



An Exploration into the Nuances of Conducting Psychotherapy using Video Conferencing Technology

By

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Abstract

Psychotherapy conducted online using video conferencing software is becoming an increasingly popular option for both clients and psychotherapists. The Coronavirus pandemic (Covid-19) has forced the profession at large to become acquainted with this mode of practice overnight, as seeing clients face to face has not been permitted during a countrywide lockdown, from March to June 2020. However, specific training for working online with video is not currently being covered by the majority of psychotherapy training courses in Ireland. The core aim of this research is to address specific nuances of working in this way from experienced practitioners that could have a potential impact on the therapeutic encounter and its' processes. This qualitative research paper aims to identify these nuances and explore their implications for video psychotherapy practice. It attempts to serve as a guide and support to practitioners who decide to, or indeed have to, conduct their sessions over video. Six psychotherapists who have experience of conducting their practice both with face to face sessions, and over video, have been interviewed for the purpose of the research. Thematic analysis has been used to identify patterns and meanings within the data set. Subsequently, three key themes have been highlighted relating to this topic; (i) The challenges of introducing video technology into the psychotherapeutic space, (ii) Managing the nuances of the co-created space over video, (iii) The requirement for psychotherapeutic modifications and flexibility. This research suggests that there are challenges that are unique to this way of working, yet also that there are instances where this way of working is proving to be successful, if the therapist is able to adequately modify their therapeutic techniques to its unique set of demands.

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Chapter 1 - Introduction

1.1 Background and context

It cannot be denied that modern technology plays an ever-increasing role in our lives, in how we communicate and interact, and psychotherapy practice has not been left out of these technological developments. Online video psychotherapy is becoming an ever more popular option in today's world (Ratcliffe, 2017). It is conducted using a range of video conferencing software applications and is being adopted by psychotherapists and clients for a variety of reasons ranging from convenience to necessity.

Society is changing. Philippa Weitz (2014, Pg. xxvi) describes 'digital natives' as those born during the digital age who have never known anything other than a world inextricably linked with technology. 'Digital immigrants' she describes as those who are young enough to take technology on board, yet who will have gaps in their knowledge. Then there are the groups whom she believes refuse, on principle, to engage with the digital age whatsoever. Just as the world continues to evolve, so perhaps must psychotherapy. It might be pertinent for us as psychotherapists to reflect on where we fall along this digital continuum, to assess how this may be contributing to our attitude towards online psychotherapeutic practice.

Seeking help for mental health issues has long faced societal stigma. Clinical psychologist Mary Lamia (2018) supports this when stating that many people do not engage with

psychotherapy as they do not want to appear flawed, weak or inadequate. However, Kim Bielenbery (2016) believes this attitude has changed considerably over the last twenty years in Ireland, with psychotherapy now becoming one of our fastest growing industries, with thousands now seeking help for mental health problems. This change in attitude is encouraging. It was interesting to identify, however, that negativity still exists within the profession where video psychotherapy is concerned (Joyce, 2020). Change can often feel uncomfortable, but what is fundamentally important about the scope of this research is that it attempts to bring the conversation forward for psychotherapists who wish to, or indeed have to, practice psychotherapy over video. The aim for this study has been to explore psychotherapeutic nuances of working in this way, in order to guide the therapist who practices online, as it seems sufficient support is perhaps lacking in this area to date.

Weitz (2014, pg. 11) explains that the digital age which we are experiencing is another step along the evolutionary path that humans have been taking since the dawn of time. She argues that although psychotherapy has been late coming to the digital discussion, there is no going back now, the toothpaste is out of the tube, this era is upon us and as psychotherapists we must prepare ourselves accordingly. Gillian Isaacs Russell criticises Weitz (2015, Pg.170) believing that she is premature in her sweeping prediction that there is no going back. She disagrees with placing demands on psychotherapeutic practitioners to adapt their style to technology mediated treatments, arguing that it is not necessarily what is best for the profession. During the course of this research project however, the arrival of the Coronavirus disease (COVID-19) pandemic changed the conversation rapidly. It seems that Weitz's predictions have in fact come true, for there is no going

back now. Unfortunately for the profession, neither the training institutions nor the accrediting bodies, in Ireland at least, seem sufficiently prepared for the reality which this pandemic has thrust upon us. Practitioners have been left with no other option than to move their practices online during this time, yet it would seem unlikely that they have been adequately prepared for this. This research project attempts to bridge this gap. The pandemic only serves to make the focus of this research more crucial, yet the necessity for more in depth research in this area has been present for some time. It seems now almost redundant to continue to argue for the efficacy of online video psychotherapy, when we could instead be looking to identify its unique set of challenges and indeed advantages. For it is only when we fully understand the dynamics of conducting psychotherapy over video and how this is affecting the therapeutic process, that we will be in a position to sufficiently prepare practitioners for working in this way; to adequately serve the needs of clients who are seeking support, ever increasingly, through this medium.

1.2 Aims and objectives

Acknowledging the lack of clarity and support that currently exists for psychotherapy practitioners working with video conferencing technology, the aims and objectives of this study are as follows;

1. To explore the nuances of conducting psychotherapy over video conferencing technology and the effect that this has on the psychotherapeutic encounter.

2. To gain a deeper understanding of how psychotherapists who have been conducting psychotherapy using this medium have experienced its nuances first hand.
3. To assess how this mode of conducting psychotherapy meets the needs of the client and to deduce whether psychotherapeutic modifications and flexibility are required when practicing in this way.

Chapter 2 - Literature Review

2.1 Introduction

The aim of this literature review is to evaluate research conducted to date which addresses working with video conferencing software to conduct psychotherapy, and the effect that this has on the psychotherapeutic encounter.

Three key publications have addressed the intersection between technology and psychotherapy over the last six years, Weitz's 'Psychotherapy 2.0, Where Psychotherapy and Technology Meet' (2014), Russell's 'Screen Relations' (2015) and 'Theory and Practice of Online Therapy' (2019) by Arnon Rolnick and Haim Weinberg. Weitz invites a group of co-authors to discuss various elements of online, virtual practice, and she believes these are exciting times for therapists who wish to walk a digital path. Russell takes a more critical view of computer mediated psychoanalysis and psychotherapy, addressing the limits of this way of working, concluding that 'simulated presence' cannot match 'traditional presence' in the therapeutic process (2015, Pg. xviii). Rolnick and Weinbeg have moved the conversation along by offering specific guidance for online therapy with couples, groups and in an organisational setting. Each book offers important considerations for practitioners, yet the conversation surrounding video psychotherapy might benefit from becoming more widespread in the psychotherapeutic community, as we know now for certain that it is here to stay.

The arrival of the Coronavirus disease (COVID-19) pandemic in Ireland, and globally, early in the year 2020 has seen psychotherapy professionals who wish to continue to practice have no choice other than to temporarily move online. Now more than ever, we

as psychotherapists have a responsibility to discuss this way of working in an open forum, to ensure we are prepared for its particular nuances, both for our own safety and that of our clients. This literature review seeks to address gaps in research in this area to date. It will firstly examine attitudes towards video psychotherapy within the profession, before moving on to any ethical considerations that must be adhered to. Then, it will address distinct incidents that arise from the meeting of technology and psychotherapy. Subsequently, it will examine literature relevant to the more specific nuances of therapeutic factors and the therapeutic space as experienced over video. Some time is then afforded to reviewing literature on how video psychotherapy meets the needs of the client, concluding with an exploration into what defines psychotherapy success and why this might be an important consideration for this research question.

2.2 Attitudes towards video psychotherapy within the profession

Weitz (2014, Pg. 228), when discussing the way forward for technology and psychotherapy, states that almost everyone she meets and speaks to in relation to this topic has a doubting or negative response. People are sceptical, she states, about being able to trust a person that you have never met, or the capacity to build a strong relationship with someone online. In his foreword for *Screen Relations* (2015, pg. xvi) Todd Essig, a Psychoanalyst, outlines his fears for the future of the profession as he witnesses the exponential growth of information technology. He worries that if physical co-presence can be virtually simulated, then what is to say that in the future we might not believe that an emotionally intelligent computer programme will be sufficient. To his dismay, he can envision a world where therapy is conducted online with an automated therapist image,

rendering the need for a real therapist obsolete. Atlas, as quoted in Rolnick and Weinberg (2019, Pg. 32) describes this as ‘annihilation anxiety’, the fear that we will not in fact be supported by the development of technology, but that practitioners will be replaced by it. However, not everyone takes such an extreme view. Lemma (2017) addresses the impact of technology on digital natives, whom she works with, looking at how the internet can actually facilitate engagement with this demographic. She implores us as practitioners to not turn our back on technology, as we must be aware of how it changes the external reality for many of our clients. Moreover, she is willing to consider how the digital age can actually facilitate development, symbolic thinking and psychoanalytic work. Scharff (2013, xviii) explains that psychotherapists will face many differing opinions as to the effectiveness of ‘teletherapy’ and believes that due to stigma, some therapists even choose to conduct sessions over video in secret, which is rather alarming. It is her belief that the naysayers tend to be mostly those who have no experience of working in this way. Although perhaps the profession is becoming more open minded where technology is concerned, there still seems to be a shroud of fear and mistrust, even mystery, attached to conducting psychotherapy online over video. This is understandable, as the realm of the internet and technology moves at such an extreme pace, it is easy to feel overwhelmed by the ferocity with which it changes the landscape of our lives. Yet it seems counterproductive to ignore the reality that it is here to stay and will only become more prevalent.

