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“Much more than second best”: Therapists’ experiences of videoconferencing psychotherapy

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Abstract: This study employs phenomenologically-orientated Thematic Analysis to explore the lived experience of integrative psychotherapists using videoconferencing for psychotherapy. Semi-structured interviews were used to explore the subjective experience of six experienced integrative psychotherapists who use videoconferencing psychotherapy as part of their practice. Thematic analysis identified four themes: ‘Seen and Hidden’, ‘Intimacy and Distance’, ‘Open to Connect’ and ‘Similar but Different Worlds’. This study extends current knowledge in this area and addresses a specific gap in the literature. Its findings suggest that integrative psychotherapists are able to engage online at relational depth: Multi-level contact with their clients via videoconferencing psychotherapy and a working alliance and reparative, transference processes can be experienced via this medium. The limitations of the medium include the challenges involved in the absence of physical contact, although integrative psychotherapists are still able to work with the body via this medium. Further research is required to understand the strengths and limitations of online work and to gain a deeper, more embodied account of the phenomenon.

Keywords: Online psychotherapy; videoconferencing; digital therapy; thematic analysis; relational depth

This research arose out of my own successful use of online therapy as an integrative psychotherapist and as a client, alongside my growing curiosity of the capabilities of this medium which I believe are yet to be fully appreciated. This personal interest has recently become a critical professional question of our time due to the global outbreak of COVID-19 and the requirement to do therapy remotely.

The term ‘online therapy’ represents a broad spectrum of online therapeutic communications, ranging from email, instant chat, telephone, or video conferencing (videoconferencing). Videoconferencing describes “a two-way,

real-time audio and visual interaction between the individual providing care and the individual receiving care” (Smolenski et al., 2017, p.303).

The United Kingdom (UK) has seen a rapid rise in digital use with 91% of adults recorded as recent internet users in 2019 (Office for National Statistics, 2019). A steady acceleration of internet use in psychotherapy has also occurred (Roesler, 2017) with a surge in videoconferencing taking place when global physical distancing practices intending to reduce the spread of COVID-19 were put in place (Chherawala, 2020).

Early in 2020, COVID-19 disease was declared a global pandemic and governments were forced to introduce

lockdown measures to avoid the further spread of the virus and loss of life. On March 23, people in the UK were instructed to leave their homes only as an absolute necessity, therapists were obliged either to replace more traditional means of meeting clients with digital contact or wait until person-to-person therapy could be resumed.

The research interviews for this study took place just before and during Britain's lock-down period. Digital therapy was transformed from a possibility to a necessity – and perhaps a new norm. Wind et al. (2020) were among those urging practitioners to promptly adopt e-mental health care interventions, not only to continue work with current cases but also to provide crucial interventions to cope with an increase in mental health problems arising from COVID-19. Although previously an area of interest to researchers using videoconferencing as part of their psychotherapeutic practice and already a necessary research topic due to the acceleration of technology, online therapy has now become a major contemporary issue.

The turn towards online therapy has been controversial. For the past twenty years, efforts to incorporate it into routine practice have largely failed (Mohr, et al., 2018) and evidence concerning remote delivery of psychotherapy specifically remains limited (Swartz, 2020). Dunn (2012) argues that the world of psychotherapy and counselling has been slow to embrace digital advancements, which have tended to be viewed with suspicion and fear. However, advocates of the use of technology within talking therapy argue that it can empower clients, democratise practice and allow the therapeutic relationship to move beyond the normal limits of time and space (Hooley, 2012).

Basic questions surround the nature of the therapist's presence and therapeutic relationship in the context of videoconferencing. Alongside this, the recent COVID-19 pandemic and the explosion in internet use have acted as a catalyst for psychotherapy practice to assume digital form as never before. Given the lack of qualitative research into mental health professionals' experience of online counselling (Lazuras & Dokou, 2016), it is now a matter of urgency to observe and explore the potential of this phenomenon.

Review of the Literature

Previous studies have shown high levels of satisfaction and acceptability to be associated with the use of videoconferencing technology (Simpson et al., 2005). The advantages of videoconferencing psychotherapy have been found to include: the promotion of equitable service delivery,

reduction in time and travel costs, less disruption to work commitments, reduced stigma, and increased availability of support for professional supervision (Simpson & Reid, 2014). From a neuroscientific perspective, Porges (2011) argues that humans regulate each other by tone of voice and facial expression and that this can be done via an online medium. Agosta (2018) suggests that videoconferencing psychotherapy can facilitate an empathic process, a long-standing integral feature of therapy highlighted by Rogers (1975).

However, critics of the medium have questioned whether online therapy is either ethical or effective (Robson & Robson, 2000) and whether it impedes on developing and maintaining strong alliances (Rees & Stone, 2005). Turkle (2015) goes as far as to oppose all forms of videoconferencing psychotherapy, stating that therapists have a crucial role in defending the value of physical presence in today's changing culture.

The literature uncovered by this internet search includes research by a variety of mental health practitioners in relation to online chat counselling and videoconferencing psychotherapy for individuals and groups. Three broad categories of research can be identified: those relating to client perspectives on online therapy; therapist perspectives on such therapy; and meta-analytic outcome studies of the effectiveness of online therapy.

Client Perspectives on Online Therapy

In a pilot study, King et al. (2009) assessed the treatment satisfaction of 50 outpatients who were receiving a one-hour session of videoconferencing counselling twice a week for substance abuse over a 6-week period as part of an addiction treatment program. Across both conditions, clients reported satisfaction. However, a further preference for the online service was found, as it was perceived as offering better confidentiality compared with traditional delivery methods.

