During the first stage of analysis, this was a tentative model, identifying gaps, contradictions and areas where clarification was needed. A diagram of the initial model is provided (see Appendix J). These gaps and contradictions in the initial model informed a revision of the interview schedule for the second stage of data collection (see Appendix L), with the aim of further explicating the theory. Each additional iteration of data collection and data analysis followed much the same as the first, with coding and constant comparison. New categories were formed which were added to the analysis. Existing categories were expanded and refined. The categories were organised conceptually into higher order categories. It was not the intention of this project to reach theoretical saturation, and a pragmatic end point was arrived at, when the model could adequately explain the bulk of the data.

Memo-writing

Throughout the research process, memos were written in order to note down the researcher’s thoughts and theories about the data, for example ideas about how to conceptualise the data, about relationships between categories, and to explore deeper psychological meaning within the data. The memos were recorded in a spreadsheet, with a date, and a cross-reference to the code or codes that they were written about, or to other related memos where relevant (see Appendix M). There were many ways in which memo-writing facilitated the process of analysis. Memo-writing is important in grounded theory because it prompts the researcher to analyse data and codes early in the research process (Charmaz, 2006), whilst also allowing these analytic ideas to be

set aside, so allowing the data to continue to lead the way in the formation of a theory. Memos can identify gaps in the analysis (Charmaz, 2006) and this helped the researcher to formulate questions to ask in future interviews. Memos give researchers the opportunity to stretch their thinking as they interrogate their data (Charmaz, 2008), so that the analysis is able to move beyond mere description.

5. Results

This section describes the findings of this study. A model of the key concepts influencing the development of a therapeutic relationship online is presented. Firstly, an overview of this model will be given, describing how the components of the model relate to each other. Then, the categories of this model are explained in more detail and illustrated using the words of the participants.

5.1. Table of Categories

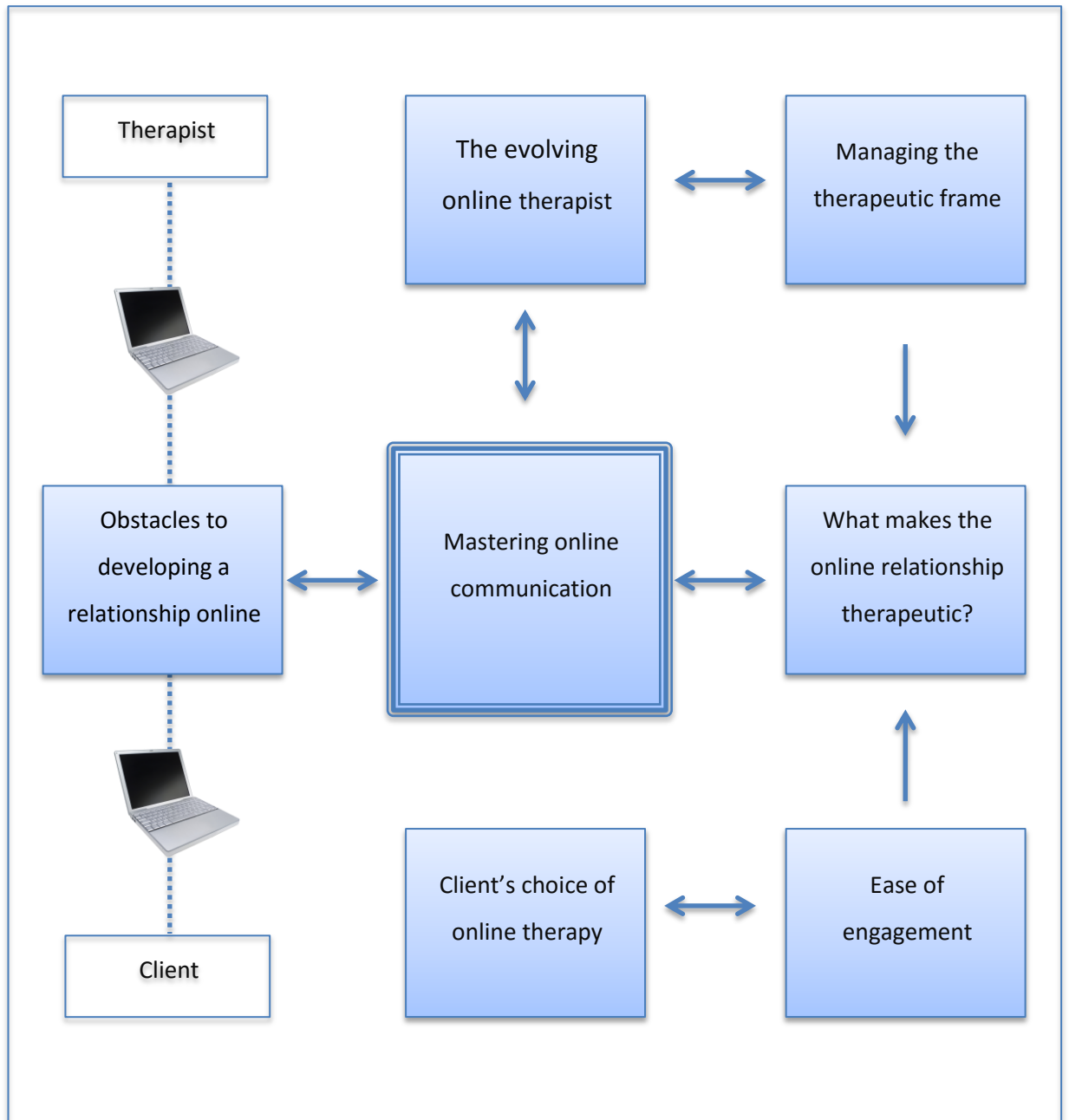
Table 1: Summary of the main categories and the participants who contributed to each

Main Category	Subcategory	Participants
1. Obstacles to developing a relationship online	Abruptness of the written word causes problems for communication	1,2,3,4,5,7
	Difficulties conveying empathy online	1,2,3,7
	Affect and emotion can be missed online	1,2,5,6,7
	Increased pressure of time	1,2,3,4,5,6,7
	Missing physical presence can challenge the relationship	1,2,3,4,5,6,7
	Unknowns make the relationship tenuous and hard to judge	1,2,3,4,5,6,7
2. Mastering online communication	Softening the written word by being more verbal	1,2,3,4,7
	The importance of use of language online	1,3,4,5,6,7
	Text based communication can be enriched using pictures, music, stylistic features and emoticons	3,4,5,6,7
	Conveying a sense of presence in physical absence	1,3,5,6,7
	Listening to the tone of text and understanding the other's use of language	1,2,3,5,6,7

3. Managing the therapeutic frame	The importance of a safe, private space, free from distractions	1,2,3,4,5,6,7
	Setting up the contract and boundaries for online work	2,3,4,5,6,7
	Technical problems can adversely affect the relationship and need to be managed	1,2,3,4,5,6
4. Ease of engagement	Safety and control accelerates and enables disclosure	1,2,3,4,6,7
	The ease of being honest and open	1,3,4,6
	Client comfort with technology can facilitate online engagement	1,2,3,6
5. Client's choice of online therapy	Online therapy meets a need and improves access to therapy	1,2,3,4,5,6,7
	Reduced fear and stigma is a motivation for choosing online therapy	1,2,3,4,5,6,7
	The importance of choosing online therapy for the right reasons	1,2,5,6,7
6. The evolving online therapist	Disbelief and belief in working online – and the importance of therapist's faith in it	1,2,3,4,5,6,7
	The development of therapists' skills in working online	2,3,4,5,6,7
	The same or different - therapists approach to adapting theory and practice online	1,2,3,4,5,6,7
7. What makes the online relationship therapeutic?	Core conditions of the online therapeutic relationship	1,2,3,4,5,6,7
	A powerful and deep relationship can develop online	1,2,3,4,5,6,7
	Client and therapist working collaboratively	1,2,3,5,6

5.2. Model

Figure 1: A model representing the processes involved in the development of a therapeutic relationship online



5.3. Model Overview

This section provides a description of the model of processes involved in the development of a therapeutic relationship online.

The “Obstacles to developing a relationship online” category consists of some of the difficulties that are experienced when therapy is done online by text, and how such difficulties impact upon the development of a therapeutic relationship. Participants described difficulties relating to the starkness of the written word; how something said by text can be understood quite differently without the facial expression and tone of voice to accompany it. They described deficits in information about affect which might, in a face-to-face setting, be portrayed through non-verbal behaviour. A lack of visual information about a person and unknowns about their circumstances can also challenge the relationship. The management of time in the online setting was also cited as a difficulty. It was evident from the participants that these challenges can be overcome and a meaningful relationship can be formed. This process is facilitated through therapists’ “mastering online communication”; adjustments and techniques that help to manage the inherent challenges of online text based communication. The careful use and interpretation of language becomes vitally important in text-based online therapy. Therapists are more verbal and add context to their messages, which has the effect of softening the words. Therapists make use of different ways to enrich online communication beyond plain words, and they find ways to enhance a sense of their presence online. The two-way arrow between these two categories shows that the obstacles give rise to the mastering of communication, which in turn enables those obstacles to be managed and overcome.

These techniques grow through experience, training and interaction with other online therapy professionals, represented by the concept of an “evolving online therapist”. Participants were often sceptical about working online at some point in their experience, but often completed a journey from disbelief to belief and from concern for the relationship to surprise and enthusiasm about its depth. This belief in the value of working online is a vital ingredient to building relationships and working effectively in the medium. Also part of the evolving and developing therapist is a consideration for

their philosophy of practice, and how their theoretical position and way of working may or may not need to be adapted to the online setting. Positive experiences of relating online feedback into a therapist's development process.

The client's own path to choosing online therapy was also understood as an important factor for how a therapeutic relationship can develop. There are many reasons for a person to want to have online therapy rather than face-to-face therapy. Physical disabilities, difficulties fitting in therapy around working hours and responsibilities in the home are just some of the things that prevent a person from accessing face-to-face therapy services. There are other reasons that are less to do with need and more to do with anxiety about attending therapy in-person. Therefore a "client's choice of online therapy"; including having a clear rationale for their choice and actively wanting to work in this way, is an important factor in developing a therapeutic relationship.

The "ease of engagement" describes ways in which clients feel more at ease working online. The feeling of safety and control experienced in online therapy means that clients find it easier to talk about potentially difficult or shameful material. This disinhibition also affords a possibility for clients to be honest and open in their feedback about the therapist and therapy. If clients have concerns about how they are viewed in their physical selves, then having sessions online means they are free from the fear of judgement. The model shows a reciprocal relationship between the ease of client engagement online and a client's choice of online therapy. Clients who have a good rationale for choosing online therapy, and really want to work that way are able to engage more easily in it, and are able to benefit from its advantages. The factors that make working online easier to engage in may provide an incentive for certain clients to choose online therapy over face-to-face therapy in the first place.

"Managing the therapeutic frame" is an important foundation for developing a helpful relationship, and without therapist and client being in the same room, is beset by the possibility of distractions and interruptions, and sometimes by problems with the technology that is the means of communication. Participants talked about the importance of setting up a clear contract and boundaries for therapy as a necessary condition for a therapeutic relationship.

“What makes the online relationship therapeutic” is a category that specifies some of the features of the online therapeutic relationship when the various factors this model describes are in its favour, and when the possible drawbacks of online therapy are overcome. Participants were emphatic that a therapeutic relationship can be formed online, and it can often develop quickly and to a surprising depth. A therapeutic relationship is collaborative and involves a shared understanding of a problem. Participants were clear that characteristics of therapeutic relationships include empathy, warmth and trust and these core conditions of psychological therapies generally are also fundamentals of the online therapy relationship. This category is related to other categories; a therapist’s skill in communicating online, their careful management of the frame, and the client’s ease of engaging openly all contribute to creating these conditions.

5.4. Category Analysis

1. Obstacles to Developing a Relationship Online

Subcategories	Participants
1.1. Abruptness of the written word causes problems for communication	1,2,3,4,5,7
1.2. Difficulties conveying empathy online	1,2,3,7
1.3. Affect and emotion can be missed online	1,2,5,6,7
1.4. Increased pressure of time	1,2,3,4,5,6,7
1.5. Missing physical presence can challenge the relationship	1,2,3,4,5,6,7
1.6. Unknowns make the relationship tenuous and hard to judge	1,2,3,4,5,6,7

This category is about the problematic aspects of communicating by text that might stand in the way of developing a therapeutic relationship in this medium. The things participants said that make up this category were often built on an appraisal of online therapy versus face-to-face therapy; so even if participants were not specifically asked

to, they often gave answers about what it is like communicating online compared to face-to-face. Therefore this category reveals a lot about the way face-to-face communication is facilitated and how the online therapeutic relationship differs in comparison. This was perhaps because participants were highly experienced in face-to-face therapy before working online, and so they were cognisant of the differences working online makes to their work.

Subcategory 1.1: Abruptness of the written word causes problems for communication

A difficulty with text only communication is that the written word can come across as harsh, abrupt or even judgmental, compared to the spoken word. The context around the words is missing; in-person this would come through tone of voice and facial expression. Therefore the same words in typed text can be perceived as harsh compared to how they are received when spoken.

“And I think that’s something as well, you have to think about it a lot more because when it’s in black and white, it feels, I don’t know, more definite or harsher than if you say words, you kind of then explain yourself around the words.” (Participant 1)

One participant suggested that 70% of communication is non-verbal, from which it could be concluded that text messaging is a limited form of communication. This can mean that typed messages can be interpreted differently to how they were meant and it is easy for misunderstandings to occur in text. There is a sense of permanence to text messages that could make them seem “harsher”; the words are there to see on the screen, and can be read repeatedly. Most participants did not find the nature of text messages to be an insurmountable problem for doing therapy by instant messaging, with the exception of one participant, who found it very difficult to work this way:

“it’s very difficult to strike up a therapeutic relationship with somebody, because, as we all know, with sort of email and text message, it’s very difficult to understand what someone’s saying without any context to the words that they’re saying” (Participant 2)

Subcategory 1.2: Affect and emotion can be missed online

Some participants said that it can be difficult to pick up on affect and emotion without the benefit of non-verbal cues which might reveal a client's emotional state. Online it is hard to know when something in the interchange has a moment-to-moment impact on mood. If the client becomes downcast or tearful, this might be missed. Therefore opportunities to explore and work with emotion can be overlooked.

