

**EMAIL COUNSELLING AND THE THERAPEUTIC
RELATIONSHIP: A GROUNDED THEORY ANALYSIS
OF THERAPISTS' EXPERIENCES.**

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ABSTRACT

Provision of online counselling in its many forms has increased dramatically over the last 10 years, however research findings suggest that many therapists have concerns about whether a therapeutic relationship can be successfully engendered online, particularly given the absence of non-verbal communication cues. To date there is very little research available about the online therapeutic relationship; email counselling was chosen for the current study as through its dearth of non-verbal cues it may be deemed most different to face-to-face counselling, and is considered to be the most popularly used mode.

The central aim of this study was to explore the accounts of therapists who have worked both face to face and by email about how they construct their experiences of the therapeutic relationship in email counselling. The secondary aim was to co-construct an explanatory grounded theory of the process.

The study adopted a constructivist grounded theory methodology (Charmaz, 2010); using an initial purposeful sampling strategy, nineteen participants were recruited to the study and completed an anonymous online qualitative survey; four also took part in semi-structured interviews. A theoretical sampling was then adopted to refine the developing theory; two novice email therapists and four non-email therapists were recruited. Overall there were twenty-five participants, some of whom engaged using more than one media.

The basic psychological processes that were co-constructed from the data indicated that many participants found working in the cueless online environment highly challenging and that the resultant anxiety led to several sets of behaviours. Participants described how *Experiencing cuelessness* i.e. the absence of sensory cues led to an experience of *Losing touch* in four ways; *Loss of interactive factors with the client*, *Responding with no sensory steer*, *Losing control of the process* and *Losing control of the context to the client*. This led to a sense of *Peering through the looking glass* when counselling online; counsellors felt as though they were *Fantatising into a void*, and *Fearing* [client] *disappearing*. Participants also described *Worrying about risk* and expressed *Worrying about Client safety* and *Fearing exposure* due to having a written

record and any possible legal or professional ramifications. Further uncertainties were also revealed as participants were led to *Questioning computer reliability* and *Questioning own competence*.

Consequently participants were left *Experiencing anxiety*. This anxiety appeared to be managed in a number of ways; participants described *Becoming more task orientated (Relying on skills and theory and Taking control of the context)*, *Avoiding difficulties (Minimising the role of the computer and Minimising differences between modalities/ Holding on tight to the known)*, *Overcompensating (Reflecting and perfecting)*, and *Defending the professional self-concept (Protecting by defending expertise and Becoming an expert)*. The key struggle and therefore core category would seem to lie in participants attempting to apply relational face-to-face skills to the cueless atmosphere of email therapy, the anxiety of which materialised in several avoidant behaviours.

The findings from this study provide important insights into therapists' experience of email counselling and identify a process that could help inform future online therapists, as well as being useful to the online counselling profession as a whole. It is suggested that the email counselling process identified could provide a framework for therapists to reflect on their experiences. Full implications for practice, supervision, training and the psychological profession will be further discussed, in addition to directions for further research.

INTRODUCTION

Online counselling^Ψ is the term used for the provision of mental health counselling services via the Internet and the first UK professional practice guidelines appeared in 2001 (BACP). Online therapy has been found to be efficacious in reducing clients' presenting problems (Day & Schneider, 2002) and it has been suggested that some of the advantages for clients of using this medium is ease of access to the service (Rochlen et al., 2004), access for the geographically isolated (Robson & Robson, 2000); and online counselling is considered to provide a gateway to mental health services for the socially phobic and those for whom face-to-face interactions are difficult for a number of reasons (Fenichel et al., 2002). Concerns about the online medium include: the possibility of excluding non-literate clients (Abbot et al., 2008) and relationally, the lack of non-verbal cues (which it is thought might add to the possibility of miscommunication (Mallen et al., 2005a) and undermine the quality of the therapeutic relationship.

Online counselling has been categorised into two types; synchronous real time therapy, such as instant messaging or web-conferencing (e.g. Skype) and asynchronous turn-taking therapy not conducted in real time, such as email based counselling (Mulhauser, 2005), suggested to be the most popular form of online therapy (Richards & Viganó, 2013; Chester & Glass, 2006). As an asynchronous therapy email counselling is likely to be qualitatively different to synchronous forms of online counselling, but as yet does not appear to have its own distinct place in the online counselling arena, which might be problematic as it is suggested that certain ethical issues are likely to be specific to the asynchronous mode through its unique time delay aspects, and different to synchronous 'real time' modes (Rummel & Joyce, 2010).

^Ψ The term *Online counselling* will be used throughout to describe generic online counselling methods and *Email counselling* this specific form of counselling.

The term *Therapist* has been adopted to describe the different types of professionals who conduct therapy, counselling and online counselling.

Evans, an online practitioner, supervisor and trainer, predicts that there will be a dramatic increase in online counselling provision over the coming years (2009). However the therapeutic world appears to have been slow to catch up with these developments (Weitz, 2014), and whilst many therapists have moved to working online it appears that psychologists are more reluctant to engage with this medium (Shaw & Shaw, 2006). Despite research evidence which suggests that online counselling can be efficacious for clients, it is suggested that counselling psychologists appear sceptical about stepping into the online arena (Hanley & Reynolds, Jr., 2009), possibly through concerns about the viability of creating the crucial therapeutic relationship needed for effective therapy (Lambert & Ogles, 2004), given the absence of non-verbal cues (Mallen et al., 2005a). Counselling psychologists Hanley & Reynolds Jr. suggest that 'online therapy appears to violate many of the fundamental principles of the therapeutic relationship' (2009. p5); in particular the physical distance between client and therapist or lack of non-verbal cues, which many impact negatively on the levels of intimacy achieved.

LITERATURE REVIEW

What is online counselling?

Since its inception online counselling has been given many different titles (Cohen & Kerr, 1998) such as; e-therapy, cybertherapy (Suler, 2001), e-counselling, web-therapy, internet counselling (Pollock, 2006) and, in more recent times, online counselling. Online counselling has recently been described as 'the delivery of therapeutic interventions in cyberspace where the communication between a trained professional counsellor and client is facilitated using computer mediated communication (CMC) technologies' (Richards & Viganó, 2012, p698). However, one of the problems with conducting research into this area is that online counselling has many forms (Mulhauser, 2005); group chat rooms, web-conferencing, instant messaging and online self-help packages for specific psychological issues, such as cognitive behavioural therapy for depression or anxiety (e.g. 'Beating the blues' <http://www.beatingtheblues.co.uk>). These forms are categorised into two types; synchronous real time therapy such as instant messaging or web-conferencing (e.g. Skype) and asynchronous turn-taking therapy not conducted in real time such as e-mail based counselling (Mulhauser, 2005). Synchronicity offers an immediacy that the asynchronous modality does not provide and as such is more analogous to face-to-face counselling.

History and development of online counselling

The Internet came into more general use around 1995 (Lawrence & Giles, 1998) but it is suggested therapists were using the medium to conduct therapy prior to this (Ainsworth, 2001). The earliest known service was 'Ask Uncle Ezra', a free online mental health advice offered to students at Ithica University, New York in 1986, which still exists today (Available at: <http://ezra.cornell.edu/>), and MD Ivan Goldberg has been fielding mental health questions online since 1993 (Ainsworth, 2001). The Samaritans have been offering anonymous email support to suicidal individuals since 1994 (Ainsworth, 2001). Online counselling in its present forms was first introduced as a fee-based Internet service in the US in 1995 (Wardell, 2008), with dissemination as a worldwide service not long

after. Whilst there is no specific information regarding its origins in the UK it is noted that the British Association for Counselling and Psychotherapy (BACP) published guidance for working online in 2001 in response to a demand from practitioners already working in the area. Provision of online counselling in its many forms has increased dramatically over the last 10 years (Barak et al., 2008) in line with increased Internet access. UK statistics (2014) indicate that 21 million people (84% of population) have Internet access, which is an increase of 27% since 2006. This would suggest a cultural shift in Internet use; it is reported that 76% of adults in the UK are using a computer every day (UK statistics, 2014). Evans anticipates that there will be a dramatic increase in online provision over the next five years and it has been suggested that professionals are strongly influenced to move therapy into the online area, not least in order to keep up with consumer demand (Evans, 2009). This suggestion and the rapid growth in this area are important rationales for the current study. It seems important and timely to understand more about this type of therapeutic intervention and how it may potentially impact the therapeutic relationship if it is going to be offered more widely.

Email counselling has been cited as the most common form of online counselling (Chester & Glass, 2006, Richards & Viganó, 2013) but this is closely followed by synchronous chat based methods (Finn & Barak, 2010) which may be particularly attractive to young people who have been brought up using the internet e.g. through Twitter or instant messaging (Vossler & Hanley, 2010).

Online counselling debated

The advantages and disadvantages of online counselling have been debated by a study group of psychologists and practitioners for the International Society for Mental Health Online (ISHMO) (Fenichel et al., 2002). This study group concluded that it was a new type of flexible therapy (Grohol, 2001). Others consider online counselling as a transposition from face-to-face counselling with technology mediating therapeutic communication, impacting on the process with associated limitations and advantages (Castelnuovo, et al., 2003). It has been noted that online counselling has been criticised by professional and lay people

from its inception (Barak et al., 2008) and that many reviews are negative. One review questions the effectiveness and appropriateness of online counselling, on the grounds that there is no standard qualification for therapists and that the email mode is not sufficiently expressive to provide a helping relationship, which they feel could compromise beneficence (Robson & Robson, 2000).

Advantages of online counselling

Online counselling has been found to be efficacious in reducing clients' presenting problems (e.g. depression, anxiety, relationship problems) (Cohen & Kerr 1998, Day & Schneider, 2002); a meta-analysis of 92 research studies (9,764 clients) using internet based psychotherapeutic interventions and various types of outcome measures, found online counselling to be as effective as face-to-face counselling (Barak et al., 2008.); clients have also reported satisfaction with the working alliance (Murphy et al., 2009). A review of quantitative research studies in this area also supports this conclusion (Hanley & Reynolds Jr., 2009) and a recent, critical narrative review of 123 studies found that online counselling can have a similar impact as face-to-face counselling (Richards & Viganó, 2013), although the authors suggest a need for more specific and clearly defined research.

Other advantages suggested include: the flexibility afforded to clients about what type of online service to choose (Powell, 1998), ease of access to it especially for those with transport problems, physical ailments, family obligations or illness (Rochlen et al., 2004; Maples & Han, 2008) and for the geographically isolated (Robson & Robson, 2000). Online counselling also offers an alternative for clients facing long waiting lists for face-to-face counselling (Bailey et al., 2002). In addition online counselling has been found to be advantageous for the socially phobic (Fenichell et al., 2002) who may find face-to-face interactions particularly difficult, (Barnett, 2005), and for those to whom the perceived privacy of using an online service is important (Rochlen et al., 2004). It has also been suggested that young people may prefer this medium as it allows them to remain more in control of how much they reveal about their emotional state (Hanley, 2009). Yager suggests that the lack of visual cues may level the power differential and that therefore online counselling

may be useful as an adjunct to face-to-face therapy for clients with anorexia nervosa, who might have difficulty attending face-to-face through shame issues (Yager, 2001). Similarly therapists have suggested that it may be especially advantageous for clients when working with issues such as trauma and social marginalization which might have an element of shame that would make it difficult to work face-to-face (Liebert et al., 2006). Richards suggests that the disinhibition engendered through the anonymity of online encounters is as a positive factor as this enables the early disclosure of issues (Richards, 2009), although this should be viewed with caution as for some clients early disclosure can be difficult to deal with and cause early cessation of therapy (Suler, 2004a).

For therapists practicing email counselling, additional advantages are considered to be having more time to consider therapeutic responses (Chester & Glass, 2006, Dunn 2012) and having a permanent record of therapy that clients can return to when helpful (Pollock, 2006). Psychotherapist and author of the online resource 'Psychology of Cyberspace' Professor John Suler (2004b) suggests that the write-wait-revise exercise of waiting to give a reply, can tap into therapeutic cognitive processes in a more heightened way than in face-to-face situations, and, for clients, encourage an observing ego, self-reflection, insight, the ability to work through the issue and a therapeutic construction of a personal narrative. These cognitive processes can also be encouraged in face-to-face therapeutic encounters; the current study aimed to explore what might be different in the absence of a physical therapist.

Disadvantages of online counselling

One disadvantage of online therapy is that it excludes non-literate clients; it is suggested that reading and writing skills need to be fairly good to access this service (Abbot et al., 2008; Stofle, 2001). Fenichel et al., (2002) argue that there is a need to be able to operate on a phonemic process level in order to take part in online counselling; this relates to the metalinguistic skill of being able to reflect on the structure of language, which allows for the reading (decoding) and writing (encoding) of words. On a further practical note a client would need to have a certain degree of computer literacy as well as appropriate hardware to utilise online counselling (Evans, 2009), which might exclude older age groups,

clients with limited income or education, clients for whom English is a second language, and clients who live in areas with poor internet access.

Although it is suggested that the importance of non-verbal cues is sometimes overstated (Kraus, 1981) the lack of cues in the online medium has been suggested to be problematic for therapists in a number of opinion papers and reviews (Mallen et al, 2005a; Liess et al., 2008); these cues are deemed to be particularly relevant for conveying meaning (Mehrabian, 1971), therefore it is suggested that this lack may add to the possibility of miscommunication (Rochlen et al., 2004). Other possibly problematic issues are thought to be: issues with working with the time delay, the skill levels of both client and counsellor with communication, coping with crisis situations, identity issues, how comfortable clients might be in expressing themselves via email and therapeutic sensitivity (Rochlen et al., 2004). Having a written record is also considered problematic as it could potentially leave practitioners open to prosecution (Mackay, 2001).

Findings from a randomised trial which surveyed the attitudes of 138 American psychologists towards four different online counselling methods (email therapy, Internet-based individual chat, Internet-based group chat, and Internet-based videoconferencing) suggest that practitioners did not endorse any online therapeutic method and expressed a number of concerns about email-based counselling (Mora et al., 2008), including the lack of accessibility to non-verbal behaviour, difficulties in establishing a working alliance and the lack of professional and legal guidelines available. A study, which explored differences between voice and email communication, suggested that email was a 'socially blind' medium; findings suggested that ambiguity was more likely than in voice communications and bogus first impressions more likely to persevere (Epley & Kruger, 2005). Other areas of concern cited by therapists are confidentiality, personal liability and being misinformed by clients (Rochlen et al., 2004; Wells, et al., 2007). However, the latter research does conclude that it is unclear if the concerns come from actual experience with email counselling or are based on uninformed opinion. Others fear the isolated nature of email counselling for therapists and feel that the impersonal nature should be of concern in therapy

(Lago, 2006). A further potential problem with email counselling is that it can be time-consuming; the extra time taken in reading and formulating a reply in e-mail counselling can be a great deal more than any face-to-face encounter; client emails are thought to average at least one third more than a transcribed online chat session (Day & Schneider, 2002).

Another important disadvantage already alluded to is an ethical one: many online counsellors are not trained (Chester & Glass, 2006; Caleb, 2000). It has been suggested that without a high level of skill and competence in using the online space, email therapy might be reduced to advice giving (Pelling & Renard, 2000). Furthermore, that competence in face-to-face counselling does not automatically map on to competence in email counselling, and that training in the appropriate arena is therefore required (Pelling, 2009). An additional danger of not having appropriate levels of training and experience in this medium is that an inappropriate or inadequate response could occur (Hunt, 2002) which is potentially harmful to the client. The BACP strongly advocate training specifically in the online medium for this reason (BACP, 2009).

Ethical issues in online counselling

Whilst it should be noted that counselling in face-to-face settings does not come without risk (Childress, 2000) areas that have been identified as ethically problematic in email counselling are around the online written record produced which could lead to breaches in confidentiality; the fact that client assessments, do not have the advantage of visual cues and thus may be less accurate; this is of particular concern when assessing risk; the risk of possible harm to clients in the form of emotional injury or re-traumatisation due to the increased potential of miscommunication in online counselling; risk of harm also through client's over-zealous self-disclosure and disinhibition, which is estimated as a particular issue in the more anonymous context of online counselling; issues of informed consent/ crisis intervention planning and boundary issues e.g. clients finding other ways to communicate with therapists online (website, social media etc.). In addition it has been argued that online counselling may encourage dysfunctional behaviours in clients and that therapists risk becoming complicit in internet addiction behaviours and that they may be discouraging physical

activity by encouraging clients to become “mouse potatoes” (Pelling, 2009, p13). Given these disadvantages it has been suggested that providing services in electronic form can be iatrogenic or harmful to clients and caution when using this medium is often advised (Caleb, 2000), Pelling (2009, p20) suggests that therapists keen to use the email medium “drive safely” as the reputation of the profession, their personal existence and client welfare are all at stake.

Whilst there is a growing body of research into online counselling practitioner Mulhauser (2005) argues that there has been no fundamentally new ethical territory generated relating to email therapy, merely new technological territory. Mulhauser suggests that applying technological guidelines, which require constant updating, to ethical principles is not helpful for the profession as a whole as it may encourage practitioners to see practical guidelines as a substitute for ethical principles. Mulhauser (2005, p17) cautions that;

the preponderance of available guidelines may nonetheless encourage some online practitioners to accept adherence to them as a substitute for the technical competence required to support ethical decision-making and risk assessment in situ.

Although this view is understandable as online technology develops so quickly, it would seem important to have both in order to provide clear guidance for online practitioners, or create a clearly stated difference within future ethical guidelines. Presenting an overview of ethical concerns in online counselling psychologists Rummell & Joyce (2010) describe the area as an ‘ethical quagmire’ mainly due to the lack of consensus and concrete guidance currently available.

Who provides guidelines for online counselling and what do these offer?

Guidelines on the practice, process and ethical implications of online counselling have been developed by practitioners and researchers from different therapeutic fields covering areas such as: practical skills in

establishing an online presence (Evans, 2009), online listening, attending to the client and maintaining an open dialogue (Weitz, 2014), as well as professional considerations such as online assessment/contracting (Mallen et al., 2005b). Guidance has also been provided on the consideration and handling of ethical issues (Anthony & Goss, 2009) since online counselling opens a whole new arena of potential ethical concerns. There are some ethical guidelines from professional organisations to support online therapists, for example: the American Psychological Association (APA, 1997), the International Society for Mental Health Online (ISMHO, 2000), the American Counselling Association (ACA, 2014) and the British Association for Counselling and Psychotherapy (BACP, 2009). However, these guidelines have been criticised for appearing to have been set up as an afterthought (Finn & Barak, 2010), and a review from a counselling psychology perspective suggests that there appears to be a lack of consensus amongst therapists about their ethical obligations in the context of online counselling (Mallen et al., 2005a).

To date the British Psychological Society have only produced ethical guidance on internet mediated research (BPS, 2013); although interestingly the professional practice guidelines for the Division of Counselling Psychology (BPS, 2005) advocate working within the client's context. The Association of Counselling and Therapy Online (ACTO), an umbrella organisation for UK online therapists was established in 2006. Members need to belong to a recognised professional body and agree to adhere to both their own and the ACTO (2014) professional code of conduct and ethics, which is very comprehensive.

Supervision is recommended for practitioners across all ethical guidance and guidelines available for online supervisors in the BACP (2009), and ACTO (2014) documents. The APA (2002) have been criticised for subsuming separate online counselling guidelines under traditional face-to-face ethics from their earlier version (Rummell & Joyce, 2010); but it is noted the APA have subsequently re-issued guidelines for 'the practice of telepsychology' (APA, 2013); the American Counselling Association (ACA, 2014) offer ethical guidance under distance counselling relationships and the International Society

for Mental Health Online (ISMHO, 2000) offer suggestions for practice issues in the area, which are described as very extensive (Rummell & Joyce, 2010). A comprehensive set of professional practice guidelines for online counselling, and perhaps most relevant to the UK, comes from the third edition of the BACP (2009) 'guidelines for online counselling and psychotherapy'; which covers practitioner competence, client suitability, and contracting, issues specific to online working, confidentiality and jurisdiction of professional codes and law. Hanley and Reynolds Jr. suggest that therapist uptake in online counselling could in some way be due to the increasing provision of guidelines and text books for practitioners wishing to work online (Hanley & Reynolds Jr., 2009).

In summary, the debate regarding advantages and disadvantages of online counselling continues in opinion papers and reviews predominantly in the US, Australia and the UK. Ethical issues are at the heart of therapist concerns and often emanate from concerns regarding whether a therapeutic relationship can be developed, and developed safely, with clients in the absence of non-verbal communication. Mixed research methods utilising mostly self-report data highlights practical advantages and disadvantages for both client and therapist in the online medium, and miscommunication appears to be a major area of concern for therapists. However, outcome research using self-reports with clients is often positive and includes satisfaction with the working alliance, although it is also important to note that a number of clients have been found to be dissatisfied with the therapeutic alliance in the online context (Hufford et al., 1999). Outcome research in this area is mostly European and quantitative in nature, and meta-analyses appear positive. However what is problematic about these findings needs to be considered; there are some inherent difficulties involved due to the differences between the studies reviewed, the measures involved, and the problems involved in researching something as intangible as the therapeutic relationship. The research related to this area is reviewed in the following section.

COMPUTER MEDIATED COMMUNICATION AND INTERPERSONAL DYNAMICS

Computer mediated communication (CMC) has been defined as any communication that occurs through the use of two or more electronic devices (McQuail, 2005), or “a process of human communication via computers, involving people, situated in particular contexts” (Walther, 2011 p443). Research in the field of interpersonal dynamics in CMC suggests that it is involved in the subtle shaping of communication, in almost every relational context (Walther, 2011). Communication researcher Professor Joseph Walther (1996) suggests that when examining interpersonal dynamics it is appropriate, and highly relevant in the digital age, to compare face-to-face or offline methods with online forms of communication which lack social cues or similar. He further suggests that research into CMC has historically gone through three stages; from Impersonal to Interpersonal through to the development of his Hyperpersonal model (1996), and this section of the review will use these stages to examine the development of several relevant models, theories and modes.

IMPERSONAL MODELS

Walther suggests that through the lack of distraction afforded by the absence of non-verbal cues interactions become more task oriented, and thereby more impersonal than face-to-face interactions. Although the lack of social cues is suggested to be advantageous in group situations (e.g. online chat rooms; social network sites) as it is thought to save time by decreasing ‘irrelevant’ interpersonal influences, and the anonymity afforded can result in more freedom for members who may feel pressure from high-(social) status members (Walther, 1996). Impersonal models are sometimes referred to as ‘deficit models’, relating to their lack of social cues, and several models are presented in this section; The Cuelessness Model (Rutter & Stephenson, 1979), Social Presence Theory (Short, Williams & Christie, 1976), and The Media Richness Model (Daft & Lengel, 1986).

The Cuelessness Model - This model was developed by academics Rutter and Stephenson in the 1970s, when working in the area of economics and social

research. Whilst not strictly a CMC model it is perhaps a precursor to investigations of communication regarding social cues and is presented as a deficit model. Rutter and Stephenson (1979) conducted experiments into social interaction and explored; lack of visual communication using blind participants, visual communication using sighted participants via videolink and proximity with a lack of visual cues between sighted participants. Noting conversational styles these researchers found that the less social nonverbal and identity marker (e.g. status) cues available the more the discussion became task oriented, depersonalized and lacking in spontaneity.

Building on these findings Kemp & Rutter, (1982) assigned participants randomly to one of three conditions; in the first condition participants were facing each other, in the second a screen was placed between participants and in the third participants communicated via a headset. Analysis of conversations suggested cuelessness reduced spontaneity of style, the discussion became more task oriented and depersonalised and participants failed to adapt to their condition over time. However a later experiment involving blind participants (Kemp & Rutter, 1986) indicated that communication exchanges were more personal and less task orientated; it was hypothesised that blind participants had learnt to compensate by asking for information, in contrast to sighted participants in the study who the researchers suggested, avoided asking for personal information and focused instead on the task in hand. An earlier study observing the effect of the medium and group size on debates suggested that introducing an emotive topic brought in more social cues, and reduced perceived psychological distance (Rutter et al., 1984).

There is some criticism of the cuelessness model suggesting that these findings lack a sociopsychological perspective. It has been suggested that this makes it difficult to apply them to other contexts and that they therefore present a narrow view (Roger & Bull, 1989). This suggestion is supported by Eadie (2009) who suggests that cultural differences were disregarded in early CMC research (i.e. some cultures rely more heavily on non-verbal communications to convey meaning and respect). However, whilst findings from this research may not

completely translate into online counselling, the idea of compensating in a cueless situation is of relevance to the current research question.

Social Presence Theory - Social presence theory (SPT) (Short, Williams & Christie, 1976), imported from teleconferencing research, was one of the first analytic frameworks applied to CMC (Walther, 2011); SPT focuses on the communicator's sense of awareness of the presence of an interactive partner. SPT suggests that the fewer cue systems a teleconferencing system supports, the less warmth and involvement users experience, which is relevant to the current research question. According to SPT immediacy is important in enhancing social presence (Gunawardena & Zittle, 1997) and is felt to occur via a person's physical presence. It is further suggested that the internet is not a functional alternative to face-to-face encounters but rather a specialised channel. While SPT is now a little outdated due to the development of creative and synchronous methods which provide more cues (Biocca et al., 2003) it would seem to have some relevance to the current research question due to the lack of cues inherent in email counselling. A recent research study with 128 nursing students from the USA and Holland utilised an online survey, which included a social presence scale (Gunwardena & Zittle, 1997) to measure satisfaction when taking part in a web based nursing course; participants reported feeling comfortable and satisfied with this type of interaction (Copley-Cobb, 2009), however while this may be relevant to online teaching it may not be as relevant to online counselling which relies on more relational factors.

The Media Richness Model (MRM) - The Media Richness Model was developed by Daft & Lengel (1986) and originated as an organisational decision making model, but was later applied to interpersonal situations. Within this model richness of communication is determined by the 'bandwidth' or ability to transmit multiple cues, ability to give immediate feedback, ability to support the use of natural or conversational language, and the degree to which a message can be personalised. In effect this model suggests that the more complex the task the richer the medium needed. MRM has been criticised (Walther & Parks, 2002) for its inability to generate hypotheses that are applicable to all forms of CMC; some forms, for example email communication, might have changeable content

which may or may not meet the richness criteria (e.g. natural language & personalization). A review of digital deception suggests that in MRM participants are considered less likely to use deception using email than other CMC methods, such as the telephone, as having a record was clearly not conducive to deception (Hancock et al., 2004), due to those methods being less rich in 'bandwidth' than face-to-face communication. Critics of the MRM suggest the model is deterministic in nature and was developed before the widespread use of the internet, and is therefore unsuitable for capturing all the dimensions of the medium (Dennis et al., 2008).

INTERPERSONAL MODELS

Walther (2011) suggests that CMC is not always impersonal; that it can also develop social relationships. Although the absence of non-verbal cues means that there is less social information exchange in CMC it is suggested that as the communication time increases so does the exchange of social information. Anticipating future communications may result in communicators looking for more information from the other. This mechanism, he suggests, might lead to similar immediacy, composure, similarity and receptivity as is found in face-to-face communications. However, since it takes time for CMC to achieve consensus and if this is time limited the information exchanged will be less, thereby affecting any social relationships (Walther, 2011). This evolution of CMC is considered to have developed from being considered cueless to a cues-filtered-out perspective, and several theories and models that fall in to this category are presented; The Social Identity Model of Deindividuation Effects (SIDE)(Lea & Spears, 1991), and Social Information Processing Theory (SIP)(Walther, 1992).

Social Identity Model of Deindividuation Effects (SIDE) - The SIDE model was first posited by Lea and Spears (1991). This model applied research findings regarding crowd behaviour to CMC. Early research in this domain suggested that, similar to deindividuation theory developed in the 1960's (Zimbardo, 1969) online communicators were prone to 'online flaming' (behaving in a hostile manner in exchanges online, due to the anonymity afforded by the internet), and other disinhibited behaviours, possibly due to a reduction in social cues.

The SIDE model was developed to account for the contradictory effects of social cues in online groups, assuming that crowd effects showed some similar properties to online environments. Presently SIDE is used to explain the effects of anonymity and social isolation in various contexts, including electronic relationships and virtual communities. The SIDE model has been developed over the years and currently specifies two factors that drive online behaviour; visual anonymity that occurs when sending messages by text in CMC, and behaviour that is thought to be driven by social identity factors which lead to a loss of one's individuality. In turn it is suggested that CMC users then tend towards an in-group bias of similarity and attraction. Findings from a field experiment with a church community who were asked to donate money via email CMC rather than interacting face-to-face (Chan, 2010) suggest that those who identified less with the group were more likely to respond to email requests when the salience of social identity was heightened. This finding supports the hypothesis that the process depersonalised individuals who then became more sensitive to group norms. However, recent revisions to the SIDE model have retracted the idea that visually anonymous users cannot relate to each other as individuals (Postmes et al., 2006), suggesting that relationships can be developed over time and that communicators are able to identify with the small, interacting group. Whilst once very popular in research terms the influence of the SIDE model in CMC research has now decreased (Walther, 2011), although the focus within the model regarding anonymity effects might be relevant to this study.

Social Information Processing Theory (SIP) - SIP was suggested by Walther (1992) as an alternative to the impersonal models and is used to theorise the differences between text-based CMC and offline communications. Walther (2011) suggests that, when using CMC people are able to accrue impressions of, and relationships with, others that are equivalent to offline experiences over time. He suggests that communicators are motivated to develop interpersonal impressions and will adapt to whatever cues are available. Regarding text based CMC the theory predicts that individuals will adapt the encoding and decoding of social information (i.e. relational messages) into language and the timing of messages. Support for this theory exists in communication theory

research where the group interaction in a synchronous context was analysed; findings suggest that the presence of anticipated future interaction moderated participants' behaviour by encouraging the development of social relationship factors (Ramirez et al., 2007). The theory was posited as an optimistic alternative to Impersonal CMC ideas but further research by Walther disconfirmed some of the aspects regarding relationships developing over time (Joinson, 2003), which led to development of Hyperpersonal theory (Walther, 1996). Further to this a study found that whilst SIP might work for people with high individualistic values it did not necessarily do the same for those with high collectivist values (Tokunaga, 2009).

THE HYPERPERSONAL MODEL

The Hyperpersonal model (Walther, 1996) consists of a set of concurrent theoretically based processes to explain how CMC may facilitate relationships and impressions online that exceeds the intimacy that occurs in parallel off-line interactions. The model outlines four components of the communication process relating to message construction and reception:

1) Receivers – In the absence of non-verbal communication an individual may tend to exaggerate perceptions of the message sender, fill in the blanks with regard to missing information based on initial favourable clues, make overattributions of similarity when visually anonymous and, if conversational partners share some salient social identity, communicators may experience heightened attraction. Research in this aspect often uses the SIDE model to explain over-attributions, but this is changing to include more individual stereotypes, such as who the online person reminds you of (Walther, 2011).

2) Senders – Text based CMC facilitates selective presentation, as unless a person communicates their behaviour, they are more in control of what to transmit and may choose only desirable characteristics to portray a preferential image. In this way self-disclosure is suggested to facilitate intimacy and is thought to be more commonly used online (Walther, 2011);

3) Channel – Involves characteristics of the channel; one part focuses on the mechanics of the CMC interface, suggesting that users exploit the ability to take time to contemplate and construct messages mindfully. The model further suggests that CMC users may redirect cognitive resources into enhancing a message without needing to pay attention to the physical behaviours of self or others, or be distracted by other aspects of the context;

4) Feedback- This suggests that aspects of all three components, idealisation, selective representation and channel effects reciprocally influence the response by reproducing it and enhancing the effects. This is thought to be akin to 'behavioural confirmation' (Snyder et al, 1977) whereby interactors effect each other's behaviours in a reciprocal manner and is reminiscent of findings in the social psychology field about reciprocal liking, where individuals tend to like people who like them.