In their study, Simpson et al. (2005) examined the utility of cognitive behavioural therapy (CBT) delivered via videoconferencing for clients with bulimic disorders. The researchers used a mixed-methods approach consisting of qualitative telephone interviews and a survey. A single case series design was used with 6 participants, and weekly therapy sessions were conducted. Again, the research found that almost all participants rated the therapeutic relationship highly via the use of this medium. They reported feeling less self-conscious and intimidated by the therapeutic encounter, but also felt it was a less personal experience than face-to-face therapy. It is not clear whether participant response results concern their evaluation of receiving CBT or specifically the use of videoconferencing.

In Australia, Dowling and Rickwood (2015) conducted a survey-based study on the effects of online chat counselling on 152 young people aged 16-25. A self-report questionnaire was employed to explore specific aspects of their experience with the online counselling, including the frequency of sessions and whether clients had sought additional help. A self-report questionnaire and widely used distress, satisfaction and hope scales were used to capture data. The results indicated that participants who attended one or more sessions had significantly higher levels of hope six weeks later when compared with clients who had not undertaken online therapy. However, psychological distress and life satisfaction were not significantly impacted by the amount of online therapy received or by access to additional treatment.

In a qualitative study conducted in Spain, Montero-Marin et al. (2015) explored expectations regarding online psychotherapy among clients and health professionals in relation to treatment of depression within primary care. The research found that all participants were generally accepting of web-based psychotherapy. They shared the same conceptualisations of expectation, while highlighting different aspects. Interestingly, whereas patients focused on the need to individualise treatment, health care professionals argued for the standardisation of the programme and raised concerns about the extra workload it involved. Managers were particularly concerned with optimising cost-effectiveness.

In another Australian study, King et al. (2006) undertook a qualitative exploration of the motivations and experiences of young people opting for internet text chat rather than other counselling methods. Semi-structured online focus group sessions were conducted with 39 users of a 24-hour helpline. The findings, like those of Simpson et al. (2005), indicated that participants experienced the online chat environment as less confrontational than face-to-face or telephone contact. Participants reported feeling safer and experiencing a greater measure of confidentiality through texting rather than being listened to by another person. However, participants also experienced time constraints and disliked the queuing associated with the medium. Competition for the limited hours available made participants feel rushed and not always valued. Some participants reported finding it difficult to express their feelings via text, although this theme was not prominent.

In summary, the literature relating to clients' perspectives on online therapy reveals a range of findings. Overall, studies suggest that clients appreciate enhanced confidentiality and convenience, along with substantial, satisfactory relationships with therapists. Clients report that they are less self-conscious, find online therapy less confrontational and intimidating, and emerge with higher levels of hope. However, findings also

indicate that clients can find online work less personal. Online therapy appears to have little impact on life satisfaction or stress levels. While the existing literature has shed some light on clients' experience of using online media, more qualitative research is needed to gain a deeper and richer understanding of this phenomenon. Only two of the studies in this review researched the use of videoconferencing therapy specifically, and none focused on clients' experience of integrative psychotherapy.

Therapist Perspectives on Online Therapy

Lazurus and Dokou (2016) conducted a quantitative survey that sought to assess mental health professionals' perspectives on online counselling in relation to technology acceptance theories. Six practitioners (including psychologists, psychotherapists, and psychiatrists) were invited to complete anonymised structured questionnaires. This study found that perceived suitability and usefulness of online counselling predicted a significant proportion of variance in usage intentions. Although the study makes an attempt to capture participants' experience of using online therapy, findings are restricted to assessing factors linked to a technology acceptance model, thereby ruling out any in-depth exploration of the perspectives of mental health professionals.

In an Indian qualitative study, Mageshprasath and Yuvaraj (2019) explored: the self-reported knowledge of counsellors in relation to the use of technology as a process in counselling, their openness to incorporating it into practice, and the problems identified with it. Deductive thematic analysis of the data from semi-structured interviews with 11 practising counsellors found that participants preferred traditional, face-to-face counselling. While not using technology in their practice, they were aware of the cost and benefits of online counselling and knew something about the process. This study offers interesting insights into participants' attitudes, although tends to neglect their lived experience and embodied feelings.

Inglis and Cathcart (2018) conducted a thematic analysis of the perceptions of 36 university counselling staff, drawn from 20 Australian and New Zealand campuses, regarding online counselling support via online questionnaires. A wide range of technologies used for the provision of therapy, including email, videoconferencing software, social media platforms, interactive websites, and instant chat, were included. Participants reported experiencing greater flexibility and accessibility through online therapeutic delivery. The findings of this study offer a persuasive rationale for the move towards e-mental health services.

Topooco et al. (2017) conducted an online survey with 175 mental health stakeholders in eight European countries. The survey sought to explore stakeholders' knowledge, attitudes, acceptance, and expectations of digital treatments for adult depression. The results indicated that while stakeholders were aware of the potential benefits of the medium, including its cost effectiveness, expectations and knowledge varied considerably from country to country. Stakeholders located in countries with more developed e-health provision showed greater acceptance of the medium. Some stakeholders regarded the medium as having greater acceptability in relation to the treatment of mild to moderate depression. Some favoured a blended approach involving both person-to-person and digital therapy rather than a total reliance on digital interventions. Various drawbacks of the digital medium were identified, including its inability to provide direct eye contact, the possibility of losing the client-therapist relationship, the lack of personal contact, and the limited ability of the medium to adequately address comorbidity, risk, crisis and/or suicide.

The literature on therapist and stakeholder perceptions of online therapy reveals some degree of acceptance of the medium. In general, however, therapists appear less accepting than clients, which itself poses interesting questions. Again, none of the studies sourced in this review have attempted to offer an in-depth qualitative account of an integrative psychotherapist's experience of using videoconferencing.

Meta-analytic Studies of the Effectiveness of Online Therapy

Applying a systematic literature review, Norwood et al. (2018) conducted two extensive meta-analyses of quantitative research in this area. It raises questions about the working alliance between client and therapist when using videoconferencing psychotherapy and whether outcome equivalence is possible between videoconferencing psychotherapy and face-to-face therapy. The results indicated that the working alliance was inferior when therapy was delivered via videoconferencing, although the therapeutic outcome was similar in both instances.