Hearing the other's voice was particularly identified as a way that affect is picked up, meaning that emotions are more available when working by telephone or by webcam than using text only. For example, a client might text "I'm okay" but the therapist misses how they actually sound emotionally. In-person or even using the telephone or a webcam, a therapist might be able to perceive a client's feelings based on nuances of tone of voice or pauses and can then explore that further.

"So if you for instance talk to someone face-to-face or via webcam, they'd mention something, that seems very small you know, for instance, every time I go to the supermarket I get really really anxious and actually tear up when they're saying that, you know you need to go down that line, you need to talk a little bit more about what's going on there. What cognitions have you got, how do you feel in your body, what are your emotions, whereas you'd miss all that when you're doing it just via SMS or sort of text-based systems, I find."

(Participant 2)

It was also pointed out that there are aspects of a person's state of mind that are not known even in face-to-face interactions, and that therapists can only make guesses using the non-verbal clues that are offered, and cannot know anything for certain.

Subcategory 1.3: Difficulties conveying empathy online

Some of the participants reported finding it more difficult to convey empathy online. Empathy was seen as important for the development of the relationship because it shows that the therapist understands the client moment by moment, and this encourages them to elaborate further. The therapist's tone, pace and body language were identified as key tools in conveying empathy, and so these must be compensated

for in text-based therapy. Even in therapy via webcam, when the therapist and client can see each other, conveying empathy needs to be more verbal and more exaggerated, because communication of gestures and body language is compromised. Some participants suggested that empathy could seem insincere in text, with the therapist sounding like a parody or like a machine.

“...using empathy points, using things like saying, ‘That sounds like that must have been very difficult for you. I can hear that that’s something very difficult for you to talk about’ ... That’s fine. However, it’s nigh on impossible in instant messaging, in all honesty. It’s very difficult to type ‘That sounds very difficult for you’ without sounding like a parody of therapist. And sounding insincere.”
(Participant 2)

Subcategory 1.4: Increased pressure of time

Typing instant messages takes longer than speaking and the slowness of dialogue impacts on the relationship between client and therapist in two ways: both the moment-to-moment experience, and the overall course of therapy.

The delays that can occur waiting for the other person’s response can make the conversation by text feel disjointed, and can make it more difficult to stay grounded and focussed on the other person. Because the exchange of dialogue takes longer, therapists can feel the need to be more succinct in their language or to respond quickly to keep things moving. Participants who also provide online therapy by email noted the contrast between the two modalities; email gives them ample time to think and construct their response carefully, whereas instant messaging requires a similar immediacy of response to a face-to-face conversation. The benefit of this is that it is more spontaneous, and perhaps allows you to get somewhere “before people get too cognitive“. For therapists though, due to the time taken to type, there is a need to be more economical with what they type than what they would say out loud. Having less time available to make a response is at odds with the need to be more verbal. This creates a tension for the therapist between getting a response back in good time and saying all of the things that make their response therapeutic.

“Of course in email there's time to write more so my sentences can be longer, I can explain myself a bit more. Obviously in instant messaging when it's synchronous there's much more of a time pressure there. So I've had to adapt and be more succinct in how I write my sentences and I'm conscious that does feel different and in some ways I'm working harder to make sure that I don't lose the empathy or that an abruptness comes in because the sentences are shorter.” (Participant 3)

The issue of time also has an impact on what can be achieved in a course of therapy. Less dialogue can be exchanged by instant messaging than in face-to-face therapy. This means that less counselling work can be done and can have a negative impact in services where clients are offered a fixed number of sessions. Some participants suggested that an online treatment might require more sessions.

Subcategory 1.5: Missing physical presence can challenge the relationship

Participants reported that not seeing their client changes the therapeutic relationship. Not having any visual representation of the client and the way they present themselves can make it more difficult to have a strong sense of how they are as a person. The way that someone conducts themselves with their physical self in relation to another person is missed, and the subtleties of projections are less accessible. A display of behaviour in the room, such as a client using a gesture to unconsciously display power over the therapist, was cited as an example of something that would be missing from an online session. This means it is a lot more challenging, or perhaps impossible to pick up on projective identification.

Participants also said that a client not seeing the therapist, and seeing their reaction to their material, is a cost to the therapeutic relationship. An example of this was given as follows:

I remember sitting with a client one time, really profound and awful ritualistic abuse et cetera happening. I found a tear drop from my eye. A client being able to see that and witness another human has been moved by that is... it was quite profound for the client to see that. Whereas if it was text based... that

makes it difficult. The fact that I can't see the person and they can't see me.

(Participant 5)

Concerning therapy with clients who presented with some risk to themselves such as suicidal ideation, some participants said that it was preferable to “have a visual sense” of them and might encourage a person to use face-to-face services, or to use webcam. However, it was also described as unethical to refuse to work with clients who presented with a significant risk, in case they had nowhere else to go.

Subcategory 1.6: Unknowns make the relationship tenuous and hard to judge

The participants reported that it is hard to judge the state of the therapeutic relationship online and a therapist is less certain of a client's level of engagement. It is easier to see the signs of a positive relationship face-to-face than online, because of visual cues, like eye contact, facial expression and nodding.

So when someone's looking at you, nodding along rather than avoiding eye contact or looking round the room or you know, you've got some of those cues that tell you that actually this person's listening to me. And they're understanding what I'm saying. (Participant 2)

These signs of positive engagement or alternatively, subtle signs of boredom or dissent are not so easily available and may be imperceptible by text. If a client is not engaging well, or goes quiet, there could be many reasons for this. The therapist is not to know if there is a slow connection, or if the client is not comfortable responding, or if perhaps they are distracted and doing something else.

Online, you don't know the home circumstances... has the partner returned? They don't want them to find out. Have the family members returned? You don't know. I think that it almost requires of the therapist to be tentative and sensitive to the challenges that may emerge. Almost to not be quick to blame oneself or indeed project onto the other that they're not willing to engage because...there's all sorts of complexities. (Participant 5)

Therefore working online involves the therapist not knowing everything about the client's immediate circumstances. Participants said it was better to not make assumptions about what is going on, to not take things at face value and this can make the therapeutic relationship feel precarious and transitory with a moment-by-moment quality.

2. Mastering Online Communication

Subcategories	Participants
2.1. Softening the written word by being more verbal	1,2,3,4,7
2.2. The importance of use of language online	1,3,4,5,6,7
2.3. Text based communication can be enriched using pictures, music, stylistic features and emoticons	3,4,5,6,7
2.4. Conveying a sense of presence in physical absence	1,3,5,6,7
2.5. Listening to the tone of text and understanding the other's use of language	1,2,3,5,6,7

This category describes ways in which communicating by text is enhanced and enriched, so compensating for the missing visual presence, tone of voice and body language. These techniques counteract the difficulties of text-based communication as described in the previous category. They are crucial to developing a good quality therapeutic relationship online, and the concepts emerged both from talking to therapists who had received specialist training for online therapy and those who had not.

Subcategory 2.1: Softening the written word by being more verbal

Therapists soften their written communications by being more verbal, adding extraneous words and making more summaries and reflective statements. This is because all nuances of speech and face-to-face communication need to be made up for in words. Firstly, this softening can assuage the perception of text as more harsh or

definite than intended, as described in the previous category. This compensates for the fact that tone of voice and facial expression are not available to add gentleness to the therapist's words. The extraneous words have the effect of making the interaction more human.

“There was something about creating a long sentence that softened things, and that’s something I just think we could never have known before we started, that when you read some things back that would have been fine in the spoken word, with the pace of the wording, so, you know, you might slow down if you wanted to be more gentle, and you might, sort of, have some kind of softness in your voice. All that had to be made up for in words or in thinking about the words, thinking how fast you’re going to respond.” (Participant 7)

Secondly, a therapist needs to be more explicit in conveying empathy. Empathic statements and reflections can express the understanding and compassion that might, in a face-to-face context, be conveyed with a nod or with posture and facial expression. Participants commented that an empathic statement could sound robotic and unnatural and repeating back to a client word for word is thought to be particularly problematic. So care needs to be taken for such statements to come across as sincere, which can be done with extra words. This might include explaining a bit of the therapist's own process explaining why they are making a reflective statement or a summary, for example to clarify that they have understood something correctly. Giving this additional context can have the effect of making the reflection or summary more meaningful.

It was noted that the client's style of communication can also facilitate the relationship. If a client is able to be verbose in their typed messages, making extraneous comments like “Oh look I’m rambling now”, this adds warmth and familiarity into the exchange.

Subcategory 2.2: The importance of use of language online

This subcategory overlaps somewhat with the previous subcategory about being more verbal, but is more about the therapist's use of language and choice of words, which is

much more important when working with only the written word. Participants said that having a good way with words is a key feature of what therapists need to make their online interactions more therapeutic.

Language is also the source of therapeutic rupture, through misunderstandings and misinterpretations of text. Some of the participants said this creates a sense of caution about constructing messages and a pressure to say the right thing. There is permanence to text that makes mistakes or a poor choice of words more obvious. A mistake in text messaging cannot be easily corrected as it is suspended on the screen. Therefore what helps in text-based communication is having a good way with words to explain oneself clearly. Using careful, tentative, cautious language and inviting feedback or correction by the client is important for mitigating the problem of misunderstandings and mistakes.

“obviously when you're working online words are, for email and instant messaging, the main way. That's the way you're communicating. So I'm very conscious about the language that I use, the phrasing that I use. For example I will be very careful when making reflection through IM or email to say, I get the sense that or I get the impression that. Then in brackets I might put that I might be wrong or I might put at the end of the sentence, please tell me if I've misunderstood. “ (Participant 3)

Some participants talked about ability with language as a prerequisite for working online. A participant, who had supervised a team of counsellors working online for the first time, found that some were particularly well suited to it due to their writing skills, whereas counsellors who were dyslexic or less confident with the written word found it really difficult to adapt.

“we had counsellors who were dyslexic who were really anxious about it but were forced into a situation, you know, that's the worst case scenario, forced into a situation because it was their job to do this and, you know, they had some real struggles, and once you get to that point you don't engage, you don't want to prove that it works.’ (Participant 7)

Conversely, another participant was surprised that clients with dyslexia often chose online therapy. This suggests that perhaps ability with language is a prerequisite for therapists, but not clients.

Subcategory 2.3: Text based communication can be enriched using pictures, music, stylistic features and emoticons

There are various ways in which text based communication can be supplemented using pictures, poems, music, stylistic features, emoticons and attachments which can all help to create a therapeutic relationship. Participants described how warmth can be conveyed using emoticons and how text messages can be enriched by using different colours and font sizes. Supplementing text messages can be helpful in both directions. Therapists have found that clients sending photographs, pictures or other attachments can convey a sense of who they are, and help the therapist to understand their inner world. Sharing artwork and song lyrics can be a way for people to communicate emotion, and is a way to compensate for the deficit of not seeing the client face-to-face.

“You’ve got some obvious things that get mentioned on training programs like emoticons and embellishments you can put with the text but I’ve found so many different individual ways that people have of finding a way to communicate an emotion. It might be through attaching something else as well to communication. I’ve had all sorts of different things. I have had YouTube video clips, “Have a look at this, this says it better than I can.” I’ve had artwork that people have photographed and sent me”. (Participant 4)

Subcategory 2.4: Conveying a sense of presence in physical absence

A sense of presence in the relationship needs to be enhanced online in order to make up for the therapist’s physical absence. Therapists find different ways of conveying presence. One example is through the use of an ellipsis as an indicator that the therapist is still thinking and still writing. So instead of a long wait while the therapist types out their response, the message can be sent in parts, followed by a “...” to indicate that there is more to come. The use of shorter sentences is facilitative to keep

a good flow of conversation and prevent long gaps waiting for the other's response, which can be distracting. Instead, the client is reading and absorbing while the therapist is typing. Therapists educate the client to use the same etiquette of communicating in shorter sentences followed by an ellipsis if they are still typing. So this affords the therapist more time to process the message and think about their response. This improved flow of conversation both helps the relationship and allows more work to be done.

Another way that the sense of presence can be enhanced can be through the use of self-disclosure. Therapists situating themselves and sharing aspects of their experience, either their physical surroundings or their mental process, can offer the client a visual image of the therapist engaging with their material. This can help to sustain the connection; to explicitly say, "I'm here and I'm listening".

"you need to have an ability to be able to share your awareness and your moment by moment experiencing with the client through language. Again, so they can get a picture of what you're doing." (Participant 5)

Subcategory 2.5: Listening to the tone of text and understanding the other's use of language

Participants said that knowing what is meant by the other's words is crucial to the therapeutic relationship online. Words take on much more importance when that is all there is for communication, so therapists' interpretation and sensitivity to language becomes more important. Therapists have to be acutely aware of each word, phrase and sentence, and work harder to interpret meaning accurately, to check back meaning with the client. Therapists must also be open to meaning changing.

In addition to the meaning of words, other clues in the text come from the style of writing which allows therapists to learn something about the client. The length of sentences, the use of paragraphs, the use of emoticons, and whether care is taken over grammar all give a sense of the person who cannot be seen or heard. Therapists can also notice changes in style and explore whether subtle changes reflect a change in affect. Some participants mentioned that text can have a tone, and that interpreting

the tone of text is another way of “listening” in online communication. In this way, monitoring of stylistic aspects of messages can provide an alternative to noticing non-verbal communication.

“I need to be reading between the lines. I need to be noticing if I'm working with a client for some time any changes in the way that they express themselves, whether that's changing colour of font, whether it's changing size of font, whether it's changing length of sentences or how they paragraph it. It's noticing all, every little bit. When we're face-to-face we notice body language quite a lot. Working on the telephone, which people have done for years and years and years, it's those nuances of tone of voice, pauses, and it's exactly the same when you're taking this in to working online. It is being thoroughly engaged with the client.” (Participant 6)

3. Managing the Therapeutic Frame

Subcategories	Participants
3.1. The importance of a safe, private space, free from distractions	1,2,3,4,5,6,7
3.2. Setting up the contract and boundaries for online work	2,3,4,5,6,7
3.3. Technical problems can adversely affect the relationship and need to be managed	1,2,3,4,5,6

In online therapy, without the boundaries of a physical meeting in a defined and confined space, the very foundations of the typical therapeutic frame are changed. This category describes the differences to the frame that have consequences for the therapeutic relationship and describes how therapists manage such challenges.