In effect Hyperpersonal CMC purports there might be advantages over face-to-face interactions in some situations, and whilst Walther (2011) suggests there is some evidence for the first three components of Hyperpersonal CMC (Walther, 1996), he believes that the construct of 'Feedback' has not yet been fully explored. Whilst not a CMC model, findings of research into sensory deprivation have been included in this section as this aspect would seem relevant when considering the impact of cuelessness on social interaction.

Sensory deprivation - Research with blind participants suggests a degree of compensatory plasticity in the brain which allows for other auditory senses to compensate in social situations (Rauschecker, 2002). Rauschecker (2002) also proposes that there may be a degree of tactile compensation which allows for the brain to visualise an image. A research study with deaf participants used a map reading task to look at communication dialogue variables in face-to-face and the online videoconferencing medium (Gournaris & Leigh, 2004), with findings suggesting a similar understanding of the task across both modes. A comparison study with deaf participants suffering depression, which conducted psycho-educational therapy both in written form and using an online medium (Wilson & Wells, 2009), reported efficacy similar in both modes and suggested

'Telehealth' a viable option for the deaf population suffering depression. In a perceptual deprivation research study (Lloyd et al., 2012) participants were seated in a room devoid of visual stimulation where they listened to white noise. Findings from this study indicated that the brain may impose meaning on the environment even when no cues were given. Further to this a research study with students into total sensory deprivation suggested some auditory and visual perceptual disturbances may occur (Mason & Brady, 2009). These studies would tend to indicate some sort of compensatory process occurs in a relatively cueless situation.

In summary, the models included in the impersonal and interpersonal stages are often criticised for being unsuitable for exploring later versions of CMC and the cuelessness models have been criticised as even a situation high in cuelessness, it is suggested, can still be deemed psychologically close through CMC avenues (Thurlow et al., 2004). This is supported by the Hyperpersonal proposition that in some situations CMC might be advantageous in interpersonal interactions (Walther, 2011).

However, whilst the research and theorising in this area consider interpersonal dynamics through CMC, this is largely from a social psychology perspective; qualities of personal relationships and how these might relate to the crucial forming of a therapeutic relationship is not clear. Findings from the field of neuroscience indicate that the brain is capable of compensating in cueless situations of sensory deprivation (Rauschecker, 2002), although research would seem to be a little speculative. The therapeutic relationship from a psychotherapeutic perspective will be examined within the following section

THE THERAPEUTIC RELATIONSHIP

The therapeutic relationship in face-to-face encounters

Decades of empirical research indicate that the quality of the therapeutic relationship is strongly linked to positive client outcome (Lambert & Barley, 2001; Norcross, 2011) and a critical factor in successful therapy outcome (Lambert & Ogles, 2004). Indeed 30% of outcome variance has been predicted

by the therapeutic relationship (Lambert & Barley, 2001) and a review of over 2000 process-outcome studies (Orlinsky et al., 1994) suggests that several therapist variables have a positive impact including empathic understanding, affirmation of the client and the ability to engage with the client. Cooper (2008) suggests that the therapeutic alliance and empathy are strong predictors of outcome. However, a major criticism of research in this field is around the lack of specificity about which constituent of the therapeutic relationship is under investigation. Horvath suggests (Horvath, 2005.p5).

The significant overlap evident among these elements, and a lack of a conceptual model knitting these elements into a cohesive framework, indicates that there is a need to make some clarifications and distinctions... critical relational factors might be affected by different therapeutic contexts.

The importance of the therapeutic relationship was first noted by Freud (1913), who suggested that patients attached themselves to their therapists. From these observations about the intensity of these attachments Freud developed the concept of transference. Freud (1940 pp.202-203) suggests:

The patient is not satisfied with regarding the analyst in the light of reality as a helper and adviser who, moreover, is remunerated for the trouble he takes and who would himself be content with some such role as that of a guide on a difficult mountain climb. On the contrary, the patient sees in him the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype.

Transference is believed to be the 'transference' of past feelings, conflicts, and attitudes into present relationships, situations, and circumstances, and is thought to be revealed within the therapeutic situation (Jacobs, 2010); practitioners of various perspectives hold different ideas about how to work with

this. Psychoanalytic practitioners believe strongly that therapy happens within the relationship (Sandler & Sandler, 1997) and would lean very strongly towards the transference/countertransference relationship; countertransference is defined here as the therapist's emotional reaction towards the client (Lemma, 2003). With reference to email counselling cyberpsychologist and psychoanalyst Suler (1998) suggests that it is also possible to have a transference reaction to the computer in response to an unconscious relationship template. Suler refers to a double transference effect both through and with the computer in email therapy, and suggests (Suler, 1998 para. 36):

Because we experience online others THROUGH the computer, it's also possible that the transference reactions to them may interact with the transference reactions to the computer.

Suler further suggests that one might 'know' transference was at work through having exaggerated or inappropriately strong feelings towards the computer. The key to being able to use the space therapeutically as an online counsellor is by realising when transference is at play, which can often be tricky to negotiate he suggests; "*Healthy online relationships are those in which we realize that our perceptions are not always accurate*" (Suler, 1998 para.37).

The therapeutic process is common to different forms of counselling and therapy, and is thought to take place in the interchange between therapist and client. It concerns a therapist's capacity to be self-aware of; thoughts and feelings, possibilities and limitations, and personal and professional boundaries in psychological counselling. The relationship between therapist and client has taken a prominent role in theories of therapeutic process (Gelso & Carter, 1994); Gelso and Carter (1994) postulate that most models of the therapeutic relationship emanate from Greenson's (1967) analytic relationship model, where the three core aspects are: the working alliance, the transference/countertransference relationship and the real relationship. The working alliance described the patient's and the therapist's conscious determination and ability to work together on the troublesome aspects of the

patient's internal world, his relationships with others and or other aspects of his life (Molnos, 1998), it has been suggested that no successful therapy can take place without a good working alliance (Clarkson, 2003). The working alliance is most often linked with short term therapy such as Cognitive Behavioural Therapy (CBT), first developed by Aaron Beck (1975); this alliance has been deemed necessary but not sufficient for therapeutic change by cognitive psychotherapist Wills (2008).

The 'real relationship' is often spoken about as being open and genuine as well as being most linked with person-centred/humanistic/existential orientations. Carl Rogers (1967) the founder of person-centred therapy suggested that the core conditions are necessary and sufficient for therapy. In particular that the therapist needs to be congruent and to experience unconditional positive regard towards the client and empathic understanding of the client's internal frame of reference and importantly, convey both to the client. Whilst the working alliance, transference and real relationships can be discussed separately it is also suggested that they exist in all therapies (Clarkson, 2003; Gelso, 2011).

In addition to these three core aspects the therapeutic relationship has also been conceptualised as having two parts; the technical aspect - relating to therapist technique and the relational aspect -relating to the psychological connection of therapist and client based on feelings and attitudes held by both (Gelso & Hayes, 1998). Eleven relationship factors as potential contributors to therapeutic efficacy have been identified via an empirical review: alliance, cohesion, empathy, goal consensus and collaboration, positive regard, congruence, feedback, repair of alliance ruptures, self-disclosure, management of counter transference and relational interpretation (Norcross, 2011). This highlights many of the research areas therapists are interested in.

One clear area of interest is in the communication between client and therapist, which requires technical and relationship skills such as listening, attending and attunement. Attunement is deemed to foster a sense of rapport and can have several functions, such as respect and safety, which are seen as crucial to the therapeutic relationship (Erskine et al., 1999). A recent study exploring how

practitioners conceptualise their online counselling work used a mixed method study to analyse 83 single session transcripts; findings from this study indicate that therapists appear to concentrate more on rapport building than on other aspects of therapeutic work or tasks (Williams et al., 2009). Other factors such as power, intimacy, confidentiality and trust are deemed to be crucial factors in building and maintaining a good therapeutic relationship (Clarkson, 2003); it is also suggested that repairing relationship ruptures has a positive therapeutic effect (Bordin, 1980).

Non-verbal communication and the therapeutic relationship

Argyle (1983) argues that the majority of communication is via body language and it is suggested that 93% of a message is communicated non-verbally and is therefore out of conscious awareness of the sender and receiver (McKay et al., 1983). Baxter (2013), a physiologist and author on non-verbal communication, argues that body language communication takes one of the following forms: Haptics – communicating via touch; Proxemics – communication via the use of personal space; Physiognomy – reading of facial ‘micro-expressions’; and Paralinguistics – how the voice is used, all of which are relevant to the therapeutic relationship. Findings from a study exploring the clients’ perspectives on which counsellor behaviours positively impacted on the therapeutic relationship suggest that greeting the client with a smile was considered to be important (Duff & Bedi, 2010). The pattern of communication is also important with dialogue needing to be both receptive and expressive as well as being at the client’s pace (Cooper & McLeod, 2011).

Also of interest is therapeutic presence in the therapeutic relationship which has been defined by mindfulness practitioners as being fully in the moment with a client on a multitude of levels with the therapist being mindful of their own process but being in the service of the clients healing process (Geller, Greenberg & Watson, 2010); client awareness of therapist presence is mostly measured through self-report instruments, such as the Therapeutic Presence Inventory (TPI) (Geller et al., 2010). While conceptualisations of therapeutic presence differ according to theoretical orientation it has been suggested that this is key to therapeutic efficacy (Webster, 1998). Kahn (2001) argues that both

client and therapist need to be 'actively' present, in a two-person relationship, in order for the work to be possible. Other psychotherapeutic theorists highlight the need for openness to all aspects of the clients experience, one's own experience and the capacity to respond from this place as a therapist (Bugental, 1989). However, although there are different descriptions of therapeutic presence these would seem to refer more to the openness of the relationship and skills of the therapist than physical presence. Psychotherapist Dr Jeri Fink (1999) describes *telepresence* as the feeling of being close to others and in another's presence in an environment mediated by the communications medium; if a 'safe' clinical environment can be engendered he suggests that this may be considered a clinical tool (Fink, 1999).

However researchers in the field of neuropsychology (Schore, 2013) stress the importance of gaze and facial movements in the formation of relationships, particularly early relationships, as these help to create an internal concept of relationship, which is crucial in forming attachments later in life. Schore (2013) suggests that the 'gaze' of the therapist helps to create or recreate the conditions of the client's early relationships allowing for a more positive internal construct to develop, thereby making it possible for clients to bond or develop healthy attachments in the future. As Schore (1996, p. 59) explains:

Experiences in the therapeutic relationship are encoded as implicit memory, often effecting change with the synaptic connections of that memory system with regard to bonding and attachment. Attention to this relationship with some clients will help transform negative implicit memories of relationships by creating a new encoding of a positive experience of attachment.

Neuropsychological findings have been gaining prominence in the therapeutic world in recent years; linking ideas about psychology, biology and psychoanalysis, particularly when considering theories of affect, has shed new light on that which was previously considered unconscious (Schore, 1997) and

added credence to many of Freud's findings and those of relational theorists and researchers.

Perhaps the most relevant neuropsychological findings to the field of non-verbal communication are those concerning mirror neurons. Mirror neurons are a set of neurons that are activated when performing or witnessing an action; and have historically been researched using monkeys (see Iacoboni, 2009) and with brain damaged humans often in relation to empathy (see Eslinger, 1998). Contemporary findings from the field of neuroscience suggest that mirror neurons are important regarding empathy as these appear to affect the reception and interpretation of facial expressions; this is supported by neuroscientific experiments which suggest that the better the individual is at interpreting facial expressions the more active their mirror neuron system (Enticott et al., 2008). Empathy is viewed as a critical manifestation of human experience and relatedness the desired end state.

In addition Schore suggests that a therapist's brain may need the capacity to create a holding environment in order to tolerate the ambiguity, uncertainty and lack of differentiation involved when 'wondering' with a client (Schore, 2013), by which he is referring to the important task of client containment. The ability to act as a holding container for a client's affective energy it is suggested may involve dual modes of existence (Schore, 2013); the therapist attending to their own self-regulatory functioning whilst simultaneously attending to their clients' needs (Holmes, 1998). Schore (2013) suggests that the brain has capacity to shift between these two modes; turning inwards to look for relationship patterns and looking outwards to connect empathically with others. In this sense as Wallerstein (1998) suggests, psychoanalysis is a two person psychology involving as it does two minds. One-person psychology has become unpopular in current, relational, therapeutic theorising (Wachtel, 2010), as it implies a solipistic view that the self is the only reality and has often been sidelined in favour of the two-person psychological view that relationships are a co-creation; others take the view that both can exist in theories of therapeutic relationship (Lewis, 1990).

Of interest to the current study is what happens within the therapeutic relationship when 'gaze' is not possible as in email counselling. If, as Schore suggests, the eyes are the window to the therapeutic soul, how might this affect the process of the therapeutic relationship when counselling by email?

Research findings from the field of attachment theory are also helpful in considering interpersonal dynamics and the therapeutic relationship. (Waters et al., 2005). Contemporary ideas in attachment theory suggest that the empathic therapists' capacity to regulate the clients' arousal state within the affectively charged non conscious transference-countertransference relationship is critical to clinical effectiveness (Schore, 2013). The therapeutic relationship is thought to act as a secure base to a client with insecure attachment issues, from where they can explore difficult issues and it has been suggested that attachment is impacted by emotional proximity (Holmes, 2001).

The intersubjective space

In psychology intersubjectivity is a key term used to conceptualize the psychological relational space between people and often used in contrast to solipsistic individual experience, as it emphasises social existence. It has been argued that the symbols and signs of language make it deeply subjective and self-reflection entails intersubjectivity (Gillespie & Cornish, 2009). Evidence is provided in mirror neuron research (Rizzolatti & Arbib, 1998) for this aspect of human psychology, which include research on empathy, and the idea of a theory of mind (the ability to attribute mental states to oneself and others and to understand that others have beliefs, desires, and intentions that are different from one's own). Contemporary psychoanalytic literature suggests that intersubjectivity is a key factor in the therapeutic relationship and that emotional experience takes form in the intersubjective space (Stolorow et al., 2002); indeed it has been argued that self-expression through this medium is representative of a constructed aspect of self, unfettered by some transference aspects and therefore a more visible, concrete and objective format than speech and useful in its own right in therapy (Suler, 2003).

The therapeutic relationship and telephone counselling

Telephone counselling is often included in research into the differences between face-to-face and online counselling methods (Mallen et al., 2005a) due to its lack of non-verbal social cues. Telephone counselling has been in existence since the 1950's when the Samaritans helpline was developed and has been a growing trend since then in the therapeutic world (Barnett & Scheetz, 2003). Centore and Milacci (2008) surveyed 854 Christian counsellors online regarding their use, and perception, of the distance counselling modalities of; telephone, email, text chat and video conferencing. Overall participants described a decrease in social stigma aspects signifying an advantage, and a decrease in the counsellor's ability to build rapport, fulfill ethical duties and treat mental disorders signifying several disadvantages. However, a study by counsellors Rees et al., (2002) of 186 participants who took part in a free telephone counselling service for various mental health complaints found no difference in the amount of therapeutic bonding or social influence between telephone and face-to-face counselling; although the 'more poorly' participants preferred face-to-face interactions. In a study of 569 psychologists who answered a survey about using the telephone for clinical work it was found that 98% reported using telephone counselling (Vanden bos & Williams, 2000), but the Centore and Milacci (2008) research reported a drop in therapists' use of telephone counselling to 74%, which may perhaps indicate a shift towards other distance counselling methods, such as online counselling in its different forms. The Vanden bos & Williams (2000) claim that 98% of psychologists using telephone counselling would seem very high, and it should perhaps be considered what is meant by clinical work; psychologists could perhaps have been reporting telephone contact.

The therapeutic relationship and online counselling

Research into online counselling and the therapeutic relationship is limited (Richards & Viganó, 2013); part of the rationale for the current study is to attempt to add to the research base by exploring therapists experiences of the therapeutic relationship when working with the email medium. Attempts have been made to measure the therapeutic alliance in online counselling using quantitative self-report surveys such as the; Working Alliance Inventory (WAI),

Therapeutic Alliance Quality Scale (TAQS) and Client Satisfaction Inventory (CSI), (Murphy, et.al, 2009; Barak & Bloch, 2006; Hanley, 2009; King et al., 2006; Reynolds et al., 2006; Prado & Meyer, 2004). Mixed method research has also been used to assess the online therapeutic relationship, with the quality of the online working alliance judged medium to high by three quarters of participants in a review of sixteen quantitative outcome studies (Hanley & Reynolds Jr., 2009). A smaller study into 16 mostly female participants found a strong therapeutic alliance, with disinhibition suggested to be a positive factor in creation of this alliance (Cook & Doyle, 2002).

Research into the working alliance in cognitive behavioural therapy online indicates that it is possible to establish a stable and positive relationship when working online; however, the study results also indicate that the therapeutic relationship was not thought to be a contributory factor to positive outcome, unlike face-to-face therapy approaches (Knaevelsrud & Maercker, 2006). However, it has been suggested that what is problematic about the current research literature into online counselling is that it attempts to translate theory about the therapeutic relationship developed from face-to-face counselling into the online medium (Laslow et al., 1999; Hunt, 2002), and a review of research in the area suggests the future of online counselling might benefit from a new framework for this clearly different mode of counselling (Richards & Viganó, 2013).

The current edition of BACP guidelines (2009) for online counselling and psychotherapy remain 'optimistic' but neutral on the position of online counselling, they suggest (BACP, 2009 p4):

It remains unwiseto definitively claim that written communication over the Internet should, or should not, be considered equivalent to face-to-face provision

Other authors are sceptical suggesting that therapeutic conversation online can be shallow and superficial (Barak & Bloch, 2006). It has been suggested that

sufficient intimacy cannot be reached online due to working via the computer (Robson & Robson, 1998); Robson & Robson (1998, p.40) argue that:

The creation of the relationship that is necessary in client centred counselling could not be facilitated in its wholeness through computer communication.....the uniqueness of humanity will always be limited by transmission through the wires

Quantitative research regarding email counselling and the therapeutic relationship often confounds email counselling with other online counselling media and whilst it could perhaps be assumed some of these findings may relate to email counselling (anonymity effects etc.) it would be difficult to confidently assert this. Qualitative studies in this field are rare; an Interpretive Phenomenological Analysis (IPA) study exploring six therapists' views on the online therapeutic alliance suggested that trust in the therapeutic relationship was viewed similarly whether online or face-to-face and that the online medium impacted both positively and negatively on trust (Fletcher-Tomenious & Vossler, 2009). Three key findings surrounding trust emerged from this study:

- The role of anonymity was thought to act as a positive factor as this facilitated the speed with which the online relationship progressed; clients brought issues they may not have been able to bring to face-to-face, and therapist anonymity was viewed positively as clients felt less judged but raised concerns over the issue of therapist accountability. These researchers suggest that therapists might need to start the therapeutic process with a 'leap of faith' if they did not feel fully informed about the client, and trust their mental picture of a client.
- The second theme was that of trust which impacted both positively and negatively; clients were thought to have more control of the process than in face-to-face encounters and consequently the power balance was perceived to be more equal. The process of typing was deemed to effect

the relationship formed as the typist was engaged with their thoughts and it was generally believed the ability to re-read was beneficial for clients. The lack of cues in the online context made understanding the client more difficult but participants also describes alternative ways and techniques to help establish the relationship (e.g. emoticons).

- Thirdly, participants viewed trust in their online relationships similarly to their face-to-face relationships.

Psychotherapist, Dr Kate Anthony (2000), explored whether or not a 'real' (person-to-person) relationship can be established via online counselling and suggested that a therapeutic relationship was possible via text-based, medium led forms of counselling. Six practitioners and one client were interviewed and asked three main questions regarding the relationship in text based counselling. Results were qualitatively analysed from what was referred to as the relationship (person-to-person) point of view which generated six categories emerging as essential to the online relationship; Rapport (via clients mental construct), Presence (perception of the session being non-computer mediated), Openness online (bypassing defences), Quality of written communication, Fantasy (client & counsellor) and Anonymity (as opportunity), suggesting a 'real' therapeutic relationship was possible via text-based, medium led forms of counselling. Studies that specifically relate to online counselling via email are rare (Stummer, 2009); however a recent IPA study (Dunn, 2012) used email interviews with ten clients and six counsellors to explore their experiences of email therapy. Four areas of focus were presented; the importance of the structure and processes involved, their impact on thinking and feeling, their impact on self and relationships, and changes that followed email counselling. What emerged was the importance of clients and therapists having 'time to think' and of email offering clients choice and control over how to engage. A further suggestion was that the unique aspects of time and disinhibition in email therapy might afford clients an opportunity to test out the idea of relationship, possibly making them more confident about trying this in a face-to-face context. These studies focus on experiences of participants whereas this study focuses on the processes involved in email therapy.

In summary, research into the therapeutic relationship in online counselling is in its infancy (Richards & Viganó, 2013) and somewhat complicated by the differences between synchronous and asynchronous methods which are often reviewed together, and the difficulties in what aspect of the therapeutic relationship is being researched (Horvath, 2005; Norcross, 2011). There are strong arguments that non-verbal communication is an important aspect of communication and relationship and that therapist presence is important in the therapeutic relationship. Findings from the field of neuropsychology further suggest the importance of non-verbal communications, including gaze, in relationship building and attachment. Research into the quality of therapeutic relationships in online counselling have tended so far to rely on quantitative self-reports; findings from these studies suggest that a working alliance is possible, but this is qualified by clients reports of dissatisfaction with the therapeutic alliance in online contexts (Hufford et al., 1999), and reports that even though a stable online therapeutic relationship may be established it is a less reliable predictor of outcome than in face-to-face contexts (Knaevvelsrud & Maercker, 2006). Mixed methods and qualitative research is rarer but mostly positive; findings indicate many similarities between face-to-face and online therapeutic relationships, with a recent study into email counselling indicating positive factors such as client choice, control and client and time to think before responding. However what are yet to be considered is email therapists experiences of the therapeutic relationship and what type of processes might exist when using this medium.

It has been suggested that the reason that many counselling psychologists do not foray into the online counselling field is that “online therapy appears to violate many of the fundamental principles of the therapeutic relationship” (Hanley & Reynolds Jr., 2009, p5.). Research into the therapeutic relationship in face to face counselling indicates that this relationship is affected by body language, therapeutic presence and empathy; to date what is qualitatively different about these factors in the online counselling field has not been considered.

SUMMARY OF DIFFERENCES BETWEEN FACE-TO-FACE AND EMAIL COUNSELLING

One key difference between face-to-face and email counselling is the lack of cues available when counselling online; this has been described as disorientating and difficult to adapt to; Mallen et al. report (2005a, p800):

It would seem that text based synchronous chat and asynchronous e-mail would be the most disorientating for counselling psychologists to adapt to because non-verbal cues are not present.

Of particular relevance to the current research are the attempts that have been made by online therapists to address the lack of physical and verbal cues by developing methods to convey emotional valence visually. One such attempt has been using emoticons, which is a combination of the words emotion and icon, often used in image form to describe emotions via text based therapies (e.g. smiley or sad face) (Wolf, 2000); however this 'solution' has been criticised as potentially unappealing to some generations and open to further misinterpretation (Derks et al., 2004). Another attempt is the ongoing development of a technique of text-based counselling trademarked as therap-e-mail (Murphy & Mitchell, 2009) which advocates several ways to counteract the lack of cues by incorporating verbal descriptions of emotions in brackets to convey issues of immediacy (e.g. when I read X I was feeling Y), and other emotional aspects. Counselling psychologists and co-founders of www.therapyonline.ca Murphy and Mitchell (1998) suggest that these techniques may help to provide a richer level of relationship by including therapist contextual feedback.

Researchers working in the field of neurolinguistic programming suggest that individuals become 100% connected to the actual words on the page (Addington, 2009), and that rapport is developed by entering a client's mental constructs via the written word (Anthony, 2000). Cyberpsychologist John Suler, further suggests that the ambiguity created by a lack of visual and verbal cues

can stir up fantasy and enhances the tendency to project expectations, wishes, and anxieties onto the unknown figure at the other end of the internet exchange (Suler, 2007). Suler suggests there is a heightened possibility of transference and therapist countertransference that is often unconscious, and needs to be accounted for in order to safely work in the medium; although he acknowledges there are often cues available in the text to aid relationship forming (Suler, 2007). Intertextuality was coined by Kristeva (1986) to explain how meaning is mediated through 'codes' in texts rather than transferring directly from writer to reader. The link between intertextuality and hypertextuality, or text on the internet, is made and indeed the world wide web it has been suggested is a unique realm of reciprocal intertextuality (Mitra, 1999), but this relates more to communities involved in reading off the web and is not necessarily descriptive of email counselling.

Relevant to the context is the actual process of writing and reading; recursive writing is deemed to be the reflective process of reading the words as they are written, and in this in itself is seen to be efficacious (Murphy & Mitchell, 1998). Writing has also been explained as useful in externalising difficult issues and the process of putting thoughts and feelings into words is thought to be healing in itself (Pennebaker & Chung, 2007), however the possibility of translating therapeutic writing into online practice, it is suggested, is not yet confirmed by research (Gray, 1999). A review of the possible advantages in writing for clients in particular towards the therapeutic relationship, have been suggested as: Being able to write when in crisis and express feelings immediately (Esterling et al., 1999), having a high degree of freedom in which to define experience (Collie et al., 2000), privacy, as shame is an inhibiting factor and the anonymity afforded may help overcome aspects of this (Lange, 1994), being active by re-authoring their life story through writing (White & Epton, 1990), producing a permanent record and boosting successes by re-reading (Adams, 1990). It is further suggested that asynchronous email therapy can provide both client and counsellor with an opportunity for greater reflection and clarity in the communication (Murphy & Mitchell, 1998). Where email therapy is perhaps different to most styles of expressive writing is that it has a conversational or turn-taking element, which requires different skills; how this may or may not

impact on the therapeutic relationship is an area of interest in the current research.

In summary, one of the biggest differences between face-to-face and email counselling it would seem is the socially cueless context of working online; there are some suggestions that therapists aim to compensate by being inventive about relaying empathy (e.g. therap-e-mail). Due to the lack of cues inherent with the medium there is a suggestion email counselling offers a new type of intersubjective space to work with and this has yet to be explored. Other contextual issues to be explored are the role of therapeutic writing which could clearly be facilitated by using the computer but it is perhaps less clear what role it plays in therapy. These ideas of how email therapy might differ from other forms of therapy suggest it might represent something unique in the therapy world.

EMAIL COUNSELLING AND UNCERTAINTY

Working therapeutically comes with a degree of uncertainty, often regarding ethical dilemmas such as; whether a therapists skills are matched to the client, and what type of intervention would be useful for a client (Kamhi, 2011; Dryden 1985); it seems important therefore to consider how working asynchronously via the internet might further impact on therapeutic uncertainty. Smithson (2008) suggests a psychological view of uncertainty whereby three elements lead to uncertain feelings; Probability/ randomness which are often treated as having the same meaning as uncertainty; human judgments are often assessed according to probability theory. The second construct is delay, and how it impacts on consequences or outcomes of acts; generally, Smithson suggests, humans behave as if the consequential magnitude of an outcome is larger if it happens sooner rather than later; The third uncertainty construct is absence or lack of clarity in information, which Smithson argues, is sometimes perceived as ambiguity but can also include different kinds of ignorance, e.g. conscious (knowing what we do not know), or meta-ignorance (not knowing that we do not know). To some degree all three of these constructs could be seen to be present in email therapy. There might conceivably be a perceived degree of

probability involved in decision making based on text based communication which lack social cues and the random nature of when and if a response will occur. The clear time delay inherent in email counselling may also have an impact; delay is believed to exert the same kind of influences as uncertainty. The third uncertainty construct of absence/ lack of clarity can be found in the absence of social cues in email therapy which may impact the therapeutic relationship.

Balancing uncertainty and certainty in clinical practice is difficult, according to Kamhi (2011), and requires an appropriate balance of scepticism and openness to developing evidence based practice. Practitioners, he suggests, have no external self-correction mechanism and tend to err on the side of certainty, staying with what is known to be safe. Evidence based practice, he argues, does not allow for clinician qualities, such as interpersonal skills and attitudes. It could be that email counselling is likely to feel even more uncertain due to factors of delay inherent in the system and lack of clarity in working without social cues (Smithson, 2008).

CONCLUSION

In conclusion, research into the therapeutic relationship in online counselling is still in its infancy and there is very little information as yet regarding email counselling, despite it being reported as the most popular online method (Richards & Viganó, 2013). Debates in the online field do not seem to be helping clarify issues for therapists and research in this field sometimes conflates email counselling with other synchronous methods and does not specify what aspect of the therapeutic relationship is being considered, making it difficult to extrapolate and isolate results. The limited amount of research there is specifically in the email area makes it difficult to draw any conclusions and there is very little from the therapist's perspective. It is further suggested that research into the area is confounded by trying to impose face-to-face theory onto online methods (Laslow et al., 1999) and that perhaps the future of online counselling could benefit from research into a new framework for the mode (Richards & Viganó, 2013). Given that very few counselling psychologists foray into online counselling and express concerns about aspects

of the therapeutic relationship in this medium (Hanley & Reynolds Jr., 2009), it is hoped that the current research will help to identify the processes involved in email counselling and the therapeutic relationship.

RESEARCH RATIONALE AND AIMS

RESEARCH RATIONALE

The upsurge in online access suggests that the provision of online counselling will continue to increase, and yet little is known about the therapeutic relationship within this medium. Whilst email counselling is described as the most often used online mode it appears to have the least amount of research dedicated to it, and for these reasons it would seem important to explore how therapists experience the therapeutic relationship in the email counselling arena.

A qualitative research method was deemed appropriate as it has the ability to story tell from the participant's perspective (Wynn & Money, 2009) and grounded theory was chosen specifically for its focus on processes and actions in the data (Charmaz, 2006). The relationship between researcher and research participant in grounded theory is especially significant as it mirrors debates surrounding therapeutic relationships between therapist and client (McLeod, 2003), and is highly relevant to this study bearing in mind the differing modes of contact with participants mirrors some of the different modes of contact within online counselling.

The research is thought to be particularly timely as it is suggested that therapists and counselling psychologists are being encouraged to work online (Evans, 2009) but although there is some evidence about its efficacy, the limited and generic nature of the research base seems to be making some therapists nervous (Wells et al 2007). This enquiry was stimulated by the researcher's experience of working with experienced counsellors who were undertaking email counselling training, the subsequent realisation that this style of operating was not popular in the counselling psychology world and the researchers own decision to train this medium.

RESEARCH AIMS

The primary research aim and therefore central research question is to explore therapists constructions of their experiences of the therapeutic relationship in email counselling. The secondary aim is to co-construct an explanatory grounded theory of this process.

METHODOLOGY

DESIGN

Traditionally psychological research has positioned itself within the positivist paradigm which generally utilises experimental testing to produce valid knowledge (McLeod, 2003); an alternative is offered with qualitative research as the variety of methods available have the flexibility to adequately explore the complexity and depth of the human experience (Morrow & Smith, 2000). Qualitative research has been gaining credence in the counselling psychology world (Ponterotto, 2001) and it is suggested that counselling psychologists may be drawn to this method as the inquiry is more congruent with the narrative perspectives of their therapeutic work (Morrow, 2007). Constructivist grounded theory is considered appropriate for the current research study as it has an underlying assumption that social events and processes have an objective reality and that ultimately the grounded theory studied 'world' is a product of human participation and transaction, creating a dynamic domain. This current enquiry is a qualitative study using a variety of data collection methods (responses to an anonymous online survey, semi-structured interviews in person and via video conferencing, plus email interviews) and a constructivist grounded theory methodology (Charmaz, 2010).

