Trainee Counselling Psychologists' Perspectives on the Therapeutic Uses of Self in an Online Text Based Simulated Counselling Session

A thesis submitted to the University of Manchester for the degree of professional doctorate in counselling psychology in the faculty of humanities.

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Table 1. Table of Abbreviations

Abbreviation	**Expansion**
BPS	British Psychological Society
CBT	Cognitive behavioural therapy
CCBT	Computerised Cognitive Behavioural Therapy
IAPT	Introducing Access to Psychological Therapies
IRC	internet relay chat
MSN	Microsoft Network

Abstract

Background and Literature: Technology is slowly but surely finding its way into the therapy room. As such, it is moving from the position of being used to aid therapy, such keeping notes on a computer, to being used to facilitate therapy such as online counselling. The sub-type of online counselling known as internet relay chat is a form of counselling that relies solely upon text alone; having no visual or audial cues to aid the therapy and is what this study focuses on. The therapeutic *use of self* is a difficult concept to define even 55 years after being first introduced. It is a concept that pervades all therapeutic approaches in some way and can be referred to as the planned use of personality, insights, perceptions, and judgments as part of the therapeutic process. It is therefore an important part of therapeutic work with five types of *use of self* being identified in the literature: *use of personality, use of belief system, use of relational dynamics, use of anxiety* and *use of self-disclosure*. However, prior to completing this study it was unknown as to how this core skill could be translated to internet relay chat. **Methodology**: Eight participants provided transcripts from 20-minute long internet relay simulated counselling sessions. These sessions were part of a training exercise with participants being students from the University of Manchester who were practising online counselling with each other. This study was a mixed-methods study following an explanatory sequential design. The first quantitative stage was a directed content analysis that coded the transcripts for therapeutic *uses of self*. The second stage was a qualitative grounded theory analysis that analysed semi-structured interviews that looked at the reasons behind why the *uses of self* from the first stage were used and their perceived impact. **Findings:** The directed content analysis found that therapeutic *uses of self* could indeed be translated within this medium with 53 occurrences of self-disclosure, 45 *uses of relational dynamics* and 15 *uses of personality*. There were no examples of *use of belief system* or *use of anxiety* within this study. The grounded theory analysis resulted in 463 open codes, which were organised under the core category of *therapeutic use of self online*. This was succeeded by 7 axial codes which were*, Conducting Research, Context of Internet Relay chat, Impact of Using Uses of Self, Patterns of Behaviour, Reasons for Using Uses of Self or Not, Therapeutic Use of Self and Impact of Training Exercise.* **Discussion and Conclusions:** The *use of self* differed from the way it is reported to be used in the participant's face-to-face work and the compensatory techniques used proved similar to those found in the existing literature. It is recommended that that this is a useful exercise for trainee counselling psychologists to undertake as part of their training. This holds value as not all participants knew what a therapeutic *use of self* was, despite their importance within therapy. It is also beneficial due to the shift in communication we as a society are experiencing.

The University of Manchester

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I hope I have done you all proud.

Introduction to the Author

This section is intended as a brief statement about my previous degrees and research experience in an attempt to provide a useful context to external examiners. I am currently completing the professional doctorate in counselling psychology at The University of Manchester having previously attained first class honours at The University of Wolverhampton in a bachelor of science degree in counselling psychology. The dissertation that was submitted for that degree was titled "Individual Differences in Approach to Selecting Counselling Orientations: A Grounded Theory Analysis". Whilst on the current programme I have completed over 450 hours of clinical practice working in both 1:1 and group modalities with primary school children at Place2be, male survivors of rape and child sexual abuse at Survivors Manchester and all three presentations of eating disorders at Oakwood House Psychological Services. Outside of the course, I work at the employee assistance programme Health Assured providing telephone and e-mail counselling. In addition to this, I have also completed a workshop at the University of Manchester teaching doctoral students ways of transferring their skills into the domain of internet relay chat with Dr Terry Hanley.

Assignments for the course included

- The Use of Therapist Factors in Counselling Psychology (Theory Paper)
- An Interpersonal Process Recall of the Use of Self within a Trainee Counselling Psychologist Peer Counselling Sessions (Case Study)
- How Online Counselling Using internet relay chat Has Been Helpful With Clients Who Have Anxiety or Depression: A systematic Review (Systematic Review/Poster)
- The Demise of The Physical Therapist (Theory Paper)
- Internet relay chat Based Cognitive Behavioural Therapy Informed Counselling: A Mixed Methods Case Study of a Trainee Counselling Psychologist's Practice. (Case Study)

Chapter 1. Introduction

1.1. Introduction

The focus of this research was to look at how trainee counselling psychologists used their therapeutic *use of self* (the planned use of personality, insight, perception and judgement as part of therapeutic process (Punwar & Peloquin, 2000) in the online counselling medium of internet relay chat therapy. In particular looking at how *uses of self* manifested and were intended to be used, as well as how the practitioner viewed the impact this intervention had upon therapy when there was no physical presence. I had questions around how and if *uses of self* could be used in internet relay chat counselling, which is a synchronous text-based communication used over the internet. The concepts of *use of self* and internet relay chat are explored at greater length within the literature review. To explore how the *use of self*-manifested in internet relay chat a simulated counselling session was completed by trainee counselling psychologists in a routine training exercise. It was from this exercise that the *uses of self* were identified through analysing transcripts of from simulated therapy sessions and interviewing the trainees to find out what they believed was at play.

There is a history of debate around counselling and psychotherapy as to whether they work at all. Within this, different therapeutic orientations have been compared and contrasted to figure out which is the most effective. It was shown that equivalence amongst these approaches lay within the shared processes and relationship variables (Miller, Duncan, & Hubble, 1997; Norcross & Grencavage, 1989). The last half a century of scrutinising theoretical orientations seems to have

overlooked the individual's role in implementing a therapeutic orientation and their influence on the orientations perceived effectiveness. Strupp's (1986, p. 125) analogy of the surgeon's knife highlights and suggests we should focus on individual processes; "it is largely meaningless to examine the surgeon's scalpel to discover why a particular operation was successful, but one may learn a great deal by focusing on the manner in which the surgeon employs it." Therefore, this study wishes to look at the more intricate processes of counselling by honing in on the *uses of self* as they span across various theoretical orientations under the guises of various terminology, focusing instead on the influence one has on the therapy.

The therapeutic *use of self* was not taught explicitly on the professional doctorate in counselling psychology course that I undertook and that I write this thesis for. There were however elements of self that were present in other teachings such as reflexive practice. It would appear that it is not a rare occurrence on other courses to refrain from explicitly teaching the *use of self*. Kramer (2013) stresses disclosure because he feels as though it is not clarified enough in publications or teaching, instead believing that most students are content to practice stonewalling; the practice of not disclosing and being silent. Yet despite a dearth of discussion and teaching on the topic, there is the belief that self-disclosure and *uses are self* are not only a large part of technique within counselling, but are centrally important to various approaches to therapy. The complexities of which are introduced within the literature review. From this perspective, it would be interesting to see how the trainee counselling psychologists' use their therapeutic *use of self* when they have not been explicitly shown how to do so.

There is no denying that the use of technology is growing; in 2006 45% of people in the UK used the internet within the last 3 months, whereas in 2015 it was reported to have increased to 86%. The spread across age categories can be seen in figure one (Office For National Statistics, 2015). With this, our reliance on technology is changing the way in which we communicate and how we use technology and the internet. It is becoming ever more common to contact one another using applications like WhatsApp, find potential dating partners using tools such as Tinder and Plenty of Fish, express ourselves to the masses on Twitter and Facebook as well as absorbing media from Netflix and YouTube. This is seen in figure two that depicts just how much interaction we have with technology on a minute by minute basis (James, 2016). This highlights the importance of counselling psychology's duty to keep up to date with methods of communication in order to provide accessible and effective means of 'treatment'.

Figure 1. Internet Users Organised by Age Group

Taken from the Office of National Statistics (2015)

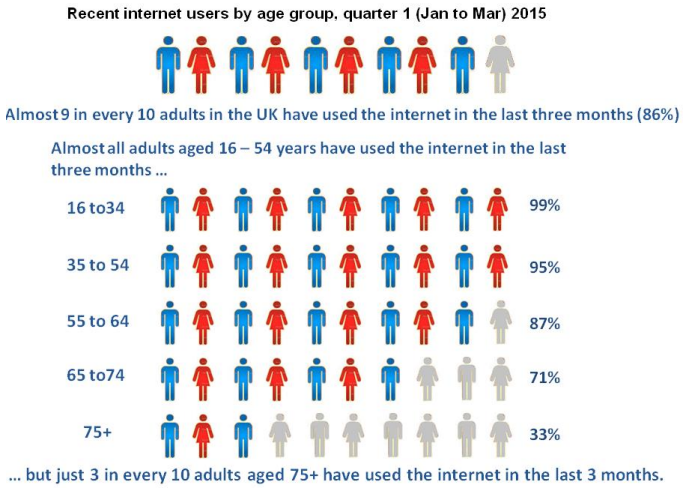
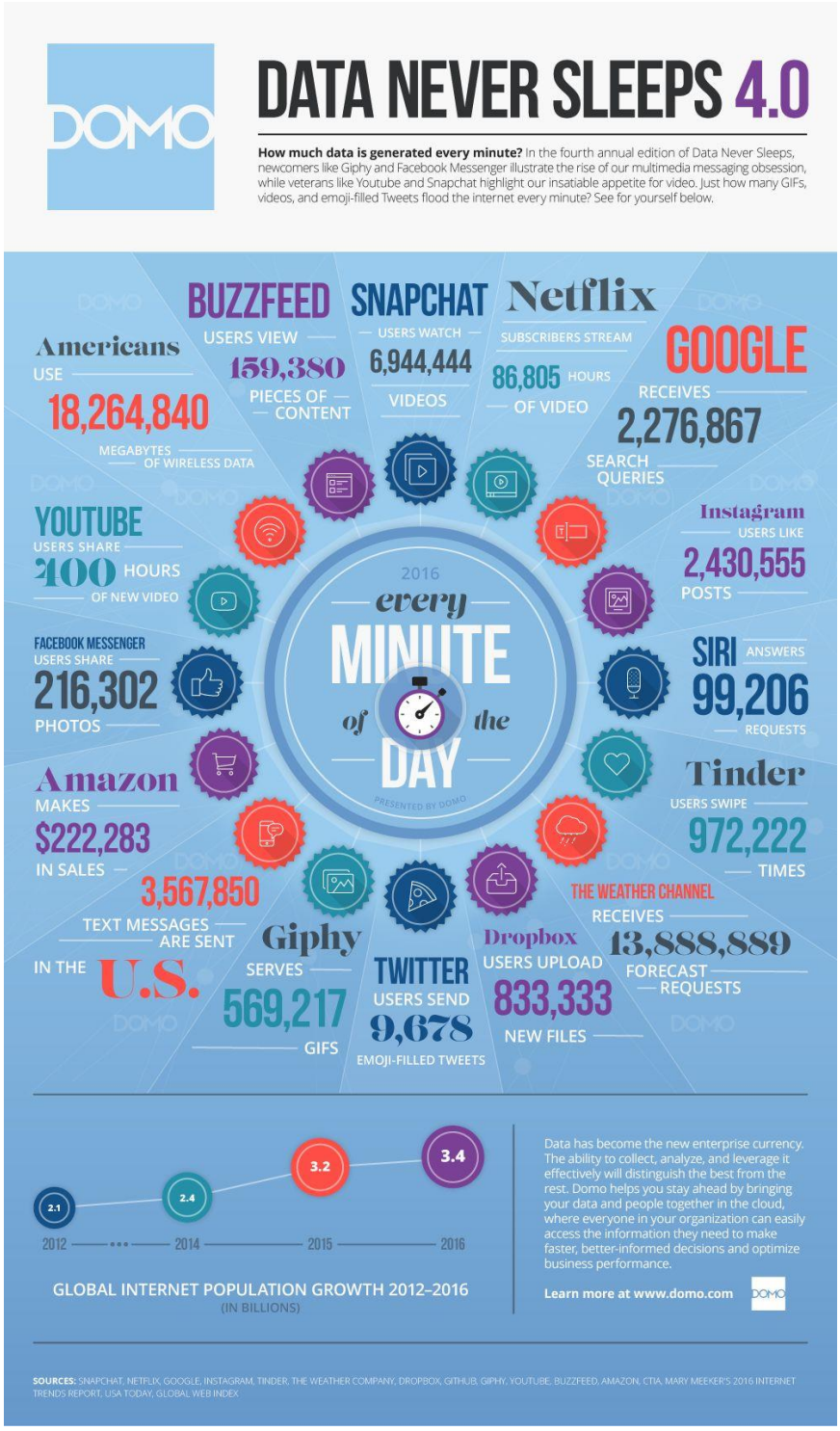


Figure 2. Examples of Minute by Minute Interaction with the Internet

(Taken from (James, 2016, pp. https://www.domo.com/blog/2016/2006/data-never-sleeps-2014-2010/)



Corresponding with this change in how we communicate, ways of conducting counselling online have already been developed. This includes methods such as online support groups, counselling via webcam, and synchronous and asynchronous text based counselling (Murphy et al., 2009). This study in particular will focus on synchronous text based counselling otherwise known as internet relay chat. I believe that it is relevant to be focusing research on this medium when technology is becoming ever more present and is relied upon in our daily lives. In addition to this, I also believe it would be of great interest to look at how the *uses of self* manifests in a medium where there is no physical presence as internet relay chat has no physical or audial cues, relying solely on text. Other than the reasons outlined in this introduction there are also personal reasons for completing this research which I will discuss in the next section.

1.2. Personal Reasons for This Research

Mearns and Thorne (2000, p. 105) defined a configuration of self as "a hypothetical construct denoting a coherent pattern of feelings thoughts and preferred behavioural responses symbolised or pre-symbolised by the person as reflective of a dimension of existence within the self". As a trainee counselling psychologist, I want to help people to the best of my ability; I perceive this as coming from a more humanistic counselling configuration of self. However, the psychologist in me wishes to know what will empirically work and why, in order to help the client at hand. This is related to the philosophical underpinning of counselling psychology itself, as Strawbridge and Woolfe (2010) labelled the professionals within this discipline as 'scientist practitioners'. This is the concept of combining two conflicting roles of clinician and researcher (American Psychological Association, 1951). This concept of the scientist-practitioner, which is reflected in the Health and Care Professions Council's standards of proficiency and ethics, is applicable to all applied psychologists (HCPC, 2016). My configurations of self also mirror these two key positions as described within counselling psychology literature (Hanley, Cutts, Gordon, & Scott, 2012). Counselling accesses meaning through describing and understanding subjective experiences (McLeod, 2011) and psychology is built on the scientific method that aims for objective understandings (Lange, 2009). I first encountered the therapeutic *use of self* in my first year of attendance on the professional doctorate in counselling psychology course for which this thesis is submitted. In this academic year, students are required to complete an assessment whereby they must show an adequate level of person centred therapeutic skills before being allowed to go on placement. These skills are assessed against the person centred and experiential scale (Freire, Elliott, & Westwell, 2014) in a

simulated training therapy session. It was in this session that the student playing my client and I experienced an awkward ending to a session where conversation stopped. Rather than expressing the uncomfortable feelings, I brought the session to a close to avoid further discomfort. I did this, as it was unknown to me at the time that one's own experience could be used therapeutically with benefit to both practitioner and client without changing the therapeutic frame of reference. From here, an interest was sparked to further my practical skills by understanding and using therapeutic *uses of self* to the best of my ability for the most positive therapeutic outcomes and experiences achievable for both myself and the people I have and will work with in this career. Therefore, a personal reason for completing a thesis on this topic was with the hope to come full circle having taken place from the first year of the professional doctorate to the third, filling in a gap within both my knowledge and skills. It is also hoped that readers will be able to draw something similar from this thesis, with it exploring a subject that the wider literature has not examined in this context.

1.3. Structure of Thesis

This thesis begins with an evaluation of the current literature in relation to defining online counselling with a focus on internet relay chat before exploring the concept of self and how it is utilised as a therapeutic intervention.

Within the methodology chapter the epistemological position of this thesis, social constructionism, is described before outlining the theoretical perspective of pragmatism. Subsequently the research design of mixed methods is discussed which is followed by the way in which data was generated and analysed. This is done by introducing directed content analysis and evolved grounded theory and a rationale for why these forms of analyses were chosen. Next, the validity, trustworthiness and inference quality of this data is debated. The last element of this chapter looks at the ethical considerations.

Under the findings section the data that came from the content analysis is presented. This shows what *uses of self* were found in the simulated internet relay chat counselling sessions before expanding upon this data set using the grounded theory analysis. Codes from the semi-structured interviews were produced before each of the main codes with examples from the data is explored. This is prior to a created narrative of what was interpreted to be happening in this phenomenon is given.

In the discussion, the findings are reviewed by explicitly answering the research questions alongside comparing and contrasting them to previous research and literature. The implications of these findings are then concluded upon in terms of practicing counselling and the wider community of counselling psychology, in addition to providing suggestions for future research. Alongside the discussion and

conclusions of the findings, I also provide a discussion around the methods used within this study to look at how the decisions within this research may have influenced the findings. After this, I present the recommendations that arise from this research.

Chapter 2. Literature Review

Within this chapter the remainder of the thesis is situated by first reviewing the current body of literature, as well as highlighting and defining key concepts to provide context. To do this a brief history of technology and counselling is explored, before looking at how it is applied in the form of internet relay chat counselling. Following this, the concept of self is defined by viewing its development over time prior to looking at how this can be utilised as a therapeutic tool.

2.1. Technology and Counselling

2.1a. The Development of Technology in Counselling and Psychotherapy

"Another problem with the net is that it's still 'technology', and 'technology', as the computer scientist Bran Ferren memorably defined it, is 'stuff that doesn't work yet'. We no longer think of chairs as technology, we just think of them as chairs."
(Adams, 1999, p. no page)

When discussing the use of technology within therapy I am referring to the medium in which therapy is conducted, not the myriad of applications that adapt hardware and software to allow those with physical impairments to engage in counselling. The use of technology as a part of therapy has the potential to change the profession of talking therapies as we know it. Practitioners appear to have mixed reactions; either being challenged and excited by new opportunities or feeling sceptical, overwhelmed or even frightened by this significantly different way of providing counselling in contrast to traditional methods (Anthony, 2003).

Personally, I have seen the rise and fall of the compact disc (CDs) and minidisk, the move from digital versatile discs (DVDs) to Blu-ray. The change of being shouted out for being on dial up internet when the landline telephone was needed, to being constantly connected to the world wide web in some way. The future prospects that are available within the continuous amalgamation of computers and counselling are extremely exciting to me. This is perhaps a reflection of being born in a time frame, from 1980 onwards, where myself and others are considered to be digitally native. In this we are believed to be "native speakers" of the digital language in regards to computers, social media, video games and the internet (Prensky, 2001). However Anthony (2003) warns that to blindly leap into embracing technology without considering how to practice using it safely and

ethically within counselling is naïve at best, and at worst dangerous for both client and practitioner. On the other hand, to ignore the integration of technology completely, especially as it becomes such a large part of our daily lives, rules out the option for clients to have a choice, as well as the possibilities it may bring, such as improved efficiency.

Barak et al. (2008) states that technology is slowly but surely finding its way into the therapy room, most commonly in the form of online counselling. Yet it is arguable that technology has already been a recognisable part of therapy and that this is merely now a shift. This would be a move from using technology within therapy, such as tape recording sessions and logging session notes on a computer, to therapy being facilitated by technology. For example self-help cassette tapes were available during in the 1970s (Lang, Melamed, & Hart, 1970) as well as the computer program ELIZA (Weizenbaum, 1966). This programme and its enhanced version by Colby, Watt, and Gilbert (1966) would simulate a counselling session by detecting keywords in a client's inputted text and reflecting it back using pre-set scripts in a Rogerian manner. The Turing Test developed by Alan Turning (Turing, 1950) is a test in which a human judge has a text conversation with unseen players and evaluates their responses. To pass the test a computer must be able to replace one of the players without substantially changing the results. In other words, a computer would be considered intelligent if its conversation could not be easily distinguished from humans. This means that according to this test ELIZA may well have been the first programme to meet the requirements to be considered as artificial intelligence due to the way in which this program can simulate conversation by adapting to the keywords. However, whilst considered to meet the requirements, ELIZA did not pass the test because after a few minutes of

interacting, the conversation becomes hindered and it is obvious that you are talking to a machine.

At the time ELIZA was considered an innovation, yet the limited natural language-processing capacities of the program and the inability to create an internal model representing the users responses were found to be frustrating (Zarr, 1984). However, this simulated therapy was found to still be highly significant in facilitating a therapeutic relationship (McGuire & Babbott, 1967; Slack & Slack, 1977; Weizenbaum, 1966). Therefore, this style of self-help in the form of internet-operated software with robotic simulation certainly holds therapeutic value. As we continue to create and integrate technology efficiently into day-to-day therapeutic practice there will be a tipping point where we will cease to call it technology; it will merely be another way in which therapy is done, as highlighted by the quote from Adams (1999) at the beginning of this section. To greater understand the different ways in which technology is being used to facilitate therapy Anthony (2003) has summarised four parameters of using technology in a therapeutic setting;

1. **Without** visual or audio cues from each party (text only)
2. **Purely** audio cues from each party (telephone)
3. Visual and audio cues **taking place at a distance** (video-conference)
4. **Remote** visual and audio cues (software developed by one party, experienced by the other)

The following section will go on to greater explain the types of online counselling that currently exist before moving to focus on internet relay chat which is the area of focus for this study.

2.1b. Online Counselling

In 1995, the first individual to pay for online therapy was recorded (Anthony, 2003). Since then the practice of online counselling has increased, as predicted by Norcross, Hedges, and Prochaska (2002), and I believe that it will continue to do so as the years go by. As online counselling has developed from the days of ELIZA, multiple ways in which therapy is mediated have emerged. This therefore leads to the problem that there is currently no single definition to describe online counselling (Barak, Kling & Proudfoot, 2009). This has led to the term of online counselling being used interchangeably with other expressions such as: internet therapy/counselling, e-therapy/counselling, cyber-therapy, computer mediated therapy, computer aided therapy, and chat support. There are various forms in which online counselling is presented in: this includes online support groups, counselling via webcam, and synchronous/asynchronous text based counselling (Murphy et al., 2009). To further specify, a recent systematic review by Dowling and Rickwood (2013) summarised the model by Barak, Klein & Proudfoot (2009) with the intention of providing clear definitions on internet supported interventions. These are categorised and include subtypes for the different types of therapy services that are provided online, this can be seen in Table 2. This section will go on to discuss both the cost effectiveness of online therapy and compare it to other mediums of therapy before discussing its therapeutic effectiveness. Both of which are factors that could influence its implementation as the popularity of technology grows.

Table 2. Type of Psychological Services Provided Online

(Adapted from Dowling and Rickwood (2013) and Barak, Klein, and Proudfoot (2009))

Psychological Service	Subtypes	Examples
Online Counselling: Psychological interventions delivered using the internet, either synchronously or asynchronously and using either a group or individual modalities	**Synchronous communication**; therapy conducted in real time therapy using chat, audio, webcam or a combination of the above **Asynchronous communication**; there is a time delay between responses. This therapy is conducted using e-mail, forums and SMS	Kids Helpline https://kidshelpline.com.au/teens/get-help/webchat-counselling/ Living well http://www.livingwell.org.au/online-counselling/email-counselling/
Web-Based Interventions: a program designed to create positive change and/or provide psychoeducation for specific presenting problems	**Web-based education intervention:** programs providing psychoeducation on the associated features of a presenting problem **Web-based self-help:** self-guided online programs with therapeutic benefit to 'treat' or prevent a specific type of mental health issue **Human-supported web-based therapy:** an online program with the addition of a mental health professional to provide support, guidance and feedback	Institute of Mental Health http://www.institutemh.org.uk/ Living life to the full http://www.llttf.com/ Cool Teens http://www.accessmq.com.au/mindspot.html

Internet operated software: advanced computer programming is used to create positive change and provide psychoeducation	**Robotic Simulation:** a computer simulation of a therapeutic conversation **Rule-based expert systems:** a system that is used for assessment, treatment selection and progress monitoring **Virtual environment:** games and virtual worlds adapted to 'treat' or prevent mental health problems	ELIZA http://cyberpsych.org/eliza/#.Vydm7TArKUk Drinker's Check-Up http://www.drinkerscheckup.com/ Second Life https://thepsychologist.bps.org.uk/volume-22/edition-6/get-second-life
Other Online Activities: Services used together with interventions by a professional	**Online Support Groups:** bringing people with mental health issues together to offer relief, empathy and emotional support **Online mental health assessment:** questionnaires to obtain an indication of the persons physical or mental health status **Smart phone applications:** used to gather information and communication with therapists	Daily Strength http://www.dailystrength.org/ Mental Health Screening https://mentalhealthscreening.org/ RR Eating Disorder Management https://play.google.com/store/apps/details?id=com.recoveryrecord&hl=en

Cost Effectiveness of Online Therapy

One particular approach to online therapy is CCBT (computerised cognitive behavioural therapy). This approach is particularly prevalent at the time of writing this thesis. It is a way in which clients can log on to web-software to access a programme that is designed around CBT (cognitive behavioural therapy).

Mental health costs the UK economy up to £105 billion per year (Centre for Mental Health, 2010) and as a way to approach this problem, Introducing Access to Psychological therapies was launched. IAPT offers a cost effective treatment for mental health problems averaging at £750 per person with 50 per cent of people 'recovering' (Department of Health, 2012). Cost effectiveness is an important factor in whether a treatment is a viable option because if the treatment is not cost effective it is unlikely to be commissioned due to the financial restrictions of the organisation. Yet, little is currently known about the cost effectiveness of CCBT and even less about computer mediated therapy. The need for CCBT to be cost effective and therapeutically effective derives from the need for evidence-based practice to be able to show that it has economic and political value. The effectiveness of CCBT would hope to cause a reduction in mental health problems which would lower public costs, such as welfare benefits and medical costs, as well as increasing revenues from people returning to work and paying tax, in addition to increasing productivity (Layard et al., 2006; Layard et al., 2007; Mind, 2010)

Cost effectiveness is often reported in terms of the cost per additional quality-adjusted life year (QALY), or as the probability that a beneficial change in a single unit on a

particular measure (such as a therapeutic outcome measure) costs below a particular sum (Palmqvist, Carbring and Andersson, 2007). QALYs are calculated from the scores of the EQ-5D questionnaire, which measures mobility, self-care, pain, usual activities and psychological status (Rabin and de Charro, 2001).

A systematic review by Kaltenhaler *et al* (2006) found only a single study that provided an economic evaluation of CCBT. On average, the cost of CCBT treatment was 10 per cent more costly than treatment as usual when looking at a mean service cost for delivery. On the other hand, the total cost, which includes the loss of employment, was 40 per cent lower for the CCBT group. The cost effective analysis of the Beating the Blues program was compared to a treatment as usual group. Within these two pieces of work it was estimated that the cost per QALY was £1250 confirming that this CCBT program was cost-effective in comparison to the treatment as usual group (£2000 per QALY). This this can be compared with a study by Pyne *et al* (2005) who found that the QALY for anti-depressants was $5,864 (£8971 at time of the journal's original publishing). When looking at the probability of beneficial change it was found that in CCBT £40 would lead to one unit of improvement on the Beck Depression Inventory (Beck *et al.,* 1961) and was 81 per cent likely to be cost effective (McCrone, Knapp and Proudfoot, 2004). From this, we can derive that providing CBT through the means of a computerised self-help program is viable in terms of value for money. At this moment in time there is little other accessible data to compare other variations of online counselling. With the cost effectiveness of CCBT taken into account, what about its therapeutic effectiveness?

Therapeutic Effectiveness of Online Counselling

One of the key criticisms of CCBT is that the program does not individualise its treatment plan for each user. Instead it provides the same program and in essence the same intervention to everyone. This does not fit with the theoretical basis of CBT which emphasises that individual formations are the crux of this approach. A 'one size fits all' view is likely to simplify the users' reason for seeking counselling and reduce the engagement with the program (Helgadottir, Menzies, Onslow *et al.,* 2009).

In addition to this, CCBT is missing one of the key elements of the common factors approach, the therapeutic relationship, a factor that the program ELIZA was able to simulate. The approach argues that shared features amongst various counselling orientations are what cause change (Asay & Lambert, 1999; Duncan et al., 2010). This view is opposed to the more medical model that proposes that the effectiveness of psychotherapy is due to specific critical ingredients in the treatment for specific problems (Imel & Wampold, 2008). Beginning in 1936, when Rosenzweig explained the well-cited Dodo bird verdict whereby all theoretical orientations must have prizes. This means that if all theories work as well as each other, then surely it is their commonalities rather than their differences that make them effective. However, alternative explanations to the common factors approach have been proposed including researcher allegiance towards treatment type (Luborksy et al., 1999): extra-therapeutic conditions favouring particular treatment types (Luborsky, 1995) and procedural difficulties, for example, insensitivity of outcome measures (Luborsky, 1995; Luborsky et al., 2002). Asay and Lambert (1999) conceptualised these commonalities, nicknamed Lambert's pie, by assigning an estimation of the percentage

of outcome variance to individual factors. They attributed 40 per cent to client variables and extra-therapeutic events; 30 per cent to the therapeutic relationship; 15 per cent to the expectancy and placebo effects and finally 15 per cent to technique and model factors. Alternatively, Wampold (2001) found that a staggering 87 per cent of change in therapy could be attributed to client and extra-therapeutic factors and only 13 per cent to the treatment itself. This evidence has begun to replace Asay and Lambert's (1999) estimation as the foundation for common factors research (Duncan et al., 2010). Therefore, it would be questionable as to whether CCBT can have equal or better therapeutic outcomes as other modalities of therapy when it lacks the common factor of the therapeutic relationship which has been attributed up to 87 per cent the cause of change Wampold (2001).

However, when looking at the research it can be observed that this is not the case. Barak *et al.,* (2008) completed a meta-analysis encompassing internet based psychotherapy, and in this study compared the two categories of internet-based therapy (web-based self-help and online facilitation of a therapy session). The web-based self-help does not have a relationship with a trained professional whereas online therapy does. Of the 92 studies the mean effect size, of 65 of the studies that examined the effectiveness of web-based therapy, was 0.54. Whilst the 27 studies for online therapy were not significantly different with an effect size of 0.46. It is important to note that, generally, web-based and online therapy used similar theoretical approaches with similar patients (in terms of age and gender), with similar presenting problems, and were assessed by similar outcome measures, thereby limiting confounding variables. Within the 92 studies that looked at internet-based therapy, 14

were directly compared with face-to-face therapy with the client's experiencing the same presenting problems. Clients were randomly assigned to each treatment group and the average weighted effect size of internet-based interventions were 0.39 whereas the average weighted effect size was 0.34. However, it was not disclosed how many of those 14 studies used web-based therapy compared with face-to-face counselling.

When comparing this to other forms of online counselling, Barak *et al.'s* (2008) meta-analysis examined a total number of 9,764 clients who were treated through internet-based psychological interventions for a variety of problems. The overall mean weighted effect size was found to be of medium effect at 0.53. This is very similar to the effect size of face-to-face therapy. A comparison of 14 studies showed there to be no differences in clinical effectiveness between face-to-face and internet interventions.

Critics challenge online counselling believing that a therapeutic alliance cannot reach sufficient levels of intimacy. Robson and Robson (1998) argues that when completing counselling online, the space between the two parties is merely filled by the hardware. Whereas, Pelling and Renard (2000) feel that therapeutic interactions can be reduced to advice giving when using this medium. However, a review by Hanley & Reynold (2009) concluded that that this medium shows great promise and a strong therapeutic alliance was one of the elements that contributed to this.

Whilst there is evidence to suggest that online counselling is no less effective than face-to-face methods (Barak *et al,* 2008; Murphy *et al,* 2009), it has been suggested that

there are techniques which need to be adhered to in order to portray a presence online so as to aid the therapeutic relationship (Murphy & Mitchell, 1998. This is one of the key factors in creating better therapeutic outcomes. Examples of these techniques will be given in the next section when the topic of 'netiquette' is discussed, where they can be more clearly described within the context of text-based communication.

The remainder of this thesis intends to focus on online counselling using synchronous communication via chat only and from here on will be referred to as internet relay chat (IRC).

2.1c. Internet Relay Counselling

In the introduction it was highlighted that counselling psychologists are often referred to as 'scientist practitioners' (Strawbridge & Woolfe, 2010) who work in talking therapies, and earlier some of the potential changes if this profession adopted technology to practice were discussed. However, what would happen to the identity of counselling psychologists, counsellors, psychotherapists etc. if they engaged in therapy where there was no talking? Anthony (2003) has discussed that that the fear of equipment stops therapists from seeing what is actually happening within the therapeutic dyad. She argues that communication through technology is no different than it has been in all types of therapy over the last 100 years; it is communication between two parties that is key to finding mental wellbeing. The only difference being the tools that we use to communicate. I strongly agree with this viewpoint and believe that the healing power of counselling to be held more in the aspect of the therapeutic

relationship and the idea of relating and communicating with another person than the spoken word itself.

Internet relay chat and the electronic version of mail (e-mail) was applied to mental health encounters around the same time. Both share similar traits in their style of communication and the use of these forms of therapy have been compared to a modern version of writing letters and journals which people have always found comfort in (Chechele & Stofle, 2003). Within this, one can gather their feelings into a written communication with the opportunity to bind their anxiety and gain distance and perspective from their problems.

Internet relay chat is a fast and convenient method of sending messages since the 1990s (Anthony, 2003), the challenge however lies in translating skills used in face-to-face therapy to a text-only medium (Chechele & Stofle, 2003). Danet (2001) has identified that for using text-based communication there are two distinct styles of writing, one being used for business and the other for personal use which are distinguished by their obvious and differing social norms. This includes the use or refraining of using emoticons such as the smiley =) or ;) (best understood by tilting one's head to the left), abbreviating language such as 'u' and 'r' instead of you and are, as well as the use of lower case initial letters for informality and upper case FOR YELLING. These norms have become collectively known as 'netiquette', a truncation of internet etiquette. The lack of sensory input or visual and audio cues mean that words often have to be supplemented with explanation in combination with netiquette to decrease the likelihood of misunderstanding the typed communication. This is done by

creating a 'tone' of some sorts so that the client 'hears' the therapist's voice (Anthony, 2003). This is important in order to establish a therapeutic relationship. Other suggestions which may well fall under the arch of netiquette are the expression of mood and personality through the use of different fonts, colour of the text and the sentence structure. To account for the time delay between responses it is not uncommon for responses to be sent line by line so that there is not a long waiting period for a response. This also allows the other party to respond to individual statements, which can enhance clarity. Netiquette therefore compensates to some degree for the lack of cues and allows emotions and tone to be better understood online, but it raises questions for me around if these techniques are enough to enable a translation of the therapeutic *use of self* into this text-only medium.

Most clinicians from various theoretical orientations are quite dependent on verbal and non-verbal cues and have more difficulty working with clients through text alone. This is said to be affected by their view of their role. If a therapist envisions their role as more of an educator, collaborator and motivator as opposed to a healer, they may struggle less with the lack of cues (Chechele & Stofle, 2003). The lack of cues caused counsellors in previous studies (Beattie, Shaw, Kaur, & Kessler, 2009; Cohen & Kerr, 1999; Day & Schneider, 2000) to have the preconceptions that they would have an inability to create a sufficient therapeutic alliance without being in the presence of a client and this feeling was reciprocated amongst clients who were concerned that they might not be understood. Yet overall, the studies revealed that whilst challenging at the beginning, adequate therapeutic alliances could be built with relationships feeling as if they were face-to-face and as if the other person were no longer anonymous. This

was reflected in feedback whereby clients reported closeness but when measured using the Inclusion of Other Scale (Aron, Aron, & Smollan, 1992) scores averaged at 3.35 out 7 (SD 1.2) suggesting some distance.

When focusing on the written word as the sole form of communication it is useful to note that not all clients may be suited to this medium. Those who are experiencing issues that can likely be helped through a combination of insight, education and behavioural interventions are more likely to benefit from internet relay chat. Whereas clients who are suicidal or who have severe and enduring mental health issues may get more out of intensive interventions offered offline. They must also be relatively computer literate as well as being comfortable with silences and have the emotional strength to work with miscommunications and technical glitches (Chechele & Stofle, 2003).

Once text is sent, there is a verbatim record of the entire encounter in cyberspace and on hardware with records of this being stored using cookies and cache. This raises issues over confidentiality, yet adds a very convenient opportunity for therapists to reflect upon their practice. Using reflective exercises have been shown to be very beneficial in improving psychotherapeutic techniques (Rogers, 1942). The slight delay in responding has also been shown to be both beneficial and potentially detrimental as it allows the parties to revise and correct their text before it is witnessed. This enables the text to present the correct 'tone' and be 'heard' in the way that it was intended, however it can make therapy appear to be sluggish but also results in a hypothetical loss of interesting therapeutic material from censoring as well as

removing 'Freudian typos' (Anthony, 2000). This delay could also be affected by the internet connection speed as the data travels across cyberspace. This is less of a concern with current day broadband connections that are now common in developed countries and is more applicable to video-conferencing that would be significantly impacted by poor connection. However, delay is more likely to be affected by the typing speed of those involved, as it is unlikely that even a fast typist will be able to communicate as quickly as if it were spoken (Anthony, 2003). However it is important that timing and tempo be developed between client and therapist requiring an additional degree of concentration when online, which can be limited by distraction (Stofle, 2002).

Despite the restrictions internet relay chat presents from having a lack of visual and audio cues and being at the mercy of technology, in the hope that there are no technical faults, there are benefits provided by this type of therapy. Accessibility is one of these benefits which may seem obvious. Powell (1998) highlighted that this type of therapy offers a degree of flexibility so that clients can access therapy without being restricted by geographical location, physical impairment or life circumstances. In addition to this flexibility Suler (2000) raises the point that online work also offers the ability to 'test the water' before committing to face-to-face therapy. On top of this is the degree of anonymity offered by online counselling which may be appealing to some clients as it offers the distance whereby they do not have to 'look someone in the eye' when revealing very personal and difficult material (Anthony, 2003). However, I feel the need to highlight that that the management of safeguarding and risk needs to be taken into to account when working in this manner. It seems as though it further

emphasises the point made by Chechele and Stofle (2003) that those who internet relay counselling is appropriate for should not include highly suicidal individuals. The benefit of not physically being with someone when disclosing difficult material is supported by Reynolds Jr, Stiles, Bailer, and Hughes (2013) who found that internet relay chat therapy had a calming effect on clients resulting in them rating that online sessions had more impact than face-to-face therapy. Whereas research by Cohen and Kerr (1999) stated that the mode of delivery, whether counselling was completed online or offline, did not significantly impact on the decrease in anxiety and/or depression. This leads me to believe that internet relay chat therapy has the potential to be adequate when used appropriately. This is furthered by studies that not only show that internet relay chat has been helpful in engaging the client, but has also found to be helpful in effectively promoting significantly reliable and clinical change. For example, online solution focused chat therapy had a large effect size of 0.94 (Kramer, Conijn, Oijevaar, & Riper, 2014).

In addition to this, two studies also found that synchronous chat was equivalent to face-to-face help (Cohen & Kerr, 1999; Murphy et al., 2009), better and equivalent to telephone counselling (Fukkink & Hermanns, 2009b), and better than waiting list control groups (Kessler et al., 2009). This further supports the evidence of Barak, Hen, Boniel-Nissim, and Shapira (2008) that online counselling is no less effective than face-to-face methods. In addition to being effective in helping clients it was also found that internet relay chat was cost effective by the standards of the UK's National Health Service (NHS) treatments; costing an all-inclusive total of £17,173. This is over £10,000 cheaper than the upper limit of intervention costs (Hollinghurst et al., 2010). This gives

me reason to believe that internet relay chat counselling is a potentially valuable therapeutic medium that we should invest more time researching as it may not just be a 'fad' of the times due to the advancement of technology but can be a cost-effective as well as being an effective method of producing therapeutic change.

As you might imagine various interventions have been shown to be able to be used online (Beattie et al., 2009; Cohen & Kerr, 1999). When compared to other types of counselling it was found that interpretation and guidance were used less than they would be in face-to-face sessions for uncertainty of how they may be responded to in an online environment. This is significant to note as it has been found amongst various studies to be helpful in creating a therapeutic alliance (Elliott, 1985; Elliott, Barker, Caskey, & Pistrang, 1982; Hill, Carter, & O'Farrell, 1983; O'Farrell, Hill, & Patton, 1986) which has been attributed with 30% of therapeutic change (Asay & Lambert, 1999a). Whereas interventions like self-disclosure and immediacy were used more often and believed to have been used to make up for the lack of non-verbal cues. The use of rapport-building processes were also used more often in an online setting and were found to be more effective in this domain. Being online not only aided this type of intervention but also the intervention of homework, which was benefited by the use of online communication as it could be emailed to the therapist prior to the next appointment. Then again amongst these interventions, of which some could be considered *uses of self,* as will be further explored in section 2.2, no research to my knowledge has looked at how the *use of self* presents in online. It raises the question of what happens to the self when there is no physical self and can it be translated to internet relay chat like many of the other interventions discussed here? The majority

of the research outlined above has focused on how lack of physical presence is compensated for with what would appear as trying to understand the client. It would seem that it fails to take into account the apparent barrier of how being online using internet relay chat affects the way which therapists can use themselves as it is not just a lack of cues they are receiving but a lack of cues that they can give. This is important to understand and investigate because according to the BPS (2004) document of "Division of Counselling Psychology: Professional Practice and Guidelines" understanding the *use of self* is a practitioners' responsibility and obligation to both their self and to their colleagues.