In their study of the impact of videoconferencing on the therapeutic alliance, Simpson and Reid (2014) conducted a literature review geared to measuring the therapeutic alliance as a primary, secondary or tertiary outcome. Included in the review were 23 articles, most of them pilot studies. Essential aspects of the therapeutic alliance were assessed, including bond, presence, attitudes and ability, client attitude and beliefs. The study found, overwhelmingly, that the therapeutic

alliance could be successfully delivered by videoconferencing psychotherapy. Clients rated the medium the same as, and often more strongly than, face-to-face therapy. Therapists also rated the videoconferencing-mediated therapeutic alliance highly, although less so than did clients.

Berryhill et al. (2019) offer a thorough, systematic review of research on the efficacy and effectiveness of videoconferencing psychotherapy for the treatment of depression. Of the 34 articles included in the review, 21 reported statistically significant reductions in depressive symptoms following the videoconferencing psychotherapy treatment. CBT and Behavioural Activation (BA) were the most researched interventions. All the 14 controlled studies in the review reported no statistical difference between the use of videoconferencing and interpersonal therapy. Overall, this mega-analysis identifies videoconferencing psychotherapy as a promising treatment medium for depression, while noting that further research is required to establish its efficacy within other contexts and populations.

These meta-analytic studies of the effectiveness of online therapy suggest that videoconferencing psychotherapy can be an effective way of conducting therapy, including in the treatment of depression. They offer insights into the working alliance as mediated by videoconferencing psychotherapy, and highlight the limitations of the studies under review. They also draw attention to issues relating to the generalisability of findings, the lack of randomised controlled trials, and the small samples used in some quantitative studies.

This literature review of research in the field of online therapy and counselling points to a major gap in the literature: the absence of qualitative research that seeks to capture subjective experience and explore the deeper meanings of a psychotherapist's online experience. Additionally, there has been little or no exploration of the efficacy (or otherwise) of the use integrative psychotherapy via videoconferencing and comparing this to in-person therapy. Issues such as relational depth, using the environment, working with the body and other contextual factors appear to be largely absent from existing research in this area and even more pertinent due to the COVID-19 outbreak where therapists have been forced to work online.

Methodology

This study employed an interpretive, phenomenologically-orientated thematic analysis to explore the lived experience of six experienced, integrative psychotherapists who use the

medium of videoconferencing to conduct therapy. Thematic Analysis attempts to give voice (Braun & Clark, 2013) to lived experience while a phenomenological orientation allows subjective, lived experience and the meanings the individual attaches to it to be witnessed (Finlay, 2011).

Participants

The selection criteria for participants stipulated that they should be integrative psychotherapists who are registered with UKCP or BACP. All participants were required to offer, or to have offered, online therapy as a regular part of their practice. Purposive and snowball sampling was used to recruit participants. Six psychotherapists met the selection criteria. None of the participants had been formally trained to deliver online therapy.

Ethics

Ethical approval was granted by Birmingham City University as part of an MSc in Integrative Psychotherapy (Mitchell, 2020).

Ethical "process consenting" (Finlay, 2019) was used for this research. Participants were asked to provide ongoing approval of the dissemination process throughout. Participants received an information sheet containing a detailed description of the purpose of the research, right to withdraw, confidentiality and data protection aspects, potential risks, and contact details for the researcher and supervisor. All participants signed an informed consent document either in person or via an electronic signing platform. Each participant chose a pseudonym. Care was taken to omit specific contexts and other potentially identifying data in the final edit of the transcripts. Member checking of the transcript was also offered to all participants, two of whom accepted.

Debriefing forms were sent to all participants after interviews had taken place. Care, sensitivity, and consideration in questioning were taken when talking about elements of practice recognising the potential to feel shame when describing one's practice.

Data Collection

Data was gathered via semi-structured interviews with the six participants. Importance was placed of having an "open, non-judgmental, empathetic and ethical phenomenological attitude" (Finlay, 2011, p.214).

An interview schedule comprising of open questions was used to encourage the participants to talk in detail and allow rapport to be built. All interviews were recorded via an encrypted dictaphone and audio files were stored on the university OneDrive. Notes and impressions were recorded in a reflexive diary after each interview. Interviews were designed to last between 1-2 hours. Each interview was negotiated relationally and concluded when participants felt everything had been said.

Two interviews were conducted on a face-to-face basis, while the other four took place via online platforms (*Zoom* or *Skype*), necessitated by the lockdown imposed in the context of COVID-19. Interestingly, the online interviews resulted in a co-created exploration of the online experience with reference also being made to the 'here-and-now' online process occurring between participants and myself.

Data Analysis

The current study follows the six phases recommended by Braun and Clarke (2006) for thematic analysis: familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and writing up the results.

To begin the familiarisation process, each audio recording was transcribed and then listened to again after transcription. The transcript was 'read and re-read' to allow a thorough process of 'immersion' (Moustakas, 1994) in the data. Ideas, thoughts, and impressions were noted in a column to the right of the printed transcript during the process of dwelling with the data.

"Complete coding" (Braun & Clark, 2006, p.206) – that is, coding that allows the identification of anything and everything of interest within the data – was used to identify and highlight data chunks relevant to the research question. Each transcript was analysed and coded before moving on to the next transcript, to ensure a systematic and relatively uncontaminated analysis of each transcript. Patterns were then sought across the data and meaningful themes developed intuitively. Themes were then revised iteratively with reference to the data.

Findings

Four themes were identified: '*Seen and Hidden*', '*Intimacy and Distance*', '*Open to Connect*' and '*Similar but Different Worlds*'.

Seen and Hidden

For participants, a fundamental part of using videoconferencing psychotherapy was the notion of what is seen and what is not; what the therapists can see via the online lens and what remains hidden or invisible.