Feltham and Horton (2012) suggest that proper training in online psychotherapy is essential so as to ensure client safety. However, from a recent search of accredited

Counselling and Psychotherapy courses recognised by the Irish Association of Humanistic and Integrative Counselling (IAHIP) and the Irish Association for Counselling and Psychotherapy (IACP), the majority do not include working online as part of their curriculum. This suggests that here in Ireland at least, we are not being sufficiently prepared during training for online work, with an attitude perhaps within the profession of sticking one's head in the sand. It can only be hoped that this attitude will change in light of the Covid-19 pandemic and the huge upheaval it has caused.

2.3 Ethical considerations

There are a number of ethical concerns specific to video psychotherapy to be considered when practicing in this way. Legal protection and sufficient insurance cover for example. When working with clients who are in a different country, Weitz (2014, Pg. 157) explains that the general guidance currently is that your contractual arrangements should reflect the country where you reside and practice, and that any legal case or complaint made would need to be made in that jurisdiction; she also advises checking that you have sufficient insurance coverage in place. Yet a recent review of psychotherapy insurance providers in Ireland confirmed that their worldwide cover does not include USA or Canada when working online (www.obf.ie, n.d.), an important consideration that was not easy to clarify during the process of this research.

Scharff (2013) believes that security is a major concern when working online, as mobile telephones are notoriously insecure, and that Skype and other video conferencing platforms, although promising strong security policies, cannot all offer end to end

encryption and are therefore not fully protected against a data breach. Chalfront and Pollecoff (as cited in Weitz, 2014) state that safety is a central ethical concern in psychotherapy and urge psychotherapists working online to use the most reliable, encrypted systems and that clients must be aware of the potential limitations to privacy when using video conferencing software. As therapists who are providing a service, we are responsible for protecting the data of our clients, and this may seem daunting as we are required to have a certain degree of technical knowledge to implement this. This could be a contributing factor as to why many therapists fear online work.

There are also ethical dilemmas to be considered where our clients are concerned. An article published earlier this year (Hitchcock, 2020), by the British Association for Counselling & Psychotherapy (BACP) ethics team answers questions from members on ethical dilemmas that have occurred for them as a result of working online. A therapist describes her video psychotherapy session being interrupted by her teenage son, which angered her client. The advice from BACP was to revert to their Good Practice Policy, point 52, on the personal moral quality of candour, and to apologise to the client and work on the impact this intrusion had on them. Another ethical can of worms is being opened here, surrounding the client's right to privacy and how this may be compromised when working online.

The IACP have published recommendations for online counselling and psychotherapy, last reviewed in June 2017, which go some way towards addressing ethical concerns, stating that service providers of this mode of therapy have a duty to follow guidelines to

assess clients who are suitable for online support, and that the onus is again on practitioners to verify their client's details, including age and ability to give informed consent. They highlight the necessity for establishing an online contract and how this might be done (IACP, 2017). Although advice and recommendations are welcome, they do not feel robust enough. There is no clarity as to whether prior training is required for working online, nor do they advise on specifics around working outside of your own country or jurisdiction. Rather alarmingly, IAHIP do not address online therapy in their code of ethics nor anywhere on their website, except for currently stating that they are offering free online therapy for front line workers during the Covid-19 pandemic. There is an apparent lack of clarity on how ethical concerns that are specific to video psychotherapy are currently being addressed here in Ireland, even though there are ethical considerations that are particular to this way of working. We will now look in more detail at the technology itself, and what occurs as a result of introducing this into the therapy space.

2.4 Video technology meets psychotherapy

Technology and software packages are not always reliable and may lose connection during a session without warning. Russell (2015, Pg. 126) explains that technology mediated communication and software may vary in quality, depending, for example, on the specific computer used, the speed of the connection and the volume of internet traffic. Anthony, Goss & Nagel, as cited in Weitz (2014), give specific advice on how to proceed in the event of technology breakdown and suggest prior agreement between the client and therapist, such as 'if we disconnect, try to reconnect within ten minutes. If reconnection

is not possible, email or call to reschedule an appointment' (2014, Pg. 204). However, as a response when discussing technology failure, Galit Atlas, in an interview with the author Arnon Rolnick (2019, Pg.30) argues that these unexpected interruptions can be true also of in person sessions. He gives examples from his own experience such as a leak in his therapy room, or incessant drilling happening close by. It was useful to identify in the research that consideration has been given to addressing technology failure, however, less consideration seems to have been given to how technology failure might affect the therapeutic process. Through further research, it might be possible to identify how technology limitations are considered and dealt with by psychotherapists and if they have had an adverse effect on the work.

The 'online disinhibition effect' is a phenomenon that occurs as people navigate the online world. From a psychotherapeutic perspective, Anthony (2009) explains online disinhibition as the ability to talk without feeling inhibited by another person being physically present and lists it as one of the top benefits of remote video counselling. Goss and Anthony (2003) describe instances where clients have expressed a distinct preference for video therapy over in person sessions. Client's comments included finding this mode of therapy less embarrassing and confrontational than face to face contact. They described the distance as making them feel safer and finding it easier to express difficult feelings and emotions online. Interestingly, Suler (2004) describes the online disinhibition effect as the capacity for certain personality types to act out more intensely online than they would in person. He suggests that rather than presuming that disinhibition is revealing a 'true self' we must look at this state instead as a shift within the self-structure, and that

different online environments and modes of communication may facilitate diverse expressions of the self. There is a compelling question being explored here, the potential for the ‘self’ that surfaces online when using video psychotherapy being a different ‘self’ than would emerge in the therapy room. Moreover, could there be instances when losing inhibitions too quickly might prove to be a dangerous thing for clients, when they are not fully resourced to deal with past trauma for example? As such, the occurrence of online disinhibition seems a particularly important area for further research when considered from a psychotherapeutically.

An article published in National Geographic Magazine (Sklar, 2020) discusses a new buzz word ‘Zoom Fatigue’ that has emerged during the Covid-19 pandemic. It explains how people who have been forced to conduct many areas of their lives over video conferencing software are experiencing extreme exhaustion as a result. The article concludes that virtual interactions can be extremely hard on the brain, as it cannot rely on verbal cues that are communicated so frequently during in person interactions, such as fidgeting, inhalations of breath or hand signals. This is exacerbated if the video technology is faulty. However the article also explains that this type of communication can be more suited to people who have neurological difficulty with in person exchanges, such as people on the autistic spectrum, a nod perhaps to why some demographics find video psychotherapy more attractive. Nevertheless, for the therapist who may be using Zoom or similar video conferencing software for a number of hours per day, one can only imagine the increased level of focus that must be required, when so much of the work that we do is supported by picking up on cues and non-verbal communication. Dent, as quoted in Rolnick and Weinberg (2019, pg.5) believes that the therapist working online needs to be keenly aware

of staying focused and not being distracted by other stimuli, in order to maintain presence during a video psychotherapy session. The issue of therapist fatigue when using video conferencing is most certainly an area that necessitates further research. Looking more closely at the nuances of not being in the room together, in the next section we will explore the therapeutic space as experienced over video.

2.5 The therapeutic space as experienced over video

When we conduct psychotherapy over video, we are not in the room together and so the therapeutic space is fundamentally changed. Donald Winnicott (1965, Pg.76 - 77) listed twelve requirements for a safe setting in which to do analytic work. Most notably, for the purpose of this study, was his suggestion that the work be done in a room that is quiet and not liable to sudden unpredictable sounds. He goes on to advise that the room should be lit properly, be comfortably warm, with probably a rug and some water available. Of course, we cannot control the client's space when working online, only our own. Providing this safe holding environment to foster psychotherapeutic change has become paramount in psychotherapeutic tradition and Russell (2015, Pg. 73 - 74) believes that when we consider applying the concept of a safe holding environment with technology mediated treatment, we are at a distinct disadvantage. She describes feedback from practitioners she has interviewed whom have felt frustration at not being able to provide a secure base for their clients, having no control over their environment, its privacy, safety or comfort. Yet what seems lacking in research to date, is just how important achieving this secure base actually is for therapeutic change to occur, or indeed when working online if there is any potential for the client to create this for themselves, with the therapist acting

as guide. Moreover, Lingardi (2011) as quoted in Weitz (2014, Pg. 32) believes that the online space can contain transitional elements which are akin to Winnicott's transitional object, serving as a potential space between subject and environment, a transitional space, which can help us to navigate the difficult path between separation anxiety and being engulfed by the object. This concept of therapeutic space is a fascinating one when considered in this context and is worthy of further exploration.