2.2. The Therapeutic *Use of Self*

2.2a. The Self

"[The Self is] the most puzzling puzzle with which psychology has to deal"
(James, 1890, P.330)

Even now over 55 years after the idea of using oneself as a therapeutic tool was first introduced (Frank, 1958), the concept of the *use of self* is still largely ambiguous (Dewane, 2006). However, in order to understand what a *use of self* is we must first explore the concept of self. However, the reader should be aware of the limitations that a thesis of this size could never fully cover a concept as vast as self, but hopefully this section will cover it in brief. This will include the definition and meaning in a way that operationalises the concept of self so that it is useful to practitioners and is relevant to counselling psychology. Yet there is a conundrum in ourselves reflecting on the self as highlighted by Carl Jung who said *"Never forget that in psychology the means by which you judge and observe the psyche is the psyche itself. Have you ever heard of a hammer beating itself? In psychology the observer is the observed."* (Jung, 1977, p. 126).

It would appear that the self is in itself an integral and obvious part of working in a mental health profession, as the self is what a practitioner brings to therapy (Brinich & Shelley, 2002). Yet it would seem that there is little consensus on what the self is despite its utilisation across a diverse number of different theoretical modalities. The following section will look to cover a brief history of a westernised version of the self, reflecting on how it has changed through the ages and despite its richness (Wei-Ming,

1985), will ignore the discourse of eastern and aborigine understanding due to its vastness and the word constraints that this thesis is bound by.

There has been the notion of the self since antiquity with Greek philosophical writings introducing the Socratic question of "know thyself", which begged the question of "what is the self?" Later, religion began to introduce an alternative to the self focusing on the soul. Depending upon the religion, the soul was often seen as the 'essence' of a human being (Roccatagliata, 1986). The soul came from God and was independent of the body (Islam and Judaism), or was god given and the soul existed as an inferior earthbound body (Christianity), alternatively there was no soul but reincarnation would lead to progressively higher levels of virtue (Hinduism and Buddhism) (Baldwin Jr, 1987). From the medieval era to the Renaissance, a shift placed human beings rather than God at the centre of the universe. This changed the view of the self again, this time emphasising the significance of the individual and their rights, freedoms and responsibilities. After the Roman Empire fell in 1453 the teachings of the Catholic Church spread, casting the self in immoral light during the Elizabethan age (1558–1603) with the human body being a fleshy cage of original sin which was not to be encouraged nor indulged. It was only in 1637 when Descartes' famous words "cogito, ergo sum", from his works "Discourse on the method", that the dualism between mind and body were identified drawing a line between the external objective and the inner subjective worlds. Across these viewpoints is the idea that the self is a necessary construct that makes an individual in all their uniqueness both coherent and knowable. Opposing this is the idea the self is merely a distraction from the immaterial soul,

alternatively some believe that the self does not exist at all and is merely a contrivance of language (Brinich & Shelley, 2002).

Within psychology, the self as a whole appeared to have been removed as a concept for a significant amount of time from when James (1890) first provided an in depth analysis of himself. This was later disregarded due to the move towards empirical science. However, self was reintroduced with Freud's paper "The Unconscious" in 1915 (Freud, 1934) and furthered by the terms of psychosexual and ego development as well as the theory of identity (Erikson, 1959, 1950; Greenacre, 1950, 1958). In these concepts, the self is shaped by the awareness of being a separate entity from others and the external forces such as the relationship with the mother. These contributions allowed Spiegel (1959, p. 79) to offer a definition of the self; "*a frame of reference or zero point to which representations of specific mental and physical states are referred, and against which they are perceived and judged."* However, in the timeline of self within psychology we have explored so far, the link between personality and the self had not been raised, whereas now most modern theories of personality often place the self at the central position (Arieti, 1967; Kohut, 1971, 1985).

Within psychoanalysis an argument to the previous statement that the self was excluded as it was in behaviourism comes from Cooper (1981, p. 299) who states that *"Psychoanalytic theory has always included the concept of self, that is the individual's integrated conception of himself, as an experiencing, thinking, valuing and acting (or interacting) entity."* In addition to this Jung (1971, p. 425) wrote *"as an empirical concept, the self designates the whole range of psychic phenomena in man. It expresses*

the unity of the personality as a whole." I view the concept of self in a similar way to these two definitions, a holistic view of a Being which starts similarly to the notion of a tabula rasa and is influenced by experience and genetics. Acts of self are experiencing, thinking, and interacting which are a combination of internal processes influencing external actions in line with the makeup of personality that has been shaped and continues to be reshaped through actions and interaction. It is useful for the reader to understand my interpretation as there is an emphasis upon this definition that looks at the acts of which the self participates in, this is key within this study as I hope to provide an outcome which is practically useful for counselling practitioners. This understanding of self influenced the choice of model of therapeutic *use of self* that was operationalised into a coding framework. This lead to the selection of Dewane's (2006) five types which are explored in the next section. This was chosen because it covers both these internal and external processes and actions.

2.2b. The *Use of Self*

"I recall once when I was working with a schizophrenic man in Wisconsin whom I had dealt with over a period of a year or two and there were many long pauses. The crucial turning point was when he had given up, did not care whether he lived or died, and was going to run away from the institution. And I said, 'I realize that you don't care about yourself, but I want you to know that I care about you, and I care what happens to you.' He broke into sobs for ten or fifteen minutes. That was the turning point of therapy. I had responded to his feelings and accepted them, but it was when I came to him as a person and expressed my feelings for him that it really got to him."
(An extract from an interview with Carl Rogers. Baldwin, 1987, p. 45)

Usually reduced to self-disclosure by both novice and experienced practitioners alike, literature and practical experience suggests that the *use of self* is much more than that (Dewane, 2006). I am of the viewpoint that self-disclosure is a key *use of self.* However, the therapeutic *use of self* goes beyond that; using the self in various ways which will become apparent as the models of *use of self* are discussed within this section.

Self-disclosure is commonly found in theoretical orientations falling under the names of congruence and genuineness and being open and honest. The concept of self-disclosing feelings and using the metacommunication within therapy to be congruent appears, at first glance, to be a rather simple notion. Yet, it is very challenging to do so in the early development of being a clinician. This is because as a social being, for survival benefit, we develop many faces of incongruence; saying and acting, as we believe we are meant to for the benefit of relationships (Mearns, Thorne, & McLeod, 2013). Nevertheless, from the standpoint of most therapeutic approaches being congruent within a therapeutic relationship is vitally important to building trust between the therapist and the client. In addition to this, congruence also facilitates a client's exploration in the therapeutic process. This concept of congruence, which is

being viewed as variation of self-disclosure, is seen as a core part of person-centred, psychodynamic and cognitive behavioural therapy. The person-centred approach refers to congruence, psychodynamic therapy refers to the disclosure of transference and CBT speaks of being open and honest. All of which will be further explored in section 2.2c where the *use of self* is explored directly under the headings of each of those therapeutic orientations.

Whilst still largely ambiguous *"The most widely cited contemporary definition of therapeutic use of self describes it as a therapist's planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process"* (Punwar & Peloquin, 2000, p. 285). This definition has arisen from an occupational therapy setting whereby the *use of self* helps to reinforce clients' strengths while also helping them to overcome their distressing experiences (Frank, 1958).

In any meaningful encounter that we have with another human being it is impossible to avoid inadvertently revealing parts of ourselves (Wosket, 1999). This includes our clothes, age, voice, race, involuntary movements and mannerisms and even the way the counsellor has decided to decorate their therapy room reveals who they are as a person. Whether this is our attitudes, philosophy or lifestyle. Throughout our lives significant events influence us and the impacts of these are hard to hide, and even in attempting to be a blank screen, we are then revealing that we are concealing, giving the message of deception (Kramer, 2013). In support of this viewpoint is the argument that the practitioner is unavoidably part of the treatment situation, as both an agent of change (the therapist) and themselves as a person. They cannot choose to be either

or, only how much to be aware of it (Baldwin Jr, 1987). An alternative to inadvertently revealing ourselves is the conscious effort to use one's therapeutic *use of self* (Mosey, 1967). A broad example of which the majority of practitioners will have experienced can be seen when discussing Rogers in the next paragraph, but a further exploration can be seen when this thesis moves to look at the instrumental self below.

The notion of therapist intention has been defined by Hill and O'Grady (1985, p. 3) as the *"therapist's rationale for selecting a specific behaviour, response mode, technique, or intervention to use with a client at any given moment within the session. Intentions represent what the therapist wants to accomplish through his or her behaviour within the session. An intention is the cognitive component that mediates the choice of intervention."* This is therefore two overlapping but distinct meanings; the intention is both *what* the therapist has in mind for the client as well as the reasoning behind *why* they acted a certain way. The importance of looking at these factors is that regardless of whether or not the behaviour was intentional, therapist factors have an impact on the therapy. For example Huppert et al. (2001) found that the therapist variables which included age, gender, sexual orientation and years of experience with their chosen theoretical orientation impacted on therapeutic outcomes varying from an effect size of 0-0.18. However, the majority of research has focused on the *use of self-disclosure* (Hill & Knox, 2001; Knox, Hess, Petersen, & Hill, 1997) whereas it would be beneficial to have an understanding behind the intention of using all types of *use of self* as it is such an impactful part of therapy.

As stated above it was felt by Cooper (1981) that the self was always a part of psychoanalysis and in comparison it is believed that this is similarly reflected in person centred counselling. Rogers' (1957) core conditions included unconditional positive regard for the client, congruence and empathy. Within these three components it would seem that the self is a large and necessary part of engaging in therapy as a practitioner using this theoretical framework. You must use yourself to show positive regard in the form of acceptance, be congruent in the manner of authenticity and genuineness and being empathetic in the way of using yourself to sense a client's internal world and evaluate it with an "as if" it were your own factor. This is supported by Rogers (Baldwin, 1987; Rogers, 1961) and Truax et al. (1966a; 1966b) who believes that the person as the therapist plays a critical role in the process of therapy. This can be combined with the viewpoint that the relationship is the cornerstone of change (Asay & Lambert, 1999a; Dewane, 2006) to which the person as the therapist must engage in using their self if to be of any benefit.

The *use of self* has been said to partially distinguish the profession of counselling from other helping professions. For example, it has been suggested that the difference between social work and other therapeutic professions hinges upon the provision of the worker to be more authentic (Raines, 1996). In 1987 Baldwin and Satir challenged practitioners to move away from being technicians and clinicians who relied on the development and use of skills conjoined with practice wisdom to become magicians; those who used skills, practice wisdom and self. The key difference being the *use of self*. This highlighted that techniques and approaches are merely tools and the results are different from each hand that wields them. Yet by combining the professional self

of what one knows in terms of training, knowledge and techniques with the personal self of who one is in terms of personality, beliefs and life experiences can be seen as the hallmark of skilled practice. Although it is worth nothing that the process of this combination would be difficult to describe since each person's description would diminish that which makes us unique in trying to define it (Edwards & Bess, 1998).

Instrumental, Authentic and Transpersonal Self

Rowan and Jacobs (2002) have outlined three distinct types of *use of self* within therapy that help to understand how the self is used and shows the diversity in which it can occur. These are the instrumental, authentic and transpersonal types of *use of self*. These varying positions on the *use of self* hold a certain amount of weight when discussing the debate of whether counselling is an art, a craft or even a science. It also raises the questions of what is the purpose of therapy, either in general or the purpose of a particular episode of 'treatment'. Is it to 'treat' or 'fix' a problem either viewed by the client themselves or society? On the other hand, is it to promote a deeper understanding and growth of the client?

Instrumental Self

The instrumental self is a position, which I believe is very relatable to current climate in Britain. Due to the vast amount of psychological wellbeing practitioners and high intensity therapists being trained within the National Health Service to practice regimented cognitive behavioural therapy for different types of mental health diagnoses. This is a way of using the self whereby the practitioner is taught how to adopt a therapist persona or role, and practice it skilfully and effectively against a competency based model (Rowan & Jacobs, 2002; University College London, 2008).

This manualisation of therapy has occurred both in the United States for medical insurance funding purposes and within Britain (Mearns & Thorne, 2000) due to the need for cost effective treatment. Within this outlook on presenting problems and how to be, much of the literature suggests that there is a best approach or technique to tackle each particular presenting issue with books going so far as to provide suggestions on phrases to be said (Jacobs, 2000). The instrumental self can be compared closely to Wilber's (1980) phrase of 'Mental Ego' in which he means that the self or the ego of the therapist is quite literally an instrument to be used, a tool as it were. In using this tool along with a manualised structure there is the belief that the self can be an interference if other aspects of self, like personality, are brought into the therapy. Yet this runs the risk of a false self being built upon compliance with what is taught in training (Winnicott & Khan, 1965). However, opposing this is a recommendation from Freud (1912c) of putting one's feelings aside similarly to how a surgeon detaches before cutting into a person during in an operation. This protects the practitioner's own emotional life and allows the patient to receive the most amount of help that can be given on that day. This idea of the practitioner using themselves as a tool could be applied across most theoretical disciplines with the self being used in various different ways from utilising the countertransference, to enacting the core conditions as outlined above. However, it is worth noting that particular variations of these *uses of self* have been highlighted to hold more value to therapeutic outcomes than others (Rowan & Jacobs, 2002).

Manualisation of the self as a tool is one way of looking at the instrumental self whereas another might be to think about the role of the therapist in a wider sense. A

simplistic and hopefully relatable example may be to imagine entering the therapy room and putting on a 'therapist hat' by choosing to act more professionally and pushing away your personal troubles that were experienced prior to seeing this client and embodying Rogers' (1957) core conditions rather than sharing with the client what has happened.

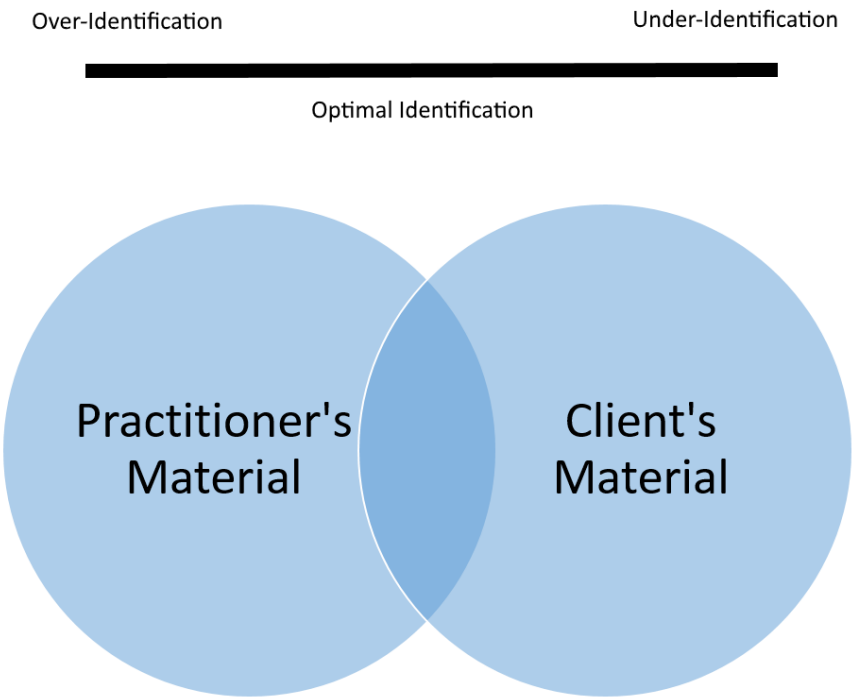
Authentic Self

The authentic self is closely aligned with what Winnicott and Khan (1965) called the 'true self'. It is of the perspective that therapists making use of themselves in therapy is less to do with the theoretical orientation that they hail from and more to do with personal attributes such as their gender, developmental stage and attitude, but more importantly their genuineness. Shadley (2000) found genuineness to be one of the most important qualities for effective implementation of *uses of self* across therapists from all orientations and is known by many alternative names such as congruence, empathy, intuition, authenticity and the use of countertransference and. A way which has been suggested for moving one's ability from an instrumental self to incorporate an authentic self alongside that technical ability is to attend personal therapy (Rowan & Jacobs, 2002). Authenticity challenges the detached attitude of the psychoanalyst in recommending that feelings towards the client are not only acknowledged but when appropriate, explicitly expressed (Heimann, 1950). These feelings can also be experienced as physical sensations or 'embodied countertransference' (Samuels, 1989).

The self can also be employed authentically when the practitioner is aware of the amount they identify with the client. Identification is said to be based upon empathy

(Fliess, 1942) whereby the amount that practitioners identify with a client is upon a continuum. The ideal of this continuum is seen as optimal identification with the client's material. Either side of this optimal range is an over-identification where the client's and the therapist's material becomes meshed together. On the other side is a complete under-identification whereby the counsellor is unable to identify with the client at all (Watkins, 1985). This has been expressed below in figure 3 as a diagram of how I understand it. In addition to identity, Jung highlighted functions of consciousness which included a sense of where something is going or what the possibilities are without conscious proof or knowledge (Samuels, 2003). This sense of intuition and imagination can be brought into therapy, and has been linked to the ability to empathise (Lomas, 1993) and use countertransference (Lomas, 1999) which is used for direct and immediate insight without the knowledge to know the steps that led there.

Figure 3. Diagram Expressing the Continuum of Identification



More commonly recognised as a *use of self* is the *use of disclosure* which Rowan and Jacobs (2002) have deemed to fall under the authentic self. This type of disclosure does not necessarily have to be revealing about the therapist. It can be it can be a simple, appropriate and relevant comment made to the therapist such as 'I can imagine how you might be feeling." Rowan and Jacobs (2002) highlighted four useful types of self-disclosure; an intimate interaction where the therapist responds referencing present or past personal experiences. Whereas a reactive response would entail the therapist responding emotively to the client's content without revealing their own experiences. Alternatively, a controlled response would be the therapist maintaining distance by limiting self-disclosures of experiences, anecdotes and non-verbalised feelings. Finally, reflective feedback is the therapist offering an impression of the client's issues or asks a question that reveals a point of view.

It would appear to me that the authentic self goes beyond the instrumental self in that the latter is a use of one's self as a tool, the physical therapist using their self to carry out therapy by following technical steps. By contrast, the authentic self is using the therapist's internal world with therapeutic benefit to the client. This is usually an expression of the therapist's experience whether that is the past, present or imagined future. Nevertheless, on occasion it is the internal recognition of what the practitioner is experiencing, holding it in mind and allowing it to shape the therapy through conscious processes.

Transpersonal Self

The transpersonal self is a wildly different concept of *use of self* in that this way of being involves the boundaries between therapist and client ending with our material bodies and going beyond the point of our skin, as is commonplace within existentialist philosophy. Clarkson (1995) identifies this type of relationship as one of the five important types that have to be acknowledged in therapy and a way of working like this is to have an experience of 'subtle' psychospiritual development (Wilber, 2000). A tangible way of relating to this way of being is to have achieved a high level of relational depth with a client (Cooper, 2005).

It seems to me that it would be impossible for a practitioner to use only a single of these three proposed selves within their practice, changing as the session develops and new material unfolds from moment to moment. It is easy to identify stereotypical personifications of self amongst the well-known schools of thought but really, that is all they are; stereotypes.

Dewane's Five Types of Use of Self

Whilst the model provided by Rowan and Jacobs (2002) offers a very deep and meaningful understanding of how the self is utilised within therapy, it does not explicitly outline how that might look if we were to observe a counselling session. This leads us to the five types of *use of self* by Dewane (2006). These five types have been proposed from drawing on the current body of literature at the time, as well as clinical, supervisory and teaching observations. The five operational *uses of self* she proposes are

- *Use of personality*
- *Use of belief system*
- *Use of relational dynamics*
- *Use of anxiety*
- *Use of self-disclosure*

Unlike the instrumental, authentic and transpersonal self, the five types of self proposed above appear to be more relatable to the common practitioner and are more practical. In their title alone they are the action which is to happen in therapy and appear to be an example of a therapeutic intervention. This is important as they hold practical worth and are easier for an outsider to identify the occurrence of them when looking at a session.

Use of Personality

Elson (1986, p. 3) has said that "The practitioner has only one tool and that tool is herself" and as we know from the work of Mezirow (1990; 1991) and Rogers (1957) authenticity and genuineness are vital in therapeutic healing. In support of this, Strupp has argued that the person of the therapist is more important than their own theoretical orientation because the orientation that we lean towards reflects our own personality and worldviews (Edwards & Bess, 1998). Using oneself, in the sense of personality implies a self-knowledge and as we know technical ability alone does not create change, much like becoming a magician in the way that Satir and Baldwin (1987) described. This begins with self-awareness and self-knowledge developed through meditation, reflection, personal therapy, supervision and client contact (Edwards & Bess, 1998). There is little strong evidence to suggest that a certain type of personality influences therapeutic outcomes, it is more about how it is utilised rather than the

personality factors itself (Cooper, 2008) and below are examples of how this can be put into practice.

The *use of personality* can be expanded to included touch and humour and what follows is a brief overview of these interventions due to the constraints of the word limit within this thesis. Touch is often a controversial topic within the therapy world due to the cultural and unprofessional association of touch with sexuality (Zur, 2007). The use of touch has been seen as a way to emphasise feelings and holds value following the old idiom of actions speak louder than words, but in order to achieve the desired effect context and timing are crucial. Alongside this, both the personalities of the practitioner and the client need to be taken into account (Beck, 1997), as well as if there is a history of trauma, the sexual identity, age and needs of the client. As with most interventions in therapy, touch should only be used for the benefit of the client (Dewane, 2006). Maizler (1997) has suggested that touch can be used clinically, emotionally and ethically. In the clinical sense, the body can be used to help with traumatic memories as the skin is the portal to the interpersonal world and that a need for touch reveals transference. Using touch in an emotional way is to heal, lowering blood pressure and reducing interpersonal isolation without gratifying the physical needs of the client. Finally, touch should be used ethically and in the way that it is to be avoided when there is a possibility for psychological harm to the client. Despite all its benefits if used sensitively and even with the use of compensatory techniques it is not known if this could be translated into an online setting or what effect that may have.

Careful use of humour is another way of bringing one's personality into therapy, however only if it comes naturally. Inappropriate humour could diminish the importance of the client's experience and create a break in the therapeutic alliance. Whilst it is common practice for trainees to be taught to keep an amicable and professional distance from clients, due to attempts at being friendly can be perceived as a reflection of the therapist's needs and insecurities, humour can have a place within counselling. Humour can be used to normalise the experience brought to therapy and provide an element of intimacy that develops a therapeutic bond (Dewane, 2006). In allowing oneself to use humour in therapy it accesses the full *use of self*. Again this raises questions of how this *use of self* can be implemented when using internet relay chat as the need for correct tone and as timing is so key. It is unknown whether that can be achieved in this medium due to the way in which this type of therapy impacts upon the timing and tempo of the session.

Overall, it has been suggested that no technique should ever be used within therapy if the therapist feels that it is incompatible with their sense of self (Edwards & Bess, 1998) and that training that teaches the use of a professional mask or presentation of blank screen are directly producing inauthentic relationships (Elliott, 2000). However, I believe that this could be applied to a scale, as we all hold many types of selves and there is a difference between adopting a role in a particular setting compared with in-authentically acting or pretending.

Use of Belief System

During counselling the varying belief systems that counsellors hold influences their individual therapeutic practice. Despite there being many different world views there are no right or wrong viewpoints. Through identifying the client's own belief system and seeing where it fits with the practitioner's, a combination of viewpoints can enable the therapeutic relationship to grow, evolve the therapeutic process, and cause change. However, a balance is needed so as not to impose the therapist's values upon the client (Dewane, 2006). Saleebey (1996) has emphasised that a therapist using a careful combination of both their and their client's belief system within therapy unleashes the potential that people already hold in order to heal. An alternative to this strengths perspective is that of Sue, Sue, and Corey (2011) who provide a world-views approach. This is the viewpoint that all of the interaction during a therapy session is situated within the client's world-view and that the practitioner's world-view is an essential part of using therapeutic *uses of self* skilfully. Like personality traits, there is little evidence to suggest that there are particular socially preferable beliefs (Kelly & Strupp, 1992) that directly relate to client outcomes (Beutler et al., 2004). On the other hand, there is evidence to suggest that therapists who hold prejudicial beliefs towards certain groups of people such as homosexuals, women and black and minority ethnic clients are less likely to be able to engage and form effective working alliances with these clients (Beutler et al., 2004). A slightly more recent meta-analysis by Shin *et al.* (2005) demonstrated that there were no significant differences with respect to overall functioning, service retention, and total number of sessions attended between client and clinician dyads that were or were not ethnically matched. This suggests that there

is no need for practitioner and client to be matched based upon a shared culture in the assumption that they would therefore share the same beliefs.

Use of Relational Dynamics

As one of the world leading psychotherapy researchers (Cooper, 2008), Lambert has estimated that 30% of therapeutic change can be attributed to the therapeutic relationship (Asay & Lambert, 1999a). This relationship can be found across most, if not all, theoretical orientations within counselling and has been highlighted by the common factors approach as a core ingredient of therapy (Norcross & Wampold, 2011). This relationship can be outlined by the conditions which Rogers (1957) provided. This includes two people in psychological contact, with one being in need of help and in a state of incongruence whereas the other person is the helper in a state of congruence. Alexander (1980, p. 66) termed the therapeutic process as a "corrective emotional experience" suggesting that emotion and experience are a part of therapy and that this would include the therapist's vulnerabilities and humanness (Dewane, 2006).

In this field empathy is commonly associated with Rogers (1957) but it has also been defined as a clinical concept by Kohut (1959). They imply a way of being present in the relationship and experiencing the client's world as if it were your own, having one foot in their reality and one foot in yours. This internalised *use of self* validates the client's experience. When considering the application of being present within the relationship there is also literature that talks about the speaking of the "here and now" (Yalom, 2002) which has been used interchangeably with the term immediacy (Hill & O'Brien,

2004; Hill et al., 2008; Kasper, Hill, & Kivlighan Jr, 2008). This is the notion that the client's interpersonal issues will eventually arise within the therapeutic relationship, otherwise known as transference, and in discussing this as a calculated risk often bears fruit. I believe that this can take on a variety of forms, which could include discussing a moment during in therapy, to using a self-disclosure of feelings to express a reaction, or an impact of what has been expressed. This viewpoint would also suggest that there are possible overlaps amongst these *uses of self* like the *use of relational dynamics* crossing over with the *use of self-disclosure* and the *use of anxiety*. Similar to speaking about the here and now is the concept of metacommunication (Cooper & McLeod, 2010; Kiesler, 1988; Rennie, 1998), the difference being that metacommunication would appear to focus upon the process rather than the content within the therapeutic dyad and is often used to clarify the client's perspective and draft the goals, tasks and methods which are to be used in that episode of therapy. Yet this act of disclosing or bringing oneself into the relationship may, at first glance, jar with the position of therapeutic neutrality and the often-taught skill of being non-judgemental. However, it is important to note that being non-judgemental is very different to being non-reactive and that it is impossible to be genuine and human whilst remaining 100% objective.

Bringing one's own reaction into therapy can be useful in the sense of vicariously learning from each other's experiences, as well as using psycho-educational techniques such as role-playing or problem-solving to demonstrate other types of relational dynamics (Dewane, 2006). From this discussion it can be seen that the *use of relational dynamics* spans various therapeutic orientations, often taking form using

different language to describe the interventions but having similar principles. For example, empathy is a common trait of person centred counselling, whereas the use of metacommunication is associated with pluralistic therapy. Speaking about the here and now is commonly found across various modalities but can be compared to the way in which psychoanalytic/dynamic counselling uses transference and counter-transference.

Use of Anxiety

Therapeutic relationships have the potential to be intense and anxiety provoking, but most of growth and change comes from uncomfortableness. Powell (1992) mentions that it is natural that we have negative feelings whilst providing therapy and that anxiety can be caused by wanting to do a good job and feeling deskilled. Mueller and Kell (1972) have identified three coping styles for dealing with anxiety in session which include approaching the anxiety with an acceptance that it is a natural part of growth and change, avoid addressing the anxiety because it is overwhelming and paralysing, or binding anxiety using over-control, denial and distancing.

The *use of anxiety* is another example of how organising interventions into the five types of *use of self* is not always clear-cut. An illustration of using one's own anxiety could be a verbal expression of how the client's behaviour whether aggressive or an expression of intent to self-harm made them feel uneasy or worried for their safety. Nevertheless, when categorising that intervention into the five types of *use of self* by Dewane (2006) is that counted as a *use of anxiety*, a *use of relational dynamics* in terms of the here and now, or a *use of self-disclosure*?

Use of Self-disclosure

The *use of self-disclosure* is the most talked about and most recognised *use of self*. Raines (1996) and Wosket (1999) are of the opinion that it is impossible not to make a self-disclosure of some kind. This can include the way that we dress, our physical appearance, how we present ourselves and the décor of our therapy room (Elliott, 2000) as well as the act of disclosing information about our personal lives. Whilst self-disclosure can sometimes feel as though it does not sit well on a theoretical level, such as enacting the blank screen in psychodynamic counselling or not wishing to change the frame of reference in person centred counselling, under another guise it is often welcomed. This could be in the form of genuineness, authenticity and congruence, another set of elements from the core conditions (Rogers, 1957). Within this study just as immediacy is seen to be another term for speaking about the here and now, congruence is seen to be being genuine and authentic which could be internally recognised or explicitly disclosed.

Knox and Hill (2003) have defined self-disclosure in the way that you can disclose facts, feelings, insight, strategy, reassurance, challenge or immediacy. Examples of how these work on a practical level can be seen below in table 3. It has been concluded that whilst therapist self-disclosure is rare, it can be one of the most potent therapeutic techniques. It is helpful when used for the purpose of the client's benefit and used sparingly containing nonthreatening and moderately intimate content. It can help improve the therapeutic relationship, model appropriate disclosure and reassure clients, as well as facilitating insight (Hill et al., 1988).

Table 3. Practical Examples of Therapist Self-Disclosure

(Taken From Knox and Hill (2003, p. 530))

Type	**Example**
Disclosure of facts	"I have a doctorate in counselling psychology and work primarily with students"
Disclosure of feeling	"When I have been in situations similar to yours, I felt scared because I didn't know how things would turn out for me"
Disclosure of insight	"When I was having similar conflict with my colleague, I realised that I shut down because I was afraid that he would reject me like my father did"
Disclosure of strategy	"When I faced circumstances like yours, it helped me to gather as much information as I could so that I would be prepared for might happen"
Disclosure of reassurance/support	"I understand your anxiety because I also have a difficult time when I have to give a talk"
Disclosure of challenge	"I don't know if you are aware that I, too, am divorced, and had to think hard about my contributions to the failure of the marriage."
Disclosure of immediacy	"As you describe the cold relationships in your family now, I am aware that I am feeling very distant and closed off from you. I wondering if that is similar to how you felt with your family?"

Raines (1996) has gone on to provide six guidelines to ensure effective and appropriate *use of self-disclosure*. These include:

1. Using self-disclosure for the client's benefit.
2. Self-disclosure used at the beginning of therapy is more likely to be information that the client has a right to know and is information that is less subject to interpretation. It may also be used to solidify the therapeutic relationship but getting the timing right is crucial.
3. Self-disclosures should be relevant to the therapeutic work, focusing on the here and now is more likely to further the therapeutic relationship whereas personal self-disclosures from the therapist do not have the same benefit.
4. Self-disclosure is most appropriate to validate the reality of clients who are unable to do so for themselves, or when the client's identity is most able to allow the therapist to have their own individuality. This is used to test reality, validate experience and provide authenticity.
5. Self-disclosure must be justifiable on rational grounds; does the benefit outweigh the risk of using this intervention?
6. Self-disclosure must only occur once an analysis of what and how much of the responses belong to whom and to do so requires a degree of self-awareness.

Raines (1996) further highlights that self-disclosure has created a great deal of controversy within the therapy world. Objections to using this intervention are that it changes the focus of therapy from the client to the practitioner, it interferes with the transference process, and that it is unnecessary. Whilst he believes that answering client's questions can build rapport, Strean (1997) argues that answering questions does not alleviate the client's anxiety, which raises the question of when does a client's 'right to know' end (Dewane, 2006)? One must also be aware of the risks when using such interventions and be prepared for the response as a personal self-disclosure may very well lead to the practitioner being put in the position of the expert and asked for solutions to a problem where the consequences are not theirs to be witnessed.

Self-disclosure no doubt holds a risk for the practitioner as it is exposing part of your internal world with the client and can inevitably change the course of therapy. I believe it to be a calculated risk, one that has great reward when done in moderation and when well timed so as not to interrupt the therapy with a disclosure that is 'too big', which will be discussed under the section 'levels of disclosure'. Aron (2013, p. 248) eloquently summarises the importance of self-disclosure by saying "*I am suggesting that one way of thinking about the quality of our 'expertise' is that it is part of our function as analysts to allow ourselves to be and, through our own training analysis, to prepare ourselves to be emotionally vulnerable with our patients.*" It is due to these potential risks that it is important that the way the *use of self* is used is investigated and how it affects therapy. This is especially when it comes to researching a way of facilitating therapy which is still relatively new and unknown but rapidly becoming more commonly used.

How the Uses of Self Are Used Within This Study

As you may have picked up through reading the outlined literature above on the *uses of self* there is a vast language in counselling and psychology that spans across various theoretical orientations. This diverse language has been constructed with meaning that holds true to the discipline and the theoretical orientation that it is drawn from. However, it is apparent to me that the language used for interventions and *uses of self* are, to some degree, interchangeable and hold similar meaning. It would also seem as though the majority, if not all, interventions can be categorised into the five types of *uses of self* by Dewane (2006). Below, table 4 hopes to provide an example to make this clear and to give guidance on how the five types were used within this study.

Table 4. Interchangeable Definitions and Examples of Uses of Self

Use of Self	**Example Interventions**	**Alternative Names For These Interventions**
Use of Personality	- Being authentic and honest - Impact of Self - Self-disclosure about personality - Use of touch - Use of humour - Personally identifying with client material	- Being Congruent - Over-empathise
Use of Belief System	- Use of beliefs - Use of world view	
Use of Relational Dynamics	- Showing empathy - Being non-judgemental - Using metacommunication - Speaking about the 'here and now' - Psycho-education - Teaching interpersonal skills - Roleplaying	- Goal setting - Immediacy / Using transference/ countertransference
Use of Anxiety	- Using anxiety or discomfort	
Use of Self-Disclosure	- Non-verbal disclosure o Clothes o Age o Décor o Manners - Intentional disclosure o Thoughts o Feelings o Experiences o Likes/dislikes o Situation or surroundings	

Levels of Disclosure

As previously mentioned, particularly when speaking about the authentic self there were certain sentences that spoke of "when appropriate" and "for the therapeutic benefit of the client". Not only are there levels of disclosure in terms of how 'big' a disclosure but also when and for whose benefit. In trying to explain what a 'big' disclosure might be Kramer (2013) compares disclosures to cooking spices; spices make the difference, a pinch of which must be just right. Too much and it is overpowering, too little and it is flat, both resulting in a spoiled dish. Using oneself as highlighted above does not always mean disclosing, for example being aware of feelings such as being sexually attracted to a client is something to be aware of but very rarely disclosed unless it comes up as an issue in therapy. In contrast, regularly feeling annoyed by a client because they are complaining is something to be expressed (Baldwin, 1987). There is a level of appropriateness, which could be determined by the social norms of saying such a thing, the impact that the disclosure would have as well as how personal the content of the disclosure is, and whether it holds therapeutic value for the client and stays within their frame of reference.

For those practitioners that value authenticity they must be willing to express negative emotions whenever they can be used for therapeutic gain (Rowan & Jacobs, 2002) even though it may feel as though it were a 'big' disclosure that could cause a rift in the therapeutic alliance. It is important that therapists know their selves, be their selves and use their selves (Cain, 2007). This is important because having a developed self-awareness, improved emotional intelligence, building and maintaining relationships skills, developed ethical decision making, appropriate therapeutic skills

are all integral to developing an effective therapeutic *use of self* which can lead to better client outcomes (Wheeler & Richards, 2007). However, it is unknown as to how this is to be achieved when using internet relay chat as the medium for therapy.

2.2c. The Use of Self Within Theoretical Orientations

It is arguable that the therapeutic *use of self* pervades all therapeutic models considering that Raines (1996) and Wokset (1999) believe that it is impossible to not make a self-disclosure of any kind during therapy. This section will look at the three core therapeutic orientations within counselling psychology training. In doing so it will look at how the *use of self* is key part of therapeutic interaction that is transferable between schools of thinking under the guises of various intervention names. However, it is worth noting that it was concluded from Shadley's (2000) study that the way in which we use ourselves in therapy has less to do with theoretical stance and is more related to personal realities such as gender, developmental stage and personal attitudes.

Person Centred Counselling

When thinking about the ways in which the self interplay with the person-centred approach to counselling, a parallel can be drawn between Rogers' (1957) core conditions that underpin the approach and the *use of self*. The attitude the practitioners have towards themselves largely dictates the quality of work and level of relational depth one can achieve, when working in this way, with a client (Mearns et al., 2013). For how can one give unconditional positive regard if they do not have that for themselves? These practitioners, to be effective, must be able to listen to their selves and be accepting of what they find there, letting it guide their work. This level of self-acceptance for oneself and others increases the capacity for empathy. Often mistaken for sympathy, empathy allows for the use of feelings that arise from

another's experience, yet staying focused on their perspective. One's empathy can be developed through empathic encounters with those who the counsellor knows little about, or moving outside the confines of the normal social subgroup that they situate themselves within. It can also be furthered by engaging with novels and poetry. So not only is the person-centred counsellor using their viewpoint of their self, they are also using their own internal feelings in the moment. This allows them to empathise and thus deepen the therapeutic relationship.

Aspects of self are also entwined with the way in which the person-centred counselling tradition is conceptualised in the core condition known as congruence or genuineness. This way of working is not only integral to person-centred counselling but using the self in this way therapeutically, is what is meant by the authentic self previously explored in section 2.2b (Rowan & Jacobs, 2002). This way of using oneself goes beyond professional relationships, characterising the counsellor as a whole. This is not used as a therapeutic intervention which is 'turned on' at the beginning of a session, but is a way of being which can be utilised in session. It is using the self in the most literal way for therapeutic benefit. Yet despite adhering to the principles of person-centred counselling there is also a wide amount of differences amongst counsellors who practice following this orientation. All of whom have their own personality attributes and varying life experiences. These attributes and experiences are said to build a repertoire of unique talents made up of strengths and vulnerabilities that can be used therapeutically, as the practitioner develops through years of experience. This has been referred to as the unique self of the counsellor (Mearns et al., 2013; Thorne, 1985, 1991, 2002).

Psychodynamic Therapy

The viewpoint of self that derives from psychodynamic theory appears to be underpinned by the idea that if you changed the inner self of the patient, behaviour changes would follow. Yet the focus of this school of thought was entirely upon the patient's self, and did not expressly involve the therapist's *use of self* until much later (Baldwin Jr, 1987). It was neo-Freudians such as Sullivan and Horney who integrated the concept of self into their theories and practice. Jacobs (2010) states that one major contribution of Sullivan to this way of thinking and practicing was that therapy was seen as an interpersonal process. This required active participation from the therapist because their values, feelings and attitudes are part of this process. Therefore, countertransference becomes an incredibly important consideration. In line with this was Kohut's (1971, 1985) insistence of gathering primary data from patients through a shift in the role of the therapist from an objective stance to an empathetic observation. Nor must we forget the Jungian viewpoint that "the therapist is 'in' the process just as much as the patient" (Jung, 1966, p. 72).

As psychoanalysis developed, the idea of the analyst being a blank screen for projections to be made upon and transference to be superimposed changed. This occurred when the efforts to remove countertransference were seen as removing as much of the therapist's self as possible. This would leave only a thinker, untroubled by emotions or unconscious thoughts that would interfere with the analysis. This abstinence or neutrality was said to create the most advantageous conditions for both parties; protecting the analyst's own emotional life, and the giving patient the most

help that they could receive through frustration permitting catharsis (Freud, 1912a). Yet Rowan and Jacobs (2002) see this as only half of the self being engaged with the client, more mind than the self as a whole.

Countertransference, first used by Freud in his letter to Jung, was later described as a result of the patient's influence on his unconscious feelings (Freud, 1910). Freud saw countertransference as something that should be acknowledged and overcome, as it hindered the analyst in the way that they could not go further than their own complexes. This view meant that countertransference was a resistance on the therapist's part and a block to understanding the patient's unconscious. It was seen as a blind spot that was to be dealt with during the analyst's ongoing personal analysis. Balint and Balint (1939) later questioned the position of the psychoanalyst as an objective mirror, highlighting that therapists have a need to work in a way that suits their own personality. They suggested that the patient's transference would emerge independently of the analyst's countertransference. This has not only highlighted that within psychodynamic therapy the self is unconsciously present, but also refers to a conscious self in the form of personality. This perspective proposed by Freud and Balint and Balint reflects what Kernber (1969) has defined as a 'classical' approach to countertransference. This perspective sees countertransference as a block to the patient's unconscious.