The participants describe a physical closeness to the client. There is a sense of magnification which allow for close observation of clients' facial expressions but can also create the opportunity to mutually scrutinise or judge more closely. This closer scrutiny is both absorbing and distracting:

You are so face to face [smile] that actually people read you. They may not be aware that they're reading you quite so closely, but they are. (Claire)

I can see when their jaw tightens... online, I can see if their pupils, the dilation of pupils is different, I can see if the skin colour is different... I suppose it depends how much of the person you can see. (Boris)

One can get engrossed in this fine grain of seeing how someone is, how they smile... whether they smile with their mouth but not with their eyes. (Eric)

Claire describes a heightened sense of exposure experienced that can feel excruciating at times. But it can also be something to embrace. Although parts of the therapist's body are hidden, the therapist can feel on display and disclosed:

People actually make decisions about you very quickly based on that very close scrutiny of you... There is nowhere to go, really; you can't hide. (Claire)

As with face-to-face therapy, eye contact and seeing the other become crucial facets of the therapist's online experience. Therapists are aware that eye contact is often reduced, and they seem unable to re-create the special person-to-person gaze that is encountered when sharing a physical space with clients. While involved in close observation in order to witness, take in and process the client in front of her, Claire describes the separate action of looking into the camera to allow the client to experience being fully observed:

I think you have to be careful about eye contact and obviously it's not real eye contact in a way because it depends where the camera is positioned so you can imagine that someone is looking at you, but they may not actually be. (Claire)

As a result, the therapist is obliged to look away from the client to make eye contact via the camera. This creates a unique, surreal and very different eye movement. Eric finds this

involves a more intense focus. The fact that less physical space is shared creates a powerful and specific experience of gaze and a deeper, more profound sense of space within the relationship:

By avoiding eye contact, it's a strange kind of eye contact and because the body is not as dominant as in face-to-face work, in relational work.... You can go into a kind of trance, meeting each other's gaze in a certain circumstance... You can track me; you can track my eyes in particular... with great precision in this medium more than physically face to face. (Eric)

Claire finds that this form of eye contact can be helpful in certain situations: for example, when working with clients confronting shame and who perhaps find direct eye contact distressing. However, Boris describes the inability of therapist and client to look into each other's eyes as a limitation:

Particularly people who are shame-based or have trauma, they have to be allowed to not have direct eye contact if they don't want to. (Claire)

I thought that [online eye contact] was a limitation... it's really, really hard to really see into their eyes... for them to experience you looking, right deep into them... (Boris)

Boris does believe that the process of exploring this feature of online work can become the focus of relational dialogue, however - one that enriches the therapeutic experience and opens up new areas of inquiry in a way which might not be possible in other circumstances:

Are they actually seeing me looking at them in the eye?... [laughs] and I was really interested in that and so I'd experiment and we'd talk about it and I'd look directly into their eye and [it] might not seem as though they were looking directly in [my] eye. (Boris)

The position in which the laptop is placed determines what is seen by the client and becomes a factor of consideration for the therapist. The therapist chooses what is seen by - and hidden from - the client. This choice is often motivated by the therapist's therapy model and also by the goal of enhancing the therapeutic relationship.

Margaret describes a reparative dynamic by which she places the laptop beside her, to replicate her therapy room practice of sitting side-by-side with her client to avoid an eye-to-eye encounter that evokes a historical and re-traumatising attachment script. Here, the online arrangement of what is seen and not seen is a collaborative decision between client and therapist, allowing the therapeutic encounter to take place and the individual attachment needs of the client to be met through the positioning of the camera:

When she has the experience of being mirrored, she falls into trauma... she sees me seeing her, then the repetition of the original caregiving relationship... So, the freeze in her body is waiting for the inevitable, she has not only done something wrong, but her existence is wrong. By being side- by-side we were able to work that out and I thought we did very well with that. (Margaret)

With videoconferencing therapy, the client also chooses what is seen and hidden from the therapist. Margaret describes how online contact can give her an insight into the client's own environment, resulting in previously unseen parts, perspectives and dimensions of the client being illuminated and witnessed by her:

I feel that they flesh out a bit more three dimensionally – like I saw my client in her sitting room. (Margaret)

Eric explains how the sharing of differing environments, including both the therapist's and client's own personal one, can also evoke a feeling of a shift in the power balance:

It's a different kettle of fish, so, in a way, in certain respects it's a more equal relationship. (Eric)

Claire and Eric consider their background as secondary, and make a conscious effort to minimise or play it down:

I would try to make sure that whatever is behind me is not too distracting... having to do it with something really inappropriate behind me like washing. (Claire)

I can just go into a corner of the room and there's a white background and there it is! So, I guess particularly in the early stages... eliminating elements in the environment in that sense, having an element of slight classical analysis. (Eric)

Margaret and Boris reveal the environment to their client if requested in an effort to be transparent and open. Showing more of their personal spaces seems to invite a deeper connection. It can also remind the client of the therapy room they have sat in before:

I sometimes show them round and... if you were sitting here with me this is what you would see. (Margaret)

I show them the room... there is more of a sense of comfort in the environment. So, I can say, look, can you see where I am sat? (Boris)

Due to the interviews with Margaret and Deborah taking place online, I was able to witness this process as they showed me aspects of their surroundings the initial camera shot didn't include. Immediately, I felt less of an intrusive researcher but more of a welcome guest.