Rationale for qualitative research

Unlike quantitative research which often deals with the question 'why' (Creswell, 2009) qualitative methods are ideal for looking at the 'how' or 'what' of the enquiry (Morrow, 2007) and can be very effective in examining psychotherapeutic processes in depth (Hill, 2005). This is deemed particularly helpful for this enquiry as the psychotherapeutic process examined is the therapeutic relationship, which is considered crucial for successful therapy outcomes (Lambert & Ogles, 2004). One of the strengths qualitative research is deemed to possess is its ability to story tell from participants' perspectives, provide rich detail and put this into a human context (Wynn & Money, 2009).

Qualitative research evolved from a post-positivist ontology that reality is thought to exist but can only be known imperfectly through the researcher's

human limitations, a position referred to as 'critical realism' (Maxwell, 2012). It is suggested that researchers discover 'reality' within a certain realm of probability and cannot 'prove' a theory but can make a stronger case by eliminating alternative explanations (Mertens, 2009). As opposed to post positivist objective reality qualitative researchers believe in a relativist ontology that there are as many realities as there are participants, plus the researcher (Morrow, 2007), and that meanings are often co-constructions of participants and researcher. The primary aim of qualitative research is to develop an understanding of how the world is constructed (McLeod, 2001), and can be utilised to adequately explore the depth and complexity of the human experience (Gelso, 1979).

There have been many attempts at an overall description of qualitative research and a simple, functional description is offered by Nkwi et al. (2001) who state that qualitative research involves 'any research that uses data that do not indicate ordinal values'. More precisely, qualitative research is summarised as being;

1. Grounded in a broadly 'interpretivist' philosophical position in the sense that it is concerned with how the social world is interpreted, understood, experienced, produced or constituted.
 2. Based on data generation methods, which are both flexible and sensitive to the social context they are produced within.
 3. Based on methods of analysis, explanation and argument building involving understanding of detail, complexity and context. It aims to produce rounded, contextual understandings on the basis of rich, detailed and nuanced data.
 4. Concerned to emphasise 'holistic' forms of analysis explanation in this sense, than on charting trends, surface patterns and correlations.
- (Mason, 2002)

The general paradigm in qualitative research is interpretivism which assumes that researchers' values exist and are embraced (Guba & Lincoln, 1994). Phenomenology can be considered a subset of interpretivism-constructivism and is a design often utilised by counselling psychologists (Wertz, 2005). Qualitative researchers are interested in understanding the meanings that

individuals construct, as well as how people make sense of their world and the experiences they have in the world (Merriam, 2009). This involves delving into complex processes and illustrating the multi-faceted nature of human phenomena (Morrow, 2007).

Whatever qualitative research may be it has grown out of a wide range of intellectual and disciplinary traditions and is strongly felt it is certainly not a unified set of philosophies or techniques (Mason, 2002). It is worth noting that there are various qualitative research methodologies under the umbrella heading and description, each one of them taking on a different facet of the research task (McLeod, 2001). This often leads to debates as to which method is best or appropriate within the qualitative research field (Denzin & Lincoln, 2011).

Grounded theory

Grounded theory was conceived in the 1960's by sociologists Glaser and Strauss (1967) as an alternative to reductionist research methods and was considered revolutionary in its time (Urquhart, 2013). It is currently considered the 'market leader' in qualitative research (McLeod, 2001) and can be described as the systematic generation of theory from systematic research (Glaser & Strauss, 1967). It does not begin with a hypothesis, rather being a method of qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from the data (Charmaz, 2006). Hence the description 'grounded', as this is where the analytic categories in the data emerge from (McLeod, 2003). The goal of a grounded theory approach is to generate a theory explaining how an aspect of the social world works (Creswell, 2009).

A divergence in opinions occurred in later years between Glaser and Strauss (Dey, 1999) causing two distinctive schools of grounded theory to emerge, Objectivist and constructivist. Objectivist grounded theory has positivist origins and constructivist is part of the interpretive movement.

Objectivist grounded theory

The objectivist grounded theory approach assumes an objective stance whereby the researcher is deemed to be passive in the process (Onions, 2006); the data already exists in the world and is found by the researcher who then discovers the theory (Glaser & Strauss, 1967). The discovery of categories was thought to be inherent in the data and observed in the external world by a neutral observer (Charmaz, 2000) who held no preconceived ideas (Glaser & Strauss, 1967). This rather implies minimal impact by the researcher on any emerging theory and disciplined restraint applied (Jones & Alony, 2011) to minimise 'researcher bias', of which Glaser (2002) strongly disapproved. However Charmaz (2006) suggests that the neutrality claimed actually assumes a value position.

Epistemology

Epistemology can be defined as the theory of knowledge and what justifies/ evaluates knowledge gleaned from research (Carter & Little, 2007). In this respect it is important to position oneself epistemologically, as differing qualitative research methods have varied paradigms, which are crucial in underpinning the style of research, and therefore require specifying.

Symbolic Interactionism

Grounded theory has been described as 'fully compatible' (Charmaz, 2010) with symbolic interactionism (Glaser & Strauss, 1965, 1967). Blumer (1969) described the three basic premises of symbolic interactionism as: Humans acting toward things on the basis of the meanings they ascribe to them; the meaning of such things is derived from, or arises out of, the social interaction one has with others and society and these meanings are handled with, and modified through, an interpretive process used by the person in dealing with the things encountered. This perspective focuses on dynamic relationships between meaning and actions as well as addressing the active processes that people create and mediate meaning through (Charmaz, 2010). A further assumption describes society as a linguistic or symbolic construct which arises out of the social process, and which consists of individuals interacting (Herman &

Reynolds, 1994). Symbolic interactionism has been said to require an analytic vehicle such as grounded theory to realise its potential (Pascale, 2011).

Social constructionism and constructivist grounded theory

Within the interpretive tradition it is argued that the objectivist stance is no longer tenable (Denzin & Lincoln, 2011) and Charmaz (2006) offers constructivist grounded theory as an emergent process that occurs through interaction. Constructivism thus challenges the belief that there is an objective truth that can be measured or captured through research enquiry (Crotty 1998).

Charmaz (2006) claims the terms social constructionism and constructivism have become interchangeable in contemporary literature, especially in relation to grounded theory, but others argue differently. Social psychologist Jonathon Raskin (2002) suggests that although constructivist and constructionist versions of psychology can be viewed as similar through their focus on the process of meaning making, they can also be viewed as competing orientations.

Historically constructivism has focused on the internal, cognitive process of individuals, whereas social constructionism focuses on the social activities or discourse that transpire between people (Raskin & Bridges, 2004). McNamee (2004) proposes that both constructionism and constructivism have common threads in meaning making, and operate through a relational interaction. It would seem useful at this stage to outline my epistemological position: as a counseling psychologist I am interested in what goes on in the individual mind and in personal meaning making and cognitive processes; in this sense I am constructivist. However, I position myself as a social constructionist in that I believe that realities and meanings are co-constructed in the social world; my interest is in the relational and the social, rather than purely in the intrapsychic and the individual. This position is synchronous with counselling psychology values i.e. the focus on subjectivity, intersubjectivity and on the importance of social context (BPS, 2005). As an epistemological stance constructivism asserts that individuals construct reality as they assign meaning to the world around them (Appleton & King 2002). From a constructivism perspective, meaning does not lie dormant within objects waiting to be discovered, but rather is created as individuals interact with and interpret these objects (Crotty 1998).

Constructivist grounded theory is viewed as a set of principles and practices, rather than methodological rules, recipes, and requirements (Charmaz, 2006). Charmaz's model has a constructivism paradigm with the underlying assumptions of this method being: that social events and processes have an objective reality in that they can be observed and documented because they take place irrespective of the researcher – this suggests a realist ontology; it also assumes that social realities are negotiated by human players and that participants' interpretations of events shape their consequence (Willig, 2001). Ultimately the grounded theory studied 'world' is a product of human participation and transaction, which creates a dynamic domain. Grounded theory attempts to be sensitive to these dynamic properties by focussing on 'processes and actions'.

In order to adhere to a constructivist grounded theory method it is important to highlight the role, and epistemological position, of the researcher as it is recognized and accepted that no two researchers' data analysis will produce the same theory (Glaser & Strauss, 1967; Rennie, 1994). This is congruous with the qualitative research epistemology in general where there is an assumption that there is no correct version of reality, and where there is a prizing of each individual involved in the researcher's unique perspective, enriching the understanding of the explored phenomena. Credibility of the grounded theory research therefore relies on; a) accurate and complete data, b) interpretations that capture participants' meanings as well as minimising researcher bias, c) emerging categories fitting with the phenomena under study, d) the theory being transferable (making sense to the reader and able to be applied to different people/settings) (Miles & Huberman, 1994), as well as consistent application of grounded theory methods and documentation of the steps (Dey, 1993). Charmaz (2010) encourages researchers to embrace the interpretive tradition by theorizing on both overt processes and implicit meanings. With the researcher's view and influence being recognized and prized in this way a visible reflexive stance is important for credibility of the work.

Rationale for grounded theory

A qualitative research method was deemed most fitting at an early stage, due to the explorative and experiential nature of the enquiry. Owing to the plethora of different types and underlying philosophies in qualitative research methods very careful consideration needs to be applied in choosing which one is the most appropriate fit, at the earliest opportunity (Willig, 2013). The current research enquiry focuses on actions and processes (Glaser, 2002) making it better suited to grounded theory than other methods.

This constructivist approach aligns with the researchers' beliefs and the current enquiry, most notably for the following reasons: It adopts a relativist position in recognising there are multiple realities in the world; with individuals having more than one main concern; Charmaz's approach involves the researcher co-constructing the data with the participant bringing with that the recognition of the subjectivity that influences their lives; the approach has the flexibility to adequately allow for the idiosyncrasies of this type of research; it is particularly useful in advocating the importance of the storytelling or narrative perspective of therapeutic work (Morrow, 2007), and helps yield rich data. What is particularly relevant for the current study is that it allows for deep exploration of implicit meanings and experiences derived from participants' stories, which are told via different mediums.

Grounded theory values the language of informants and aims to interpret this through the voice of the researcher and the voice of the participant (McLeod, 2001). The relationship between researcher and research participant is especially significant as it mirrors debates surrounding therapeutic relationships between therapist and client, as most therapy researchers are also practitioners (McLeod, 2003). Stern (1995) postulated that the strongest case for using grounded theory is in investigations of relatively uncharted water which is one of the reasons it has been chosen for this research study as there are very few studies solely focussing on email style counselling specifically as an asynchronous method. On a pragmatic level grounded theory offers a clear practical process for analysis (Charmaz, 2010). Like many other methodologies

grounded theory has its limitations, which will be discussed further in the discussion section

DATA COLLECTION

The aim of this research was to explore how therapists (with practice experience of face-to-face and email therapy) experienced the therapeutic relationship. In order to achieve this it was important to find a data collection method that would reflect what was being explored and enable the narrative of the participants be heard as well as illuminating researcher and participant interaction. It was hoped that this would then produce a thick description of both meaning and experience for analysis. In order to reflect the nature of what was being explored it was decided to start data collection via an anonymous online survey with several open-ended questions and to offer follow up face-to-face or Skype webmail semi-structured interviews with an option for further interview via email. Four main open-ended questions were developed in line with Charmaz's guidelines (2010) in order to allow for participants relatively unsolicited responses via the online survey. Further semi-structured interviews using open-ended questioning allowed for more detailed explanations to be elicited as required (Charmaz, 2010).

The anonymous online survey

It was considered that using an anonymous online survey might afford participants a safer arena in which to share their responses than that provided by face-to-face interactions. In addition it is considered that social desirability pressures on participants to produce only positive responses are reduced in anonymous data collection methods (Braun & Clarke, 2012). This in turn can provide an opportunity to gather data from larger groups of participants (Braun & Clarke, 2012). The online survey method mirrored the online phenomena being researched and was seen as a good fit with the research aims.

Disadvantages with anonymous surveys can be in possible abuse by users as well as varying quality/quantity of reply. There is also an argument that the self-selection bias makes it difficult to relate findings to the general population

(Wright, 2005) but this was not considered relevant as generalisability was not the aim of this study. More obvious advantages are in the minimal cost, time to set up the survey and ability to access the population targeted. Research indicates that online surveys are equal or better than traditional mail based methods in the number of participants (Thompson et al., 2003) and that there can be a relatively fast reply (Mehta & Suvadas, 1995).

The survey was set up online using the University of the West of England psychology department licensed software site 'Qualtrics', as this complies with confidentiality and security policies as well as being in line with British Psychological Society's guidelines in the area (BPS, 2007). An invitation was issued via the survey for participants to become further involved via semi-structured interviews in person, via webcam or email. This allowed for participant preference (Cooper & McLeod, 2011) and different opportunities to become involved in the data, in the hope that what was presented would be a rich and unique view on the subject area

The open-ended questions designed for the survey were:

1. How do you experience the therapeutic relationship in e-mail style counselling?
2. Can you tell me something about differences, if any, you experience between face-to-face and e-mail counselling work?
3. Can you tell me something about similarities, if any, you experience between face-to-face and e-mail counselling work?
4. How do you experience the computer, if at all, in the therapeutic relationship?
5. Is there anything else you would like to add about your experience of taking part in this survey via an online medium?

In accordance with the grounded theory method as the analysis developed further a theoretical sampling strategy was adopted in order to refine emerging categories. Following the line of enquiry from the first survey, a second anonymous online survey was launched aimed at those new to email

counselling as it was thought that their experiences would enable further theory development by means of the constant comparison method. The following open-end questions were asked:

1. How do you experience the computer, if at all, in the therapeutic relationship?
2. How do you experience the therapeutic relationship in email counselling?
3. Can you tell me something about the differences or similarities, if any, you experience between face to face and email counselling work?
4. How do you feel about safety when working online as compared to face to face?
5. How do you experience the relative anonymity of online counselling?
6. Is there anything else you would like to add?

In order to expand on and provide richer data for comparison it was decided, at the outset, to offer follow up interviews to participants. Participants who expressed an interest in being interviewed following the survey were offered the opportunity to take part via email, Skype webcam or face-to-face, according to preference. Questions were along the lines of those in the surveys and also followed up lines of enquiry that had arisen from the data. Further interviewing afforded the researcher and participants a different experience of getting involved with the research, and subscribed to the 'all is data' premise (Glaser, 2002). Glaser describes the premise (Glaser, 2002. p.145):

It means exactly what is going on in the research scene is the data, whatever the source, whether interview, observations, documents, in whatever combination. It is not only what is being told, how it is being told and the conditions of its being told, but also all the data surrounding what is being told. It means what is going on must be figured out exactly what it is to be used for, that is conceptualization, not for accurate description. Data is always as good as far as it goes, and

there is always more data to keep correcting the categories with more relevant properties.

The Skype interview

The Skype interview is gaining in popularity as a flexible, synchronous research method, which provides geographical convenience and a neutral location for participants (Hanna, 2012). As well as these practical advantages it is thought to be ethically equivocal to face-to-face interviewing through the capacity to follow facial cues, and the ability to obtain informed consent (Janghorban et al., 2014).

Certain considerations to be made before embarking on research via technological online methods (Hanley, 2011) and whilst the researcher had a degree of competence in all methodologies utilised, the reality is that interviewing online came with a different set of issues such as; feeling competent in computer mediated communication and negotiating technical issues/ breakdown, which could possibly influence data collection.

The research interview

The semi-structured interview is deemed to have flexibility as opposed to a structured interview, which can be viewed as unnatural and restrictive and can impose the researcher's frame on the researched. An advantage of this type of intensive interviewing to the grounded theory process is the immediacy involved in following up analytic lines of enquiry but in order to conduct this well an interviewer needs to have skills in this type of interviewing (Kvale, 1996). Successful interviewing is thought to be self-reflective and requires sensitisation to personal biases (Rubin & Rubin, 2005). It seemed important to consider the fact that several of the interviews were conducted by Skype webmail which whilst being a synchronous method was likely to have some differences to being in physically in the room (Hanley, 2011), although it afforded the participant and the researcher an opportunity to experience a synchronous online method of relating.

PARTICIPANTS

Sampling considerations

A purposeful (targeting possible participants) sampling strategy was developed for the anonymous online survey. This first purposeful sample was composed of nineteen accredited face-to-face therapists who were also conducting email therapy. Four participants from the purposeful sampling cohort were further interviewed (one face-to-face, three by Skype), and three follow up interviews were conducted (one by Skype interview, two by email). Theoretical sampling is a qualitative research strategy that involves seeking pertinent data to elaborate on and refine developing theory or concepts, using the constant comparison method (Charmaz, 2006). This strategy drew two responses from accredited face-to-face therapists who were new to email counselling and who completed the survey and four accredited face-to-face therapists who were not conducting email therapy, two of whom were interviewed face to face and two by email. The rationale for recruiting new to email therapists and non-email therapists was to provide a comparison of experiences in order to refine/develop the categories. Overall twenty-five participants were recruited generating twenty-one survey responses, three face-to-face interviews, three Skype interviews and two email interviews.

Inclusion criteria

Inclusion criteria for the first purposeful sample were: being an accredited therapist, and having experience of working with clients in both face-to-face and email therapy. The first theoretical sample criteria asked for accredited therapists new to email therapy. The second theoretical sample inclusion criteria asked for accredited therapists who did not have experience of working with clients via email therapy. There were no explicit exclusion criteria.

Participant information

There were some gaps in demographic information where online survey participants chose not to give full details. Of the data available; twenty four participants identified as white Caucasian, two identified as male and twenty three female, the age range was between thirty two and eighty one, the range of

experience in face-to-face counselling was between two and thirty two years, the range of experience in email counselling (excluding non-practising email therapists) was under one to eleven years. Qualification and theoretical orientation demographic information has been shortened to ensure anonymity of participants (Appendix A).

PROCEDURE

Ethical considerations

It is possible that asking therapists to reflect on their clinical practice and experiences of the therapeutic relationship might elicit some difficult feelings, especially regarding relational issues and practitioner competence (Kamhi, 2011). It was thought possible that this type of enquiry could bring into consciousness what may have been out of awareness. With this in mind each participant was shown or given a debrief sheet after finishing the survey/ interview with helpful information on how to access support, should they suffer any distress (Appendix, B). Contact information for the research team was also provided in case participants wished to discuss anything arising from taking part.

Ethical approval

Full ethical approval was granted by the University of the West of England's research committee (Ethical approval certificate at Appendix C).

Informed consent process

After following an online link to the anonymous survey participants were taken to an information page (Appendix D), which outlined what was involved with the research; participants were not able to move on to the survey unless they agreed with the conditions of consent by clicking on the agreement button. The research complied with British Psychological Society research guidelines (BPS, 2007) and there was no deception involved. Interview participants were asked to view the information sheet either via email or in person prior to interview, given space to ask any questions and only interviewed after the consent form

(Appendix E) was signed. Demographic information was asked for with all participants on a voluntary basis.

Right to withdraw

It was made explicit to participants that they had a right to withdraw from the research project at any time without giving a reason and this was both clearly stated in the information given and reiterated by the researcher prior to interview. In order to facilitate data withdrawal in the anonymous survey and other methods participants were asked to provide a self-identifying code.

Confidentiality

Participants were asked to provide a self-identifying code in order to facilitate the withdrawal of data should this have been required. In addition to this participants were asked if they may be contacted for further interview via e-mail exchange or in person.

Recruitment

Participants for the online survey were invited to take part via an online link which was advertised widely through the following professional networks and bodies: The Division of Counselling Psychology (DCoP) newsletter, DCoP Facebook page, The BACP research section, Online Therapy Institute (OTI) LinkedIn group, OTI Facebook page, OTI developers' twitter account.

Participants who advertised as email therapists and who published their email addresses (either via organisations such as BACP, ACTO or a search engine enquiry) were invited to take part in the research by email. The second survey advertising for new to email therapists further advertised through the Online Counselling Services and Training (OCST) and Online Training for Counsellors Ltd (OLT). Participants had an option at the end of the surveys to leave an email address through which they were contacted to arrange further interview. Initial contact for participants taking part in the theoretical sampling stage was by email. All interview participants had access to the information sheet, had time to ask questions prior to the interview and fully consented to take part.

Interview process

Interviews took place at the participants' convenience either at their home or via Skype webmail. Interviews lasted approximately 60 minutes and were audio recorded either by recording machine or computer software.

Email interview process

Email interview questions were sent and returned via email, at the participants' convenience.

Transcription

Grounded theory calls for employment of a more denaturalised style of transcribing (Charmaz, 2000), which suggests accuracy concerns the substance of the interview shared during conversation. As with the naturalized method a denaturalized approach to transcription also attempts a verbatim depiction of speech but has less to do with depicting involuntary vocalization or accents and more to do with co-creations of meaning and perceptions (Oliver et.al, 2005). Denaturalised styles of transcription also work to avoid a priori assumptions, which are a criticism of naturalised transcription (Schegloff, 1997). Reflection in transcribing posits that it positions the author in relation to the field (Haggerty, 2003) which fits with grounded theory methodology and Counselling Psychology traditions of being mindful of the context.

Each interview was transcribed line by line following a denaturalised style and attempting to stay close to the substance of the interview. A short transcription key is provided in the appendices (Appendix L). Data was either already on software on the computer or transferred on to it and data security and confidentiality guidelines were upheld by password protection and deleting the original recording after data transferral from the recording technology.

Data protection

Any identifying information was removed at the point of transcription. Identifiable information was kept securely on a password-protected computer or secure filing cabinet. Only anonymised information was shared with the research team or utilised in the written document.

Data Analysis

Charmaz (2006) argues that it is possible to use the basic grounded theory method with contemporary methodological assumptions and approaches.

Charmaz (2006) identifies a number of steps within the method to be utilized in constructing grounded theory. Data collection takes place concurrently with analysis. Interviews are fully transcribed and data analysed line by line.

Coding constitutes the most basic and the most fundamental process in grounded theory (Willig, 2001). The initial coding process requires the researcher to ask questions of the data such as 'what is being suggested' and 'from whose point of view?' (Charmaz, 2006). Initial coding sticks closely to the data and looks for the actions indicated rather than applying any pre-existing ideas; researchers are seen as active in the coding process, which is an interactive process (Charmaz, 2010). The initial coding stage allowed for generation of a large number of meanings and conceptualisations of the material (McLeod, 2003).

Coding using the gerund is thought to help discover processes and aids staying close to the data by focusing on actions (Glaser, 1978). The gerund is the form of the verb that functions as a noun and Charmaz (2010) following Glaser (1978) advocates the use of the gerund as it aids building actions into the data which enables the identification of processes.

The next analytic stage is focused coding; focused codes are more selective, directed and conceptual than line-by-line coding (Glaser, 1978) and are utilised to synthesise and explain larger sections of data (Charmaz, 2010). Charmaz considers that when the researcher starts thinking analytically about the data in the focused coding stage they are beginning to use it rather than just relate it to an audience. The coding process is not a discrete stage as it is in some research methodologies but rather a continuous aspect of the grounded theory method.

Using constant comparison methods categories started emerging from the data and at this stage relationships between concepts were examined to see

whether they belonged to one category or required separating into others (McLeod, 2003). Constant comparative methods continued to be utilised throughout the analytic process, which involves comparing newer data with previously collected data to generate further theoretical ideas.

Developing 'theoretical sensitivity' (Glaser, 2004) as a researcher is crucial in order to allow generation of concepts and being able to relate them to general models of theory. Charmaz (2010) suggests theorising means stopping pondering, and rethinking anew, and that because theorising guides your direction you may not be able to see the endpoint. To gain theoretical sensitivity it is suggested researchers look at life studies from multiple vantage points, make comparisons, follow leads, and build on ideas (Charmaz, 2010).

Tentative hypotheses can begin to emerge at this stage of the analysis about what appears to be important (McLeod, 2003). It became apparent that therapists who participated in the research appeared to be attempting to manage the heightened anxiety of working by email in several ways; 'Intellectualising', 'Avoidance', 'Overcompensating' and 'Defending the professional self'. These hypotheses were tentatively examined for how they emerged and had progressed.

Memo writing is seen as crucial to the process as it prompts the researcher to stop and analyse any and every idea that occurs to them in the moment (Charmaz, 2010). It is the link between data collection and writing up.

Throughout the whole process of data collection, note taking and coding memo writing took place to help to show transparency in how hypotheses, categories and potential relationships between these concepts progressed.

Theoretical sampling was adopted after categories started to emerge and four accredited face to face therapists who were not practicing by email were recruited and interviewed; two face to face and two by email. As categories started to be constructed a process of selective coding was utilised, which refers to the process of selecting the main category, and then selectively coding only the data that relates to the core category.

The next step is when theoretical saturation of categories is reached, which is described by Charmaz (2010 p113) as the moment when '*fresh data does not spark any new theoretical insights or reveal any new properties on the core theoretical categories*'. It has been also been labelled theoretical sufficiency (Dey, 1999) denoting the fact that it does not mean the exhaustion of data sources but development of a category. The data collection stopped at this point and sorting of memoing materials began. Memos that had been created throughout the analytic process were collected, reviewed, then integrated into a core category and related categories and their properties.

The grounded theorist's aim is to identify a core category that brings all the data together and builds up a descriptive narrative about the central phenomena (McLeod, 2003). A core category is deemed to have analytic power in that it pulls the other categories together forming an explanatory whole. Further analytic efforts are based on these categorical findings and the core category may potentially be a number of theoretical codes including; a consequence, condition or process (Glaser, 2004).

Diagramming can be viewed as advantageous in grounded theory as it allows a visual representation in order to tease out categories and relationships to help with sorting and integration (Charmaz, 2010). Diagramming is a useful tool in assisting the researcher to formulate ideas, refine conceptualisations in the process of theory building and in communicating ideas to others. From this, an initial theoretical outline was developed from generation of the emergent grounded theory through an integrated set of hypotheses (Glaser, 2004).

There are continuing debates in the grounded theory world regarding early literature review (Dunne, 2011) and generally researchers conducting research such as this are discouraged from doing so prior to data collection (McLeod, 2003). However an alternate view is that early review of the literature can be helpful in identifying gaps in understanding and identify under researched areas (McGhee et al., 2007). Along with constructivist ideology is the notion that researchers bring with them prior learning, assumptions and biases and this is

acknowledged (Cutcliffe, 2000). Doctoral research of this nature requires identifying paucity in a research area and is thought to be essential for academic honesty as well as showing how the study contributes to and builds on existing knowledge in the area (Stern, 2004). A middle ground is suggested by utilising high reflexivity for transparency and to ameliorate the possible ingoing effects (Heath, 2006). A general literature review was conducted with a respectful yet critical view and an understanding that any relevant extant literature would have to earn its way into the research narrative (Charmaz, 2006). Relevant literature was only integrated after categories were constructed. The literature review was drafted as a useful tool in order to draw comparisons and aid analysis for the developing grounded theory. The intention was to weave existing theory into the analysis in order to clarify where the ideas align with or extend relevant literatures, and begin further discussion (Charmaz, 2010).

The sorting was rendered into a first draft of the research project write up. Refinement of the completed sort translated into the final grounded theory research project write up.

Methods to ensure rigour

Rigour is often related to ideas of reliability and validity across research modes (Seale & Silverman, 1997) and is crucial to the idea of producing credible qualitative research. Recognising quality in grounded theory studies is sometimes seen as being down to rigorously following the guidelines (as listed in this study) and whilst there is no 'best' practice consensus (Elliot & Lazenbatt, 2004), Chiovitti & Piran (2003) suggest criteria for trustworthiness in grounded theory research as credibility, auditability and fittingness, as follows:

- Ensuring credibility involves allowing participants to guide the process of inquiry which in this case utilised open-ended questions via an anonymous survey, other methods of interviewing, using participants own words and checking theoretical constructions generated against participants own words. Also articulating the researchers' personal

insights and views of the phenomenon explored by utilising field notes, a reflexive journal and monitoring how the literature was used.

- Auditability involves specifying how and why participants were selected and being clear about the criteria built into the researchers thinking.
- Fittingness can be achieved by outlining the scope of the research in terms of the sample setting and level of theory generated, whilst also describing how the literature relates to each category (Chiovitti & Piran, 2003). In this current study trustworthiness was ensured by following these guidelines for rigour.

REFLEXIVITY

Reflexivity as a researcher is constrained by the capacity to acknowledge one's own experiences and contexts as well as their fluid/changing nature (Etherington, 2004). It is argued this goes further than self-reflection and acknowledges a moral dimension as well as inviting consideration of the process co-constructed through the text (McLeod, 2003). It is noted that in qualitative designs the researcher plays an important role in the research (Charmaz, 2010); addressing the issue of reflexivity enables the researcher to reflect upon possible biases and assumptions (McLeod, 2001).

There has been debate regarding the place of reflexivity in grounded theory research (McLeod, 2003) and an argument that reflexivity and relationality, attending to the power and trust in researcher-participant interactions, should be incorporated into the methodology to ensure rigour (Hall & Callery, 2001). Many researchers work in their field of study and reflexivity has been positioned as important to prevent prior knowledge distorting the researcher's perception of the data (McGhee et al., 2007). Social constructivist grounded theory researchers encourage open scrutiny of the research journey, to enable the reader to assess how and to what extent the researcher has influenced the enquiry (Charmaz, 2006), this places the reflexive stance as pivotal to the credibility of the research. The role of the reflexive researcher is clearly important as it recognises and accounts for the fact that the researcher will be bringing their own interpretations of meanings and experiences (McLeod 2001). Whilst it is suggested that reflexivity holds a firm place in the qualitative research agenda it is also recognised that it can feel like a perilous journey, full of intersubjective reflection (Finlay, 2002). Critics believe that attending to the dynamics of the research method can disguise relevant meaning by sometimes overriding participant accounts (Potter & Wetherell, 1995), but as a necessary evil this researcher would agree with the idea of transforming subjectivity from problem to opportunity (Finlay, 2002).

My interest in this research area started early in the training process; my position at the time was as a counselling psychologist in training who was quite

new to the counselling field as a whole. When encountering experienced counselling colleagues in a work setting who were embarking on an email counselling training I became fascinated by the dilemmas and concerns expressed. I subsequently noticed that despite its wide use there was no input regarding online counselling on my counselling psychology course and in order to undertake the research and understand the area more fully I took further training and obtained a certificate in online counselling skills. However, despite being qualified to work in the online counselling area I made a decision to suspend this until completion of my doctorate in order to maintain as central a position as possible.

It has been suggested that it is important to identify the researcher's relationship with the area of enquiry; this has been described in three ways; Outsider – no relationship with area, Hybrid – part relationship, Insider – working in the same area (McGhee et al., 2007). In this respect my relationship with the research area could be positioned as hybrid in that I have a qualification in online counselling but no experience of operating independently as an email therapist, and it was important to bear this in mind during the research process. However, it has further been suggested that relationships with research are complex, and not usually just insider or outsider in nature (Hayfield & Huxley, 2014), and in this respect it could be that I hold different positions by nature of being a trainee counselling psychologist who has trained in online counselling.

A reflexive journal is a tool that allows the reader to assess the researchers positioning, assumptions and interests on the inquiry (Charmaz, 2010). A journal was kept throughout my research journey from beginnings to final write up in order to show transparency by documenting the decisions and interpretation I made that shaped the research and which were influential in constructing my grounded theory. Despite having a foot in both camps it would be fair to say at times it has been difficult to maintain the middle ground as although being trained in online methods was very useful in one respect it also tipped me into a 'knowing' position in relation to the subject area, and some participants overtly asked my position in relation to the subject. Despite this I made sure that participants were not aware of my position prior to interview in

an attempt not to unduly influence the process, and in addition to field notes after each interview I noted the struggle and difficulties involved within my reflexive journal. That said I am also mindful that there may be unconscious influences at play and that the researcher plays such a pivotal role in the creation of codes there is the potential to miss relevant information in favour of their own bias. This is also where supervision was useful in bringing things into awareness and having another view.