Subcategory 3.1: The importance of a safe, private space, free from distractions

There are challenges to the therapeutic frame online due to the fact that the client and therapist are not in the same room together. This means it is more common for a client to be disturbed, distracted or interrupted while having online therapy, perhaps

by a family member coming home or other distractions. Therefore it is essential that a client has somewhere private for therapy. This is largely about educating the client and ensuring their appropriate use of the therapy time. Participants advised discussing this with the client at the outset of therapy, to encourage them to delineate a private time and space, preferably free from interruptions and to also consider what they would do if they were disturbed during an online session.

Online communication is often informal and is conducted while people are doing other things such as eating a meal, watching television or travelling. This habitual use of online communication could increase the possibility of someone engaging in therapy in the same casual manner. Therefore it is sometimes necessary for the therapist to encourage the client to adopt an appropriate attitude to the therapeutic space, giving therapy their full attention.

"It's being able to ensure that privacy and 'right, I am committing this space now, this amount of time. I'm going to make sure that I'm in a private place, I'm not interrupted, I'm focused and I'm committed. I'm not doing other things at the same time whereas normally I might be multi-tasking, people will be walking in and out.' There is something about helping them to recognise it's a different use of that communication tool." (Participant 3)

Subcategory 3.2: Setting up the contract and boundaries for online work

Therapists reported that it is easy for the frame to become unboundaried. This is because therapists can be easily reached outside of the agreed slot by email or text, and also because therapists have found that clients sometimes have an expectation of flexibility around time in a way that is not normally a problem in face-to-face therapy. Therefore there is a need to be more careful about boundaries when working online. Participants pointed out that even those not working online need to be aware of their use of email and social media and how this impacts upon boundaries in their professional relationships. Having policies and procedures becomes important so that clients know that their safety and security has been thought about.

“...it’s difficult because you’re setting a frame and it’s so easy for it to become unboundaried. People almost expect you to be less boundaried when you work online and in many ways, I think you have to be more boundaried because you have to have such an awareness of boundaries in order to make the thing be a therapeutic exercise.” (Participant 4)

To create the right conditions for online therapy, the starting up process is important, so that the frame and contract are well understood. Participants often referred to a standard list of things they cover at the start of online therapy. It is important to explain to clients how the system works, and to explain confidentiality and online security. This might also include going through how instant messaging works, for those who are not familiar with it and covering online etiquette points, such as turn-taking, that might facilitate communication.

Subcategory 3.3: Technical problems can adversely affect the relationship and need to be managed

A session being interrupted with a technical problem, such as a connection being lost, is a typical hazard of online therapy. Participants’ experience of technical problems was that these can affect the therapeutic relationship and the client’s feelings about the therapy. The first session, perhaps a client’s first experience of connecting online was thought to be particularly important for establishing a therapeutic relationship. Participants talked about some of the ways technical problems can be mitigated, including being prepared with a very clearly defined protocol of what happens if the connection fails, with a backup plan in place, such as telephone contact. It was also suggested that how a therapist responds to such problems is important, for the client’s sense of containment.

“Technological problems - particularly within the first session, that can be - it’s not just the fact that it’s maybe causing a stop-start. It’s also how you respond to that. That will give the client actually a very clear sense of who you are because they’re going to want to be talking to somebody who’s quite solid, who can be supportive, who can hold whatever it is that they want to disclose. So if you’re getting a bit stressy in how you’re dealing with it, that might

actually put a barrier up to them feeling, do I actually feel safe with this person dealing with what I've got to tell them? Being very calm and very professional with that response is actually really important because yeah that can really interfere.” (Participant 3)

4. Ease of Engagement

Subcategories	Participants
4.1. Safety and control accelerates and enables disclosure	1,2,3,4,6,7
4.2. The ease of being honest and open	1,3,4,6
4.3. Client comfort with technology can facilitate online engagement	1,2,3,6

There are ways in which it is easier for clients to engage in therapy online, compared to face-to-face. This ease of engagement in therapy may be an advantage of online therapy and may provide an incentive for clients to choose this mode of therapy over face-to-face therapy.

Subcategory 4.1: Safety and control accelerates and enables disclosure

Participants reported that their clients seem to feel safe and in control online. This means that they will disclose things about themselves quite quickly, including things that might take them several sessions to disclose in face-to-face therapy. Therapists have found that in cases where there was a history of trauma, going online made it possible for a client to tell someone about it for the first time. Not facing the therapist in person was thought to have the effect of reducing shame and inhibition in the encounter. Being free from judgement based on their appearance seems to enhance the feeling of safety for clients. This has a practical advantage for the therapeutic relationship, allowing for more difficult or traumatic things to be out in the open much sooner.

“People will often share aspects of themselves that they may not face-to-face particularly if somebody is feeling a lot of shame, guilt or embarrassment they

may hold back face-to-face because they can see the reaction. They're scrutinising the other person so they're very focused on are they going to judge me and how are they going to react? If you're in front of the computer you're less connected in some ways to the person on the other end and it can feel a lot safer. You can't see the reaction. So for some people it can really enable them to express things that they wouldn't express otherwise.” (Participant 3)

Participants suggested that the different ways of making contact with a therapist provide varying levels of interpersonal exposure. For example, face-to-face and video contact result in the most exposure and email contact the least, because it is further removed from a live interaction. Therefore, it was suggested that the choice of medium for a client might relate to the extent to which they are comfortable with interpersonal relating.

Whilst the ease of disclosure was seen by participants to be an advantage for the online relationship, some pointed out that this necessitates the therapist taking care with managing the pace of disclosure, so that clients do not reveal things too quickly:

“part of the role is to help people not to open up so quickly that they're putting themselves psychologically at risk” (Participant 6)

Contrary to the idea of online therapy being helpful to overcome shame, one participant noted an example where text-based therapy appeared to accentuate a problem with shame, rather than alleviate it. She and her client found it difficult to understand each other through text, and these misunderstandings activated shame in the client.

“And I think I learnt an important lesson about doing that with that sort of patient who just find trusting others very very difficult. It was part of his condition to feel that others were threatening and blaming and essentially wanting to shame him really. So as soon as he saw something that came up that could be sort of blaming and shaming towards him, he jumped on it and really got quite upset. So it was quite difficult.” (Participant 2)

Subcategory 4.2: The ease of being honest and open

Clients were seen to be open and honest online and able to express their feelings about the process of therapy. This increased openness was seen to be an advantage for the relationship, in that both negative and positive feelings about therapy or therapist can be explored much more readily and this is productive for the relationship and for progress in therapy.

“People are more open and they say they don’t like it when you do it that way or, “I didn’t like that font you used last week.” But they might not say, “I didn’t like the pink blouse you wore last week, it was distracting!” So just interesting, it’s a different form of giving and taking in relationship. Clients have said to me they feel it’s more honest which fascinates me really because I wonder why. I’ve had that on many occasions and they feel they can be more honest.”
(Participant 4)

Participants further explained this saying that not seeing the reaction of the therapist can make it feel safer for clients to express themselves honestly. Participants saw giving honest feedback as an important feature of a good therapeutic relationship, particularly if a client feels comfortable correcting the therapist’s reflection or understanding.

According to some participants with a psychodynamic background, clients reveal their experience of transference feelings naturally and easily online. Therapists find it is easier to ask about and explore transference feelings and transference and countertransference issues get named more specifically online. This ability to bring transference feelings into the open is highly facilitative for the relationship. Defences can also be revealed and named explicitly.

Subcategory 4.3: Client comfort with technology can facilitate online engagement

Some participants said that clients who use online communication in their everyday life were more likely to be drawn to online therapy and therefore found it easier to get used to it and build good relationships. Online communication is a language they are already familiar with, making it a normal experience.

“She found that because I was emailing things to her that was really really useful, rather than give her bits of paper that she was going to lose. I think she felt as though it was, she sort of said it was in her language. It was something that she would normally use to chat to her friends.” (Participant 2)

Clients less comfortable or not used to online communication, or without much technical ability, might find it more difficult. Participants did not go as far as to say that it is necessary to have familiarity with online communication in order to have online therapy. Participants spoke of cases where someone being very confident online did not in fact result in a good therapeutic relationship being formed. It is unusual for people to present for online therapy who would not be comfortable working in that way therefore clients tend to select themselves out of an online service if it is not going to suit them.

5. Client’s Choice of Online Therapy

Subcategories	Participants
5.1. Online therapy meets a need and improves access to therapy	1,2,3,4,5,6,7
5.2. Reduced fear and stigma is a motivation for choosing online therapy	1,2,3,4,5,6,7
5.3. The importance of choosing online therapy for the right reasons	1,2,5,6,7

There are a variety of reasons for people to choose to have therapy online, and the study found that it is important for clients to have a good rationale for doing so in order for the therapeutic relationship to be a fruitful one.

Subcategory 5.1: Online therapy meets a need and improves access to therapy

Sometimes the reason for someone choosing online therapy is obvious; perhaps the client is unable to access face-to-face services, due to a physical disability. In university services, some students are away on placement and cannot access the face-to-face service provided.

“Thinking about the gentlemen I’ve had who was in a wheelchair. We have very poor wheelchair provision as you see here. I could have seen him at another venue, but it was very difficult for him to get there. So he was very thankful that he’d been offered that opportunity to have therapy in the comfort of his own home” (Participant 2)

There are many other reasons for people to want therapy online, some of which are more to do with convenience; such as fitting in therapy around their working hours or caring commitments, or not having to travel a long way from rural locations to access face-to-face services. One participant spoke of providing counselling to people working overseas in a war zone. Some other reasons for wanting to work online include a client’s particular needs. For example, one therapist had treated a number of clients with autistic spectrum disorder, who preferred the slower pace of online text-based therapy.

Providing a service to people who would otherwise not be able to access therapy can mean they are thankful for the service, and this gives therapy a positive starting point. The principle of widening access and offering an anti-discriminatory service appears to be a significant part of the motivation for therapists to work online, and the sense of meeting a need is an important foundation for the therapeutic relationship, for both client and therapist.

Subcategory 5.2: Reduced fear and stigma is a motivation for choosing online therapy

Participants reported that some clients are put off the idea of attending a service for face-to-face therapy, and argued that online therapy provides a way around the stigma of attending in person. Similarly, online therapy is a way of offering access to therapy for those who feel overawed by the idea of accessing a face-to-face service, for reasons of fear, anxiety or shame.

“We thought we’re setting something up here for people who for practical reasons can’t come in and see us. When we started to offer it, the majority of people who chose it chose it for all sorts of other reasons – embarrassment,

shyness, shame, bad experiences previously with face-to-face therapy. I found that really exciting because I thought this is opening a door to people who wouldn't necessarily seek therapy. It's great for people who are really daunted and uncomfortable about the idea of engaging face-to-face with someone".

(Participant 4)

Consequently, anxiety can sometimes be a part of the client's choice of online therapy. More specifically, online therapy is often desired by clients with agoraphobia or social anxiety, who feel comfortable meeting online. This can serve as a gateway service, prior to them engaging face-to-face. The negative side of this could be that online therapy reinforces a client's avoidance of face-to-face relationships. There may be reasons to say no to online therapy or to question if it would be helpful. Those who are depressed or agoraphobic may prefer not to leave the house, even though engaging in therapy in-person would be beneficial in itself, if they can be persuaded to attend. Avoidance of relationships or a tendency to only engage in relationships at a distance can be apparent in a clients' choice of online therapy and it is important for therapists to be open to this possibility. However, participants said that this was not a contraindication and explained that having online therapy is an opportunity to start to look at their way of coping and to gently examine their desire to change.

So there are situations where therapists need to pay attention to a person's rationale for choosing online therapy and consider what lies behind it. However, even therapists who had a preference for face-to-face therapy, said that *"any sort of access to therapeutic engagement is better than none"*. Having online therapy is an opportunity to go through issues of avoidance of relationships, if that influenced clients' choice of online therapy.

"I still think face-to-face is preferable but I also recognise there are some young people who came through on that service that would never have done face-to-face and never have picked up the telephone." (Participant 7)

Subcategory 5.3: The importance of choosing online therapy for the right reasons

It appears to help the therapeutic relationship if the client has chosen online therapy, and therefore is comfortable, even grateful, to be working this way. However, if the client is accessing online therapy for reasons other than their own personal preference, for example, because the waiting list was shorter, then this is likely to hamper the relationship. Therefore, participants suggested that it is important to be curious about the reasons a client has decided to request online therapy. People do not choose between the different media accidentally, so it might be useful to explore at the outset why someone is choosing to work by instant messaging, or another medium.

“Yes, and I think it would be important to bring that in to the conversation, like, earlier on, you know, in the same way that I would say is there any particular reason you chose to come and see me over someone else, I would say, you know, what was their particular reason you chose this approach, and we can only speculate.” (Participant 7).

Participants described scenarios where they had switched media for a client, for example, from email to instant messaging to video and then when the client was unable to find the time for a video session, back to email again. This strengthened the relationship, because the therapist was meeting the client in the way they needed as their situation changed, and also because each method has its own advantages allowing the relationship to be experienced in a variety of ways.

6. The Evolving Online Therapist

Subcategory	Participants
6.1. Disbelief and belief in working online – and the importance of therapist’s faith in it	1,2,3,4,5,6,7
6.2. The development of therapists’ skills in working online	2,3,4,5,6,7
6.3. The same or different - therapists approach to adapting theory and practice online	1,2,3,4,5,6,7

This category is about the process of developing as an online therapist. Participants revealed what has contributed to their development as online practitioners, discussed the ramifications for their model of practice that needed to be considered and highlighted the importance of their commitment and belief in the online modality.

Subcategory 6.1: Disbelief and belief in working online – and the importance of therapist's faith in it

Some participants talked about their attitudes to online therapy before they began working in this field. Some began with a scepticism or sheer disbelief that a therapeutic relationship can be formed online. They were concerned that the therapeutic relationship would be lost or impoverished, or they doubted that online therapy would be helpful. They believed that you need to be in the room with someone to do therapy. However, as experienced online practitioners, all participants expressed the belief that a therapeutic relationship is possible online. Most were effusive about the depth and intimacy of the relationship that is possible and were surprised when they discovered the level of warmth and intimacy that can transpire.