The quality and size of the client's image on the screen appears of great importance to Patricia, allowing her to pick up on many visual subtleties. There is also an indication that this is even more crucial because less of the body is seen and it is therefore important that what is available to view is seen with clarity. The experience of not seeing the whole of the client's body, or encountering technological issues that create a sub-standard image, can at times evoke a sense of frustration or lack of confidence, alongside a bubbling curiosity and considered intent to illuminate more:

What creates, creates a second best... the barrier of me not being able to see you from there downwards.....the barrier of you being shrunk in size. I've got no sense of whether her foot's happening or she's got tensing in her hips or you know... I'm missing a lot of what I might be observing. (Patricia)

The restricted nature of the visual encounter is often compensated for by increased use of verbal questioning. This is then used to construct a mental image of hidden parts of the client, while at the same time raising the client's awareness and integrating physical sensations into experience:

I'm aware that I can't see a twitchy foot, so I'll have to ask more questions more regularly. (Patricia)

I ask people to tell me what is happening in their body as I can't always see it (Claire).

In cases where the participants have already been in face-to-face work with a client, their previous observations (for example, of habitual bodily movements or reactions) can strengthen online work. Boris describes a process in which he was not able to physically see a particular action happening, but verbalised his assumption that maybe it was. Such interventions can (paradoxically) make a client feel more seen and remembered.

Intimacy and Distance

Participants describe a paradoxical sense of achieving intimacy (of variable intensity) when using videoconferencing. Online therapy allows the therapeutic relationship to take place over

long distances. Boris, Claire, Deborah, Eric and Margaret describe still being able to create a holding, therapeutic experience that is able to facilitate an intimacy with their clients – perhaps different from that achieved through any other medium.

The online experience can also provide a consistent, virtual space in which clients can gain from therapeutic intimacy – particularly where visiting the therapy room is not an option:

I felt like it was a space that was safe and secure for this person to come back to. There was a real attachment when all of the rest of the world was shifting and changing our sessions were the same. There was a real sense of that coming back together every time. (Deborah)

Eric believes that the perceived distance of online therapy can introduce an element of impersonality, one that allows the dissolution of the automatic defences generated by being in the physical space of another (the client coming into the therapist's office). Paradoxically, it is this experience that allows both client and therapist to shed adaptive and defensive processes and connect at a far more intimate and less guarded level:

There's deeper, direct unconscious to unconscious communication sometimes when you're working online than when you're physically together as two people in the room together... The element of impersonality and sheer process is as it were, goes under the radar and I think that... makes it even more potent than classical analysis in certain respects because you're so immersed in the stream of it before you even know that that's happened. You're less defensive, they're less defensive and... they will communicate... in ways they might mask in a face-to-face kind of meeting... She's not talked about what she came intending to talk about at the start, something has happened and she has gone down a different path and then she finds that she ends up somewhere it was very important for her to be but she wasn't anticipating at all. (Eric)

Experiencing this potent and contactful connection at times when interviewing Eric, allowed a substantial and illuminating exploration of the medium. Eric and I - both being experienced using the medium, with a similar belief and acceptance of it - may have contributed to our perceived depth and flow within our meeting.

Deborah identifies how the distance arising from the online contact can create a sense of twinship and of freedom to play. Clients' preconceptions about the 'expert' with whom they are working can be dissolved in the process, lifting the sense of

shame that can sometimes prevent a client from engaging in a technique when in a room with their therapist:

I actually taught them progressive muscle relaxation technique... and actually they were giggling (laughs) because I screwed up my face when I was saying, you know let's hold on to the muscles in our face and again, I think it was so very obvious, there's more of a distance between me and the client in the office than there is online, so they could really see the whole grimace and I think that made them comfortable enough to do it themselves. Whereas in person sometimes that you are just sitting across from somebody can be an inhibitor there is something in there, there is a little bit more space but we are still closer, strange! (Deborah)

For Boris and Claire, one of the most difficult consequences of online work was their inability to touch or have physical contact with the client. As a result, they feel they are sometimes denied the level of intimacy generated by such contact:

With clients that engage in that touch and in being held, the therapeutic alliance is generally a stronger therapeutic alliance and there is more closeness, more intimacy, there is something of more depth... I can't hold, touch and they can't hold or reach out to me physically. (Boris)

I think what is missing for me online is the fact that you can't hug anybody and I'm really tactile with clients. There are issues around safety of touching clients, I hope I'm careful about that, but I think there are times when actually people do need physical contact and it's not quite the same when you say "if I was with you I'd really want to put my arm around you or hold you or offer to hold you". (Claire)

A benefit of the physical distance between client and therapist online is the anonymity it can provide. This helps a client to explore differing levels of intimacy and shame within the therapeutic relationship. Boris and Claire recognise how the distance allows a degree of protection and anonymity that paradoxically facilitates a more intimate connection:

When people live in small places where therapy is still developing and maybe they don't have so much access to other places they would rather do it online than see a local therapist when they are concerned about being known. (Claire)

We really got to talk about it [the distance] and really explore... you know you didn't want to go to that area, didn't want others cause of the role they were in and because you know, lots of shame I guess. (Boris)

Open to Connect

When working online, therapists strive to connect. Boris, Claire, Deborah, and Eric are already comfortable with the medium and use it as part of their practice. Patricia and Margaret discuss having been forced to do more online work from home due to the COVID-19 pandemic. They are less accepting of the medium and want to remain as attuned and contactful as they are in face-to-face mode. They want to provide a 'proper' service that is true to their therapeutic model and do everything they can to connect relationally through this means.

I was personally impacted by the care and consideration Margaret and Patricia demonstrated within the online transition. This co-existed with a palpable anxiety that we all seemed to share when contemplating the consequences of this advancing pandemic and embarking on a new way of working.