During the research process I felt that my position as a trainee counselling psychologist with no experience of email counselling quite strongly and at times noted feeling disempowered, deskilled and treated with suspicion. I immersed myself in the field to gain a better insight into the area, access practitioners' views and to listen to discourses in the profession by attending the OCTIA (online counselling) conference, joining ACTO and following debates in the area. I acknowledge that whilst this helped my understanding of the subject area it may at times have added to the deskilled conscious/ incompetence feeling and it took great reflexive efforts to keep operating in the perceived middle ground.

Although I have conducted qualitative research previously I found adhering to the grounded theory process both nerve-racking and thought provoking at times but fought to maintain integrity in order to produce a credible piece of research. Mcleod & Balamoutsous (1996) note the influence of unconscious processes in choosing a qualitative research method which I find heartening as a trainee counselling psychologist interested in human processes, as it indicates that trusting my instincts led me to find an appropriate match of research to researcher. Ultimately the grounded theory studied 'world' is a product of human participation and transaction, which creates a dynamic domain, and it is recognized and accepted that no two researcher's data analysis will produce precisely the same theory (Glaser & Strauss, 1967; Rennie, 1994). This is congruous with qualitative research epistemology in general where there is an assumption that there is no correct version of reality and a prizing of each individual involved in the researcher's unique perspective, enriching the understanding of the explored phenomena.

I believe that being drawn to a research subject might indicate researcher bias or assumptions and although I was mindful of this in the process, there is a possibility this may have influenced the research. Deciding to further train in online therapy techniques was in part to fill the knowledge gap missing from my own training, and to help in being respectful to participants who might expect a level of knowledge from a researcher in their area; However, the training may have put me in a position of 'knowing' that could have acted as a bias, albeit ameliorated by deciding to hold off experiencing working as an online therapist. Also, I had naively assumed that recruiting email therapists through an anonymous survey would result in more responses than actually occurred and had not anticipated the defensive behaviour I occasionally encountered.

RESULTS

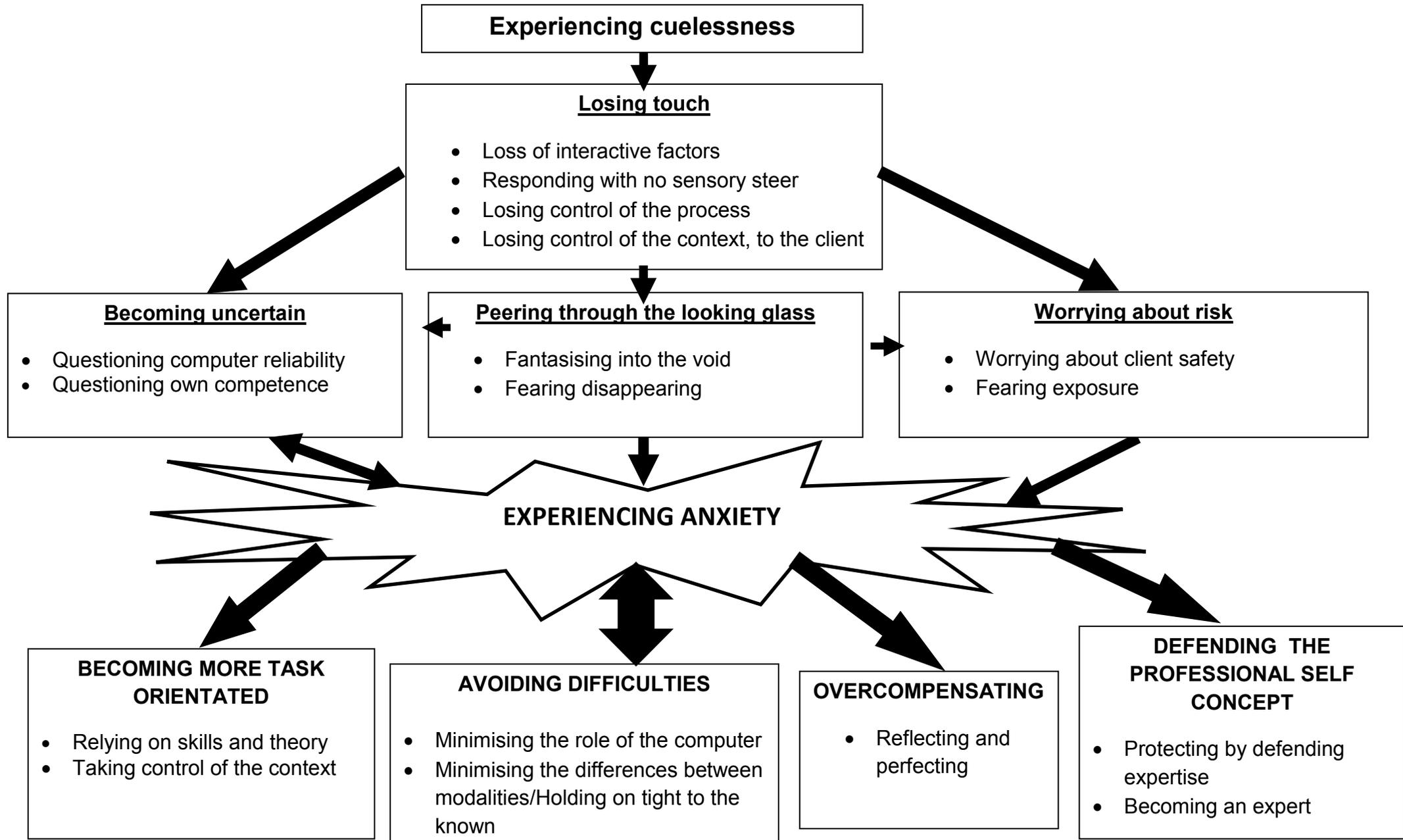
This section presents a grounded theory developed from the analysis of interview and survey data using Charmaz's grounded theory methodology (Charmaz, 2006). The purpose of the research was to explore therapists' experiences of the therapeutic relationship in email counselling and to formulate a grounded theory of this process. The basic social psychological process constructed highlights how participants experience the process of conducting therapy via email and the therapeutic relationship in this medium.

Participants described how *Experiencing cuelessness* i.e. the absence of sensory cues led to an experience of *Losing touch* in four ways; *Loss of interactive factors with the client*, *Responding with no sensory steer*, *Losing control of the process* and *Losing control of the context to the client*. This led to a sense of *Peering through the looking glass* when counselling online; counsellors felt as though they were *Fantasising into a void*, and *Fearing* [client] *disappearing*. Participants also described *Worrying about risk* and expressed *Worrying about Client safety* and *Fearing exposure* due to having a written record and any possible legal or professional ramifications. Further uncertainties were also revealed as participants were led to *Questioning computer reliability* and *Questioning own competence*.

Consequently participants were left *Experiencing anxiety*. This anxiety appeared to be managed in a number of ways; participants described *Becoming more task orientated* (*Relying on skills and theory* and *Taking control of the context*), *Avoiding difficulties* (*Minimising the role of the computer* and *Minimising differences between modalities/ Holding on tight to the known*), *Overcompensating* (*Reflecting and perfecting*), and *Defending the professional self-concept* (*Protecting by defending expertise* and *Becoming an expert*). The key struggle and therefore core category would seem to lie in participants attempting to apply relational face-to-face skills to the cueless atmosphere of email therapy, the anxiety of which materialised in several avoidant behaviours.

The process identified here is illustrated in, figure 1:

Figure 1: Email counselling and the therapeutic relationship: A grounded theory analysis of therapists' experiences



EXPERIENCING CUELESSNESS

Cuelessness, a term coined by Rutter and Stephenson (1979) describes communication which lacks all non-verbal and social cues. The impact of cuelessness on the therapeutic relationship was described by one participant as; *'Challenging there are less visual or verbal cues as to the benefits of the responses made, which is the main difference'* (P11, F, 1 yrs exp., survey) and another participant believed having non-verbal cues in face-to-face interactions made the work *'smoother'* (P12, F, 2yrs exp., survey).

One client described what was missing from the interaction; *'Whereas in face to face, I mean you've got a face that you can read, a voice that you can read and all those things I s'pose (sic) are missing in email'* (P4, F, 10yrs exp., Skype), and what was missed by them: *'I really miss not being able to follow face to face 'cues'. Noticing when someone looks away...noticing different body language and tones of voice.* (P4, F, 10yrs exp., Skype).

It would also seem participants worried about miscommunication with the lack of cues in email; *'not having the voice and facial expressions to rely on for communication can mean that I may not understand something the way the client would like me to (initially)...'*(P15, F, 1yrs exp., survey), and described skills they used to try and decipher client meaning *'you've just got things like the frequency, uh, of their emails and the language that they use and the length of the email, you've got all those sorts of things but they're not as revealing as face to face'* (P4, F, 10yrs exp., Skype).

The lack of social cues was also noted:

Another major difference is being aware that you cannot verify details such as age and gender. (P19, F, 11yrs exp., survey),

Participants were also concerned about clients experiencing this lack of sensory feedback, and appeared to attempt to compensate for this in order to build the therapeutic relationship as this example indicates:

'you might say um, I'm, as I read your email um, I noticed I was sighing a lot or I, um my shoulders felt very tense or whatever it might be. You have to actually put that in.' (P19, F, 11yrs exp., survey).

This aspect of email counselling was notably different to face-to-face working:

Very different in terms of conveying core conditions - i.e. there's no way of expressing myself physically (body language) or easily conveying my verbal tone.' (P7, F, 4yrs exp., survey).

LOSING TOUCH

Consequently being 'cueless' lead to participants developing a sense of *Losing touch* in four distinct ways; the lack of cues lead to a *Loss of interactive factors* and to participants *Responding with no sensory steer*; the focus here was on what was missing relationally. However participants also described *Losing control of the process* particularly regarding loss of control over the therapeutic space, and *Losing control of the context* which mostly pertained to a sense that the client was perceived as having more power, and be being more in control of context.

Loss of interactive factors

In this category attention was drawn to the fact that many client interaction feedback aspects were lacking, such as; speech, non-verbal communication, touch, smell and identity markers as well as what was described as the more nebulous intersubjective facets like the shared energy field. It seemed as though participants struggled with 'knowing' a therapeutic connection had been made; this was thought to be dependent on empathic reciprocation. Sometimes it was very difficult to read anything from the text:

'it can be more difficult to ascertain how the client is feeling at the time of writing their email if they haven't been very explicit in written words to describe their feelings' (P18, F, 9yrs exp., survey).

Losing the immediate confirming response that might happen in face to face work also seemed difficult for participants to negotiate and this lack of reciprocation led to participants *Responding with no sensory steer*.

Responding with no sensory steer

Participants outlined the difficulties of responding without receiving a confirming or disconfirming response from their clients:

'..... because of the nature of the communication medium, I find I am 'saying' (writing) in larger chunks (of text) without any feedback, confirmation or challenge from my client.' (P1, F, 11yrs exp., survey)

'I am writing a response as one big chunk, without the client there to offer "course correction" as I write' (P5, M, 1yr exp., survey).

This caused a number of concerns for non email practicing participants:

'If a therapist got the wrong end of the stick (so to speak) and spent an hour following a wrong lead in an email it would be a total waste and they would not know until the client corrected them' (P24, F, 0yrs, email)

'I guess the bit that I think would be difficult is I think a lot of the times our clients are looking for how we react to kind of material and things, as a kind of model of what the rest of the world kind of like think will help,' (P22, F, 0yrs, face-to-face).

As well as the more experienced email practitioners:

'The lack of immediate response can be quite disconcerting - for example when a challenge has been made, and it may be some time before the response comes back', (P5, M, 1yr exp., survey), *'.....this can sometimes mean I continue with my understanding of an issue in the hope that I haven't held up with the counselling process for the client by a misunderstanding which can only be rectified in my next email'.* (P1, F, 11yrs exp., survey).

Not being able to *'pass the tissues'* (P25, F, 0yrs, email), in a physical sense, in order to console a client was of concern: *I can't reach out to them or offer them a tissue and I have to trust that my interpretation of their distress is correct and they will respond to my last email'* (P1, F, 11yrs exp., survey).

Participants described 'knowing' a therapeutic relationship was formed if empathy was acknowledged by a client '*when clients respond and confirm empathy, it can feel just as rewarding as face to face counselling.*' (P5, M, 1yr exp., survey).

The loss of immediacy through the loss of cues and interactive factors, or working in the moment with the relationship, appeared to be exacerbated by asynchronous working:

'The relationship feels less immediate than in f2f counselling with distance created by additional filters related to the medium of e-mail (technology and written language)' (P3, no demographic data, survey),

'I think what I miss most and again I go back to the sort of five senses, is not having and immediacy, so not having the instant because we don't work um, instantly', (P13, F, 4yrs exp., Skype).

Described as a more nebulous factor and brought into conversation more tentatively was losing the 'shared energy field', which was felt to happen when two people are in the same physical space:

'um I think in face to face you do get vibes from the other person, whether that's to do with um both of your electromagnetic fields being compatible..' (P4, F, 10yrs exp., Skype).

Whilst it was generally felt that a therapeutic relationship could be achieved albeit in a different way:

'The therapeutic relationship is established in a different way (absence of 'felt sense', transpersonal (sic), immediacy, takes longer to establish) and has a different quality' (P3, no demographic data, survey).

Losing control of the process

This sub category encompasses the idea of client containment, which in therapeutic working is generally the responsibility of the therapist, and of course supervisor. Containment is a concept developed by psychoanalyst Wilfred Bion (1967) which explains the process by which the therapist manages the client's

unmanageable emotions and experiences by taking these in, reflecting on them, and returning them to the client in a more manageable form. It is suggested that creating a safe (contained) place for clients to emotionally unload involves the therapist setting therapeutic boundaries, and being able to tolerate the impact of the client's unmanageable experiences and feelings (Gravell, 2010).

Participants expressed concerns about how clients were managing the therapy process because the 'travelling time' was instant and some participants worried that this immediacy might not allow the client (or the therapist) suitable processing time:

'something I have noticed which both groups need to be aware of is giving time to themselves for the counselling, processing and tasks. I think online perhaps take longer to realise it's not just a case of "fitting it in" Travelling to and from f2f gives some processing time.'(P10, F, 2yrs exp., survey).

In an attempt to provide containment as part of their duty of care participants made suggestions to clients on how to best to pace the therapy:

'..... a client can read(sic) my responses much faster than our dialogue would be in the room so I advise them maybe reading my replies in manageable (sic) chunks so that they do not go into emotional overload.'(P6, F, 10yrs exp., survey).

Losing control of the process appeared to be exacerbated by the online disinhibition effect (Suler, 2003); a phenomenon where, due to the relative anonymity and lack of face-to-face interactions involved in working online, people feel less inhibited by social conventions and are more likely to do and say things they wouldn't normally. In email therapy this often transpires as clients self-disclosing at a faster pace than would happen in face-to-face working and in this study participants frequently described clients going deeper, quicker in therapeutic terms. In some ways, mainly around speed of disclosure, this phenomenon was viewed positively:

'I believe you can develop really good relationships with the client. Because they perceive anonymity you seem to get the client to open up right from the first couple of sessions, which in turn helps you to establish a better

relationship.' (P9, F, 8yrs, survey), including the idea that clients disclose at an accelerated rate: *'the disinhibition (sic) effect really works, people will share sensitive information sooner than f2f.'* (P17, F, 4yrs exp., survey).

The positive view was seemingly extended to an idea that the relative anonymity allowed for a more creative space for clients, where they didn't need to conform to the social constraints of face-to-face interactions: *'Easier to ask clients to free associate (in writing) whereas in f2f there's a sense that clients feel they need to 'make sense''* (P7, F, 4yrs exp., survey).

However, disinhibition also raised concerns for some participants regarding the speed of going to a deeper level: *'They (the clients) usually find that the relationship can go deeper quicker, which may surprise (sic) them and can even be a bit scary.'* (P6, F, 10yrs exp., survey), some expressed concerns that the process might cause a bypassing of the conscious: *'it's almost as if the unconscious is going straight from the unconscious onto the screen, and it's not going through the conscious'* (P6, F, 10yrs exp., face-to-face).

Losing control of the context, to the client

A further loss of control was that regarding context; participants voiced some concerns that the client was more in control in online counselling than they would be in face-to-face counselling; one reason for this is that clients can email the therapist whenever they choose to, although the therapist can choose not to respond:

'People appreciate it that they can email me when it suits them and not the other way around.'(P17, F, 4yrs exp., survey), and strongly suggesting clients use that control *'And, um, I think, uh, in email, um counselling, um the client is more in control, um, and uses that control.'*(P4, F, 10yrs exp., Skype), implying a client might be aware of their power in the process,

This was considered to be a difference and an advantage for the client in having more control of the therapeutic encounter: *'Perhaps the difference is, and the advantage in some respects, that the room doesn't become any more/less emotionally laden than the client wishes.'* (P20, F, <1yr exp., survey).

And a suggestion that getting the boundaries right was important through the 24/7 nature of the internet: *'Email counselling effectively leaves the counsellors' door open 24/7, so there are also boundary considerations to take into account - for example managing the incidence of additional emails in between the main counselling emails (depending on what has been contracted).'*' (P5, M, 1yr exp., survey), and perhaps harder to get right.

This seemed especially important for the therapist: *'the boundaries are slightly harder to get into place... also my response therefore has to be bounded in terms of TIME that I use...'* (P15, F, 1yrs exp., survey).

As well as time, there were also boundary concerns in terms of context i.e. the place and method of responding:

'I do often wonder what the client is writing their email to me on (i.e. are they on a phone in a park or at school or in their bedroom at 4am...).'' (P15, F, 1yr exp., survey).

PEERING THROUGH THE LOOKING GLASS

Experiencing cuelessness, the resulting loss of interactive factors and loss of control left participants with a sense of unreality as they related via their computer 'looking glass' screen. As with Lewis Carroll's classic novel 'Through the Looking Glass' (Carroll, 1872) where objects on the other side of the glass are not what they seem and where time can be distorted, participants' gave accounts of email counselling via the computer screen which appear to have a distorting, magnifying and/or intensifying effect, sometimes producing something paradoxical. The analogy also describes the mirror effect of communicating via the computer screen and seeing yourself reflected at the same time. Two sub-categories were constructed within this category; *Fantatising into the void* and *Fearing disappearing*.

Fantatising into the void

Participants seemed to compensate for the absence of sensory cues and the consequent loss of interactive factors by using an element of fantasy, or imagination to 'create' their clients:

'There is a heightened sense of objectivity and greater tendency to fantasy and projection.' (P3, no demographic data, survey),

'Sometimes it feels strange because I have this picture of a client in my head that I know may be completely different to how they are' (P5, M, 1yr exp., survey),

Well, I suppose (pause) in the main, um, you've got this sort of um, imaginary figure at the other end (P4, F, 10yrs exp., Skype).

One participant described what happened after receiving a request for help within a service for young people:

' as soon as I get that there is a relationship happening from my side so I feel invested with them, and there is some attachment that I put into that person, I imagine from what they've said I imagine their life and what's going on for them, um, and then when I get their reply it's like there's a relationship forms' (P13, F, 4yrs exp., Skype).

In the absence of sensory cues participants appeared to be relying more on a sense of what was described as intuition:

'I have to use my intuitive sense more as the visual clues are absent' (P2, F, 10yrs exp., survey),

'I suppose that even though I am working online...I still rely on my 'gut instinct' when working.' (P13, F, 4yrs exp., survey)

Conversely, as result of the use of fantasy, intuition and instinct, participants appeared to trust their judgment less, doubting that they had enough information to form an accurate perception:

'So it's like, um, there's some, some Arab proverb I think which is something like, uh, 'trust something but tie your camel to, or you know tie your camel to the post as well as trusting your camel' (P13, F, 4yrs exp., Skype).

This is a somewhat paradoxical position it would seem; an Oxford dictionary definition describes intuition as 'the ability to understand something immediately, without the need for conscious reasoning' but 'gut feelings' (as they were also described) are thought to be based in experience and NVC's such as micro-expressions or physiognomy (Baxter, 2013). It would seem the mistrust of previously relied on intuition created incongruence in participants, and lacking trust in the internal could explain participants being less likely to follow through with an 'intuitive' feeling. Consequently participants reported becoming more tentative with their responses:

'When using e-mail I have to be more tentative in the responses I give' (P2, F, 10yrs exp., survey).

However participants were aware of the need to consider their own projections and transferences in this process:

'so I very much own what I might be imagining (hmm). Yeah, that kind of thing. It's not making any assumptions at all and that's even more important, I mean I think that's important face to face but I think that's even more important online, because you can't, you can't start saying something and then you see a person's facial reaction and think woah, woah, woah, I've got that wrong, sorry' (P13, F, 4yrs exp., Skype).

The role of supervision was felt to be crucial in ensuring that fantasy didn't distort the therapeutic relationship, *'Emotions / transference can be more powerful online - there can be more of a need for restorative supervision.'* (P14, F, 3yrs exp., survey),

'I still encounter transference and projection online. However it can be harder to get to grips with at first - and may take discussion through supervision to understand what is going on.' (P15, F, 1yr exp., survey).

Participants also described their concerns about the client disappearing; their fantasies about what might be going on when they did are outlined in the subcategory 'fearing disappearing':

Fearing disappearing

The black hole effect (Suler, 1997) describes the phenomenon of sending an email message into the internet space (or void) and perhaps being sucked into an uncertain wondering of whether a response will be returned, and if so what will it entail. Participants, it would seem, felt these effects quite strongly in the first instance as to whether a client would disappear by not responding:

'Sometimes clients will disappear during the process (as with face to face). This can lead to a different set of questions from face to face - such as thoughts about whether the technology has failed or the client has been unable to access the required technology (P5, M, 1yr exp., survey)

'but I think in clients minds they can just disappear if they choose to' (P19, F, 11yrs exp., Skype).

Disappearing during ruptures in the therapeutic exchange was thought to be more likely early in the process:

'when enough trust has built up I do feel ruptures are addressed and have been addressed with our clients... and if a rupture occurs very early on... the client tends to simply 'disappear'.' (P14, F, 3yrs exp., email).

One client had to face the reality that disappearing might indicate the worst having worked with a client who disappeared after a natural disaster struck *'So, I'm left wondering forever, uh, whether, um, she perished in that event, you know' (P4, F, 10yrs exp., Skype).*

WORRYING ABOUT RISK

Experiencing Cuelessness and Losing touch and losing control of both process and context lead to participants worrying about risk; this took two main forms;

the risk to the client *Worrying about client safety* and the risk to the therapist *Fearing exposure*.

Worrying about client safety

Participants experienced concern about client safety as their clients' identities could not be confidently assumed:

'I will only be working with clients whom can prove (sic) their identification (sic), as there are issues around someone else logging in to the clients profile as an imposter or even an under aged person.' (P21, F, 1yr exp., survey).

Assessment was perceived to be difficult:

'uh, I sponse, when they're face to face things may feel a little bit more solid and when it's online and anonymous, um, that, that, that sense feels less solid (uhu), um, in assessing risk maybe, I think that's it, maybe a little bit harder' (P13, F, 4yrs exp., Skype),

'I feel that the therapeutic effect might be quicker in online working however, it is more difficult to make an accurate assessment of a client online than face to face' (P14, F, 3yrs exp., survey).

This was of particular concern if the client was deemed to be at risk:

'Online, if someone is suicidal, since you haven't had the benefits of face to face contact, you might miss clues that they were intending to act on suicide ideation or go misuse a substance or harm someone else. The risk factor goes up dramatically.' (P20, F, <1 exp., survey)

Those participants newer to email counselling reported feeling safer in face to face working:

'I feel 'safer' in f2f work and as though I can get a clearer picture quicker than online' (P12, F, 2yrs exp., survey).

Fearing exposure

Whilst participants felt that it may be beneficial for clients to have a written record of the email therapy, to reread and maybe feel connected with the

therapist *'they're carrying that medium and the therapist around with them in their pocket'* (P13, F, 4yrs exp., Skype).

Participants raised concerns about the 'worst case scenario' of the written record being published:

'I mean, clients keep the record and they can do with what they want, according to the contract, but you don't know what they're going to do with it, you don't even know if they've taken in that bit of the contract' (P6, F, 10yrs exp., Skype).

Despite contracting to keep things confidential there was a perception that there was very little control over a client publishing an account:

'I'm very aware for the client that if they wanted to show anybody, if they wanted to post it up on their blog they could, so I could be left very exposed' (P13, F, 4yrs exp., Skype)

The threat of being taken to court for a written record was very real for participants:

'the thought that someone, you know, what I'm writing now could actually worst case scenario be used in court' (P23, M, 0, skype)

'I mean Tim Bond always used to say you know, don't say anything that you couldn't stand up in court and actually defend', (P6, F, 10yrs exp., Skype),

Participants described how the fear of exposure might influence the process by ensuring caution before writing anything: *'Um, huh because it's there on their shoulder as they are writing, the fear about if I say this and it goes online sort of um, what is everybody going to think, what will BACP make of it etc'* (P19, F, 11yrs exp., Skype), as well as not being overly confident of what their professional bodies would make of it.

Mostly fear of exposure was expressed by newly online trained and non-email practicing participants, fears around being taken out of context and facing a legal scenario appeared to lessen with experience:

'at the beginning I think when I started I was probably a little bit afraid of what might happen to the sessions, or, um, I may be felt a bit vulnerable to the fact that my sessions could be out there, um, and then as I've grown in confidence I kind of feel, um, I stand, I stand by my session' (P13, F, 4yrs exp., Skype).

BECOMING UNCERTAIN

Facing the above factors participants appeared to become more uncertain and questioning about their work. In particular these uncertainties led to *Questioning computer reliability* and *Questioning own competence*.

Questioning computer reliability

The importance of computer reliability was recognised in forming a therapeutic relationship:

'I see the computer as an essential tool for my work and subsequently make sure it is always running efficiently and is well maintained etc.' (P18, F, 9yrs exp., survey).

The fact that this was the only means of contact with clients seemed to heighten the importance of the computer, especially when a client was in crisis:

'it is also my only means of communication with a client who may be in crisis and that has felt very hard.' (P1, F, 11yrs exp., survey).

Technology failing was naturally of concern: *If the computer runs slow, or crashes, this can be an issue'*. (P5, M, 1yr exp., survey), and prompted participants to have a fall back plan:

'I can get frustrated if technology fails - so the need for back-up systems agreed in the contract with the client.'(P19, F, 11yrs exp., survey)

'I have a more basic laptop as a stand-by in case state-of-the-art doesn't produce the goods one day (heaven forbid!)' (P4, F, 10yrs exp., survey),

Questioning own competence

Many of the uncertainties outlined above caused participants to question their own competence and understanding; while this questioning appeared to be ameliorated by the level of training and experience they had acquired, most participants described professional insecurities that seemed to be caused by working solely by text and by the time delay:

'I expect there's a tendency amongst, um counsellors to think, um, you know, um, am I good enough, am I not doing what the clients wants me to help them with and all these sorts of things' (P4, F, 10yrs exp., Skype).

Participants' sense of competence appeared to be eroded through the requirement to decipher client distress and needs entirely through the written word:

'You have no idea if the person is crying or if something you've said has resonated or upset them unless they choose to tell you' (P20, F, <1 survey),

'sometimes difficult to interpret what the tone of the email message is - and so one has to be careful about ones response' (P15, F, 1yr exp., survey),

And seemed to suggest that this could be worse the more heightened the emotion:

'One client became so angry that she used capital letters throughout her email and no punctuation at all. It was difficult to unravel what she was writing about' (P1, F, 11yrs, survey).

The time delay appeared to afford participants more time to doubt their abilities, particularly those newly trained in email therapy; as participants became more experienced and confident in the mode a 'feeling the fear and doing it anyway' type of therapeutic robustness was identified:

'I can wonder (mm) between differences but you are taking an awful lot of information, um, on trust and have to hope that it bears out.' (P19, F, 11yrs exp., Skype), especially in relation to the idea of internet exposure.

On top of this participants felt the importance of conveying oneself via the written word *'it could be a barrier [the computer] but I like writing so it's ok for me'* (P11, F, 1yr exp., survey).

Conversely a non email practicing participant questioned whether this was possible:

'It's also hard to convey ones inner most feelings and experiences with the written word - unless you have an exceedingly long time and the skills of Byron or Austen.' (P24, F, 0, email).

The questioning of competence in separating a participants own issues from those of the client appeared to stimulate the need to maintain a heightened sense of congruence:

'it's just keeping that internal supervisor going, ah, and listening to it' (P6, F, 10yrs exp., face-to-face).

EXPERIENCING ANXIETY

Experiencing cuelessness, Losing touch with interactive factors and *Losing control* of both the *process* and *context* led to understandable feelings of anxiety amongst participants. These feelings were exacerbated by the distortions and fantasies caused by *Peering through the looking glass* and losing a sense of certainty. Email therapists experienced *Worrying about risk* and *Becoming uncertain* and these processes fed into *Experiencing of anxiety* which was seemingly managed by several psychological processes; *Becoming more task orientated, Avoiding difficulties, Overcompensating* and *Defending the professional self concept*.

The level of anxiety experienced was revealed by participants as being on a continuum and perceived to be ameliorated by greater levels of training and experience in therapy, email training and familiarity with the Internet and computer. Certain aspects of email counselling caused anxiety for all participants, with the only difference being in how it was conceptualised. Mostly participants talked in terms of relational factors being different to face-to-face

working, not better or worse, and the need to adapt existing skills. Participants new to email practice spoke more about experiencing anxiety about the process, about their clients, their email counselling abilities and negotiating the computer, whereas experienced counsellors (who were often engaged in training and supervising others in online counselling) used a generally more professional discourse and were less likely to overtly convey anxiety unless it was retrospective, relating to client's abilities or the anxieties of newly training online counsellors. It was as though anxiety was better managed with time.

BECOMING MORE TASK ORIENTATED

With the loss of interactive factors and the ensuing lack of sensory steer participants appeared to concentrate more on the text relationship and the task in hand:

'Not distracted by the client's physical presence and vice versa, so a lot easier to really focus on the words and feelings expressed' (P7, F, 4yrs exp., survey).

Participants felt that over time it was possible to build a therapeutic relationship by utilising the nuances of the written text:

'The relationship between me and my client builds in the same way as it does in the room - i.e. gradually and with increasing trust as we get to know each other and each other's written style, use of language and presentation (choice of font, whether or not they are using emoticons, etc.)' (P1, F, 11yrs exp., survey).

However, whilst 'cues' from the text helped participants feel they had some steer *'Online, I'm in a therapeutic space in connection with them but in a different way and I'm picking up all those clues from, the colour they use, if they change the font, from the words they use'* (P6, F, 10yrs exp., face-to-face)

As a way of managing anxiety participants appeared to focus more on conscious factors, cognition rather than intuition seemed to come to the fore, a process which was described by an experienced participant as being *'up in the head'* (P6,F, 10yrs exp., Skype) when using the medium of email counselling.

There were two positions adopted: *Relying on skills and theory* and *Taking control of the context*.

Relying on skills and theory

As well as having the time to reflect on and perfect responses participants appeared to be working more consciously by overtly relying on skills and theory. This was felt to particularly happen in initial contacts where more effort was put into being explicit in exchanges:

'so therefore online you have to initially work harder but I want to say work differently to um, to compensate for that to bring that in, um, so that you are much more explicit,' (P19,F, 11yrs exp., Skype),

Regarding applying face-to-face techniques:

'I apply my counselling theory in the same way and will use tasks that I may have used in the room e.g. gestalt empty chair work can translate into 3 emails between the client and their significant other with me acting as a cyber postman,' (P13, F, 4yrs exp., survey),

'It feels like the core conditions of my model (Person Centred) do work via e-mail. Two people are in psychological contact whether it is by email or face to face, and one of these is incongruent, the other being the counsellor. Empathy is offered and received (or not!).' (Pf, M, 1yr exp., survey),

One participant strongly advocated the benefits of discourse analysis but felt that this was missing from both f2f and email modes *'A really good background in discourse analysis of the written word is required in email counselling. Just as discourse analysis is a necessary part of f2f counselling, BUT, as far as I know, is Not (sic) taught on any counselling courses'* (P4, F, 10yrs exp., survey).