On the other hand is the 'totalistic' approach (Kernber, 1969). This approach views countertransference as a tool to understanding the patient's unconscious, offering a wider perspective. Winnicott (1949) suggested that at times patients need the reality

of a therapist's emotions, even the extreme ones such as hate. Heimann (1960) shares a similar perspective whereby the emotional response to the patient within an analytic situation is an incredibly useful tool to understanding the patient's unconscious. In this identification with the patient based on one's own emotions that they experience during analysis, Racker (1968) has proposed that the therapist can identify empathically with the patient and aspects of their self-representation (concordant identification). Alternatively, they can identify with an object of the patient's inner world through a process of projective identification involving some acting out from the therapist (complementary identification).

More recently, Prodgers (1991, p.392) has summarised countertransference in individual psychotherapy into four points;

1. The therapist's emotional response to the patient's transference.
2. Resistance on the part of the therapist, in response to his or her own inner blind spots.
3. The personal atmosphere and characteristics of the therapist.
4. A tool or probe into the patient's unconscious; a form of empathy and understanding.
5. A role-response to the patient's projective identification and the therapist's tendency to act this out.

This recount of the history of countertransference shows the trajectory that countertransference had taken, moving from an unanalysed aspect of the therapist's transferences entering unhelpfully into the therapy, to an important therapeutic resource within more recent relational and contemporary intersubjective psychoanalytic approaches. This history has highlighted how the psychodynamic viewpoint of self is experienced during therapy as one's own emotions and reactions

to a patient's unconscious, which can hinder therapy or be utilised as a tool alongside the individual therapist's personality.

Cognitive Behavioural Therapy

The *use of self* is not a term that is traditionally utilised by CBT in order to describe the clinician's role. There has however been great attention on the link to the practitioner being in the relationship and in the success of the treatment (Beck, 2011; Hayes, Hope, VanDyke, & Heimberg, 2007). This *use of self* is utilised to create an understanding of the relational aspects of CBT that is sometimes overlooked, with emphasis and attention instead focusing on the interventions that are used to bring about change.

MacLaren (2008) has written a paper where she explores how elements of CBT match up to Dewane's 5 types of *uses of self* (Dewane, 2006). She puts forward the argument that the use of personality is present within CBT in the way that one's own personality causes us to choose a theoretical stance of practicing counselling that we are genuinely and intrinsically compelled towards, this is because it creates a harmony of congruence between our personal and professional selves. It would seem to me that this could be applied to all theoretical orientations. Amongst the *use of personality*, the appropriate use of humour is said to be encouraged within CBT which is tailored to the individual client (Dryden & Ellis, 2001). It has even been recorded that making light of an aspect of the client's problem, not the client themselves, can help add perspective and develop the therapeutic relationship (MacLaren & Freeman, 2007).

Beck (2011) argues that the large amount of time and effort that CBT clinicians spend exploring their own world beliefs preparing to be effective agents of change contributes to their self-awareness. This self-awareness allows them to readily and clearly engage with clients helping them understand and become aware of their own belief system. This time, especially when using Socratic questioning, means that the therapist's views are also informed and impacted through engagement with clients (Granvold, 2007).

Much like the way that person-centred counsellors are encouraged to be congruent, so too are CBT clinicians in being open and honest with their clients. This includes if they are experiencing a negative reaction or believe that the therapy has reached an impasse. A CBT practitioner's anxiety is a *use of self* that Ellis (2001) states should be addressed as soon as possible within the therapy in order to help the client. This is especially if the anxiety is a by-product of the work being done and is a reason why CBT practitioners should check in with their client's feelings so frequently (Beck, 2011). Furthermore, it is also seen as appropriate to use self-disclosure in CBT as an effective tool for facilitating change as well as contributing to the relationship. From this theoretical viewpoint it can be used to strengthen the therapeutic alliance, normalise a client's reaction and provide information to the client about their impact on another person (Goldfried, Burckell, & Eubanks-Carter, 2003). It is also a useful way of modelling effective coping styles (Dryden, 1990).

Much has been discussed within person-centred therapy around what constitutes as an adequate relationship and that has been similar for psychodynamic practice, as

previously discussed in this section. Considering that repeatedly the relationship within therapy appears to be at the centre of therapeutic change (Baldwin, Wampold, & Imel, 2007; Hayes et al., 2007; Kramer, Roten, Beretta, Michel, & Despland, 2008), it is not a surprise that relational dynamics are an important part of CBT (Beck, 2011). CBT is often experiential and clinicians make use of many "here and now" techniques such as vivo desensitisation, roleplaying, modelling and teaching in order to facilitate understanding, growth and change (Ellis & MacLaren, 2005). In third wave CBT it is not uncommon for mindfulness based practitioners to practice mindfulness alongside their clients (Segal, Williams, & Teasdale, 2012), requiring an in the moment awareness of themselves.

Like psychodynamic perspectives, White (2007) claims that CBT also uses transference and countertransference. In CBT transference is a client's response based on generalised beliefs and expectations of relationships as opposed to their actual behaviour. Whereas countertransference is a counsellor's response to the client that is based on generalised beliefs and expectations and the CBT practitioner is expected to monitor their own feelings and behaviour throughout the session (Goldfried et al., 2003).

2.3. Rationale for Using Dewane's Uses of Self

Having discussed and identified some of the therapeutic *uses of self* within differing theoretical orientations of counselling psychology, I now outline the rationale for using Dewane's five types of *uses of self* (Dewane, 2006) as the model for *uses of self* for this project.

This particular model of *uses of self* appears as though it is all encompassing. It defines *uses of self* in a way that reflects how they are a part of differing theoretical perspectives of counselling. This is important, as the training for counselling psychologists is rarely monolithic. MacLaren (2008) demonstrates how this can be applied having looked at what aspects of CBT fall into the five categories of *uses of self* and I believe that it is possible to this with other orientations to due to the models all-encompassing nature. Below you can see the attempt that I have made to summarise the points made in section 2.2c to reflect this in table 5 below. This cross-theoretical application of *uses of self* fits with the way that the self is viewed in this study in the way that acts of self are both the internal processes and external actions of experiencing, thinking, and interacting.

Furthermore, from a theoretical perspective it would seem to be more applicable and easier to understand, as the five types of *uses of self* are descriptive in what the practitioner is doing. This makes it easier to interpret from an outside stance of what intervention the practitioner is doing as opposed to other models where the self is categorised on a wider scale of being instrumental, authentic or transpersonal. The focus is on the therapy, intervention by intervention, rather than the therapist as a

whole. This framework is more appropriate for the analytical purposes of this study in that it will allow me as a researcher to view a session from an outside perspective with a lack of physical cues, due to the nature of internet relay chat, and code the interventions and what *uses of self* were used.

Table 5. Examples of Dewane's Uses of Self Within Theoretical Orientations

Dewane's Use of Self	**Person-centred Counselling**	**Psychodynamic Therapy**	**Cognitive Behavioural Therapy**
Use of Anxiety	Using anxiety as a part of being congruent	Use of interactional dialectic	Being congruent even if it is a negative reaction to the client
Use of Belief System	Using one's own developed self-awareness		Using one's self-awareness of their own belief system and being informed and impacted through engaging with client's using Socratic questioning
Use of Personality	Being genuine and using one's unique talents Being drawn to the person-centred approach because it aligns with one's personality	Use of countertransference Consciously withdrawing personality through abstinence and neutrality Being drawn to Psychodynamic therapy because it aligns with one's personality	Being drawn to CBT because it aligns with one's personality Use of humour
Use of Relational Dynamics	Being empathic	Therapy is an interpersonal process with the analyst 'in' the therapy as much as the patient Using the interactional dialectic Use of client's transference	Using here and now techniques such as vivo desensitisation, roleplaying, modelling and teaching in order to facilitate understanding, growth and change Practicing mindfulness alongside the client

			Using transference and countertransference
Use of Self-Disclosure	Being transparent, honest and open		Using self-disclosure as a tool to facilitate change, contribute to the relationship and model effective coping styles

2.4. Outlining the Research Questions

The previous section of this literature review aimed to outline the core concepts and key pieces of work on the topic of *use of self* and internet relay chat counselling. In doing so, it has highlighted that there are substantial bodies of literature for each individual area. More importantly it has also highlighted that there is a large gap within the literature whereby there is no explicit crossover between how the therapeutic *use of self* occurs and is used online, despite looking at how the lack of visual cues are compensated for. This creates a pertinent need for further investigation, and upon reflection, three research questions are posed;

1. What therapeutic *uses of self* occur in online counselling using internet relay chat?

The therapeutic *use of self*, as can be seen from above is a concept that is heavily entrenched in both research and theory not just across counselling but also social work disciplines. Internet relay chat counselling has also been up and coming as the shift to online counselling becomes more acceptable. On its own, internet relay chat therapy is a medium that has been significantly under researched in comparison to its online alternatives. In addition to this, I was unable to find a single piece of literature that looked at how the therapeutic *use of self* was used online let alone in internet relay

chat. This raises the question of what therapeutic *uses of self* actually occur in internet relay chat and if it is even possible. If it is possible, are there any changes that need to be made in order to translate it into this medium? There is a need to research this and find answers to these questions as *uses of self* have been shown to have a positive effect on the therapeutic relationship and thus the client's outcomes.

2. What rationale did trainee counselling psychologists have for using therapeutic *uses of self* online in internet relay chat?

However just finding out what *uses of self* occurred in internet relay chat counselling does not satisfy my need for enquiry. Tailored by the worldview of valuing experience, there is an interest in why these *uses of self* were used, what were the intended effects and is that any different to how it would be when working with a client face-to-face? This is also strongly related to the way in which as trainee-counselling psychologists are taught to provide a rationale for using interventions.

3. How did the trainee counselling psychologists view the impact of therapeutic *uses of self* on online therapy using internet relay chat?

This question also compliments the previous one in attempting to find out the perceived impact of the intervention. This is hoped to be valuable to the practicing practitioner through a culmination of the participant's experience to provide practice-based evidence which will hopefully inform readers of successful and unsuccessful *uses of self* in this medium to perhaps inform their own practice. It may also be used to inform pedagogic decisions such as a how skills training is completed. It is important to answer this question in addition to the first question of what *uses of self* occur, as

highlighted in the section under self-disclosure, because there is a risk to the therapist and a risk of rupturing the therapeutic alliance or changing the frame of reference. It is because of these risks that we need to greater understand the benefits and drawbacks of therapeutic *uses of self* in internet relay chat.

Chapter 3. Methodology

Within this chapter, I will inform the reader about the way in which this study was performed. To do this the chapter will begin by looking at the epistemological stance the study has been framed by, social constructionism, before exploring the theoretical perspective of pragmatism and the mixed methodology design used as a result. Following this, I will outline and explore the characteristics of the participants involved in the study. Next, how the data used in this thesis was generated and analysed will be discussed prior to considering the practices involved in making it more trustworthy and valid. Finally, the ethical considerations for this study will be explored.

3.1. Rationale

When planning this research there was an aim to achieve synergy amongst the elements of this project whereby the research questions, the methods for answering them and the participants chosen all complemented each other. This was to ensure that the research questions were valid and concise; asking to understand a particular *thing* that was within the realms of being able to be found and understood. The research questions chosen meant that a particular viewpoint of the world had already been established. As the questions are both qualitative and quantitative in nature, it already shows a valuing of experience as well as valuing the notion of a singular truth. The questions highlight a subjective understanding of why, as opposed to only an objectively recorded occurrence or lack of. Research question one is quantitative in that it is looking for an objectively measured count of how many times a predetermined concept occurs. On the other hand research questions two and three are qualitative in that they are looking for a subjective experience of the participant. As a result the study will be measured a success if the theoretical account invites, compels, stimulates or delights the audience as opposed to a veracious result (Gergen, 1985). Therefore, a way of theorising what constitutes as valid knowledge and how it is obtained needed to be selected and understood.

There is a temptation to avoid delving into the complex philosophical debates of academics as at times it feels as though it is largely separated from real world enquiry (Hanley, 2008) and that the use of metaphysical concepts such as truth and reality have caused endless and often useless discussions and debates (Teddlie & Tashakkori, 2003). However, as Bateson (1977) states "You cannot claim to have no epistemology,

to claim so is to have nothing but a bad epistemology (p. 147)". I believe this is even more crucial within research that involves an element of qualitative methodology.

The chosen epistemology alongside the research question determined what types of data are needed in order to answer the research question within this proposed theoretical framework, as well as the best method of analysis. The chosen epistemology for this research study was social constructionism, and the following section provides a brief overview of what this theoretical standpoint is, along with why it was used.

3.1a. Epistemology - Social Constructionism

Social constructionism could be viewed as a synthesis of previous philosophical influences tracing back to the roots of interpretivism, arising as a challenge to scientism in the post-modernist movement. Throughout the literature the terms 'social constructionism' and 'constructivism' are largely used interchangeably, especially by Charmaz (2000b). Yet there are key differences that are pertinent to this study. It is my understanding that constructivism views knowledge as constructed rather than created and this construction of world experiences are through cognitive processes that relate to an aspect of the real world (Andrews, 2012; Schwandt, 2003). By contrast, social constructionism addresses the nature of knowledge rather than ontological issues; putting the focus on social processes as opposed to individual cognitions (Young & Collin, 2004). This focus on society has been viewed as both an objective and subjective reality. The objective reality is where the interaction of everyone within society causes routine and habitualisation, which forms patterns and knowledge that others can access without starting from scratch allowing innovation to occur. The subjective reality involves being given an identity and status within society from society itself and through the use of language allows concepts to be created and shared (Berger & Luckmann, 1991; Burr, 2015).

During this study, I will refer to social constructionism in the parameters as outlined above. Due to the way in which this study wishes to find out why particular *uses of self* were used within an internet relay chat counselling session and to construct a theory from the patterns and experiences found within the interviews, social constructionism is believed to be a suited epistemology. This is because it is focusing on an

amalgamation of practitioner's experiences, rather than individuals, and their interactions, analysing that the way in which the *uses of self* used were constructed in both the objective reality of that moment and the subjective reality of the person experiencing it. In addition to this, social constructionism is viewed as an appropriate choice as the knowledge from this study will be shared using language that the next generation of people will expand upon just as I have used the previous knowledge from the literature to define what a therapeutic *use of self* is. The result of using this epistemology as a conceptual framework alongside the later analytical methods is that the analysis, discussion and conclusion section of the research will be heavily influenced in providing a single interpretation of the amalgamation of experiences. This is because this approach does not subscribe to the idea that there is no ultimate truth to be found through scientific enquiry, only a version of events constructed both historically and contextually through social interaction (Burr, 2015).

3.1b. Theoretical Perspective – Pragmatism

From understanding and agreeing with a social constructionist approach of how knowledge is obtained there was then the case of choosing a research method that would answer the research questions. It was evident early on when creating the research proposal for this project that a single type of data and thus a single analysis would not be sufficient to fully answer the research questions. This was because the study wished to first find out what *uses of self* were used in the training sessions and then explore the reasoning behind their use and how they were perceived to have impacted on the therapy. This could not have been achieved using a single research method, which led to pragmatism.

Pragmatism (Dewey, 1920; James, 1995; Peirce, 1878) is not in a position to provide the perfect solution to the metaphysical, epistemological, axiological and methodological debates amongst purist philosophical positions (Johnson & Onwuegbuzie, 2004), but helps to explain how research approaches can be mixed fruitfully to offer the best opportunity for answering important research questions (Hoshmand, 2003). It also offers a practical way of valuing the results of the study which appeals to me due to the dual role of scientist and practitioner that counselling psychologists have adopted (Strawbridge & Woolfe, 2010). This is where the value of the findings are judged upon their effectiveness rather than a correspondence of findings to a "true" condition in the real world (Maxcy, 2003). This was found to be appealing as I hope the findings and resulting theory to be practical in its use and helpful to practitioner's who read this thesis and apply it to their work with clients.

This way, the emphasis is on what difference the results make in order to believe or act in one way or another (Morgan, 2007)

3.1d. Mixed Methods Design

Research involving the combination of quantitative and qualitative research has become increasingly common (Bryman, 2006). Yet there is little consensus within the existing literature upon what exactly defines a mixed methods framework. It has been referred to as multi-methods (Brannen & Coram, 1992), multi-strategy (Bryman, 2012), mixed methodology (Tashakkori, 1998), or mixed methods research (Creswell, 2013; Tashakkori & Teddlie, 2010). However, the work of Johnson, Onwuegbuzie, and Turner (2007) collated previous definitions, analysing them for commonalities and created a definition that amalgamated the key elements from across 19 different definitions. They termed mixed methods research as "the type of research in which a researcher or a team of researchers combines elements of qualitative and quantitative research approaches…for the broad purposes of breadth and depth of understanding and corroboration" (p. 123). Whilst this feels like a crudely oversimplified definition, it does encompass the core components of mixed methods research and partly explains why a researcher might choose to combine these elements. It fits with this particular study in that both qualitative and quantitative elements embody this research, which was done to provide a depth of understanding to the way in which the *uses of self* are used in internet relay chat counselling.

As outlined in the prior segment, mixed methods was deemed the most appropriate in providing a valuable and workable solution to answering the question posed by the research (Mertens, 2014). The particular type of mixed methods design that this study followed was the explanatory sequential design. This design involves starting with a stage of quantitative data collection and analysis, which influenced the data collection

and analysis of the qualitative phase that follows, that are then interpreted as a whole. This is shown in figures 4 and 5. It is believed that due to this design the study is worth more than the sum of its parts (Hall & Howard, 2008). Overall the design made the study a fixed mixed methods study whereby the use of quantitative and qualitative methods were predetermined at the beginning of the research process and were implemented as planned (Plano Clark & Creswell, 2011). Alternatively, the definition above provides us with a sense of what mixed methods research entails, it scarcely scratches the surface as to what specifics occur amongst the different types of mixed methods study. To provide further context for how this project was conducted and what it would specifically believe to benefit from this methodology, I will now delve into realms of design.

As previously mentioned, the research at hand follows an explanatory sequential design with a mixed methods methodology. What this meant for the study was that it started out with a quantitative strand that in the interpretation and mixing of the data holds priority. In this study simulated counselling sessions using internet relay chat were conducted which were then analysed by a top down directed content analysis (see section 3.3a and 3.4a). The results of this first section influenced the questions that were then used in the data generation phase of the qualitative strand. This second strand comprised of conducting semi-structured interviews with each participant before analysing the data using a grounded theory analysis (see section 3.3b and 3.4b). After all data generation and analyses was complete, the qualitative data was used to expand upon what was found in the quantitative data. Crudely put, the interpretations from the interview data were used to explain why the *uses of self* that were shown in

the transcripts of the internet relay chat counselling occurred. Four diagrams below in figures 4, 5, 6 and 7 explain the Plano Clark and Creswell (2011) model of explanatory sequential design and how it was used within this study.

Figure 4. Diagram of Explanatory Sequential Design

(Taken from Plano Clark and Creswell (2011, p. 69)

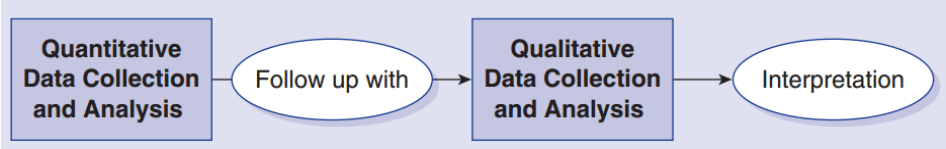


Figure 5. Diagram of Explanatory Sequential Design within This Study

(Adapted from Plano Clark and Creswell (2011)

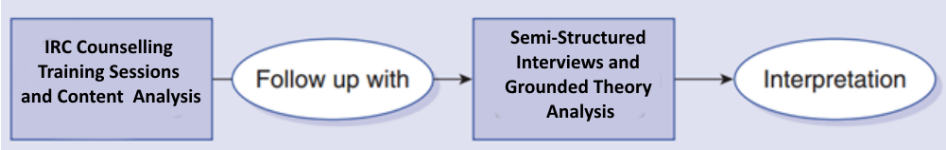


Figure 6. Diagram Explaining the Mixed Methods Structure of This Study

Taken From Plano Clark and Creswell (2011, p. 88) and Adapted (Right)

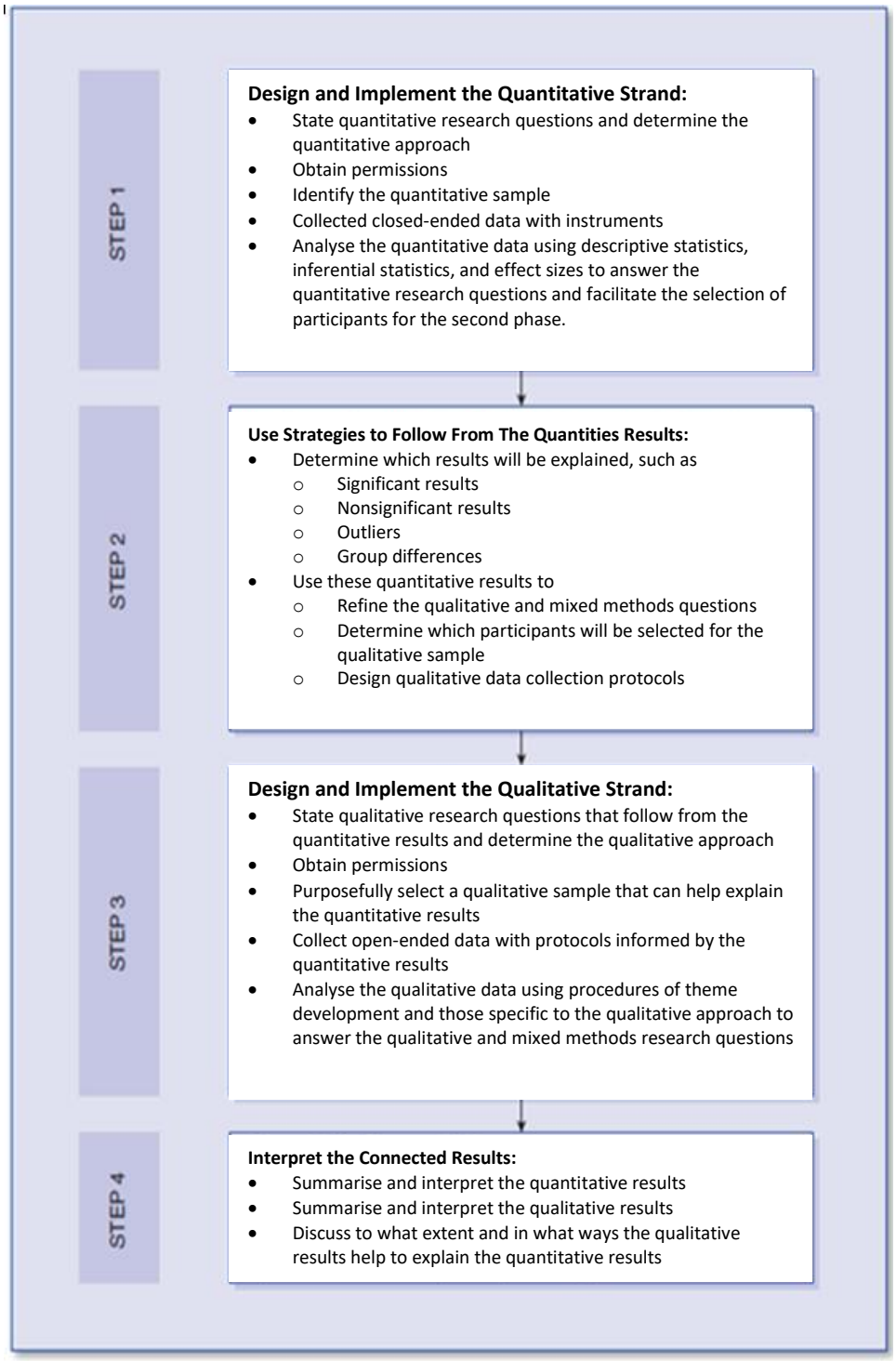
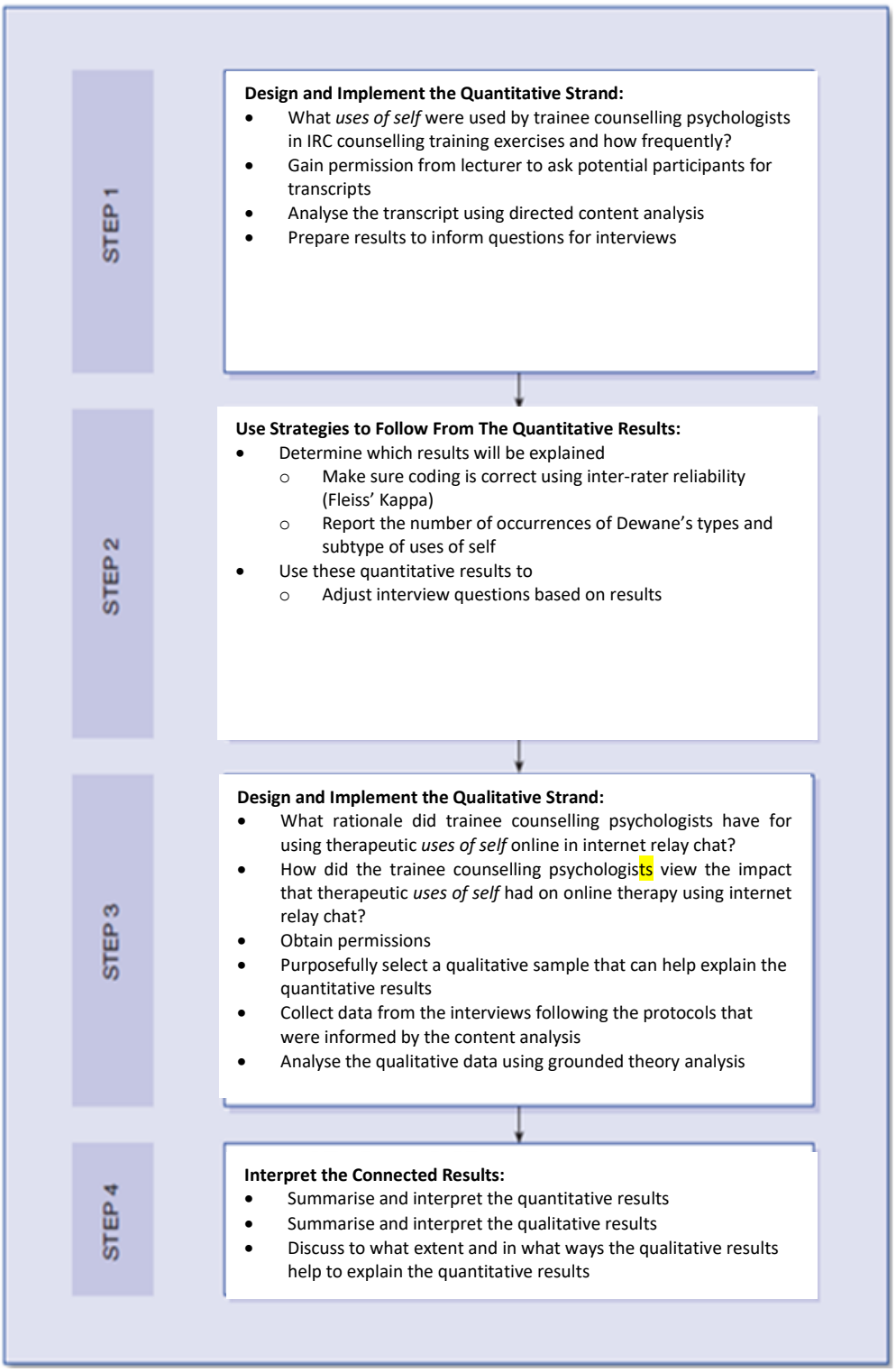


Figure 7. Diagram Explaining the Mixed Methods Structure of This Study

Adapted from Plano Clark and Creswell (2011, p. 88)



3.2. Participants

Eight participants were recruited for this research project with the aim to strive towards achieving saturation without producing too little or too much data that could not be fully analysed (McLeod, 2001). A benefit of using a smaller sample, as opposed to those that might be found in other bigger studies, that one might imagine some quantitative studies being, is that it allows for a greater level of contextualisation (Scheel et al., 2011). This is ideal for the questions this research intends to answer.

Participants were recruited using opportunistic sampling from The University of Manchester's professional doctorate in counselling psychology course. This was achieved by attending a lecture at the university that focused on technology and counselling with the permission of the course director. Within this lecture the potential participants were already taking part in a routine training exercise, and following the talk the first year trainee counselling psychologists were informed of the study. I then offered them a participant information sheet to take home (Appendix 1.). If participants decided that they were happy to participate within the study they filled out and returned a consent form (Appendix 2.). After a two week cooling off period they submitted their transcript of the training exercise, the process of which will be explained in detail within the section titled '3.3. Data Generation'. After the interviews all participants were given a debrief sheet (Appendix 3.). The structure of the participant information sheet, consent form and debrief sheet will be discussed in section 3.5 Ethical Considerations.

There were seven females and one male within the sample who varied in age and nationality, yet no data on characteristics were collected at the time. This was because there was no rationale behind collecting this data at the time of the study as it was not perceived how these would influence the data. However, within the interviews particular participants did express how their culture and nationality effected their *use of self* within internet relay chat counselling. The participants had a pre-existing relationship with myself in that they were my peers from the year below me at university, yet there were no incentives to take part within the research, nor any consequences to not participating. Six of the participants were first year trainee counselling psychologists at The University of Manchester who were enrolled on the practitioner's doctorate in counselling psychology; this did not meet the minimum number of required participants for a grounded theory analysis (McLeod, 2001). In order to meet the minimum threshold further participants were recruited from the second year. These participants had taken part in the same exercise the previous year. However this was deemed appropriate and beneficial as it would support the process of directing data collection by evolving theory as opposed to predetermined population dimensions (Strauss, 1987) which is seen as a pivotal strategy in the grounded theory methodology (Charmaz, 2000b).

The course that the participants were enrolled on taught the trainees to practice following a pluralistic framework as outlined by Cooper and McLeod (2010). This meant that the first years that took part in the study were at the end of their year on the person centred approach (Rogers, 1957) and the second years were finishing their year on cognitive behavioural therapy (Wills, 2014). This is important to note, as the

way in which the clinician is taught to interact with their client, which will be evident in the transcripts of the training exercise, would be anticipated that in some way it would alter the how the practitioner used their self. Extracts from the course's programme handbook can be seen in appendices 9, 10 and 11 to provide context of how the participants were taught their theoretical orientations. All of the participants differed in terms of their background experience ranging in previous theoretical training prior to joining the course, the details of their training was not collected via questionnaire, as it was not foreseen how informative having that knowledge would have been.

This sample was chosen due to its accessibility, as there are few counselling organisations that use internet relay chat as the method for hosting counselling sessions, let alone those that would be large enough or willing to take part in this research. Using the public as research participants over internet relay chat also brings into question other ethical dilemmas. It was also convenient to use this sample as of the training context it provides, and that participants would have completed this training exercise regardless of whether the study had taken place or not. It also adds another element of being able to explore what potential influences this might have on the *use of self* or online counselling in the way that they understood the *use of self*.

3.3. Data Generation

As previously stated within this research project a mixed methods approach was adopted and as such, there were multiple ways in which data was generated and then analysed. Below I will describe in chronological order how the data was generated. Firstly, there is the training exercise that provided the transcripts of internet relay chat counselling where *uses of self* would be identified in order to answer the question "*what therapeutic uses of self occur in online counselling using internet relay chat?"*

This is then followed by the interviews where the meaning and application of using these *uses of self* would be explored in order to answer the second and third research questions of; "*what rationale did trainee counselling psychologists have for using therapeutic uses of self online in internet relay chat?"* and "*How did the trainee counselling psychologists view the impact of therapeutic uses of self on online therapy using internet relay chat?"* This has been summarised in table 5 below.

Table 6. Research Questions Posed in This Study and The Method Intended to Answer Them

Research Question Number	**Question**	**Data Set**	**Data Analysis**
1	What therapeutic *uses of self* occur in online counselling using internet relay chat?	Counselling Transcript	Content Analysis
2	What rationale did trainee counselling psychologists have for using therapeutic *uses of self* online in internet relay chat?	Semi-Structured Interview	Grounded Theory
3	How did the trainee counselling psychologists view the impact of therapeutic *uses of self* on online therapy using internet relay chat?	Semi-Structured Interview	Grounded Theory

3.3a. Training Exercise

At The University of Manchester, it is standard practice throughout the course for students training as counselling psychologists to practice counselling with one another. This is a timetabled exercise where the first year students are taught and assessed to become a practitioner with a particular level of skills before they are allowed to practice with members of the public. These skills are further enhanced in the second year. During the first year, students attend a lecture on counselling and technology where they are taught about the integration and history of technology within counselling and psychology and later in the lecture, they practice what they have been taught by simulating counselling sessions. This is very similar to the common triad work that you might expect to find within counselling courses, minus the observer.

Participants engaged in a 20 minute counselling session over Skype using only written text and emoticons to communicate. The length of the session was reflective of the standard practice counselling session on the course, which usually last 20 minutes. The sessions were completed on campus with all students in an information technology lab. Each participant would assume the role of either counsellor or client and then switch to the other role at the end of the first session. All participants had their names anonymised to provide a sense of realism for the internet relay chat. All accounts had been set up by the lecturer and had been previously matched with partners by having a single contact added as a friend on the Skype platform. These account details were handed out randomly in the session with all students being asked not to talk to each other, further adding to the anonymity. The students were instructed to sit with one

empty computer space between each of them and were asked to log into Skype using the details provided. They were told that they then had an opportunity to practice online counselling using only text and that they had been randomly paired with another person in the room. The details that were handed out told them the order of the role they were to assume. Once 20 minutes was up, they were to swap roles in order to allow both parties a turn at being the practitioner. Between the two sessions they were asked to copy and paste their transcript of their session into Microsoft Word and password protect it so that they had the conversation for reflection and development. This is similar in the way that students would copy the videos from their practice session to their encrypted universal serial bus (USB) sticks they have on the course.

As with the nature of the course all students took part in the exercise, it was after the exercise was complete that I informed the students about the study and gave out participant information sheets (Appendix 1.) anything prior to this was standard practice for the course. They were then told to contact me if they were interested in participating and submit their consent form (Appendix 2.) and after a further two weeks submit the transcript of them as a counsellor once they had permission from the client. A two-week cooling off period was included so that potential participants did not feel pressured into participating making clear that there were no academic or personal consequences from me being a peer for not participating. From the 8 people that chose to participate in the study, each 20 minute session provided a transcript which had a mean average length of 146.63 lines of text equating to roughly 5.5 pages of A4 paper.

It may be a concern to the reader that only a single session was used within this study and that it did not represent a full therapeutic relationship, however this is because it is what the trainee counselling psychologists were subject to on their course for a standard training exercise. This is not to say that single session studies lack value as can be seen from the motivation and engagement of those who took part in the study as well as the results from other single session counselling research studies focusing on online counselling (Cohen & Kerr, 1999; Fukkink & Hermanns, 2009a; Fukkink & Hermanns, 2009b; King, Bambling, Reid, & Thomas, 2006b). However, further research could look at using real life clients over a period of weeks if a sample could be secured.

3.3b. Semi-Structured Interviews

Once the transcript had been received it was subjected to a content analysis, of which the process can be seen in section 3.4a, after which a semi-structured interview was conducted with each participant lasting a mean average of 47 minutes. These interviews were completed face-to-face for convenience, as it would allow them to be completed more quickly due to speed differences in communication between typing and speech. In addition to this, there would be less interpretation due to the additional cues. In this interview, a format was followed (Appendix 4.) whereby the client had an opportunity to refresh their memory by reading through the transcript. Then the participants and I would work through the transcript. As we went along, I would highlight each incident where a therapeutic *use of self* was identified and asked them to read it aloud for the tape recording. I would then ask them to recall what was happening at that moment in time to give it context, this was then followed by asking them if they agree with the way in which the text was coded. After this, the participants were asked what their reason for using this *use of self* was and whether it had the impact that they had intended. Once all the *uses of self* in the transcript had been reviewed, I asked the participants about their practice of using *uses of self* in general. First, I asked if they could tell me about their *uses of self* in face-to-face counselling. Then they were asked if there were any therapist factors such as culture, class, sexuality, gender and personality that impacted on the way they used their self and asked them to elaborate on this. Finally, they were asked to give a comparison to how this way of practicing differed from what happened when they were online in these sessions.

Semi-structured interviews (Kvale, 2007) were chosen as it was believed that this type of interview, enabled the wording and order of predetermined questions to be changed, as well as allowing the interviewer to give explanations if needed or even add or omit certain questions dependent on the interviewee (Robson, 2002). This was very much suited to my inherent style of communication, which was learnt through counselling training, and adapts well to semi-structured interviews. The benefit of this allows there to be overarching questions which are then adapted to each individual participant and their transcript allowing it to be flexible and responsive (McLeod, 2011). The benefit of interviewing in this style with open-ended questions allows the participant respond in their own unique way (Knox & Burkard, 2009).

One of the difficulties that arose in this project was the time lapse between the stages of the training exercise and the interview. This was created by the problem of having only a single researcher analysing the transcripts, but more so by the transcribing of the previous interviews which took a considerable amount of time. However, this was necessary in order to adhere to the grounded theory framework of theoretical sampling (Draucker, Martsolf, Ross, & Rusk, 2007). In this framework, it is expected that the previous interview be fully analysed before the subsequent one so that the interview schedule and target sample can be altered accordingly in line with the developing theory. This was in addition to the delay caused by participants being away on summer holiday, which may have effected their recall of what was happening within that moment during the therapy. However, they did have the transcript in the interview to remind them. This no doubt altered the data generated by the interviews

however it was not believed that said data was now worthless due to the extended period of time it took between training exercise and interview.

3.4. Data Analysis

3.4a. Quantitative Phase - Content Analysis

The rationale behind beginning this project with a quantitative strand was that it would answer the research question of "What therapeutic *uses of self* occur in online counselling using internet relay chat?" The intention was to go through the online transcripts to highlight what *uses of self* were present. These would then provide a cue in the following semi-structured interviews whereby I could ask the participant to provide further details around what occurred and why. In order to attempt a realistic and achievable piece of research it was decided that an initial framework needed to be put in place rather than combing through the transcripts and assigning what I believed was a *use of self*.

Content analysis can be dated back to Rosengren (1981) and was first used by Barcus in 1959. It has been broadly defined as "any technique for making inferences by systematically and objectively identifying special characteristics of messages" (Holsti, 1968, pg. 608) by examining artefacts of social communication (Bruce & Berg, 2001). Content analysis has been characterised as a quantitative analysis of qualitative data (Morgan, 1993), which can be used on various types of data from pictures to interviews (Kondracki, Wellman, & Amundson, 2002). It goes beyond merely quantifying text through the counting of words to thoroughly examining language in order to classify large amounts of text into an efficient number of categories representing similar meanings (Weber, 1990). It is important to note that these categories can represent either explicit communication or inferred communication (Hsieh & Shannon, 2005).

The overall goal of content analysis is "to provide knowledge and understanding of the phenomenon under study" (Downe-Wamboldt, 1992, pg.134). To do this the content analysis within this study took on the form of an interpretative approach, whereby it reduces data in order to uncover patterns of human activity, action, and meaning (Miles & Huberman, 1994).

Upon deciding that content analysis would pragmatically answer the research questions there were further decisions to be made, as there are various approaches to carrying out this analysis. Hsieh and Shannon (2005) operationalise three separate approaches: conventional content analysis, directed content analysis and summative content analysis. The main differences of which can be seen in table 7 below. Conventional content analysis was ruled out as an option as whilst it would allow the study of a described phenomenon, it largely avoids the use of preconceived categories. This did not fit with the purpose of carrying out this content analysis. Tesch (2013) also recommends that, when completing a content analysis in the conventional sense, you read the data as a whole which would not have worked well for this project as it was paramount that each person's transcript be used individually so as to ascertain the specific points of discussion for their individual interview. On the other hand, there was the summative content analysis. This variation was deemed not suitable, as whilst it would have identified certain words to understand the context of the content it would have explored the usage of these words. This could have been largely helpful but it relies on my interpretation of what constitutes as a *use of self* rather than taking a direct definition from the literature. Furthermore, it would ask the researcher to interpret the rationale behind the *use of self*, whereas in this study there was a value

placed on finding out the experience and reasoning from the participants themselves. This left the ideal method being directed content analysis. This approach was believed to be of most benefit to the study as it would validate a former theoretical framework and through deductive category application (Mayring, 2000) predictions can be made about variables or the relationships between them.

Table 7. Major Coding Differences between Three Approaches to Content Analysis (Taken from Hsieh and Shannon (2005, p. 128).