There is then a sense of some therapists having to work harder than others to connect with their clients online. Therapists in this category may feel more like observers. They have to work hard to stay attuned and be in a position to contain the client:

I think I probably do work harder to make sure the client is contained and that I'm feeling like I can hold and I'm checking if I need to intervene, if anything changed... I am working harder to stay attuned, and to... be present. (Patricia)

I do attachment-based reparative work as a therapist and to reproduce that virtually is really hard, so I'm thinking about things like "how do people come into the space? Am I there waiting? How we do we leave?" I always say you, "when you're ready", so it's not abrupt for you, you know when you're going, like when someone is leaving the room. (Margaret)

So, there's something about really attending to dropping into the space of open heartedness and not be too much in my thinking because I think online work is much more, erm, conducive to thinking with people. (Margaret)

However, for those more experienced at working via this medium (having chosen this way of working before the pandemic), there is evidence of readier openness. Claire and Deborah find it easier to remain present and continue working through a relational lens:

It's easier to make the connection online, probably easier than I anticipated... I think it's about presence, isn't it? So, if you're present you can be just as present online as if you were in the room with somebody. (Claire)

It's something intangible when you've got that connection – it doesn't matter if it's in person or online. (Deborah)

It seems that different levels of connection are experienced by therapists when online. Some are able to achieve a deeper, more penetrative connection:

What happens in this process [online] is much more... kind of going in to a merged, erm, erm, state of two souls communing with one another and, er in that sense I suspect it takes you into more archetypal and er, transpersonal spaces than the... developmental, nurture repair work. (Eric)

When you're actually just looking really focusing in on the camera I think all of those distractions fade away, so particularly for people who have sensory overload, they say that they're much less likely to be affected by a whirring noise, that's my fan in the corner or by cars going past or by people you know. They actually feel more in the space. (Deborah)

Some participants describe a multi-layered process of connection by which the technological intervention becomes minimised, enabling the benefits of online working to unfold. The transferential level of relating was experienced by all therapists in the study, who at times expressed a surprised delight in its occurrence as well as a sense of not fully understanding how it occurs:

I remember thinking "I can really feel the child in you right now" and they were like a hundred miles away and it's like, wow! I can really feel that part of them with me even though we were communicating through a screen. (Boris)

It's something intangible when you've got that connection. It doesn't matter if it's in person or online — you still get that felt sense of "oomph" that's a tough week or "wow that's exciting" or whatever it is. (Deborah)

I think what's amazing is that you embody countertransference is perfectly good online so even if you can't see the body you can still feel the knot in the stomach. (Claire)

I was aware of my own energetic response and excitement to this prospect. Like the participants, there was a feeling of delight at these processes taking place via a digital chasm.

Eric is conscious of the speed and pace of connection associated with this medium and aware of a speeded-up sense of immediacy, one which enables a deeper and less conscious connection. This in turn that allows interaction to take place free of the defences that may be present in face-to-face contact:

It's much more improvisatory, much more in the immediate process. (Eric)

Aware of this speeded up process, Margaret consciously slows down the pace of the online session:

I think the pace of attunement is different and I'm doing a lot more facilitating of the other person... I am a very, very slow worker anyway, so I've really slowed my practice ... making more overt the process I would do naturally. So, in the room I would come away, go into myself, feel my countertransference, feel the meaning of what is happening for me relationally, use it to inform my next intervention. (Margaret)

I, too, was able to feel this slowing down of pace in our interview that provided a sense of the interview unfolding and allowing us to explore the subtleties of the medium.

Boris and Eric describe how the therapeutic connection is also affected by whether they have previously met the client face-to-face. Whether this involved intermittently seeing the client or sharing the same physical space, this prior contact seems to help establish a deeper online connection:

I do think it strengthens it and it's nice, apart from anything, it's nice to see them and it's nice for us to have a hug... (Boris)

I think it [meeting physically] undoubtedly makes a difference... it can be a bit more anchored because both people know what it's like to be, erm, physically in the same room together... memory of the sense of connection of being in the same room together and its, er, a kind of surrogate. (Eric)

It's easier if I've um initially met them in person, if we've had face-to-face um er and then we've gone on to do that sporadically when needed. (Boris)

With all therapeutic connection there is an element of risk. It becomes apparent that working online is a different medium, with both similar and different risk considerations. Eric, Margaret and Patricia discuss an arousal of a certain tentativeness when online with a client, one that can affect the type of connection made during the therapeutic encounter because of concerns regarding rupture, repair and containment. In terms of risk management, online therapy has many similarities with face-to-face work and there is a similar concern with operating within a window of tolerance (Siegal, 1999).

I'm probably a bit more circumspect when I'm working online for that kind of reason that if you get it badly wrong

online, erm, and someone walks out... the possibility of reaching them is harder and making reparation erm so if you screw up but at the same time, erm, [pause], I'm thinking that one can be just as blind face-to-face as one can be online and conversely one can be just as blind online as one can be face to face and one may get blocked, I mean as we talked the defensive process can be more powerful face to face when you're in the same room than it is online because there is more of a direct mind-to-mind process online. (Eric)

I would do the same checks and balances that I would do and a major concern about safety is, if people are going to work at relational depth, have they got time to get back? I think you need longer to get back into your here and now Adult self, so the sorts of things I might do at the end of the face-to-face session, like "where are you going now?" and if someone has been in a regressed or vulnerable place, whatever your words are for that, erm, just to make sure they are lodged quite firmly. (Margaret)

I don't feel I challenge them as easily, I think it probably feels a bit less safe to be a bit braver with my interventions because I can't contain any sort of rupture or a hint of a potential rupture that might happen if they were in the room. (Patricia)

I'm very, very aware of: the client is in their home environment. So, what if they're working with something that's potentially triggering of a trauma? To be really careful to keep them in that window of tolerance because, and I'm not saying I always manage it, but I'm more aware of that because there isn't the journey for going home, there isn't the separateness of the space you know, there is a massive difference if you are in your sitting room than if you are coming into I am coming to their territory. (Margaret)

Similar but Different Worlds

For some participants, the online experience feels similar to face-to-face therapy. For others, it feels quite different. And for others still it feels like a bit of both. When engaging with clients through this medium, Deborah and Claire experience the familiarity of drawing on their skills to adapt to the medium. At the same time the relationship continues to exist as a continuum, regardless of the medium it is coming through:

I worked with them [clients] in a very similar way to the way that I work in the office which is whatever they need really. I'm relational primarily and, erm, I'm thinking a lot

about the intersubjective nature of the relationship
(Deborah)

I would say it goes the same [compared to face-to-face] I don't have any sense of, I'm online with this person it, it just feels very natural and very normal either way really.
(Claire)

The participants expressed a variety of opinions about whether or not videoconferencing was a 'second best' form of therapy.