Biofeedback clinicians Rolnick and Ehrenreich examine the role of the body, its absence, and its measurement in online video psychotherapy (2020). They conclude that meeting patients in the room is the best way to achieve change, because in a video setting, only a portion of non-verbal communication can be relayed. However, when this is not possible, they suggest using technological tools that can enhance visibility, such as specialised cameras that catch more detail. They suggest that ideally, both client and therapist consider how they are positioned on screen, so more of the body can be seen and not just the face and head. Rolnick and Weinbeg (2019, Pg.4) support this when they suggest sitting at a distance from the screen to increase the potential for bonding. Russell (2015) also addresses the significance of non-verbal communication in the therapy room. She examines the latest research in the areas of neuroscience, attachment, and communication studies and raises the important question as to how components of non-verbal communication might be affected when working online. She is concerned with the body, and in particular the body and mind connection and explains that because communication is both implicit and explicit, psychotherapy work requires the whole body to be present, with its complex array of non-verbal communication at play (Russell, Pg. 178, 2015). Rolnick and Weinbeg (Pg.3, 2019) look at the question of physical presence from the

perspective of interpersonal neurobiology modern theories, such as Allan Shore (2003), Daniel Siegel (1999) and others who focus on the importance of mutual regulation which is based on physical presence. There are some important questions being raised and explored here. Can implicit nonverbal communication be transmitted over video or do we need to be in the presence of another for this, and for regulation, to occur? How are we changing the fundamental dynamics of the therapeutic encounter, when we are no longer together in the room? Just as the dynamics of space are difficult to characterize in the therapy room, so do they seem difficult to define when working with video. It feels an important area to continue to explore, however, as the therapeutic space is so fundamentally changed when working online. Related to this concept, we will now look at research which focuses on how certain therapeutic factors may be affected when working online.

2.6 Therapeutic factors as experienced over video

The therapeutic relationship is widely regarded as one of the most important therapeutic factors for facilitating a positive outcome. Lapworth, Sills & Fish (2001, Pg.99) support this when claiming that studies have shown it to be the most important factor in promoting therapeutic change. Clarkson, (2003, Pg. 5) puts forward the idea that a healthy therapeutic relationship involves the therapist entering into a kinship relationship with the patient. This, she believes, may recapitulate the early maladaptive family dynamics, and provides an arena for understanding, reparation or healing for the client. It seems that it is possible to translate this online. Simpson & Reid (2014) provide subjective evidence that online video therapy facilitates a strong therapeutic alliance, having reviewed 23 major

studies in this area that all rated high levels of satisfaction concerning the therapeutic alliance with online therapy, both on behalf of the therapist and client. Supporting this, Norwood et al (2018) were able to identify twelve studies which confirmed a good working alliance and outcome for video psychotherapy. However, Roesler, in a paper which examines the use of media technology in psychotherapy and its impact on the therapeutic relationship (2017), concludes that online interactions produce new forms of social relationships that greatly differ from face to face interactions. He explains that the loss of non-verbal cues has important implications for clients who find it difficult to rely on a secure therapeutic relationship. His paper does support the notion, however, that cyberspace may facilitate psychological development as a transitional space. Weitz (2014) believes that relational depth correlates with therapy success, that what is integral is that the client feels genuinely cared for and that they really matter to the therapist. One aim of this research will be to test the validity of this theory.

As well as establishing a successful therapeutic relationship, there are a multitude of other factors, tools and techniques that the therapist can use to better understand their client, of which there are perhaps too many here to name. Yet it may be pertinent to consider how these techniques and factors are translating when working with video technology. A psychodynamic approach looks at the origins of childhood emotional problems and the importance of the unconscious (McLeod, 2013). Transference and countertransference are unconscious processes believed to be alive in the therapy setting. When discussing the transference, Holmes (2016, Pg. 38) explains that if we take a wide view of this phenomenon, we can see it as something that occurs in all human relationships. Our

interactions with others hold projections and repetitions of feelings, drives, attitudes, fantasies and behaviours we hold internally from our earliest relationships that are projected onto present situations. The therapist's use of silence is another technique that is used which allows the client's unconscious processes to emerge. In a survey which addressed the therapist's uses of silence, Hill, Thompson & Landany (2003) were able to deduce that silence is used in a psychotherapeutic setting primarily to facilitate reflection, encourage responsibility, facilitate expression of feelings, not interrupt session flow, and convey empathy. There seems to be a lack of in-depth research currently as to how specific therapeutic factors, such as transference, silence, and therapy beginnings and endings are being experienced online, which this research will aim to address.

2.7 Meeting the needs of the client

From the client's perspective, research has identified a vast number of reasons why they may choose online therapy as opposed to face to face sessions. To begin with, Francesca Bell, a psychodynamic psychotherapist (2013) champions the flexibility which online therapy affords her clients whose circumstances change, for instance those who move location, where a strong therapeutic relationship already exists. However, she did remark that the success of the therapy was supported by having had the relationship already established before the video sessions began. Kotsopoulou et al. (2015) outline several examples where seeking treatment outside of the home might prove difficult for the client including geographic location, illness, disability or life circumstances, such as being in an abusive relationship, having young children or limited access to transport. Stokes, as quoted in Weitz, (2014, Pg.66) supports this when stating that the internet greatly widens

participation in psychotherapy for those living in remote areas, or for those with work and family commitments. Weitz (2014, Pg. 11), when discussing Big White Wall (www.bigwhitewall.com), an online resource which offers live therapy in the form of text audio and secure video, claims that what is great about a resource such as this is that it gives the power back to the client, who can choose when, how and where they seek therapy. We can see from the examples outlined here why online therapy may be the first choice, or indeed the only possibility for many clients.

In fact, there may be clients who would not access therapy at all, if it were not available online. Dunn, as quoted in Weitz (2014, Pg. 77) describes a young male client who could be described as a digital native, whose identity was significantly shaped and expressed online. Struggling with a sense of turmoil in his life, and feeling angry, isolated and alone, this student was able to access support when he stumbled across an online link to his university's e-counselling service. Statistically, the risk of suicide for this student's demographic is up to three times greater than that of a female, as evidenced by a report from the Royal College of Psychiatrists (2011). Dunn is of the opinion that had this e-counselling service not been available to him, this student would not have accessed the support he so greatly needed. It seems a compelling argument that if we are to meet the needs of all clients sufficiently, then online video psychotherapy must be taken seriously as a viable and important option within the profession. In this next section we will explore the notion of psychotherapeutic efficacy and success, and if this is possible to achieve with video psychotherapy.

2.8 Psychotherapy efficacy and success

Alan Carr (2010, Pg. 44) reviews the evidence for the effectiveness of psychotherapy and concludes, overwhelmingly, that the average child or adult case treated with psychodynamic, humanistic, cognitive behavioural, or systemic therapy fared better than 74-84% of untreated cases. Carr (2010, Pg. 25) also explains that many psychotherapy researchers believe that common factors, and most especially the therapeutic alliance, are critical in contributing to the efficacy of psychotherapy. John McLeod (2013, Pg. 368) describes ‘the common factors approach’, as a number of common therapeutic elements that can be identified in all forms of counselling and psychotherapy. Duncan (2009) regards four of these factors as particularly important. The first are extra therapeutic events, for example events that occur outside of the therapy room that are helpful to the client, which could be described as a client factor. Second is the therapeutic relationship, which could be described as a relational factor. Thirdly, the installation of hope and positive expectations for change which was outlined by Yalom (1980), which perhaps falls under the heading of both a therapist and client factor, and the final factor they highlight as important are specific therapy rituals, which they explain as the structure of the therapeutic work and the use of techniques, which we can presume to be a therapist factor. From this research we can see that psychotherapy works, yet it is not all down to the therapist. There are client factors that are important to consider also. Moreover, and for the purpose of this study, it is interesting to note that only one of the four common factors outlined, that being specific therapy rituals, have the potential to be adversely affected when working online with video conferencing software. We know from research outlined here (Norwood et. al, 2018) that the relational factor of the therapeutic alliance

is possible to successfully establish online. Even those who are critical of the effect that video psychotherapy can have on the therapeutic process, admit that it can be beneficial. Russell (2015, Pg. 153) has to agree that there are some practitioners and clients who experience technological mediated psychoanalysis as effective, and she uses a case study to illustrate this. Todd Essig (2019) has to agree that online therapy is working, but he claims that it involves processes that are different than in person therapy. So, whilst it is important to consider the nuances of conducting psychotherapy over video, and its effect on the therapeutic process, we perhaps should not lose sight of the purpose of therapy, that it is here fundamentally to meet and serve the needs of the client.

2.9 Conclusion

The aim of this literature review has been to explore and identify up to date research on the nuances specific to working with video psychotherapy and its effect on the therapeutic process. Seven key themes have been identified, and within each there is a degree of relevant research conducted to date which addresses how video psychotherapy is translating online, and what exactly this might mean for the psychotherapeutic process. However, there are gaps that exist within the research, especially concerning practical considerations for the therapist who wishes to work online, and how they may need to modify their therapeutic approach to suit this mode of working. Furthermore, it is very difficult to confirm which of the more elusive psychotherapeutic phenomena, such as therapeutic techniques and the therapeutic space, are being experienced over video. Further research into these areas, in the context of video psychotherapy, seems integral for the profession of psychotherapy as it moves into this online realm.

Chapter 3 - Methodological approach

3.1 Research aim

John McLeod (2013, Pg. 617) highlights the necessity for research in the field of psychotherapy, as it opens the door for a critical and questioning attitude in therapists, with a view to helping and improving the service we offer to our clients. The requirement for further research seems especially pertinent as psychotherapy moves online, into more uncharted territory. The aim of this research is to identify the nuances of working with video psychotherapy, with a particular focus on how this form of practice can affect the therapeutic process. It feels no longer worthwhile nor advantageous to argue for the efficacy of this way of working, as it becomes in our modern world an ever more necessary option that must now be explored more openly, for the benefit and safety of both client and therapist.