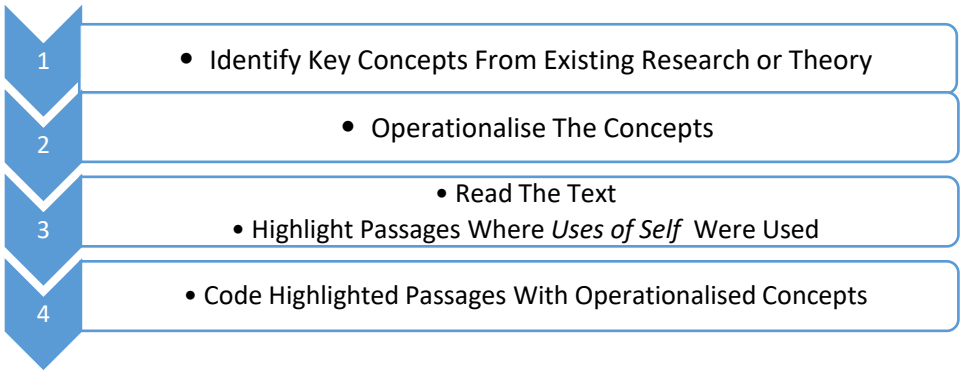
Type of Content Analysis	**Study Starts With**	**Timing of Defining Codes of Keywords**	**Source of Codes or Keywords**
Conventional content analysis	Observation	Codes are defined during data analysis	Codes are derived from data
Directed content analysis	Theory	Codes are defined before and during analysis	Codes are derived from theory or relevant research findings
Summative content analysis	Keywords	Keywords are identified before and during data analysis	Keywords are derived from interest of researchers or review of literature

Process

It was comforting how structured the directed content analysis approach is (Hickey & Kipping, 1996). In Hsieh and Shannon's (2005) paper they outlined the steps which this study followed. Firstly, using the existing theory or prior research, key concepts are identified as initial coding categories (Potter & Levine-Donnerstein, 1999). Next, operational definitions for each category were determined using the theory. Following

this, the transcripts were read and all text that gave the impression that it represented a *use of self* were highlighted. This is because the goal of the research is to identify and categorise all instances of *uses of self* within the text of an online simulated counselling session. The next step in the analysis was to code all highlighted passages using the predetermined codes. Any text that could not be categorised was given a new code (Hsieh & Shannon, 2005). A diagram has been created below to help the reader visualise the steps.

Figure 8. Steps Used In Directed Content Analysis



In this study, the key concept of *use of self* already existed with the literature and it was from this that the *uses of self* were taken from. A theory which appeared to incorporate all *uses of self* that are commonly used in health professions was Dewane's five uses of self (Dewane, 2006); *use of personality, use of belief system, use of relational dynamics, use of anxiety and use of self-disclosure*. These had already been defined as operational *uses of self*, but within this study, the concepts were operationalised to identify exactly what would count as these *uses of self*. This was done by drawing upon the explanations given by Dewane herself and making them succinct. The coding framework that derived from this can be found in table 8 below,

with some of the examples clearly stating how it would transfer into the digital world.

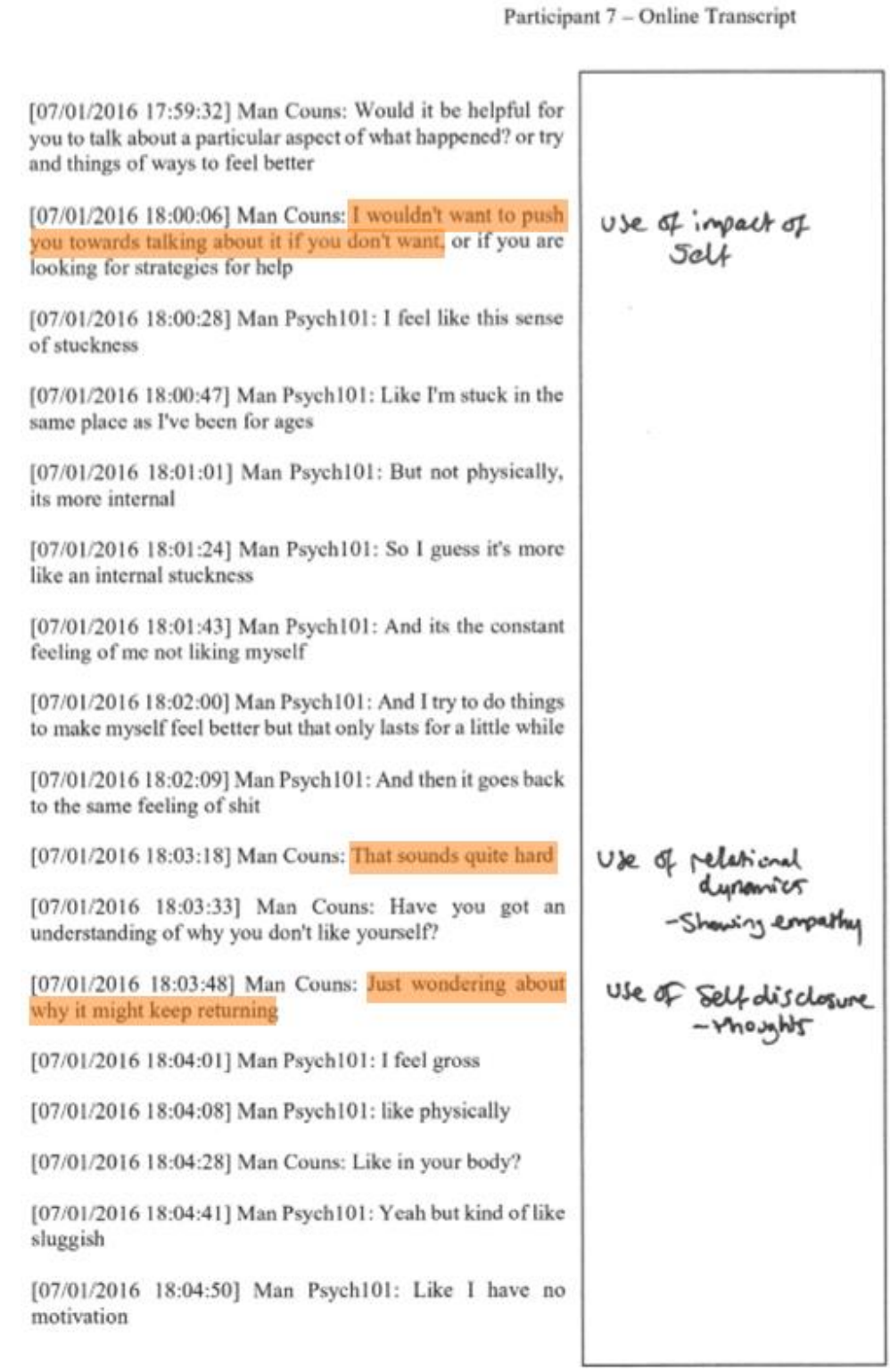
The application of which and the findings from it can be found in section 4.1.

Table 8. Operationalised Concepts Used In the Directed Content Analysis Strand of This Project

Concept (*Use of Self*)	**Examples of What Might Fall in This Category**
Use of Personality	- Being authentic and honest - Understanding oneself and using that insight in the relationship (impact of self) - Using self-disclosure - Using touch - Using humour - Personally identifying with client issues
Use of Belief System	- Using the therapist's beliefs and world view with the client
Use of Relational Dynamics	- A relational dynamic that comes from the therapist (Some possible examples below) o Showing empathy o Being non-judgmental o Using metacommunication o Speaking about the 'here and now' o Psycho-education o Teaching interpersonal skills o Role-playing o Using transference/countertransference
Use of Anxiety	- Expression of the therapist's anxiety or discomfort
Use of Self-Disclosure	- An expression of self in terms of décor o This may be evident in colour of background of chat, font, colour of text, avatar image used - Self-disclosing anything personal o Thoughts, feelings, experiences, likes/dislikes o Characteristics (sexuality/gender/sex/social class/ethnicity/looks) - Self-disclosing feelings - Situational self-disclosure o Description of location/surroundings

To complete a content analysis of each transcript I was required to follow the coding instructions found in appendix 5. This consisted of first reading the transcript and highlighting any believed *uses of self* in the text and then going back to them once the whole transcript was read to assign a code to them denoting which type and sub-type of *use of self* they were. Below in figure 9 is an image of a worked example to enable the reader to better comprehend the process of analysis that took place.

Figure 9. Worked Example of Content Analysis



3.4b. Qualitative Phase - Grounded Theory Analysis

Grounded theory methods emerged as a reaction to the dominance of quantitative methods in the 1960's by Glaser and Strauss (1965; 1999). Due to the way in which the positivistic methods used at the time ignored human problems, using the logico-deductive model of inquiry whereby hypotheses were tested from existing theories, the divide between theory and research grew. Charmaz (2003, Pg. 84) claimed that grounded theory challenged

- the arbitrary division of theory and research
- the prevailing views of qualitative research as a precursor to more 'rigorous' quantitative methods
- beliefs that qualitative methods were impressionistic and unsympathetic
- separation of data collection and analysis phases of research
- assumptions that qualitative research could not generate theory
- views that limited theorising to an intellectual elite

It was built on the qualitative methods of implicit analytic procedures and research strategies to make them more explicit by creating a set of written guidelines, providing both structure and flexibility (Corbin & Strauss, 2014; Pandit, 1996; Potter, 1998). Using both positivistic and interpretive elements, it holds an emphasis on using systematic techniques to study an external world. These methods allow psychologists to study aspects of human experience that remain inaccessible with traditional verification methods enabling how individual and interpersonal processes develop, are maintained, or change (Chamaz, 2003). This makes it ideal for investigating the *uses of self* in an interaction between trainee counselling psychologist and a person who has assumed the role of the client.

From the days of Glaser and Strauss (1999) the guidelines have developed so that there are now multiple types of grounded theory with differing underpinning beliefs. There is classical grounded theory (Glaser and Strauss, 1999), evolved grounded theory (Corbin & Strauss, 2014) and constructivist grounded theory (Charmaz, 2000a, 2014). MacDonald and Schreiber (2001) have said that people have found support for any ontology they wish to use, this is not to say that grounded theory holds less value, rather it is the evidence of a struggle for change within qualitative research (Annells, 1997a, 1997b). I chose to use evolved grounded theory by Corbin and Strauss (2014) as it fits with the epistemology of this study, social constructionism (Burr, 2015), as well as being the most commonly used type of grounded theory (Howitt & Cramer, 2007). It also provided a core sense of structure and rigour in the way that it analyses data and tests the interpretation that comes from it. This contrasts with how a constructivist approach appeared to focuses too much on the researcher's relationship with the data, so highlighting the key difference in how I view the creation of knowledge in cognitive process versus social interaction. In addition to this, Glaser (2002) has written a rebuttal to Charmaz stating that grounded theory cannot be constructivist by its very nature, which also ruled out the option of this study using classical grounded theory (Glaser & Strauss, 1999). The next section gives the reader a deeper understanding of exactly how this type of grounded theory was completed.

Process

To allow a sufficient degree of familiarity with the data I conducted the interviews and transcribed them myself. It was believed that this personal level of interaction with the data could contribute to the difference between an adequate grounded theory

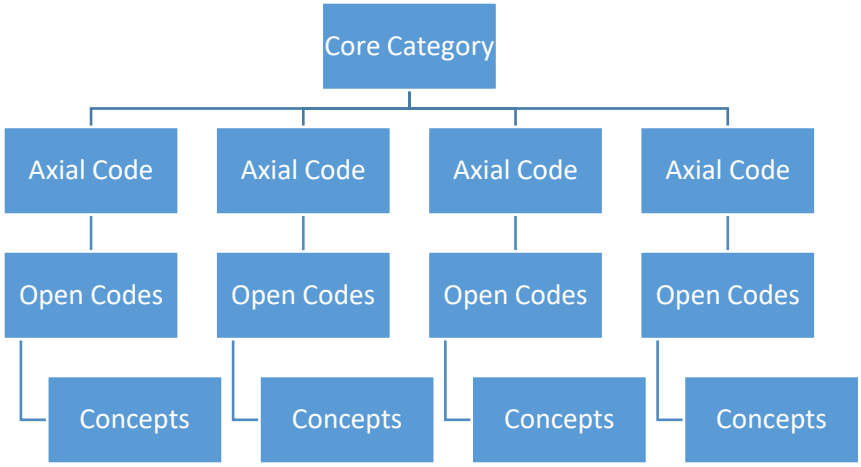
analysis and what Corbin and Strauss (2014) have described as a great one. Where possible in this process the data collection and analysis was simultaneous, as recommended by Corbin and Strauss (2014). The audio data that was recorded in the interviews was then transcribed into the word processor Microsoft Word to allow it to be easily read and organised as well as transferred to other computer software like Nvivo (2012). The transcription process did not follow a specific model of transcription such as Jeffersonian transcription (Howitt & Cramer, 2007) but instead transcribed in a true verbatim style; transcribing what was said and including verbal utterances. A more detailed version of transcription was not used as it was not believed that the complex nature of the way in which something was said would add anything to this study like it would for other research methodologies such as interpretive phenomenological analysis (Smith, Flowers, & Larkin, 2009). Once the data was transcribed the line and paragraph spacing was increased to 2.0 and the lines were numbered in Microsoft Word. This was to help the text be easier to read and allow for coding to reference the data set in terms of both source and line, increasing how robust quotes providing evidence would be in the write up of the findings. Once this formatting was complete each transcript was imported into Nvivo (2012), as it helped with the large amount of cutting and moving data around. It was here that analysis began.

There is a large amount of differentiation in the way that terms are used within grounded theory so I have provided a table (table 9) and a diagram (figure 10) below to explain what these terms are and their hierarchal place within this study.

Table 9. Definitions of Terms Used In This Grounded Theory Analysis

Term	**Operationalised Definition In This Study**
Core Category	An overarching word or phrase which represents a data set as a whole. All axial codes are organised under the core category.
Axial Code	A word or phrase used to represent the relationships between codes, concepts and other axial codes. Open codes are organised under axial codes. This may sometimes be termed as a category.
Open Code	A solidified concept with the word or phrase representing a block of raw data, in this study a line.
Concept	An initial loose idea that stands for what is represented in the raw data.

Figure 10. Diagram Explaining the Hierarchy of Terms used In This Grounded Theory Analysis



Following a coding framework adapted from Pandit (1996) which can be seen in figure 11, the analytical stages were broken down into distinct phases. Firstly, the transcript was separated into manageable segments, usually denoted by a change in topic as recommended by Corbin and Strauss (2014). Coding the transcripts began with a slow-

motion reading of the transcripts which was encouraged to avoid trawling for quotes to illustrate preconceived ideas, a common trap in qualitative research (Potter, 1998). It was within these first few readings that I would work through the transcripts writing memos as I went with the purpose of exploring the data to identify and develop concepts that may develop later into open codes, an example can be seen in figure 12. Memos also served the purpose of exploring the relationships between conditions, action/interactions and consequences that would help test the theory against the paradigm in the end stages of the analytical process. After memos had been written for each segment it was time to solidify the open codes in the sense of looking at the memos and performing a microanalysis; assigning a code that was believed to succinctly explain that line. Once this had been done for each interview transcript, the data was then reorganised so it was viewed under the lower level concepts of open codes rather than by participant.

Figure 11. Coding Framework

(Adapted from Pandit (1996, p. 4)

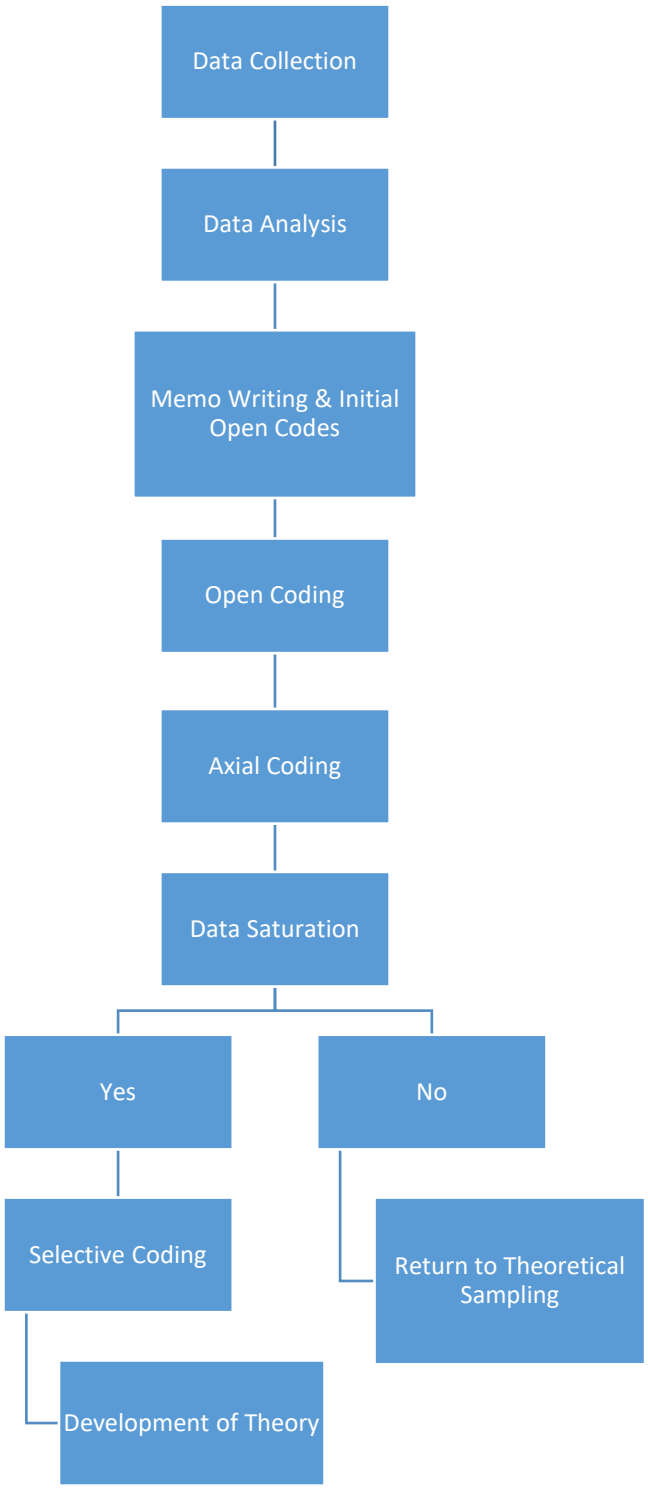
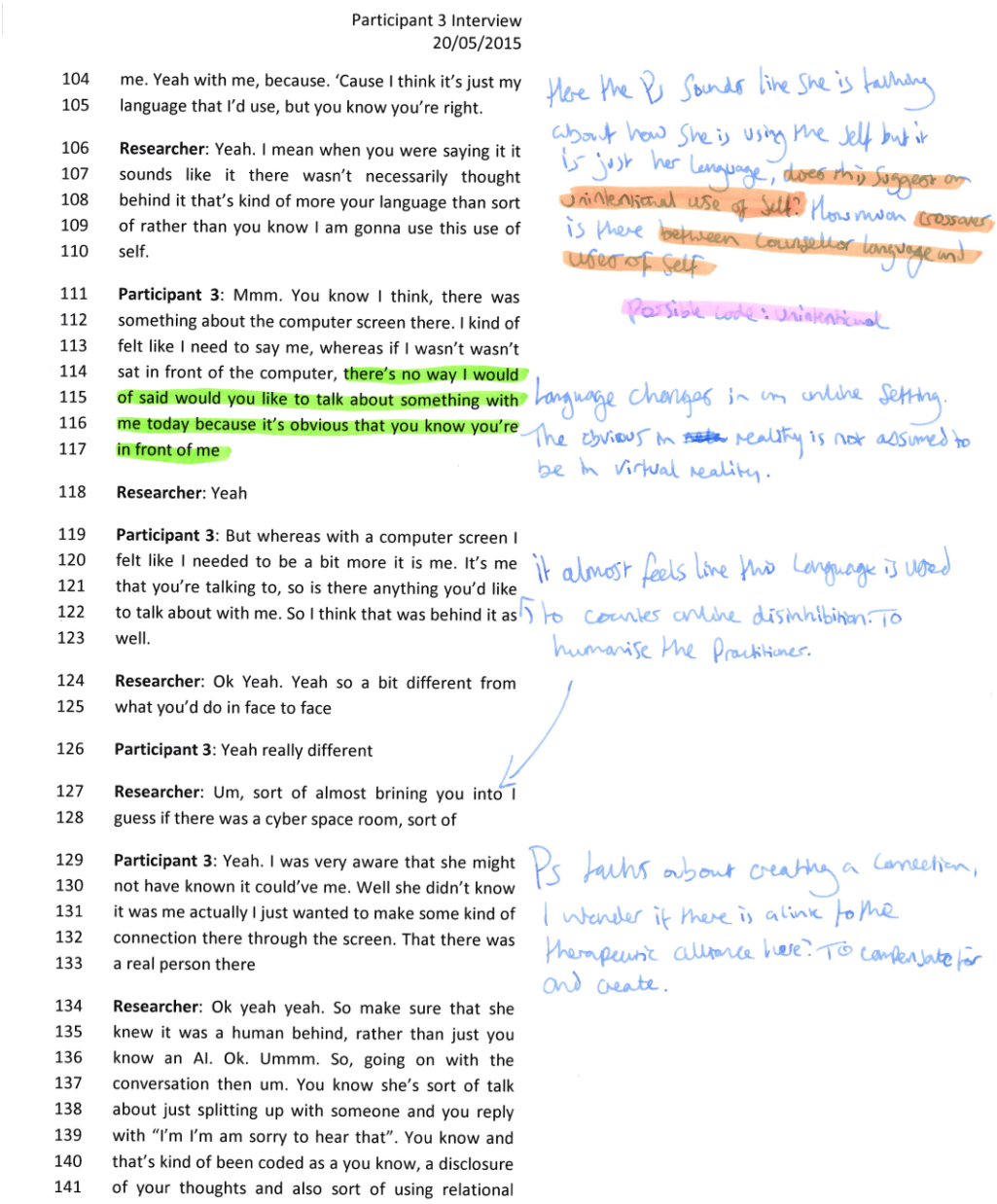


Figure 12. Example of Memo Writing Process



Participant 3 Interview
20/05/2015

me. Yeah with me, because. 'Cause I think it's just my language that I'd use, but you know you're right.

Researcher: Yeah. I mean when you were saying it it sounds like it there wasn't necessarily thought behind it that's kind of more your language than sort of rather than you know I am gonna use this use of self.

Participant 3: Mmm. You know I think, there was something about the computer screen there. I kind of felt like I need to say me, whereas if I wasn't wasn't sat in front of the computer, there's no way I would of said would you like to talk about something with me today because it's obvious that you know you're in front of me

Researcher: Yeah

Participant 3: But whereas with a computer screen I felt like I needed to be a bit more it is me. It's me that you're talking to, so is there anything you'd like to talk about with me. So I think that was behind it as well.

Researcher: Ok Yeah. Yeah so a bit different from what you'd do in face to face

Participant 3: Yeah really different

Researcher: Um, sort of almost brining you into I guess if there was a cyber space room, sort of

Participant 3: Yeah. I was very aware that she might not have known it could've me. Well she didn't know it was me actually I just wanted to make some kind of connection there through the screen. That there was a real person there

Researcher: Ok yeah yeah. So make sure that she knew it was a human behind, rather than just you know an AI. Ok. Ummm. So, going on with the conversation then um. You know she's sort of talk about just splitting up with someone and you reply with "I'm I'm am sorry to hear that". You know and that's kind of been coded as a you know, a disclosure of your thoughts and also sort of using relational

Here the P's sounds like she is talking about how she is using the self but it is just her language, does this suggest an unintentional use of self? How/when is there crossover between counsellor language and uses of self

Possible code: Unintentional

Language changes in an online setting. The obvious in ~~reality~~ reality is not assumed to be in virtual reality.

it almost feels like this language is used to counter online disinhibition: To humanise the Practitioner.

P's talks about creating a connection, I wonder if there is a link to the therapeutic alliance here? To compensate for and create.

The next stage was axial coding. This stage is seen as "artificially" separate for explanatory purposes (Corbin & Strauss, 2014) as much of axial coding occurs simultaneously with open coding and memo writing; where connections between concepts and categories were made. Once one transcript was analysed using theoretical sampling, further interviews would be conducted and influenced the questions that were asked. If it was believed that no more could be learnt about the topic at hand then it was assumed that theoretical saturation had been achieved and it was then that I moved on to selective coding. The process of selective coding was focused on identifying a core category that represented the entire data set, which was aided in doing so by producing a storyline, and thus a theory began to develop.

The belief around what was occurring was then carefully tested against the paradigm model, which can be seen in figure 13, in the hopes to form a robust theory. The framework identifies the contextual factors and links them with a process. There are the causal conditions; the events that lead to the development of the phenomenon. Context refers to the particular set of conditions and intervening conditions that the phenomenon is experienced in. Then there are the actions and interactions which are classed as the responses and emotions made by individuals or groups to the event of the phenomenon. Finally, the consequences are the intended or unintended results caused by the actions and interactions or emotional responses to the event (Pandit, 1996).

Figure 13. Paradigm Framework

(Adapted from Pandit (1996, p. 4)

3.4c. Validity, Trustworthiness and Inference Quality

As counselling psychology holds the element of research close to its heart it is important that it meets a hallmark in the pursuit of truth and knowledge by limiting error (Roberts, Priest, & Traynor, 2006). This is more apparent in the first strand of this project as it follows a more positivist approach having hailed from a quantitative nature, with qualitative research having a primary focus on capturing the authentically lived experiences of people (Onwuegbuzie & Johnson, 2006). As I hold an epistemological position of social constructionism, the results found are believed to be constructed from experience and this study is concerned with the processes of social interaction. Science in itself is an attitude of mind rather than a set of procedures. The defining characteristic of this attitude is a commitment to subject any claim to a rigorous evaluation and conscientious seeking of evidence that might contradict or modify that claim (Murphy & Dingwall, 2003). This is to increase what is considered validity in quantitative research, what has been adopted as trustworthiness in qualitative research (Onwuegbuzie & Johnson, 2006) and what is known as inference quality in mixed methods research (Teddlie & Tashakkori, 2003).

Within mixed methods research there is a dearth of literature on inference quality. Onwuegbuzie and Johnson (2006) have suggested a typology based approach for legitimation providing nine type of legitimation which can be used in order to increase the trustworthiness of the research they are used in conduction with. These can be seen in table 10 below. They have been specifically designed to improve and extend upon the framework by Tashakkori and Teddlie (2006) moving away from the validity issues associated with monomethods and more towards issues within mixed methods.

Table 10. Typology of Mixed Methods Legitimation Types

(Taken from Onwuegbuzie and Johnson (2006), Pg. 57

Legitimation Type	**Description**
Sample Integration	The extent to which the relationship between the quantitative and qualitative sampling designs yields quality meta-inferences.
Inside-Outside	The extent to which I accurately presents and appropriately utilizes the insider's view and the observer's views for purposes such as description and explanation.
Weakness Minimization	The extent to which the weakness from one approach is compensated by the strengths from the other approach.
Sequential	The extent to which one has minimized the potential problem wherein the meta-inferences could be affected by reversing the sequence of the quantitative and qualitative phases.
Conversion	The extent to which the quantitating or qualitating yields quality meta-inferences.
Paradigmatic Mixing	The extent to which I's epistemological, ontological, axiological, methodological, and rhetorical beliefs that underlie the quantitative and qualitative approaches are successfully (a) combined or (b) blended into a usable package.
Commensurability	The extent to which the meta-inferences made reflect a mixed worldview based on the cognitive process of Gestalt switching and integration.
Multiple Validities	The extent to which addressing legitimation of the quantitative and qualitative components of the study result from the use of quantitative, qualitative, and mixed validity types, yielding high quality meta-inferences.
Political	The extent to which the consumers of mixed methods research value the meta-inferences stemming from both the quantitative and qualitative components of a study.

In line with the legitimation of multiple validities two processes were used to minimise that which could alter or contradict the claims of the findings in the content analysis at hand. Firstly, as suggested by Hsieh and Shannon (2005) that when doing a directed content analysis I should first highlight identified text without coding as it might increase trustworthiness, allowing all possible occurrences of a phenomenon to be captured. Therefore, a standardised set of instructions for coding was created before the content analysis was carried out (Appendix 5.).

The second process was checking that I was coding the right codes when completing the content analysis. In order to make valid inferences from the text, consistency throughout coding is key, so that different people should be able to code the text in the same way, and developing a strict recording instruction will be vital in this (Weber, 1990). To ensure that coding was completed adequately three additional coders were recruited to code participant 1's transcript as a test. Following the standardised coding instructions in appendix 5, it was to be assumed that if we all coded the same transcript with the same codes then I was coding correctly. Once the recruited coders had completed their coding it was checked for inter-rater reliability by carrying out a Cohen's Kappa on SPSS (International Business Machines Corp Statistics, 2014). The Cohen's Kappa test revealed that there was a mean average of 35.966% agreement with myself (coder 1) and the recruited coders. In table 11 the levels of agreement each individual coder had with me, the researcher, which ranged from a fair to a moderate level of agreement are shown. The SPSS outputs of the Kappa tests can be seen in appendix 6. The lower than desired level of agreement is believed to be due to the recruited coders not viewing such statement's as "I think" as a *use of self-*

disclosure, whereas I did. This highlights the complexity of *uses of self* and the differences in practitioner's viewpoints similar to that outlined within the literature review. There are multiple ways of looking at interventions such as the intervention itself, the *use of self* it could be categorised under and the difference between languages used by practitioners subscribing to different theoretical orientations. It also brings forward the impact that I as the researcher had on the data as I interpreted the data in this way, which shows the need for reflexivity within this research. As "*the thoughtful, self-aware analysis of intersubjective dynamics between the research and the researched*" (Finlay & Gough, 2008, p. 9) is used to look at researcher's social background, assumptions, positioning and behaviour are looked at to see how it could influence the research process.

Table 11. Inter-rater reliability using the Cohen's Kappa Test.

Coder	Coder	Agreement (%)	Significance (P<)	Level of Agreement
Researcher	2	34.2	0.004	Fair
Researcher	3	26.7	0.026	Fair
Researcher	4	47.0	0.000	Moderate

Table 12. Levels of Acceptability of Agreement
(Adapted from Landis and Koch (1977)

Percentage of Agreement (Kappa Value Multiplied by 100)	Level of Agreement
0%	Poor
0-20%	Slight
21-40%	Fair
41-60%	Moderate
61-80%	Substantial
81-100%	Almost Perfect

Reflexivity has been described as the process of critically reflecting on the self, and analysing and noting personal values that could affect data collection and interpretation (Polit & Beck, 2013). It has had a historical association with qualitative research as qualitative researchers are not regarded as objective investigators due to their social, political and cultural influences they bring to their interpretation of the data (Burkitt, 1997; Colaizzi, 1978; Frank, 2013). From this viewpoint, researchers have been seen as an active participant in a dynamic relationship with the data (Ryan & Golden, 2006). Without adopting a reflexive stance to enable the researcher to take as much of an objective stance as they can, the analysis is seen as less trustworthy with the research having an unestablished credibility (Holloway & Freshwater, 2009; Patton, 1990). This is because the researcher's position is unclear to the reader (DeSouza, 2004). When it comes to mixed methods, the question of whether reflexivity should be completed with the quantitative segment of the research has been raised. In quantitative research reflexivity is rare due to the philosophical dichotomy between qualitative and quantitative research methods (Mauthner & Doucet, 2003). Quantitative research is often considered to be closely controlled with measures in place to attempt to minimise the risk of bias. This causes reflexivity to be superfluous as it adds nothing to the collection of factual numerical data (Walker, Read, & Priest, 2013). In some cases it has even been seen to weaken quantitative research as it has the potential to undermine control measures underpinning the research's validity (Ryan & Golden, 2006). However, it has the opportunity to record professional change, growth and promote an understanding of self in context (Rolfe, Freshwater, & Jasper, 2001). This was seen to be incredibly useful within this study

with the ability to vastly enhance the grounded theory analysis and benefit the mixing of the two methods. As opposed to being a guarantee of trustworthiness (Bulpitt & Martin, 2010) in regards to the content analysis part of this study or a safeguard against investigatory bias (Lincoln & Guba, 1985), it can present a complete view of the research process, signposting the reader to what occurred (Gadamer, 1975). Therefore, with this in mind, the process of reflexivity was completed following the recommendations of Finlay (2002) and Finlay and Gough (2008) with the addition of a bracketing interview. This can be seen in chapter 6.

In order to increase the trustworthiness of the grounded theory analysis segment of this study an element of transparency with the reader comes into play as well as oneself to ensure that an honest analysis has been completed that was committed to seeking evidence that might contradict or modify that claim (Murphy & Dingwall, 2003). To achieve this to the best of my ability, a bracketing interview following the procedures outlined by Kvale (1996) and Tufford and Newman (2012) was completed prior to any interviews. This was done to make me aware of any biases that might arise when coding the data. The bracketing interview was to stop a trawling of data to find evidence for pre-determined ideas. This was to allow the theory to be built from the ground up and not on preconceptions. The bracketing interview showed that I initially believed that using a *use of self*, in its reduced form of a self-disclosure was quite a risky therapeutic intervention. There is also evidence that I have an understanding of translating the self into the medium of text using netiquette without fully knowing it as netiquette at that time. In addition to this there seems to be an assumption that the participants might not recognise that some of their *uses of self* are in fact *uses of self*,

believing them to be identified from by a different name such as empathy. The full transcript from the bracketing interview can be seen in appendix 8.

3.5. Ethical Considerations

When looking into research involving counselling it is common that only particular groups of clients are classified as vulnerable. Yet I believe all counselling, whether it involves research or practice, needs to be handled sensitively and competently for the wellbeing of everyone involved. Throughout the process of selecting a group that would make ideal participants two elements were rigorously thought through; the competence of the practitioners and their ability to practice ethically, alongside the group who would be party to that experience of being a client within an internet relay chat counselling session.

Within the United Kingdom, there are a growing number of registered bodies that oversee the practice of counsellors, psychotherapists and practitioner psychologists. Currently there are a limited number of registered titles which can be seen in table 13 below as provided by the Health and Care Professions Council (HCPC). From this, it can be seen that counsellors and psychotherapists are excluded from this list. Therefore anyone within the United Kingdom can call themselves either of these titles regardless of their training or qualifications. In order to ensure that the practitioners who were to be involved in this study were practicing at an appropriate standard, as well as for accessibility reasons, it was decided that only trainee counselling psychologists were to be used rather than any external companies who had practitioners with various titles. This was addressed by choosing a group of practitioners who were practicing at a required level due to the adherence of the British Psychological Society's (BPS) code of ethics and conduct (BPS, 2009) as well as following the professional practice guidelines for the division of counselling psychology (BPS, 2004). Whilst not directly

regulated by the BPS themselves, the course follows their guidelines and expects trainees to practice in this ethical manner. This is in no way meant to diminishes the ability of those who work under titles other than those that are considered protected by the HCPC.

Table 13. List of Relevant Protected Titles
(Taken from the HCPC, (2014)

Profession	**Protected title(s)**
Arts therapist	• Art psychotherapist • Art therapist • Drama therapist • Music therapist
Occupational therapist	• Occupational therapist
Physiotherapist	• Physiotherapist • Physical therapist
Practitioner psychologist	• Practitioner psychologist • Registered psychologist • Clinical psychologist • Counselling psychologist • Educational psychologist • Forensic psychologist • Health psychologist • Occupational psychologist • Sport and exercise psychologist
Social workers in England	• Social worker
Speech and language therapist	• Speech and language therapist • Speech therapist

The second issue of who were to be clients for this research was decided upon with the following in mind. Whilst there are other considerations that need to be taken into account for the participation of research in regards to the code of human research

ethics (BPS, 2014), this paragraph will focus exclusively on the aspect of the clients taking part in counselling for the research. It is not uncommon for research within this field to focus directly on the aspect of the counselling process itself especially considering the move towards evidence based practice in the current climate of counselling psychology. This move is explored by Barkham and Mellor-Clark (2003) and with good reason; as researching this field had been termed as ethically necessary by McLeod (2003). However, even with this recent move we can trace research of this kind back to the training videos of psychotherapists working with Gloria (Shostrom, 1965). Yet, as West (2002) highlights there are issues around consent that are specific to counselling research. The code of human research ethics (BPS, 2009) states that participants must give informed consent in order to participate in research. Although West (2002) has raised the question of how is it possible that a person's consent be truly informed if the person acting as the client has never experienced counselling before? Alternatively, even if they have previous experience of being a client in a therapeutic setting they may have an experience of one theoretical framework and not another, as well as all the complications that may be encountered in trying to explain how the current practitioner in the research differs in style to that of their previous therapist. There is also the issue of reason for consenting, for example, if the client is in crisis and needs to have therapy on that day then the likelihood that they will persevere with the research for the fear of having their access to help revoked is increased. This situation can be accounted for by a continuous 'process consent' (Grafanaki, 1996; Munhall, 1988) but it becomes harder to manage and there is an increased risk of not having informed consent. This is why it was decided that the data

from the routine training exercise would be used, as the trainee counselling psychologists had experienced counselling with one another multiple times throughout their course and would likely not need ongoing care after this one off session. There was also the factor that all participants would be on site, which would mean that if a client did, in the very unlikely event, get distressed there was decreased risk of harm as staff, and peers could intervene.

As with all studies within this field, it adheres to the ethical guidelines of the BPS (2014) in addition to the code of good research conduct provided by the The University of Manchester (2014). This means that the following elements were put into place for this study. Before considering engaging with the participants a research project was designed and tested at an ethics panel at The University of Manchester to make sure that the research was of scientific value and would be beneficial to society, as well as being safe for all those involved. During the study all participants of the research were treated with respect and dignity for their autonomy as a person which was demonstrated in their choosing of whether or not to take part in this study, and to do so they had to provide informed consent which was done so using information sheets and answering all questions participants had before participating (Appendix 1.). Informed consent was also achieved by using a group of participants who had the capacity to give informed consent. To ensure that no coercion occurred as the training exercise was a naturally occurring element of the course the procedure to take part in the study was optional at the end of the exercise. It was made very clear that not participating would have no impact upon their engagement with the course. In terms of confidentiality, all participants were anonymised in the process of carrying out the

research as well as the data that was produced from the interviews. Later after the analysis, where direct quotations from participants are used for evidential purposes, any identifiable material was removed. Finally, deception played no part in the study as the data was collected after the routine training exercise was completed and participants received a debriefing after their interview (Appendix 3.). Overall, this study was perceived to have minimal risks with beneficial gains.

Chapter 4. Findings

This chapter explores the outcomes of the study before they are compared and contrasted in the discussion with the literature that was previously reviewed earlier in the thesis. As outlined, this study wished to find out what therapeutic *uses of self* occurred in internet relay chat therapy as well as the reasoning behind using them alongisde the perceived impact they had.

Within the rationale for the study, it was determined that what therapeutic *uses of self* occur in internet relay chat would be found by conducting a directed content analysis of the transcripts that were generated from simulated trainee counselling psychologists completing practice therapy sessions over a text-based medium. These results then provided discussion points for the semi-structured interviews. These interviews were used to find how the practitioner intended to use the intervention of using their self, and if it had the intended impact. This has been summarised below in table 14.

The findings will be presented by first looking at the results from the content analysis. Following this is the grounded theory analysis, which will look at the stages of coding before exploring the core category and then the axial codes as well as looking at how and they interacted with each other. After this, they will be tested against the paradigm model to look at the developing theory before being summarised into a narrative. This is intended to be an expression of what is interpreted to be occurring in terms of the phenomenon of the *use of self* in internet relay chat therapy.

Table 14. Research Questions Posed in This Study and the Method Intended to Answer Them

Research Question Number	**Question**	**Data Set**	**Data Analysis**
1	What therapeutic *uses of self* occur in online counselling using internet relay chat?	Counselling Transcript	Content Analysis
2	What rationale did trainee counselling psychologists have for using therapeutic *uses of self* online in internet relay chat?	Semi-Structured Interview	Grounded Theory
3	How did the trainee counselling psychologists view the impact of therapeutic *uses of self* on online therapy using internet relay chat?	Semi-Structured Interview	Grounded Theory

4.1. Content Analysis

In this section, the results from the initial content analysis are given to answer the research question of "*what therapeutic uses of self occur in internet relay chat counselling?*" Eight transcripts from trainee counselling psychologists conducting 20 minute long internet relay chat therapy training sessions were analysed using a directive content analysis. These sessions were conducted over Skype using only text to communicate with one another. The content analysis was done following the procedures outlined by Hsieh and Shannon (2005) using a coding framework based upon Dewane's (2006) five types of *uses of self*. The absolute frequencies of which can be found below in table 15. This depicts the number of times the five types of therapeutic *uses of self* were present within these transcripts. This is then further explored by splitting the five overarching types of *use of self* into the subtypes that were suggested by Dewane (2006).