Becoming more task orientated in some cases appeared to come with a loss of relationality *'No requirement to remember anything after the session, as it's all available in textual form'* (P7, F, 4yrs exp., survey).

Taking control of the context

Looking after the technology was akin to taking care of the therapy room it seemed, and in this way participants seemed to be taking more control of the context in an attempt to manage their anxieties about risk:

'It needs looking after as does the room you use in f2f' (P6, F, 10yrs exp., survey).

Another participant who felt very strongly about online safety ensured this by having appropriate encryption:

'Yeah, I do think encryption is imperative. Um, what they what the client does at their end, whether they tell their partner what they're, um, password is and all that, I mean that's their business, but, I make sure that um, from my end, um, I uh I teach them that particular bit.' (P4, F, 10yrs exp., Skype),

Much like the counselling space participants took their work computers very seriously:

'My computer feels like a 'solid colleague'...some'one' that I can reply on. I only use my laptop for work purposes...so when I see my laptop and when I use my laptop, I know I am 'at work' and using it for a specific task' (P13, F, 4yrs exp., survey), even suggesting there might be difference in computers for work and computers for play *'I wouldnt (sic) use my ipad ever as it feels to frivolous'* (P10, F, 2yrs exp., survey).

Treating the computer seriously was felt to be akin to looking after a face-to-face therapy room *'And let's face it, um, you wouldn't do your face to face, um, counselling in a grotty old garden shed, would you?'* (P4, F, 10yrs exp., Skype), and the idea of having back-ups for client safety was suggested *'I do, um, have um, a spare, uh, laptop just in case this one, um, plays up on the day so I have got another one rather than having to, um, phone the, um, client to say sorry but my um, computers uh not operating we'll have to reschedule, I don't think that's really a good thing'* (P4, F, 10yrs exp., Skype).

AVOIDING DIFFICULTIES

Avoidance is one way of dealing with anxiety although it is often not thought of as a healthy option for the long term as the initial issue still remains and is thought to keep a person in a cycle of anxiety. Avoidant behaviours were demonstrated by participants by what appeared to be the use of certain defensive manoeuvres; *Minimising the role of the computer* and *minimising differences between modalities/Holding on tight to the known*.

Minimising the role of the computer

Participants appeared to minimise the role of the computer; which was often dismissed as a 'tool':

'My personal response to the computer is to think of it as tool to enhance my work' (P1, F, 11yrs exp., survey), *'It is the tool that allows me to speak'* (P2, F, 10yrs exp., survey) *'I really don't think about it'* (P7, F, 4yrs exp., survey), *'I experience the computer as my tool! i haven't really thought of it as much more than that'* (P15, F, 1yr exp., survey).

Interestingly the computer only came 'alive' when it was misbehaving and this minimisation was no longer possible:

'It's sort of, it's almost like it's an extension of me (mm) um, other than when the blooming thing goes wrong' (P19, F, 11yrs exp., Skype),

'The computer seems to effectively vanish - except when it decides to cause problems' (P5, M, 1yr exp., survey)

in which case it could cause an outpouring of negative emotion:

'when the connection is poor it becomes and object which hold all my rage' (P10, F, 2yrs exp., survey).

The therapeutic gold standard of relationship appeared to be in seeing through the computer to the person:

'Initially during training the computer is very much there, as time goes on I see beyond the computer to the client' (P6, F, 10yrs exp., survey). In this sense

participants seemed to demonstrate a need to minimise the differences between email and face-to-face counselling.

Minimising differences between modalities/Holding on tight to the known

This seemed to represent another way of managing anxieties with participants appearing anxious to hold on to what was familiar about face-to-face work:

'When I am focusing on a client's words I am completely unaware of anything else around me - this is similar to the intensity felt in the counselling room.' (P1, F, 11yrs exp., survey), and was often described as being developed in the 'same way' (P2, F, 10yrs exp., survey) as face-to-face skills:

'I use the same basic counselling skills of warmth, genuineness, UPR (sic)(Unconditional Positive Regard) and empathy, as I do in face to face work and to that extent the relationships feel very similar' (P1, F. 11yrs exp., survey)

Sometimes trying to minimise differences entailed a protracted explanation: *'I suppose then my hope is that in my session in my response I'm very here and now and when the young person or the, you know, the client does their response they're very here and now with their reply or their session, it's just htat (sic) we're not here nad (sic) now together, that's the only difference'* (P13, F, 4yrs exp., survey).

Despite clear differences between face-to-face and email therapy similarities appeared to be focused on by participants when describing the therapeutic relationship:

'The relationship in email counselling can be as powerful as face to face counselling' (P14, F, 3yrs exp., survey),

'Um, so I think there is a sense of holding going on in both ways, the therapist holding the client and the client holding the therapist in mind, I think that is quite similar too.' (P13, F, 4yrs exp., Skype).

As well as minimising the differences in terms of the therapeutic relationship, participants appeared to want to minimise contextual differences:

'I always say my screen is always open. Well of course it's not open 24 hours a day but, (hmm) it's a bit like counsellors saying, face to face counsellors saying my door is always open.' (P4, F, 10yrs exp., Skype).

It was as if participants were struggling with the idea that there might be differences in boundaries between face-to-face and online therapeutic interactions.

OVERCOMPENSATING

The time delay involved in email counselling and doubts about miscommunication appeared to push participants into an overcompensatory position, whereby the time to reflect and lack of cues gave extra time to contemplate perfecting responses, indicating a degree of anxiety.

Overcompensating is described as a negative psychological defense where a person might strive to overcome what is lacking in a process. This is best demonstrated in the subcategory *Reflecting and Perfecting*.

Reflecting and perfecting

Notably having time to respond forced participants into a *reflect and perfect* position where they felt the draw to keep polishing responses to *'get it right'* (P7, F, 4yrs, survey) for clients:

'I appreciate the time to reflect before I respond and the opportunity to make my response as good as I can' (P1, F, 11yrs exp., survey)

'..as the process allows as much time as I need to craft my responses in a way which feels appropriate for each individual client in terms of mirroring their 'style', 'tone', etc.'(P7, F, 4yrs exp., survey).

The urge to perfect is further described by an experienced participant:

'I got drawn into responding to that bit there but actually there was that as well, so you might go back and add something, um, adjust something slightly' (P6, F, 10yrs exp., face-to-face).

And often needed resisting:

'I think there could ,(sic) yeah, I think there could be an urge to tinker, um, but I resist that urge (laughs),' (P13, F, 4yrs exp., Skype).

The experience of delayed responding in email is described as leading to further doubts; participants had only clues from the text and were forced to rely on their own frame of reference:

'With email counselling I feel a greater need to pause for reflection, to ask clients questions to check meaning, to take care that I am not going off at a tangent or drifting (sic) into my own frame of reference ..' (P5, M, 1yrs exp., survey)

In addition participants described a need to check in with the client to make sure they were getting it right:

'When the response is delayed, this can lead to doubts and a desire to check in with the client.' (P5, M, 1yr exp., survey);

'I do a lot of checking out in emails um, both in terms of, of something I've said, I've check out whether I've got it right' (P19, F, 11yrs exp., Skype).

It is perhaps most evident with participants' frequent plea of the importance of choosing words carefully:

'there's no way of expressing myself physically (body language) or easily conveying my verbal tone, so every single word I write matters enormously, whereas in f2f, words can be changed/adjusted/retracted as we go along' (P7, F, 4yrs exp., survey),

'Language, always important in therapeutic work, has to be carefully selected because any misunderstandings take another email exchange to clarify, OR may never be clarified.' (P4, F, 10yrs exp., survey),

And an awareness at times that participants were overanalysing the text:

'I think where it can be unhelpful is, um, in overanalysing what's been written, probably more on the part of the counsellor, uh, both going back and overanalysing' (P19, F, 11yrs, Skype).

DEFENDING THE PROFESSIONAL SELF-CONCEPT

Online counselling is a relatively new occupation and participants showed signs of fighting for professional recognition. Although participants already had face to face experience defending their professional self-concept in this new domain was illustrated by participants' protective behaviours.

Protecting by defending expertise

Possibly partly due to the anxieties and professional insecurities evoked by email counselling, and the fact that this is a relatively new profession participants appeared to be engaged in the search for professional recognition:

'I think the online counselling profession should get more recognition, more training and be a bigger part of the system. My clients have all benefitted from this type of counselling - hugely.' (P15, F, 1yr exp., survey)

Many participants held the belief that experience and further training were necessary to work therapeutically via email, as the field required an understanding of the nuances involved:

'Thank you for doing research into this medium. Many people don't understand the huge benefits nor (sic) the need for training' (P9, F, 8yrs exp., survey) as well as the high level of congruence and support required in working so differently:

'Good supervision is essential always and for a space to be able to discuss how to handle such situations as safely as possible.' (P3, no demographic info, survey).

Training was presented in participant accounts as important:

'I enjoy the flexibility of this medium - but also appreciate the importance of suitable training and experience before working in this way' (P14, F, 3yrs exp., survey), and there was a sense that you were either in the know (trained) or not, a view summed up by several participants:

'Essential, and with tutors who demonstrate in their correspondence the best techniques' (P6, F, 10yrs exp., email), *'so, um, to do a specific training your eyes will be opened to things that you didn't know you didn't know and um, (hmm) I think it just can keep everybody a little safer'* (P13, F, 4yrs exp., Skype).

This was a phenomenon the researcher had experienced whilst becoming trained and when trying to recruit for the study, and had been asked her 'position' in relation to email therapy during the research process:

'Well I do think you need training, and you must know yourself that it's not until you do the training that you realise, yes you do need it.' (P4, F, 10yrs exp., Skype).

There was a degree of relief expressed by one participant that their professional body was beginning to recognise the importance of training in the area:

'I'm really glad that BACP are beginning to say that, that, um, it is a different medium and therefore training is vital' (P19, F, 11yrs exp., Skype).

Becoming an expert

Possibly as a result of the challenges outlined above, many participants seemed attracted to an expert position; the importance of having a degree of experience in face-to-face working before embarking on email therapy was stressed:

'personally I feel you need to have your face to face training first and then there has to be specific online training to work online, because it throws up so many different issues and you need to think about' (P13, F, 4yrs exp., Skype).

Participants were also keen to stress the importance of completing an appropriate training in online therapy:

'I might say that in my experience um, when people have gone into training they have understood that it it's almost um, that it is a necessity because they've seen round the edges of working that way.'(P19, F, 11yrs exp., Skype).

Finally participants stressed the importance of competence in working with computers on the Internet:

'The counsellor needs to be TOTALLY familiar with all aspects of the technology being used' (P4, F, 10yrs exp., survey),

'It has the capacity to make me feel deskilled when the connection drops or it reboots half way through an email' (P9, F, 8yrs exp., survey).

Professionalisation also involves training and participants emphasised this as being crucial, with three levels of expertise to negotiate before being able to join the group; experience in face-to-face, specific training and competence in working with computers. There was also a further expert progression that was borne out of the new profession where participants could be a practitioner in face-to-face and online therapy, a supervisor and a training provider, as described by this experienced participant:

'I am very used to working online as a counsellor, supervisor and trainer,'(P5, M, 1yr exp., survey).

Member checking resulted in an email response regarding the idea of sending a message into the void, which demonstrated an expert position:

'To me it is not a void, they are very much there for me. If it feels like a void then I am not engaging with them and their issues sufficiently. I suspect the counsellor/s who raised this may not be as well trained or experienced [and maybe in f2f too] online as others.' (P6, F, 10yrs exp., email).

DISCUSSION

The grounded theory presented above outlines the basic social psychological processes involved in email counselling and the therapeutic relationship. The theory was influenced by the researcher's social constructionist position, by psychoanalytic theorising on anxiety and organisational processes, and by the researcher's insider position as a trainee counselling psychologist and hybrid position (McGhee et al., 2007) as a non-practicing online therapist. This study aimed to address identified gaps in the research literature in this substantive area. In brief, the grounded theory constructed is as follows:

Participants described how providing counselling via email led to them *Experiencing Cuelessness* and how this absence of sensory cues led to an experience of *Losing touch* in several ways; *Loss of interactive factors* with the client *Responding with no sensory steer i.e.* having no immediate feedback to guide their responses; *Losing control of the process* whereby participants struggled with issues of therapeutic containment, and *Losing control of the context, to the client* which included a sense that clients were more in control, participants were more accessible and boundaries were harder to establish. *Cuelessness* and *Losing touch* led to a sense of *Peering through the looking glass* when counselling online; counsellors felt as if they were *Fantatising into the void*, both in terms of who clients were and having to rely more on internal factors like intuition to make therapeutic judgements, and *Fearing (client) disappearing* through the 'black hole' effect of sending a message and wondering, often anxiously, about the response. Participants also described *Worrying about risk*; this took two forms *Worrying about Client safety*, but also fears about their own; participants described *Fearing exposure* due to there being a written record of the therapy which led to concerns about possible legal or professional ramifications. *Becoming uncertain* related to further uncertainties through therapists *Questioning computer reliability* and *Questioning own competence*. As a result participants were left *Experiencing anxiety*. This anxiety appeared to be managed in a number of ways; participants described; *Becoming more task orientated* which involved participants adopting a more rational position of relying on professional learning and taking control of the

technological context; participants described *Avoiding difficulties* i.e. coping with anxiety by minimising some of the clear differences between face-to-face and email counselling and holding on tightly to what felt familiar. *Overcompensating* describes another mechanism participants appeared to use to manage their anxieties; participants described being drawn to reflect and perfect their responses in the time delay. Additionally participants seemed drawn to *Defending the professional self-concept*; i.e. protecting their expertise in the online counselling occupation and highlighting a drive for recognition as professionals.

It is generally accepted that working with clients face to face in mental health settings induces anxiety and creates dilemmas (Kahmi, 2011; Dryden, 1985; Childress, 2000); this also appeared to be the case for therapists practising email counselling. The findings outlined above suggest that aspects of email therapy were difficult for therapists when working to establish a therapeutic connection. However, rather than fully acknowledging what was difficult and different, it appeared as though therapists were attempting to adapt their face-to-face skills to this new medium and minimising what was difficult, although important aspects that had been relied upon in face-to-face connections were clearly absent. This process will be discussed in three sections: 1) Factors feeding into uncertainty, 2) Uncertainty and Anxiety, and 3) Managing Anxiety.

FACTORS FEEDING INTO UNCERTAINTY

Experiencing Cuelessness

The lack of non-verbal, visual, verbal and social cues was described by participants as the biggest difference between email and face-to-face interactions; the difference was described as a loss, which made developing the therapeutic relationship challenging and difficult for the participant. This appeared true both in understanding a client's communication and conveying relational aspects through email. Concerns regarding the lack of cues and possible impact on the therapeutic relationship are one of the main concerns in practitioner guidance papers (e.g. Mallen et al, 2005a) and reviews (e.g. Pelling,

2009), so it is perhaps not surprising to find participants focusing on this aspect in particular, even though participants had been invited to describe both similarities and differences by the researcher.

These findings support those of the Cuelessness model (Rutter & Stephenson, 1979) which suggests the less social cues the more impersonal the interaction, and *Social Presence Theory* (Short, Williams & Christie, 1976) which suggests that the fewer cues a communication method has the less warmth and involvement users experience. It is perhaps not surprising that this lack would be difficult to deal with as a therapist. Later adaptations to the cuelessness model suggest that people can adapt to cueless situations (Kemp & Rutter, 1986), especially with a more emotive subject matter (Rutter et al., 1984), and interpersonal aspects of Social Information Processing theory (Walther, 1992) suggest that the communicator's motivation is key to adapting to what cues are available, albeit taking a longer period of time. The grounded theory presented here outlines the process by which participants adapted to the lack of cues, and suggests that this adaptation came at some cost. The Media Richness Model (Daft & Lengel, 1986) which sits within the impersonal literature in CMC, suggests that email may provide more opportunity for social cues in its ability to use natural language and personalisations, however this finding was not supported by the current study; participants clearly struggled with the lack of cues, while making attempts to adapt. The Hyperpersonal model (Walther, 1996) suggests there might be advantages to working in a cueless situation but this was also not supported with current study findings; participants found the communication method challenging and as 'receivers' participants were not inclined to fill in the blanks when dealing with such important messages.

Losing touch - responding with no sensory steer

Working by email caused participants to lose the immediate conversational aspects involved in face-to-face settings as working in this medium necessitated writing in larger chunks of text leading to the experience of responding with no confirming steer from their clients. The loss of immediacy in the asynchronous communication method appeared to be felt deeply by participants, who referred to their inability to do things such as 'pass(ing) the tissues', or having the

proverbial 'shoulder to cry on' (Baxter, 2013). Yet, even whilst these differences were described, it was as though the impact of loss was not fully acknowledged or processed. Participants may have been exposed to messages regarding non-verbal communication in their core training; such as 93% of a message being communicated non-verbally (Argyle, 1983) and the importance of therapeutic presence in the relationship (Kahn, 2001), which might have made it quite difficult to sit with ideas of immediacy. Participant's views are supported by ideas in enhancing social presence which it is suggested can only be achieved in another's physical presence (Gunawardena & Zittle, 1997); perhaps suggesting this was not a skill that participants felt could be adapted. The concerns outlined in the current study support concerns outlined in the literature regarding this method of communication (Fenichel et al, 2002). Therapeutic presence has been deemed key to therapeutic efficacy (Webster, 1998) and whilst other literatures do not rule out the possibility this can be engendered in an online environment (Fink, 1999; Geller et al, 2010) it seemed difficult for participants in this study to feel reassured they were ensuring a client's emotional safety without sensory cues.

Participants described being reliant on having their empathic response confirmed via email exchange to signify that a therapeutic connection was being made and this is supported by ideas from the person centred perspective, whereby empathic understanding is conceptualised as central to the therapeutic relationship process (Rogers, 1967); contemporary literature in the psychotherapy field from a number of therapeutic perspectives further supports this assertion (Gelso, 2011). Empathy is thought to have a positive impact on a therapist's ability to engage with a client (Orlinsky et al., 1994; Cooper, 2008) and was clearly important for participants in this study, but due to the time delay they had to tolerate waiting for written confirmation of their empathic responding. These findings would tend to contradict ideas in the interpersonal model of Social Information Processing theory (Walther, 1992) regarding being able to adapt to a cueless situation over time, and may represent something participants felt was different in the process. While emotional responses can be suggested visually via text by the use of emoticons (Wolf, 2000) and writing emotions in brackets (Murphy, 2009) it would seem that participants in this

study struggled to feel they were adequate to convey immediacy and therapeutic presence.

Losing touch - losing control of the process

One of the key areas participants seemed concerned with was therapeutic containment; their ability to hold the client's emotional distress in the therapy process (Gravell, 2010). Findings from the current study suggest that participants took the therapeutic process very seriously but that working within the email medium led to concerns about where, how or when a client might read a response, or where they may respond from. Findings also suggested that participants had mixed feelings about the online disinhibition effect that often impacted on the process through clients self-disclosing at an accelerated rate than in face-to-face contexts. Another concern seemed to be about the speed with which a written response could be read.

These findings regarding the difficulty participants experienced when attempting to establish therapeutic containment via the cueless atmosphere of email to some degree support research into the role of mirror neurons in neuropsychology (Schore, 2013), which suggests that the 'gaze' of the therapist is crucial in creating a safe space for the client to explore relationship issues (Holmes, 2001). Attachment in this sense is conceptualised as a form of affect regulation that occurs in relationships and relates to how individuals deal with emotions, which could be considered highly relevant in the formation of the therapeutic relationship (Holmes, 2001). Research regarding the role of mirror neurons in empathic responding would seem to call into question whether a safe attachment space can be engendered in a cueless context, and it is further suggested that the non-conscious transference-countertransference relationship thought to be critical to clinical effectiveness is reliant on this safe space (Schore, 2013).

Findings that clients might self-disclose at a faster rate would seem to have given participants a dilemma in that whilst it was described as helpful to the process it was also of concern that it might overload clients, due to the lack of control participants had in how fast the message was read. The fact it seemed to be happening supports the findings outlined by the Hyperpersonal model

(Walther, 1996) in CMC whereby the 'sender' (client) is more in control of the message and more inclined to self-disclose. While some argue that early self-disclosure may be a positive factor in online counselling (Richards, 2009), and that it can be useful for clients (Fletcher-Tomenious & Vossler, 2009) participants in the current study expressed concerns about this process and felt drawn to 'teach' clients to use the process more safely.

Losing touch - losing control of the context, to the client

Linked to this section are findings that participants felt the client was more in control of the context, if not the process, in email counselling through being able to respond when they wished. Participants appeared to be struggling with the notion they were 'keeping the door open 24/7' and this led to a sense of being unboundaried. This finding supports the idea that cyberspace creates a flexible temporal space which can feel unboundaried for clients and therapists (Suler, 2007). It also supports the Hyperpersonal model (Walther, 1996) in that the client as a 'sender' has more control and research suggesting the advantages for the client in emailing at a convenient time (Powell, 1998); however the therapist as the 'sender' does not seem supported in this situation as participants reported having to be firmer with boundaries. The client being more in control expands on research into young people having more control of the emotional content in online counselling (Hanley, 2009). However, the sense of being permanently 'plugged in' for participants seemed to lead to a feeling of over responsibility, which aligns with the supposition that client containment is necessarily an asymmetric process being the responsibility of the therapist (Aron, 1996), although in email counselling it seems a much greater responsibility. Paradoxically while participants expressed concerns about the client having more control, they were also concerned about the client having less control about the pace of the therapy, and that email counselling might not be at the pace of the client (Cooper & McLeod, 2011), participants worried that clients might be reading too quickly to safely process what is written.

Peering through the looking glass

This Lewis Carol analogy helps illustrate some of the processes involved in email counselling; adopting the psychoanalytic constructs of fantasy and

projection helps to explain some of the processes involved in 'imagining' a client in order to conduct email counselling, seemingly a necessary part of the process. Participants indicated being both aware the possibility of, and nervous about, these processes and how they might impact on the work. Whilst imagining was deemed useful in 'getting the conversation going' to help form a therapeutic relationship it is also totally reliant on cues from the text or intertextuality (Kristeva, 1986), and at times participants found it difficult to decipher these meanings. With very little in the way of cues to inform them participants seemed to be creating the client from their own internal constructs. This finding supports Suler's (2007) theorising about solipsistic introjection in email counselling; whereby through consciously or unconsciously assigning an image or voice for example. A person can feel like the person on the other end of the email exchange has been introjected into one's psyche, as Suler says (2007 p34):

The online companion now becomes a character within our intrapsychic world, a character that is shaped partly by how the person actually presents him or herself via text communication, but also by our expectations, wishes, and needs

Psychoanalytic practitioners argue that transference and countertransference reactions are key in developing the therapeutic relationship (Sandler & Sandler, 1997) and participants consciously fantasising about clients in this way seemed a necessary part of the process, albeit perhaps in a less informed way than in face-to-face counselling due to the lack of cues. Lemma (2003) suggests that therapists need to composite a reasonable hypothetical imagination of a client in their physical absence, and that this would rely on a degree of therapeutic experience. Neuropsychology might also support the idea that therapist's dual role of existence (Schorer, 2013) in acting as a safe holding container for a client means simultaneously needing to attend to their own self-regulatory function, and where there is a need to work more with the fantasy one holds of client it could perhaps be suggested this could be difficult for a therapist to negotiate. Relying on an internal construct in this way also expands on Anthony's findings which suggest that rapport is built via the therapists' mental construct (Anthony, 2000), and that therapists have to trust their mental picture (Fletcher-Tomenious

& Vossler (2009) to form a therapeutic relationship. Studies into sensory deprivation may throw a worrying light on relying on imagination in these instances, as in order for the brain to compensate for the lack of cues it has the capacity to create something out of nothing (Mason & Brachy, 2009), perhaps suggesting overcompensation. The Hyperpersonal CMC model (Walther, 1996) also suggests that a 'receiver' of information may fill in the blanks. While theories about transference and countertransference would suggest that much of how we perceive others is confused by our own internal templates, it is suggested that this confusion may be greater in email therapy.

Participants also described missing the 'shared energy field' thought to be present in face-to-face work and absent from email counselling, and described as the psychological relational space between two people interacting. Contemporary psychoanalytic theorising suggests that intersubjectivity is a key factor in the therapeutic relationship and it is believed that emotional experience takes form in the intersubjective space (Stolorow et al., 2002). It has been argued that participant and client self-reflecting entails intersubjectivity, emphasising our social existence (Gillespie & Cornish, 2009); some support for these claims is provided in mirror neuron research into empathy (Rizzolatti & Arbib, 1998). In theory there is no reason to believe an intersubjective space does not exist when working online, although this might be problematic if relationship formation is partly reliant on 'gaze' (Schorre, 2013). The findings of the current study would suggest that this nebulous experience was missed by participants implying it was somehow difficult to experience the space between, when dealing more with their own fantasy.

Fearing disappearing

In addition participants expressed fears regarding early ruptures in the relationship which might cause clients to disappear, and this supports Social Information Processing Theory (Walther, 2002), which suggests that time is needed to develop relationships when using CMC. Paradoxically it seemed there was perhaps more likelihood of clients disappearing through early self-disclosure, from the effects of online disinhibition as suggested by Suler (2003). Of course it is important to bear in mind that CMC research is not necessarily

talking about therapeutic communication but it has been further argued that self-expression through this medium is representative of a constructed aspect of self and therefore a more visible, concrete and objective format than speech and useful in its own right in therapy (Suler, 2003). In any event participants struggled and looked for balance in this tricky negotiation with self by looking to the external supervisor, but as most supervision is conducted online one has to wonder if the possibility of a further parallel process (Weitz, 2014) is always helpful.

UNCERTAINTY, WORRY AND ANXIETY

Worrying about risk

Participants expressed a number of concerns about client safety as the client's identity could not be confidently assumed. These concerns constellated around assessment and 'at risk' clients. These concerns are often cited in reviews about online counselling (Wells et al., 2007; Rochlen et al., 2004). Findings from this study indicate that participants found the lack of cues disorientating (Mallen et al., 2005a; Liess et al., 2008). Participants described feeling safer in face-to-face interaction when dealing with risk and assessment. This supports the Media Richness Model (Daft & Lengel, 1986) in CMC which asserts that the greater the complexity of the message the more media outlet channels are needed to convey it; participants' accounts indicated that the email medium did not seem to have enough media outlets to feel confident about what was communicated. Findings indicated that participants were concerned about possible deception by clients when working online, which is supported by other therapists when reviewed about concerns (Wells, et al., 2007). Research suggested deception was more likely in email as it is a 'socially blind' medium (Epley & Kruger, 2005), this is rather contradicted by research using the Media Richness Model (Daft & Lengel, 1986) that asserts that deception is less likely when using email than other synchronous communication methods, through the evidence trail of leaving a record (Hancock et al., 2004). From a neuropsychological attachment perspective if physical 'gaze' (Schore, 2013) holds the key to a sense of safety in healthy adults it might also in some way

explain how participants struggled in dealing with risk and erosion in self-confidence.

Findings also suggest that practitioners feared exposure through the creation of a written record of therapy that could be posted online by a client. The perceived risk of what was referred to as the 'worst case scenario' had not actually been experienced by any participants but these concerns are often voiced in ethical reviews (Caleb, 2000), where it is suggested that the records produced leave online therapists open to prosecution (Mackay, 2001). The feeling of uncertainty may also be explained in the construct of randomness described by Smithson (2008), through the lack of control of the clients' actions and unknown element of the Internet, which has potential to expose therapeutic interactions to the world. Findings would seem to suggest that participants were concerned about exposure to their professional bodies and/or being taken to court which might be more indicative of the interpersonal CMC Social Identity Deindividuation Effects model (Lea & Spear, 1991) which suggests that social identity factors are heightened and people become more sensitive to group norms when communicating solely by text; Whilst participants in this study tried to counteract the perceived fear by specific contracting, as per guidelines in online counselling (BACP, 2009) it would seem this was often not enough to allay their concerns.

Becoming uncertain

Findings from the current study suggest that participants became uncertain about their own competence in being able to decipher client meaning through the text and this seemed to be exacerbated through the time delay. It also impacted on a questioning of the computer's reliability in being the only means of contact.

There is a great deal of concern in the therapeutic world regarding the lack of cues in email therapy possibly impacting the therapeutic relationship and the possibility of misinterpreting a client's message (Rochlen, et al., 2004; Mora et al., 2008); and findings indicate this was an area of worry for participants, and one which appeared to erode their sense of therapeutic competence. One of the therapist's primary roles is to empathically decipher a client's distress,

(Norcross, 2011) and it seems that anxieties around caused a number of concerns for email therapists. Social Presence Theory (Short et al., 1976) suggests that the lack of cues are worrying and that immediacy found in physical proximity is crucial to understanding a message and the findings of this study would appear to support this hypothesis and contradict the finding that suggests that the lack of cues can be adapted to over time, as hypothesised in Social Information Processing Theory (Walther, 1992).

Participants' concerns also seemed to be exacerbated by the time delay and this supports Smithson's suggestion that delay (Smithson, 2008) can create the conditions for uncertainty, or perhaps adds to it in this case through the need to work therapeutically via the medium. In addition findings suggest participants felt 'drawn in' to wanting to respond during the void created by the time delay and were left wondering about the client during this time, a phenomenon described as 'the black hole effect' (Suler, 1997). Those participants newer to email seemed to find these factors most difficult to negotiate and to some degree this might be explained by the inexperience that comes with using a new skill, or perhaps a conscious incompetence feeling. As participants became more experienced and more confident in the email medium they seemed to build up a degree of robustness, but a 'feeling the fear and doing it anyway' attitude remained, which expands on research findings that online therapists need to take a 'leap of faith' (Fletcher-Tomenious & Vossler, 2009) to negotiate the information missing through the lack of cues in working in email therapy. Whilst it has been suggested that the time delay context of email therapy could be a positive factor in that it gives both therapists and clients' time to reflect (Dunn, 2012; Chester & Glass, 2006) this was rather contradicted by the findings of this study. Conversely the time delay appeared to cause consternation for some participants in this study and the anxieties induced by waiting for a response appeared difficult to tolerate. This contradicts the suggestion of the Hyperpersonal CMC model, which suggests that having time to contemplate a message is a positive factor; whilst this may be true of some clients many participants did not feel it.

EXPERIENCING ANXIETY

Whilst anxiety is believed to be an inevitable outcome of relatedness (Spinelli, 2007) the finding of the current study suggest that a lack of relatedness in email counselling can also lead to anxiety, and supports Lemma's suggestion that too much can perhaps feel disabling (Lemma, 2003). In addition the current research findings suggest that the lack of containment experienced when working online can exacerbate anxiety. A study of staff working in medical and psychiatric institutions by psychoanalysts Hinshelwood and Skotsgad suggests that there can be severe consequences for therapists who lack a containing structure (Hinshelwood and Skotsgad, 2010). These researchers noted that the resultant defenses against anxiety tended to undermine personal contact and relationships by causing the worker to become detached in order to cope with the anxiety. In addition these researchers suggested that fears could lead to negative unconscious fantasies. Participants in the current study seemed affected by the loss of containment of the process afforded by the email context and alarmed by the possibility of being exposed to the world (wide web). It is believed that it can be costly to ignore stress in working situations as this can lead to 'burnout' (Haslam, 2004) when the therapist is no longer able to cope with the working conditions. Kamhi suggests that practitioners tend to err on the side of certainty when faced with balancing clinical decisions due to concerns over harming clients (Kamhi, 2011), however findings from the current study would appear to suggest that certainty can be difficult to attain when working online and that this would appear to be a source of anxiety.