The therapist's faith in working online seemed to be an important factor for forming a good therapeutic relationship, perhaps unsurprisingly. This association perhaps works both ways, because faith in the method develops after experiences of positive therapeutic relationships. The practitioners interviewed for this study were largely pioneers of online therapy, often being the ones who first established an online provision within services they have worked for. Their commitment to working online was driven by a wish to meet client need, and a belief in the moral case for offering online therapy. Such commitment has enabled them to focus on the positive benefits of online therapy and to overcome any problems. However, therapists being obliged to switch some of their work online against their wishes, caused problems in a service.

"I think a couple of people were pushed, initially, when we first set up the service, the online service, people were pushed into it against their will. They didn't want to set it up. They were forced to go on the training and forced to

deliver therapy, and it didn't work. So I think that there is a big difference. You need to be committed; you need to want to do it. I think if your therapist isn't bought in... that's the biggest part of your problem, that ultimately conveys to your patients doesn't it, if you haven't got faith in this method of treatment.”
(Participant 2)

Subcategory 6.2: The development of therapists' skills in working online

Participants had experienced varying amounts of training for taking their therapeutic practice online. Some had received a minimum of training, which focussed purely on the technicalities of using the chosen system and perhaps some training for how to adapt to working on the telephone, but not specifically for working online with text. Some training programs focussed on practical matters like confidentiality and encryption, but did not offer as much consideration of the relational aspects of working online. Other participants had done comprehensive, certificated online training courses and had their own personal therapy online as a part of that training. Some participants were insistent that this experience of good quality specialist training is essential for taking their work online. They reasoned that practising online is a very different way of doing therapy and it is essential to receive specialist training, which is especially important for managing the relationship.

“The training contributed hugely to how I manage the relationship online. It meant even when I began the work online, I had an awareness of things I wouldn't have even thought about and the training, when it covered such things as disinhibition, identity management online, the boundaries and how they're set up and what that means, why security is so important, how some of these things might be communicated. I always feel very anxious when people tell me they work online and they haven't had any training. It may not be that they do any harm but they miss so many opportunities and possibilities and nuances within the work. “ (Participant 4)

Factors other than training contributed to participants' development over time. In online text-based therapy, “listening” and “speaking” through the written word are skills that can develop with practice and experience. As therapists' level of confidence

and competence improve, they can become better at judging pauses, noticing subtle changes and can glean more information from the client without their physical presence. The ability to deliver interventions eloquently with the written word is also a skill that can develop.

Reaching out and learning from other services and other online practitioners was cited as a key element of learning and growing in their online practice. Participants also named supervision as a significant part of their development as online practitioners. Some participants preferred to have their supervision online:

“I have online supervision because I want supervision in the same medium I’m working in and I want to be sharing my online work with somebody else who does it and who has a similar understanding of what’s happening in that relationship” (Participant 4)

Subcategory 6.3: The same or different – therapists’ approach to adapting theory and practice online

Participants felt that online therapy is fundamentally different to face-to-face therapy, and cannot and should not be compared to it. Conversely it was also felt that it is not necessarily different at all, in terms of the underlying theoretical basis. When discussing their theoretical orientation and how working online affects their approach to practice, participants said that their core principles of practice are the same online as they are face-to-face. Participants’ approach to practice online builds on the same core principles that make up their approach to practice generally, and does not necessarily require a change in approach, but necessitates finding a way to work according to that philosophy, using only the written word.

Working online challenges different theoretical approaches in particular ways. A cognitive-behavioural therapist found that it is difficult to share formulations online, because these are more easily shared by drawing diagrams, using paper and pen, or a whiteboard. She found that this process of sharing formulations was vitally important to her work so that a shared understanding of the problem could develop. Not being

able to work in this way hampered the therapeutic relationship and her methods needed to be adapted to try to overcome this.

Psychodynamically oriented therapists said that whilst psychodynamic concepts and theories do apply online, it is hard to say that you practice purely psychodynamically, because there is a need for the online therapist to be a more proactive participant. Silence or an attitude of restraint becomes impossible. Therefore a psychodynamic therapist may need to modify their style considerably to be more verbal and more active online.

When considering a particular theoretical approach, such as psychodynamic or cognitive-behavioural, and how it operates in the online environment, participants said that online therapy is fundamentally different to face-to-face therapy and cannot be compared to a particular modality.

“My stance is you cannot compare online therapy to a modality of therapy. Online therapy is online therapy. It’s not better. It’s not equal to other modalities. It is what it is. You can’t compare like for like. It offers certain things that the therapeutic relationship face-to-face at times won’t offer. I think what you should do, or what one could do is to be informed by psychodynamic concepts, by humanistic concepts. You know transactional analysis concepts or existential concepts. Whatever modality you’re drawn to, to just inform your way of thinking in responding to clients as well as in receiving material.” (Participant 5)

7. What makes the online relationship therapeutic?

Subcategory	Participants
7.1. Core conditions of the online therapeutic relationship	1,2,3,4,5,6,7
7.2. A powerful and deep relationship can develop online	1,2,3,4,5,6,7
7.3. Client and therapist working collaboratively	1,2,3,5,6

This category reflects how participants conceptualise what makes a relationship therapeutic. These characteristics are considered central in online relationships, but not exclusive to them; and might also apply in a face-to-face setting.

Subcategory 7.1: Core conditions of the online therapeutic relationship

Participants talked about the conditions that are required to make a relationship therapeutic, and core conditions of empathy, warmth, acceptance and unconditional positive regard were named as important both online and face-to-face.

The skills of listening and communicating empathy were considered the central ingredients to the therapeutic relationship. When working online this becomes about how these conditions can be created with only the written word, when the relationship is deprived of non-verbal displays of active listening. These conditions lead to a client's sense of being understood and this shared understanding was seen as imperative for working at relational depth. Trust was named as an important feature of a therapeutic relationship, particularly a feeling that a client can trust in a therapist's competence and that the therapist holds them in good esteem. The building of trust is also reliant on a client knowing they are understood.

Some participants said that for their online work, the qualities of the relationship prized by the person-centred approach are even more essential online.

“Things like congruence and words that a person-centred humanistic therapist might use – unconditional positive regard – are much more there in the mind and you feel drawn to convey those things, you find ways in words of conveying them because you haven't got that opportunity to do it through body language and those other cues that are in the room. “ (Participant 4)

Other conditions that are important are acceptance and affirmation, described as appreciating a person for who they are and respecting the efforts they have made with their coping mechanisms, even if these have turned out to be unhelpful.

Subcategory 7.2: A powerful and deep relationship can develop online

Despite the inherent challenges of online therapy, it was clear from participants that a positive relationship can be formed. In the best examples of relationships formed online, a high level of intimacy and closeness can develop. In fact, some participants reported that the relationship can develop deeper and faster online than in-person. Participants found that they could work at real depth online, and how quickly and deeply the relationship can develop is surprising to both therapist and client.

“And so you then are getting deeper, and you can actually get a lot deeper a lot quicker, particularly with young males, which is something that those who don't work with it find hard to believe. “ (Participant 6)

Therapists could sense this by a client sharing their feelings about therapy and about their therapist. This pace and depth of developing a relationship is linked to disinhibition; the client's ability to open up quickly and to easily express their feelings, including their feelings about the process of therapy and the therapist.

One participant suggested that this apparent increased speed and depth of working could be an illusion, saying that getting to the core of the client's experience may miss certain aspects which are hidden. Clients can keep their defences up and be evasive online more than they can face-to-face and can “avoid the intensity of the transference relationship” and so the complexity of their experience could be missed in online interactions.

Subcategory 7.3: Client and therapist working collaboratively

A key aspect of the relationship is for therapist and client to work together towards the same goal and as equal partners, with the therapist adopting a non-authoritarian, non-expert stance. Participants described a number of ways in which this is achieved.

This non-authoritarian attitude is demonstrated by a therapist showing humility and showing that they do not assume they always get it right. It is achieved by checking back meaning and understanding with the client, and it might also mean apologising for mistakes.

“Actually for me what builds a close relationship is that humility, is saying, actually oh god yeah sorry, I've completely misunderstood and that person feels heard and they feel valued, the fact you're prepared to do that. So I don't have to get it right all the time in order for that connection to be made and that client to feel that it's working. (Participant 3)

It involves actively inviting the client's feedback about the therapy, and being prepared to adapt if an aspect of therapy is not proving to be helpful. It is also done by creating a similar understanding of the problem and a sense of client and therapist in partnership against the problem. Other signs of the relationship being on an equal footing are showing respect for the client's autonomy in their decision-making, including taking a non-authoritarian stance towards homework tasks.

6. Discussion

This section will consider how this research contributes to existing literature in understanding the process of establishing an online therapeutic relationship. The discussion will focus on the aspects of the findings that can make the most useful contribution to theory and practice. It will discuss the implications of these findings for counselling psychology professional practice, training and research. Considerations of the strengths and limitations of the research and personal reflections on the research process will be offered.

6.1. Online communication

6.1.1. Overcoming obstacles

This study indicates that the absence of non-verbal communication challenges the online therapy relationship (category 1: Obstacles to developing a relationship online). This affects the process of communication in all types of online therapy, but especially in text-based therapy and potentially compromises the formation of a relationship. It was found that there are more opportunities for text to be misinterpreted without the context provided by non-verbal accompaniment, and so misunderstandings can occur and therapists have less information about a client's emotional state. The absence of non-verbal cues was also found to make it more difficult for therapists to convey empathy. These findings are unsurprising; the importance of non-verbal cues in counselling was demonstrated by Tepper and Haase (1978) who found that the key facilitative conditions of empathy, respect and congruence (Rogers, 1957) are communicated more by non-verbal cues than by verbal ones. It follows that that the lack of non-verbal cues is a key difficulty for the therapeutic relationship online and this is in accordance with some other studies of online therapy (Bambling, King, Reid, & Wegner, 2008; Haberstroh, Duffey, Evans, Gee, & Trepal, 2007; Leibert, Archer, Munson, & York, 2006).

The absence of non-verbal cues and the resulting negative impact on a therapist's attending behaviours is cited as an argument against providing therapeutic services online (Pelling, 2009), because there are "no functional equivalents in the typed

electronic realm” (p. 7). However, the current study offers a more optimistic view of the relationship, suggesting that there are functional equivalents to be found using text. The analysis identified ways in which therapists can enhance communication to help establish a therapeutic relationship. The resulting model suggests that these micro-skills of online counselling can, at least to an extent, compensate for the loss of non-verbal communication. Anthony’s study of online therapy (2000) was based on the idea that the online relationship must compensate for the lack of visual and auditory cues. Anthony ascertained that the quality of the written communication compensates for the lack of bodily presence by building rapport. The current study substantiates this idea with some examples of how therapists’ written communication can achieve this (category 2: Mastering online communication).

6.1.2. Language

The results show that therapists’ use of language and attention to their clients’ language are part of that compensatory process and are vitally important to the relationship. As the non-verbal aspects of communication are removed, language grows and takes on much greater importance. More effort goes into interpreting the meaning of language accurately, by reflecting back and clarifying and being open to more than one interpretation. Using careful and tentative language is important, as is inviting feedback, which gives permission for the client to correct the therapist and helps to develop trust in the relationship. Therapists described how using extraneous phrases softens the written word and gives additional context and meaning, which can compensate for tone of voice or facial expression that would otherwise provide the context. Empathy must be explicitly expressed through reflective statements. Additionally, therapists revealed listening online is not just about the words but also about paying attention to style of text and “reading between the lines” because nuances of style can substitute for tone of voice. Attending to changes like font, colour, use of capitals, length of sentences, especially changes in these can reveal something about the client’s mood or attitude, or perhaps something transferenceal. If this type of “listening” takes place, therapists can glean information that supplements the verbal content itself, in a way that can compensate for the lack of body language.

Research in the wider field of computer-mediated communication may help to contextualise this finding. Social information processing theory or SIPT (Walther, 1992, 2014) explains how people develop and manage relationships in the computer-mediated environment. SIPT assumes that people are motivated to form relationships and to form impressions regardless of the medium they are using and so when visual information is missing, they compensate accordingly. The finding that language and writing can replace non-verbal cues is in keeping with this theory. The process of computer users adapting in order to enhance relationships in a text-based medium is perhaps somewhat intuitive, although users can learn how to improve interpersonal communication by making sure to include relational content within text messages (Riva, 2002).

This finding concerning the increased importance of language in online therapy corroborates other authors. Goss and Anthony (2009) asserted that text-based therapy requires a whole new level of skill in written expression and Charura (2014), described the need for online therapists to be “linguistically sensitive” (p. 126), lest messages get lost in translation. The importance of language could mean that some therapists who are less comfortable with the written word, or who do not consider themselves wordsmiths, may not be so well suited to online text-based therapy and would find it more difficult to adapt. Two of the services spoken about in the interviews made the mistake of assuming that all therapists can learn to work online and expected them to make the transition. Those already employed by the service as face-to-face counsellors were obligated to start working online without proper training, leading to anxiety for some and difficulty in forming effective therapeutic relationships.

6.1.3. Presence

Another way that therapists strengthen the relationship and compensate for the lack of non-verbal communication is by improving the sense of their presence despite physical absence. Two ways of improving presence were identified by the analysis. Firstly, it is done by using shorter sentences and ellipses and encouraging clients to do the same. Splitting a longer message into a series of shorter sentences means that the other party is not sitting in “silence” waiting for a long message to be typed and they

can be reading and thinking all the time, thus improving the connectedness and focus between the two. Anthony and Nagel (2010) outlined these methods of minimising time lag in chat communications in their guidelines for working without a physical presence. In addition to managing time, it seems that the use of an ellipsis could facilitate the relationship by showing the therapist as an active participant in the mind of the client. Some messaging systems simplify this by showing that the other person is typing.