It's worked well, it's worked very well but it comes second for me. (Boris)

Because of the COVID-19 situation, erm, so there's quite an adjustment in my relationship with *Skype* and my attitude to it being second best, so, I'm not there yet with that.
(Patricia)

You know, they are utterly different [online and person-to-person] because they are operating in a different set of modalities and different set of assumptions. (Eric)

It can be... that is a peculiar and distinctive... slightly different modality... and obviously, I'm now starting to go back on my original remarks that there is a lot of continuity, but there is obviously a difference here which is a potent one, a powerful one. (Eric)

I can provide something else for someone, something that is different and valuable... I think I would say it's not my preference and it's much more than a second best.
(Margaret)

Although an experienced integrative psychotherapist, Margaret described feeling like a beginner, newly arrived in a strange technological world and working hard to stay true to her model and the therapeutic relationship. But to describe it simply as a substandard version of face-to-face therapy or view it with disdain would be to ignore its unique features. By viewing it as a whole, and taking into account the different level of intimacy and connection afforded by technology (when compared with the physical walls of the therapy room) all participants commented on learning something new in the interview process and beginning to develop awareness of the medium's capabilities. This finding paralleled my process of the research in general. In my role of researcher, I was surprised and enriched by the multi-layered depth of exploration gained despite the online context.

Discussion

This research has aimed to explore the lived experience of integrative psychotherapists using videoconferencing for psychotherapy. The findings suggest that participants work to find ways of achieving relational depth with clients via the medium of videoconferencing, just as they do in face-to-face work. It is apparent that multiple layers of the relationship can be accessed via the use of videoconferencing technology, despite visual limitations. In their accounts, participants describe how online practice enables them to maintain the working alliance, engage in transference and build reparative relationships that provide deep and intimate contact with clients.

However, one key difference between the participants needs emphasis. Those more experienced at working via this medium (having chosen this way of working before the pandemic) seem to find it easier to remain present and be relational. This raises questions concerning the value and need for extra training/experience in online work. It remains unclear whether choiceful experience of the medium is a critical factor in ensuring the therapist's ease (which in turn helps clients to feel easier with the medium).

It bears emphasis that this study is impacted by my subjective viewpoint and perspective, which have been shaped by the understandings gained from my own (largely positive) experience of online therapy. Collaborative work with supervisors and university staff has been used alongside a reflexive journal to explicitly explore my assumptions and beliefs. My research may have benefitted from more demonstration of the relational context of dialogue. Further exploration of the dialogical and co-creational aspects with participants would create deeper meaning and interpretation.

The findings of this study contradict those of Topooco et al. (2017), which found that both therapists and stakeholders thought the relationship tended to get lost through the digital medium of videoconferencing. Research by Norwood, et al. (2017) found the working alliance to be simply inferior in the context of online therapy. Research by Turkle (2015) produced findings that led the researcher to conclude that only traditional forms of therapy should be defended.

However, my findings are in line with those of Simpson and Reid (2014), who suggest that the therapeutic alliance can be delivered by videoconferencing and that it is rated as being on a par with, or perhaps even more effective than, face-to-face encounters.

My research also highlights that there are unique dimensions to the online medium and that these can enhance the effectiveness and benefits of psychotherapy, particularly if used thoughtfully and relationally. Although participants find the absence of physical contact with clients a limitation, a finding supported by Topooco et al. (2017), they also feel it is possible to work integratively via videoconferencing. Increased questioning, deployment of therapist creativity and curiosity, the use of mirroring, and the process by which therapists engage with their counter-transference reactions, all can be utilised towards effective online work.

That some participants in my research experienced a lack of direct eye contact when working online is important. Some participants considered it a limitation, a position supported by Topooco et al. (2017), who view this feature in a negative light. For others, however, it became a different form of eye contact, almost hypnotic in character. Other participants found reduced eye contact to be helpful when working with more shame-based clients (a position supported by Simpson et al., 2005).

For the participants in my study, the use of videoconferencing with clients generated a mixed response where frustration and curiosity coexist. The fact that the bodies of both therapist and client remain partially concealed during online work can result in a greater focus being placed on the magnified parts that are more exposed and seen, in particular the face. This magnification and closeness can create a special regulating impact with the clients, in a different way, and at times in a more intimate way, than would be allowed by a more traditional meeting. These findings are in line with Porges (2011), who argues that humans can still regulate each other by tone of voice and facial expression via the online medium.

Most of the participants appear to achieve a deeper connection with clients because of the absence of customary defences that exist when two people are in the room together. This has been termed the 'online disinhibition effect': the lowering of psychological defences that can take place in the online context (Joinson, 2007). Although only one participant talked explicitly about this phenomenon, it seemed to be present implicitly for other participants. Lapidot-Lefler and Barak (2015) argue that this phenomenon can arise in the context of three situational factors: lack of direct eye contact; anonymity; and the invisibility of parts of the body. In an extension of this argument, this current study suggests that deeper contact between therapist and client is facilitated during videoconferencing work by the perceived physical distance combined with the closeness of the face. This can result in a form of client empowerment. Hooley (2012), too, found clients experiencing a sense of empowerment through online work.

None of the participants participating in the current study had received formal or specific training in the use of online therapy. When asked about training, they tended to focus on their need to feel competent when using the technology. They favoured training that helped them keep the relationship at the centre of the work and enabled them to work consciously, to adjust to the pace of online work, and to have presence. Participants also felt that the medium should be tailored to fit their work, rather than therapists being required to adapt to the medium. Aside from the issue of technological competence, these are all issues that would be contemplated by therapists working in more traditional therapy contexts.