Table 15. Number of Occurrences of Dewane (2006) *Uses of Self* within Internet relay chat

	Use of Self-Disclosure	***Use of Relational Dynamics***	***Use of Personality***	***Use of Belief System***	***Use of Anxiety***
Participant 1	6	4	5	0	0
Participant 2	8	2	3	0	0
Participant 3	10	12	2	0	0
Participant 4	0	8	0	0	0
Participant 5	13	2	2	0	0
Participant 6	13	3	1	0	0
Participant 7	2	7	2	0	0
Participant 8	1	7	0	0	0
Total	53	45	15	0	0
Percentage Out of all Uses of Self That Occurred	46.9%	39.8%	13.3%	0%	0%

Table 16. Number of Occurrences of Subtype *Uses of Self* within Internet relay chat

Type	**Subtype**	**Ps 1**	**Ps 2**	**Ps 3**	**Ps 4**	**Ps 5**	**Ps 6**	**Ps 7**	**Ps 8**	**Total**	**Percentage Out of all Uses of Self That Occurred**
Use of Self-Disclosure	Thoughts	3	3	4	3	6	7	1	1	28	25.7%
Use of Self-Disclosure	Feelings	2	5	1	3	1	3	1	0	16	14.7%
Use of Relational Dynamics	Metacommunication	1	0	4	0	1	2	1	4	13	11.9%
Use of Relational Dynamics	Empathy	2	3	3	0	0	0	2	0	10	9.2%
Use of Relational Dynamics	Here and Now	1	0	3	0	0	1	1	3	9	8.35
Use of Self-Disclosure	Experiences	1	0	1	0	1	3	0	0	6	5.5%
Use of Personality	Authentic/Honest	1	3	1	0	0	0	0	0	5	4.9%
Use of Personality	Impact of Self	0	0	1	0	1	1	2	0	5	4.6%
Use of Self-Disclosure	Characteristics	0	0	2	2	2	0	0	0	4	3.7%
Use of Personality	Personally Identify With Issue	2	1	0	0	0	0	0	0	3	2.8%
Use of Self-Disclosure	Décor	0	0	0	3	0	0	0	0	3	2.8%
Use of Personality	Humour	1	0	0	0	1	0	0	0	2	1.8%
Use of Self-Disclosure	Likes/Dislikes	0	0	1	0	1	0	0	0	2	1.8%
Use of Personality	Touch	1	0	0	0	0	0	0	0	1	0.9%
Use of Relational Dynamics	Using Transference /Countertransference	0	0	0	0	1	0	0	0	1	0.9%
Use of Self-Disclosure	Situation	0	0	0	0	1	0	0	0	1	0.9%
Use of Belief System	Belief System	0	0	0	0	0	0	0	0	0	0%
Use of Relational Dynamics	Non-Judgmental	0	0	0	0	0	0	0	0	0	0%
Use of Relational Dynamics	Psycho-Education	0	0	0	0	0	0	0	0	0	0%
Use of Relational Dynamics	Teaching Interpersonal Skills	0	0	0	0	0	0	0	0	0	0%
Use of Relational Dynamics	Role-Playing	0	0	0	0	0	0	0	0	0	0%
Use of Anxiety	Anxiety	0	0	0	0	0	0	0	0	0	0%

From table 16 it can be seen that the type of *use of self* that occurred the most within the internet relay chat therapy sessions was the *use of self-disclosure* with 53 occurrences. This accounted for 46.9% of all therapeutic *uses of self* seen in the online transcripts. This was followed by the *use of relational dynamics*, which was seen 45 times equating to 39.8%. Finally, the *use of personality* which was presented 15 times weighing in at 13.3% of observed *uses of self*. However, the use of one's anxiety and discomfort and the use of one's own belief system did not appear once.

The data appears to hold more meaning for practical application when the types of *use of self* are split into the subtypes provided by Dewane (2006). This more closely resembles interventions used within therapy giving the reader a clearer idea of what might be happening. It can be seen that the most commonly used *use of self* was the practitioner self-disclosing their own thoughts. This was present 28 times over the eight transcripts and was 25.6% of all the *uses of self* used. Next was self-disclosing one's own feelings that happened 16 times (14.8%), which came before the use of metacommunication that was seen 13 times (11.92%). Yet in contrast, the use of one's own belief system, being non-judgmental, providing psycho-education, teaching interpersonal skills, roleplaying and the practitioner using their own anxiety or discomfort was not perceived to have happened once within these sessions. In addition, it may be of interest to the reader that the use of transference/counter transference, a core skill that arose in the discipline of psychoanalysis (Freud, 1912b), was only seen to happen once. My initial observations, that will be further discussed later, are that this would suggest that the practitioners were much more comfortable divulging their thoughts on the situations, as well as their feelings towards the client

or what was going. However, they did not want to disclose anything negative about the therapy session or the content that was being discussed. It also would appear that the interventions that would fall under using relational dynamics such as providing psycho-education, teaching interpersonal skills and roleplaying were not present. This could be because these interventions were not needed for these sessions, were unable to be translated into the medium of text or perhaps were not valid under the therapeutic approach that was being using. However, it could also reflect the training nature of these sessions and the theoretical orientations that the trainees had been influenced by, yet no conclusions can be made at this point and it is hoped that the grounded theory analysis provides further details into what was happening.

4.2. Grounded Theory Analysis

Within this section, the results from both stages of open and axial coding will be explored to given an overview of how the data was organised. This moved data from being organised per interview to under each code, which were then organised to make links between the concepts. Succeeding this is the coding structure which is available for the reader to view, followed by a detailed exploration of the core category and the axial codes. Within the exploration, I offer my interpretation of them and how the axial codes interact with each other and their sub-codes. To illustrate this, extracts from the data will be provided. The codes will be in bold text showing the hierarchal structure of the code followed by what participant's interview it came from and the line in which it can be found. The chapter will close by going on to test the findings against the paradigm model for rigour, which will begin to construct a theory. After which a narrative has been composed to give an overview of what is believed to be happening within and around the phenomenon of therapeutic *uses of self* online. In this it is hoped to provide answers to the second and third research questions for "What rationale did trainee counselling psychologists have for using therapeutic *uses of self* online in internet relay chat?" and "How did the trainee counselling psychologists view the impact of therapeutic *uses of self* upon therapy online in internet relay chat?".

4.2a. Results of Coding

Line by Line coding was carried out on all 8 transcripts resulting in 463 open codes being identified. These were then organised by the process of axial coding resulting in codes being organised under the core category of *therapeutic use of self online*. These seven axial codes were; *Conducting Research*, *Context of Internet Relay chat, Impact of Using Uses of Self, Patterns of Behaviour, Reasons for Using Uses of Self or Not, Therapeutic Use of Self and Impact of Training Exercise*. These main headings and their organisation can be seen in figure 14 as well as the codes themselves up to the first level of sub codes is presented in figure 15. The full list of organised codes can be found in appendix 7.

Previously the two axial codes of *Impact of Using Uses of Self* and *Reasons for Use of Self or Not* did not exist. Instead, the data that fell under those categories were organised under the *Therapeutic Use of Self*, more specifically the therapeutic *use of self* category to which it corresponded. However, it was deemed that whilst this appeared logical from my point of view, it was not a true representation of what was going on. Nor did it make sense when it came to creating a theory using the paradigm framework adapted from Pandit (1996, p. 4).

Figure 14. Diagram Showing Core Category and Axial Codes

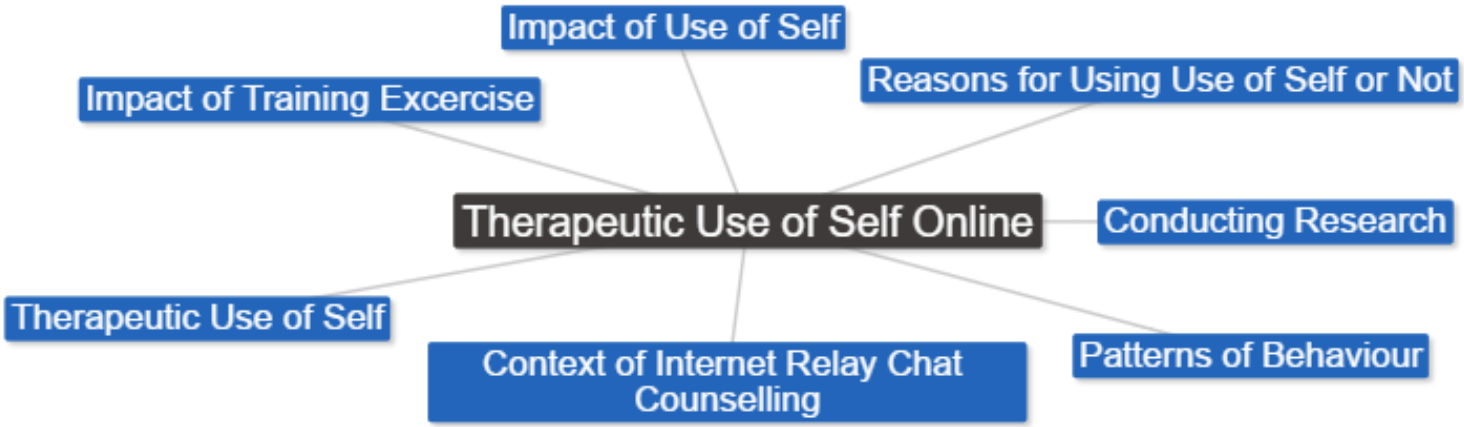


Figure 15. List of Axial Codes and First Level Sub-Codes Found in This Study in Alphabetical Order

Conducting Research

- *Explaining interview procedure*
- *Researcher Asking Questions*

Context of Internet relay chat Counselling

- *Anxious Client would leave*
- *Being Tentative*
- *Benefits of online therapy*
- *Couldn't use silence online*
- *Difficult to concentrate in online session*
- *Harder to keep boundaries online*
- *Identity*
- *Inexperienced in Online*
- *Lack of congruence online*
- *Lack of physical cues*
- *Mismatch in Turn Taking*
- *More Accountable Online*
- *need for physical presence with emotive content*
- *Needed More Information*
- *Own process*
- *Pressure*
- *Safer to go with content than emotions*
- *safety*
- *Sudden ending*
- *therapist answering multiple chats*
- *Time*
- *would not do online counselling again*
- *Written word*

Impact of Using Uses of Self

- *Personality*
- *Relational dynamics*
- *self-disclosure*

Patterns of Behaviour

- *Adapt self to client*
- *Change of roles*
- *Differences to other mediums of therapy*
- *Interventions Used*
- *Similarities With Face-to-face Counselling*
- *Similarities With Telephone Counselling*

Reasons for Using Use of Self or Not

- *Disclosure determined by clients questions*
- *Importance of using self in therapy*
- *Intentionally Speaking About The Here And Now*
- *More likely to disclose online (disinhibition effect)*
- *More wary of disclosing online*
- *Not using self-disclosure*
- *Purpose of Using Use of Self*
- *Theoretical Orientation*
- *Unintentionally Speaking About The Here And Now*
- *Use of self defines therapy rather than chat*

Therapeutic use of self

- *Felt client couldn't see empathy*
- *Felt like not doing a good job*
- *Found it interesting to consider uses of self*
- *Frame of Reference*
- *Intentional Use of Self*
- *Levels of Self-Disclosure*
- *Unintentional Use of Self*
- *Use of Anxiety or Discomfort*
- *Use of belief system*
- *Use of Personality*
- *Use of Relational Dynamics*
- *Use Of Self-Disclosure*
- *Use self if it were relevant*

Impact of Training Exercise

- *Client Presenting Problem*
- *Effect of Training Exercise*
- *Not Training Session*
- *Usually have referral details*

4.2b. Core Category

The section that follows aims to explore the codes that were found in this analysis and throughout examples taken from interviews are placed after the points made as evidence. The title above each extract follows the example format below so that it is known where it has come from and its hierarchal place.

Example: *Therapeutic Use of Self / Levels of Disclosure: P:4 – L:90*
Meaning: Axial code / Open Code: Participant transcript – Line:

Therapeutic Use of Self Online (Core Category)

The core category of *therapeutic use of self online* encompasses the entire experience that I perceived was happening. It highlights a phenomenon, providing a heading under which the axial codes are housed. In relation to the *therapeutic use of self online*, besides the types of *uses of self* which will be explored under the main axial code of *therapeutic use of self* section a few significant points were made apparent. This included the level of disclosure, the frame of reference and whether the *use of self* was intentional as well as how the therapeutic *use of self* functions online.

4.2c. Exploration of Axial Codes

Below is an exploration of the axial codes and the open codes that they comprised. These are explored in order of importance that is determined by their perceived value in the amount they were seen across participants or the interest and meaning they held with me. This is that same for the exploration of the open codes that are discussed in each axial code's section. Not all open codes will be discussed due to the limitations of this thesis posed by word count restrictions. The axial code *conducting research* is not presented as it was felt that that code is primarily to do with the conducting of the research and will not add anything of value to the results. For clarity the order that follows is

Table 17. Order of Axial and Open Code Discussion

Axial Code	***Open Codes Discussed Within This***
1. Therapeutic Use of Self	• *Levels of Disclosure* • *Intentional/Unintentional Uses of Self* • *Use of Anxiety or Discomfort and Use of Belief System* • *Use of Personality* • *Use of Relational Dynamics* • *Use of Self-Disclosure*
2. Reasons for Using Use of Self Or Not	• *Theoretical Orientation* • *Reasons for Using a Use of Personality* • *Reasons for Using a Use of Relational Dynamics* • *Reasons for Use of Self-Disclosure* • *Reasons for Not Using Uses of Self*
3. Impact of Use of Self	• *Impact of Use of Personality* • *Impact of Use of Relational Dynamics* • *Impact of Use of Self-Disclosure*
4. Context of Internet Relay Chat Counselling	• *Pressure to Respond Quickly* • *Written Word* • *Identity* • *Sudden Ending*
5. Patterns of Behaviour	• *Alter Use of Self to Client* • *Similarities to Face-to-face and Telephone Counselling* • *Differences to Other Media of Therapy*
6. Impact of Training Exercise	

Therapeutic Use of Self (Axial Code)

Levels of Disclosure (Open Code)

Levels of disclosure was a topic, which three out of the eight participants discussed. It refers to the idea that some disclosures are ok and some are not. This is determined by the impact of the disclosure. For example, something that is not relevant to this client and is very personal would seem like a big disclosure, whereas telling a client your name or sex is a small disclosure. This scale is largely based on three factors; relevancy, how personal, and whether or not it is an attribute that would be present in face-to-face counselling that would not normally need to be verbally disclosed. It was reported that there is a consistent balancing act of bringing as much of yourself as possible into the relationship yet still allow the client to explore their own material, as seen in the diagram below (figure 16).

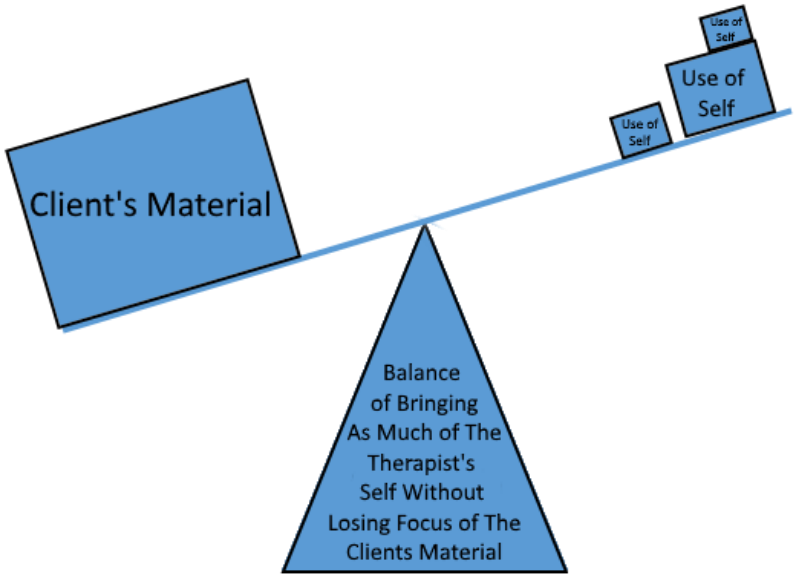
Therapeutic Use of Self / Levels of Disclosure: P:4 – L:90
"But it's always weighing a balance really, finding how much of yourself can you put in there and still allow the client to explore their material in a sense."

This took thought and differed from how you might usually communicate in a non-therapeutic setting.

Therapeutic Use of Self / Frame of Reference: P:1 – L:642
"You know. And it's not about you anyway, like normally you'd like talk back and say oh yeah same here whatever"

Overall, this talks about how the levels of disclosure influence the client's frame of reference and how there was a consensus that using *uses of self* guided the therapy in a minute way.

Figure 16. The Balance of Levels of Disclosure Whilst Keeping to the Client's Frame of Reference



Intentional/Unintentional Use of Self (Open Codes)

When it came to whether *uses of self* were intentional or not there was the added factor of being online. Being online with the lack of physical cues made it so that ordinary actions within therapy; such as having a presence became explicit *uses of self*. This was because they had to be physically typed to be expressed. This would suggest that a lot of body language was taken for granted in face-to-face therapy. There were also unintentional *uses of self* where disclosure of thoughts that would usually come across as rather ambiguous or just a turn of phrase was not even previously considered as a *uses of self* until the interviews.

Therapeutic Use of Self / Levels of Disclosure: P:2 – L:469
"It was risky to; I don't think I've quite thought about it too much. It was just a spontaneous response if I would think about it maybe I would not write it. Exactly that."

Therapeutic Use of Self / Unintentional / Turn of Phrase: P:1 – L:66
"Or if it's just kind of a turn of phrase almost. I-I. I don't know what I could of left out at the moment… I think again I was just trying to be a bit kind of tentative or something"

Therapeutic Use of Self / Unintentional / Previously Not Considered As Personally Identifying: P:1 – L:48
"But I wouldn't have thought of it as identifying with the person. But now I'm thinking about it I suppose it is"

The participant as being present in the session confirmed the majority of *uses of self* that were seen in the content analysis. This section will now attempt to briefly explore additional information that may be of interest when looking at these *therapeutic uses of self online* before exploring the axial codes of *reasons for using use of self or not* and *impact of using use of self.*

Use of Anxiety or Discomfort and Use of Belief System (Open Codes)

The use of one's own anxiety and discomfort was not used within the sessions at hand. However, it was reported that if negative counter-transference was felt then they would consider using it at a later date, but this goes against other reasoning participants had for not disclosing anything that might be considered negative. This was very similar for the *use of belief system* which was also not used in these sessions. This was due to mixed views on whether belief systems could be used with people who have different views from a theoretical perspective as opposed to a technological implication.

Therapeutic Use of Self / Use of Anxiety or Discomfort: P:5 – L:48
"Um I haven't thought about it. I might do. Um. I mean, you know now that I think about it. Yeah, it might be. It might be good to say that you know. You know just concerned you might leave the chat at this point. But um, might be useful to carry on what we're talking about."

Therapeutic Use of Self / Use of Belief System: P:3 – L:593

"I'm very person centred, I don't think challenging a client about their beliefs is the right place in therapy, you know, I respect that they've got opinions, you know and I know that I've got opinions but to bring that up when someone in a vulnerable situation. I just don't feel like it's the right time, so I would never bring it up anyway.."

Use of Personality (Open Code)

The *use of personality* and all of its subtypes were present in the content analysis, yet expanding on this was the fact that participants felt like they should not have personally identified with the client, and that doing so felt like giving advice. In terms of translating touch into the online setting there were mixed viewpoints stemming from the perspective that the practitioner would not use touch in face-to-face therapy anyhow, so would not convert it into text to use in internet relay chat. Alongside this perspective was the notion that even those who would use touch in therapy would not necessarily use it in internet relay chat as they felt that writing "*shake hands*" or "*hug*" did not have the same effect.

Therapeutic Use of Self / Use of Personality / Personally Identifying / Felt Like Shouldn't Have Said: P:2 – L:44
"Yes. It is probably something I should not have said but. I definitely could understand what she was telling me about"

Therapeutic Use of Self / Use of Personality / Touch: P:4 – L:560
"I do not think I would write, shake hands, unless if the client starts shake hands I might."

Therapeutic Use of Self / Use of Personality / Touch: P:3 – L:570
"I just think it would take the moment away, just seeing it there in the brackets….. Yeah, yeah. I probably would definitely not use it online."

Use of Relational Dynamics (Open Code)

When it came to discussing relational dynamics one participant was not clear on precisely what classed as relational dynamics. It was also explored that the interventions of psychoeducation could be benefited by the use of the World Wide Web at your fingertips however participants were unsure of how to translate roleplaying into this type of online counselling.

Therapeutic Use of Self / Use of Relational Dynamics: P:7 – L:21
"I don't know what relational dynamics is…. what you consider to be relational dynamics"

Therapeutic Use of Self / Use of Relational Dynamics / Psychoeducation: P:3 – L:606
"But you've got the web at your fingertips and so you can quickly go to web pages and be like check this out actually this is why you might be feeling like this."

Use of Self-Disclosure (Open Code)

Unlike face-to-face therapy, emoticons were an alternative to the *use of self-disclosure of feelings* that would normally be done by speech or even text. It was found that it was faster to type out, but there were times when the client did not reciprocate with an emoticon. There was also potential for it to be misinterpreted and the trainees were not sure whether it was appropriate to use emoticons within the context of therapy. However, in regards to feelings itself, transference was felt by one practitioner despite being on the other side of a computer screen. Another disclosure in the form of situational self-disclosure was rarely used although it was felt that it would benefit the therapeutic alliance. The trainees reported that they would not disclose if they were in their bedroom conducting therapy on their bed but might do if at an organisation so

that the client did not think that their confidentiality was at risk. There was also opposing views as to whether they would personalise their text or décor of their chat room or whether to keep it a professional standard of font and colour.

Therapeutic Use of Self / Use of Self-disclosure / Self Disclosing Feelings/ Emoticons / Unsure if Appropriate: P:1 – L:320

"Um. Yeah I think it was more. Yeah I do not know. I do not know. Now I think about it I do not know if it was appropriate"

Therapeutic Use of Self / Use of Self-disclosure / Self Disclosing Feelings/ Transference: P:3 – L:90

"I felt that when she'd said that she'd just split up with somebody it kind of made me feel 'oh that's really sad'. You know, and I was sorry to hear that so that is basically why I said that."

Therapeutic Use of Self / Use of Self-disclosure / Situational Disclosure/ Location: P:2 – L:594

"So that because sometimes when you talk to somebody you want to know what environment they are in, so that you can have a visual…because, I think there is a need for the client to understand where is my therapist?. Is he at the Starbucks café? And he's doing therapy now? Is he home alone? Or is his wife behind him and she's looking at our conversation, so there is some kind of …distrust."

Therapeutic Use of Self / Use of Self-disclosure / Decor: P:3 – L:666

"I think I'd keep it as plain, like I do in therapy anyway. Just dress plain, um."

Reasons for Using Use of Self or Not (Axial Code)

This axial code covers the initial instant in which the practitioner has identified that they wish to achieve something specific using an intervention. It is then that the practitioner decides to use a *use of self*. However, that is assuming that the *use of self* was intentional. This was not always the case and at times the *use of self* was merely a turn of phrase from the therapist; part of their everyday language but a *use of self* nonetheless. Participants reported a mixture of feelings towards using *uses of self* online; on the one hand, it was felt that the participant was more comfortable using self-disclosure online and therefore more likely to do it, which might be caused by a disinhibition effect, whereas on the other hand some participants felt more wary of doing so.

Reasons for Using Use of Self or Not/Intentionally Speaking About the Here and Now: P:1 – L:94
"Yeah it probably, I'm looking at it now, it probably was intentional. But it's just I've never thought about this kind of thing in so much detail before"

Reasons for Using Use of Self or Not/Unintentionally Speaking About The Here and Now/ Speaking Ambiguously: P:1 – L:63
"I guess I meant, I think I meant it kind of ambiguously. I don't know if I meant it, like right now this moment"

Reasons for Using Use of Self or Not/Unintentionally Speaking About The Here and Now/ Turn of Phrase: P:1 – L:66
"Or if it's just kind of a turn of phrase almost."

Reasons for Using Use of Self or Not/More Likely to Disclose online (Disinhibition effect): P:3: L:508
"But I don't know if intimidated is the right word I think just disclosure of, of who I am. I think I'd feel more comfortable online to be honest, than face-to-face."

Reasons for Using Use of Self or Not/More Wary of Disclosing Online: P:4: L:577
"*But I would be wary of it …. and online you really don't know how it might, taken"*

Overall, it could be seen in the data that there was an assumption that if the exchange over internet relay chat were not genuine then clients would not be helped. One way in which it was felt that therapy could be made more genuine was to use *uses of self* that were believed to be helpful to clients in the short term. It was also stated that some disclosures were made to emulate face-to-face therapy. In this, disclosures were most often made to reveal physical traits that would be in the therapy room if counselling was conducted offline; such as appearance.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Disclosure to emulate face-to-face: P:5 – L:232
"Um. It might do, it might um, helped to, because I suppose you are repeating that you know onto normal face-to-face circumstances….young people might be curious about that anyway and you know they will be able to see their appearance because they are in front of you."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Clients find it helpful: P:5 – L:232
"So clients find it helpful, I have got a feeling that it might only be helpful in the short terms."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Disclosure to emulate face-to-face: P:4 – L:321
"But, I feel...if there's not a real exchange. Then I am not actually going to help, the-the client. I am going to miss; I am going to miss my target there. You know, I am not going to help the client in the best way I can."

Theoretical Orientation (Open Code)

Amongst the trainees there was the belief that they were practicing using a person centred frame work and within that framework they were not sure whether they were 'allowed' to use self-disclosure and other types of *uses of self*. This could be reflective of their level of experience and understanding of their teachings on this approach. It was described that in making disclosures they believed to be making themselves more of an integrative practitioner. This also ended up as a trade off against authenticity to

remain more in line with their theoretical underpinning. In addition to this, it was also conveyed that it was thought that psychoanalytical practice would not work online due to how silence and physical cues are expected to be used in session.

Reason for Using Use of Self or Not/Theoretical Orientation/Intentionally Being Person Centred: P:1 – L:30
"Um, I remember afterwards the person said to me you were very person centred. I think I was trying to be."

Reason for Using Use of Self or Not/Theoretical Orientation/Person Centred: P:4 – L:87
"And again I think it's I think's it's very much you know the strict person centred model, oh well that's too much of you, but to me it's in a minor way but again, in a way that's really important."

Reason for Using Use of Self or Not/Theoretical Orientation/Psychoanalytic Not Work In IRC: P:1 – L:194
"Like I mean, so psychoanalytic obviously wouldn't like work in online counselling, would it? I don't think so."

Reasons for Using a Use of Personality (Open Code)

When using the practitioner's own personality, different aspects were used in an attempt to achieve different intended outcomes. For example, the use of humour was intended to normalise the situation and make the client feel as though they do not always have to talk about distressing content. On the other hand personally identifying with the client's issues were used to calm and ground the client; putting them at ease and "making them feel as though they are not going crazy". In addition to this using the impact of self, the understanding of oneself and using that insight in the relationship was used with the hopes of making the relationship explicit yet being supportive. At the same time, it was used in the way to try to manage the session. This was in the sense of helping the client open up, but also managing their expectations for what could be achieved due to time restrictions. The impact of self was also used

as a way to counter silence in the virtual world. Being authentic and honest is also a large part of using one's personality, which at times was brought into the session because there was a felt pressure to speak due to the lack of audial and visual cues. However, it was also used to show extra warmth and show clients that they were understood, but on some occasions clarify that the therapist had read the conversation in the way it was meant. Other reasons for being authentic and honest included being easy for the client to identify with and to sound more human and natural.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Personality/ Purpose of Humour / Normalise: P:2 – L:516
"I believe humour is a way of normalising for the client"

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Personality/ Personally Identifying / Make People Feel They Aren't Crazy: P:1 – L:44
"Making people feel like what they're saying isn't crazy you know."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Personality/ Impact of Self / Get Client To Open Up: P:7 – L:218
"So trying to explain a little bit why we ask things. To try and get them to open up a bit more."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Personality/ Reason for Being Authentic and Honest / Pressure to Speak Due To Lack of Physical Cues: P:1 – L:182
"Yeah I remember thinking ok I need to say more like. Stuff like that haha, that makes me sound like a human and not computer or something you know."

Reasons for Using a Use of Relational Dynamics (Open Code)

When it came to using relational dynamics, the reasoning behind doing so was to bring the self into the virtual space, it allowed the therapist to gather more information and like being authentic and honest, check if the practitioner was understanding what was said correctly. Relational dynamics were also used with the agenda of gathering more information and getting specific examples that could be applied to a cognitive

behavioural framework of working. Still under the header of relational dynamics but looking more looking more at defined characteristics of this *use of self* is looking at why empathy, speaking about the here and now, and using metacommunication were used.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/Gathering More Information: P:8 – L:78
"Um, again just too kind of gather more information as to what prompted to her to just say that to me."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/Checking Therapist Understood: P:8 – L:172
"Um, but, I do say that even in, um, face-to-face, I do constantly check out what the client is saying. By saying, you know is it right for me to say or, I am getting a feeling of this, I might be wrong. Um, but that is kind of just to check out if, what I am hearing is actually correct or what I am interpreting in my head is actually correct."

The use of empathy was the fourth most used sub-type of *use of self*, which can be seen from the content analysis, ergo there was a considerable amount of reasons as to why this *use of self* was used. As you might expect empathy was used as a way to empathise with the client even though it was not necessarily known how to express this through text. It was used as a way to validate a client's feelings, normalising and acknowledging their experience as well as making them feel heard and understood. When deciding to use empathy the trainee counselling psychologists also wanted to use it in a way that would bring the client back to the here and now and facilitate exploration. It was also used with the rationale of putting the client at ease and showing warmth and be caring. At other times empathy helped to structure the ending of a session and ensure that that it was not abrupt due to the lack of cues which would normally draw a session to a close.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Relational Dynamics/Purpose of Showing Empathy/To Empathise: P:7 – L:230
"Ok so I think that basically I was getting the gist of what she was saying but pretty much all that was going through my mind was that I don't know how to like, show empathy in this situation at all…and I need to."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/ Purpose of Showing Empathy/Making Client Feel Understood: P:1 – L:20
"Um. I guess I was just making…trying to make her. Feel understood. Or like feel heard."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/ Purpose of Showing Empathy/Bring Client Back to Here and Now: P:3 – L:340
"I wanted again to kind of bring her back to the here and now."

Speaking about the here and now was another *use of relational dynamics*; it was used with the purpose of bringing the therapist into the relationship as well as keeping the client in the conversation with the frame of reference on them. It was also a way of narrowing the session agenda down; zoning in on what was the worst aspect of the problem in the client's eyes. Speaking about the here and now was also chosen to be used as a way to warn the client that the session was ending. Finally under the open code of relational dynamics was the sub-code *use of metacommunication*. This sub-type of *use of self* was largely utilised with the purpose of being warm and building trust as well as bringing the client back from avoiding discussing the issue at hand. Again, like other *uses of self* it allowed the practitioner to check if they were understanding the client correctly as well as hopefully getting them to elaborate. Metacommunication was also used with the aim of being transparent in the relationship and show the client that their disclosure was appreciated. In addition to this, using metacommunication was a way to keep the conversation in the here and now and stay with the client.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/Purpose of Speaking About The Here and Now/ Narrowing Session Agenda: P:8 – L:78

"I guess I wanted to know what, prompted her to, do her online session. Or come to therapy in general. Um, so I was trying to get a clearer idea of what she is trying to get out of the session."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Relational Dynamics/Purpose of Speaking About The Here and Now/ Zone in On The Worst Thing For The Client: P:1 – L:80

"To like, ok, what is the thing that we will talk about, what is the thing that is biggest for you now, so as not to be like overwhelming, but like, you know, let's talk about one thing kind of"

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Relational Dynamics/Purpose of Using Metacommunication/ Show Appreciation for Disclosure: P:6 – L:166

"I think because it was um, it was lovely way of describing the feelings. Um, and I thought it was very powerful. Like, a metaphor, so that is why I was so actually, very appreciating his disclosure in a sense cause that cause that was very intimate you know"

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Relational Dynamics/Purpose of Using Metacommunication/ Bring Client Back From Avoidance: P:5 – L:144

"I was wanting, you know maybe I just want to invoke some curiosity, I was too. You know what that movement was um and, you know it's like we were getting somewhere and it is like are you a man or a woman"

Reason for Using Use of Self or Not/Purpose of Using Use of Self/Relational Dynamics/Purpose of Using Metacommunication/ To Be Transparent P:2 – L:568

"If you do not keep your transparency. And you have, the other person not doing the same thing so you have different kind agendas and so it is not real."

Reasons for Use of Self-Disclosure (Open Code)

The most commonly used *use of self* seen across the training internet relay chat counselling sessions was the *use of self-disclosure*. In order of most commonly used was the disclosure of thoughts, feelings, and experience followed by anything personal (characteristics). It was felt that there was more of a need to express feelings when working online as not being face-to-face provided a barrier and this over expression of

emotions was believed to help overcome this. The use of feelings took two forms when they were translated into internet relay chat; emoticons and written text. Emoticons were presented as an alternative way of reflecting back to the client. They were also used with the goal of creating positive feelings in the client and encouraging them. As for the therapists themselves, emoticons were used as a way of creating a presence and to appear as more human and warm. Emoticons were also used in response to the felt pressure to respond quickly. The written form of disclosing feelings were used in a way that wanted to let the client know that they have been heard, validating their experience and that the therapist was fine with this material. Therapeutically it was used in a way, which intended to exaggerate the internal response of the client for effect. It was also used to make conversation flow and show that the practitioner enjoyed the session and the struggle that it brought in trying to end it.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Feelings/ More Need To Disclose Feelings Online: P:2 – L:453

"Yeah I definitely had more need to express feelings and thoughts than I would normally do because it was online."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Feelings/ Purpose of Using an Emoticon/Pressure to Respond Quickly: P:1 – L:325

"I might have also been under pressure, like she's typing pretty quickly, so I do not know."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Feelings/ Show Client Therapist Enjoyed Session: P:4 – L:442

"Actually this where I say, not because I had to, I've enjoyed it. Um, so again this, this is directing the agenda and it comes at the end of the session so I do not feel it is going to divert from her flow, because it's, well we have already reached the end."

Thoughts were used in a largely similar way to a disclosure of feelings in that they were intended to be used to show agreement and understanding, as well as what was going on for the practitioner themselves. Disclosure of thoughts were with the rationale to make up for a lack of physical cues. Much like other *uses of self*, thoughts were to facilitate exploration, normalise the situation and reflect back to the client. But it was also used to show unconditional positive regard, summarise what had been 'heard' and offer an underlying apology for not feeling the therapist had done a good enough job. There were even circumstances when the reason for using thoughts were down to that the client had asked explicitly for advice.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Thoughts/ To Make Up For A Lack Of Physical Cues: P:3 – L:122
"Because I wasn't allowed to nod or do anything else so I want to get down in words that I understood so I see."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Thoughts/ Facilitate Exploration: P:6 – L:68
"it's really just to ask the client what the reason is that um, you know what does this say "I'm wondering why you're feeling emotional today" just to explore what's going on for the client and understand where his feelings are coming from um. And to yeah, to facilitate exploration I'd say."

Like thoughts, a reason for disclosing personal information such as one's characteristics were often done as there were times that the client had asked for them. When it was chosen by the therapist to initiate a disclosure of personal attributes, it was reasoned to do so as a comparison to face-to-face therapy where there would be that information there without having to make an effort for it to be apparent. This was most commonly in the form of physical aspects such as appearance and sex. This

information was also disclosed to be genuine and more human at the same time as being less formulaic and less rejecting to the client that was anticipated to happen if the therapist refused to disclose.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Personal Information/ Normal To Have This Information in F2F: P:4 – L:246

"Normally again, face-to-face you have a sort of idea how the person you speaking to is…and relevant tom of her to want to know, um. So the, the task is really to make sure that, I answer that but keep the focus on her."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Self Disclosing Anything Personal/Purpose of Self Disclosing Personal Information/ To Be Less Formulaic: P:1 – L:27

"Yeah just make it kind of less formulaic and more like there's some personality there or something."

Reasons for Not Using Uses of Self (Open Code)

On the contrary, there was also a significant amount of times when it was deemed necessary to not explicitly use *uses of self*. Overall, there was a belief that the trainee counselling psychologists did not want to disclose anything negative that they were feeling or experiencing in session. This is the cause of why the *use of anxiety* or discomfort did not appear within the training sessions. This was also because they were not there to physically deal with consequences of negative discussions, fearing the client might be at risk of self-harm and suicide or even general distress. They would also hold back values and their own belief system especially in terms of religion, feeling it only acceptable to share when both client's and practitioner's beliefs align. Disclosures were also withheld, as there was a concern that it would change the frame of reference of the therapy, shifting the focus from the client to the therapist.

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Not Using Self-disclosure/Holding Back Anything Negative: P:2 – L:426
"I would avoid um, expressing any kind of difficult or, or, um. Conflicting feelings."

Reason for Using Use of Self or Not/Purpose of Using Use of Self/ Not Using Self-disclosure/Not Disclosing Feelings/Not Changing Frame of Reference: P:5 – L:90
"I t-think if it's something very gruelling or um very personal in um, in my life which is why I'm not fine, I wouldn't want to reinforce that or put it back to them, for them to carry um. I-I think sometimes it can make the therapy about me rather than about them."

Impact of Use of Self (Axial Code)

As the previous section denoted what the intention was when using a *use of self*, this section will expand upon what the perceived impact some of these *uses of self* had on the therapy and the relationship.

Impact of Use of Personality (Open Code)

When using *uses of personality* the following outcomes happened. From being authentic and honest, the practitioner reported that it was confirmed by the client that they felt understood. When personally identifying with the client's material it allowed the client a chance to consider their situation and help move them towards making change. It was also believed that it felt more natural for the client to see the therapist personally identifying, as it reflected ordinary relationships outside of the therapy room, therefore more resembling a friendship at that moment in time. Once the trainee counselling psychologist used their impact of self in the relationship it was seen to have brought a client back on topic and helped another client make a decision on what they wanted to gain from the session. It also gave the ability to give clients reasons for why certain questions were asked in therapy. However, at times using the impact of self caused conversation to stop. In terms of humour, it was felt that

refraining from using it in session caused a cold, robot response to the client's experience.

Impact of Using Self/Personality/ Personally Identifying/Felt Natural: P:2 – L:58
"I think it felt more natural. To her, I guess. To her. Because it's more common thing to say to a friend. Rather than having it from a therapist. Uh, for her I think it might, it might be ok."

Impact of Using Self/Personality/ Impact of Not Using Humour: P:2 – L:58
"Because if you stop doing that, it's just a cold, robot, responding to your experience."

Impact of Use of Relational Dynamics (Open Code)

The impact of using relational dynamics in internet relay chat therapy had both positive and negative effects. It was felt that occasionally it created an atmosphere that was less comfortable because doing so felt "cheesy". Whilst from time to time it did open up conversation, gathering more information that was also used for a cognitive behavioural intervention, it did not always work. These pitfalls of using relational dynamics online left some participants feeling sceptical that this intervention benefited their clients.

Impact of Using Self/Relational Dynamics/ Impact of Relational Dynamics/ Create Atmosphere That Is Less Comfortable: P:7 – L:102
"But it felt really cheesy online to put something like, ohhh you ok? Or, I was thinking of like a emoticons or things like that to try and say something. But I just couldn't because I obviously use my body language far more than I use my speech."

The use of empathy felt as though it was an artificial process as they had to change their regular ways of reflecting and it was unsure if all the empathy that was given was received by the client due to the translation into written text, which felt cold. The translation also had an effect on the congruence of the practitioner and was described as slowing the process of therapy down. Using empathy was said to have changed the direction of therapy even though it was believed that it was not the sole driver of

therapeutic change. Yet there were times when using empathy had a positive outcome; for example, it got the client to consider their options and open up the dialogue of their experience. In addition to this, it was frequently well received and the client seemed happy after the intervention.

Impact of Using Self/Relational Dynamics/ Impact of Showing Empathy/ Artificial Process: P:6 – L:112

"So it almost, you know it was as if it was an artificial process in a sense that you know I'd normally react a certain way and here I had to kind of adjust my reactions to, to the online process."

Impact of Using Self/Relational Dynamics/ Impact of Showing Empathy/Unsure if All The Empathy Got To The Client: P:2 – L:252

"I always had that question mark whether all this feeling I had and the empathy I felt whether it came out. I also had this question mark whether she would take it to the level where, it was given. Say if I gave her a 100% of me, whether she would get only 50% from what I gave."

Using metacommunication did not have quite as successful impact as other interventions. Online it changed the frame of reference and did not quite set the goals for the session as it was intended. However, speaking about the here and now brought the client back on task when the conversation had drifted away from the problem at hand. It also was believed to have made the client feel more comfortable in choosing their topic of discussion in relation to keeping time. This managed their expectations of what could be achieved within the time they had today, which made the practitioner feel more comfortable as it avoided an abrupt ending. The impact of using metacommunication also included validating the client for sharing. Nevertheless, there was an instance where metacommunication did not achieve what was intended where the reflection of the client changing topics swiftly was mentioned but the client avoided answering and moved on anyway.

Impact of Using Self/Relational Dynamics/ Impact of Speaking About The Here and Now/Didn't Quite Set Goals For The Session: P:8 – L:26
"Yeah, kind of, um. I don't think I got a very, clear picture of what she wanted."

Impact of Using Self/Relational Dynamics/ Impact of Using Metacommunication/Stop Abrupt Ending: P:7 – L:45
"But it would probably need to be done otherwise it would be a very abrupt ending. More abrupt that face-to-face"

Impact of Use of Self-Disclosure (Open Code)

Using self-disclosure was reported to have had the following impact; when disclosing feelings it meant that the client reciprocated the emoticon used to display the emotion. The therapist believed that it made the client feel valuable where they appeared to appreciate the statement. This helped conversation to flow and made it easier to connect with the other person. However, this was not achieved when there was a mismatch in the turn taking of who was to speak.