3.2 Research design

Considering the aim of this study, a qualitative research approach was adopted. Qualitative research facilitates an understanding of experience and processes, as it allows for detailed readings of material, with a view to understanding the process and meanings within the data (Harper & Thompson, 2011). Whereas, quantitative research is more concerned with generating data that can be transformed into usable statistics, and so would not be suitable when aiming to identify the subtler nuances of a subject. McLeod (2001, Pg. 17) highlights the task of qualitative psychotherapy research as being an inquiry into

how the ‘healing elements’ of psychotherapy practice can best be configured to meet the needs of different social groups, practitioners, clients and therapy settings. Being a relatively new form for a therapy setting, exploring the nuances of video psychotherapy feels particularly suited to a qualitative research approach.

McLeod (2013, Pg. 618) explains that qualitative research aims to interpret what things mean to people. He posits that the researcher will benefit from developing a relationship with the chosen participants, and the quality of this relationship will ultimately benefit the research. Being aware of this, in this study the researcher aimed to meet each participant without judgement to allow for open discussion. The participants seemed to welcome the opportunity to explore their experiences on this topic and contribute to this study, believing that further investigation in this area would be beneficial for the profession.

With a qualitative approach, the researcher will interpret the data collected from participants, which in this case was in the form of six semi-structured interviews. The researcher was able to gain specific insight from practitioners working with video psychotherapy for varying lengths of time. Each interview highlighted elements of psychotherapy practice that were being directly affected by introducing video into the therapy setting. Each participant held a personal perspective that was possible to extract, albeit subjectively, by the researcher and the data was then grouped into themes that felt most relevant to the research topic. Braun and Clarke (2006) explain that qualitative analysis isn’t about giving a complete and total picture of everything related to your

research topic. Instead, it is an opportunity to tell an important and relevant story in relation to it.

3.3 Sample and recruitment

The sample of psychotherapists chosen for the study had two key selection criteria; that they have been seeing clients over video for varying lengths of time, and also have experience of face to face practice. Of the six participants interviewed, four of these have been working in this way for over five years, and two less than five. It was important to choose a sample who had a solid experience with video psychotherapy, however it was also beneficial to understand perspectives from therapists who had come to this way of working more recently, as this is a fast-evolving reality for many therapists.

Each participant works both with clients face to face and using video technology, although the percentages of clients seen online varies extensively across the sample range.

Three of the participants are living and working in Ireland, and three of them are living and working in the United Kingdom. The researcher did not feel it was necessary to limit the sample to the island of Ireland and felt that using a sample based in the UK would only serve to deepen the scope of the research. Each of the participants has been given a pseudonym to protect their identity and anonymity. The following table (Table 1) gives an overview of each participant. It highlights each participant's therapeutic orientation of which the majority are Humanistic and Integrative. It also illustrates that only three of the six participants have undertaken specific training for working online, and of all six, none had been given any training for online work during their studies.

Pseudonym	Roisin	Darren	Melissa	Bernadette	Deborah	Megan
Age range	26 - 35	51 - 65	36 - 50	51 - 65	36 - 50	51 - 65
Therapeutic orientation	Humanistic & Integrative	Humanistic & Integrative	Humanistic & Integrative	Systemic	Humanistic & Integrative	Humanistic & Integrative
Years working with video	5 - 10 years	5 - 10 years	>2 years	<10 years	2 - 5 years	5 - 10 years
Percentage of clients seen over video	10% - 25%	25% - 50%	10% - 25%	<75%	50% - 75%	25% - 50%
Specific training for online work	No	Yes	Yes	Yes	No	No
Online therapy covered in core training	No	No	No	No	No	No

Table 1. An overview of the sample participants

The sample were recruited in a number of different ways. Two were recruited as a direct result of the researcher outlining her research aim to fellow students, who in turn knew of therapists currently conducting psychotherapy over video. The researcher contacted these candidates directly and felt them to be well suited to the research. The remaining four participants were recruited through contact with the Irish Online Counselling and Psychotherapy Service (IOCPS) website and ACTO - Association for Counselling and Therapy Online, a UK based website. Psychotherapists who were associated with these organisations were deemed to be well suited to the research and there was keen interest

from therapists to participate. To ensure the study remained as unbiased and objective as possible, participants were chosen using a ‘first come, first served’ basis.

3.4 Method of data collection

The data for this research was collected using six semi structured interviews, ranging from forty minutes to just under an hour. Five out of the six interviews were conducted online using the Zoom video conferencing platform, and one interview was held face to face. The participants expressed feeling comfortable conducting the interviews online, in light of their experience with working in this way. It was especially interesting to note the consideration some of the therapists took to ensuring that their online space felt akin to a therapy room.

A list of twelve open ended questions were chosen for the interviews. These were shared with fellow students and the course tutor prior to the interviews, to ensure they were suited to the aim of the research (see Appendix A). However, there was a thirteenth question added to the final three interviews, as these were held after the outbreak of the Coronavirus disease (COVID-19) pandemic in March 2020. It felt important to include this topic in the remaining interviews as it is so closely linked with the research question. The three candidates that were interviewed beforehand were asked the extra question over email, and one of them replied with her answer.

The online interviews were recorded directly through the Zoom video conferencing platform and were then transcribed using an application called Otter, an online

transcription and editing platform. The face to face interview was recorded and transcribed using this tool also. When all of the interviews had been completed, the researcher then edited each transcription thoroughly, by listening to the audio and ensuring the transcriptions collected by Otter were amended where appropriate. This process allowed the researcher the time to reflect and immerse herself in each interview and to begin to identify potential themes in the data.

3.5 Method of data analysis

Professor Virginia Braun and Associate Professor Victoria Clarke have developed a reflexive approach to thematic analysis, with the purpose being to identify patterns and meaning in a data set through an in-depth process of data familiarisation, data coding, and theme development and revision (2006). There is a method of data collection that can benefit from a phased approach, however these phases are not linear. The initial phase involves a familiarisation with the data, critically engaging with it so that we can think analytically about the data and unpick it. The second phase is to label the data into codes, and from there the codes can be grouped into themes. It is important, through this process, to continually revert back to the data to ensure that the themes and meaning patterns that are being identified work in relation to the data (Braun & Clarke, 2018). In this study, five specific areas were identified from the data following an in-depth coding process. These five areas were then visually mapped out, along with their data codes, to help the researcher develop a pattern around the central organising concept. This process then enabled three superordinate themes to be finally identified, and within each superordinate theme, there were subordinate themes that related back to each. Thematic analysis

requires the researcher to identify from the data what's interesting with regards to the research topic and why. This coding and mapping process allowed the researcher to continually critically evaluate which themes were most pertinent to the research question. Braun & Clarke (2018) explain the importance, when conducting a thematic analysis, of being aware of our subjectivity and how this may shape how we read the data. As such, the process of an in depth critical evaluation of the data in this study during the analysis, allowed the researcher to extract deeper meanings and patterns that were concealed within the data, whilst also holding an awareness of subjectivity.

3.6 Ethical considerations

Prior to the commencement of this research, in May 2019, a proposal was submitted to the Dublin Business School Psychotherapy Ethics Committee, which was approved.

Before each interview took place, the participants were given an overview on the purpose and aims for the research so that they could give their informed consent, which is an ethical prerequisite for this type of research, in the form of an Information Form and a Consent Form (see Appendices B & C). Participants were made aware of their right to withdraw from this study at any time, that their identities would be kept confidential, that their data was pseudo-anonymised and that interviews would be recorded. In line with GDPR recommendations on data storage and to ensure these rights are upheld, all interview recordings and transcriptions were stored in a password protected Cloud computer storage file, which only the researcher has access to. Furthermore, the names of the participants have been changed to protect their identities.

Chapter 4 - Findings

4. 1 Introduction

Throughout the interviewing process of this research, it became evident that working with video psychotherapy is not, altogether, the same experience for the therapist as in-person work, nor for the client. Each of the six interviews conducted provided rich information for the researcher, and although there were interesting themes that were common amongst all participants, such as the therapists' positive experiences of working in this way and the benefits they encountered, these will not be explored here as they are not pertinent to the goal of this research. When considering the central objective for this research, that being to identify the nuances of working with video psychotherapy and the effect that this mode of working can have on the therapeutic process, three key superordinate themes were identified by the researcher following an in-depth thematic analysis of the data.

1. The challenges of introducing video technology into the psychotherapeutic space.
2. Managing the nuances of the co-created space over video.
3. The requirement for psychotherapeutic modifications and flexibility.

Theme 1	Theme 2	Theme 3
The challenges of introducing video technology into the psychotherapeutic space	Managing the nuances of the co-created space over video	The requirement for psychotherapeutic modifications and flexibility
Practical challenges	Therapeutic rituals	Client suitability
Therapeutic challenges	Creating a secure base	The role of the therapist
	The therapeutic relationship	Therapeutic success

Table 2. Thematic Guide

4.2 Theme 1 - The challenges of introducing video technology into the psychotherapeutic space

Using video technology fundamentally changes the therapeutic space. Video conferencing does not act merely as a window through which we can see our clients, there are a range of ethical challenges that must be explored when working through the internet. Moreover, the technology itself holds a power in the therapeutic dyad insofar as it can fail or be of poor quality. These are very real practical challenges that the therapist will meet when working in this way. Furthermore, there are specific therapeutic challenges that have been identified as being particularly related to this way of working. These are the intensity of focus that is required by the therapist and the disinhibition effect experienced by the client.