Participants raised the issue of slowness of dialogue or disjointed conversation in text-based therapy. Long time lapses between messages have been reported as problematic by previous researchers, who reported that clients found the slow pace to be frustrating and a hindrance to disclosure (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007) and counsellors spent a significant portion of their sessions in relative silence (Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008). Managing the cadence of messages in the way described can mitigate this problem somewhat and improve the flow of conversation and whilst this does not change the fact that less dialogue is exchanged online, the tempo is increased which improves the connection between client and therapist.

The second way in which participants enhance their presence is by being more explicit in situating themselves perhaps by describing their surroundings, thoughts and feelings. This communicates to the client a sense of the therapist reacting to their material and so helps to convey empathy. This use of disclosure seems similar to the technique of immediacy, defined as working with the therapeutic relationship in the here and now (Hill, 2004). This is a skill originating in face-to-face counselling, but its use might be especially important in online counselling, where there can be difficulties with emotional presence. The way in which participants of the current study used immediacy was not only to demonstrate strong emotions like their response to a painful disclosure, but also to give prosaic descriptions of their surroundings. Why this might be facilitative is not entirely clear, although it could be interpreted as a way of enhancing the image that the client has of the therapist in their mind's eye, making them more real and tangible.

These strategies, both the management of messages and the use of disclosure, might be facilitative to enhancing presence because both give evidence that the therapist is active, building an impression of a therapist who is listening, thinking and feeling as they engage with the client's narrative. It seems that presence is an important condition of a therapeutic relationship, and one that is taken for granted to be there in face-to-face therapy, but that needs more considered effort to achieve in text-based therapy. Presence might be important for the relationship because it is associated with the availability and reliability of the therapist and creates a holding environment, which is particularly important from a reparative relationship point of view (Clarkson, 2003).

Authors have conceptualised online presence (or telepresence) as the way in which communications via technology are experienced and remembered as if they had happened face-to-face, rather than being computer-mediated (Lombard & Ditton, 1997). This observation was associated with visually rich technologies like virtual reality, videoconferencing and simulators. Anthony (2000) found that a perception of real physical presence despite physical absence happened in the online therapy setting. The current study finds that therapists find ways to enhance the sense of presence and realness; it is influenced not only by the visual richness of the technology being used, but by the correspondents' strategic use of pace and content. In the visually rudimentary environment of text messaging, this is important, because the required skills can be developed through practice and training.

The results showed that text-based communication can be enriched by using emoticons and other stylistic features, and also that pictures, music and other attachments can be used by both client and therapist as a way of using the online environment creatively. The reason that this contributes to a positive therapeutic relationship could be because it adds richness to the restricted exchanges that are possible by text, and so allows for more ways for both client and therapist to communicate emotion. This also seems related to the idea of presence, with the added visual input facilitating emotional expression, demonstrating the other person's human qualities and contributing to the experience of a real, authentic encounter.

6.2. Ease of engagement online

The analysis showed that the ease of engagement afforded by the online environment contributes to the development of a therapeutic relationship (category 4: Ease of engagement). The safety that clients feel when communicating with a therapist online instead of in-person means that there can be more honesty and openness online, and it is easier for people to disclose personal or shameful information. This is arguably a demonstration of the online disinhibition effect (Suler, 2004), and contributes to a growing body of research that finds this phenomenon to be an advantage for online therapy, contributing to clients having a sense of control, empowerment and freedom from judgement (Cook & Doyle, 2002; Dunn, 2012; Fletcher-Tomenius & Vossler, 2009; Leibert, Archer, Munson, & York, 2006; Young, 2005).

The implications of increased honesty for the therapeutic relationship are likely to depend on a therapist's conceptualisation of the relationship, or, using Clarkson's framework of five different kinds of relationship (Clarkson, 2003), which one of these is under consideration. The ability to be honest and open with feedback is likely to be facilitative to the working alliance, because a client's honest feedback could help to establish collaboration concerning goals and tasks. It is possibly facilitative to the transference relationship because a client is able to be forthcoming about their feelings about the therapy and the therapist. Some participants found that this made it easier to explore defences and transference and countertransference issues. Suler (2004) theorised that online communication encourages a transference reaction, because people need to fill in the gaps when they form a visual image of the other person, allowing transference feelings and fantasies to flourish. The research findings do not demonstrate that transference feelings are evoked especially strongly, but more that clients reveal them more easily online. The ease with which clients disclose their feelings, especially about the therapist and the process of therapy, was cited as the reason that a deep relationship can be formed online more quickly than in person. Explicit identification of transference suggests that an objective observer's view of interpersonal relating can be taken. This could explain how some participants find that online work can be powerful and deep. There was some ambiguity over this point though; one participant felt that online therapy allows clients to evade the intensity of

the transference relationship. Perhaps this different perspective supports Suler's idea that when communicating online, people can only present certain aspects of their personality or perhaps even dissociate from reality. Even if this theory is accepted, this does not necessarily lead to a pessimistic view of the usefulness of online therapy. Perhaps all therapy, whether in-person or face-to-face, involves presenting only a version of the self, in accordance with theories of impression management in interpersonal behaviour (Goffman, 1959; Jones & Pittman, 1982).

Leibert, Archer, Munson, and York (2006) argued that disinhibition serves to offset the main disadvantage of the relationship online, which is the loss of non-verbal information. The model presented in this study suggests that this problem is overcome chiefly by specific actions of the therapist in managing the online environment. Disinhibition provides a way in to therapy for clients and is often a part of their reason for choosing online therapy, making it easier for clients to engage initially, with social pressures removed. The disinhibition phenomenon may be especially relevant at the start of therapy and in the single-session counselling that has formed a considerable portion of the literature. It could be supposed that for a relationship of depth to develop over several sessions, the compensatory processes that build the relationship through language and presence become more important, and the disinhibition effect becomes less so. However, this is a tentative suggestion and has not been clearly demonstrated by this study.

Although there are sometimes pragmatic reasons for clients choosing online therapy, the feeling of safety for clients was found to be a key motivating factor for some. Indeed, other research found that young people who chose online counselling were motivated by privacy and an emotionally safe environment (King, Bambling, Lloyd, Gomurra, & Smith, 2006). The current study suggests that both absence and presence seem to offer something helpful to clients. The therapist's presence and emotional involvement were found to be facilitative conditions, but in choosing to go online, clients seem to value remaining invisible. This hints at what kind of relationship is desired by clients of online therapy; a need to keep a safe psychological distance from a therapist, whilst at the same time some closeness and care from another person. This suggests that clients seeking online therapy might be looking for a compromise or

balance between connectedness and separation; wanting the therapist's presence whilst hiding themselves.

6.3. Access to therapy

Participants were clear that many clients and potential clients would not attend face-to-face services for a variety of reasons. Physical disabilities, working hours and caring commitments were some of the examples given; therefore online therapy is a way of offering a service that is equally available to such people. It was also found to be beneficial for people who were working away from home, for example students or workers placed overseas. Other authors have highlighted the potential role of online service delivery in reaching remote rural communities (Simpson & Reid, 2014). It was the view of participants that many clients would never attend face-to-face therapy due to fear or stigma, so online therapy offers access to those people. Some participants questioned whether it was going to be helpful for someone to have online therapy if they had chosen that modality as a way to avoid interpersonal anxiety. Participants concluded that meeting people in the way they chose and openly discussing such interpersonal difficulties was the appropriate response. This was seen as especially important for people who have experienced trauma, or who have something particularly difficult or shameful that they want to discuss. If clients would find it stigmatising to use face-to-face services or have concerns about how they will be perceived, then attending online means they are free from the fear of judgment.

Participants saw the availability of sessions online as a factor in therapeutic engagement because clients are grateful for having a service that meets their needs. It then followed that the client's reason for choosing online therapy, and whether they had a good rationale for it, was found to be an important factor in their subsequent engagement (category 5: Client's choice of online therapy). For this reason, participants found it productive to discuss the client's choice of medium at the outset to establish that there was a clear rationale. This finding emulates research by Hanley (2012), which highlighted a link between what led individuals to online therapy in the first place and the formation of a therapeutic alliance.

Familiarity with online communication was found to facilitate client engagement in this study. According to participants, it did not follow that being unfamiliar with it meant that a client was unsuitable though, and just meant that the work would be carried out at their pace and within their capability. It has been advised by Suler (2001), that computer related knowledge and skills are important factors in determining if someone is suitable for online therapy. Also, experience of using the Internet has been shown to be important in determining attitudes of clients towards online therapy (Skinner & Latchford, 2006). In this study, it was found that the self-selected nature of the client group tends to mean that suitability is a given. A client's wish to have their therapy online seemed to override other client characteristics.

6.4. Therapists managing the online frame

Managing challenges to the therapeutic frame was found to be one of the ingredients for forming a therapeutic relationship online (category 3: Managing the therapeutic frame). The therapeutic frame has been defined as the working contract between client and therapist that sets out the boundaries of the relationship and the pragmatic details of time, place and fee where applicable. It can also be considered to be a holding environment that provides a containing function (Lemma, 2003), particularly in psychoanalytic traditions. Clearly the key difference for online therapy compared to face-to-face, is that there is no mutual physical place of meeting. The study found that there is more opportunity for the frame to be disturbed by sessions being interrupted because of clients not being in a private space. The casual way in which people routinely use instant messaging was one of the possible reasons given for a less formal perception of the instant messaging session. It was found that there is sometimes an expectation of availability and flexibility around online communication, which can put pressure on boundaries, threatening the potential for therapeutic work to be done. It seems that in online therapy, a therapist does not have complete control over the environment and the client must take more responsibility for managing that and ensuring that there is a private place for their session without risk of interruptions. So this contrasts with a traditional view of the frame as being something provided by the therapist (Gray, 2002). These findings can be further understood along with other authors' commentary about how meeting online impacts the therapeutic frame. Klaus

and Hartshorne commented on how boundaries are more likely to be loosened “because of the accessibility and informality that technology offers in terms of communication”, (Klaus & Hartshorne, 2015, p. 202). The use of email therapy is challenging for therapeutic boundaries and the therapy contract needs to be considered to manage expectations (Peterson & Beck, 2003) and to avoid intrusive emails (Anthony, 2000). The considerations of synchronous text-based therapy for boundaries have been less well documented, although Weitz (2014) said that it might be necessary to emphasise to clients the need to be on their own without interruption.

Some participants raised the wider issue of professionals’ online footprint and use of social media in their personal lives, and how this can influence the boundaries of therapeutic relationships. It seems that an awareness of one’s own online presence and behaviour is important for counselling psychologists, even for those who do not practise online. These issues have been raised by Allison (2012), who investigated the impact of online social networking on counselling psychologists. She suggested that there is a sense of entitlement over online information, which might help to explain why there is an expectation of flexibility and increased accessibility of online therapists. Some of the potential dilemmas for therapeutic relationships could be clients making friend requests on social networking sites or discovering information online about a psychological practitioner (Allison, 2012).

Technology failure can also disturb the frame. It was found that technical failures such as a dropped connection can affect the client's feelings about the therapy, especially early on before a relationship has been properly established. This is understandable given that a sense of consistency and reliability are important features of the therapy setting.

6.5. Implications

6.5.1. Implications for Training

Various actions by therapists help to overcome the challenges of online communication through use of language and establishing presence, and thus facilitate the formation of an effective therapeutic relationship. A conclusion that could be

drawn from this is that it is important for therapists to undergo specialist training to develop the necessary skills before they offer therapy online; the importance of training for managing the relationship was also voiced by most of the participants.

It was interesting to note that participants who had not received specialist training in online therapy contributed much more vociferously to the category entitled “obstacles to developing a relationship online” whereas those who had taken part in specialist online therapy training were less likely to express downsides of establishing therapeutic relationships online, and it was noticeable that they had more faith in it. However, those without training did contribute to the category “mastering online communication”, showing that they were able to overcome those obstacles, although those participants who had undergone training provided richer data. This anecdotally suggests that untrained therapists were able to develop skills as they adapted to the medium, learning “on the job”, perhaps instinctively finding strategies to facilitate communication, which they were then able to explicate in the interviews. However it also seems that training programs enhance a therapist’s explicit understanding of online communication. Overall these observations indicate that good quality training is a significant factor in being able to establish a therapeutic relationship online.

It has been widely recognised that adapting to the different nature of the online environment requires specific training (Childress, 2000; Goss & Anthony, 2009; Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008; Hanley, 2006, Hanley, 2012). There are several practitioner textbooks for online therapy available (for example Anthony & Nagel, 2010; Evans, 2009; Jones & Stokes, 2009) and professional training for online therapy has been available since 2000 (Goss & Anthony, 2009).

There is clearly a need for the content of training programs to prepare therapists for the use of technology in their work for example learning how to interpret and use emoticons and how to utilise the technology to manage the flow of conversation. It is important that training programs offer knowledge and practical skills that will help therapists to understand and manage the relational challenges of the different media that they will use; video based, email and synchronous chat. Training content about the relational implications of holding sessions online should be given as much

attention as the ethical, legal and practical aspects. Training should also be designed to help therapists to adapt to the uncertainties that are a part of communicating online; how to deal with the uneasiness of not always knowing the client's immediate circumstances or emotional state.

A number of different organisations currently offer training programs in the UK as well as internationally. However, worryingly a large proportion of online practitioners appear to set up without any counselling training at all (Chester & Glass, 2006) and as evidenced within the small sample in this study, some face-to-face counselling services have developed an online facility in parallel to their face-to-face service without offering additional training to their practitioners.

Some possible recommendations arising out of this are as follows: Organisations offering online counselling should ensure that practitioners have specialist post-qualification training in working online. Also, professional and regulatory bodies could encourage members offering an online service to have undertaken training. The BACP, a professional body for counsellors and psychotherapists, leads the way in this respect and strongly recommends that practitioners undergo further specialist training in text-based online therapy (Anthony & Goss, 2009). Current BPS guidelines for delivering psychological services over the internet state that "the practitioner must maintain an informed stance", (British Psychological Society, 2009, p. 8); this could go further and recommend that practitioners acquire formal training for their online work. Additionally, the BPS could offer workshops providing the necessary skills for working effectively online as part of their programme of continuing professional development.