Impact of Using Self/Self-disclosure/ Impact of Disclosing Feelings/Client Reciprocated Emoticon: P:2 – L:33
"Mmm. Yes because she was responded back hi with a smile"

Impact of Using Self/Self-disclosure/ Impact of Disclosing Feelings/Not In Sync So Didn't Have Impact: P:3 – L:16
"Not really, it was if they weren't synced properly. So, like here I-I've asked another question"

Disclosing thoughts resulted in clarifying the experience of the client so that both participants of the therapeutic dyad were on the same 'page'. This type of disclosure also encouraged the client to respond and did not bring them off topic. It meant that the client was ok with the ending of the session from the practitioner disclosing their thoughts on the ending. However, it was not sure if the client had received that understanding from the practitioner using their using thoughts to acknowledge the client's experience.

Impact of Using Self/Self-disclosure/ Impact of Disclosing Thoughts/Clarified Experience: P:4 – L:94

"The client sentence is well not really I feel very different about it. Um. That is more scary to me so. So she obviously felt comfortable enough to go well it's not my experience"

Impact of Using Self/Self-disclosure/ Impact of Disclosing Thoughts/Not Sure If Understanding was received : P:3 – L:139

"Um… I do not know. I suppose it's a bit harder to tell, to know whether she understood."

Context of Internet Relay Chat Counselling (Axial Code)

Conducting counselling in the context of internet relay chat brought with it its own unique challenges, which for the most part were viewed as negative by the trainees who took part in the training exercise. Solely being online meant that some participants felt less safe and therefore less likely to disclose personal information such as location and name. As you can imagination, the lack of physical cues also had a large impact on the session. There was a great need across those acting as therapist to let the client know that they were a human and not a robot and a way to do this was to be very transparent and open to compensate. At times, it was felt that typed text was sufficient yet they were unable to show the client how they felt with their body language. This meant that silences could not be used to give the client space to reflect, making sessions harder to 'hold' and there was a fear that the practitioner appeared cold. This lack of physical cues also meant that the therapist was unable to tell the client's emotions when they were not being explicit and even when they were there were times when it was questioned whether the client was being truthful. Not having these physical cues meant that some practitioners were scared to delve into emotive and distressing content without having a physical presence with the client should there be negative consequences such as a risk of the client harming themselves or someone else. There was also the worry that the client may think that the therapist is answering multiple chats at the same time.

Internet relay chat Counselling/ Lack of Physical Cues/ Loss of Connection: P:6 – L:95
"I do think is, I. When I was doing this exercise I felt that it's really good as it's creating a lot of confidentiality for the client but at the same time we're not getting the same. I can't really, like describe it in words, its like a felt thing that you know you can feel the connection when you can see the person next to you whereas on line it's more, de-depersonalised."

Not having these cues from body language also meant that there were often times when who's turn to speak was lost which led to conversations being out of sync and difficult to follow. Having the therapy take place through the medium of text also meant that there were key considerations. For example, how to respond in this medium was found to be set by the trend of social media. This meant that there was a certain way to respond or avoid making it too similar to other experiences in day to day life. One of these was the use of emoticons. In this setting, it was found that they were viewed as being inappropriate and were potentially belittling to what the client was describing.

Using internet relay chat meant that it felt that what was said was emphasised and punctuation in this was important as it was read rather than spoken. This difference between being heard and read was due to there being no tone to accompany the words creating opportunities for misinterpretation. This caused most of the participants to be more tentative, putting more thought into as well as changing the way they would phrase sentences. This was especially prominent at the beginning of the session to gain a client's trust and make them more comfortable. It was also used to show that the therapist was not all knowing and all powerful so made the interpretations less concrete allowing the client to respond as to whether what was said was correct or not.

In adapting to text as the form of communication, it took time to translate usual phrases and non-verbal styles of communication and there were moments when it was felt that the practitioner did not have the vocabulary for internet relay chat. However, having the text there to proof read before sending was seen as a benefit. It was also believed that the process of typing might have added something therapeutically beneficial to the client's experience in the way that they would have had to type out and then read what they wanted to say. Potentially this meant that the content was being processed on various levels. However, having the session over text raised a query of accountability, as it was believed that from having a written record of the therapy session would affect the legal and ethical side of practicing counselling. It was thought that the ability to touch type would aid internet relay chat therapy

Internet relay chat Counselling/Mismatch in Turn Taking P:7 – L:302
"I'm also, I don't know whether you, it's interesting how many cues we must use like in real life. To know when to speak. Because we're constantly both typing and as a therapist I was trying to wait for her."

Internet relay chat Counselling/Written Word/ Text's Potential For Misinterpretation P:1 – L:457
"Now I'm like, when you write things, do things come across completely differently? I'm just thinking, saying I think or I feel."

Pressure to Respond Quickly (Open Code)

Being online and not having access to the physical cues meant that there was an increase in pressure to respond to fill gaps of silence to maintain the relationship. It was thought that the client felt this pressure too in the way that they had to 'unpack' their problems to fill the gaps. There was also a felt pressure to get it right which was thought to be due to not being face-to-face.

Internet relay chat Counselling/Written Word/ Pressure/Pressure To Respond Quickly P:2 – L:302
"But I'm having this urge I need to do something and say something even though she might be enjoying this comment this great! She might have been enjoying it and processing it. And then I just felt that urge I have to say something because she would think that there is a distance between us."

Written Word (Open Code)

With communicating through the written word, time appeared to be fundamentally different when working online. For example keeping time as a boundary was a worry for the trainee as they could not be sure that their client was keeping track as well and were fearful of surprising them that the session was nearing its end. It was perceived that time went faster and this was believed to be due to the delay it took in typing and adapting *uses of self* such as empathy to text. This change in time meant that it impacted on whether or not a use of self would be used as an intervention and also at times stopped exploration so as not to open up a new topic moments before shutting down the session.

Internet relay chat Counselling/Written Word/Time/Time Went Faster P:7 – L:298
"In some ways, even though the time was going a lot faster."

Internet relay chat Counselling/Written Word/Time/Time Went Faster P:4 – L:166
"Because maybe we're typing and it takes quite a bit of time"

Identity (Open Code)

Through internet relay chat, one's identity was also subject to change. The client's identity was unknown, which allowed an extra degree of confidentiality that might not be achieved in face-to-face counselling. Yet this also added an element of depersonalisation where the practitioner felt they could not quite connect with this unknown being. Also being online made one participant feel that their identity was at

risk as the client could immediately go and search for them on social media such as Facebook.

Internet relay chat Counselling/Identity/Client Identity Unknown/ Confidentiality P:6 – L:96

"When I was doing this exercise I felt that it's really good as it's creating a lot of confidentiality for the client but at the same time we're not getting the same. I can't really, like describe it in words, its like a felt thing that you know you can feel the connection when you can see the person next to you whereas on line it's more, de-depersonalised"

Internet relay chat Counselling/Identity P:3 – L:253

"But there's something about being online… That's really interesting, there's something about being online knowing that they can just go onto Facebook, type my name in look who I am, maybe ask more questions, maybe post a picture and say oh who's this, I-I feel quite unsafe with that."

Sudden Ending (Open Code)

Unlike face-to-face therapy the ending of online sessions were felt to be more sudden as there were no gestures or time when someone would get their coat and walk down the hall, there was an immediate disconnection. One participant said that she would not participant in online counselling again as she felt some of the negatives discussed within this section so strongly.

Internet relay chat Counselling/Sudden Ending P:6 – L:273

"I don't know. I-I'd be quite similar in a face-to-face session though, but there's something about just disconnecting."

Patterns of Behaviour (Axial Code)

The axial code of patterns of behaviour encapsulates the actions of the practitioners that are not solely limited to their practice online, but also compares and contrasts the actions within this context with other mediums of therapy.

Alter Use of Self To Client (Open Code)

Both on and offline participants reported that they adapt themselves to the client in terms of their expressed personality and characteristics. This would enable them to connect on similarities and leave behind differences such as age, allowing the practitioner to enter the clients 'world' and avoid being judged. This is not uncommon to another feature that was seen in the data whereby the practitioner would take on different roles that could be seen as 'putting on their therapist hat'. In this, the self was changed to be in a more professional role than they might have been if they were not in therapy.

Patterns of Behaviour/Adapt Self To Client/Alter Use of Self To Client: P:6 – L:464
"If I work with um, younger people I'm going to you know change my language so that they kinda feel connect and when but in terms of Polishness. Probably the same, probably jokes, if you know what I mean"

Similarities to Face-to-face and Telephone Counselling (Open Codes)

Similarly, to face-to-face counselling the therapist tried to hold the boundaries of the session and used the contract to aid this. There was also an attempt to emulate smiling and thanking the client for the session. Practitioners narrowed the goal of the session at the beginning and explained the reasoning behind some of their questions. Internet relay chat therapy was also compared to telephone counselling in that they both have a distinct lack of visual cues. In terms of interventions, the therapist tried to be calm,

honest and human, prompting and reflecting when necessary. It was unclear whether roleplaying as an intervention would be able to be converted into this medium.

Patterns of Behaviour/Similarities To Face-to-face Counselling/Smiling: P:2 – L:175
"My personality, has this thing with smiling. So my writing would obviously show that kind of tendency as well"

Patterns of Behaviour/Similarities With Telephone Counselling/Lack of Visual Cues: P:1 – L:144
"At the start do you know it's reminding me of being at the phone when I was a Samaritan and stuff as well as you don't have much to go on at the start of any meeting but especially when you can't see the person, even less to go on so you just have to be very tentative"

Differences to Other Media of Therapy (Open Code)

Unlike other media of counselling, internet relay chat therapy was found to be harder to empathise on and more difficult to hold the therapeutic boundaries. In contrast to face-to-face therapy, there was no hesitation online as you were expected to respond immediately as you could not physically show you were spending time thinking. It was felt that there was more of a need to fill silences and use more metacommunication online. Overall, it was felt that the practitioner had to work harder online which sometimes felt awkward and different to other mediums of therapy.

Patterns of Behaviour/Differences To Other Media of Therapy/Have To Work Harder Online: P:7 – L:95
"So it's almost having to work harder"

Patterns of Behaviour/Differences To Other Media of Therapy/No Need To Fill Silences Offline: P:3 – L:190
"Yeah maybe not fill in the gaps as much as I would online."

Impact of Training Exercise (Axial Code).

In looking at these therapy sessions, they were situated in the context of a training exercise for trainee counselling psychologists. This made differences in the therapeutic work that might be different to working with someone in a 'real life session'. For instance, the presenting problems of the clients were limited as most trainees when playing the role of the client decided to use their thesis worries as the topic of interest. This meant that there was less of a range of presenting problems than you might expect from a real world scenario. In addition to this, as it was a training exercise some participants chose to mask their real identity by roleplaying and disclosed information about themselves, such as their physical appearance, that was not true. Furthermore due to it being a training exercise the participant has a lack of details to begin with which would usually be seen in the referral procedures that they are used to. One participant also reported that they feel they would be less likely to use their *uses of self* in a real world context in case it was seen as being unprofessional.

Training Exercise/Not Training Session/Less Likely To Use Self: P:1 – L:283
"Yeah. I don't think it would be a massive problem but I probably would be less likely to do it."

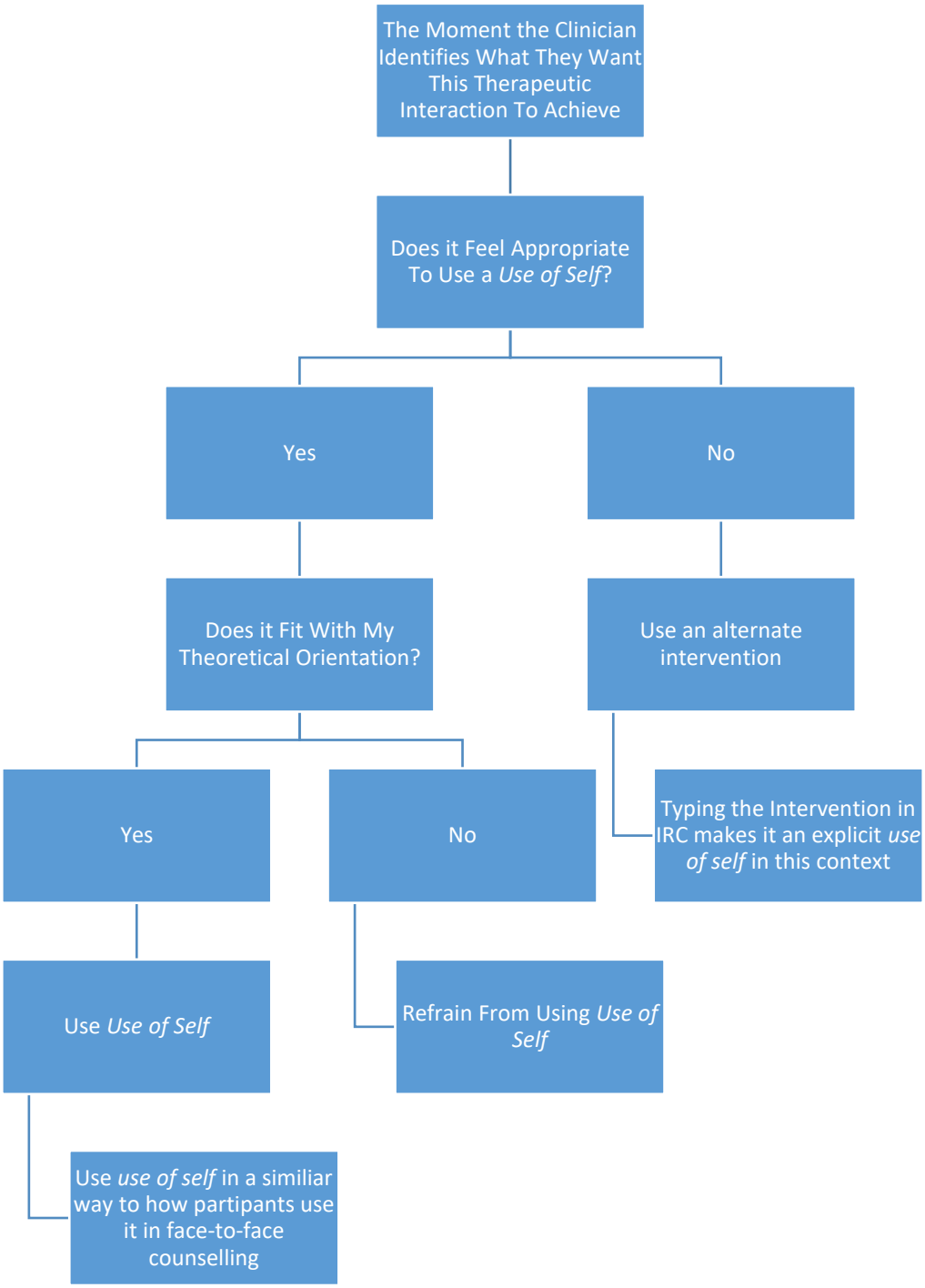
Training Exercise/Usually Have Referral Details/Lack of Information: P:8 – L:72
"So she had said I think I have ADHD and kind that's the only background I'd gotten"

4.2d. The Grounded Theory

This section explicitly outlines the grounded theory that came out of this research.

It is theorised that there are moments within therapy whereby the clinician identifies that they wish to achieve something specific, or direct the therapy in a certain way. This is often informed by an internal feeling that on a wider scale is grounded in their theoretical orientation, defining what is, and is not appropriate. This becomes a reason to use or avoid using a *therapeutic use of self*. Often thought about in the terms of what the practitioner wishes to achieve such as "I want the client to feel my empathy", as opposed to thinking something along the lines of "I wish to use this *use of self* so that the client feels my empathy". Once this has occurred, the practitioner uses a *therapeutic use of self* as an intervention quite often intuitively without believing it to be a *therapeutic use of self*. Upon doing this all the interventions in internet relay chat, through the physical act of typing them, appeared to become explicit *uses of self*. This happened within the context of the simulated internet relay chat counselling sessions with the trainee counselling psychologists. Often these *therapeutic uses of self* were similar in their patterns of behaviour to how they would use their self in face-to-face counselling. The impact of using the self as an intervention were often, but not always, believed by the participants to have had the desired impact. This is shown step by step in figure 17.

Figure 17. Diagram Expressing the Grounded Theory



This theory will now be discussed in relation to Pandit's (1996) paradigm model to ensure that the theory encapsulates all relevant areas.

4.2e. Paradigm Model

Pandit (1996) defines the core category as the central idea, event or happening that is the observed phenomenon. All other categories (axial codes) are then related to this according to the schema. The causal conditions are the events that led up to the development of the phenomenon, with the context being the particular set of conditions for this to happen. On the other hand the intervening conditions are the broader set of conditions, in which the core category is situated. The action/interaction strategies refer to the actions and responses that happen as a result of the phenomenon leading to the consequences whether they are intended or not. Below is an example of the paradigm framework of this study (figure 19) modelled on the original by Pandit (1996) (figure 18). It is hoped that this explains in brief the process of what happens when the phenomenon of *therapeutic uses of self online* occur, which will be expanded upon in the narrative in the section that follows.

Figure 18. Paradigm Framework
(Taken from Pandit (1996), Pg. 4)

Figure 19. Paradigm Framework for the Present Study
(Adapted from (Pandit (1996), Pg. 4)

4.2f. The Narrative – The Therapeutic *Use of Self* Online

Below is a written account from my perspective and interpretation of what appears to be going on as a whole. In this constructed narrative, it pulls together the experiences of all eight participants and the procedures of coding. It is hoped that this easy to read narrative explains very briefly the processes at play and gives the reader a sense of what the phenomenon of *therapeutic uses of self online* might look and feel like as an experience.

During internet relay chat therapy there becomes a point in which uses of self make their way into the chat. Sometimes this is an intentional intervention by the therapist with an intended outcome, yet at other times this use of self occurs unintentionally sometimes as a turn of phrase. There are moments during the therapy session where the practitioner intentionally holds back their self as they do not wish to disclose anything negative to client for fear of changing the frame of reference. There was a belief from some trainee counselling psychologists that clients in general find uses of self helpful and that this contributes to having a genuine relationship. As well as the viewpoint, that online disinhibition provoked more disclosures of feelings which were needed to make an adequate connection with the client.

When the use of self is intentional, there are a myriad of reasons for doing so; most vary between the types of use of self used and appear that the reasoning for using a use of self proceeds the act of using one's self. That is to say that the practitioner wishes to achieve something specific with their client and then chooses to use their use of self as the intervention without necessarily seeing it as a use of self. There is overlap

between the reasons for using different uses of self such as wanting to appear warm, being more human, letting the client know that they have been heard and managing the session. However, other reasons for disclosing personal information appear to arise from direct questions from the client who wanted to know more about who they were talking to. In other instances whether to use a use of self is determined by the theoretical orientation within which the practitioner is working, with the trainees who identified as person-centred often feeling that it was inappropriate to disclose. Yet on occasions, disclosures were made intending to emulate face-to-face therapy.

When the reason for using a use of self had been decided, if it were an intentional use of self, they were used in the chat in many different forms. Thoughts and feelings were among the most popular disclosures alongside using oneself as a part of relational dynamics through the use of metacommunication and empathy, as you might expect to find in therapy. However, it was not known if the client was able to feel this through the written medium alone. On the other hand, the use of one's own anxiety and discomfort was not used at all with the feeling that they would not want to burden the client and change the frame of reference. A key element around the therapeutic use of self, which appeared in multiple interviews, was the idea that there was a belief that there are levels of disclosure; that it was ok to disclose or use yourself in some ways but not others. An example of this would be where it might feel ok to tell a client that their comments have brought up a feeling within you, but it might not be ok to tell them of your beliefs. However, context is critical in making these decisions, much of which are judged on whether it stays within the client's frame of reference and what it will add to the therapy in terms of how/if it will benefit the client.

All of this was situated in the context of a training exercise, which meant that there was a distinct lack of information that might have been acquired through a standard referral pathway. This context also meant that some participants chose to role-play to keep their anonymity, which altered the amount they used uses of self and changed their authenticity. It was also reported that if it was not a training session the trainee felt they would have been less likely to use their self.

Due to the therapy, being situated online and only using text there were numerous considerations for this medium. For example, there were a distinct lack of physical cues, which meant that although it was felt to be sufficient the therapist had to account for not being able to read their clients emotions from their physical responses. Neither were they able to or use their own body language or even tell if the client was being truthful. There was also a pressure using only the written word to respond quickly and 'get it right' to maintain the relationship, yet it took time to adapt to text and there were frequently mismatches in who's turn it was to talk. There was also a fear that what was said would be misinterpreted. Overall, it was felt that social media set the tone for how internet relay chat was conducted.

There were many similarities when comparing how the practitioners acted online as opposed to offline, although it was felt there was a greater need to be more tentative in the phrasing of interventions when using internet relay chat. Similarly, to face-to-face therapy it was felt that the self was a flexible concept, which adapted to the role of being a therapist and then further adapted to suit the client.

For the most part the participants speculated that the uses of self had their intended effect. Although in regards to using empathy, it was unsure if it made its way through the screen to the client at times feeling a cold and an artificial process.

Chapter 5. Discussion

As one of the final chapters of this thesis, a review of the findings along with comparing and contrasting them in relation to the literature seen in chapter 2 has been produced. This discussion aims to be thorough and critical yet, it is it is a single interpretation of the data constructed by myself. Those holding a different epistemological stance, coming from a different field or even having various characteristics could highlight other areas that are significant. For an understanding of contextual factors that have added to this discussion please refer to the reflexive statement in section 6.2.

To better organise the chapter it has been divided into the following sections:

- 5.1. Answering The Research Questions
- 5.2. Methodological Discussion
- 5.3. Is it Still Considered a Talking Therapy?
- 5.4. Recommendations

5.1. Answering the Research Questions

Before reflecting more broadly upon the findings this section will specifically answer the research questions that were posed and develop them by referring to the existing body of literature. In addition to this, areas of these questions that could be further explored are highlighted. The research questions have been repeated below for ease.

R.Q. 1. What therapeutic uses of self occur in online counselling using internet relay chat?

R.Q. 2. What rationale did trainee counselling psychologists have for using therapeutic uses of self online in internet relay chat?

R.Q. 3. How did the trainee counselling psychologists view the impact of therapeutic uses of self on online therapy using internet relay chat?

5.1a. What Therapeutic *Uses of Self* Occurred Online?

It can be seen from the directed content analysis that therapeutic *uses of self* can indeed be translated into the medium of internet relay chat. Self-disclosure, particularly of thoughts and feelings were the most popular *uses of self* that were used within these training sessions. This is not surprising considering that it is the most frequently referred to *use of self* within the literature and considering that Raines (1996) and Wosket (1999) claim that it is impossible to not make a self-disclosure of some sort within therapy. However, whilst commonplace in face-to-face counselling, it is new for this to be found in online counselling. A possible reason for the *use of self* being so prominently found online may be due to the definition being very broad, incorporating the way that we dress, our physical appearance, how we present ourselves as well as the décor of the therapy room (Elliott, 2000) and the physical act of choosing to disclose information about our personal lives (Dewane, 2006). This is followed by the *use of relational dynamic*s in the form of metacommunication, empathy and then speaking about the here and now. On the other hand, it is worth noting that during these sessions there was a distinct absence of the *use of anxiety* and *use of belief system*, in addition to the lack of being non-judgmental and teaching psycho-education and interpersonal skills. The reasons for which will be discussed in section 5.1b where the rationale for using the *uses of self* or withholding from using them is discussed.

Surprisingly, there were no moments throughout the coding process whereby an intervention could not be coded under Dewane's (2006) *uses of self*. This suggests that all interventions use *the self* to some degree, as it is the practitioner is implementing

it, as well as suggesting that Dewane's model is all encompassing. However, some considerations were made when translating therapeutic *uses of self* into this medium. Apart from the obvious lack of physical cues online, it has been found that there are specific ways that can be used to translate the *uses of self*. Most often, this includes typing rather than verbally expressing or using gestures to communicate the statement that is most easily demonstrated when thinking about the use of empathy. Online this would consist of making empathic statements or feeling a felt sense whereas in person empathic statements or utterances can be made verbally or gestures such as nodding and using facial expressions. Alternatively *using the self* online involved the use of emoticons and netiquette which is in line with the literature by Anthony (2003), as well as altering the platform that the communication is held on; in terms of its colour and font. Examples of how trainees translated *uses of self* in this study have been outlined in Table 18 that follows.

Table 18. Translating Dewane's (2006) *Uses of Self* into Internet Relay Chat

Type	Subtype	Example In Face-to-face Therapy	Example in Internet Relay Chat	Source of Statements
Use of Anxiety	Anxiety	• Verbally expressing one's anxiety to the Client	• Typing one's anxiety to the client • sending a worried or unsure emoticon 😟😰😱	• Therapeutic Use of Self/ Use of Anxiety or Discomfort: P:5 – L:48 • Therapeutic Use of Self/ Use of Anxiety or Discomfort: P:6 – L:466
Use of Personality	Authentic/ Honest	• Verbally expressing honest and true statements that are authentic • Dressing in a manner that represents one's personality	• Typing out honest and true statements that are authentic • Changing the font and colour of the text to represent one's personality	• Therapeutic Use of Self/ Use of personality/ Authentic and Honest: P:2 – L:610
Use of Personality	Humour	• Making a joke • Using light humour • Using a humorous expression • Laughing	• Typing a joke or light humour • Typing "Haha" or using netiquette such as "lol" or "rofl" • Using a laughing emoticon 😂	• Therapeutic Use of Self/ Use of personality/ Humour: P:5– L:448 • Therapeutic Use of Self/ Use of personality/ Humour: P:6– L:378 • Therapeutic Use of Self/ Use of self disclosure/ d: P:1– L:305
Use of Personality	Touch	• Physically touching someone in an appropriate way • Verbally expressing the action such as ""I feel the need to give you a hug""	• Typing out something along the lines of "I feel the need to give you a hug" • Using netiquette to perform the action such as typing *Hug* • Or using a hug emoticon 🤗	• Therapeutic Use of Self/ Use of personality/ Touch: P:1– L:571 • Therapeutic Use of Self/ Use of personality/ Touch: P:3– L:567

Use of Relational Dynamics	Empathy	• Verbally expressing empathy through statements or utterances • Physical expressing empathy using gestures • Using the felt sense of empathy to inform one's work	• Typing out empathic statements • Using the felt sense of empathy to inform one's work	• Therapeutic Use of Self/ Use of relational dynamics/ Showing Empathy: P:2– L:235 • Therapeutic Use of Self/ Use of relational dynamics/ Showing Empathy: P:3– L:90
Use of Self-Disclosure	Feelings	• Verbally expressing how one feels • Showing emotion with expressions	• Typing a statement about how one feels • Using netiquette to present a tone "I HATE that they said that to you" or recreate a gesture *Sad face* • Or using emoticons 😔😞	• Therapeutic Use of Self/ Use of self disclosure/ disclosure of feelings: P:1– L:305 • Therapeutic Use of Self/ Use of self disclosure/ disclosure of feelings: P:2– L:16
Use of Self-Disclosure	Characteristics	• Often these are visible within the therapy room	• Explicitly disclosing one's characteristics • Using a profile picture	• Therapeutic Use of Self/ Use of self disclosure/ disclosure of anything personal: P:2– L:615 • Therapeutic Use of Self/ Use of self disclosure/ Disclosure of anything personal: P:3– L:223
Use of Self-Disclosure	Décor	• Decorating one's therapy room to suit their personality	• Changing the platform that the therapy is held on such the colour or picture of the background	• Therapeutic Use of Self/ Use of self disclosure/ Situatioal self disclosure / Decor: P:3– L:669

It is interesting to consider some of the alternative ways that this study has shown how the *use of self* is translated into internet relay chat therapy. When looking at how one is presented, the medium of text at first glance can appear to reduce the way in which we can communicate as has been discussed in the way that tone is removed as well as many other physical cues such as gestures and body language. However, upon reflection text still gives a wealth of information. For example, the use of netiquette (Anthony, 2003) not only suggests a familiarity with this medium but implies a degree of technological literacy. Within this study, participants mentioned that this familiarity came from personal use of social media outside of counselling. In addition to this the use of abbreviations, text speak or '1337 speak' (Blashki & Nichol, 2005) (otherwise known as leetspeak; the practice of replacing letters with numbers and punctuation derived from the word elite used in online communities to surpass language filters) could allow clients to make assumptions about their practitioner. Inferences can be made about quite possibly every little detail within the exchange of communication. However, participants in this research were unsure whether it was considered professional to use compensatory techniques during therapy, despite its potential to improve communication. This concern came from a fear of being too informal, much like the social media communication they were used to.

Where self-disclosure includes appearance (Wosket, 1999) raises the question in my mind about the avatar or profile picture that is used within the chat room if there is one at all, which there was not in this training exercises that the participants took part in. However not having a profile picture or other visual cues could have added to the

anonymity and the feelings around not being able to connect with the client that was reported by some of the participants. A profile picture could reveal a great many things about the practitioner. This photo could reveal various aspects of the practitioner's lifestyle or personality that could show authenticity and build trust or if not a photo of themselves show that the practitioner is secretive and have the client project their fantasies onto this blank space.

When thinking about the translation of décor into internet relay chat, which has been highlighted as a use of self-disclosure by Elliott (2000). It could follow similar principles to the way in which profile pictures or how a therapy room is decorated. It is believed that text or the software that the conversation was hosted in could be a *use of self-disclosure* in the way that it is personalised visually. For example, there are platforms such as a Windows Live Messenger and Skype that allow a picture or a pattern to be to be used as the background to the window. Alternatively, there is the colour of the text itself. Within this study there were two opposing views that that participants held; they wanted to either express themselves by changing the colour to be more in line with their personality, or hold a position of neutrality to remain professional. It is imagined that there is no right or wrong colour or size of text in terms of using it as a self-disclosure. However, the ability to read the text clearly comes to mind, but also the meaning of the chosen colour as a cross-cultural study completed by Adams & Osgood (1973) showed that dependent on our culture we have pre-exisitng ideas around what a colour represents.

5.1b. What Rationale Did Trainee Counselling Psychologists Have for Using Therapeutic *Uses of Self* Online in Internet Relay Chat?

There were a multitude of reasons as to why different *uses of self* were used online. Whilst there was overlap, each practitioner had constructed their own meaning for using the *use of self* across various scenarios.

When looking at the narrative and the paradigm model provided in the findings section it would appear that there is a timeline of events that happen in regards to using a *use of self* online. The following events occur in this order; a reason for using or not using a *use of self* is identified, when working online within the context of a training session using internet relay chat as a medium. This *use of self* is similar or dissimilar to how it is used in other mediums of therapy and has a distinct impact that was intended or not. However, it is in the reasoning behind using this *use of self* that needs further dissection. It would seem that the practitioners often had an intention of where they would like the therapy to go but did not think, "I will use this use of self to achieve that" in the way that Hill and O'Grady (1985) have described therapist intention that was discussed in the literature review. When looking at the responses from the participants in even more depth it would appear that a lot of the decisions are based upon a felt sense. This would suggest that therapy itself is a skill-based craft that requires an art to practice, informed by science. This raises the question of judging the practice itself rather than the outcomes of therapy against scientific criteria, and whether doing so is a fundamental mistake despite this profession trying to establish its creditability as an 'ology'; a study of material facts (Young & Heller, 2000). In practice whilst there are suggestions about how to use one's therapeutic *use of self*

from guidelines such as those provided by Raines (1996) perhaps there is a need for thought to be put into looking at this felt sense. This might include scrutinising morale compasses and personality factors in an attempt to, in some way, quantify how these judgements are made, if this is at all possible.

The sections that follow include a more in-depth inspection of the rationales that the participants had for using particular *uses of self* within their internet relay chat sessions. However, it is worth bearing in mind as you read this that saturation within the grounded theory analysis was not achieved due to the limited number of participants caused by the number of students in an academic year.

Use of Personality

As previously discussed, the *use of personality* was actively used within the therapy sessions, being the third most used *use of self*. It was used in the way of being authentic and honest, using one's own impact of self, personally identifying with the client's issue as well as using humour and translating touch into this medium. There were a myriad of reasons for using a *use of personality*, which were explored in detail in section 4.2a. Essentially each sub-type of *use of personality* were used with the intention of achieving different outcomes. This included, but is not limited to, calming and grounding the client, being explicit yet supportive within the relationship and managing the boundaries of the session.

Even whilst the session took place in a virtual space, it seems as though the cultural and professional meaning of touch held and was a reason for withholding this *use of self* in this context. Touch is often not used in therapy due to its association with

sexuality (Zur, 2007) and is therefore rarely seen in therapy. However, it was unsure if this would have occurred more so online due to there being no physicality of the act. In this situation it almost moves the act of touch to an act of self-disclosure of thoughts whereby you are expressing a statement such as "What you said makes me feel like I want to give you a hug" or by wording it using netiquette such as "*hug*". However, using touch in this manner such as typing it within asterisks was reported by participants to be seen as belittling the client's experience. It also seems that in order to achieve a desired effect the elements of context and time are still crucial within this medium, which may explain the lack of use in this study as perhaps these elements were not achieved. On the other hand, maybe the desired effect that would require touch was not present in these sessions. Participants also mentioned that as they would not use touch in face-to-face therapy, they would maintain that boundary and not do it online despite there being no physical touching.

As reported, humour was often refrained from being used for fear of being seen as a cold reaction to the client's experience despite the literature suggesting that humour is a fantastic way of bringing one's own personality into therapy if it occurs naturally (Dewane, 2006). There is a risk that using inappropriate humour could diminish the experience brought forward by the client and making a joke or laughing at it risks rupturing the therapeutic alliance. On the occasion that humour was used, it was seen as being similar to the way Dewane (2006) describes it, which normalises the situation and develops a therapeutic bond as humour can be intimate.

When looking at personally identifying with a client, a challenge was raised within this project, as the content analysis was completed by an outsider coding the prose of the session without being in attendance of the session itself. This meant that only explicitly expressed identification (Heimann, 1950) with the client was recorded. This is in contrast to the internally acknowledged feelings such as embodied countertransference (Samuels, 1989) which could not be seen. It could prove fruitful to incorporate methods to record feelings throughout the session to further explore identification with a client within future research.

Use of Belief System

Unlike the *use of personality* the *use of belief system* did not occur in these online text based counselling sessions. The reason for holding back their values and belief system was that there was a fear that in disclosing it would have negative impact on the situation. This was particularly present when discussing religion as the practitioner felt that there was a chance of accidently insulting the client due to therapist having a lack of knowledge about religions that were not their own. There appeared to be a viewpoint shared amongst the trainees that they would only feel comfortable sharing if they shared similar world beliefs. However, Wikler (1989) interviewed Orthodox and non-Orthodox Jews who stated that the religion of their therapist was irrelevant as it was whether or not they would be accepted with their beliefs and not pushed towards someone else's religious viewpoint that was important. Worthington Jr and Sandage (2001) further support this view. They found that when religious people engaged in counselling, religious or non-religious therapists who behave in a similar manner are equally attractive as someone to work with from a client's perspective.

This view by the trainees in this study is contrary to the existing body of literature whereby it is a careful combination of belief systems in therapy that unleashes the existing potential to heal (Saleebey, 1996) and that the practitioner's world view is an essential part of being able to use therapeutic *uses of self* skilfully (Sue et al., 2011). Therefore, the practitioner withholding their belief system may not be as beneficial as a balanced disclosure (Dewane, 2006).

Use of Relational Dynamics

The use of relational dynamics was the second most popular occurring *use of self* within this study, occurring in every session. The rationale behind using relational dynamics was to bring the therapist into the virtual space; it allowed an opportunity to gather information as well as check that the practitioner had understood the client correctly through clarification.

As one might expect, the sub-type of empathy, due to it being a key skill of person centred therapy, was a particularly prominent *use of self* that occurred within these sessions. It was found by the trainees that it was not always known how to translate this familiar and core skill into the medium of text. However when it was, it was used with the intention of validating feelings, as well as normalising the experience the client had, to make them feel heard and understood. This showed a degree of warmth and caring from the therapist and was to help make the ending of the session not so abrupt. Whilst the effects of an abrupt ending have been described as having a devastating impact by Evans (2007). However, abrupt endings are common in online

therapy (Finn & Barak, 2010) and currently the cause is not known if it is due to technical difficulties or the client abruptly ending the session.

As outlined in the literature by Shadley (2000), using empathy is key to using one's authentic self, yet across various orientations, it holds alternative names such as congruence, genuineness, intuition and countertransference. One potential reason that this study saw more counts of empathy than transference/countertransference is due to the constructivist nature of the study. As myself and the participants have enrolled onto the same training course where the prominent theories taught are both person centred therapy and cognitive behavioural therapy, it would stand to reason that the *uses of self* highlighted were understood as empathy rather than what has been defined as its psychodynamic counterpart.

The sub-type of speaking about the here and now was used in the hopes to bring the therapist into the relationship, yet keeping the frame of reference on the client. It was also used as a way to set the session agenda by looking at what was most distressing to the client, but also draw the session to a close by warning the client that the ending was near. This was similar to the concept of metacommunication (Cooper & McLeod, 2010; Kiesler, 1988; Rennie, 1998) in that it was planning goals for the session however was viewed to be speaking about the here and now in the way that it was a direct question put forward to the client. This question asked: 'what is most distressing to them at this moment in time?' as opposed to a more clinical and agenda setting exercise of planning what they would like to achieve during therapy as a whole. The speaking of the here and now in this study was less like the description posed by Yalom

(2002), in that it was not a discussion of the relationship within the therapeutic dyad acting as a reflection of other relationships. Instead, the discussion was still housed on what was occurring within the therapy room at the present moment but was less about the relationship between the two parties. Yet in this study, the metacommunication was largely used with the purpose of being warm and building trust, as well as bringing the client back from avoiding discussing the issue at hand. At first glance, it appears to be more of a here and now statement however, the way in which it was proposed during the therapy was more objective and spoke of the process of the therapy moving away from the outlined topic rather than the content of avoidance.

Within the sessions that took place in this study, there was a distinct lack of psycho-education, roleplaying and interpersonal skills training. There is a useful part of therapy that demonstrates other types of relational dynamics to the client (Dewane, 2006). The reasons that are suggested for the lack of these sub-types of *use of self* were that the sessions were short and therefore in longer sessions or more continued work it they might make an appearance. An alternative interpretation for this might be that these are not interventions that these particular therapists use. This could be due to their personal preference, theoretical orientation, or that the presenting problem their client brought to the session did not require psycho-education, roleplaying or interpersonal skills training. Finally, there is the reported issue that one participant raises about how they are unsure of how to translate some of these techniques into internet relay chat.

Use of Anxiety

Unlike most of the other types of *use of self* the *use of anxiety* did not occur in the internet relay chat sessions at all. It was reported by a participant that due to the lack of physical cues they were hesitant to delve into emotive and distressing content. This is because without having a physical presence they were scared about the consequences of talking about this content for fear of the client harming himself or herself or someone else. This is in line with the literature which suggests that internet relay chat therapy is appropriate for short term work, for clients who have a disposition whereby they can cope with technical faults and miscommunications, but not for client's who are experiencing severe and enduring mental health problems (Chechele & Stofle, 2003) . Along with this was a fear that in using one's own anxiety it would change the frame of reference. A cause for this could be due to the fact that the majority of the participants were completing their first year of person centred therapy and held a stance where they would leave their frame of reference behind and adopt the clients' similar to the way that Mearns et al. (2013) describes doing so. However, one client mentioned that they would share these feelings with a client if it was relevant to the session, but they could not see when that was. Yet, as Powell (1992) mentions: uncomfortableness comes from wanting to do a good job and feeling de-skilled. It is imagined that considering the lack of practical experience in internet relay chat and counselling in general, that the trainee counselling psychologists would have felt more anxiety than someone who is well versed in this medium and with a wealth of practical experience. This opens up questions about the differences between experience in this medium as well as experience with counselling as the trainees had

either just under two years or just under one year of practical experience as a trainee counselling psychologists, and this was their first attempt at conducting online therapy. From this, you might expect that trainees have more anxiety but are much less likely to disclose it, from what was mentioned in these interviews. On the other hand experienced practitioners might have considerably less anxiety, but be more willing to use it as a part of therapy.

Within this study it would appear that the coping style the trainees used for their anxiety was in line with the way that Muller and Tell (Quoted by, Taibbi, 1995) describe using avoidance. It would have been of enlightening to ask if the lack of training in how to use one's own anxiety as an intervention to provoke therapeutic change influenced this.

Use of Self-Disclosure

Finally, there is the *use of self-disclosure*. Participants reported that they felt there was a greater need to disclose online as not being face-to-face provided a barrier and believed that the extra expression of emotions would help overcome this. One way of providing this was to use emoticons in the way in which Anthony (2003) describes the addition of compensatory techniques forming netiquette to make up for the lack of observable cues. The benefit of emoticons is that they could be quickly inserted into the conversation as opposed to creating a lengthy response using text that incorporated emotions. This disclosure was used with the intention of creating positive feelings for the client and to be encouraging but also as a way of creating a presence that made the practitioner look more human and warm.