4.2.1 Practical challenges

Of the six therapists interviewed, there were varying degrees of concern placed on internet safety and what this might mean specifically when working online. It was not clear from the interviews conducted just how aware each therapist was of data protection or GDPR, and although it was suggested by Bernadette in the following vignette that the internet will never really be safe, she did not elaborate on what exactly this might mean for the therapist or client.

'if you come from a data protection point of view, yeah. Then, I think that there are loads of questions and of course you have to talk with a client about safety and security and, you know, how do you, I mean, the internet is not safe, it will never be really safe, so I think everybody who is moving around online knows no site...but of course it is a conversation to be had with a client beforehand you know what does safety actually mean and how do you ensure that they are as safe as possible.'

With regards to therapist safety when working online and where insurance is concerned, one of the participants Melissa disclosed something of interest. When she was renewing her insurance, she discovered that she was not covered to work outside of Europe, even if a client was travelling to another country temporarily. This was significant as at the time she was working with clients in the USA, and it was not possible for her to obtain insurance to cover her to work there as the professions do not equate in both jurisdictions. Her sense was that this is not widely known in the psychotherapy community, as it was very difficult for her to get clear guidance on the subject;

'I was renewing my insurance, and just by chance, I was, the small print was clarified, and it came out that they only cover online therapy which is provided in Europe, and the EU, and Switzerland...so if there was litigious claims, or sued or anything like that down the road, no insurance company would cover, so I've had to let only European clients now...and it's unfortunate that's not really publicly known'.

These vignettes suggest an ambiguity and a lack of clarity for the therapist who works online, where internet safety and insurance are concerned.

Each of the six participants interviewed have experienced technology failure at some point in their work online. They talked of how this felt stressful or acted as a barrier, and most of them highlighted the importance of discussing this very real potential with their clients prior to sessions, during contracting, and having some sort of back-up such as a phone number or an alternative device. Darren described an incident with a client who lived at the opposite end of the country and having to contact his GP when their session failed abruptly, placing a great deal of on him. Deborah also describes her experience of failure in the following vignette;

'from a technology point of view, it can become a little bit of a stall, a barrier in that you know if your, if your internet connection goes down, if you're not able to hear the person properly, if you can't see them, if, you know those kinds of things happen.'

What felt particularly significant when considering the participants responses with regards to technology failure or bad technology quality, was the effect that this might have on either therapist and client. Another question that seems critical here is if it is possible for a therapist to be fully in tune with their client if they are struggling to hear them or see them. How might the therapeutic process be affected if internet connection is suddenly lost? Deborah did make the point that an in-person therapy session can also be interrupted, which is true, however the challenge in this instance does not seem equivalent. An in-person interruption can more easily be controlled by the therapist, which is not always the case with technology failure.

4.2.2 - Therapeutic challenges

There are two key therapeutic challenges that have been identified in this research that are uniquely specific to working with video psychotherapy, and while there are various therapeutic techniques that are experienced differently online, these two elements are highlighted here as they manifest as a direct consequence of introducing video technology into the psychotherapeutic space. The first is the increased level of focus that is required by the therapist, as explained by Bernadette in the following vignette when she discussed working with video. A number of the therapists interviewed expressed finding this way of working to be more tiring.

'Much more tiring. Yes, it's, you can't, you can't not focus. And if you, if you don't focus, then the client will notice immediately that you don't focus. If in the room you don't really focus, and you're just silent for a moment it doesn't really matter. I mean, it does matter of course, but it doesn't, you know, you can afford to not pay attention for a few seconds.'

Disinhibition on the part of the client was discussed by two of the therapists interviewed, however there was a different perspective taken by both. Darren highlighted the potential for clients to disclose information too quickly as they are more disinhibited online, and that this may be unsafe for them. Whereas Deborah believed this to be a positive occurrence, allowing the client to gain deeper insight more quickly and her take on technology as a barrier is interesting as it suggests that this allows the client more space to explore their process.

Darren - *'...you'll know a bit about the disinhibition effect. That it's very possible with online work. So we have to be very cued up to that, so the, the possibility that clients might behave, or disclose in an unsafe way, or disclose too fast and sometimes you have to be just slowing down and checking...'*

And

Deborah - *'The disinhibition also is huge for people who can just say what they want to say, and there's that little barrier of the technology that gives them that extra sense of space that they can actually get to places in their own process quicker, than if they were sitting in front of, in front of you face to face, that's what I've found, I would have people who would, you know, they would they would go straight to childhood abuse or they would go straight to the difficulties that you wouldn't get to normally face to face so quickly.'*

Whether the disinhibition is experienced as a positive or negative by the client, it would seem that it is very important for therapists working with video to be aware of its potential. It is a therapeutic challenge we must be prepared for to ensure that we are able to manage it sufficiently for the safety and benefit of the client.

4.3 Theme 2 - Managing the nuances of the co-created space over video

There are various therapeutic techniques and phenomena that are alive during an in-person therapy session that can be used by the therapist as a means of understanding the client's process and deepening the therapeutic relationship. The therapist can also make use of the space itself and the connection created in the therapeutic dyad as a means of creating a secure base for the client. What became apparent during the interviews was that some of these psychotherapeutic nuances are not translating in the same way over video, and it felt important to highlight these, so that we can understand how to conduct video psychotherapy more successfully.

4.3.1 Therapeutic rituals

One of the most obvious therapeutic tools that is used in the room and does not appear to be translating in the same way online, is the therapist's use of silence. Megan's vignette below illustrates why silences often are not experienced in the same way and can potentially create for the therapist a sense of panic, as opposed to allowing space for the unconscious to emerge. Darren shared this view when he described silences online as being harder to read, manage and support and as Megan suggests, there is adaptation required here on behalf of the therapist.

'I think one of the difficulties though with video is that, if if the client goes silent and doesn't move, I'm wondering, has the screen frozen or are they just being silent and not moving. So actually assessing that at times can be a little, you know different. So I think it's like, it's a different tool. So we have to kind of adapt with it and know when to say hey your, your screen has frozen. But, you know, equally not jump in immediately because they're just taking their time.'

The rituals that occur at the beginning and ending of the therapy were considered by three of the interviewees. These are experienced differently online, most obviously because on screen we press a button and are at once together and then apart. How might these abrupt endings affect the client? We do not greet our client in the waiting room, there is no journey to and from the therapy session. As explained in the vignette to follow, Roisin experienced this as a positive, due to a different sense of integration for the client. There is the potential for the therapist working online to end or begin sessions in a more considered way with their clients, addressing how they move from therapy back to their normal life.

'I can see that they're usually more settled beforehand, and they're going to take a bit of time afterwards to sort of consolidate what we've been talking about maybe jot down a few notes in the way that people rarely do when they see you in person because you know they're gathering their stuff rushing off to wherever they're

going, either going back to work or getting ready to you know make the journey home. So I think it allows for a very different sense of integration, and there's like quite a different sense of maybe ritual or ceremony about having a session.'

Moving from one space to another and the differentiation between the therapy space and home or office, was an important consideration that could be seen peppered throughout each interview.

4.3.2 Creating a secure base

It cannot be denied, and was very evident in the interviews, that not being in the same space as the client can often fundamentally change the boundaries and dynamics of the work. The interviewees shared experiences of being brought to the bathroom with their clients as they collected tissues, or clients eating lunch during sessions, going for walks, even leaving the session mid-way to ask their husband a question. It was harder to determine if this was a positive or a negative, although the requirement for therapist flexibility was discussed. However, in Darren's extract, we can see when being unable to create a secure base for the client, might feel especially difficult for the therapist.

'I described a client who was doing it on her phone, in her bedroom in her pyjamas, and became distressed and the phone fell on the floor, and how can you hold a client metaphorically, who's distressed, but then the phone's facing down?'

Yet two of the therapists described ways of adapting to this loss of being physically together, by using one of the most effective therapy tools, and addressing the issue directly with their clients and giving them the opportunity to create their own secure base. They discussed checking in and allowing for some consideration around how the client might create rituals to help them differentiate their session space from their home space, helping to avoid any potential distress.

Melissa - 'If they have a very difficult session at that space. I do ask them to almost put a separate cushion down, mark that space so that they don't, every time they sit in that chair, they're reminded of what came up in the session because they need to be able to step out of that therapeutic process.'

It's also worth noting that many of the therapists felt like they could gain deeper insight into their client's lives, as a result of being able to see more of their personal environment through the video.

4.3.3 The therapeutic relationship

What was compelling from the research conducted was that the therapists unanimously agreed that it was possible to create a strong therapeutic relationship with their clients online. However, two of the therapists believed that this took longer to establish. It was not clear as to exactly why this may be, and this could be an interesting topic for further research and discussion.

Roisin- 'like when I think of some of the, what felt to me, and what the client told me, em, the strongest relationships I've had, have, quite a few of them have been only through video and I've never met them in person, now I'm not saying that I think that's because the video increased it, just that I don't think it necessarily decreases it, like if I think about like, I don't know, the closest five to ten relationships that felt just like, very very powerful and a really really strong connection with the person like yeah, at least half of them have been with people who I never actually met in person.'