As online counselling becomes more mainstream and relevant to both public and private practice then awareness of its implications will become more important. Ongoing evaluation and research will be valuable as the number of online services grows, and this should continue to shape best practice and practitioner training programs. Even for practitioners who are not communicating exclusively online with clients, perhaps some occasional contact happens by email or text, and it might be useful to have an awareness of some of the issues of non-face-to-face communication and the potential impact on the therapeutic relationship. Also, an awareness of the

organisational implications is important for counselling psychologists; who may be involved in developing and managing online services as well as delivering therapy themselves. Colbow (2013) recommended that training in working online be integrated into mainstream psychology programs, with the proposed curriculum including topics on relationship development and management. Colbow argues that future psychologists in the United States are lacking in education in what he terms “Telemental Health Therapy”, and that concepts like projection, transference, countertransference and self-disclosure, all become more complicated through the electronic medium. A similar argument could be made in the UK and an introduction to this topic could usefully be included in counselling psychology training.

6.5.2. Implications for Supervision

In the same way that this study argues for the importance of proper training for practitioners, it follows that supervisors of online work need to have sufficient training in online supervision. There is a need for supervision to attend sufficiently to some of the particular challenges of online therapy, including managing uncertainty and any difficulties that there may be with emotional expression. Online therapists may find it supportive and appropriate to also have their supervision online. As one of the participants explained, it is helpful to have supervision in the same medium as the therapeutic work, and with someone who has a similar understanding of what happens in an online relationship. It is worth noting that many important aspects of how a therapeutic relationship works online, as described in this study, would also apply to how the supervisory relationship functions online.

6.5.3. Implications for Services and Systems

The therapeutic relationship online is facilitated by therapists’ skills with the written word and that therapists’ belief in online therapy and enthusiasm for learning these new skills was an important factor in their ability to make it work. Therefore, when services develop an online provision, it would make sense for individuals’ skills with the written word as well as their own preferences to be taken into account. It is counterproductive if delivering therapy online becomes a mandatory requirement for practitioners within an existing service.

The use of colour, emoticons and the sharing of pictures and other resources are helpful ways of supplementing text-based communication, allowing for richness of expression. This facilitates the communication of emotion and improves the sense of connectedness between client and therapist. This has implications for the features of instant messaging systems chosen for online therapy, and suggests there would be benefits of a set-up that integrates emoticons, pictures and attachments, so that these features are easy to employ. Systems that have a built-in indication that the other person is typing also help with managing the flow of conversation.

6.5.4. Implications for Counselling Psychologists

The potential for online therapy to offer help to marginalised groups is particularly significant for counselling psychologists. There may be a moral case for the profession to support the introduction of online therapy as a way of responding to the diverse needs of potential clients in a way that reflects counselling psychology's commitment to inclusivity and deliberate negotiation with diversity (McAteer, 2010). Furthermore, the potential for online therapy to give clients a better sense of control and empowerment is firmly in keeping with counselling psychology values. Likewise, it is fitting for counselling psychologists to find multiple ways of working with clients and meeting them on their own terms. Of course, online therapy will not be the best choice for everyone, and it is also important to be aware that the most marginalised populations might not have access to a computer (Charura, 2014). There are some further arguments in favour of counselling psychologists engaging with working through online media. Psychologists and other mental health professionals have been slow to adopt online ways of working (Lovejoy, Demireva, Grayson, & McNamara, 2009). As Griffiths (2001) warned, if psychologists shun working with new technology, it is possible that less ethical or less able practitioners will come to fill the gap. Also, Lovejoy et al argued that "A more widespread use of online therapy can enrich the field of psychology and make it competitive in a market." (p. 123).

6.5.5. Implications for Contracting

The challenges to the therapeutic frame have been discussed and one implication is that online practitioners need to develop an appropriate therapy contract that covers

their use of online media. The use of online methods as an adjunct to face-to-face therapy is also something for practitioners to be aware of, and should be given proper consideration rather than used in an unplanned way. The nature of the relationship might change if the contact switches from face-to-face to online or vice versa. The contract is important to ensure that online therapy is treated with appropriate seriousness and with firmly agreed boundaries ensuring confidentiality and the privacy of both parties. The procedure for what to do in the case of a technical problem, such as a lost connection, needs to be set out clearly so that there is a defined plan and perhaps an alternative way of making contact. This will help to build some reliability into what is an inherently less dependable frame. Clients need to ensure they have a private space without interruption for their session. Such advice could be built into the therapy contract. Some detailed recommendations for contracting have been made by Weitz (2014).

Both online and face-to-face practitioners need to be aware of online culture and their own digital footprint. They might choose to limit the personal information that is available to be found, or they might want to put policies in place that would specify what is deemed appropriate online contact outside of sessions. They could also have a policy on their response to say, a friend request or casual use of email.

6.6. Implications for Research

This research has found that some people choose online therapy not just for practical reasons, but also to avoid the embarrassment or stigma of a face-to-face meeting. There is some previous evidence that young people choose online therapy because of the privacy and safety that it offers. Further research could explore motivations for having online therapy among other client groups and to explore the apparent dichotomy between the need for both presence and absence. Also, research could study the relationship between presence and a positive therapeutic relationship and could look further into how clients perceive presence in text-based therapy. This could help online therapy services to understand the motivations and needs of their client base, and could help to develop new ways in which a sense of presence can be enhanced.

This study supports the widely accepted view in the online therapy literature that a therapeutic relationship online is possible. In fact, some participants were adamant that the relationship can go deeper, faster than some face-to-face relationships. Conversely some participants were less sure about whether such rapid development of a relationship was real or illusory. Further research could investigate the phenomenon of relational depth in online therapy. Research based on face-to-face therapy reviewed by Cooper (2013) suggests that the depth of relating between therapists and clients at particular moments in therapy is strongly predictive of positive therapeutic outcomes. Therefore a greater understanding of this concept as it might be experienced in an online setting would be of interest to counselling psychologists and to professionals in the online therapy field.

6.7. Evaluation of the Research

6.7.1. Applicability and Validity

This is small-scale study, which does not claim that the findings are necessarily generalisable to other practitioners or other settings. The research takes a constructivist epistemological stance, which means that there is not a direct relationship between reality and our perceptions and understanding of it (Willig, 2008). Therefore the findings are just one possible understanding of the online therapeutic relationship, as co-created by the researcher and participants. The purpose of the work is to enhance understanding of the phenomenon rather than to produce a fixed and generally applicable theory. As such, all recommendations arising from this study are made cautiously. Where similar conclusions are reached by other qualitative studies, then perhaps there is a case for some more general applicability, which is why findings should be considered in the context of other literature. As advocated by Seale (1999), it is for readers to make their own judgments about the relevance of the findings to their own situation and detailed description enables readers to assess the likelihood of the same processes applying to other settings. Elliott, Fischer and Rennie (1999) outlined some evaluative criteria for qualitative research. These include owning one's own perspective, grounding the work in examples and providing credibility checks. As such, a reflexive statement is included in

this thesis, disclosing the researcher's own experience of the topic area. In the results section, extracts of the participants' words have been included to describe thoroughly all the key concepts, and readers can assess the fit between the data and the researcher's interpretations. An example of the analytic procedure is included (Appendix K) and credibility checks were provided by an independent audit of the analysis by the researcher's supervisor.

There are other available methods for providing credibility checks and it could be argued that the validity of the research could have been improved by checking back the results of the analysis with the participants. It is the researcher's view that coding and further analysis is an interpretative process, and the researcher is not aiming to be neutral and objective, but has an active role. The assumption that findings can be verified as valid assumes a fixed and repeatable truth rather than a multiple and constructed reality (Sandelowski, 1993), an assumption that is not in keeping with a constructivist epistemology, therefore member checks were not carried out in this project.

6.7.2. Limitations

The findings reported in this study were based on a small number of participants in an implementation of grounded theory that aimed for theoretical sufficiency rather than saturation. A larger sample size could have aimed to reach a point of theoretical saturation whereby gathering new data does not yield any further theoretical insights about the grounded theory (Bryant & Charmaz, 2007). The choice of a smaller scale implementation of grounded theory was a pragmatic one, but it must be acknowledged that there is an impact on the resulting theory. It is arguable that a more robust and sophisticated formulation could have been created by collecting more data. For this reason, it is not claimed that the resulting model is a complete theory and any insights arising from it are offered tentatively.

This study was limited by only seeking the perspective of practitioners. A broader piece of research could have also interviewed online therapy client to construct a theory grounded in the experiences from both sides of the relationship. This approach could have strengthened the findings and could have uncovered other categories or

relationships. The idea that certain actions by therapists can improve online presence is highly speculative when not substantiated with clients' perceptions of presence and how it is enhanced. Similarly, conclusions about client motivation and the relationship between a client's rationale for online therapy and their engagement in the relationship could be made more strongly if the research had included talking to online therapy clients.

6.8. Reflexive Statement part 2

The reflexive process is about monitoring feelings about the research and making these feelings visible to the reader, thereby creating transparency in the research process (Ortlipp, 2008). In my reflexive journal, I noted down some of my thoughts and feelings at different phases of the project. The early stage of the project felt exciting; apart from some limited prior experience of online counselling, I approached the topic as an outsider with little academic knowledge and this helped me to carry out the literature review with curiosity and openness. Once the project was approved and underway, it then became quite difficult to recruit participants and during this phase of the project my confidence and enthusiasm would rise and fall depending on success with recruitment. Conducting the research interviews and speaking to practitioners about their work was enjoyable and brought the project to life, but I noted in my journal my worries that my data would generate obvious or superficial findings, or would add nothing of interest. Some of the participants' enthusiasm for online therapy was infectious, but I feared that my research would not be able to go deeper, to go beyond a fervent unquestioning view of an online therapeutic relationship. In my reflexive journal, I noted down my reflections both straight after the research interviews and when reviewing my interview transcripts. This led me to consider the wording of my interview questions and to reword questions that seemed problematic. Another way that I used the reflexive journal was to pay attention to my use of prompts and follow up questions, or lack of them. If a participant said something interesting that could have been clarified or explored further, I noticed occasions when I didn't follow up on it, and it was interesting to reflect on what warranted my attention and what did not. For example, in the first interview, the participant made a comment about online working needing to be more straightforward and that doing

high intensity work online was harder. This was an interesting idea, and the participant did not immediately expand on this point, but I chose not to ask a follow up question. I could have asked about her definition of straightforward versus high intensity, or her view on why online working needed to be straightforward. Considering this omission afterwards, I thought perhaps I had not wanted to hear that only straightforward work could be done online and my personal agenda was to find that online therapy could involve working with complex problems, perhaps to make the research more valuable and interesting. I think that being mindful of my own process in the first interview enabled me to be more open to opinions that did not fit with my own agenda in subsequent interviews, and able to pay equal attention to points of interest. This example shows the potential effect of researcher's baggage (Ortlipp, 2008) and illustrates how I used reflexive practice during the research process. It is my view that removing researcher baggage is not possible and I recognise that I was an active participant in my research. However, I believe that examining my own agenda improved my fairness towards different perspectives and allowed the participants voices to be heard.

I found it very challenging to carry out the analysis using the grounded theory method. The process was extremely time-consuming and the mass of data was overwhelming. It was difficult to tolerate the lack of clarity in the early stages of the analysis, when I could not envisage a big picture and so was not able to imagine making any progress, less still reaching an end point. This led to me trying to resist or avoid the work, or attempting to speed it up by imposing my own themes and formulations, and taking the theorising to a high level too soon, rather than allowing a theory to emerge from the analysis. I might have predicted my discomfort with this process, considering my previous career in information technology, in which I designed systems using a top-down approach, since grounded theory is a bottom-up inductive method. The difficulties I had with the analysis were overcome through supervision. In particular, I learnt the value of memoing my ideas, allowing me to shelve them temporarily and return to the painstaking process of comparing codes and categories. Additionally, I had peer group support, which was vital in normalising my frustration with the method, and encouraging me to keep going. Ultimately it was rewarding, almost

pleasurable, to work on the analysis, once I was able to accept the uncertainty and slow pace of the process.

At the beginning of the research process, I considered my own experiences and beliefs about online therapy in order to identify and limit any bias I had in the way that I approached the topic. However, within that aim is an objectivist assumption that researchers should attempt to have an impartial view of the topic, in order to make the research findings as accurate as possible. This assumption is problematic in an interpretative paradigm. Constructivist grounded theory does not see the researcher as an objective outsider trying to bracket their assumptions, but an active participant in creating the theory: "Researchers are part of the research situation, and their positions, privileges, perspectives, and interactions affect it" (Charmaz, 2008, p. 402). Having experiences and feelings about a topic at the outset of the project is inevitable and does not need to be seen as a hindrance, but it does seem necessary to be aware of these and to examine them. Through my experiences in this research project I have learnt first-hand the value of reflexive practice and by making some of this visible, I aim to enhance the trustworthiness of this research. My attitude towards this topic at the end of the project remains optimistic as it was at the start. At the time of writing, I work in an NHS service where online therapies are a significant part of what is on offer and I am sometimes involved in screening new cases and selecting appropriate treatments for clients, so my knowledge of the topic has been helpful in this respect. I have not chosen to practice or embark on training in online therapy at the time of writing, although this is one of a variety of interests I am intending to pursue.

6.9. Conclusion

This study asked how practitioners establish a therapeutic relationship in online text-based synchronous therapy. Online therapy practitioners, working in a variety of clinical settings and with different theoretical backgrounds, were interviewed about their work and a tentative model of the key concepts influencing the development of a therapeutic relationship online was created using the grounded theory method. The resulting model gives one possible account of the factors that enable therapy relationships to prosper online, and how these different aspects interrelate. This brings

together a unique picture of the influential factors from both within sessions at micro-level, and from the surrounding context of both therapist and client.

Counselling psychologists may take a pluralistic view that considers the different modes of relating that may operate within the therapeutic relationship. This study has attempted to employ a broad perspective of the relationship, and to consider the various facets of the relationship; transference and reparative aspects as well as the working alliance and the person-to-person relationship. The things that make an online relationship therapeutic were found to be similar to characteristics often valued in face-to-face-therapy. The difficulties in creating these conditions without a physical presence have been examined in detail. The research identified a number of in-session therapist actions that overcome the obstacles and facilitate the relationship, including skilled use of language, ways of enhancing presence and a particular way of “listening” to text. The online setting alters the therapeutic frame and the way that therapists manage this was also found to be an important contributing factor for developing successful relationships.