The disclosure of thoughts were used with the hope that it would show agreement and understanding as well as providing an insight into what the practitioner was experiencing. These thoughts were used in a very similar way to other *uses of self* whereby they would normalise the situation as well as showing unconditional positive regard. However, one's characteristics were disclosed because of information there would already be if the client and therapist were face-to-face. This was mainly physical aspects of self such as appearance, disclosures were made with the rationale of being more genuine.

Whilst there appeared to be a large hesitation by the participants of this study to use self-disclosure, it would seem that when used conservatively like they did in this study that there were mainly positive results from doing so. This is in line with how Raines (1996) suggests that the *use of self* be used in the sense that it is focused on the current experience and not from the therapist's personal life as well as being for the client's therapeutic benefit.

For clarity, a summary of the rationales behind using the *uses of self* in internet relay chat has been provided on the next page.

Table 19. Summary of Rationales for Using or Refraining from Using *Uses of Self*

Use of Self	**Rationale for Using or Refraining From Using**
Use of Personality	• Wanted to ground the client • Wanted to be explicit yet supportive • Used in the hope of managing the boundaries • Not using netiquette to simulate touch as participants would not use touch in face-to-face therapy • Refrained from humour for fear of being cold
Use of Belief System	• Was not used for fear of negative impact • Did not have a wide enough knowledge on other religions
Use of Relational Dynamics	• Bring the therapist into the virtual space • Use with the intention of clarifying what the client has said • Did not know how to translate empathy into text • When empathy was used it was hope to validate feelings and normalise experience as well as stopping an abrupt ending from happening • Speaking about the here and now and metacommunication was used in the hopes of keeping the frame of reference on the client as well as a way of setting the agenda of the session • To be warm and build trust • It is not known how to translate psycho-education, roleplaying and interpersonal skill training into this medium
Use of Anxiety	• Did not want to disclose negative feelings with the client • Did not want to change the frame of reference
Use of Self-disclosure	• Felt a need to disclosure to make up for the lack of physical cues • Intended to create positive feelings for the client • Intended to be encouraging • Hoped to create a warm and human presence • Disclosure of thoughts were used with the rationale of showing agreement and understanding as well as insight to what the practitioner was thinking • Characteristics were disclosed with the rationale that they would be present in face-to-face therapy

5.1c. How Did the Trainee Counselling Psychologists View the Impact of Therapeutic *Uses of Self* On Online Therapy Using Internet Relay Chat?

A key finding was that the *uses of self* the participants used often had the effect that they were intending to achieve. This was perceived either from a felt sense that the conversation was going the right way or was verbally acknowledged by the client. However, at times some *uses of self* halted conversation or there was a perception that the internet relay chat negatively impacted on the relationship. This section aims to inform the reader of what impact the participants perceived their *uses of self* as having. It is worth noting that due to there not being any *uses of anxiety* or *uses of belief system* used in this study, these will be absent from this discussion.

When using *uses of personality* it was perceived that the client felt understood as well as feeling like the intervention was natural and streamlined the therapy in terms of setting goals for the session. Often humour was reported to be withheld for fear of causing a cold response to the client's experience and using impact of self halted conversation.

On the other hand, it was felt that *uses of self-disclosure* often had their intended effect as the client reciprocated the emotion and also used emoticons themselves. It was believed that these disclosures made the client feel valued and helped conversation flow in addition to allowing a connection to be made. Yet this was disrupted when there were mismatches in whose turn it was to speak, a frequent challenge that this medium is reported to cause (Anthony, 2003). Turn taking had a large impact upon these segments of communication because the form of netiquette whereby one sends a line at a time in order to enable each part of the conversation to be appropriately

addressed was not used. In face-to-face communication across various cultures the average response time is 250ms which enables a brief enough pause to provide a response window (Stivers et al., 2009). However, online it is unknown how long this response window is. This delay is anticipated to be caused by the thinking and processing time that it takes to provide therapy and then the speed at which the person can respond via typing. However, this piece of research cannot make this claim. However my line of thinking is that online it requires a degree of extra concentration in order to attune to the client's tempo (Chechele & Stofle, 2003) and distraction can limit the ability to respond accordingly (Stofle, 2002).

Participants viewed that using *uses of relational dynamics* often hit their mark in that they successfully set the goals and maintained the boundaries of the session. However, whilst it was sometimes believed that empathy did work in this medium for example when it was used to validate and normalise experiences, participants also held the view that they were unsure just how much of their empathy was received due not always knowing how to translate empathy into text.

5.1d. Summary

From the discussion above it can be seen that the therapeutic *use of self* does occur in internet relay chat counselling. The *use of self-disclosure*, *use of personality* and the *use of personality* were used but the *use of anxiety and belief-system* was absent. The reasoning behind using these *uses of self* were not always clear as often the trainee counselling psychologists had an intention behind what they wanted to achieve but did not necessarily state that they wished to use a *use of self*. In addition to this, there

were times when it was reported that they did not know how to translate their *use of self* into this medium. This therefore means that there was a lack of awareness around explicit *uses of self,* as well as how to intentionally use them in internet relay chat. The perceived impact of using them in this medium was largely beneficial and the literature has shown them to be integral parts of therapy spanning across all therapeutic orientations. This means that it is important that when considering training students of this discipline that we further raise the knowledge of how to use ones therapeutic *use of self* and how to translate it into media other than face-to-face counselling. Furthermore, with the increase and changes in our day to day methods of communication it is important that trainees have an understanding of how online counselling works and an ability to conduct it.

5.2. Methodological Discussion

Within this sub-section the discussion will move away from reflecting upon the therapeutic *use of self* online and move towards methodological considerations that were posed by this study. This will incorporate an examination of what parts of the project worked well versus those that provided substantial challenges. In particular, it looks at the sample and how viewing the *use of self* from within a training structure has effected the results.

The mixed methods design that was utilised proved to be fruitful for the purpose of this study. Following an explanatory sequential design (Creswell & Plano Clark, 2007) created a study that was able to be conducted as well as creating results that have value. Using the quantitative directed content analysis most certainly complemented the qualitative grounded theory analysis (Tashakkori, 1998) allowing the research questions to be answered.

5.2.a. The 'Impact' of Using a Therapeutic *Use of Self*

Before looking at the main impact on the study of a trainee situation, I wish to continue from the previous discussion around answering the research questions and how the methodological choices of this study affected upon the ability to answer said questions. Specifically this is in reference to research question three which states 'How did the trainee counselling psychologists view the impact of therapeutic *uses of self* on online therapy using internet relay chat*?*' With the design that was used, participants were asked how they believed their highlighted *uses of self* impacted on the therapy. This answers the question in the sense of looking at what the therapist believed that

the *use of self* did or did not achieve, however it does not look at how the client actually received it. In addition to this, online there are less visual cues for the therapist to base their judgment on. Nor does it look at the impact that it has on the therapeutic outcome, not only from a quantitative perspective of did the client improve on any given outcome measure before and after the session but did it have a positive or negative therapeutic impact on their life or experience. Future studies could go on to look at this from alternative perspectives utilising the use of an observer or focusing on the client.

5.2b. Trainee Situation versus Real Life

Real life otherwise known in the online community as IRL (in real life) is a common term used online. However, in this subsection I am referring to the comparison of a practice counselling session carried out on a training course as opposed to completing the counselling online or offline with a member of the public. Conducting this research within a training setting is believed to have vastly affected the results. This is for various reasons; the participants themselves came from a single training course, this could potentially have altered the *uses of self* that were present within the practice counselling sessions. The reasons behind this could be the theoretical orientations that they were explicitly taught, whether or not *uses of self* were a part of their training, which is not the case with these participants (see Appendix 11 for a list of training exercises that were completed that are relevant to the *use of self*). Another explanation could include the familiarity with internet relay chat as a medium of communication, which again these participants did not have. As previously discussed in section 5.1b on *use of anxiety* it is believed that a greater amount of general

experience in counselling as well as counselling online would have influenced the *uses of self* used. This is because those who have been practising longer have been shown to have a greater depth and breadth of experience and more healing involvement with their clients (Orlinsky, Ronnestad, & Willutzki, 2004). When thinking in terms of how one's theoretical orientation influences the therapist's *use of self* it would be important to acknowledge the training background of these participants. In terms of theoretical orientation, the course all participants have been on is the counselling psychology doctorate at The University of Manchester. On the course the pluralistic framework is taught with the two core models being the person-centred approach and cognitive behavioural therapy (see Appendix 9 and 10 for an extract of the course handbook). This is likely to vastly impact on the types of *uses of self* that we would expect to see within the study as the theoretical model that a practitioner subscribes to provides a framework in how one is expected to interact with clients/patients. As was highlighted in the literature review, the types of *uses of self* differ between each orientation and the way that it is conceptualised in name. This is a limitation of the study in that it makes it highly unlikely that certain *uses of self* would not be present in internet relay chat because the participants were not informed by certain theoretical ways of working, such as the psychodynamic approach. This could be an alternative explanation as to why countertransference and transference did not appear in the coding within this study. This would limit the claims that this study can make to *uses of self* that were present in a simulated counselling session using internet relay chat with trainee counselling psychologists following the person-centred and cognitive behavioural therapy models. Furthermore, this study does not take into account the

participants' backgrounds before they arrived on the course in terms of their theoretical approaches nor their clinical experience. Both of which would impact on the outcome of this study, as it has been said throughout that experience will impact upon ones comfortableness and ability to use *uses of self*. However, this was not realised until after the data had been collected and analysed.

Then there is the aspect of conducting this research around a training environment itself. It is commonplace on the University of Manchester doctorate for counselling psychology course to conduct 'triad' work and this is not uncommon on other counselling courses whilst the details may vary. This is where three students complete a practice counselling session where one person assumes the role of counsellor, one person is the client and the remaining person is the observer to provide feedback. At the University of Manchester these sessions last 20 minutes and are usually one off sessions. This is believed to have affected the study in that it is possible that a series of sessions may have increased the number of *uses of self* witnessed in the transcripts, as well as provided further occasions and outcomes to explore. However, there is also the limiting factor that the same practitioner may not feel at ease with using a particular *use of self* and no matter how many sessions occurred it would never have been used, such as the *use of anxiety* and *use of belief system* in this study. Single session studies also come under criticism because it is often believed that it does not represent counselling in real in real life scenarios, which often have a minimum of 6 sessions within the United Kingdom's Improving Access to Psychology Therapies system. Yet, this study is reflective of the training procedure. Furthermore it is not to say that a single session study lacks value as can be seen from the motivation and

engagement of the clients who participated within previous single session studies online that showed positive therapeutic change (Cohen & Kerr, 1999; Fukkink & Hermanns, 2009a; Fukkink & Hermanns, 2009b; King et al., 2006a).

An alternative to this would be to increase the participant pool to examine more practitioners yet this was not possible in this study as it reflected the training procedure at the University of Manchester and there were no further participants to use at this moment in time as per the recruitment procedure (see section 3.2). It is believed that adopting either of these two methods would have increased the chance of achieving saturation within the grounded theory analysis but would have been implicated as discussed above.

It is also worth noting that, as the majority of the participants were first year trainee counselling psychologists, they are likely to have not completed their 40 hours of personal therapy that the course requires them to complete. It could be enlightening to have asked how much personal therapy and meditation they had engaged in prior to the study. This is because Rowan and Jacobs (2002) suggest that moving one's ability from an instrumental self to an authentic self can be done by attending personal therapy. So there might be a correlation between the amount of authentic/honest *uses of self* and amount of personal therapy attended waiting to be found.

5.2c. Operationalising the Therapeutic *Uses of Self*

As part of the process of the directed content analysis following the protocols outlined by Hsieh and Shannon (2005), I was required to operationalise the key concepts which were then highlighted within the data set as it is analysed. However, I would like to

bring the attention to the reader to the process of operationalising these terms. Whilst Dewane (2006) outlines the five headings of the *uses of self; use of personality, use of belief system, use of relational dynamics, use of anxiety and use of self-disclosure*, the sub-categories were used as examples of interventions but not explicitly defined within her paper. This meant, as I would imagine would be the case with most directed content analyses when operationalising key concepts, that these sub-types were created through interpretation. Whilst the majority of sub-themes were picked out from the literature itself, it raises the questions of; to what degree did the interpretation change the sub-types that were outlined? As well as; is this inclusive of all of the interventions that would fall under the five types of *use of self*? I believe that all of the interventions that were clear in the paper by Dewane (2006) were operationalised into interventions that fell under the subtype they were presented in. However, it is imagined that a further review of other literature would produce a list of all interventions that can be used in counselling that could then be categorised into the *uses of self* if they indeed involved using oneself. I believe that this would add further sub-types to the list that was produced within this study. Yet the issue would then lie within where the line is drawn as to whether it was using oneself. As all interventions to some degree must include the self as the therapist is a present and usually active part of therapy, as the word intervention in itself suggests the therapist is using their instrumental self (Rowan & Jacobs, 2002). Therefore, to solve this conceptual issue, depending upon perspective, all interventions that involved the therapist to any degree could be used. Alternatively, it could be limited to the interventions that required an explicit *use of self* and disregard the unobservable

internal *uses of self*. However, this option does not sit well with me, as I firmly believe that internal *uses of self* guide our actions and impact upon the therapy. Finally, one option may be to include only the intentional *uses of self.*

This brings us on to the issue in content analysing transcripts of therapy when looking out for concepts that are not necessarily displayed through actions but felt as a sense. For example, being non-judgemental and transference/counter transference are two concepts that did not appear in this study's content analysis. However, it is suggested that perhaps they were at play, yet are merely undetectable to an outsider reading the prose of another's counselling session. A possible solution to this would be to have the practitioner highlight their own transcript but this changes the initial content analysis from objective to subjective and they might not be aware of the other types of *uses of self*. It would also bring inconsistency amongst the transcripts, as there would not be one single standard of coding. However, this could be explained with another methodological paradigm.

Having highlighted some of the practical implications and experiences that I went through to using Dewane's five types of *uses of self,* it is important to highlight the theoretical implications. Now that I have completed the research, I still feel that this particular model of *uses of self* feels as though it is all encompassing. It defines *uses of self* in a way that reflects how they are a part of differing theoretical perspectives of counselling, which was incredibly important considering the pluralistic nature of the course that the trainees hailed from, notably a course, which teaches the theoretical orientations of person-centred and cognitive behavioural therapy (see Appendix 9 and

10 for an extract of the course handbook). As a model, its detail allowed the focus on specific interventions as opposed to merely highlight a general way in which the trainee in the role of counsellor was acting. For example, if Rowan and Jacobs's (2002) model were used, moments would have been highlighted whether participants were using themselves as an instrument, authentically or transpersonally. Whilst useful, it does not provide the reader with details as to *how* they were using themselves in that moment. Alternatively, using the categories set out by Dewane gives the reader what is perceived as a much more useful outlook by specifically looking at what part of the self was used and how that was done. This is a similar reason as to why the seminal work of Wosket (1999) was not used for this purpose. Whilst detailed, it is not a model that can be used as a framework outwardly applied for the use of detecting *uses of self*.

5.3. Is It Still Considered A Talking Therapy?

Throughout this thesis there have been instances where I have often gone to write the word 'heard' referring to a *use of self* that has been given in text form and is received by the client. This has raised a query about the identity of counselling psychology itself and if it were to embrace internet relay chat as a common form of therapy with open arm. If it did so then does it still consider itself a talking therapy considering there is no actual talking involved? In much the same way that computerised cognitive behavioural therapy is an accepted therapy but more typically categorised under self-help, perhaps a change in categorisation is needed. Internet relay chat on its own, or maybe counselling psychology as a whole could move from the identity of talking therapy to interpersonal therapy, providing emphasis on the relationship and communication with another person.

Internet relay chat certainly has benefits, as highlighted by this study and those before it, such as allowing the client anonymity and accessibility but it would appear that it could also be used to be more 'real'. Due to the online disinhibition effect (Suler, 2004) people are more likely to self-disclose and act out which could be useful in therapy if that comes from the client. Yet in addition to this, it allows for something more subtle where people can discuss their problems in a form of communication that is becoming ever more present in everyday life. This communication has moved from 1337 speak where only online communities use this slang to everyday platforms such as Facebook and Whatsapp; where memes (an example can be seen in Figure 20) are used to express emotions alongside abbreviations such as rofl (rolling on the floor laughing), lmao (laughing my ass off) and lol (laughing out loud). Therefore, in communicating in

this way it could increase uses of the authentic self by both practitioner and client. It also raises queries about working with adolescents, who it is assumed would be more accustomed to both using internet relay chat services and communicating in this manner, and how counselling psychology as a profession would need to keep up with current trends of communicating in order to continue to be an effective treatment.

Figure 20. An Example of a Meme

Having the simulated counselling session in this format raises the question as to whether or not the simulated therapy sessions were in fact therapeutic, or merely just an online discussion. This can be traced within this study to where the 'rules' in which the uses of compensatory techniques were said by the participants to have been set by their use of social media in their personal lives. This familiarity with netiquette has become the social norm, and whilst using it compensates for a lack of social cues, it

goes against what Danet (2001) has proposed about styles of writing. Danet (2001) states that with two distinct styles of writing, one for personal use and one for business that you either use or refrain from netiquette. Therefore, raising the question, whether it is professional or not to use this within therapy sessions, which was a recurring dilemma that participants had within this study.

One argument for this conversation being therapeutic, despite that its aim was to be a simulated therapy session, is that the participants in the role of counsellor were informed by a theoretical orientation. Theoretical orientations are still a critical part of counsellor development. Despite influential voices arguing for a more flexible approach to theoretical understanding and practice (Feltham, 2001; Polkinghorne, 1992), most training courses and organisations continue to require that practitioners have a firm base in at least one theoretical model (Hollanders & McLeod, 1999). Subscribing to a theoretical orientation is an important part of being a psychologist, counsellor, psychotherapist and other types of mental health worker. This is because the theoretical stance provides a framework in which training is completed, 'treatment' is given and how one collaborates with other practitioners (Arthur, 2001). Ultimately, it is this framework of working with a client in which the conversation changes towards being therapeutic. There is a set manner in which one is expected to conduct oneself and what the conversation is aimed to achieve ranging from educating, healing, collaborating and motivating (Chechele & Stofle, 2003). Therefore, it could have been useful to ask the participants to practice using a single theoretical stance for this exercise. However, if this were then done it may have raised arguments that counselling psychologists are rarely monolithic much like their training.

Furthermore, since the participants were trained in a pluralistic manner I imagine it would be difficult to simply put aside all of that knowledge and experience that would inform one's practice.

5.4. Recommendations

The following recommendations have been made based upon the findings of this research. Below each recommendation is an overview of the rationale for doing so and the evidence from this study that supports the suggestion.

5.4a. Recommendation 1: The Teaching of Therapeutic *Use of Self*

Recommendation:

Training courses could explicitly teach how to use the therapeutic *use of self*.

Rationale:

The therapeutic *use of self* seems impossible to avoid as a part of therapy and the literature would suggest that utilising it and have a growing awareness around oneself is beneficial. The participants within this study did not explicitly know how to use their therapeutic *use of self* in the sense that most of the *uses of self* were unintentional. It would also help expand the range of knowledge from the *use of self* being reduced to self-disclosure and effectively bring the use of negative feelings and world beliefs to the therapy room.

Evidence:

The content analysis shows a distinct lack of some of the types of *use of self* and within the interviews it was found that participants were quite often unintentionally using *uses of self*.

5.4b. Recommendation 2: The Teaching of Online Therapies

Recommendation:

Text based online therapies to be more frequently taught on training courses.

Rationale:

With the increase in the use of technology in day to day life, and as it becomes ever more present within conducting therapy, it is seen that it is important that in order for counselling psychology to keep up with the current trends of communication that it is necessary for training courses to incorporate the teaching of online therapies. In particular it would be of benefit to teach how to use text based therapies that are either synchronous or asynchronous such as internet relay chat or e-mail therapy as synchronous video chat therapies are similar to face-to-face counselling in that the only difference is that client is not in the same room. However, with text based therapies there is a distinct difference in the amount of non-verbal cues and how to go about adequately communicating with these differences.

Evidence:

From the interviews with participants, it can be seen that they were not always comfortable or confident with the protocols of completing therapy in this medium. Also due to the lack of some *uses of self* evidenced in the content analysis teaching how to translate *uses of self* into this medium may also prove fruitful.

5.4c. Recommendation 3: The Development of Text-Based Online Therapy Language

Recommendation:

Further integration between counselling and the cyber world.

Rationale:

Continuing with the theme of developing identity it is recommended that the language used within online therapy be further developed for use with counselling and the way that this is taught. This would involve looking at the communication style, in particular incorporating modern day slang and methods of communication but also looking at the way in that communication is visual rather than audial.

Evidence:

The evidence for this comes from the distinct lack of netiquette used in the transcripts and where in the interviews the participants were not sure about how to translate themselves into this medium as well as not being sure as to whether it was professional to do so.

Chapter 6. Conclusions

6.1. Conclusions

The self is still a largely ambiguous concept even though it has been around for over 55 years. It is incredibly difficult to conceptualise because it is the self conceptualising the self. One reason why self is so difficult to define is that it has changed across time, affected by religion, culture and philosophy. Within psychology a different story is told whereby the move towards empirical science meant that the self was largely disregarded until the reintroduction of the unconscious. This was later furthered by psychosexual and ego development and now the self rests at the centre of many modern personality theories. When it comes to using the self within therapy it has been said that it is impossible to avoid revealing some aspects of our self whether this is our attitude, philosophy or lifestyle. Often the *use of self* is reduced to self-disclosure however; other examples of *use of self* include the *use of personality, the use of belief system, the use of relational dynamics, the use of anxiety*. There have been suggestions within the existing body of literature in order for these *uses of self* to be of therapeutic benefit to the client it is necessary to being genuine and authentic whilst keeping the client within the frame of reference and only disclosing at the right time.

When looking at technology there has been an exponential growth of the last 20 years and technology is now integrated into our everyday lives. It has slowly but surely found its way into the counselling room with a shift from using technology as a part of therapy to it being used to facilitate it, for example using computers to keep notes to using computers to hold therapy sessions. Again, online counselling is difficult to define as

there are a myriad of terms that are using interchangeably. The parameters of which have been summarised into four settings; without visual or audio cues (text only), only audio cues, visual and audio cues at a distance and remote visual and audio cues (software). This study chose to focus on the synchronous communication using chat room with no video or audio cues otherwise known as internet relay chat. In this medium netiquette is used to make up for the lack of sensory input or visual and audio cues by using punctuation to create a tone so that that client can 'hear' the therapist's voice to reduce miscommunications.

The work that is reported here reflects the training procedure at the University of Manchester on the professional doctorate in counselling psychology. The study followed an explanatory sequential mixed methods design where the quantitative part of the study informed the research questions for the qualitative part of the study. This qualitative element provided further explanation for what was occurring. Eight participants took part in their regular training whereby they completed 20-minute simulated internet relay chat counselling sessions over Skype with one another. The transcripts from these sessions were then coded using a directed content analysis, which were used to highlight the *uses of self* that were present. The coding of these transcripts were checked for reliability using a Fleiss' Kappa. With these *uses of self* coded a semi-structured interview was held with each of the participants to explore each of the instances to find out the reasoning behind using a *use of self* and what impact it had on the therapy. This was then analysed using grounded theory analysis following the recommendations by Corbin and Strauss.

The directed content analysis in this study revealed

- 53 occurrences of self-disclosure most commonly in the form of expressing thoughts or feelings.
- 45 uses of relational dynamics most often seen as metacommunication, empathy and here and now statements
- 15 uses of personality which were often being authentic and honest or personally identifying with the clients material
- 0 uses of anxiety were seen
- 0 uses of belief system were present

The grounded theory analysis provided reasoning for why these *uses of self* were used within the therapy showing that more often than not the practitioner wished to achieve a specific outcome but did not explicitly think about using a *use of self*. Therefore, most *uses of self* within this study were natural behaviour and turns of phrases. Frequently the intended outcome was achieved with multiple types of *use of self* overlapping in what they achieved or the way that they were used. There was however deliberation over whether certain *uses of self* were appropriate in this setting as most participants were not comfortable in using netiquette. When discussing these findings it was seen that compared to the literature the uses of self were frequently used to achieve similar outcomes to those described. As well as using compensatory techniques in the form of netiquette in a similar manner to the way they use it in their personal social media, however it was unknown by the participants whether this was appropriate or not to do so.

Finally, as a result this study provided three recommendations

1. Training courses should explicitly teach how to use the therapeutic use of self.
2. Text based online therapies should be taught on training courses.
3. Further integration between counselling and the cyber world should occur.

6.2. Further research

Whilst this study was able to answer the research questions that were posed at the beginning it would seem as though further questions have been created from these findings and that there would be alternative methods to employ that might shed more light on the answers found.

When completing the content analysis within this research some skills such as non-judgemental and transference were not coded. This could have been because they were not part of the transcript however, an alternative explanation may be at play. For example, these two *uses of self* are very much an internal felt sense and it is believed that perhaps this is one reason why they were not seen during this study. For further research and alternative way of coding could be created such as informing the practitioner after the counselling session, so as not to prime them, about *uses of self* and get them to code their transcript. However, this does add other challenges such as performance biases.

Continuing along the theme of the felt sense it would be particularly beneficial to look deeper into the reasoning behind using therapeutic *uses of self* in internet relay chat. Much of this research appeared to show that it was a felt sense rather than a logical process or taught process of decision making that drove the *use of self*. Further investigation of this could be beneficial to inform the guidelines of what, why, with whom or when makes it is acceptable to use a therapeutic *use of self* and more specifically doing so in an internet relay chat scenario. In addition to this, it might be useful to create a theory or a scale of the levels of disclosure across cultures. This could

display a continuum of appropriateness and impactful *uses of self*, focusing particularly on disclosures that could then influence intention and decision making within therapy.

One potential limitation of this research was it focused on the practitioner's perceived impact of their *uses of self*. In future research alternatives could be used such as interviewing the client to see how it impacted them or using the therapy personalisation forms (Bowens & Cooper, 2012) to see what style was appreciated. It would also be interesting to use different groups, perhaps compare, and contrast them, for example are there any differences when performing therapy in a practice session such as those completed in this study versus working with a 'real' client. Alternatively, using different groups of practitioners that may show variation in the different *uses of self* used particularly with anxiety if the findings and discussion around this topic from this study are anything to go by.

6.3. Reflexive Statement

"There is no substitute for experience, none at all."
(Maslow, 2004, p. 29)

The reflexivity that follows intends be both an introspective reflexivity, embracing my own humanness to frame the research that has taken place, as well as an intersubjective reflection. Whereby putting forward characteristics and social context that I am situated in to potentially highlight any unconscious influences that I may have had on either the participants through their relationship, or in the analysis and the relationship with the data (Finlay & Gough, 2008).

As is highlighted in the introduction of this thesis I have a personal interest in the therapeutic *use of self* as it was highlighted through the process of an assessment that I was neither aware of the concept nor innately used it in my practice as turns of phrases. It was essentially a foreign concept that to begin with I was unsure of how to integrate it with my previous person centred counselling background. To me it seemed as though it would change the frame of reference of the therapy from the client to myself and the only type I ever thought existed was self-disclosure. However, the comments from my assessment introduced me to meta-communication and using yourself as a reflection on the relationship. This seemed valuable, not dangerous and fit well with the move from a person centred orientation to pluralism that I was undertaking. Also as a topic area in general, it seems to be rather ideal for me. Again, as seen in the introduction configurations of self are discussed; I want to help people, I want to be the best practitioner I can be but I want to have a scientific reasoning behind my choice of interventions. This is coupled with the topic area itself as online

and working with computers not only provides a glimpse into the generation that I am a part of but is commonplace with the 'nerd' identity that I subscribe to. Which brings up assumed opposing beliefs as from my discussions with older generations of counsellors and counselling psychologists they cannot possibly imagine working with someone without being in the same room as them, and the prospect of this advance in technology genuinely brings up a degree of excitement. Nevertheless, it is unknown to me whether this is because it is an almost taboo subject that on first glance should not fit with counselling or because who knows what this could be the stepping stone towards. Therefore, I am conscious that I wish for internet relay chat therapy to be seen in a positive light but was aware of this when analysing the data so as not to come across as biased.

The therapeutic *use of self* seems to also be more pertinent online using internet relay chat as it highlights some of the key issues of 'how does one use their self if there is no physical self?' There is also something in the way that this project has used social constructionism to define how the self is used online, as opposed to trial and error method to find exactly what is the most beneficial. This is because we use technology and internet relay chat every day in various contexts; I personally grew up in a generation where every evening after secondary school would be spent gleefully chatting to friends on MSN Messenger that has progressed to being able to WhatsApp my Nan from any country at any time on a tiny portable device. So there is already a way of how we communicate in this medium and it feels that it is more about how to apply this to therapy in a beneficial way than construct how we use text-based chat to communicate.

Throughout the project, I have also become very aware of how the *use of self* has influenced my practice, I notice when I use the various types and I am not afraid to consciously make the effort to disclose. I feel as though this has made me a much more relatable therapist. I have experienced similar situations to that of the example of the extract from an interview with Carl Rogers that was seen in the literature review. In using myself, it has been particularly useful especially when sharing my upset and worry about a client's wellbeing when working with male survivors of rape or women who have developed eating disorders because of domestic violence, it has closed the distance of our relationship and validated their experience. On the other side, there have been times when a disclosure has not worked, when the content was too personal or the timing was off and whilst not being detrimental to therapy there have been moments when it has not had the intended effect. There is an adjustment period, which has come with experience of therapy, of *uses of self* and of that individual client.

The research has been situated in a time where the awareness of mental health in Britain is still on the rise. From the initial Layard report (Layard, 2006), it is slowly becoming more acceptable to talk about mental health and there is less stigma in seeing a counsellor. Now computerised cognitive behavioural therapy (CCBT) is a large part of the IAPT initiative that has come from the Layard report and I believe that this and the tiny prospect of humans being replaced by robotic therapists adds to the fear from practitioners of online therapy. So you would imagine that in completing this research I would have a vested interest in showing that internet relay chat counselling was not as good, in whatever way that might be, as other forms of counselling. For me it has been a time where I am completing three years of doctoral training, a height I

never thought I would achieve, after a long stint of being in education for over three quarters of my life. It has been enjoyable; the academic side of writing papers and conducting research has pushed me to learn new skills. I am unsure of the future, as I will have to establish a career rather than decide what course and city is next.

Conducting the research has been hard and laborious at times, it is hard to express through words just how glad I am to be the other side of transcription and analysis as I found that to be a painful time. However, I am thankful for the structure that was provided by the content analysis and the grounded theory methodology. A challenge has been juggling placement, working, writing and relationships and I hope to feel a real sense of relief once this is handed in. The literature review however was most enlightening to me, as I had to learn about concepts and act in ways that I am not familiar with; it felt like a very philosophical process, which I do not see myself as being. I had the opportunity to read and write about religions, which previously I have not been largely interested in. There was also a large amount of psychodynamic content to attempt to understand and having not had training in this modality it was exciting to understand, what felt like, a very radically different viewpoint yet on occasion was only separated by terminology.

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Appendices

Appendix 1. Participant Information Sheet

Participant Information Sheet

Uses of self in online internet relay chat counselling- the trainee counselling psychologists experience

You are invited to participate in a research study of how trainee counselling psychologists experience using the self within practice counselling sessions, as part of a case study for a Professional Doctorate in Counselling Psychology. Before you decide whether to participate, it is important that you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information.

Gregory Warwick is conducting the study (Gregory.warwick@postgrad.manchester.ac.uk) under the supervision of Dry Terry Hanley (terry.hanley@manchester.ac.uk) at the University of Manchester.

I would be grateful if you would consider participating in this study. If you decide to participate, you will be asked to provide a twenty-minute long video of a practice counselling session that you have conducted this year. You will then be interviewed and recorded using a Dictaphone whilst watching the video that is provided, which should take no longer than an hour. If there are any questions you feel uncomfortable with, you can choose not to answer. The aim of this research is to look at how trainees experience using their self within a training counselling environment. This could be through body language, eye contact, countertransference, metacommunication etc., and what it was like to experience that as well as the reasoning behind what occurred.

Any information or personal details gathered in the course of the study will remain confidential. No individual will be identified in any publication of the results. All data that will be collected will be encrypted and destroyed after five years. The only people that will have access to this are I (Gregory Warwick), the supervisor (Dry Terry Hanley), and any examiners or external markers that will be marking this piece of research. Confidentiality will be maintained by encrypting the transcript that comes from the interview and no names or identifying characteristics will be transcribed.

If you decide to participate, you are free to withdraw from further participation in the research at any time without having to give a reason and without consequence. Withdrawal cannot occur once the data has been submitted to the examiner, due to no names or identification numbers being used. It also needs to be noted that there is no incentive for participating in this study. If you are prepared to participate please sign the Consent Form and return it to the Investigator.

Thank you for your time.

The ethical aspects of this study have been approved by the

University of Manchester's Research Ethics committee.

Appendix 2. Consent Form

Consent Form

Uses of self in online internet relay chat counselling- the trainee counselling psychologists experience

Please initial to confirm you have read and understood each statement

I have read (or, where appropriate, have had read to me) and understand the information provided in the Information Sheet.	
I understand that I will be asked to provide a transcript of an online text-based counselling session. In this I will be in the role of the counsellor.	
I also understand that I will be interviewed and recorded whilst discussing themes from the transcript with I which could take up to one and a half hours.	
I understand that I can choose not to answer any questions that I am uncomfortable with.	
I understand that I can withdraw from further participation in the research at any time during this session without consequence or giving a reason.	
I understand that I can withdraw my data from the study after the interview is over at any point up until it has been submitted for I's assignment.	
I acknowledge that data, the transcript of the interview, will be encrypted and kept for 5 years.	
Any questions I have asked have been answered to my satisfaction.	
I have permission from the client to provide this transcript	
I agree to participate in this research.	

Participant's Name (Block letters):

Participant's Signature: _____ Date

Client's Name (Block letters):

Clients Signature: _____ Date:

Appendix 3. Debrief Sheet

Debrief Sheet

Uses of self in online internet relay chat counselling- the trainee counselling psychologists experience

Thank you for taking part in this Study.

The aim of this study was to see which of the five types of therapeutic uses of self were used in online counselling sessions via internet relay chat. The therapeutic use of self is a topic which has not been previously explored in terms of online counselling and finding out how and why you used yourself in the way that you have could inform the practice of others hopefully improving how they present themselves through this medium which could benefit the therapeutic alliance and therefore the therapeutic outcomes. It is unknown what will be found in the data. If you wish to find out the overall findings of the study please e-mail I on Gregory.warwick@postgrad.manchester.ac.uk

Appendix 4. Interview Structure

Interview Prompts

Part 1

1. Work through the transcripts asking the client to read out the highlighted text
2. Can you tell me what was going on at the moment
3. It was coded as a use of […] do you see it that way?
4. What was it used for?
5. Did it have the intended impact?

Part 2

1. Could you tell me a bit about your use of self in face-to-face counselling?
    a. Do you believe anything impacts upon the way you use your self within therapy?
        i. For example your culture, class, sexuality, gender, personality?
    b. How does it differ from when you were practicing online?

Appendix 5. Coding Instructions

Coding Instructions

Please read the definitions below before continuing
Within counselling, the therapist can use 5 types of uses of self

Use of personality

- Being authentic and honest
- Understanding oneself and using that insight in the relationship (impact of self)
- Using self-disclosure
- Using touch
- Using humour
- Personally identifying with client issues

Use of belief system

- Using the therapists beliefs and world view with the client

Use of relational dynamics

- A relational dynamic that comes from the therapist (Some possible examples below)
    - Showing empathy
    - Being non-judgmental
    - Using metacommunication
    - Speaking about the 'here and now'
    - Psycho-education
    - Teaching interpersonal skills
    - Role-playing
    - Using transference/countertransference

Use of anxiety

- Expression of the therapists anxiety or discomfort

Use of self-disclosure

- An expression of self in terms of décor
    - This may be evident in colour of background of chat, font, colour of text, avatar image used
- Self-disclosure of
    - Thoughts
    - Feelings
    - Experiences
    - Likes/dislikes
    - Characteristics (sexuality/gender/sex/social class/ethnicity/looks)
- Situational self-disclosure
    - Description of location/surroundings

Now please read the transcript and highlight each example where you can believe that the therapist has used a use of self.
Then go back and write in the margin which use of self and it is subtype you saw demonstrated by the therapist.