And

Megan - I think it takes a little longer with new clients to establish that, I think I I, you know, I'm, & it depends on the situation, but I think it takes a little longer.

4.4 Theme Three - The requirement for psychotherapeutic modifications and flexibility

Whereas before, conducting psychotherapy over video had been a topic of some controversy and debate amongst the profession, the arrival of the Coronavirus disease (COVID-19) pandemic in Ireland in March of 2020 has changed the landscape entirely. Therapists have been left with no option other than to move online if they wish to continue working during this crisis. At the time of writing this, June 2020, the vast majority of psychotherapy work is still being conducted online, and it's impossible to determine how this situation might affect the profession's future. However, it is clear that flexibility, adaptation and open discussions are now a necessity if we are to move forward appropriately.

4.4.1 - Client suitability

Across all of the six interviews conducted, there were various reasons outlined as to why clients may choose to work online, including but not limited to; continuing a therapeutic relationship when either client or therapist changes their location, allowing for increased anonymity should the client desire it, having the potential to choose a more suitable therapist and not just one that is local, childcare requirements, people who suffer from social anxiety, people who live remotely, and people who are unable to leave the home for personal, health or religious reasons. It is clear to see that video psychotherapy is meeting and serving the needs of a vast range of people, and this can only be a positive

thing. A particularly interesting point on this topic was raised by Bernadette, as can be seen in the following vignette. There will be certain types of clients that will find video psychotherapy attractive, and this is an important consideration for therapists, as they may need to adapt how they practice so as to meet specific needs.

'You change your client base, basically, and I think you need to be aware, you know...yeah, you change the way you work and with that you change the kind of clients who find you attractive, which is normal, but I think a lot of therapists don't take that into account. And so, you know, there are people who will have disabilities who cannot access a face to face therapist or who might be in a care setting or in some other kind of medical situation where they are not in control, how they choose a therapist. But if they can go online they are back in control.'

Yet another important consideration is that this model may not be suitable for all client groups, as explained by Dominic. Several of the therapists discussed having an initial consultation with clients to ensure they were suitable for online work.

'It's generally accepted as, ah, it's not a safe environment for those in risk. I'm able to, like you would be as a therapist, hold clients at really severe risk or high risk on a face to face work, but I think that it's generally accepted that, eh, online work, generally, isn't appropriate for the highest risk.'

So we can see that working online may attract particular sets of clients who have specific needs, and that there may be other sets of clients who are higher risk, and so not suited to this way of working. These are realities that therapists must address and take seriously when considering online work.

4.4.2 - The role of the therapist

In her impassioned vignette to follow, Roisin describes her therapeutic style and her use of self as a therapist when working online. An important point is being addressed here, that being the role of the therapist and how this may be changing and evolving, especially as we move online. It is the therapist being there for the client that feels particularly

meaningful here, and the damage that may be caused to a client if they do not feel met, as is perhaps possible regardless of where or how the therapy is conducted.

Roisin - That's what I really enjoy about training other therapists, is like being able to have that flexibility and adaptation and I think it means that therapists have to be a lot more self, not necessarily have to be self-disclosing but need to be sort of more transparent in a way that I think, a real downside of a lot of therapy, bar the fact that it's mostly been developed by middle class old white men, has been that it has, em, also been very, sort of, at arm's length, and I understand why that can be very beneficial and useful to some people, but certainly the way that I practice I see, em, like attachment and regulation and embodiment, and solidarity as being really important qualities. And, so that like, that was moving me there even saying that because I know I've had so many clients who've had really negative experiences in that way. Which upsets me to think that you know people saying that they just felt like the person was just not there at all.

Bernadette has worked with video psychotherapy for over ten years, the longest of all of the participants. As can be seen in the segment to follow, she has had to be somewhat defensive in her choice to work in this way. She was not the only interviewee to highlight a shroud of negativity around online work, and now more than ever this attitude feels unhelpful and outdated.

'So online therapists, in my experience have, have been frowned upon for a long, long time. And, um, it's always been a bit of a, kind of, you do what? Is that really ethical? So, you know, you have to stand your ground, and you have to justify what you're doing. So, it's, in my experience, it's always been a little bit more.....you can easily, be be a bit more defensive about what you do.'

Deborah makes the point that we are here as therapists to help and support people. If we are to agree with her view, then justifying video psychotherapy and its efficacy is perhaps counterproductive. Perhaps we need, instead, to come together as therapists to ensure that we are as informed and as collaborative as possible when discussing the nuances of video psychotherapy and its effect on the therapeutic process.

'At the end of the day, what, what do we do this work for, you know, we're here to try and you know, help people and be a support. So that's, that is what the work is all about. And if it, if it reaches the client in the way that they are open to, by, by, this means and by this medium, why not, if there's all evidence to suggest it works just as effectively, why not.'

4.4.3 - Therapeutic success

When asked what for them defined therapeutic success, each of the interviewees unanimously highlighted that this was something that could only be determined by the client, as outlined in Melissa's vignette below. This may perhaps be one of the most important themes to have been identified from this research. Although this does not relate directly to the nuances of working with video psychotherapy, it keeps in mind for us as therapists where our responsibility lies, and that is to be sufficiently trained and supported when working with clients, with the best tools, techniques, guidance and support possible. It is our responsibility to safeguard for the future of the profession as it moves more frequently online. Many clients have already decided that this is what they desire, and moreover, we may be forced to work online more frequently in the future, should we be faced with another pandemic or similar.

Melissa - 'I don't know if it makes any difference if it's online or face to face it's the same for me regardless. It's something when the client feels, they know themselves, um, they're ready and able and strong enough to stand on their own two feet and move forward, whatever that means for them.'

When asked for her opinion of working online during the Covid-19 pandemic, Roisin had the following response, which outlines how she felt more adequately prepared than her colleagues during this time, who did not have any experience of working online.

'It would actually feel quite socially irresponsible for me not to be able to offer online therapy or to not be digitally literate at this time, I know many therapists

are seriously missing out, others have lost most or all of their clients and are feeling very isolated and scared.'

In the Discussion Chapter to follow, we will look more closely at how these findings sit within current research, and what the implications might be for the future conducting psychotherapy over video.

Chapter 5: Discussion

5.1 Introduction

The aim of this research has been to explore the nuances of conducting psychotherapy over video conferencing technology and the effect that this has on the psychotherapeutic encounter. Three key findings have been identified, first are the challenges that arise when we use this medium for psychotherapeutic practice. Specific practical challenges are centred both around ethical considerations when working in this way, including safety, protection and legalities and the frequent occurrence of technical issues or failure during sessions. Therapeutic challenges have also been identified, most notably the increased levels of focus required by the therapist and the occurrence of the online disinhibition affect for clients.

The second finding looks at the nuances of the co-created therapeutic space and how this is managed when working with video. What has been recognised in particular in this study are how therapeutic rituals such as silences and the beginnings and endings of sessions are being experienced differently online. Another important facet of this finding looks at how creating a secure base is not possible in the same way online, however therapists are finding novel ways to address this with their clients. With regards to establishing a therapeutic relationship online, the findings support the research that this is possible, however they move current research forward with the discovery that this may take longer to establish over video.

Lastly, the findings were able to identify the necessity for increased flexibility and modifications within the profession in relation to conducting video psychotherapy. This became starkly evident during the course of the research, as a result of the pandemic outbreak of Covid-19, when the landscape of the profession changed dramatically and was forced online overnight, ready or not. It can be seen both in the findings and the research that there is some stigma related to this way of working within the profession. However, the findings and the research both confirm that there are clients whose needs are being met as a direct result of being able to access online video psychotherapy. Therefore, important questions have been raised here relating to how we define our role as psychotherapists, what characterizes therapy success and if we are keeping the client's needs as our main focus and priority, when we consider online video psychotherapy. We will now evaluate and discuss these findings in more detail, looking specifically at how they relate to previous theory and research.

5.2 The challenges of introducing video technology into the psychotherapeutic space

When reviewing Russell's *Screen Relations* (2015), Aaron Balick (2020) describes his dismay at how many therapists are jumping to work online without properly thinking it through or considering how the therapeutic dynamics are altered when we work in this way. He believes as psychotherapists we should engage with publications such as Russell's, to prepare us for the unique challenges of online work. Preparation for working with this medium seems key, as both the research and the findings confirm that it is a different beast than face to face work. However, there was a distinct lack of clarity in the

research as to how to actually deal with these challenges or what they might mean for the profession. The participants interviewed seemed somewhat ambiguous on the subject of internet safety and ethical dilemmas that they may face. They also described finding it difficult to get clarity when they did face issues, on obtaining appropriate insurance cover for example, and so we can perhaps forgive them for their ambiguity. The findings of this research have identified a distinct lack of clear information available for practitioners on how ethical issues and safety should be dealt with when practicing online.