This study has also highlighted the contextual factors that impact upon the relationship. What both client and therapist bring to the relationship in their choice to engage in online therapy seems to be influential. The increased safety and openness that facilitates disclosure in computer-mediated communication is an advantage for online therapy and can be a part of the motivation for choosing it. Clients who have a clear rationale for choosing online therapy seem most able to benefit from its advantages. Likewise, this study learnt that a therapist’s choice to practice online and their belief in the medium are vital ingredients to being able to develop good relationships.

Some tentative recommendations for training and practice have been made based on the findings. The principal implication is the need for practitioners to undertake appropriate training before working online, in order to understand the nature of the challenges and to develop the required skills for communicating online. Of note for counselling psychologists is the possibility that online therapy can be compatible with the profession’s humanistic, relational values. It has been argued that the internet

revolution has enabled individuals to take power from institutions and have more control over important aspects of their lives (Shapiro, 1999). This consideration is significant for a counselling psychology profession that seeks to empower rather than control. Online therapy offers an opportunity to meet the most diversified needs and transfer choice and power to individuals.

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Appendices

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Appendix A: Letter of Ethical Approval (University)



London Metropolitan University,
School of Psychology,
Research Ethics Review Panel

I can confirm that the following project has received ethical approval to proceed:

Title: A grounded theory study of text-based synchronous online therapy: how counselling psychologists establish therapeutic relationships online.
Student: **Catherine Simpson**
Supervisor: *Dr. Philip Hayton*

Ethical approval to proceed has been granted providing that the study follows the ethical guidelines used by the School of Psychology and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel. All participating organisations should provide formal consent allowing the student to collect data from their staff.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:

A handwritten signature in blue ink, appearing to read "of Chandler".

Date: 13/03/13

Dr Chris Chandler
(Chair - School of Psychology Research Ethics Review Panel)

Appendix B: Letter of Ethical Approval (NHS)

Rotherham Doncaster and 
South Humber
NHS Foundation Trust

Research Governance office, based at:

Doncaster Royal Infirmary
Armthorpe Road, Doncaster
South Yorkshire
DN2 5LT

Tel: 01302 366666

Fax: 01302 320098

Minicom: 01302 553140

(only for people who are deaf)

Doncaster Clinical Research
Joint Research Office with NHS Doncaster and
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Tel: 01302 366666 Ext: 4708
Email: [REDACTED]

12 March 2014

CONFIDENTIAL

[REDACTED]

[REDACTED]

Dear Mrs Simpson,

Study Title: Qualitative Research into Online Therapy
Chief Investigator: Mrs Catherine Simpson
Sponsor: London Metropolitan University
RDASH Reference: RDaSH 0055/2013/NCT
IRAS ID: 141613

I am pleased to inform you that the above project has now been given authorisation to commence within Rotherham Doncaster and South Humber NHS Foundation Trust. For your information, the project reference is **RDaSH 0055/2013/NCT**. I would be grateful if you could quote this number in any further correspondence with this department.

Permission is granted on the understanding that the study is conducted in accordance with the Research Governance Framework, ICH GCP (where applicable) and NHS Trust Policies and Procedures.

Documentation

Your authorisation has been granted based on submission of the following documentation:

- Research Proposal including
 - Appendix 1 Participant Demographic Questionnaire
 - Appendix 2 – Participant Information Sheet
 - Appendix 3 – Participant Consent Form
 - Appendix 4 – Debriefing form
 - Appendix 5 – Distress protocol
- R&D Form (Submission code 141613/537279/14/287, dated 2 December 2013)
- Site Specific Information Form (signed by Catherine Simpson, dated 8 December 2013)
- CV of CI/PI Catherine Simpson dated 14 February 2014
- CV of Dr Philip Hayton unsigned
- Letter stating 'favourable ethical opinion' from London Metropolitan University Research Ethics Review Panel, dated 13 March 2013
- Evidence of insurance indemnity for London Metropolitan University

Permission is only granted for the activities for which a favourable opinion has been given by the Research Ethics Committee and that have been authorised by the MHRA, where applicable.

Please note that approval is limited to the dates stated on the research application form and that you are obliged to notify the Research Governance Department of any adverse events that arise during the course of the project. You are also obliged to inform us if your project deviates in any way from the original proposal / documentation you have submitted. This may result in the suspension of your project until changes have been agreed with the Trust.

The Research Sponsor, or the Chief Investigator, or the local Principal Investigator, may take appropriate urgent safety measures in order to protect research participants against any immediate hazard to their health or safety. The Research Governance office must be notified that such measures have been taken. The notification must include the reasons why the measures were taken and the plan for further action. The Research Governance office must be notified in the same timeframe as notifying the Research Ethics Committee and any other regulatory bodies.

Amendments

This approval covers the document versions stated above; any revised documents must be submitted for approval by the Research Ethics Committee and other regulatory bodies, where applicable, in accordance with guidance in the Integrated Research Application System (IRAS). If the study has been adopted onto the NIHR Portfolio, any amendments to the study must be reported to the Lead CLRN. In addition, all amendments must receive separate approval from Rotherham Doncaster and South Humber NHS Foundation Trust.

Permissions

This letter authorises you in principle to undertake research within the Trust. However, it is your responsibility to ensure that individuals appropriate to your work have no objections to your studies. This department accepts no liability for non co-operation of staff or patients.

Contracts

It is your responsibility to ensure you have sufficient indemnity to undertake this project. In addition, it is also your responsibility to ensure that letters of access / honorary contracts are in place where necessary.

Good Clinical Practice training

In accordance with ICH GCP guidelines and the UK Statutory Instruments, all key personnel involved in a Clinical Trial as part of the research team, must have completed GCP training within the last three years. It is your responsibility to ensure the research team have received this training. For information regarding upcoming GCP training courses, please contact the Research Governance team.

Auditing

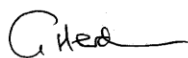
I would strongly urge you to maintain an accurate and up to date site file for your documentation, as the Trust randomly audits projects to assess compliance with the relevant legal frameworks and legislation. If your study is selected, you will be notified in writing not less than two weeks prior to the required submission date of documentation. In addition, where monitoring and auditing procedures are carried out by the Sponsor, you will be required to cooperate, where appropriate.

Monitoring

In order to ensure adequate monitoring of ongoing studies, the Research Governance department will send through periodic monitoring forms which require completion by the Principal Investigator or delegated individual. These will be in two formats. The first is a monthly letter requesting recruitment information. The second form is an annual study progress report. These forms need to be completed and sent through to the Research Governance department as a condition of the approval of this study.

I would like to take this opportunity to wish you well with your project. If you have any questions, or if I can be of any further assistance to you, please do not hesitate to contact me.

Yours sincerely



Emma Hannaford
Research Management & Governance Manager

cc Dr Philip Hayton
School of Psychology
Rm 6-20 Tower Building
166-220 Holloway Road
London
N7 8DB

cc Dominic Palmer-Brown
T10-01B Tower Building
166-220 Holloway Road
London
N7 8DB

Appendix C: Participant Information Sheet

Title of Project	A grounded theory study of text-based synchronous online therapy: how practitioners establish therapeutic relationships online
Researcher	<p>Catherine Simpson</p> <p>Email:</p> <p>Telephone:</p> <p><i>(Contact details omitted)</i></p> <p><i>Address details omitted</i></p>
Supervisor	

Consent to participate in a research study

You are being asked to take part voluntarily in a research study to explore the therapeutic relationship in text-based online therapy. The purpose of this document is to provide you with information about this research study, in order for you to make an informed choice about whether or not to take part. This study is being conducted as part-fulfilment of my Counselling Psychology doctorate at London Metropolitan University. If you are happy to participate you will be asked to sign a consent form prior to your participation. Please retain this information sheet for reference.

Description of procedure

Participation will involve attending a one to one semi-structured interview to discuss your experience as an online practitioner. The interview is expected to last between 1 and 1½ hours. The interview will be audio recorded and transcribed for the researcher to analyse.

Are there any benefits to taking part?

It is anticipated that the information gathered in this research will contribute to building an understanding of the therapeutic relationship in online therapy. Participants might benefit from the opportunity to reflect on their experiences.

Are there any risks of taking part?

There are no known risks to taking part in this study. However, in the event that talking about your experiences evokes any distress, you may take breaks or end the interview at any time.

The right to withdraw

You are not obliged to take part in this study and you have the right to withdraw from the study, or retract your contribution, up to one month following your participation in the interview.

Confidentiality

Should you wish to participate, all the information you provide will remain completely confidential, and you will be protected from any infringement of privacy. The interview will be transcribed and the data collected will be made anonymous by changing your name and any other identifying information. This anonymity will be kept throughout the research process and in the final report. The audio recordings will be erased once transcribed and the electronic transcripts will be kept for 3 years, as publication of the research is a possibility.

Study findings

Should you wish to obtain a summary of the research findings, please inform the researcher and provide your contact details. All contact details will be securely stored, separately from the material recorded during the research interview.

Location

The interview will take place at a mutually convenient location.

Supervision

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor, Dr. Philip Hayton.

Appendix D: Participant Demographic Questionnaire

Name and Contact Details:
Age:
Gender:
<p>Qualifications/Accreditations/Registrations/Charterships (check all that apply)</p> <p><input type="checkbox"/> BACP accredited <input type="checkbox"/> UKCP registered <input type="checkbox"/> BABCP accredited</p> <p><input type="checkbox"/> HCPC Counselling Psychologist <input type="checkbox"/> HCPC Psychologist (other)</p> <p>Other (please state):</p>
Number of years post-qualification:
How would you describe your theoretical orientation e.g., CBT, Integrative, psychodynamic:
<p>Have you practised counselling online with individuals? Yes / No</p> <p>Which methods have you used?</p> <p><input type="checkbox"/> email</p> <p><input type="checkbox"/> instant messaging / chat</p> <p><input type="checkbox"/> Skype or Video</p> <p><input type="checkbox"/> Other _____</p>
Number of years/months of experience of online therapy practice:

Please return this form to <xxx>
Thank you for your interest.

Appendix E: Participant Consent Form

	No	Yes
I confirm that I have read and understood the participant information sheet. I have also had the opportunity to ask questions.		
I understand that I can take a break at any time during the interview, or stop the interview, without giving a reason.		
I understand that the results of the study will be accessible to others when completed and that what I say during the interview (minus identifying information) may be used within the study.		
I understand that my participation is voluntary and that I am free to withdraw at any time up to one month following the interview date, without giving a reason and without my legal rights being affected.		
I agree to take part in the study.		

Signature of participant:.....

Signature of researcher:

Print name:

Print name:

Date:

Date:

Appendix F: Debriefing form

Thank you for taking part in this research. This study is being carried out to explore the therapeutic relationship in text-based online therapy.

If you have any questions or comments about any aspect of the interview or research or would like to request a copy of the findings, please contact the researcher on the following email address.

Catherine Simpson <xxx>

Please remember that if you wish to withdraw it should be done within one month of the interview date as it may not be possible at a later stage. Equally, if you have any questions or concerns, you are more than welcome to address them now.

If you experience any distress as a result of taking part in this research, consistent with the British Psychological Society's Code of Conduct, Ethical Principles & Guidelines, (2009) it is suggested that you consider seeking support or information from an appropriate source. Possible sources of support might include:

- Your clinical supervisor
- Your GP
- Your social network
- The Samaritans <http://www.samaritans.org/>
- British Association of Counselling & Psychotherapy: website www.bacp.co.uk
- The British Psychological Society <http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

Appendix G: Distress Protocol

Protocol to follow if participants become distressed during participation:

Adapted from Draucker, Martsolf and Poole (2009), this protocol has been devised to deal with the possibility that some participants may become distressed during their involvement in the research.

The researcher is undergoing professional training in Counselling Psychology. She therefore has experience in managing situations where distress occurs. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. In the scenario where participants become unduly distressed, below is a three step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

Mild distress:

Signs to look out for:

1. Tearfulness
2. Voice becomes choked with emotion/ difficulty speaking
3. Participant becomes distracted/ restless

Action to take:

- 1) Ask participant if they are happy to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

- 1) Uncontrolled crying/ wailing, inability to talk coherently
- 2) Panic/anxiety attack- e.g. hyperventilation, shaking, fear of impending heart attack
- 3) Participant demonstrating extreme difficulties with concentration/attention owing to above

Action to take:

- 1) The researcher will intervene to terminate the interview

- 2) The debrief will begin immediately
- 3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- 4) If any unresolved issues arise during the interview, the researcher will accept and validate their distress, and suggest that they discuss this further with their personal therapist, supervisor, or with a mental health professional.
- 5) Details of counselling/therapeutic services available will be offered to participants.

Extreme distress:

Signs to look out for:

- 1) Severe emotional distress such as uncontrolled crying/wailing
- 2) Severe agitation and possible verbal or physical aggression
- 3) In very extreme cases- suicidal ideation and plans expressed/possible psychotic breakdown

Action to take:

- 1) Maintain safety of participant and researcher
- 2) If the researcher has concerns for the participant's or others' safety, she will inform them that he has a duty to inform the appropriate mental health services such as their GP.
- 3) If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- 4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain them and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix H: Participant Demographics

Age	Gender	Theoretical Orientation	Number of years post-qualification experience	Number of years of online therapy experience
29	Female	Cognitive-Behavioural	4	2
30	Female	Cognitive-Behavioural	5	1.5
43	Female	Integrative	15	3
61	Female	Psychodynamic, Integrative	12	7
34	Male	Integrative	5	3
64	Female	Integrative	20	11
48	Female	Existential	13	3

Appendix I: Interview Schedule (Initial)

Preliminaries.

- 1) Can you tell me about your work as an online therapist?
 - How long have you worked online?
 - Using what methods (e.g. instant messaging / email / skype)?
 - What type of training?
 - Practicalities: no of sessions, referrals process,
 - What information do you have about the client – is there face to face contact before beginning therapy?