Appendix 6. SPSS Output for Cohen's Kappa Testing Inter-rater Reliability

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Coder_1 * Coder_2	20	100.0%	0	0.0%	20	100.0%
Coder_1 * Coder_3	20	100.0%	0	0.0%	20	100.0%
Coder_1 * Coder_4	20	100.0%	0	0.0%	20	100.0%

Coder_1 * Coder_2

Crosstab

			Coder_2				Total
			None	Use of Personality	Use of Relational Dynamics	Use of Self-Disclosure	
Coder_1	None	Count	3	2	2	0	7
		Expected Count	1.4	2.8	2.1	.7	7.0
	Use of Personality	Count	0	3	2	0	5
		Expected Count	1.0	2.0	1.5	.5	5.0
	Use of Relational Dynamics	Count	1	0	2	0	3
		Expected Count	.6	1.2	.9	.3	3.0
	Use of Self-Disclosure	Count	0	3	0	2	5
		Expected Count	1.0	2.0	1.5	.5	5.0
Total		Count	4	8	6	2	20
		Expected Count	4.0	8.0	6.0	2.0	20.0

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Measure of Agreement	Kappa	.342	.141	2.862	.004
N of Valid Cases		20			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Coder_1 * Coder_3

Crosstab

			Coder_3				Total
			None	Use of Personality	Use of Relational Dynamics	Use of Self-Disclosure	
Coder_1	None	Count	1	4	2	0	7
		Expected Count	1.4	3.5	1.4	.7	7.0
	Use of Personality	Count	1	4	0	0	5
		Expected Count	1.0	2.5	1.0	.5	5.0
	Use of Relational Dynamics	Count	0	1	2	0	3
		Expected Count	.6	1.5	.6	.3	3.0
	Use of Self-Disclosure	Count	2	1	0	2	5
		Expected Count	1.0	2.5	1.0	.5	5.0
Total		Count	4	10	4	2	20
		Expected Count	4.0	10.0	4.0	2.0	20.0

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Measure of Agreement	Kappa	.267	.143	2.229	.026
N of Valid Cases		20			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Coder_1 * Coder_4

Crosstab

			Coder_4				Total
			None	Use of Personality	Use of Relational Dynamics	Use of Self-Disclosure	
Coder_1	None	Count	3	0	4	0	7
		Expected Count	2.1	.7	2.4	1.8	7.0
	Use of Personality	Count	2	2	0	1	5
		Expected Count	1.5	.5	1.8	1.3	5.0
	Use of Relational Dynamics	Count	0	0	3	0	3
		Expected Count	.9	.3	1.1	.8	3.0
	Use of Self-Disclosure	Count	1	0	0	4	5
		Expected Count	1.5	.5	1.8	1.3	5.0
Total		Count	6	2	7	5	20
		Expected Count	6.0	2.0	7.0	5.0	20.0

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Measure of Agreement	Kappa	.470	.141	3.845	.000
N of Valid Cases		20			

Appendix 7. Codes and Sub-codes

The Therapeutic Use of Self Online

Conducting Research

Explaining interview procedure
Researcher Asking Questions

Impact of Using Uses of Self

- Personality
  - Impact of Being Authentic and Honest
    - Client feels understood
  - Impact of not using humour
  - Impact of Personally Identifying
    - Client tried to consider
    - Felt Natural
  - Impact of using impact of self
    - Brought client back on topic
    - Client made choice of what she wanted out of session
    - Conversation Stopped
    - Give client reasons for questions asked
- Relational dynamics
  - Impact of Showing Empathy
    - Artificial process
    - Came across as giving advice
    - Client tried to consider
    - Effect on congruence
    - Felt cold
    - Not the sole driver of change
    - Opening Up
    - Practitioner changed direction of therapy
    - Received well
    - Seemed Happy
    - Unsure if all empathy got through to client
  - Impact of Speaking About the Here and Now
    - Change frame of reference
    - Didn't quite set goals for session
  - Impact of Using Meta-communication
    - Brought client back on task
    - Didn't have intended effect
    - Keeping time
    - Made Client Feel Comfortable
    - Made Counsellor Feel Better
    - Make Client Feel They Can Disclose
    - Managing expectations
    - Stop Abrupt Ending from Happening
    - Validate Client
  - Impact of using relational dynamics
    - Create Atmosphere that is less comfortable
    - Did and didn't open up conversation
    - Felt sceptical it would benefit client
    - Gathered more information
      - Got specific example (CBT)
- Self-disclosure
  - Impact of being female
  - Impact of Disclosing Feelings
    - Client appeared to appreciate statement
    - Client reciprocated emoticon
    - Made conversation flow
    - Make client feel valuable
    - Not in sync so didn't have impact
    - Reflect in 1st person = easier to connect
  - Impact of Disclosing Thoughts
    - Being 'real'
    - Clarified the experience
    - Client responded
    - Client was ok with ending
    - Did not bring client off topic
    - Keep therapist and client on same 'page'
    - Met therapists agenda
    - Moving on before client acknowledged completion
    - Not sure if understanding was received
  - Impact on culturally different relationships

Internet Relay Chat Counselling

- Anxious Client would leave
- Being Tentative
  - Reason for Being Tentative
    - Beginning of Session
    - Gain Client's Trust
    - Get Client Comfortable
    - Not a Lot of Information to Go On
    - Not Being Concrete
    - Showing not all powerful
    - Worrying
- Benefits of online therapy
- Couldn't use silence online
- Difficult to concentrate in online session
- Harder to keep boundaries online
- Identity
  - Client Identity Unknown
    - Confidentiality
    - Depersonalisation
  - Identity
  - Online Identity
- Inexperienced in Online
- Lack of congruence online
- Lack of physical cues
  - Loss of Connection
  - Need for client know therapist is human
    - Being Real to Compensate for lack of cues
  - Unable to show client how therapist felt
  - Unable to tell clients emotions
  - Unable to Use Body Language
    - Appeared Cold
    - Makes session harder to 'hold'
    - Stayed Silent
  - Unsure if client was congruent
- Mismatch in Turn Taking
  - Couldn't follow
- More Accountable Online
- Need for physical presence with emotive content
- Needed More Information
- Own process
- Pressure
  - Pressure for client to speak
  - Pressure to get it right due to not being face-to-face
  - Pressure to respond quickly
    - Pressure to respond quickly
  - Pressure to speak to maintain relationship
- Safer to go with content than emotions
- Safety

- Sudden ending
- Therapist answering multiple chats
- Time
  - Time Boundaries online is worrying for counsellor
  - Time Delay to Adapt Empathy to Text
  - Time impacted use of self
  - Time Went Faster
  - Timing of session stopped exploration
  - Typing takes time
  - Unsure if client was keeping track of time too
- Would not do online counselling again
- Written word
  - Adapting to text
  - Emoticons
    - Felt Belittling
    - Inappropriate
  - IRC enhances words
  - Not having the vocabulary for IRC
  - Opportunity to proof before send
  - Process of typing
  - Punctuation
  - Social Media Set's Tone for IRC
  - Text's potential for being misinterpreted
    - Potential for misinterpretation
    - Tone of Voice
  - Touch typing aid IRC therapy
  - Typographical Error

Patterns of Behaviour

- Adapt self to client
  - Alter use of self to client persona
  - Entering their world
  - People form Judgements
- Change of roles
- Differences to other mediums of therapy
  - Easier to Empathise Face-to-face
  - Easier to hold boundaries in face-to-face
  - Have to work harder online
  - Lack of Visual Cues
  - No hesitation
  - No need to fill silences
  - Online Felt Different
    - Online Felt Awkward
    - Online felt distant
      - Unable to do intervention
  - Unsure how to show empathy online
  - Use Less Metacommunication in Face-to Face
- Interventions
  - Being Honest
  - Being Human
  - Check understanding
  - Client using lyrics led to understanding
  - Ending the session
  - Explore rather than empathise
  - Good or bad intervention
  - Power Dynamics
  - Prompts
  - Reflecting
    - Reflection outside of session
    - To Build Up Information
  - Roleplaying
  - Therapist avoiding main issue
    - Fear of making client feel bad
  - Use contract to bring client back on task
  - Using client's name
- Similarities with Face-to-face Counselling
  - Being Calm
    - Purpose of Being Calm
      - Client is stressed
      - To Ease the Client
  - Check if therapist understood
  - Explain reasons for questions
  - Holding Boundaries
  - Narrow Session Goals Down At Beginning
  - Smiling
  - Telling Client Your Name
  - Thanking Client
- Similarities with Telephone Counselling
  - Lack of Visual Cues

Reasons for Using Use of Self or Not

- Disclosure determined by client's questions
- Importance of using self in therapy
- Intentionally Speaking About the Here and Now
- More likely to disclose online (disinhibition effect)
- More wary of disclosing online
- Not using self-disclosure
  - Hold back anything negative
  - Hold back values
  - Identified with client but did not share
  - Not disclosing feelings
    - Not Changing Frame of Reference
    - Would disclose anything other than good
  - Not disclosing internal uses of self
    - Not expressing anxiety or discomfort
    - Not seeing clients
    - Reason for not using use of self
      - Change of Frame of Reference
      - Rule of when to disclose or not
      - The rules
    - Try to keep self out of counselling
      - Culture
      - How much personality to show
- Purpose of Using Use of Self
  - Client won't be helped if not genuine exchange
  - Clients find it Helpful
  - Disclosing to emulate face-to-face
    - To create honesty
  - Personality
    - Purpose of humour
      - Normalise
    - Purpose of Personally Identifying
      - Calming
      - Grounding
      - Make people feel they aren't crazy
      - Put people at ease
    - Purpose of Using Impact of Self
      - Be Explicit
      - Be Supportive
      - Conscious of Time
      - Explain Self
      - Get client to open up
      - Give something to counter silence
      - Manage Expectations
      - Plan where session is going

- Reason for Being Authentic and Honest
  - Pressure To Speak Due to Lack of Cues
    - Pressure to speak due to lack of audial cues
    - Pressure to Speak Due to Lack of Visual Cues
  - Show Extra Warmth
  - To Be Easy To Identify With
  - To clarify
  - To show client they are understood
  - To sound more human
  - To Sound More Natural
- Relational dynamics
  - Purpose of Showing Empathy
    - Acknowledge Client's Experience
    - Bring client back to here and now
    - Exploration
    - Help client understand own experience
    - Make Client Feel Heard
    - Make Client Feel Understood
    - Normalising
    - Put Client at Ease
    - Show client you care
    - Show warmth
    - Stop abrupt ending
    - Structure an ending of the session
    - To Empathise
    - Validate Client's Feelings
  - Purpose of Speaking About the Here and Now
    - Bring therapist into relationship
    - Change frame of reference back to client
    - Help keep client in conversation
    - Narrowing Session Agenda
    - To Break It Down
    - Warn client of session ending
    - Zone In On Worst Thing for Client
  - Purpose of Using Metacommunication
    - Be Warm
    - Bring Client back from avoidance
    - Build trust
    - Check understanding
    - Get client to elaborate
    - Keep it in the here and now
    - Keep Time Boundaries - More for Therapist
    - Show Appreciation for Disclosure
    - To be transparent
    - To show empathy
    - To 'stay' with client
  - Purpose of using relational dynamics
    - Bring self into virtual space
    - Checking therapist understood
    - Gathering more information
    - Get specific example (CBT)
    - Thrown off by clients response
- Self-disclosure of anything personal
  - Purpose of disclosing experience
    - Stop abrupt ending
    - Thank Client for Sharing
    - Warm and friendly
  - Purpose of disclosing feelings
    - Bring Session to a close
    - Exaggerating internal response for effect
    - Let client know they are heard
      - Show client they are heard
    - Let client know you're fine
    - Make conversation Flow
    - More needs to express feelings online
    - Purpose of using emoticon
      - Alternative to reflection
      - Create positive feelings to client
      - Create Presence
      - Encouragement
      - Pressure to respond quickly
      - Thank Client for Sharing
      - To appear human
      - Warm and friendly
    - Reassure Client
    - Show client the struggle of ending a session
    - Show client therapist enjoyed session
    - To be helpful
    - Validate
  - Purpose of disclosing thoughts
    - Be caring
    - Client has asked for advice
    - Facilitate Exploration
    - Follow client's narrative better
    - Interpret
    - Make client feel positive
    - Normalising
    - Reflection
    - Show agreement
    - Show what was going on for therapist
    - Showing Understanding
    - Summarise
    - To Make Client feel comfortable
    - To make up for lack of physical cues
    - To show UPR
    - Underlying apology
  - Purpose of Disclosing Personal Information
    - Client has asked
    - Normal have this information f2f
    - So as not to make client feel rejected
    - To be genuine
    - To Be Less Formulaic
    - To Be More Human
- Theoretical Orientation
  - Integrative
  - Person Centred
    - Intentionally Being Person Centred
  - Psychoanalytic Not Work in IRC
  - Theoretical Orientation Dictates Use of Self
- Unintentionally Speaking About the Here and Now
  - Speaking Ambiguously
  - Turn of Phrase
- Use of self defines therapy rather than chat

Therapeutic use of self

- Felt client couldn't see empathy
- Felt like not doing a good job
  - Felt Cheesy
  - Felt clumsy
  - Felt de-skilled
- Found it interesting to consider uses of self

- Frame of Reference
  - Guided the therapy content
- Intentional Use of Self
- Levels of Disclosure
  - Minimal Disclosure
- Unintentional Use of Self
  - Previously Not Considered As Personally Identifying
- Turn of Phrase
- Turn of Phrase (2)
- Use of Anxiety or Discomfort
  - Countertransference
- Use of belief system
- Use of Personality
  - Authentic and Honest
  - Humour
  - Impact of Self
  - Personality linked to disclosure of feeling
  - Personally Identifying
    - Felt Like Shouldn't Have Said
    - Giving advice
    - Previously Not Considered As Personally Identifying
    - Ways of Personally Identifying
  - Self-Disclosure
  - Smiling as a part of personality
  - Touch
- Use of Relational Dynamics
  - Doesn't know what relational dynamics are
  - Psychoeducation
  - Roleplaying
  - Showing Empathy
  - Speaking About the Here and Now
  - Use of Meta-communication
  - Using the setting
- Use of Self-Disclosure
  - Alternatives to Self-Disclosure
  - Client asking for self-disclosures
  - Disclosure of Feelings
    - Emoticon
      - Alternative to text or speech
      - Client didn't reciprocate
      - Potential for misinterpretation
      - Unsure if Appropriate
    - Transference
  - Disclosure of Thoughts
    - ...
    - Being human and not robotic
    - Giving Advice
  - Expectation to disclose
  - Failure to disclose = lost
  - Good relationship required for self-disclosure
  - Self-Disclosure of Anything Personal
    - Age
      - Client's age would affect whether to use emoticons
      - Impact of Difference in Age
    - Culture
      - Culture
        - Impact of Clients Culture
        - Impact of therapist's different culture
      - First Language Not English
      - Not experienced working with other cultures
      - Use of culture
        - Polish Jokes
        - Similar culture
    - Disclosing but not being specific
    - Disclosure Depends on Issue
    - Disclosure of Experience
    - Dislikes
    - Felinity
      - Not using femininity
    - Gender
    - Impact of self-disclosing anything personal
      - Genuineness
      - Moved client forward in their own work
      - Open up conversation
      - To Know Something about the Therapist
      - To Protect Self
      - Warm
    - Job role
    - Likes
    - Looks
      - Felt boundaries were pushed
    - Name
    - Relationship Status
    - Religion
      - Not wanting to disclose
    - Self-Disclosing Name
    - Sex
    - Sexuality
      - Never needed to disclose before
      - Sexuality
      - Would disclose sexuality if needed
    - Social class
  - Situational Disclosure
    - Benefit Therapeutic Alliance
    - Clothes
    - Decor
    - Difference between client and counsellor
    - Location
- Use self if it were relevant

Training Exercise

- Client Presenting Problem
  - Thesis Worries
- Effect of Training Exercise
  - Not appropriate in this setting
  - Roleplaying
- Not Training Session
  - Less likely to use use of self
    - Not Being Professional
- Usually have referral details
  - Lack of client information

Appendix 8. Bracketing Interview Transcript

Researcher: "Ok this is I's bracketing interview. Uh. Where I intend to talk about, uh the things I know about the uses of self and to go through the interview prompts and myyy expected responses from my participants to eliminate biases uh before coding uses the grounded theory methodology. Um, I s'pose in terms of how I would use the use of self, I um, I struggle with it, uh it's one of my reasons for researching this area because I don't necessarily know how to use the use of self within face-to-face or online counselling I find it quite difficult and quite a risky, uh, therapeutic intervention. Um… I suppose uh, I have a pre-existing knowledge of De-Dewane's five types. Um. And I suppose there is difficulty I suppose in some very similarities when you go into the subtypes looking at, um, the same things between here and now and meta-communication. Um.. I suppose before I have done these interviews with the participants I have coded their transcripts, and I've noticed that the use of anxiety doesn't come up um and that is one thing I, suppose I will be adding to my interview prompts, asking about you know why certain things didn't appear um….(12 second silence). I suppose um, you know th-there are distinct differences as well Um. You know when we're talking about adapting these uses of self on to the um, sort of the modality, sort of the medium of online counselling for example touch, it um, under the use of personality it would be very different. You know I guess no one has created a framework for these uses of self in this medium, so perhaps that is something I will be looking to do within the grounded theory, um, analysis, you know. Talking about how um, putting a physical act with an asterisks could mimic the use of personality using touch in this online setting um. You know the same goes for you know under self-disclosure when you're looking at the expression of self in terms of décor, you know um, in an online setting they might be using um avatars and different colour fonts you know. So I s'pose um that is an aim for my analysis is to look at the adaptations um as well as learning, you know what benefits and drawbacks this has to um the therapeutic alliance, and and you know how these interventions were used and received. Um. So I s'pose if I'm looking at my um, you know my interview prompts, um, I, you know intend to get the client t-to read out each of the highlighted uses of self that I have coded um

in the transcript and then I will be asking them to tell me what was going on in that moment, um. I expect that might be quite difficult, um, with some people because um, often it's spur of the moment and you know doing therapy is quite difficult to operationalize, um. So I'm hoping to get both their perspective of what was going on at that present moment and what they were using that use of self for. Um. I suppose, o-ften I'd expect these people and the participants not to realise that they are, um, you know doing a use of self as I was coding some things especially like um, showing empathy. Um, under use of relation dynamics, that is something we do very naturally but don't necessarily, um, think about that as being a specific input from from the therapist point of view. Um. So you know I expect um, I expect participants to recount what was going on at that moment and um, yeah, I think it could be difficult for some of them, um to really talk about what it is which is why I have the transcript to hand when I'm interviewing them to offer prompts. Um, I will also you know like I previously said be asking them to say if they saw that that use of self, was a use of self, um, in their perspective as well as if it fits as that use of self or if they feel it would be more appropriate under one of the other categories or subtypes even and I'll have a list of um, categories and subtypes there with me for people to look at. As, as I s'pose it's not necessarily um, the most well-known um, you know I suppose when we're talking about the use of self-most people, and especially myself believe that um, you know a use of self from a therapist would often sort of be an act of self-disclosure, um, you know typically sort of meta-communication. Um, but there are a few things in and um and I suppose there is psychodynamic using transference and countertransference but apart from that many of the other um, uses of self that Dewane um talks about aren't necessarily um, well known and haven't been taught on the course that myself and the participants have been a apart of. Um, when asked about uh the what the uses of self were used for I guess that, uh you know um, a couple of the responses I expect to hear you know when um, they kind of are clarifying and they're used to suppose convey empathy and um. Um (4 seconds silence) almost I suppose to act as a way to bridge the gap between, uh, not having the physical self-there you know it seems like um, you know some of the techniques. Um. T-that are used to almost compensate, well I guess that are compensatory techniques I guess I suppose are to bridge that gap of not

having that physical self and physical presence you know that, it's even less so than telephone counselling as there is not voice even. Um. I expect that um, when I'm asking about whether it had the intended impact I suppose that's kind of difficult as I previously mentioned I'm not sure if everyone will see the uses of self that I picked up as as the intended impact so I guess maybe, that might come across as people are more telling me what impact the statement or intervention had as opposed to the use of self-disclosure or you know. The um, use of self because at the time they might not have, they might not have been aware that it was a use of self so. I'll have to sort of frame that question well and kind of I guess, um, you know explore both sides of it. Um, and I suppose you know I'm going to have to sort of acting, uh asking once we've gone through the transcript um, a bit about how people use their uses of self within face-to-face counselling to make a comparison and I kind of expect um, there'll be something about um. You know potentially meta-communication from the therapists side whereby they're using gestures and um, facial expressions to convey uses of self which they can't do online or at least when they do you know i-it's displayed as an emoticon or something else. Um, it would be interesting to see whether um, you know whether uses of self are um, believed to be greater or lesser in in either context. I'd imagine that um, you know uses of self are used more online um because you sort of using um, self-disclosure about characteristics to sort of um and to sort of explain. Funnily enough whilst I was coding I didn't see any situation self-disclosure used which I'd imagine there would have been more of um. I'll also be asking what, what believed um, you know impacts upon their uses of self-sort of around culture, class, sexuality, gender, personality so sort of how those characteristics really sort of impact upon uses of self. Um, and I suppose I'll be asking sort of you know the differences between online and offline uses of self that they experience or use um. So I believe that to be quite uhmm, I do believe they're be a difference um. I'm not entirely sure about how, characteristics will influence will influence the use of self, um it my head I almost feel that um, culture would be a large impact um, but I don't know whether everyone would see it like that. I almost expect you know perhaps the Greek participants I will be interviewing will be using, um, you know it's within their culture to use the use of self-more um. But I spose that's um, um, a viewpoint I hold and there's nothing to back

that up. Um (5 seconds of silence). I believe that's everything I, um, I have about my p-pre sort of conceptions about what I'll expect to find in the interviews. Um, and I kind of hoping that this will inform my practice but ultimately creating an adaptation of Dewane's scale and looking at how this can be used to um, you know greater create um, or create greater therapeutic alliances online and so to really help increase um, increase our therapeutic outcomes."

Appendix 9. Extract from University of Manchester's Counselling Psychology Programme Handbook for First Year Students

DESCRIPTION OF CORE UNITS: YEAR 1

Counselling Psychology: Theory, Research & Practice

The first year of the programme will be divided up into three major elements - (1) Theory, (2) Research, and (3) Practice. This will consist of professional input provided at the University alongside practice placements and personal therapy. In addition to attending and taking part in the workshop activities, to evidence learning in these areas, trainees will need to successfully complete a number academic assignments and provide Documentary Evidence of therapeutic activities. These are:

> **Academic Unit 1 (EDUCM1101):** Philosophy of Counselling Psychology: The Skilled Helper/Pluralistic Counselling *(Academic Paper - 5000 words) & Professional Issues Presentation (1.5 hours)*
> **Academic Unit 2 (EDUCM1140)**: Researching Counselling Psychology 1 *(Research Proposal - 5000 words)* & obtain ethical clearance from appropriate body
> **Academic Unit 3 (EDUCM1104):** Therapeutic Practice *(Research Paper 1 - Case Study - 5000 words and Process Report 1 – 2000 words)*, completion of the initial Fitness to Practice Review & completion of Documentary Evidence noted below
> **Documentary Evidence 1 (EDUCM1105):** Portfolio of therapeutic practice evidence - Counselling Psychology Practice *(min 50 hours)*; Personal Therapy *(min 10 hours)*; Standards of Proficiency (SoP) log

In the following sections of this programme handbook we provide a detailed overview of each academic component in turn. This includes discussing the module's aims, learning objectives, form(s) of assessment and links to the HCPC's Standards of Proficiencies (SET6.1). We also include a suggested template for each assignment. However, this template is not prescriptive and you are encouraged to be innovative and creative in your work with us, whilst ensuring that your work meets the assessment criteria outlined for Doctoral

work. Where appropriate there will be study skills sessions timetabled prior to assignment deadlines.

Before moving on to this however, a timetable of the standard week is also provided. This outlines how each teaching day combines theoretical input, therapeutic practice activities and research training (SET 4.3). Given the diverse nature of the training, appropriate teaching, learning approaches and assessment styles will be used to support effective delivery of the curriculum (SET4.8, 6.4). Additionally, during two days a week trainees will be expected to combine independent study with their therapeutic practice. Finally, during every Friday scheduled in the semester, all Counselling Psychology trainees will join together for professional case discussion work. This will reflect upon specific casework and address professional issues encountered. An overview of how this week will look for this cohort is noted below. Please note that the specific structure of the week will vary depending on seminar topic.

<table>
<tr><th></th><th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th></tr>
<tr><td>10.00-12.00</td><td rowspan="3">Workshop Day</td><td>Practice</td><td rowspan="4">Placement/ study day</td><td rowspan="4">Placement/ study day</td><td>Case Discussion</td></tr>
<tr><td>12.00-1.00</td><td>Lunch</td><td>Lunch</td></tr>
<tr><td>1.00-3.30</td><td>Research</td><td>Professional Issues</td></tr>
<tr><td>3.30-4.00</td><td>Reflections</td><td>Reflections</td><td>Reflections</td></tr>
</table>

Please see the year one timetable for a more detailed account of each session in the year.

EDUCM1101 Philosophy of Counselling Psychology: The Skilled Helper/Pluralistic Counselling

Monday 10.00 – 4pm: Workshop Day
Friday 1.00pm – 4.00pm: Professional Issues Workshop

Table of Hours:

Activity	**Time (Hours)**
Lectures	120
Private study/assignment preparation	45
Directed reading	45
Group tutorial	90
Total Hours	**300**

This unit will focus upon the Philosophy of Counselling Psychology. It will introduce trainees to the professional issues related to working as a health professional and provide an overview of a number of psychological theories of therapeutic change. These models will be harnessed around the Pluralistic Framework put forward by Professors Mick Cooper and John McLeod and the Skilled Helper Model as devised by Professor Gerard Egan. Topics to be covered include:

- the political context of Counselling Psychology
- the expectations of a Health Professional
- Considering ethical practice: the HCPC 'Standards of conduct, performance and ethics' and the BPS 'Code of ethics and conduct' (SET4.5)
- Professional Issues: including, confidentiality, informed consent, fitness to practice
- The core competencies of the humanistic therapies
- the Skilled Helper model of therapy
- Introducing different modalities of therapy: one-to-one work, family therapy, couple therapy, group therapy and community work.
- Innovative Methods of engaging therapeutically

See year one timetable for a more detailed overview of the sessions within this module.

The unit aims to:

- Provide candidates with opportunities to deepen and broaden knowledge and understanding of the professional, psychological and ethical dimensions of their own practice and significant related practices to Counselling Psychology. In addition to a major emphasis on the psychological theories of change*, particular focus will be placed upon*:
  a) the autonomous working and accountability of health professional, and,
  b) the complex nature of professional relationships with stakeholder groups

(* factors directly stipulated by the HCPC) (Programme Aim 03)

Learning Outcomes:

On successful completion of the unit students will be able to:

A. Knowledge & Understanding	
A1.	Systematically acquire, understand and critically interrogate a substantial body of knowledge and understanding which is at the forefront of the academic discipline and professional practice of Counselling Psychology
A2.	Recognise and critically evaluate ethical issues of concern to the interdisciplinary environments of Counselling Psychology practice and research
A3.	Critically evaluate and creatively utilise the interdisciplinary knowledge base and complex and diverse professional environments of Counselling Psychology practice in order to develop significant practice and research
A4.	Demonstrate a conceptual grasp of and ability to apply different psychological theories to expand knowledge and understanding of practice.
B. Intellectual Skills	

B1.	Integrate theoretical and practice perspectives, knowledge and understanding in such a way as to generate their mutual critique and reformulation
B3.	Frame problems at the forefront of knowledge in the discipline in a fashion amenable for their investigation, discussion and communication
B4.	Demonstrate originality and creativity in the practical and intellectual exploration of complex problems and solutions
C. Practical Skills	
C3.	Communicate ideas and conclusions clearly and effectively to
	specialist and non-specialist audiences
D. Transferable Skills and Personal Qualities	
D1.	Understand in detail the applicable techniques for original research, effective communication, and critical and independent reasoning appropriate to advanced academic enquiry

Content:

This element of the programme will cover the following Standards of Proficiency (SoP) as outlined by the Health and Care Professions Council (HCPC). It is recommended that these are read in conjunction with the HCPC's document outlining the SoPs – this breaks down the content into more distinct standards.

Standards of proficiency (SOPs)
Registrant practitioner psychologists must:
1. Be able to practise safely and effectively within their scope of practice
2. Be able to practise within the legal and ethical boundaries of the profession
3. Be able to maintain fitness to practise
4. Be able to practise as an autonomous professional, exercising their own professional judgement
7. Understand the importance of and be able to maintain confidentiality
8. Be able to communicate effectively
9. Be able to work appropriately with others

10. Be able to maintain records appropriately
11. Be able to reflect on and review practice
12. Be able to assure the quality of their practice
13. Understand the key concepts of the knowledge base relevant to their profession
14. Be able to draw on appropriate knowledge and skills to inform practice
15. Understand the need to establish and maintain a safe practice environment

Teaching Methods:

The module will be delivered via a mixture of lectures and tutor/student led seminars.

Assessment:

There will be two assessments for this module. These are:

(1) Academic Paper 1: Students will complete a written assignment which focuses upon the philosophical base of counselling psychology.

As a broad guide this paper will critically reflect the philosophical bases of Counselling Psychology whilst also considering the relationship between the values held by Counselling Psychologists and their commitment to psychological enquiry. It should also make some reference to the Skilled Helper Model of therapy or the pluralistic framework for counselling and psychotherapy. Specific titles for the assignments on the programme are not provided, and the particular focus that you may take in the piece can vary.

As outlined in the general guidance for assessed work, you should ensure that you outline and justify clearly what the parameters to this piece are. Please also see the doctoral criteria for assessment lisred above.

Total word length: 5,000 words Weighting: 100%

Submission date: See year one timetable

(2) Students will prepare and deliver a mandatory 1.5 hour presentation around professional issues related to Counselling Psychology.

Completion date: To be prepared and delivered prior to the end of Semester 2, using the following guidelines. Trainees will be assigned a session at the start of Semester 1 in year 1.

EDUCM1104 Therapeutic Practice 1

Wednesday and Thursday: Therapeutic placement
Tuesday 10.00am – 12.00pm: Skills Practice
Friday 10.00am – 12.00pm: Case Discussion

Table of Hours:

Activity	**Time (Hours)**
Directed Skills Practice	90
Private study/assignment preparation	55
Directed reading	55
Placement contact (inc 50 hours of work as a Counselling Psychologist)	100
Total Hours	**300**

This unit will concentrate upon the development of humanistic/person-centred therapeutic skills. Individuals will be required to participate in simulations of therapy with peers so as to practice skills work. Furthermore, trainees will be expected to reflect upon the life span of the therapeutic relationship (ranging from the point of referral to the evaluation) and the ethical decision making process to be followed when encountering complex professional issues. Content will include:

- What are counselling skills
- Beginning a therapeutic relationship: the referral, the assessment, contracting
- Building a therapeutic relationship: the core conditions
- Maintain a therapeutic relationship: bond, goals, tasks, methods
- Ending a therapeutic relationship

- Evaluating a therapeutic relationship The ethical decision making process
- Working in different modalities: Individual, Family and Group Therapy, and working with communities
- Innovative approaches to therapy

Please see year one timetable for a more detailed overview of the sessions within this module.

In conjunction with the professional input at the university, trainees will be expected to successfully complete a fitness to practise skills assessment and subsequent review prior to December of the first year, obtain a Counselling Psychology placement and undertake a minimum of 50 hours supervised client work. Trainees fitness to practice will be reviewed annually as part of the progression panels.

Aims:

- Provide a structured programme of study, which reflects upon practice at an advanced level. This will proactively support candidates' contributions to the development of new methodologies, techniques and concepts relevant to Counselling Psychology practice and encourage individuals to produce peer reviewed research output. (Programme Aim 01)

- Enhance the continuing professional and personal development across a range of contexts. Furthermore the students will contribute to the development of a range of professional competencies (theoretical understanding, research skills and therapeutic practice) in Counselling Psychology*.

(* factors directly stipulated by the HCPC and BPS) (Programme Aim 05)

Learning Outcomes:

On successful completion of the unit students will be able to:

A. Knowledge & Understanding	
A2.	Recognise and critically evaluate ethical issues of concern to the interdisciplinary environments of Counselling Psychology practice and research

A3.	Critically evaluate and creatively utilise the interdisciplinary knowledge base and complex and diverse professional environments of Counselling Psychology practice in order to develop significant practice and research
A4.	Demonstrate a conceptual grasp of and ability to apply different psychological theories to expand knowledge and understanding of practice.
B. Intellectual Skills	
B1.	Integrate theoretical and practice perspectives, knowledge and understanding in such a way as to generate their mutual critique and reformulation
B2.	Make informed judgements on complex issues in the specialist field and be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
B3.	Frame problems at the forefront of knowledge in the discipline in a fashion amenable for their investigation, discussion and communication
B4.	Demonstrate originality and creativity in the practical and intellectual exploration of complex problems and solutions
C. Practical Skills	
C1.	Conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust project design in the light of peer review, evaluation, new information and unforeseen problems
C2.	Conduct original research, including practice as research or other advanced scholarship which is of a quality to satisfy peer review, extend the forefront of the academic discipline and professional practice and merit publication where relevant
C3.	Communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
C4.	Utilise peer review and the outcomes of collective exploration of problems to develop conceptual insights and creative skills that will support ongoing professional development
D. Transferable Skills and Personal Qualities	

D1.	Understand in detail the applicable techniques for original research, effective communication, and critical and independent reasoning appropriate to advanced academic enquiry
D2.	Demonstrate the qualities and transferable skills necessary for continued employment in complex and unpredictable situations, and professional, institutional or equivalent environments, including exercise of personal responsibility and largely autonomous initiative
D3.	Work collaboratively in problem-solving, clarifying key concepts, designing and implementing shared research projects and communicating findings clearly and effectively to specialist and nonspecialist audiences
D4.	Demonstrate leadership in planning and developing ongoing collaborative and individual research and practice in professional settings

Content:

This element of the programme will cover the following Standards of Proficiency (SoP) as outlined by the Health and Care Professions Council (HCPC). It is recommended that these are read in conjunction with the HCPC's document outlining the SoPs – this breaks down the content into more distinct sections.

Standards of proficiency (SOPs)
Registrant practitioner psychologists must:
1. Be able to practise safely and effectively within their scope of practice
2. Be able to practise within the legal and ethical boundaries of the profession
3. Be able to maintain fitness to practise
4. Be able to practise as an autonomous professional, exercising their own professional judgement
5. Be aware of the impact of culture, equality and diversity on practice
6. Be able to practise in a non-discriminatory manner
7. Understand the importance of and be able to maintain confidentiality
8. Be able to communicate effectively
9. Be able to work appropriately with others
10. Be able to maintain records appropriately
11. Be able to reflect on and review practice

12. Be able to assure the quality of their practice
13. Understand the key concepts of the knowledge base relevant to their profession
14. Be able to draw on appropriate knowledge and skills to inform practice
15. Understand the need to establish and maintain a safe practice environment

Teaching Methods:

The module will be delivered via facilitation of simulated practice, case discussion work and auditing therapeutic practice.

Assessment:

There will be three assessments for this module. These are:

(1) Successful completion of the Fitness to Practise review

This consists of two parts.

(i) Initially the student should present a piece of video recorded therapeutic work to the cohort as a whole. This must be a twenty minute session and will take place with a colleague from the programme. The video will be reviewed by peers and tutors using the Person-centred process subscale of the Person-centred and Experiential Psychotherapy Scale (PCEPS). Trainees must be rated by tutors as having demonstrated a score of 4 on each of the elements of the subscale.

In order to facilitate the assessment of this video, trainees are required to provide course tutors with a transcript of the video they are presenting.

(ii) Following this, all candidates will arrange a Fitness to Practise review oral assessment with a course tutor. Individuals will be asked to orally demonstrate their knowledge and understanding of professional therapeutic practice in this meeting. Each meeting will

be harnessed around the Fitness to Practice documentation noted within the practice placement handbook and available on Blackboard.

Submission date: Trainees will have completed part 1 of the fitness to practise review by the end of January in their first year. It is the trainees responsibility to arrange the second Fitness to Practise oral assessment meeting with tutors, and this needs to be passed prior to going out on placement.

(2) Research Paper 1: Case Study– A systematic case study of a piece of completed therapeutic work. This will reflect upon the student's therapeutic work in relation to psychological theory and research literature. This is typically focused around their development as a trainee psychologist, and therefore rooted within the field of applied psychologist education. You should remember that this is framed as a research paper. With this in mind, typical heading for research papers should be utilised.

Word length: 5000 words

Submission date: See year one timetable

Please note that ethical clearance must be sought prior to data collection for this assignment.

(3) Process report 1 - A process report which includes the recording of a whole session and a transcript of a 20 minute segment of this recording. Trainees are encouraged to use the recording and transcript utilised for their fitness to practise assessment (see above).

The process report will systematically examine the student's therapeutic work in relation to psychological theory and research literature. This should focus upon your application of person-centred counselling psychology practice.

You must ensure that the submission includes:

- an audible recording of a whole session in which you are demonstrating your person-centred counselling psychology skills. This recording must be submitted on the programme encrypted memory stick.
- an **annotated** transcript of a selected 20 minute continuous segment of the therapy. This should be included as an appendix to the piece of work and is not counted towards the total word count of the piece.
- a signed consent form (scanned and encrypted) from the peer who was the client in the session
- an evaluation of specific verbal and non-verbal interventions and consideration of alternative possibilities in terms of their psychological underpinnings and research evidence

- a reflection on your personal responses to the client or their material and how these responses informed the work
- difficulties or dilemmas experienced by you during the session
- consideration of your own 'material' or agenda and the way in which this impinged or assisted the therapeutic process
- discussion of the quality of the therapeutic alliance and how it manifested itself
- reflections on the emotional content and process critical evaluation of your learning from the session.

Throughout this piece you should ensure that your reflections are embedded within up to date and critically used research evidence, as well as theoretical literature.

Word length: 2,000 words (not including annotated transcript)

Appendix 10. Extract from University of Manchester's Counselling Psychology Programme Handbook for Second Year Students

DESCRIPTION OF CORE UNITS: YEAR 2

Counselling Psychology: Advanced theory, Research & Practice

The second year of the programme will once again be divided up into three major elements - (1) Theory, (2) Research, and (3) Practice. It will continue in the same way as the first year and consist of professional input provided at the University alongside practice placements and personal therapy. In addition to attending and taking part in the workshop activities, to evidence learning in these areas, trainees will need to successfully complete a number academic assignments and provide Documentary Evidence of therapeutic activities. These are:

> Academic Unit 1 (EDUCM2101): Philosophy of Counselling Psychology: Cognitive Behavioural Therapy *(Academic Paper - 5000 words) & Professional Issues Presentation (1 hour & 30 minutes minimum)*
> Academic Unit 2 (EDUCM2104): Researching Counselling Psychology 2 *(Research Paper 1 - 5000 words)*
> Academic Unit 3 (EDUCM2204): Therapeutic Practice 2 *(Research Paper 2 - Case Study - 5000 words & Process Report – 3000 words)*
> Documentary Evidence 2 (EDUCM2105): Portfolio of therapeutic practice evidence - Counselling Psychology Practice *(min 250 hours)*; Personal Therapy *(min 25 hours)*; Standards of Proficiency (SoP) log
> *please note these are cumulative totals including practice from year 1

In the following sections of this programme handbook we provide a detailed overview of each academic component in turn. This includes discussing the module's aims, learning objectives, links to the HCPC's Standards of Proficiencies and modes of assessment (SET6.1). Before moving on to this, a timetable of the standard week in Year 2 is also provided. This outlines how each teaching day combines theoretical input, therapeutic practice activities and research training (SET 4.3). Given the diverse nature of the training, appropriate teaching, learning approaches and assessment styles will be used to support effective delivery of the curriculum (SET4.8, 6.4). Additionally, during two days a week, trainees will be expected to combine independent study with their therapeutic practice. Finally, during every Friday

scheduled in the semester, all Counselling Psychology trainees will join together for professional case discussion work. This will reflect upon specific casework and address professional issues encountered. An overview of how this week will look for this cohort is noted below.

<table>
<tr><th></th><th>Mon</th><th>Tues</th><th>Wed</th><th>Thu</th><th>Fri</th></tr>
<tr><td>10.00-12.00</td><td rowspan="3">Placement/ study day</td><td rowspan="3">Placement/ study day</td><td rowspan="2">Workshop day</td><td>Practice</td><td>Case Discussion</td></tr>
<tr><td>12.00-1.00</td><td>Lunch</td><td>Lunch</td></tr>
<tr><td>1.00-3.30</td><td>Research</td><td>Professional Issues</td></tr>
<tr><td>3.30-4.00</td><td>Reflections</td><td>Reflections</td><td>Reflections</td></tr>
</table>

A more detailed account of each session is noted on the year 2 Timetable.

EDUCM2101 Philosophy of Counselling Psychology: Cognitive Behavioural Therapy

Wednesday 10.00am – 3.30pm
Friday 1pm – 4pm

Table of Hours:

Activity	**Time (Hours)**
Lectures	120
Private study/assignment preparation	45
Directed reading	45
Group tutorial	90
Total Hours	**300**

This module will focus upon the Philosophy of Counselling Psychology. It will develop upon trainees existing knowledge of the professional issues related to working as a health professional and critically examine the Cognitive Behavioural approach to therapy. Topics to be covered include:

- Cognitive behavioural therapy: an evidence based practice?
- Embedding technical interventions into the therapeutic relationship
- The core competencies of the Cognitive Behavioural Therapy
- Examining Behavioural therapy
- Examining Cognitive therapy
- Cognitive Behavioural skills: including guiding discovery and Socratic questioning
- Psychopathology and psychopharmacology
- Lifespan development issues: working with children, adolescents, those in mid life and the elderly
- Working with difference: gender, age, sexuality, ethnicity and culture, spirituality

A more detailed overview of the sessions within this module can be found in the Year 2 Timetable.

The unit aims to:

- Provide candidates with opportunities to deepen and broaden knowledge and understanding of the professional, psychological and ethical dimensions of their own practice and significant related practices to Counselling Psychology. In addition to a major emphasis on the psychological theories of change*, particular focus will be placed upon*:
  c) the autonomous working and accountability of health professional, and,
  d) the complex nature of professional relationships with stakeholder groups

(* factors directly stipulated by the HCPC) (Programme Aim 03)

Learning Outcomes:
On successful completion of the unit students will be able to:

A. Knowledge & Understanding	
A1.	Systematically acquire, understand and critically interrogate a substantial body of knowledge and understanding which is at the forefront of the academic discipline and professional practice of Counselling Psychology
A2.	Recognise and critically evaluate ethical issues of concern to the interdisciplinary environments of Counselling Psychology practice and research
A3.	Critically evaluate and creatively utilise the interdisciplinary knowledge base and complex and diverse professional environments of Counselling Psychology practice in order to develop significant practice and research
A4.	Demonstrate a conceptual grasp of and ability to apply different psychological theories to expand knowledge and understanding of practice.
B. Intellectual Skills	
B1.	Integrate theoretical and practice perspectives, knowledge and understanding in such a way as to generate their mutual critique and reformulation
B3.	Frame problems at the forefront of knowledge in the discipline in a fashion amenable for their investigation, discussion and communication
B4.	Demonstrate originality and creativity in the practical and intellectual exploration of complex problems and solutions

C. Practical Skills	
C3.	Communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
D. Transferable Skills and Personal Qualities	
D1.	Understand in detail the applicable techniques for original research, effective communication, and critical and independent reasoning appropriate to advanced academic enquiry

Content:

This element of the programme will cover the following Standards of Proficiency (SoP) as outlined by the Health and Care Professions Council (HCPC). It is recommended that these are read in conjunction with the HCPC's document outlining the SoPs – this breaks down the content into more distinct standards.

Standards of proficiency (SOPs)
Registrant practitioner psychologists must:
4. Be able to practise as an autonomous professional, exercising their own professional judgement
5. Be aware of the impact of culture, equality and diversity on practice
6. Be able to practise in a non-discriminatory manner
8. Be able to communicate effectively
9. Be able to work appropriately with others
11. Be able to reflect on and review practice
12. Be able to assure the quality of their practice
13. Understand the key concepts of the knowledge base relevant to their profession
14. Be able to draw on appropriate knowledge and skills to inform practice
15. Understand the need to establish and maintain a safe practice environment

Teaching Methods:

The module will be delivered via a mixture of lectures and tutor/student led seminars.

Assessment:

There will be two assessments for this module. These are:

(1) Academic Paper 1: Students will complete a written assignment, which focuses upon the Cognitive Behavioural Model of therapy.

As a broad guide this paper will critically reflect upon the Cognitive Behavioural Model of therapy, where students will be asked to critically reflect upon the model and examine its philosophical basis in relation to Counselling Psychology. It should also consider the relationship between the values held by counselling psychologists and their commitment to psychological enquiry. However, the particular focus that you take in the piece can vary and may include the following:

- A broad overview of the model as a whole exploring its research underpinnings
- An analysis of one component of the model in depth, again exploring the research underpinnings of this aspect of the theory.
- An overview of the model (or part of it) and exploration of its application to case material, supported by up to date critical use of research

Total word length: 5,000 words Weighting: 100%

Submission date: See Year 2 Timetable

AND

(2) Students will prepare and deliver a mandatory 1.5 hour (minimum), presentation around professional issues related to Counselling Psychology.

This will be presented to your colleagues as part of the Professional Issues session on Friday 1-3.30pm.

Please see the further guidance regarding the professional issues presentation in the year 1 section of this handbook.

Completion date: To be prepared and delivered prior to the end of Semester 2 – (see year 2 timetable for completion date).

Appendix 11. List of Training on The University of Manchester's Counselling Psychology Course that is Relevant to the *Use of Self*

- Reflexive statements that look at one's own world beliefs
- 40 hours of personal therapy which can improve self-awareness
- Learning empathy and congruence as part of the person-centred model
- Being an active participant in therapy in terms of collaboration
- Using here and now techniques and learning of metacommunication
- Learning about mindfulness and how to practice it with your client