When discussing technology failure, Goss et al. (2003) suggest that we as practitioners need to educate the client about what to do when this happens, which is of course helpful to consider, but it seems with this issue, the research to date does not go far enough. Educating the client is one thing, but what happens if we are not educated ourselves as we have not considered this possibility before we begin working online? Moreover, when the technology fails, what are the potential stresses that are placed on the therapist, and of course the client, who may be at a particularly vulnerable point in the session? The findings show that there is the possibility that technology failure may occur when we are working with someone who lives far away, and so we must ensure we have sufficient details about the client, such as next of kin or local GP information, so that we can adequately support them in this instance. Technology failure cannot be compared to in person sessions being interrupted as we are not together, we could lose connection with a client who is distraught or high risk, and we may have no way of reconnecting or ensuring their safety. These are a different and unique set of considerations that we must be prepared for. Each one of the participants in this study have experienced technology failure at some stage when working online. The scope of this research did not allow for

an in-depth investigation into how this failure may be affecting the therapeutic process, however this is a topic which is surely worthy of further research. The findings of this study did identify, however, some very real practical challenges when working online that do not, from the research, seem to be being addressed sufficiently within the profession.

When we look at the therapeutic challenge of disinhibition, the findings from this study deduce that practitioners have both positive and negative associations with this online phenomenon, when viewed from a psychotherapeutic perspective. Indeed, the research supports this. Dunn, as quoted in Weitz (2014, Pg.80) believes that anonymity is a powerful feature of disinhibition, and that it can empower people to be free from the constraints of shame or embarrassment that they may experience in different settings, she does however warn that this freedom of expression can come with its own risks, and list cyber-bullying as an example. Yet, as therapists, surely we have an even better understanding of when untimely disclosure may not be the best option for the client and may in fact cause re-traumatisation. Levine (2010, Pg. 76) explains that people who are traumatised may, with the help of a therapist, learn to navigate their trauma by finding a way back to their bodily sensations that have been cut off as a result of the trauma. The ultimate goal for the client is self-regulation, to access and tolerate inner sensations once again, yet he explains that if this is attempted prematurely it may be overwhelming and can result in re-traumatisation. And so, this study has opened up the necessity for further exploration into the dynamics of the disinhibition effect and a key finding here is that as therapists we must, for the safety of particularly vulnerable clients, be aware of the

potential dangers, as well as positives that can come from this phenomenon which is unique to online work.

One particular therapeutic challenge that this study was able to identify, which has not been researched in any great length to date, is the increased level of focus that is required by the therapist when working with video psychotherapy. A number of the participants described finding it much more tiring than face to face work. ‘Zoom fatigue’ has now become a hot topic as a result of the Covid-19 pandemic. (Jiang 2020) explains that communicating over video requires more focus than face to face discussions, as we need to work harder and use more energy to pick up on non-verbal cues including facial expressions, the tone and pitch of the voice, and body language. In-depth research into this occurrence and its effect on the therapist should perhaps be an important consideration for the profession. As therapists, we are even more reliant on bodily cues, understanding as we do that they can give us indications of the client’s unconscious feelings. Will the extra demands that video psychotherapy places on the therapist mean that they need to modify their approach, allowing for increased breaks and factoring in better self-care? We cannot and should not deny that there are challenges that we face when conducting psychotherapy over video, and the findings justify the necessity for a more open discussion on these challenges, so that we can protect both clients and therapists sufficiency.

5.3 Managing the nuances of the co-created space over video

As was the aim of this research project, the findings have been able to successfully identify particular therapeutic rituals that are not translating in the same way over video as they do in person. Although there has been some research in this area to date, (Russell, 2015) (Rolnick and Weinbeg, 2019) this study paints a clearer picture of very distinct rituals that would each benefit from their own in-depth research, looking at the implications for psychotherapy practice when they are experienced online. For instance, when we look at the therapist's use of silence, the findings tell us that this is harder to read, manage and support over video. When discussing therapeutic silence, Casement (2014, Pg.40) explains its use is in helping the therapist to not pre-empt the client's experience by interrupting, presuming that we know what the client feels, or anticipating what is not being felt. Considering the high possibility for technology failure or breakdown, the therapist working over video cannot trust that the client is staying silent, as it may in fact be the technology that is stalling. As such, we may be left with a quandary, do I interrupt the client to ensure they are still here, or do I hold the silence as it may be useful for them? Perhaps, with advances in technology and better internet quality, this issue will become less common, nonetheless, it is an important consideration that this study has identified, and that has not been researched in any great length to date. Similarly with the beginnings and endings of therapy, it was not possible to find any research to date that looked at how these are being experienced therapeutically over video. Yet, the findings tell us that these are being experienced differently online. There may be a different sense of integration that is possible for the client working online, as they can take a few moments after sessions to sit and reflect. However, if the client has had a

difficult session, the abrupt ending on a Zoom call or similar may be something that the therapist needs to address and manage for their client. Therapists understand that transference is a common occurrence in the therapeutic dyad. Nolan & Nolan (2003, Pg. 22) explain the transference relationship as the client's unconscious emotions and desires being projected onto the therapeutic relationship. Therefore, an abrupt ending with their therapist when conducting an online video session, may potentially elicit transference feelings of abandonment or similar for the client. Understanding the power of the unconscious in psychotherapy, these findings have highlighted that we need to be aware of the importance of giving rituals such as the use of silence, beginnings and endings, and transference the necessary consideration when working with video. Furthermore, there is adaptation and flexibility required by the therapist to manage the nuances of how these rituals are translating with this medium.

When we look at providing the 'secure base' or a safe holding environment physically for our client, it is not possible to replicate this online as we are not in the room together. Past research shows this to be one of the negatives associated with working with video psychotherapy (Russell, 2015). However, Holmes (2001, Pg. 17) describes the establishment of a secure base from an attachment theory perspective, as being more important in adulthood when arising out of emotional proximity as opposed to physical proximity. The findings in this study demonstrate that the participants are creatively adapting to the inability to create a physical secure base for their clients, by addressing ways in which clients can create this for themselves. Moreover, it could be argued that clients have the potential to have more control and autonomy in their own lives, by

learning how to provide a safe environment for themselves, with the support of establishing a secure emotional base with their therapist. Holmes (2001, Pg.17) also suggests that without a sufficient therapeutic relationship being first established, there can be no secure base from which to work with. This highlights the importance of establishing a secure therapeutic relationship for optimal therapeutic work.

When discussing the therapeutic relationship and ‘telepsychotherapy’, Kocsis and Yellowlees (2018) even go so far as to propose that this way of conducting therapy may in fact foster therapeutic intimacy in ways that in person sessions cannot, as clients are given more opportunity to choose a therapist suited to their specific needs or desires. The findings of this study have categorically supported previous research (Simpson & Reid, 2014) (Norwood et. al, 2018) that states that the therapeutic relationship can be established online with success. Yet something new and of interest has also been discovered here, that the relationship may take longer to establish over video. Here we have another example of where the therapist may need to adapt their therapeutic approach when working online, perhaps with increased awareness that they will have to work harder to sustain the therapy initially before a solid therapeutic relationship has been established.

We can see that managing the nuances of the co-created therapeutic space as created over video requires a degree flexibility on behalf of the therapist. This study has been able to identify key areas worthy of further examination and exploration if we are to fully understand the implications of each being moved over to an online realm.

5.4 The requirement for psychotherapeutic modifications and flexibility

What is unique about this research project is that whilst it was being written, the very essence with which it is concerned, that being the nuances of conducting psychotherapy over video, dramatically shifted from being something that can be argued for or against, to an instant necessity, as a result of the Covid-19 pandemic. Within the research and apparent within the findings, there is a thread of stigma that has been running through discourse associated with working online. A decade ago, Todd Essig warned us that online therapy is not therapy, not really (2010), claiming that it is just a technologically-mediated simulation of psychotherapy. More recently he seems to have relaxed his attitude, stating that meeting a psychotherapist remotely on screen is not the same as meeting in person, as the processes and outcomes are different, but it can be helpful (2019). That is not to say that Essig's warnings have not been in some ways helpful, there are very real challenges specific to working in this way, some of the processes are indeed different, and this study can confirm that, yet there are also many advantages. Considering the recent pandemic and what it has meant for the profession, it feels like now is the time to take online video psychotherapy more seriously. In fact, it has long been meeting the needs of specific clients yet has still been faced with some resistance and stigma. We might ponder as to whom this attitude has been serving, for surely we need to be protecting therapists who choose to work in this way, not ostracising them. Perhaps it is easier to face the challenge of adapting to video psychotherapy as an option for conducting practice, when we keep in mind our role as therapists, and hold a client focused approach.

Carl Rogers (1967) believed that every human being has the capacity to fulfill his or her own potential; it is the therapist's responsibility to provide clients with empathy and

unconditional positive regard to help facilitate change. After all, it is the client who will ultimately decide if the therapy has been successful or not, and as we have seen from the research outlined (Carr, 2010), there are a number of common factors that will contribute to therapy success, and not all of these are down to the therapist. Furthermore, the findings in this research suggest that video therapy can indeed prove successful. When conducting a systematic review of video conferencing psychotherapy, Backhaus and Agha (2012) were able to conclude that video psychotherapy is generally associated with good user satisfaction and has been found to have similar clinical outcomes to traditional face to face sessions. What is also important to remember is that it is meeting the needs of a wide range of clients, as can be seen illustrated both in previous research and in the findings of this study. However, an area that may require modification on behalf of the therapist is in how they assess client's before working with them online. Not all clients, and most especially high-risk clients, will be suited to online work. Suler (2010) explains various factors that may determine a person's suitability for working online that need to be considered during an initial assessment, these include the person's computer skills and knowledge, how physical and medical factors might affect online therapy, how cross-cultural issues may affect the therapy and also how personality type, presenting complaint, and diagnosis could influence the person's suitability for this type of work. The findings of this study tell us that there are particular types of clients that will find video psychotherapy more attractive. When considering which clients are suited, or perhaps unsuitable for online work, this is another area where the therapist may need to modify their approach. It is advisable to ensure that we as therapists are fully prepared for the needs of clients who choose to work in this way, and that we have assessed them

sufficiently before work begins. It could be argued that there are extra responsibilities being placed on the therapist here, that do not seem to be being sufficiently supported currently within the profession, as they are simply not being addressed.