The anxiety experienced by participants appeared to be fed by the higher degree of uncertainty and worry involved in working with the email medium due to its lack of sensory cues, time delay and anonymity effects. The anxiety expressed did not always appear to be fully processed or acknowledged and sometimes emerged in interview situations with one participant realising how much face-to-face cues were missed and resolving to change part of her practice to incorporate a face-to-face element, and another participant feeling 'meeting' the researcher via Skype interview had made the relationship more concrete and wondering whether to offer this facility to email clients. This highlights the possibility that different contexts might offer different opportunities

for self-reflection. The lack of social cues involved with email therapy fits with the third uncertainty construct of absence of, or clarity about, information that Smithson (2008) argues can include different types of ignorance; conscious (knowing what we do not know) and meta-ignorance (not knowing what we do not know). This seems important in relation to what might be conscious or unconscious to participants in the process, and whilst both these aspects are thought to exist in human beings an important facet of the therapeutic relationship is in being congruent (Norcross, 2011) as a therapist, keeping as much as possible in awareness. This leads into the next category - managing anxiety.

MANAGING ANXIETY

The anxiety that ensued from working with the therapeutic relationship in the relatively cueless email counselling context appeared to be managed by several processes; *Becoming more task orientated*, *Avoiding difficulties*, *Overcompensating* and *Defending the professional self-concept*. Defense mechanisms, in psychodynamic thinking, are suggested as unconscious tools to protect the ego from anxiety and guilt, and further protecting the individual from unacceptable impulses or perceived external threats (Vaillant, 1992), as opposed to coping strategies which are described as conscious mechanisms (Kramer, 2009). Defense mechanism concepts are utilised here in helping to make sense of participants' actions and processes within the categories presented.

Becoming more task orientated

As predicted by the cuelessness model, participants demonstrated more of a focus on the task of therapy; this was suggested by participants' reliance on skills and theory. These actions could also be explained by the psychodynamic construct of intellectualisation whereby the use of reason lessens anxiety caused by emotional stress. Defense mechanisms can move between the healthy or adaptive to more disturbed processes and the same one can be useful in one situation but unhelpful in another (Lemma, 2003). Participants

appeared to be drawing on their existing face-to-face skills and theory as they focused more on the task; this supports Rutter and Stephenson's claim that face-to-face conversations with social cues were more personal and relationship building whereby cueless conversations become task driven and impersonal (Rutter and Stephenson, 1979). These findings also offer some support to the suggestion that the therapeutic relationship as a whole can be considered to have two parts; functional and relational (Gelso & Hayes, 1998); participants in this study seemed to be protecting themselves from the anxieties evoked in the work by drawing on skills and theory - the cognitive, functional aspect of the therapeutic relationship. The findings of the current study also offer some tentative support for Hinshelwood & Skotsgad's (2010) observations about how mental health workers can become detached from their feelings through anxiety defenses.

Roth and Cohen (1986) suggest there are two ways of dealing with stress, one being; approaching, obsessing, being vigilant, which seems relevant to the finding that participants demonstrated their task orientation by taking control of the computer and having backups and encryption for safety; there appeared to be a certain vigilance about what was contextually controllable in the process, i.e. the computer. The second way of dealing with stress is thought to be avoiding, repressing or forgetting (Roth and Cohen, 1986) and is further described in the next category.

Avoiding difficulties

Participants also appeared to manage anxiety through minimising, both the role of the computer and the differences between the modalities, often by holding on tight to the known as outlined in the previous category. Roth and Cohen (1986), suggest that the other way of dealing with stress is by avoiding, repressing, forgetting or escaping a situation as it becomes too emotionally difficult to handle. Participants described feeling as if they had no power over parts of the therapeutic process, and appeared to be minimising this difficulty in order to cope with the situation. Psychoanalytic researchers Miceli & Castelfranchi (2005) suggest uncertainty through lack of perceived power in a situation might lead to the defense of displacement which refers to transferring the threat from

an anxiety inducing situation to a less dangerous one, and that this results in minimising the issue in order to cope.

Minimising in the current study appeared to protect participants from considering what might be particularly difficult about email counselling. Participants tended to focus on the similarities between face-to-face and email counselling modes even while outlining, albeit indirectly, that they were clearly quite different. Findings suggest that a degree of holding on to what was known in face-to-face working was found which is supported by suggestions that dealing with uncertainty in clinical practice is difficult, and practitioners have no external self-correction mechanism which often causes them to err on the side of safety (Kamhi, 2011).

Minimising also occurred in response to a question asking about the computer's possible role, where quite often it was referred to as a 'tool' and in some cases participants expressed they did not think about it at all. These actions seem to hint at the defense of denial, which can be described as refusal to accept external reality because it seems too threatening by stating it does not exist, in order to reduce anxiety. However, while the role of the computer was minimised, participants expressed strong feelings towards the computer when it 'misbehaved'; indicating perhaps, a transference reaction to the computer (Suler, 2003). Suler further suggests the possibility that therapists may experience transference both with and through the computer, but despite evidence of it being 'alive' in the relationship participants did not seem to wish to acknowledge it, which is unsurprising given the need to focus on similarities with face-to-face counselling rather than differences. It seemed to be difficult to acknowledge the place of the computer in the therapeutic relationship bearing in mind the importance of aspects such as non-verbal communication (Argyle, 1983) and empathy (Mallen, et al., 2005a; Schore, 2013), yet participants appeared to be suggesting that the goal, with experience, is to see through the computer to the client, perhaps indicating an earlier struggle which was hard to acknowledge.

Overcompensating

Findings suggest participants were drawn to counteract the uncertainty of conducting a therapeutic relationship by email by overanalysing text, and trying to perfect responses in the time delay. Findings indicated that the extra time participants were afforded in email therapy drew them into a position of trying to 'perfect' responses, and caused them more doubt in the process. Being 'drawn in' is reminiscent of 'the black hole effect' which Suler (1997) describes as being sucked into an uncertain wondering of whether the email will be responded to, and in this category seemed to also reflect participants' fears about miscommunication which seemed to lead to overcompensatory behaviour. This reflect and perfect behaviour could be supported by the neuro linguistic programming hypothesis that individuals become 100% connected to the words on the page in email therapy, being the only source of communication information (Addlington, 2009). This behaviour also supports the Hyperpersonal model in CMC (Walther, 1996) with the 'feedback' aspect, suggesting a reproducing and enhancing of all other three aspects of the model (Receivers, Senders, Channel) in order to form a relationship; the suggestion being that the enhancing element might act similarly to an overcompensatory process. Whilst the reflect and perfect finding demonstrates that participants were highly motivated to communicate clearly as in the interpersonal Social information Processing CMC model (Walther, 1992) it also indicates that the time delay can sometimes cause more self-reflection in participants, who may further doubt their abilities. At times participants were aware of the urge to keep enhancing messages, and the Hyperpersonal CMC model (Walther, 1992) 'channel' aspect suggests users may redirect cognitive resources into enhancing a message, which might tend to support this mindful finding.

Defending the professional self-concept

Findings indicated participants were engaged in defending their occupational status in several ways; stressing the occupation should get more recognition; stressing the importance of specific training in online therapy, strongly advocating an expert route into becoming an online therapist, and demonstrating an expert position. These protective behaviors would seem to

reflect the newness of the online counselling occupation and participants demonstrated feeling very strongly about them.

Participants appeared to be engaged in fighting for professional recognition of online counselling within the therapeutic world and this was indicated by attempts to justify the importance of online counselling, especially in regard to additional training in online counselling for practitioners. Participants seemed keen to stress an expert route; one which incorporated a transition through training to become an online counsellor, and ultimately reaching the position of expert. Social identity theory is a concept developed by Tajfel and Turner (1979) and suggests that a person's sense of who they are is based on their group membership(s). One reason people identify with groups is to reduce subjective uncertainty in the situation (Hogg & Vaughan, 2002) and social identity is that part of the self-concept derived from group membership, considered separate to personal identity which is derived from personality traits and relationships with others (Turner, 1982). Identification with the group is thought to blur the distinction between self-concept (Smith & Henry, 1996), and can lead to identification with the minimal group to reduce subjective uncertainty (Hogg & Vaughan, 2002). Much as counselling psychology can be seen as a sub-group of psychology, online counselling can be seen as a subgroup within therapeutic circles: in effect both represent a collection of individuals who have trained in a field and are now led to seek a social identity for safety and protection.

Participants in this study often overtly suggested that the online counselling profession should get more recognition and expressed gratitude that research was being conducted in the area; indicating perhaps that participants did not feel that online counselling had been accepted in to the counselling profession. The need to train specifically in the online area was strongly supported; participants appeared to be engaging in a discourse around 'in or out' positions dependent on whether or not a specific online training had been completed. This would seem to suggest that participants had developed a social identity, perhaps to reduce the subjective uncertainty they felt (Hogg & Vaughan, 2002),

that group membership may have led to an identifying with the minimal group creating an ingroup bias (Turner, 1982).

Belonging to an organisation such as the BPS/ BACP and/or a sub-group is indicative of professionalisation; whereby members of a profession subscribe to the values and beliefs nurtured by the professional group. It involves modification of attitudes during the training phase and conformity to group standards, as well as an acceptance of specific obligations to colleagues, clients and the public (McKenna, 2012). The rise of ethical guidelines in online counselling (BACP, 2009; APA, 2013; ISMHO, 2000; ACA, 2104) and development of organisations such as ACTO, and other training text books in the area (Evans, 2009; Weitz, 2014;) would also support the notion that the online occupation were looking to professionalise.

The discourse was quite defensive at times which is understandable given that new professions often feel under threat. Support for this is found with research into health organisations, and it has been argued that social systems are a defense against anxiety (Menzies Lyth, 1960), A thematic analysis into professional identity in community mental health nursing (Crawford, Brown & Majori, 2008) found that constant changes in the health service caused uncertainty and that professionals were drawn to further their training to escape their situation; this professional identity paradoxically became burdensome as the pursuit of recognition made achieving professional status more difficult. For the participants in the current study while professionalisation may be sought with the best of intentions, it may also have the effect of creating a closed shop situation and MacDonald (2004) suggests that occupational closure, or professional demarcation, whereby an occupation transforms itself into a profession by closing off entry to all but the suitably qualified may have the negative effect of becoming over-defended and can therefore prevent important messages being heard. Findings from the current study support the idea of professional demarcation in advocating only the suitably qualified should enter the field and whilst participants were very generous with their messages in this study the fact that the survey was not overly responded to might indicate an over-defended position.

Debates regarding the advantages and disadvantages (Mulhauser, 2005; Fenichel et al., 2002) of online counselling may suggest it has not reached a legitimate place in the therapeutic world, and George (2013) suggests that cultural legitimacy is required before professionalisation can occur. Threat is often felt in new professions who are striving for recognition supported by Timmons (2010), an academic at a school of nursing, who suggests sub-sectors of the NHS often feel under threat and push for professionalisation and recognition for its members. Also a thematic analysis into professional identity in community mental health nursing (Crawford et al., 2008) found that constant changes in the health service caused uncertainty and professionals were drawn to further their training to escape their situation. It is interesting to note that online counselling has been around for the same amount of time as counselling psychology as a profession, and possibly shares many of the same concerns.

LIMITATIONS OF RESEARCH

Although this research has provided a useful theoretical account of therapists' experiences of email counselling and the therapeutic relationship it is acknowledged that there are a number of limitations that require consideration:

- All participants in the research were Caucasian meaning that the sample is not necessarily representative of culturally diverse experiences and views. Counselling as a profession is often considered a Western notion and perhaps over-represented by Caucasian women; members of non-Western cultures might have given a different view.
- Whilst care was taken to attend to the nuances of the different face-to-face and online research methods used in the study (Hanley, 2011) there is a possibility that researcher inexperience in semi-structured interviewing, competence in Skype, and occasional, unavoidable technology breakdowns such as internet connection problems influenced the process, thereby affecting the findings.
- Self-selection bias is an issue when using survey data as it may produce a voluntary-response bias, where the resulting sample can be over-representative of those who have strong opinions and thus may not be a true representation of the general opinion. However, in qualitative research some of these issues are unavoidable due to the need to recruit from a relatively homogenous group (Collier & Mahoney, 1996).
- The researcher acknowledges that the grounded theory presented is her construction and her framework will have influenced that this. In addition, participants' accounts are likely to have been influenced by the researcher's position as a trainee counselling psychologist who had additionally trained in online counselling. Given the uncertainties outlined above and need to protect the profession participants may well have been unsure about the researcher's position on online counselling and they may have felt the need to defend both themselves and the profession. This may have impacted on more critical voices being heard.

Critics suggest a number of limitations with the grounded theory method and although utilizing the constructivist style of grounded theory provided a

substantial degree of rich data on therapists' experiences of the email phenomenon, it is acknowledged there are a number of potential methodological issues to be considered. A critique of grounded theory is provided by Thomas & James (2006); these writers criticise grounded theory for oversimplifying complex meanings and interrelationships in the data, constraining analysis by putting procedure before interpretation and depending on inappropriate models of induction from which claims about explanation and prediction are made. Thomas and James (2006) argue that grounded theory promises too much, and rejects simple understanding through researcher interpretation. Much of this critique can be disputed, on the basis that constructivist grounded theory has clear epistemological assumptions that include the researcher's perspective, the methods are flexible enough to access the unanticipated and facilitate creative and open coding, but avoid imposing a forced framework on the codes (Charmaz, 2006).

In summary grounded theory is criticised for trying to claim it is something it is not and that the focus on method misses simple understandings and meaning from participant accounts. It has further been criticised for being overly labour intensive and being difficult to report succinctly (Fassinger, 2005). Whilst the development of a constructivist grounded theory (Charmaz, 2010) has gone some way to overcome some of the criticisms of traditional grounded theory by rejecting objectivity claims and its positivist nature, Charmaz is still challenged for calling the method 'grounded theory', suggesting that it is more about enabling interpretation and insight than a theory (Thomas & James, 2006).

Ensuring methodological rigour

Methodological rigour is a way of assuring quality and validity in qualitative research and is assessed on both the basis of the paradigmatic underpinnings, and the standards of the discipline (Morrow, 2005). When ensuring methodological rigour in qualitative research the most well known qualitative evaluative criteria are those of Lincoln and Guba (1985) who believe trustworthiness consists of;

- Credibility – Having confidence in the 'truth' of the findings by prolonged engagement with participants. In this study care was

taken to ensure anonymous and open-ended questioning allowed participants to guide the enquiry as well as checking back (where appropriate) with emerging theory and using participants' own words. In addition the researcher kept a reflexive journal articulating her personal views and the directions taken whilst exploring the phenomenon.

- **Transferability** – The researcher needs to show that their findings have applicability in other contexts by providing thick description, a concept described as the detailed account of field experiences in which the researcher makes explicit the patterns of cultural and social relationships and puts them in context (Holloway, 1997). To ensure visibility in complying with aspects of transferability examples of survey material, interview transcripts, and email responses are included in the appendices of the report (Appendices G, H & I).
- **Dependability and Confirmability** – These rely to some degree on external supervisors (in this researcher's case) who checked on-going data analysis and analytical developments to ensure that the researchers own biases were not unduly influencing the process and that the analysis was grounded in the data; although in constructivist grounded theory the emphasis is less about trying to bracket assumptions and biases, and more about acknowledging what these are and that they will have an impact. All of the supervisors of this project were experienced researchers and the main supervisor was experienced and skilled in grounded theory analysis methods. The researchers' reflexive diary, contact with supervisors throughout the research process, and research notes were all useful to this evaluation.

Grounded theory offers a number of strengths: It safeguards against inherent rigidity through explanation grounded in empirical data (Munhall & Oiler, 1986), through constant comparison a modifiable theory is developed (Glaser, 1999). It is further argued that strictly adhering to the process and methods of grounded theory will ensure rigour (Seale & Silverman, 1997).

Chiovitti & Piran (2003) suggest that rigour can be ensured in grounded theory by using the following criteria for trustworthiness in grounded theory research; credibility, auditability and fittingness. Credibility was ensured by allowing participants to guide the process of inquiry, which in this case utilised open-ended questions via an anonymous survey, and interviewing, using participant's own words and checking theoretical constructions by member checking. Also articulating the researcher's personal insights and views of the phenomenon explored by utilising field notes, a reflexive journal and monitoring how the literature was used. Auditability involved specifying how and why participants were selected and being clear about the criteria built into the researcher's thinking, these are clearly stated within this study; Fittingness was achieved by outlining the scope of the research in terms of the sample setting and level of theory generated, whilst also describing how the literature relates to each category (Chiovitti & Piran, 2003). By following the trustworthiness criteria in this grounded theory research it is believed methodological rigour can be ensured.

IMPLICATIONS FOR EMAIL PRACTITIONERS AND COUNSELLING PSYCHOLOGISTS

The findings outlined in this current study offer an understanding of the processes involved in conducting email counselling, especially in relation to the therapeutic relationship. What has been identified is that participants considered it was possible to foster a therapeutic relationship with clients via the computer mediated context of email therapy; however the process was clearly quite different and challenging in ways which weren't always fully acknowledged by participants. There was a tendency to adapt face-to-face skills when working in the email counselling context but this did not always seem to fit onto some of the more unique aspects of the medium, causing anxiety for practitioners. Importantly some of this anxiety was managed by minimising what might be difficult and holding on tight to what was known from face-to-face experiences. Additional ways of managing anxiety such as protecting by defending expertise and looking to professionalise the online therapy occupation indicated that email counsellors might be struggling with their sense of professional identity. These findings suggest there might be a different process occurring for therapists conducting email counselling that has not previously been considered, suggesting a different way of working in this mode. The significance of these findings are important and are likely to have implications for the practice, supervision, training, and in particular the profession of email counselling. These aspects are discussed as follows.

Practice issues

There are several issues arising from this research study that would seem relevant to therapists, supervisors and trainers working in the area of email counselling. Although in face-to-face work therapeutic containment is generally the responsibility of the therapist (who may rely on supervision for their own containment), this process seems more problematic in email counselling through the difficulties outlined above. This loss of control of the process and the context in email therapy leads to a number of anxieties and this can impact on therapists in many ways as they attempt to manage them. Implications for therapists are that perhaps there is a drive to work harder to engender the

therapeutic relationship, and more concern over client safety in email counselling due to the lack of confirming physical 'evidence' that therapists in face-to-face working have come to rely on. Client safety cannot be assumed in the same way as in face-to-face and the responsibility for ensuring a safe emotionally containing space in cyberspace would appear to be an extra burden for email therapists.

It would seem important to recognise that for client and therapist developing a therapeutic relationship via email counselling is mostly built on an internal construct of relationship, and a certain degree of fantasy is necessary to facilitate this. Participants described concerns about recognising their own process i.e. what was their own imagination and how much they could act on it, and had to do this while working in the relative uncertainty of the intersubjective 'space' afforded by only working with cues in the text. Some of the understandable anxiety transpired in more avoidant defensive behaviours, indicating there might be aspects of working in this way that were more difficult to express than in face-to-face encounters. It is important to note that as well as checking 'externally' with supervision, email therapists it would seem developed a degree of therapeutic robustness over time, in order to tolerate working with the heightened internal processes and other inherent uncertainties. The 'robustness' would also seem to be linked to levels of training and experience in the email counselling field.

Participants in this study appeared to be facing additional difficulties regarding their professional identity. As professionals in a relatively new profession they appeared to be particularly concerned about professional recognition despite evidence that the service was being widely used and accepted by clients (Hanley & Reynolds Jr., 2009; Fenichell et al., 2002; Richards & Viganó, 2013). Where they felt less accepted perhaps was within the professional therapeutic community perhaps due to the 'quagmire' (Rummell & Joyce, 2010) of differing ethical and practice guidelines. It has been suggested there is an alarming degree of non-compliance with the online counselling guidelines currently in existence (Richards & Viganó, 2013), which would imply that larger professional bodies are not supporting online counselling in general by dealing with bad practice. This has implications for therapists feeling safe within their own

practice and the possibility that this lack of safety might lead to defensive practices, which would have implications for professional practice and the therapeutic relationship.

Recommendations for practice

Recommendations for practitioners - Although it is important to be able to respond to client preferences (Cooper & McLeod, 2011) practitioners also need to consider whether they feel able to weather the uncertainties involved in email counselling, both personally and professionally. This would involve making themselves aware of these issues and ensuring that they had enough training to help deliver a safe and effective service. Practitioners may need to consider the isolated nature of working one end of a looking glass screen and perhaps join professional groups for support. There is also the perceived issue that the therapeutic 'door' might be open 24/7 and that a therapist might perhaps need to be more boundaried; a suggestion from a presentation at the ACTO 2014 conference is that therapists need to become 'unplugged' from work for a while to ensure self-care. Crucially, it is recommended to retain a supervisor experienced in email counselling (or whatever style of online counselling practised) and consider interacting in different ways (webchat, telephone, email, instant message, face-to-face) in order to provide different contextual insights of therapist process. It would seem important for practitioners to have opportunities to express any natural anxieties, conscious or unconscious, in order to avoid 'burnout' (Haslem, 2004); Menzies Lyth (1960) suggests that unexpressed anxieties negatively affected nurses.

Recommendations for training – The grounded theory presented illustrates some of the unique issues and processes involved in online counselling and add support to the suggestion that there should be a separation between asynchronous and synchronous methods within the trainings (Rummell & Joyce, 2010). Current UK guidelines (BACP, 2009) suggest online counselling requires a competency level of its own, which includes a level of therapeutic experience. The BACP strongly advocates additional training. Despite online and email therapy in particular being so prolific there is currently no provision in core therapy trainings to consider the difference between online and face-to-

face methods (Anthony, 2014). Bearing in mind that practitioners are likely to be strongly influenced to move in to the online area (Evans, 2009) a recommendation is that training in online counselling should be offered on all core trainings in order that practitioners can consider what is involved in working in the area. There are a growing number of reputable training organisations for online counselling but it is suggested perhaps not enough provision (Richards & Viganó, 2013) for novice therapists and this is an area that needs to be addressed.

Recommendations for supervision – It is hoped that the processes outlined in the grounded theory presented will be of interest and use to supervisors, both those experienced in online practice and those who are unfamiliar with the processes involved in online work. Training for online supervision is as yet limited, although the BACP have been working on necessary competencies; however there is still debate as to whether online supervision should be an actual requirement (BACP, 2009). Findings from the current study indicate that the containment provided by supervision is essential and that supervisors need to be aware that practitioners working online need support to work in an area that has so much inherent uncertainty. Whilst still debated it is currently suggested as useful to provide online supervision to online therapists, as the parallel process involved may throw light on the process (Weitz, 2014), and for convenience. However, findings in this study indicate that it might be advantageous to consider different modes of communication (e.g. webchat, telephone, face-to-face) as whilst emulating a parallel process might be useful, other contexts might also be useful in providing other insights and add additional social cues to work with.

Practice guidelines– Practice and ethical guidelines do not seem to be giving a consistent message about whether online counselling is a legitimate sub-profession, and this could be undermining email therapists' confidence in conducting the therapy. This is indicated by the high level of anxiety revealed and what appears to be protective discourse and protective practices. It would seem that the inconsistent message could be muddying the waters and that email therapists are not sure that their professional bodies will safely support

them. This needs to be addressed, especially in light of how prevalent the practice is and several suggestions are offered:

- 1) Professional bodies should perhaps come to an accord regarding online counselling and produce a coherent set of guidelines and ensure adherence to these. It is hoped that this would help to protect the client, support email therapists to feel safer practising and add legitimacy to the profession.
- 2) Psychologists are underrepresented in the online therapy area (Shaw & Shaw, 2006) and the BPS have not recognised working online as a separate entity or issued guidelines for psychologists wishing to move into the area. There are advice papers for psychologists who wish to do so but these do not specify what is involved with online working in psychology training, and with an absence of support from the professional body it might be difficult to make an informed decision about whether to train to become an online practitioner. Additionally, it is suggested there is a problem in not enough counselling psychologists operating online currently, which will be likely to impact on the provision of online supervision by counselling psychologists for the future (Mallen et al., 2005a). There is a danger that the psychology profession will be left behind (Rummell & Joyce, 2010)

DIRECTIONS FOR FURTHER RESEARCH

Findings from the current study indicate that email therapists struggle with aspects of developing a therapeutic relationship due to the lack of non-verbal cues and working through a computer, which may in part be due to the fact that research in this area tends to translate theory from face-to-face counselling into the online medium (Laslow et al., 1999; Hunt, 2002). Research regarding the therapeutic relationship within online counselling has also been criticised for a lack of clarity about which elements of the relationship are being explored (Horvath, 2005, Norcross 2011) and what medium within online counselling it relates to (Rummell & Joyce, 2010). Future qualitative research could involve the important therapeutic relationship factor of empathy and how this is conveyed and received (if it is), through the relatively cueless email therapy mode. This could be achieved through mixed research methods of client and therapist of the same therapeutic encounter; measuring the working alliance and/ or and adapted empathy measure, and qualitatively exploring the experience of empathy. This concurs with a counselling psychology review (Mallen et al., 2005a) regarding empathy as an important facet of the therapeutic relationship and further supports the idea of more defined research in the area (Richards & Viganó, 2013).

Findings in this research highlight a particular difficulty participants had in acknowledging the computer, sometimes denying its existence in the process. This is a fascinating finding and could be indicative of an imposition of face-to-face values on the very different processes identified in this research. Further qualitative research into the perceived role of the computer in the therapeutic relationship, within email counselling, from both practitioner and client perspectives might throw some light on how the computer is experienced in therapy.

Future research might also include extending and testing the process identified in this research, and furthering the suggestion that the creation of a new theoretical framework for email therapy would be useful to prospective online practitioners (Barnett, 2005). One way this could be achieved is in further investigating a therapist's overreliance on their intuitive sense in the absence of

non-verbal cues/ external evidence using qualitative research. Also researching whether the process identified by participants would be useful, as in is it similar or different for clients, by utilising qualitative research methods.

CONCLUSIONS

The grounded theory outlined above describes the unique set of challenges involved in email counselling and how these impact on the therapeutic relationship. These challenges involve a loss of control of the process and context, fears around client safety issues and professional exposure, uncertainties regarding computer and professional competence. Additional challenges involved with working in a time delay and with the anonymity of cyberspace that led to fantasy and solipsistic introjection. There was a tendency to adapt face-to-face skills to try to fit the email therapy context, which did not always overlap, and at times this led to uncertainty. The challenges involved in working with the uncertainty inherent in email therapy appeared to cause anxiety in practitioners, which was not always acknowledged, processed or expressed but which became apparent through the protective behaviours that participants engaged in.

The most unexpected finding was the amount of anxiety within the discourse regarding email counselling's position within the therapy profession. The unique factors of conducting email therapy through CMC required a high degree of skill, competence and robustness but the 'quagmire' (Rummell & Joyce, 2010) in different guidelines and professional bodies seemed to undermine email counselling's status. Email counsellors were drawn to professionalise for safety it would seem, not helped by stark warnings to would be email therapists to 'drive safely' as the reputation of the profession, their personal existence and client welfare are at stake (Pelling, 2009). Perhaps the message is rather black and white in suggesting an 'in' or 'out' position when the therapy profession as a whole would be better served by looking to be more inclusive, explorative and welcoming of a mode of counselling that clients find helpful. This in turn might allow for open conversations about what is difficult and different in the dynamic world of therapy in cyberspace.

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APPENDIX SECTION

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Appendix A-Table of available participant demographic information

PARTICIPANT	AGE	SEX	ETHNICITY	FACE-TO-FACE EXPERIENCE	EMAIL EXPERIENCE	QUALIFICATIONS	THEORETICAL ORIENTATION	MODE of Interview
1	68	F	White British	17	11	Advanced certificate in counselling	Integrative	Survey
2		F	British	15	10	Advanced certificate in on-line counselling	TA integrative	Survey
3								Survey
4	81	F	British	32	10	Certificate in counselling	Integrative	Survey. Skype interview
5	42	M	White British	2	1	Postgraduate Diploma in Counselling & Psychotherapy	Person Centred	Survey
6	62	F	White British	19	10	Diploma in counselling online counselling cert	Integrative	Survey F2F interview Member checking Email
7		F	White British	2	4	Diploma in Therapeutic Counselling. Additional training in Online counselling .	Integrative	Survey
8	46	F	British	8	2	Diploma in both	Integrative	Survey
9		F	British		8	Certificate in counselling Advanced certificate in online	Person centred and CBT	Survey

						counselling		
10	46	F	White British	8	2	Diploma in both	Integrative	Survey
11		F	White European	8	1	MSc Degree in Counselling	Person centred	Survey
12		F	White British	8	2	Online - Cert in Online therapy	Integretative - Mostly PC and CBT	Survey
13	37	F	White British	9	4	Certificate in Online Therapy	Mainly Gestalt...and Integrative	Survey. Skype interview. Follow up Email. Member checking Skype int.
14	49	F	White British	3	3	Certificate in counselling	Person - centred and Integrative	Survey
15		F	White British	4	1	Diploma in counselling Work based training in online	Integrative	Survey
16	50	M	White	12	2	Post-graduate Diploma in Counselling Online Counselling certificate	Person centred	Survey
17	45	F	White	2	4	Diploma in counselling diploma in online counselling	Person centred	Survey
18		F	White British	16	9	MA in counselling Diploma in online counselling	Humanistic	Survey
19	67	F	White	28	11	Diploma and MSc in counselling.	Humanistic	Survey

			British			Cert and Dip in Online counselling		Skype interview
SURVEY 2								
New to email								
20	59	F	White	4	<1	Diploma and MSc in counselling. Online counselling briefly covered within other course.	CBT	Survey
21		F	British white	16	<1	Diploma in counselling, BSc honours Integrative counselling. Specialist certificate in online therapy	Integrative	Survey
Interviews of Non email practicing								
22	32	F	White British	6	0	Professional doctorate in counselling psychology	Pluralistic	F2F interview
23	45	M	White British	15	0	MA Psychotherapy Diploma in counselling	Relational psychotherapy	F2F interview
24	38	F	White British	7	0	Professional doctorate in counselling psychology	Relational integrative	Email
25	40	F	White British	7	0	Intermediate certificate in counselling skills Advanced cert in counselling skills	Integrative	Email

Appendix B – Debrief



Debrief

Title of study: *Email counselling and the therapeutic relationship*

Thank you for taking part in this study; if you have any questions about the study or would like to say anything about your experience of participating then please feel free to discuss this with me.

Please remember that you have the right to withdraw the information collected about you at any time during or after the study. All you have to do is email me giving your ID number (which can be found at the top of your Participant Information Sheet) and your data will be removed from the study.

It is possible that you may have experienced some distress as a result of talking about your experiences of Email counselling. If this is the case, then I am providing details of the following agencies for your convenience:

For a list of accredited therapists, refer to the following:

www.bps.org.uk (T: 0116 254 9568)

www.bacp.co.uk (T: 01455 883316)

Assistance can also be accessed via your GP

If you have any comments or concerns about the study, please email me at:
Carole3.Francis-Smith@live.uwe.ac.uk or my Director of Studies
andrea.halewood@uwe.ac.uk

Thank you once again for participating in this study.

Appendix C – Ethical approval certificate



University of the West of England,
Bristol
Faculty of Health & Life Sciences
Research Governance
Project Certificate

Project Details Overall approval status for is

Project Title:

Project Area/Level: /

Proposed Start/End Dates: /

Chief Investigator:

Supervisor/Manager: **<-Approval Lock should be checked**

Section Status:

Ethics Ethics Not Required? or Previous Approval?

Supervisor/Manager Status/Approval: Review Complete

Ethics Scrutineer Status/Approval: Review Complete

Ethics Chair Status/Approval: Not Reviewed

UWE Ethics Comm Status/Approval: Not Reviewed

Ethics Section Status: Approved

Health & Safety Low Risk? or Previous Approval?