The provision of a stable base and a sense of consistency (Bowlby, 1969; 1973) are clearly of great importance in much psychotherapy work. Participants in my study support the view that videoconferencing psychotherapy can indeed provide clients with a consistent, stable base for the therapeutic encounter (against the doubts evident in the literature as to whether this base can be established through online work).

For clients who travel extensively, prefer to guard their anonymity, or do not wish to visit a therapist in person, the online therapeutic encounter can feel more practical, convenient and comfortable.

For most participants, the question of whether they had had face-to-face contact with clients prior to online work was important. The findings suggest that the online therapeutic relationship is strengthened by physical contact prior to the start of online contact and by intermittent person-to-person meetings. This concurs with the findings of Topooco et al. (2017), which suggested that therapists and stakeholders working on mild to moderate depression found digital therapy more acceptable when it was offered in combination with person-to-person therapy.

The research highlights the tensions and strong measure of ambiguity that continue to surround the medium of videoconferencing psychotherapy. Therapists tend to view it either as a completely different medium in its own right or as something that is somewhat second best to traditional face-to-face in person practice. The findings of the current study suggest that, rather than being for the most part hostile, therapists tend to accept digital therapy and see it as useful.

It would be premature, on the basis of this research, to attempt to provide definitive answers regarding therapists' experience of online work in comparison to face-to-face contact. Many questions surrounding the ongoing tensions involved remain to be explored.

Evaluation

The key strengths of this study lie in its systematic analysis of data, and the focus on the subjective, lived experience of integrative psychotherapists who use videoconferencing psychotherapy in their practice. Reflexivity was engaged through the use of self-awareness, the maintenance of a reflexive journal, and supervision. My personal access to online supervision and therapy over a significant period enabled me to be aware of benefits and challenges of working online. As a result, online interviews with participants were conducted with some ease and comfort. This provided an opportunity to engage with the participants at depth, although I felt this was not adequately captured within the chosen methodology of this small-scale project. I was left feeling frustrated and constricted due to particular pragmatics required with my Master's dissertation format.

Of course, my findings are not conclusive, and they result from the unique combination of specific participants and my own subjectivity. A constructive, co-created process is apparent. The fact that some interviews were conducted online further illuminated the online process between researcher and participant. It is important to recognise that the sample used was well-linked with most participants having an interest in the phenomena being studied. If a more random sample was sought, then more extreme findings against online use may have been apparent.

A second strength of this study is that it fills a major gap in the current literature. No other studies have explored the idiographic experience of integrative psychotherapists using videoconferencing psychotherapy.

The epistemological nature of the study, which is both subjective and inter-subjective, creates both weaknesses and strengths, depending on whether it is viewed through a quantitative or qualitative lens. Viewed through a positivist lens, the methodology employed is one that seeks a subjective perspective and relies more on intuition and co-creation of interpretation than on seeking to be scientifically rigorous. This qualitative research has placed a greater emphasis on 'resonance' than on 'scientific rigour'. The research purpose becomes one of establishing the relevance and applicability of the phenomenon under study, rather than testing whether the findings can be transferred to other contexts and settings. When viewed through a qualitative lens, the study reveals areas that could be deepened: for example, capturing a more embodied level of experience. A more phenomenological approach, for example a hermeneutic or an existential lifeworld-orientated phenomenological analysis may have captured more of an embodied description, gone deeper into the process yielding more resonant findings.

The 'relevance' of this research has been underlined by the COVID-19 pandemic, the response to which has made this study highly topical. With person-to-person contact prohibited under lockdown provisions, many psychotherapists have been forced to engage with their clients via videoconferencing. This has created a critical need to better understand the phenomenon of online therapy. My study has sought to explore the specific experience of integrative psychotherapists, for whom the relational aspects of videoconferencing psychotherapy is a particularly pressing concern. Given the current gap in the literature, it is hoped the results of this study will benefit the profession as a whole, along with its client base.

Implications for Future Research

Many facets of the lived experience of integrative psychotherapists using videoconferencing psychotherapy remain to be explored further. Although all those participating in the current study were integrative psychotherapists, the data provided will have been impacted by their differing philosophical orientations, levels of experience and socio-cultural backgrounds. Future research might focus on the ways in which a therapist's particular integrative approach may interact with, or be modified by, online working.

Further examination is also needed about the impact of levels of experience and training re: videoconferencing and the extent to which they feel comfortable with, and knowledgeable about, this medium. Since none of the participants in this study had received specific training in online working, further research is required in this area. Other interesting lines of enquiry, briefly touched on by the current study, include the ramifications of the online disinhibition affect.

One area this research was not able to fully explore was that of differing risk levels, and whether the medium can adequately contain high levels of risk. The research is therefore unable either to support or reject the view that online therapy cannot adequately address comorbidity, risk, crisis or suicide (Topooco et al., 2017). None of the participants engaged in short-term crisis work and none were involved in regular high-level risk assessment.

However, some participants' accounts suggest that online work can be effective in containing a client with problem drinking or a borderline process. All participants also reported finding it possible to work online with clients who were confronting developmental trauma or were prone to entering states of panic. In such instances, therapists could make use of voice and language, just as they would in a person-to-person setting. Participants reported that none of their risk concerns

had felt unmanageable online. However, the extent to which risk can be assessed appropriately online remains to be explored.

Concluding Comments

From my interviews and thematic analysis an overall picture emerges that there is the possibility of a deep and contactful relationship that exists through the medium of videoconferencing psychotherapy. However, this may not always apply as my findings will have been influenced by my own belief and successful use of the medium and its features. This research demonstrates that the existence of both similarities and differences exist between online therapy and face-to-face work and it constitutes just the start of an exciting journey of exploration into the possibilities offered by videoconferencing psychotherapy, particularly for integrative practitioners.

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