About the therapeutic relationship

- 2) Thinking about your work in general, (both face to face and online), what are the important features of the therapeutic relationship?
 - What kind of things come to mind when thinking about the therapeutic relationship
- 3) I am particularly interested in the building / establishing of the relationship. Can you tell me about your understanding of that process?
- 4) What makes an online therapeutic relationship different, if anything?
 - How does being online affect the relationship being therapeutic or not?
- 5) What makes an online text-only relationship different?
 - How does communicating by text only affect the relationship you can have with your clients?
 - What do you see as the advantages or disadvantages of text based communication, for the relationship?

Theory-Practice links

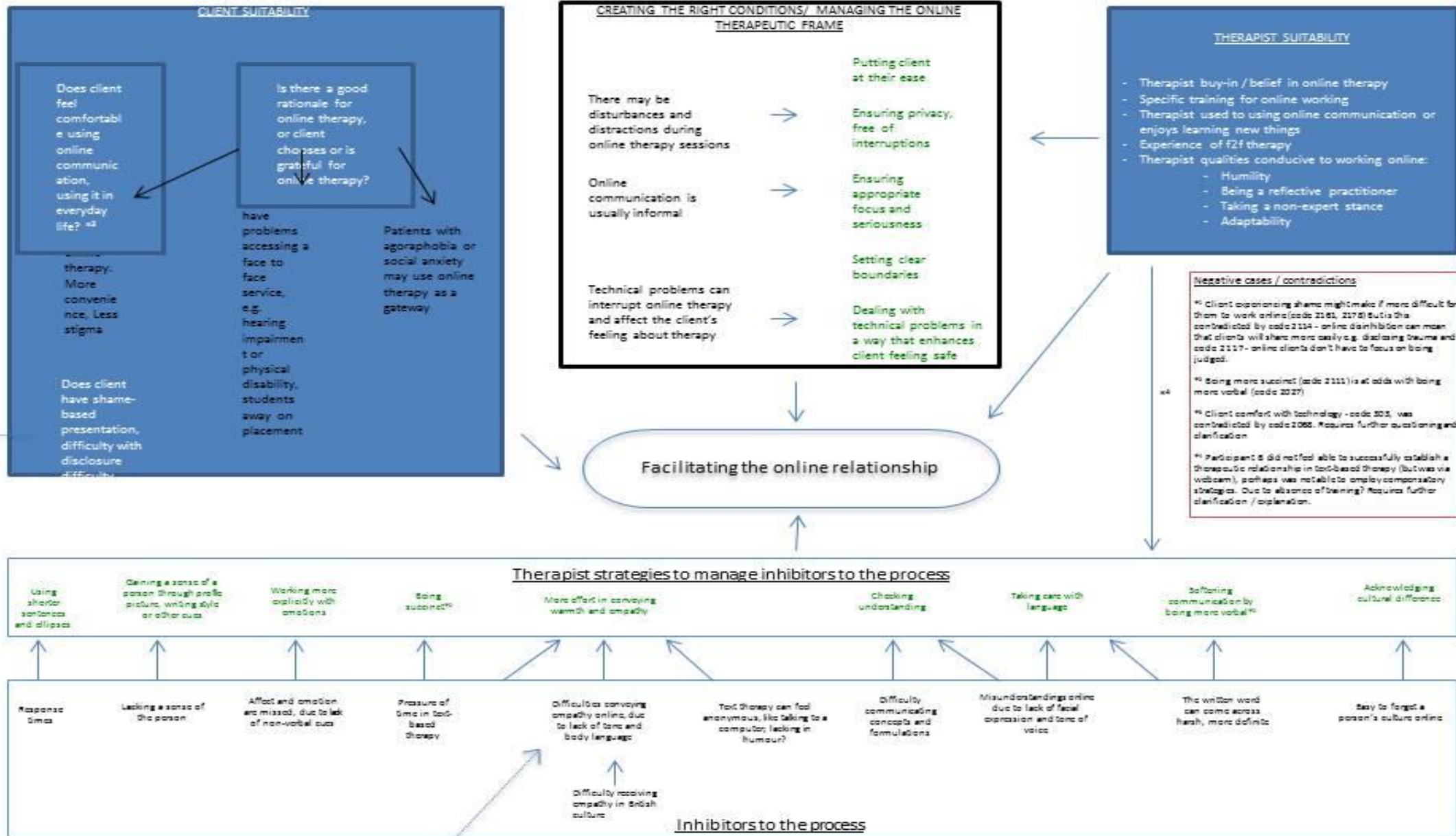
- 6) How do you build a relationship that is therapeutic?
 - Using models of psychological therapy
 - Using psychological principles
 - Managing the frame: practicalities, time, contract
- 7) What are the key psychological principles that inform your thinking and practice?
 - e.g. Concepts from Humanistic / psychodynamic / CBT models of therapy
 - e.g. core conditions, transference / counter-transference, projection, therapeutic alliance
- 8) Are there necessary conditions for the online therapeutic relationship?
 - If so what are they?
 - How does do you create those conditions in practice?
- 9) What kinds of challenges have you experienced in online work?
 - For the service and for the therapist individually

- Personal challenges / professional challenges
 - The referral process, engagement process
 - Communication
 - Lack of motivation / ambivalence
 - Issues of risk
- 10) Can / How can these challenges be overcome?
- How do you work with these challenges, both as a service and individually?
 - What are the implications for practice?
- 11) What else influences your ability to establish a good online relationship?
- Things that help or hinder.
 - client factors / presenting problems.
 - Issues of context: e.g., pressures on caseload, service-related factors.
 - Issues of training / experience / support / supervision.
- 12) What positive and negative experiences have you had of building the therapeutic relationship online?
- Can you tell me about a relationship that went really well?
 - that didn't go so well?
 - How did you make sense of that?
- 13) How do you know when you have built a good relationship with the client?
- Are there any signs that the client is well engaged / not well engaged?
 - Do you have hunches about the client?
 - How do you monitor the client's emotional state?
- 14) Is there anything else about understanding the therapeutic relationship online that you would like to add, that has not been covered?

Interventions

- 15) Can you describe ways in which you adapt interventions to the online environment?
- Are there things you do differently from working face to face?
 - Are there techniques specific to online work?
- 16) Are there any specific / additional challenges in using interventions online?
- Eliciting thoughts or feelings
 - Homework tasks
 - Conveying empathy

Appendix J: Initial Model



Appendix K: Data Analysis Sample

The following is an extract of data provided to the researcher’s supervisor for an independent audit of the analysis process, following the first three interviews and the initial analysis.

Line numbers	Raw data	Initial code	2 nd level	3 rd level
C213-214	“in some ways I'm working harder to make sure that I don't lose the empathy or that an abruptness comes in because the sentences are shorter.”	Participant works harder to make sure that abruptness does not come in to her language because the sentences are shorter [using IM]	2012. Therapists soften their communication when using the written word, so that text is less judgemental, accusatory, abrupt, harsh, jarring; so as to compensate for missing non-verbal communication; to compensate for tentativeness that would come through tone of voice	304. Therapists soften their communication when using the written word, by being more verbal, making more empathy statements and reflective summaries, by using extra words or phrases, so that text is less judgemental, accusatory, abrupt, harsh, jarring, so as to compensate for missing nonverbal communication, and to compensate for tentativeness that would come through tone of voice; this makes them seem more human, makes it more like a normal conversation.

C700-702b	“So it's just needs to be softened with, so what I'm hearing is you're saying dah de dah or I get the sense that you're saying dah de dah. It puts in the tentativeness that the tone of voice would do.”	The written word needs to be softened to compensate for tentativeness that would otherwise come through the tone of voice.		
C704-710b	“because I noticed when I was reading this other counsellor's - they sent me some extracts as part of the supervision I was conscious it felt jarring to me. I thought well it feels jarring and feels a bit judgmental. “	Text can come across as jarring or judgmental if it is not softened		
C709-710	“in the context of the rest of that extract it wasn't hideously judgmental but it was a bit jarring. It just needed to be softened.”	Supervising another counsellor's text, participant felt it needed to be softened.		
A215	“so trying to soften up the questions a little bit. Maybe just literally adding more words.”	Participant tries to soften up questions by adding more words	2013. A way that therapists can soften their online communication (text) is by being more wordy; using extra words or phrases, which makes them seem more human, and makes it more like a normal conversation	
A218	“Sort of just to take the pressure off, you know. A bit more of a fluffy question.”	Adding more words to a question can soften it and take the pressure off		

A237	"Yes, softer, less direct. I guess trying to create the feeling of having just a normal conversation."	Softening questions by adding extraneous words creates the feeling of having a normal conversation when communicating by text.		
A240	"And so if you say words that maybe aren't necessary. But it just makes it feel a bit more like a person, you know,"	Adding extraneous words when communicating by text makes it feel more like talking to a real person.		
A241	"so "if you have a think about that, I'm just wondering what your thoughts are on why you've done that behaviour" sort of thing, rather than just "Why have you done it".	Participant gives an example of softening a question		
A249	"It's a bit more human to use more words than a computer just giving you a questionnaire."	It is a bit more human to use more words when asking a question, rather than being like a computer giving a questionnaire.		
C701	"So it's just needs to be softened with, so what I'm hearing is you're saying dah de dah or I get the sense that you're saying dah de dah."	The written word can be softened with phrases, for example I get the sense that [compensating for tone of voice in text]		
C704	"Yeah, so it does need to be a little bit more wordy but for me that's really important"	Working with text, therapist needs to be a little more wordy [compensating for tone of voice in text]		

A220-222	“it has, got to a point, where I’ve asked a question, and they’ve answered, I’ve asked a question, they’ve answered, and I’ve thought I’ll try and not do that. So maybe reflect more, just to break it up, so it sounds a bit more conversational, rather than me firing questions at them.”	Participant attempts to break up the dialog and make it more conversational, by using reflective statements, rather than continually asking questions.	2027. Therapists are more verbal, making more empathy statements, reflective summaries, when working online, in order to make conversation more natural, because non-verbal gesticulations which might convey empathy, are missing	
A224-227	“Yeah. And the empathy statements. Trying to put them in as much as I can... because they can’t see if I’m frowning with them, or nodding along and, you know, so reflecting that what you just said then sounded like it was really hard to go through.”	Participant makes many empathy statements, because working online, the client cannot see her non-verbal gesticulations which might convey empathy		
A225	“again to make it sound more like a natural conversation”	Participant adds empathy statements to make online conversation sound more natural		
A230	“So that they know that you’re a person at the other end of the computer.”	Participant makes more empathy statements when working by text to make it clear they are a real person.		
B748	“So being a little more verbal”	You need to be a little more verbal in order to convey empathy online		
B748-749	“using things like reflective summaries, clarifying that you’ve understood”	Using things like reflective summaries clarifying that you’ve understood [things you do more of to convey empathy online]		

B749	"you know, using empathy points"	Using empathy points [things you do more of to convey empathy online]		
B750	"things like saying, "That sounds like that must have been very difficult for you."	Participant gives an example of an empathy statement. That sounds like that must have been very difficult for you		
B752-753	"So perhaps being a tiny bit more verbal than you perhaps would be in a face-to-face situation."	You need to be a tiny bit more verbal than you perhaps would in a face-to-face situation in order to convey empathy online		

Appendix L: Interview Schedule (phase II)

Preliminaries.

- 1) Can you tell me about your work as an online therapist?
 - How long have you worked online?
 - Using what methods (e.g. instant messaging / email / skype)?
 - What type of training?

About the therapeutic relationship online

- 2) Do you find it's possible to establish a therapeutic relationship through text / instant messaging?
 - Under what conditions?
 - What helps or hinders?
- 3) What are the essential features of an online therapeutic relationship?
 - How do you create those conditions in practice?
- 4) What makes an online text-only therapeutic relationship different from a face-to-face therapeutic relationship, if anything?
- 5) Are there any difficulties / challenges involved in working only with text?

Possible prompts:

- Warmth
 - Conveying empathy
 - Use of humour
 - Misunderstandings
 - Being careful what you say (versus disinhibition)
 - Getting a sense of a person
 - Time factors (speed of typing, pressure of time)
 - Working with emotions
 - Cultural difference
 - Issues of risk
- 6) To what extent (if any) has training contributed to the way you manage these challenges (to the relationship)?

7) Are there any theoretical influences that are important for understanding the therapeutic relationship online?

Client factors

8) Do you have any views on which clients are suitable (or not) for online therapy?

Prompts:

- Specific presenting problems?
- Shame-based presentation?
- Choice / clear rationale for online therapy?
- Familiarity with online communication?

9) To what extent, if any, does the suitability of the client for online therapy affect the quality of the therapeutic relationship?

Online environment

10) Does setting up and maintaining a suitable therapeutic frame present a particular challenge to the relationship online?

Prompts:

- Is it necessary for the frame to be stricter / more boundaried? Or less so?
- Privacy, not getting distracted?
- Focus / Commitment of client in an online setting?
- Informal nature of online communication
- Managing technical problems

Finally

11) Is there anything else about understanding the therapeutic relationship online that you would like to add that has not been covered?

Appendix M: Example of a Memo

Date: 23/02/2015

Participants: 5,4

Memo id: M72

Codes: E394, D358-368

Transference in online therapy and working at depth vs. keeping things hidden

Participant 5 said in online therapy, “all the other layers are peeled”. Pity I didn’t pick up on this comment and try to clarify exactly what was meant by it. Participant is talking about transference online. We had been discussing if you can work effectively with transference online, if it is perhaps easier to explore openly, because of disinhibition, as other participants have suggested. I think he is saying with the layers being peeled, is that the person's defences are all up. i.e. their body is concealed, their face is hidden, their voice is not heard. So working very quickly with transference under these circumstances may be overly simplistic, because people are complex and they can evade stuff. i.e. keep parts of themselves hidden. Participant later cautions against the idea that you can get further and quicker when working online. So he seems to suggest that working quickly at depth online might be an illusion because of all the evading that is a part of the process.

This directly contradicts participant 4 who insists that transference is more evident and easier to explore online, and defences can be named more easily and directly. This seems to relate to the idea that her online work often proceeds surprisingly quickly and at real depth compared to face-to-face work. She says the opportunity to explore transference feelings in online therapy is liberating. Whereas for participant 5, although he is enthusiastic about the possibilities of online therapy, he implies that it could be a bit constraining as client is not bringing all of themselves. How can this difference of opinion be understood and what does it mean for the therapeutic relationship online?