Supervisor/Manager Status/Approval: Review Complete

H+S Scrutineer Status/Approval: Review Complete

H+S Chair Status/Approval: Not Reviewed

H+S Section Status: Approved

Genetic Modification No use of GM Organisms?:

Supervisor/Manager Status/Approval: Review Complete

GM RA Lead Worker Status/Approval: Not Reviewed

GM Chair Status/Approval: Not Reviewed

GM Section Status: Approved

Animal Care & Husbandry No Involvement of Animals?

Supervisor/Manager Status/Approval: Review Complete

Animal Care Chair Status/Approval: Not Reviewed

Animal Care Section Status: Approved

Appendix D- Information sheet (slightly altered according to mode of contact)



University of the
West of England

ID no.

Participant Information Sheet

Title of study: E-mail counselling and the therapeutic relationship: A grounded theory analysis of therapists' experiences.

Please take the time to read the following information carefully; if there is anything that is not clear or that you would like more information about then please do ask.

What is the purpose of the research?

To explore therapist's experiences of offering e-mail counselling, and their view of the therapeutic relationship within this medium.

Who is carrying out the research?

I am trainee counselling psychologist and I am undertaking this research as a part of my Professional Doctorate in Counselling Psychology. My project is being supervised by Andrea Halewood and Dr Naomi Moller, Principal Lecturer in Psychology at UWE.

Why have you been invited to take part?

You have been invited to take part because you have trained to at least diploma level as a counsellor and have three years post qualification experience of face-to-face counselling, prior to becoming an online counsellor. I would be interested in hearing about your experience of online counselling and in particular the style of online counselling I am focusing on is non-synchronous, e-mail type.

What will happen if you decide to take part?

If you decide to take part in the study you will be asked to confirm that you have read this information sheet and to sign a consent form. You will be invited to take part in an online survey. You may be asked to become further involved and will have the choice of being interviewed at a pre-arranged time at a suitable location or interviewed by e-mail. Your interview will then be transcribed as necessary and analysed. Please be assured that any identifying material will be removed at the point of transcription.

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

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

What are the benefits/risks of taking part?

There is no physical harm inherent in the project but it is possible that the experience of talking about your work in the area of online counselling may evoke some distress. In terms of benefits, you may find that the opportunity to talk about and reflect on your experiences to be beneficial. Additionally, the study results have the potential to contribute to an under-researched area.

Will my participation in the study be kept confidential?

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

What happens at the end of the research study?

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

What if there is a problem?

If you have concerns about any aspect of the study you can contact me by e-mail: Carole3.Francis-Smith@live.uwe.ac.uk. If you would like to contact one of my supervisors then you can do so by e-mailing andrea.halewood@uwe.ac.uk or Naomi.Moller@uwe.ac.uk

Thank you for taking the time to read this document

Appendix E – Consent form



University of the
West of England

ID no.

Consent Form

Title of study: E-mail counselling and the therapeutic relationship: A grounded theory analysis of therapists' experiences.

I confirm that I have read and understood the Participant Information Sheet for the study entitled "*E-mail counselling and the therapeutic relationship: A grounded theory analysis of therapists' experiences.*"

Please tick the following boxes to indicate you agree to the following:-

- I have had the opportunity to consider the information, ask questions if I so wish and have them answered satisfactorily.
- I also understand that I am free to withdraw from the study at any time.
- I consent to take part in this study
- I agree to the face-to-face/Skype interview being audio recorded
- I agree to the use of anonymised quotes being used in publications

By signing below you are indicating that you consent to take part in the study.

Signature

Date

Print name

Researchers signature

Date

Print name

Appendix F – Journal considered for article submission

Psychology and Psychotherapy: Theory, Research and Practice. Published by the British Psychological Society.

Psychology and Psychotherapy: Theory, Research and Practice (formerly the British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments.

Journal publication guidelines:

The word limit for qualitative papers is 6,000. The word limit does not include the abstract, reference list, figures and tables. Appendices however are included in the word limit.

Contributions must be typed in double spacing with wide margins. All sheets must be numbered.

Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details.

Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.

Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.

All Articles must include Practitioner Points – these are 2-4 bullet points, in addition to the abstract, with the heading 'Practitioner Points'. These should briefly and clearly outline the relevance of your research to professional practice.

For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, Results and Conclusions.

For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full.

Authors are requested to avoid the use of sexist language.

Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.

This journal was chosen as it is likely to be read by the target audience of Counselling Psychologists and therapists alike.

Appendix G – Examples of coded anonymous survey data

<p>P1</p>	<p>There are differences between the email and a face to face relationship of course. The email relationship works in a different way - there is no 'to-ing and fro-ing' of interchanges. If I have a question or need to check for understanding, for example, I have to write my query down and wait for the client's next email for a reply. Meanwhile, I continue to respond to the current email without an answer. This can sometimes mean I continue with my understanding of an issue in the hope that I haven't held up with the counselling process for the client by a misunderstanding which can only be rectified in my next email. I find that working online by email can be a very intense experience. When I am focusing on a client's words I am completely unaware of anything else around me - this is similar to the intensity felt in the counselling room. The relationship between me and my client builds in the same way as it does in the room - i.e. gradually and with increasing trust as we get to know each other and each other's written style, use of language and presentation (choice of font, whether or not they are using emoticons, etc.). I use the same basic counselling skills of warmth, genuineness, UPR and empathy, as I do in face to face work and to that extent the relationships feel very similar. However, because of the nature of the communication medium, I find I am 'saying' (writing) in larger chunks (of text) without any feedback, confirmation or challenge from my client. That feels very different from a face to face setting and at first I found it a difficult aspect of working like this. I have been doing email counselling for 11 years now, and it feels a lot less difficult now. I appreciate the time to reflect before I respond and the opportunity to make my response as good as I can. I find that because I can re-read what the client has written, I can formulate my reply very carefully. I could probably write more about the therapeutic relationship but I'll continue with the other questions now, assuming my further thoughts will come out in later responses.# I think the most significant difference for me is the quantity of text which I write without any input from the client. Some people might find this a distancing feature but my experience is that I have the same degree of</p>	<p>Acknowledging differences between relationship modalities. Working differently through delayed interchange. Responding in the void. Worrying about misunderstanding Noting similarity in intensity. Focussing on clients words. Being absorbed in clients words. Building a relationship the same. Building increasing trust gradually. Getting to know each other's style. Using same basic counselling skills Feeling very similar in terms of skill usage. Saying 'more' without feedback Feeling a lot less difficult over time Appreciating time to reflect before responding. Formulating more carefully.</p>	<p>Waiting for a response. Checking and waiting, Responding in the void. Worrying about lack of confirmation (needing to get it right). Building a relationship via writing style. Saying 'more' without feedback Formulating a careful response (as good as I can)</p>
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	<p>'closeness' with my clients as I would in the room. Where clients have become distressed I have noticed this from their 'presentation' (their sentence structure becomes disjointed and they may jump from topic to topic without finishing a sentence. Their spelling shows they are typing the words as they come into their head without reading or correcting spelling mistakes. One client became so angry that she used capital letters throughout her email and no punctuation at all. It was difficult to unravel what she was writing about. Another client who felt misunderstood and unheard was also very angry and she wrote using ... instead of structuring her thoughts into separate sentences. All her thoughts joined into one long sentence, and the dots became like pauses for breath. She needed to get a lot of things off her chest like some people come a 'vomit' out their feelings in the room. I'm not sure if what I've described are similarities or differences between email and face to face work.</p> <p>I think I've mentioned these in my previous answer. I use the same basic skills, I apply my counselling theory in the same way and will use tasks that I may have used in the room e.g. gestalt empty chair work can translate into 3 emails between the client and their significant other with me acting as a cyber postman, other writing tasks I use would also be ones I might use face to face. The session boundaries are similar, too, as I now schedule each email session into my diary and invite clients to send me emails between 'sessions' - the session then becomes the time I spend reading their email and replying to it. Other boundaries are similar, too, I do not expect to have out of session contact with my clients and I do not contact them after we have ended a contract. Payment is made before a session begins.</p> <p>My personal response to the computer is to think of it as tool to enhance my work (my handwriting is atrocious, so seeing my words neatly printed gives me personal satisfaction). However, it is also my only means of communication with a client who may be in crisis and that has felt very hard. I have spent perhaps more time worrying about online clients in crisis than I have worried about face to face ones and I think that might have something to do with my feeling helpless to do more at such times.</p>	<p>Stressing quantity of text most significant difference. Enthusiasm to talk further about therapeutic relationship. Feeling same degree of closeness. Considering others might see as distancing. Noting client distress from quality of presentation. Struggling to unravel angry response.</p> <p>Acknowledging similarity in clients 'vomiting' out feelings. Using same basic skills. Applying counselling theory same way. Adapting skills to email. Acting as cyber postman. Keeping similar session boundaries. Expecting payment in advance. Viewing computer as enhancement tool. Personally satisfying seeing neatly typed/written message.</p>	<p>Difficulty in deciphering writing style of client when distressed , 'vomiting' or angry.</p> <p>Translating f2f skills, tasks & theories to online. Acting as cyberpostman.</p> <p>Keeping similar boundaries.</p>
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P2	<p>I have to use my intuitive sense more as the visual clues are absent.</p> <p>It takes time for me to adjust to the difference between face to face and on-line work.</p> <p>Face to face I have the ability to check out more and dialogue.</p> <p>When using e-mail I have to be more tentative in the responses I give.</p> <p>I build a working relationship in the same way; contract, sessional goals and reviews.</p> <p>It is the tool that allows me to speak. Much like my voice tone within a face to face session.</p> <p>I have come to accept that this is the medium that a lot of people now use and therefore it is one I consider</p>	<p>Using intuitive sense to make up for absent visual cues.</p> <p>Taking time to adjust between f2f and online.</p> <p>Having ability to check out more and use dialogue with f2f.</p> <p>Having to use more tentative approach with email.</p> <p>Building working relationship in same way.</p> <p>Using contracting, goals and reviews in same way.</p> <p>Computer tool facilitating speech.</p> <p>Similarity between text online and voice tone.</p> <p>Accepting over time online medium is more prevalent and therefore consider using it.</p>	<p>Working intuitively in visual clue void.</p> <p>Taking time to adjust between modalities.</p> <p>Tentatively approaching via email.</p> <p>Keeping similar boundaries.</p> <p>Computer is a tool facilitating speech.</p> <p>Accepting medium is more prevalent so need to consider as therapist.</p>
P5	<p>There are differences between this and face to face counselling, sometimes I experience more doubt as to whether I am really in the client's frame of reference, because I am writing a response as one big chunk, without the client there to offer "course correction" as I write. At the same time, the medium offers me the chance to pause and reflect to wonder whether a reflection is really appropriate. Sometimes it feels strange because I have this picture of a client in my head that I know may be completely different to how they are. Knitting the therapeutic relationship together can consist of</p>	<p>Acknowledging difference between different modalities.</p> <p>Experiencing more doubt about whether in client's frame of reference.</p> <p>Responding in big chunk with no 'course direction'.</p>	<p>Doubting whether in clients frame of reference.</p> <p>Responding with no 'course direction'.</p>

	<p>several different strands - sometimes the experience can be amazing, in how much can be picked up from a few paragraphs, other times it is hard to tease out client meaning because there are no other clues.</p> <p>Sometimes it can be frustrating when clients, for whatever reason, do not reply at a scheduled time, this can lead to doubt, but at the same time when clients respond and confirm empathy, it can feel just as rewarding as face to face counselling.</p> <p>The asynchronous nature of e-mail counselling make it difficult to check meaning reflection by reflection. With email counselling I feel a greater need to pause for reflection, to ask clients questions to check meaning, to take care that I am not going off at a tangent or drifting into my own frame of reference because the client is not there to correct me or nudge me back into the right direction. The lack of immediate response can be quite disconcerting - for example when a challenge has been made, and it may be some time before the response comes back. When the response is delayed, this can lead to doubts and a desire to check in with the client.</p> <p>One thing I have noticed is that the drop out rate at pre-therapy stage is</p>	<p>Delay offering opportunity to get response as appropriate as poss.</p> <p>Feeling strange sometimes as client ID may differ from fantasy.</p> <p>Differing strands knitting to form therapeutic relationship.</p> <p>Picking up cues from text. Experiencing as both amazing and hard through lack of cues.</p> <p>Worrying and doubting when no scheduled response.</p> <p>Feeling as rewarding as f2f when empathy confirmed.</p> <p>Checking meaning difficult when time delay.</p> <p>Taking care not going off on tangent or drifting into own frame of reference.</p> <p>Feeling greater need to stop & reflect, ask q's to check meaning.</p> <p>Feeling congruence of own process vital, in absence of correction.</p> <p>Disconcerting when lack of immediate response.</p>	<p>Opportunity to 'get it right' enhanced by delay.</p> <p>Fantatising about client identity.</p> <p>Knitting the therapeutic relationship together can be amazing or hard to tease out.</p> <p>Worrying and doubting when no scheduled response.</p> <p>Feeling relief & reward when empathy confirmed.</p> <p>Disconcerting if no immediate response after challenge made</p> <p>Congruently feeling own process vital in absence of correction.</p>
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	<p>much higher with email clients - many clients only get as far as starting the contracting process and then disappear. Sometimes clients will disappear during the process (as with face to face). This can lead to a different set of questions from face to face - such as thoughts about whether the technology has failed or the client has been unable to access the required technology. Contracting needs to account for very different things (such as the technology above), and there is not always the "safety net" of being able to refer on to appropriate support. Quite often, people who would not access face to face counselling due to location (such as another country) get in touch, and there are complicated ethical considerations about working with someone from another country, for example. Email counselling effectively leaves the counsellors' door open 24/7, so there are also boundary considerations to take into account - for example managing the incidence of additional emails in between the main counselling emails (depending on what has been contracted).</p> <p>It feels like the core conditions of my model (Person Centred) do work via e-mail. Two people are in psychological contact whether it is by email or face to face, and one of these is incongruent, the other being the counsellor. Empathy is offered and received (or not!), challenges may be made, and congruence voiced. I have experienced very similar changes in clients via either medium.</p> <p>The computer seems to effectively vanish - except when it decides to cause problems! If the computer runs slow, or crashes, this can be an issue. There is an awareness that drafts need to be saved, so one eye needs to be kept on protecting the email content that has been drafted. If there are connection problems etc, the technology can lead to some frustrations!</p>	<p>Especially when challenge has been made.</p> <p>Desiring to check-in when response delayed.</p> <p>Noticing pre-therapy dropout higher in email.</p> <p>Disappearing after contracting.</p> <p>Disappearance leading to different set of questions from f2f.</p> <p>Accounting for technology in contract.</p> <p>Disappearing causing unsafe feeling as unable to refer.</p> <p>No 'safety net'.</p> <p>Ethical & legal & time management issues if abroad.</p> <p>Managing uncontracted emails.</p> <p>Acknowledging model fits mode.</p> <p>Experiencing similarity with person centred model in both modes.</p>	<p>Desiring to check-in in the void.</p> <p>Dropping out higher pre-therapy. Contracting accounting for technology.</p> <p>Extra boundary considerations.</p> <p>Black Hole Disappearing with no 'safety net'.</p> <p>The computer seems to effectively vanish - except when it decides to cause problems!</p>
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<p>P7</p>	<p>It's hard to generalise, but I find it relatively easy to build a therapeutic relationship in e-mail counselling, as the process allows as much time as I need to craft my responses in a way which feels appropriate for each individual client in terms of mirroring their 'style', 'tone', etc.</p> <p>1) Much less stressful in terms of immediacy - i.e. because the work is asynchronous, I don't feel the same pressure as in face to face when making interventions... I can take my time and consider each one very carefully. 2) No requirement to remember anything after the session, as it's all available in textual form. 3) Very different in terms of conveying core conditions - i.e. there's no way of expressing myself physically (body language) or easily conveying my verbal tone, so every single word I write matters enormously, whereas in f2f, words can be changed/adjusted/retracted as we go along. 4) Not distracted by the client's physical presence and vice versa, so a lot easier to really focus on the words and feelings expressed. 5) Easier to ask clients to free associate (in writing) whereas in f2f there's a sense that clients feel they need to 'make sense'. 6) Much easier to focus on the client's vocabulary and notice patterns (lots of use of words like 'control', 'perfect', 'scared' etc. which is really useful and easy to draw clients attention to this too, so we can wonder about patterns and what they might mean etc.</p> <p>1) Same sense of new-ness with each new client (who is this person, what will our work involve, will I feel able to help, will they engage in the process). 2) Same counselling skills are involved and same requirement to convey the core conditions. 3) Same feelings of care for client and their welfare and happiness. 4) Same priorities in terms of professional conduct.</p> <p>I really don't think about it. I appreciate the convenience of online communication - so easy to</p>	<p>Finding it relatively easy to build therapeutic relationship.</p> <p>Allowing time to craft response in process.</p> <p>Responding appropriately to individual client, eg.mirroring.</p> <p>Finding immediacy less stressful. Lacking requirement to remember anything after session a relief.</p> <p>Greatly different in conveying core conditions through lack of contact</p> <p>Feeling every word written matters enormously.</p> <p>Focussing on words and feelings easier through lack of client distraction.</p> <p>Finding it easier to identify patterns in text.</p> <p>Freer for clients to free associate.</p> <p>Using clients words to explore issue feeling less pressure on therapist.</p> <p>Acknowledging similarity in same sense of newness with client.</p>	<p>As much time as I need to get it right.</p> <p>Generally relieved as less pressure.</p> <p>Every single word I write matters enormously.</p> <p>Both feeling less pressure to 'perform' through less distractions.</p> <p>Easier to focus on patterns in writing.</p> <p>Freer to free associate</p> <p>Similarities in curiosity, skills, care and conduct.</p> <p>Tending not to think</p>
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	<p>complete a survey online compared to having to physically complete a form or post it off.</p>	<p>Using same counselling skills. Conveying core conditions. Priorities in professional conduct same. Tending not to think about computer. Completing survey online convenient. Posting physically not required.</p>	<p>about computer.</p> <p>Convenience of online survey.</p>
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Appendix H – Extracts from two transcribed and coded interviews

<p>Skype interview</p> <p>P19</p>	<p>(Brief description of how the interview is going to be conducted)</p> <p><i>Are you ready to begin?</i></p> <p>Yes, yes, absolutely (laughs)</p> <p><i>So, I've got my little podium here, so I'm looking over to the left (yeah – ok) or the right to you, then that's what I'm looking at. So my first question was, um, how do you experience the therapeutic relationship in email counselling?</i></p> <p>Yeah (quizzically) I wasn't entirely sure what you meant by the question (laughing)(hmm hmm) I mean I, experience it in that uh I establish a relationship with the, with the clients, um, with majority of clients, it's a, a good strong relationship, um, with the odd client it's not, um, as in face to face, um (<i>hmm</i>) as I say I wasn't quite sure what you were (<i>yeah</i>) you were asking there.</p> <p><i>Yeah, yeah, I can see that, by a little bit by what you've written there, so, um, with, with that in mind I was wondering whether perhaps a better question might be 'how do you know you're experiencing it?'</i></p> <p><i>Um, online</i></p> <p>Uh, ok,</p>	<p>Unsure on meaning of question.</p> <p>Feeling a good, strong relationship is established with most clients.</p>	
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	<p><i>Or in email in particular</i></p> <p>Yes, um, I think in two ways, um, probably more than two ways, but, um, by the responses of the client, whether they are um, not so much engaging with the work because that sometimes is difficult for them, um, but engaging with me, sort of responding to me as a, another human being if you like rather than, um, responding to uh, a robot at the end of computer or whatever. Um, and also by the change in the way that, uh, they might write or I might write to them, sort of, um, if I say how it becomes more casual, casual's not really the right word, um, more intimate, more able to, um, risk them, them risking saying things to me and me risking, um, saying something to them etc. So, that sort of change in how we write to each other, um, I think is, sort of, is quite a good indicator and also I ask them (laughs) um, you know, I do a lot of checking out in emails um, both in terms of, of something I've said, I've check out whether I've got it right, um, whether I've understood something, um, and I'll ask them how it's going, how they think the process is going regularly, um, what we're getting right, what we need to change (<i>uhu</i>) and that, if you feedback on the relationship (<i>uhu</i>) I mean either because they're saying, um, what I find helpful is the way you, you interact with me, you relate to me or they don't mention anything at all about the relationship and that can be an indicator it's not going so well (<i>uhu</i>) if they totally avoid commenting on it (<i>mmm</i>). Does that kind of make sense?</p> <p><i>Um, yeah, I think so. If I could just ask you a couple of things (uhu) about what you've just said? Um, one of them, I think you were</i></p>	<p>Responses from clients show if relationship there.</p> <p>Engaging in the work sometimes difficult for client.</p> <p>Responding to me as a human being an indicator.</p> <p>Responding to a robot at the end of the computer.</p> <p>Changes in writing, becoming more intimate.</p> <p>Risking saying things to each other.</p> <p>Checking out more in email.</p>	<p>Writing becoming more intimate.</p> <p>Risking more as relationship develops.</p> <p>Asking overtly about the process.</p> <p>Feedback can be in the saying or not saying.</p> <p>Asking both 'how am I' and' how are we' doing?</p>
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	<p><i>saying is that you, um, you ask about the relationship (hmm) is that what you were saying? That you ask about the relationship to see how the relationship is going, or?</i></p> <p>Oh, uh, not so, I won't say 'how is the relationship going?' but I'll say what am I, what, what am I doing, what are we doing? Two separate questions, that is helping you? What are we doing, what am I doing that maybe isn't helpful, that you want me to do more of, what do we need to do less of and that usually is about how we're working together and gives me an indication of the relationship. And I wouldn't ever, I don't think I've ever said I think 'how is our relationship?' (Said in a preposterous way) (Brief laugh)(<i>yeah</i>) Although in feedback, um, you know this is at the end of working as a client I might ask them to do an evaluation or a feedback, um, form, um, then, there I would ask about the relationship, sort of directly, specifically (<i>uhu uhu</i>). How do you experience our relationship?</p> <p><i>Mmm, ok, brilliant. And the sort of process of email, um, therapy is obviously sort of writing something then waiting for a response, um, do you, how do you experience that, um, or what are your thoughts on the sort of process that's going on in that gap, or that space?</i></p> <p>For me or for the client or both?</p> <p><i>Well both if you have any..</i></p> <p>Right. Um, I think for, for me, um, it's, it's giving me time to reflect on</p>	<p>Asking how the process is going.</p> <p>Naming what we're getting right and what needs changing.</p> <p>Feedback on the relationship</p> <p>Saying or not mentioning can show what is happening in the relationship building.</p> <p>Asking indirectly how the relationship is going.</p> <p>Separating two question – is that helping? What are we doing?</p> <p>Finding question from interviewer foolish.</p> <p>Asking more directly after.</p>	<p>Asking about 'relationship' in feedback.</p>
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	<p>both what they said in their last emails I've responded to and what I've said and, um, thinking about sort of ... what I might expect, hope, that was going to come back in the next email, uh, um, it doesn't always follow that that's what's going to happen, um, I, with a lot of clients I think they do the same thing, they will go back and reread their own emails, they'll reread my emails in the gap in between, I always, with, with, my clients, uh, and supervisees for that matter, um, I always ask clients that they will acknowledge they have received my email and I will do the same for them, even if they're not, I'm not doing a full response at that point or I'm not expecting them to do the full response. Um, but I think there's something about lessening anxiety on both sides about whether the emails been received, um, which I think's important (<i>uhu</i>) Um, actually something came up last night at the talk I was giving, um, about what happens if I receive, um an email, suppose I receive an email today but my day that we contracted to reply is, um, what day are we? Is Friday, but within the client email there is, they're obviously very distressed and somebody asked how I dealt with that, so I guess that fits in with the time in between, um, I would probably in my, I received your email safely, email, I would probably actually do something slightly more therapeutic than I would normally and say that I noticed that, um, you're having a really difficult time and, um, for example, um, I'm aware that you in the past have used blah as a support, or, um, I hope that you're really be able to, um, carry out the self-care thing – whatever feels most appropriate. I wouldn't do more than that (<i>uhu</i>) but I might, um, cos normally the sort of</p>	<p>Given time to reflect in the gap.</p> <p>Thinking time.</p> <p>Forming expectation next response.</p> <p>Rereading own emails inbetween.</p> <p>Acknowledging email received lessens anxiety on both sides.</p> <p>Responding fuller at appropriate time.</p> <p>Feeling strongly immediate acknowledgment important.</p>	<p>Reflecting in the void.</p> <p>Anticipating next response.</p> <p>Acknowledging early lessens anxiety both sides.</p> <p>Treating distressed client more therapeutically, initially.</p>
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	<p>acknowledgement is absolutely non-therapeutic, it is purely an acknowledgement of an email, but I might do something slightly in that, that, that gap between, um, emails. Umm, you know.</p> <p><i>Hmm, ok, thank you.</i></p> <p>It's rare but it happens (small laugh).</p> <p><i>So, I'll just have a little scan through what you, what you wrote, um, under this to see if there's anything sort of different (yeah, yeah) um, (small pause), mm, you've put that often the therapeutic relationship has formed very quickly (mm) possibly more so than face to face, I wonder if you could elaborate a little on that please?</i></p> <p>Um, I think clients often jump into, I know in face to face this can happen as well but they jump into, um, working really hard, really engaging in the process and therefore I think it's, um, there's less of the sussing process going on, what I would call the sniffing, sniffing the therapist out. Um, possible because there's been a more prolonged contracting period, because they've approached me, um, I've said yes I've got or no, whatever the case (laughs) I've said yes I've got space to take you, um, I've sent them perhaps the contract and guidelines then they have perhaps queried or clarified something, so there's been non therapeutic exchanges going backwards and forwards, they also probably know more about me, um, if they've looked on the website or, or, or whatever, um, so I think for that reason it's often quicker, uh, forming the relationship</p>	<p>Dealing with email from very distressed client in more therapeutic way.</p> <p>Bringing in clients own support strategies.</p> <p>Acknowledgment usually non-therapeutic.</p> <p>'Jumping in' to work happens more in email.</p> <p>Working hard.</p> <p>Engaging in process.</p> <p>'Sniffing the therapist out' happens less.</p> <p>Contracting period longer,</p>	<p>'jumping in'</p> <p>'sniffing the therapist out' happens in pre-therapy exchanges.</p> <p>Knowing more about therapist from internet.</p>
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	<p>actually in the therapeutic work. (small pause) Um, I suspect it's also something to do, I can't prove this, but I suspect it's something to do with the medium as well. (<i>uhu</i>) but actually the, um, for whatever reason, perhaps it's almost disinhibition but not in the true sense of disinhibition but um, preparedness tooo, to trust, to get in there, um, not to trust but to get in there, um, perhaps also because the counsellor probably has to show more of themselves, um, if you're in a room with somebody, they can see you, they can see you're nodding, they can see that and they sort of will pick up, will pick that up whereas you have to be much more specific, much more direct in, um, in saying those things so you perhaps, I don't know, perhaps put more of yourself into, uh, initial emails than a client would experience of you specifically face to face (<i>mm mm</i>) yeah.</p> <p><i>Mmm (start talking over the top of each other) Sorry, what were you going to say?</i></p> <p>I was going to say, I'm sort of really thinking that through, I'd, I, I, I've certainly experienced relationships being formed quickly, possibly in some cases, um, more quickly than face to face, I was just trying to think if I put more, how a client possibly experiences me in the different, um, in the different ways (thinking). So I'm aware that actually my online counselling has influenced the way that I work as an uh, a face to face counsellor not that I do very much of that, in fact none at all now, um, but I think I was, um, there was more of myself in the face to face counselling room as I worked online than</p>	<p>could account for jumping in.</p> <p>Exchanges of non-therapeutic nature.</p> <p>Knowing more about therapist from website and exchange.</p> <p>Forming the relationship prior to work.</p> <p>Suspecting the medium adds to disinhibition.</p> <p>Preparedness to engage.</p> <p>Showing more of yourself as counsellor because you're not in the room.</p> <p>Putting more of yourself into initial email than f2f.</p> <p>Experienced relationships formed quicker than f2f.</p>	<p>Preparedness to engage.</p> <p>Showing more of yourself as online therapist.</p> <p>Putting more of yourself in the email.</p> <p>Having experienced relationships formed quicker online.</p>
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	<p>there had been previously.</p> <p><i>Hmm (yep) ok, thank you. And, the, you've mentioned disinhibition (yeah) in what we were just talking about, and had a, had an idea about, um, partly what was happening, I wondered if you other ideas on, um disinhibition or perhaps the anonymity effect uh.</i></p> <p>Oh I think that's for many clients that's um, being anonymous, um, gives them the, the opportunity to say things that would take much longer to say face to face, and also I do think it's easier in the clients mind for them to, they know that they can actually just stop counselling (<i>uhu uhu</i>) and somehow, I know they can face to face theoretically, not turn up for a session, not respond to your phone call or not saying you haven't come are you alright? Um, it's, I think it's easier for the clients to believe that they can just stop so therefore they're willing to give you more. Um, I think disinhibition is both helpful and unhelpful, um, I think sometimes the fact that they're able to say a lot to start with does enable the process to happen, um, quite speedily, uh, you into, to, to a lot of depth but it can be opposite, that um, clients reread what they've written and think eeegodslittlefishes I didn't really mean to say all that, so they will then back off, um, for a bit, I mean they may still be emailing with you but they will say much less for, for a while. So I think it's both positive and negative. (<i>mm mm</i>) positive and unhelpful, not negative (laughs).</p> <p><i>And how do you feel about the, uh, uh ability to reread, for both the</i></p>	<p>Working online has influenced how therapist works f2f.</p> <p>Putting more of self in f2f counselling room now.</p> <p>Taking less time to say things in anonymity.</p> <p>Perceiving it is easier as client.</p> <p>Knowing they can just stop, therefore willing to give more.</p> <p>Feeling disinhibition both positive and negative.</p> <p>Saying a lot at start enables speedy, indepth process.</p> <p>Rereading early emails can cause anxiety and lead to</p>	<p>Influenced as therapist through online learnings.</p> <p>Taking less time to get to point, through anonymity.</p> <p>Perceiving control over ending breeds willingness to give more.</p>
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	<p><i>counsellor and the, the client?</i></p> <p>On the whole it's, I think it's helpful. I think it's particularly helpful for the client but I think the way in which it is helpful for the client is that they can, um, they can hear their thoughts again. It's a bit like having a tape of face to face session, they can, and decide whether that is what they think, what they believe, what they feel or, or not, because sometimes we say things and then we hear what we've said and think actually no, that's not, that's not right. It's just something I've said forever and it's not what I any longer believe or think or feel, I think that can be, seeing that can be really useful. I think clients can feel very affirmed by our responses, um, and that when they're in low patches can be very helpful for them to go back and read that (<i>mm</i>). Uh, um they can mark progress cos they can see what they wrote, what I wrote, um, in email 1, um and see where we've got to so I think that, that's helpful. Um, ditto for the counsellor. I think where it can be unhelpful is, um, in overanalysing what's been written, probably more on the part of the counsellor, uh, both going back and overanalysing did I, um, what was that about, um, you know should I pick that up, uh blahdiblahdiblah, or, um, gosh that was an unhelpful remark that I made or, or, or whatever and I think you can do that too much and it sort of stops, it stops the spontaneity, it stops you being there. Clients, mm, obviously can do that but I think they do that less than couns, well I don't know, my sense is that they do it less than counsellors in a critical sort of analytic way (<i>hmm hmm</i>) Yeah, but on the whole I think it's useful. I</p>	<p>backing off.</p> <p>Rereading helpful, on the whole.</p> <p>Hearing their thoughts again, helpful.</p> <p>Likening to having tape of f2f session.</p> <p>Reflecting on own words.</p> <p>Seeing old patterns can be useful.</p> <p>Affirmation via therapist responses.</p> <p>Marking progress by what's written.</p> <p>Rereading as counsellor can lead to overanalysing.</p>	<p>Re-reading can cause client anxiety.</p> <p>Hearing their thoughts again, helpful.</p> <p>Seeing old patterns, in text.</p> <p>Affirmation via therapist.</p> <p>Written words marking progress.</p> <p>Rereading (therapist) can lead to overanalysing and stunting spontaneity.</p>
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	<p>expressions, you know, abbreviations etc. um, and then use them because they've used them, I, I don't mean in a sort of reflective way I mean using different ones possibly, um, but being aware that they like using them. If they don't use them and I really want to use something because I feel it's appropriate I'll do that but then I will actually put in brackets um, 'I don't know whether you like uh emoticons or find them irritating do let me know' (<i>uhu</i>) and now they'll say yeah, I use them all the time, I haven't liked to in emails, or no I hate them or whatever it might be (<i>mm</i>). But I think, uh, um, what I don't want to do I suppose is um, do something that the client might be, might find irritating but, um, doesn't think that they should tell me (<i>mm mm</i>), um, yeah.</p> <p><i>And, do you, do you feel like you experience that, um, that idea that, do you feel that happens, that you might do something but a client wouldn't tell in an email, or they more or less likely perhaps? In face to face to email?</i></p> <p>Face to face whether it be like this or whether it be in a room you, you can pick up perhaps from the body language, you can't do that in an email and while you do ask what has been helpful and what has been unhelpful they might, I think they're more likely, they more oftenly talk about what you've said or not said, um, and how you've said it rather than, um, the specifics of, of things like emoticons that, that, um, almost needs a more specific 'how do you find this?'</p>	<p>Using if they've used them.</p> <p>Using texting expressions.</p> <p>Attuning to client.</p>	
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<p>P23</p>	<p><i>Um, it was how do you imagine it might, the therapeutic relationship</i></p> <p>How do I ,yes, ok. So, in a way it's a bit similar, there's a sort of dialogue process but it's a slower process, um, it feels potentially more open to um, you know, stuff could be interpreted there's quite a lot more room for interpretation of, because you're just trying to work, you know, cos you've got less data to go on, uh, um, to some degree I imagine there would be some, as a therapist you'd be wanting to do some similar things like, some of the sort of skills you might use in verbal, um, interactions like mirroring, I imagine, you know, if someone's using certain types of language you mirror that kind of language, so building up a sense of we're on the same page here (<i>mm</i>). Um, you know, (short pause) I, I, I imagine that the relational bit, in some ways would move, move a little bit further into the background, that you would be a bit more task focused that would come more into the foreground and your sort of, would be, I imagine then you would be more, um, working towards..so, so in a lot of therapeutic interaction there's, there's sort of mirroring so, you know, you might say, you know, 'it sounds like you're feeling angry about that', I imagine you wouldn't do that in email, I imagine you, there wouldn't be that mirroring process, although that might be included in it but there would, there would be, so you might, I imagine you might say, 'I imagine you're feeling angry and reading through the difficulties' so you might be in a bit more of an expert position, perhaps, I don't know, wanting to, um, so it'd be less sort of purely humanistic I imagine, you'd be, uh, you might be more, yes, a bit</p>	<p>Dialogue process might be slower.</p> <p>Using similar skills</p> <p>Moving relational a bit further into the background</p> <p>Mirroring process not the same.</p> <p>Positioning self as expert more perhaps</p>	<p>Wondering if dialogue process slower.</p> <p>Moving relational into background.</p> <p>Mirroring process different.</p> <p>Positioning self as expert possibly</p>
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	<p>more expert if you like, um, offering your views on things um, and suggesting techniques and things that they can practice so I, I imagine it might be a bit more practical (<i>uhu</i>) um in its focus, um, you you you're not working, so in psychotherapy for instance which I do mostly you'll you're sort of thinking in terms of unconscious process, you're allowing, you're allowing, creating a space for unconscious process to emerge into, I imagine there's, you're not doing a lot of that, I imagine, um, you're more working with the conscious, I'd have thought (mm), you're working with the clients conscious I think, I don't (<i>uhu</i>), um, just cos, uh, although stuff might , I imagine stuff could bubble up but there's probably less of a space for that, it's a bit more, I imagine it to be more practically focused. I know I'm aware I'm coming a bit off the point there, um, um, a bit away from the actual therapeutic relationship, I suppose I'm just wanting to imagine um, how it might be different (<i>mm</i>) what a different feel might be.</p> <p><i>Mmm mm, and that sort of leads into my next question which is, you know, do you imagine what differences there might be, I know you've eluded to some of them but, um</i></p> <p>Um, well one of the differences is the, the rapidity of the interaction, um, so it's like, it'll be like a much slowed down, you know, it will be like, it will be like, you know, like there's a screen between you and there was a sort of, you know you could ima, there's less conversation. Although it would I'm sure have a conversational quality because there would be an ongoing flow but it would be a much slower, I imagine, a much slower flow, because presumably this could</p>	<p>Creating a space for unconscious process to emerge- less likely.</p> <p>Feeling there would be less space for unconscious.</p> <p>Working with conscious.</p> <p>Interacting in a much slowed down way in email.</p> <p>Feeling like there's a screen between you.</p> <p>Conversational quality but slower.</p>	<p>Creating unconscious space less likely, postulated.</p> <p>Working with conscious.</p> <p>Interacting slower.</p> <p>Having a screen between you</p>
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	<p>happen on different days and stuff, you know, one email could come one day and another the next day</p> <p><i>Mmm mm, and quite often there's a week in between</i></p> <p>(Talking over top in surprised tone) or even a week? (<i>yeah</i>) right ok, um, so, so it's less, I imagine it'll be less dialogic you'd have a whole raft of stuff from one side and then a whole raft of stuff from the other side (<i>mm</i>) I imagine. Um, if there's a bit of quality of conversation about that it's very different; it's a bit like one person talking for ages and another person talking for ages. Um, the main difference it seems to be that, would be that the data is much reduced, that it's just, just words and so of course words, words are already one step removed from the thing, you know, because they're just a symbolisation aren't they of an experience, so, so when you get to um, so when you're talking to a person they're talking about being angry for instance you've got the words and, but there's also the, you know, you've um, they're experiencing the feeling and you're in their energy field so you're experiencing it (<i>mm</i>), you've got all that kind of stuff, um, whereas you haven't in this case but you have got words that will potentially, or words that written will potentially point towards something because we, you know, our language, our language allows us to um to point towards certain states but it's a bit one step removed, isn't it, you've got, you know, you're translating, so they've translated, it's a bit like they're translating something into Punjabi and you're translating Punjabi back into English or something, you know, there's a sort of translation process there, that's, that's taking place in</p>	<p>Having a whole raft of stuff from one side, then the other.</p> <p>Taking turns in big chunks of data.</p> <p>Postulating words are one step removed – symbolizing the experience.</p> <p>Experiencing the energy field between you in f2f.</p> <p>Translating words.</p> <p>Translating something into Punjabi and you're</p>	<p>Taking turns in big chunks of data.</p> <p>Being one step removed by using words.</p> <p>Experiencing the shared energy field.</p>
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	<p>an email situation, which, less of which is required in a face to face situation because you've got all the other bits of, bits of data. (<i>mm</i>) Um, I, I can imagine that it would be particularly helpful for some people like, might call themselves socially anxious for instance, (<i>uhu</i>) that may be, um, that actually the idea of actually going to see someone face to face is just too distressing, um and so I can see that for some, for someone who might put themselves in that category it could be, certainly a start to to therapy and maybe even enough. It's a bit like, it's a bit like the agony aunt thing in a way, um, it seems to me (<i>uhu</i>), you know, or I, or I wonder if it's a bit like that like you write a letter and someone writes a letter and says why don't you try this that and the other, or this is my view (<i>mm</i>). Um so, so that might be another, um, might be another thing that might be a bit different, you might offer more of your view than you might, perhaps, well there again it depends from what framework you come from but from the framework I would be coming from I think I might offer more fee, I might more frequently offer my view on things than I would do in the face to face thing, in the face to face thing I might more work to facilitate them to get to their view (<i>uhu</i>) if you like, I imagine I might just put in my view more (<i>uhu</i>) frequently.</p> <p><i>And what, what, I don't know if I can word this very well but what makes you think that you might do that? What would draw you to...</i></p> <p>The thing that would draw me to do that would be um, because the process of facilitating someone to come to their own answers is, is usually quite a sort of mirroring, you know, s, you know, so I mirror</p>	<p>translating back into English.</p> <p>Imagining email being helpful when f2f might be too distressing.</p> <p>Wondering if email is like the agony aunt thing?</p> <p>Offering more of your view perhaps.</p>	<p>Translating from one language to another.</p> <p>Using email when f2f too distressing.</p> <p>Likening to agony aunt thing</p> <p>Offering more of your view perhaps.</p>
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	<p>back ‘sounds like you’re angry’ ‘yeah, yeah I’m angry about..’ blah blah blah, ok so you’re angry about blah blah blah (<i>hm</i>) and they’re gradually descending into a thing which is, in a way there’s quite a rapidity of that (<i>mm</i>) in that interaction (<i>mm</i>) whereas in this case there isn’t that. If I just send an email back saying ‘it sounds like you’re angry’ (<i>mm</i>), you know, I guess you could do it that way but I imagine it could be an incredibly long winded process so I might because of the limited amounts of interaction, therefore I might put a lot more, I might put it sounds like you’re angry and, you know, when I’ve been in situations like that I’ve felt blah blah blah and you know, you, it might even be, it might even be a bit more advice oriented, I dunno, it could be I imagine (<i>uhu</i>), um, or there could be advice in the mix more, I don’t really know what the rules are about whether that ceases to be counselling then (mumbles something).</p> <p><i>Mmm, ok, thank you. Um, how, the idea of ruptures in therapy (mm) um, I’m, I’m guessing most people have heard of that word, (mm), you know, the rupture and repair (yeah) process can be a good thing (yeah yeah) in the therapeutic relationship, or relationships in general um, do you have any sort of views on what that might, um, how that might operate in email therapy?</i></p> <p>Yeahhh, sooo, (short pause) I’m imagining cos absolutely I’m with you about the thing of, the centrality of rupture and repair and how, or what a, if that can be worked through, the rupture can be worked through what a powerful building thing that is for therapeutic relationships. I’m imagining in an email situation um, uh, in an email</p>	<p>Drawn to offer own view more as immediate mirroring not possible.</p> <p>Imagining mirroring by email longwinded.</p> <p>Rupture & repair easier to collapse in email.</p>	<p>Being drawn to offer more of own view.</p> <p>Vanishing more likely.</p>
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	<p>situation (talking to self) I imagine it could be easier for the thing to collapse because, um, (short pause) I don't know, they're, it's like people attack each other on twitter a lot easier than they do on the street (<i>mm</i>), you know, so, when there's an anonymity it's a lot easier for someone to say oh fuck that, they're off (<i>hmm</i>) and vanish, whereas when there's a sort of face to face relationship there's more, more bonding to, that occurs I would imagine, so, relatively speaking there would be more likely for the person do the off. Um, I, I imagine in the situation of the repair would in some ways would be quite similar to, to what would happen in face to face, except for again a much slower process, so, so I imagine I'm not, I can imagine myself writing you know, it sounds like I really, I really got that wrong (<i>hmm</i>) I really misheard you when I said that and, you know and I feel sorry even that I, or whatever (<i>mm mm</i>), it sounds like actually what you were trying to let me know was blah blah blah and you know, and I, and I'm wondering how you're left feeling that I misunderstood you etc. So all the, all of those sort of things are the sorts of things that might occur in a, in a face to face situation but I'd be, I'd be um writing them in, writing them in words so in some ways, some of the same sort of processes would take place except much slower and with, to some degree I would imagine a bit less chance of success. Although probably more, I could imagine more email relationships would break down at the point of rupture than face to face, on average, that would be my hunch.</p>	<p>Attacking each other in anonymous spaces, then vanishing more likely.</p> <p>Bonding occurs more often in f2f, less likely to do the off.</p> <p>Repair might be similar, but slower.</p> <p>Writing words slower and imagine less chance of success.</p> <p>Breaking down at the point of rupture more likely in email, is a hunch.</p>	<p>Bonding more likely in f2f.</p> <p>Repairing might be slower</p> <p>Viewing negatively likelihood of success in rupture/repair.</p>
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Appendix I – Example of coded email interview