Perhaps it is safe to suggest, as a result of the research and findings of this study, that the role of the therapist is evolving. Psychotherapist Gary Greenberg, who has been practicing for over thirty-five years, discusses his experience of moving his practice online during the Covid-19 pandemic (2020). Being forced to work online during this time, he feels a new unease about his role when confronted with the worried, perplexed faces of his clients over video. He notices how his therapeutic style is changing as a result, he misses the connection that is made with real eye to eye contact and he no longer feels a few steps ahead of his clients. This new world has left him feeling professionally irrelevant and impotent, and he wants to know how best to put his experience, knowledge and talents to use. Here we can see a prime example of a psychotherapist who has been forced to engage with online work without feeling sufficiently prepared. The profession needs to change, and quickly, if we are to offer sufficient support to both trainee therapists and those who have been practicing for a long time and who are now having to accept online video psychotherapy as a reality.

5.5 Limitations and suggestions for future research

Understandably, there have been limitations within the scope of this research study. All of the participants interviewed hold the potential for some bias towards the efficacy of

video psychotherapy practice, as they have chosen to work in this way, and so may be inclined to focus on its benefits. It would be interesting to conduct research using participants who were forced to use video conferencing technology during the Covid-19 pandemic, to gain their perspective on this process. Due to the quantity of psychotherapeutic rituals and techniques that have been identified during this study, in depth research into the effects of transferring each of these online has been limited. For example, although the participants were asked about their experiences of transference as occurring over video technology, findings were not sufficient to fully understand how this is being experienced. Moreover, therapeutic rituals such as silence, beginnings and ending of sessions, client disinhibition, the therapist's need for increased focus and the therapeutic relationship taking longer to establish are all key areas that have been identified during this study as being particularly nuanced when experienced through video. As such, each would surely benefit from their own in-depth research so as to better understand how they might be managed online.

5.6 Conclusion

To conclude, the implications of this research feel highly relevant and important, especially given the current circumstances which the world of psychotherapy and indeed the world at large, finds itself in. It is concerning that psychotherapy training institutions in Ireland are not covering the topic of video psychotherapy, nor preparing psychotherapy students sufficiently for how they will need to modify their practice when seeing clients online. Negative attitudes to date and a dismissal of online video psychotherapy practice within the profession, could potentially mean that during the pandemic both

psychotherapists and clients have been placed in vulnerable situations. It seems that when therapists begin to work with clients over video, they are adapting their techniques and style to suit this unique mode either by learning as they go, or by taking extra training courses in preparation, even though it is not clear if extra training is a requirement by the Irish accrediting bodies. Practitioners are not being prepared for online work during core training in Ireland, and this simply does not feel good enough. Flexibility and support within the profession now seems integral where this subject is concerned. There is no room for ambiguity. This research has been able to conclude that there are very unique challenges that we will encounter with this way of working. This only highlights the increased necessity for extra support and open discussion where video psychotherapy is concerned. Stigma, fear and negativity are serving nobody, least of all the client, and the hope is that this research will pave the way for a more open and frank discussion in the world of psychotherapy on this subject, and perhaps a consideration of its inclusion in core curriculums of training course.

This research has also been able to identify some exciting nuances of psychotherapeutic practice that may benefit from the potential of moving online, especially once they are understood more fully. Conducting psychotherapy over video is not the same as holding a session face-to-face. This research has been able to support that. However, the client who puts their trust in the psychotherapist remains the same; this has not changed. Therefore, it is up to us as a profession to sufficiently adapt to working online with video psychotherapy, and to give our clients the best possible care. We need to ensure that we are fully informed, trained and supported for working online with video psychotherapy,

and as a profession, we owe it to both our trainee psychotherapists and experienced psychotherapists to provide this training and support. The hope is that this research study has contributed to this support and will allow for more forthright and practical discourse on conducting video psychotherapy going forward.

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Appendices

Appendix A: Interview Questions

- Can you explain the main reasons why you began working with psychotherapy clients over video?
- Have you considered taking any specific training for seeing clients over video psychotherapy, or was this topic covered in any way by your training body, if not would you have found it potentially beneficial?
- How do you prepare your space before a video psychotherapy session?
- What has been your experience of technology as an added component in the psychotherapeutic space?
- For you, what are the main advantages of seeing clients via video psychotherapy for you as a therapist?
- Can you list some disadvantages of working in this way for you as a therapist?
- In your opinion, what would be the disadvantages for clients working in this way?
- In your opinion, what are the advantages for clients working in this way?
- What, for you, are the main differences experienced with face to face therapy versus video psychotherapy?
- How would you describe the quality of the therapeutic relationship with your video psychotherapy clients?
- With regard nonverbal communication and the transferential relationship, how have you experienced these psychotherapeutic phenomena over video psychotherapy?
- For you, what defines a successful therapeutic outcome?
- Considering the current circumstances with Covid-19, do you find yourself at an advantage having already established an online psychotherapy presence?*

*Additional Question added after the Covid-19 outbreak

Appendix B: Information Sheet

My name is Roxane Keeney and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with the nuances of working with psychotherapy clients over video, as opposed to conducting sessions in person. I will be exploring the views of people like yourself who have experience of working with clients in both ways.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, as you have an active online presence and have experience of working with clients both in person and using video. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

Declaration

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____

Date / /

Appendix C: Consent Form

Research Project Title – An exploration into the nuances of conducting Psychotherapy using video conferencing technology.

I confirm that I have read and understood the Information Leaflet, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

•Yes •No

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without giving reason. •Yes •No

I understand that my identity will remain confidential at all times. •Yes •No

I am aware of the potential risks of this research study. •Yes •No

I am aware that audio recordings will be made of sessions •Yes •No

I have been given a copy of the Information Leaflet and this Consent form for my records.

•Yes •No

Participant _____
Signature and dated Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved and have invited him/here to ask questions on any aspect of the study that concerned them. In line with GDPR regulations, data will be retained for no longer than is necessary. All records where you can be identified (e.g. recordings, etc) will be destroyed after all phases of data collection are complete and the data have been fully anonymised. At this point, your data can no longer be withdrawn from the study as it is no longer identifiable.

Signature Name in Block Capitals Date

Appendix D: Sample of Thematic Analysis Coding Phase 1

Data extracts by category	Coding	Data extracts by category	Coding
Participant 1		Participant 2	
Starting online		Starting online	
Felt logical, had tech experience	Therapist comfort with tech	Wanting to provide a wide range of skills for clients - best toolkit for self	Widen therapist toolkit
Going travelling & wanted to continue practice	Convenience & flexibility for therapist	Realised through training there was little provision for rural communities,	Accessibility for clients
Saw therapy going in that way	World moving towards technology		
Access diverse cultures	Access to various types of clients		
Training for online		Training for online	
Not covered by training body		Not covered by training body	
Bought books but no specific training - learned along way	Self-trained, and learned through experience	Trained with ACTO - 60 hours approx.	Took specific training
Has since trained other therapists to work in this way			
Preparing space for online		Preparing space for online	
Uses phone a lot, used to use laptop more		Has private office when at work	
Make sure no distracting light, most NB	Aware of light and position of face	Makes sure nobody there when doing it from home	Aware of privacy, neutrality, and quiet
Nothing distracting in background.		Neutral backdrop	
Make phone at eye level		Privacy is central	

Appendix E: Sample of Thematic Analysis Coding Phase 2

Therapist Experience	Client Experience	Role of Technology	Purpose of Therapy	Therapeutic elements
Therapist comfort with tech	Continuity for clients with change in circumstances.	World moving towards technology / more widespread	Widens possibility for clients / Role of therapy	Creating connection online
Widen therapist toolkit	Accessibility for clients	Tech failure	Need for flexibility within the profession	Suited to specific attachment styles / connection different
Convenience & flexibility for therapist	Using technology as a therapeutic element for empowerment	Aware of light and position of face	Both can complement each other / likes to meet client in person if possible initially.	Rituals of beginnings and endings are different / integration different
Took specific training & self-taught.	Autonomy for clients	Tech Failure / secure base	Lack of support from peers / frowned on by others	Silences are different
Self-trained, and learned through experience	Widens possibility for clients	Intensity of focus	Not a competition	Lack of in person ques
Took specific training	Cheaper for client	Tech Failure / pressure for therapist	Stigma / frowned on by training body	Secure base - interruptions, how these differ from in person.
Support / training for therapist not the same for online. Therapist vulnerability.	Client's use of space / tech	Tech as 3rd piece in the room	Negativity associated with working in this way	Secure base