<p>Email Interview P25</p>	<p><i>1. Can you tell me something of how you experience the therapeutic relationship in face to face counselling (this is sometimes difficult to relay so another helpful way to look at this seems to be 'how do you know you are experiencing the therapeutic relationship)'</i></p> <p>I describe the 'experience' of therapy as a sensual one. The r/ship moves within what is being said/not said, felt/not felt with the 'indescribable' element ,the transpersonal relationship. (Clarkson, P 2003) For me, the therapeutic relationship is achieved when there is mutual acknowledgement of these factors.</p> <p><i>2. How do you imagine the therapeutic relationship might work, or not, in email counselling?</i></p> <p>I imagine a sense of freedom in therapy in this form. In the absence of non verbal cues , the client may feel a sense of liberation to freely 'speak'. In contrast, the meaning of the written word can often be misinterpreted and clarification of meaning can either work in favour or against the flow of the work. I image e-mail counselling can help through the process of writing itself and to help focus the client and the therapist. The absence of the transpersonal element , in my view will offer a different flavour of therapy.</p> <p><i>3. Can you tell me something about any differences or similarities you might imagine between email and face to face therapy?</i></p>	<p>Describing therapy experience as sensual. Moving within 'indescribable' element. Transpersonal. Mutually acknowledging transpersonal factors achieves therapeutic relationship.</p> <p>Imagining sense of freedom in email. Liberating sense may happen in absence of nvc. Misinterpreting written word may happen. Clarifying can work for or against flow of work. Writing as a process can help. Focussing client and therapist. Offering a different 'flavour' of therapy.</p>	<p>Describing therapy experience as 'sensual'. Achieving therapeutic relationship when mutual acknowledgment of transpersonal factors.</p> <p>Liberating sense may happen with nvc absence.</p> <p>Postulating meaning of the written word needs interpreting. Focussing client & therapist via writing process possible.</p> <p>Offering 'different flavour'.</p>
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	<p>Differences-</p> <ul style="list-style-type: none"> • the experience of feelings and the delay in which they are conveyed and validated. • the comfort of being with a compassionate human being • someone to pass the tissues • time/accessibility boundaries • <p>Similarities-</p> <ul style="list-style-type: none"> • the comfort in knowing someone is there for them • having an opportunity to share your problems • receiving support from a professional helper • a method which makes life easier not harder <p><i>4. Can you say something about how you might imagine the computer impacts, or not, in the email therapy relationship?</i></p> <ul style="list-style-type: none"> • the pc is a vehicle for those who can not/prefer not to attend or be identified through face to face counselling • it may draw out attachment issues • it may evoke questions around 'the faceless therapist'. • the pc may raise questions around trust due Delayed responses, different intonations in the text, length of response in the absence of non verbal clues. <p><i>5. Is there anything else you would like to add?no</i></p>	<p>Differently experiencing feeling via delay , conveyance of message & lack of validation. Deriving comfort from being with other missing. Passing the tissues.</p> <p>Knowing someone is there for you is similar. Sharing problems. Receiving support from pro helper. Making life easier by email.</p> <p>Offering anonymous vehicle for those preferring not to attend. Drawing out attachment issues. Evoking question about 'faceless therapist' Raising questions around trust through delayed response, differing text intonations & length of written response.</p>	<p>Experiencing feeling differently with email.</p> <p>Deriving comfort from others physical presence missing.</p> <p>Knowing someone there is comforting. Making life easier via mode.</p> <p>Offering anonymous vehicle.</p> <p>Drawing out attachment issues.</p> <p>Raising trust issues through time & text differences.</p>
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APPENDIX J – THREE EXAMPLES ILLUSTRATING DIAGRAMING PROCESS

1) Email counselling and the therapeutic relationship: A GT of therapist's experiences November 8th (MK3)

MISTRUST OF PROCESS (of relationship?)

Feeling mistrustful of the whole process – Risking exposure/ computer/ responding into the void/ self – leading to anxiety and overcompensatory behaviour.

- 'Trust something but tie your camel to a post'
- Difficult to follow 'gut instinct' (as is usually backed up by NVC's)
- 'Holding' a client takes on a whole new meaning. (Feeling relationship is 1-sided and drawn to worry about additional issues 'for' the person – safety/encryption/speed of relationship forming/leading to more careful handling concerns and additional 'instructing' of how to work online to clients.
- Subconscious to subconscious – bypassing safety channels?
- Not getting immediate feedback feeds into uncertainty and ensuing feelings/behaviours

RISKING EXPOSURE

- Personally
- Professionally
- Legally
- to researcher
- to therapeutic community
- to online world
- SI theory/ Group ID/Similar in CP world?
- Struggling to be accepted

FANTASISING/ ONLINE DISINHIBITION

- Responding into the void
- 1-sided relationship requires imagined relationship initially
- Sixth sense?
- Attachment issues can make it difficult to work in this way for therapist and client
- Exacerbated in void/time lapse

WORKING HARDER/ NEEDING TO GET IT RIGHT

- Overcompensation?
- Email paradox – less time pressure leading to more time to worry about answer
- Perhaps invoking perfectionist attachment issues for the therapist?
- Taking on client worries in the void.

RELATING TO COMPUTER

- Relegating/dismissing presence
- Coming 'alive' when misbehaving (attachment?)
- Memory process (Research digest)
- Computer expert anxiety
- Allocating computers for work & play
- Object relations?
- 'inbetween' client and therapist
- Disappearing when relationship formed.

BEING HIDDEN/ DISAPPEARING

- Pro's – therapist can operate if unwell. Both can work at own convenience.
- Perceived power of client to 'choose' when & how to have therapy or if to disappear. Therapist may 'notice' their own power in these instances?
- Con's – Therapist working harder to be 'seen', polite society means f2f less likely to disappear, sobriety can be unknown.
- Ultimate fear that disappearance means death – causing understandable anxiety.

ATTITUDES

- Online counselling 'needs more recognition'
- Training is 'essential'
- Online is 'better than nothing'
- Survey answered in succinct maybe exaggerated way – is this like email?

DIFFERENCE

- Can write when crisis is 'live'
- Written account of therapy created (exposure?).
- Email maybe more exaggerated/ succinct?
- Writing does not disobey 'silencing' rules. E.g. alcoholic parent situations.
- Chemical interaction missing.
- Typing speed affecting therapeutic relationship.
- Specific skills helpful in email – pacing, 'saying' more in bigger chunks, deciphering written extreme emotion

TRAINING

- Exacerbated conscious incompetence through lack of intraining programs & exposure worries
- Old counselling lags have harder time training (exposure?)
- Johari window advice – 'you don't know what you don't know'
- Advanced skills in 'congruence' essential.
- Anxiety high initially but abates with experience.

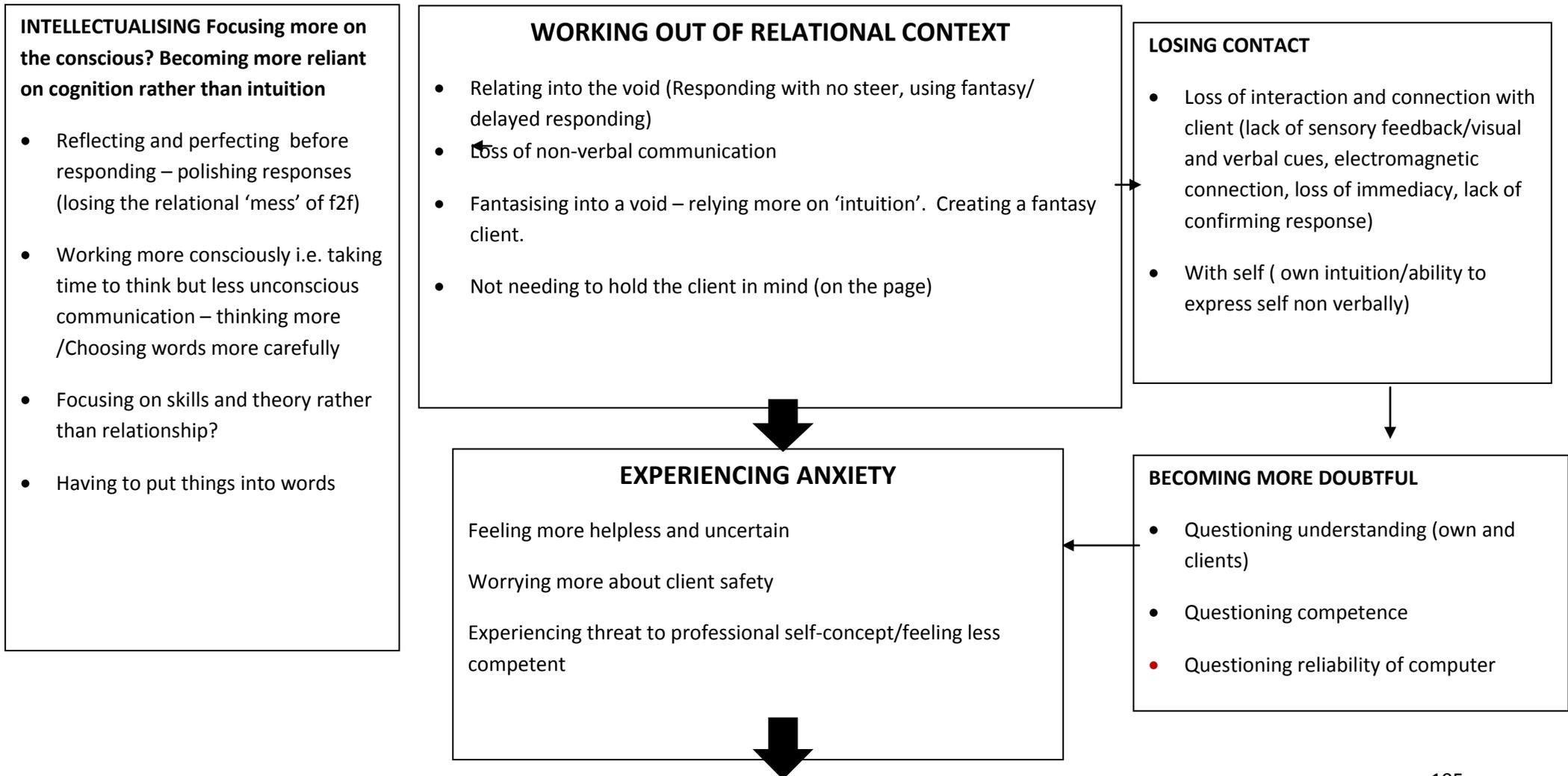
UNDERLYING PROCESSES

- *Power?*
- *Psychodynamic defences/ (& other perspectives)*
- *Attachment – conflict*
- *Personality (Adler, compensation)*
- *Psychological uncertainty (Smithson, 08)*
- *Social construct of uncertainty*
- *Redress balance for client in Autonomy/trust*

SIMILARITY

- Many skills transferable
- Computer space like therapy room
- Using clients own language
- Same types of issues brought
- Same boundaries and contracting can be applied.

2) Email counselling and the therapeutic relationship (MK 12)



MANAGING ANXIETY through PROTECTIVE BEHAVIOURS

MINIMISING/ INTELLECTUALISING DIFFICULTIES /DIFFERENCE

- Minimising the role of the computer
- Minimising differences between modalities
- Focusing on the positive
- Holding on tight to the known

DEFENDING THE PROFESSIONAL SELF CONCEPT

- Working harder/overcompensating
- Projecting feelings of incompetence onto others
- Focusing on training and gaining advanced skills

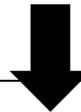
MOVING TO PROFESSIONALIZE

- Establishing rules
- Creating organizations
- Closing ranks
- Focusing on training
- Becoming an expert

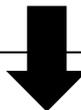
3) Email counselling and the therapeutic relationship: A grounded theory analysis of therapists experiences

WORKING OUT OF RELATIONAL CONTEXT

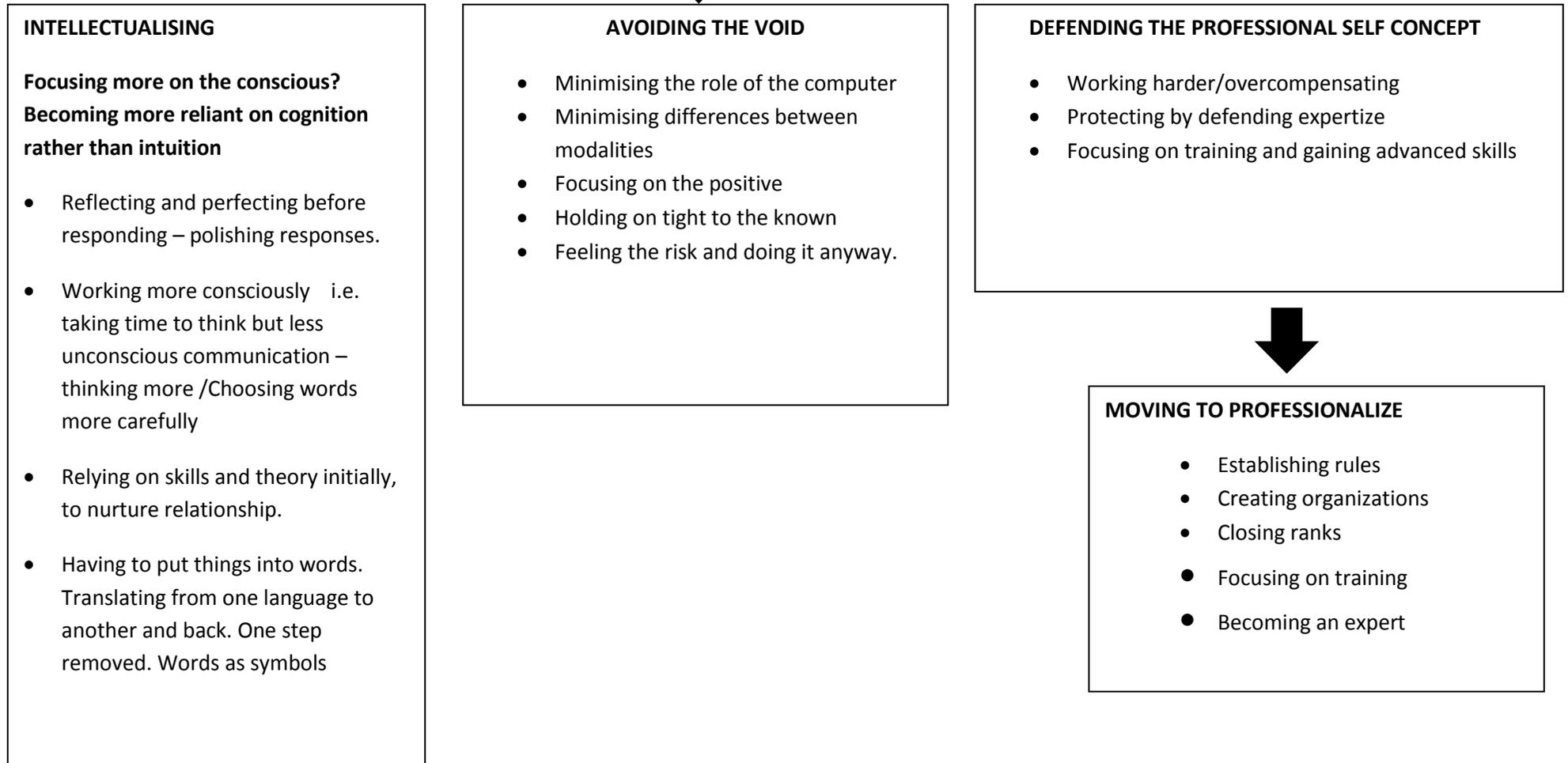
<u>Through the looking glass effects</u>	<u>Losing touch</u>	<u>Writing and Responding</u>
<ul style="list-style-type: none">• Fantasising into the void (other senses heightened?)• Intuition• Unconscious to unconscious?• Anonymity effects (disappearing, disinhibition, 'safety')• Computer on continuum of – 'Alive'.....'Tool' depending on its behaviour (attachment).	<ul style="list-style-type: none">• Loss of interactive factors• Loss of connection with self• Losing control of the therapy room (containment).	<ul style="list-style-type: none">• Having to consider 'worst case legal scenario' BEFORE writing.• Using text• Writing in big chunks• Delayed responding (Feeling drawn to respond)• Responding with no steer



EXPERIENCING ANXIETY
<ul style="list-style-type: none">• Feeling more helpless and uncertain/ questioning understanding & computer reliability• Worrying more about client safety/ questioning client understanding• Experiencing threat to professional self-concept/questioning competence• Anxiety ameliorated by degree of training & experience in email therapy AND experience with computer.



MANAGING ANXIETY through PROTECTIVE BEHAVIOURS



APPENDIX K – Example from memoing process

MEMOING

Therapists wanting to get it right – somehow more time exacerbates possible perfectionist traits.

Clients in crisis seem to make distance feel greater & lack of touch harder.

Exciting that a client can write whilst 'live' in the issue – although there is a delay in response.

Lack of distractions linked with quicker and deeper therapeutic relationship forming – although this sometimes causes consternation.

Computer seen as a tool when working well and invoking its own relational feelings when not (anger, frustration towards it).
Transference?

Computers for work and computers for play.

Therapist needing additional 'computer expert' abilities.

Computer space like therapy room.

Every word mattering (getting it right)

Using clients own language key in empathy.

Are their differences in how men & women answer the survey?

Possibility therapist can go 'off track' in the void with no 'steer'. Advanced skills in congruence perhaps necessary?

Perhaps survey text is more succinct than interview?

Bypassing the conscious straight into text

Online dis – myth/misjudgement by client that they can keep their distance online

Finding therapists saying computer is only a tool but having ‘warm feelings’ towards a favourite computer when asked?

Responses different from new & experienced therapists.

Anxiety triggered in therps – urge to hear, responding in void, worrying more, feelings of helplessness, getting it right, every word matters, disappearing.

Online disinhibition – bypassing conscious, fantasising, deeper quickener, powerfully experiencing, urge to hear in void, perceived anonymity help & hindrance.

Survey answered in succinct maybe exaggerated way – is this like email?

Training – initially anxiety getting in way, typing speed affects TR,

Do you need different set of personal values to work online?

Computers for work & play, only come ‘alive’ when misbehaving, seeing beyond to client.

Extra skills needed.

Writing a letter to themselves – therapist affirmation.

‘how’ & ‘what’ important in email

Personality showing through - introvert? So, with online dis only act to personality?

Worrying about working from own frame of reference.

Client in control (timing) – power levelling.

Fears for client in disappearance – needing to be able to tolerate.

Both subconsciousnesses in play – different things triggered in email.

E – less likely to follow up ‘instinctive’ feelings

Power of suggestion feeling greater/ more exaggerated

Electromagnetic fields ‘vibes’ in f2f compatibility

Is the ‘doing it right’ feeling linked to being ‘exposed’ by written word.

Carrying the therapist around with you on your phone in email? – Transitional object?

- Online counselling relatively new to therapeutic world and could be feeling they need to justify the method?
- CP also new and could be similar justifications going on.
- CP training ‘relational’ – may be bias towards against online counselling?
- Consider defensiveness in interviews and accounts of work.
- Anxieties?
- Being mistrustful – leading to compensatory processes – Defensiveness? – Anxiety?
- Power?
- Is a different set of personal values needed to work this way?

APPENDIX L – TRANSCRIPTION KEY

... - denotes missing words

(sic) - denotes participant spelling of words

CAPS – words written in capital letters denotes shouting in online etiquette