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The therapeutic relationship in therapy delivered via email: the therapist's perspective

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Abstract

Email as a tool to deliver therapy and provide psychological support is an increasing reality in the mental health environment. There is an intense debate among mental health professionals to determine whether the advantages and benefits of text-based online interventions outline their limitations. This study has explored how therapists experience and perceive the establishment and development of a therapeutic relationship in absence of non-verbal cues when therapy is delivered via email. A semi-structured interview was conducted with seasoned therapists. According to the results therapists perceived and experienced key elements of the therapeutic relationship like closeness and agreement on goals but experienced limitations on the conveying of empathy and acceptance.

Keywords: online therapy, email therapy, therapeutic relationship, absence of non-verbal cues impact.

Introduction

The online environment has dramatically gained presence in human communication in the last twenty years. Due to the advances and improvements in new technologies, computer mediated communication (CMC) is here to stay. More and more relationships are established and developed in the cyberspace (Suler, 2003). The client-therapist relationship, as a special human relationship, has not been immune to this trend. The integration between new technologies and psychotherapy has given way to online mental health delivery; and e-therapy has become a convenient way to improve people's access to psychological support (Barak, Klein, & Proudfoot, 2009; Griffiths, Farrer, & Christensen 2007; Casey, Joy and Clough, 2013). Moreover, researchers have found that clients that feel stigmatized by their psychological condition are more likely to seek help online than in a face-to-face context (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003);

and affordability and cost-efficiency have also been highlighted as an advantage of e-therapy (Manhal-Baugus, 2001; Wells, Mitchell, Finkelhor, & Becker-Blease, 2007).

E-therapy: A new challenge

E-therapy has special characteristics and differences with traditional interventions and this fact has raised several concerns among professionals. Confidentiality and privacy, effectiveness of online treatments, and the quality of the relationship established through CMC are major issues regarding the provision of mental health support over the Internet (Perle, Langsam, Randel, & Lutchman, 2013; Barak et al., 2009; Wells et al., 2007; McClure, Livingston, Livingston, & Gage, 2005; Young, 2005; Castelnuovo et al., 2003).

New organisations as ISMHO (International Society for Mental Health Online, <http://ismho.org>) have been created to deal with specific issues of the online practice and several professional associations worldwide have outlined ethical and professional guidelines to advise their members on therapeutic interventions online (APA, 2010).

There are different modalities to deliver e-therapy:

- Email: time-delayed (asynchronous) and text-based communication. Non-verbal information is not available.
- Videoconference: Real-time (synchronous) and oral communication. There are some non-verbal cues available.
- Real time chats: synchronous and text-based communication. Non-verbal cues are absent. Childline.ie and Drugs.ie are examples of live chats services in Ireland.
- Web-based interventions: standard self-help programmes usually used as an adjunct to therapy or as a substitute when psychological support is not available. Examples are www.getselfhelp.co.uk, www.moodgym.anu.edu.au, or www.calmerseries.com. Non-verbal cues are absent.

The research up to date has shown that online interventions can have potential benefits for specific types of clients and disorders (Perle et al., 2013; Germain, Marchand, Bouchard, & Guay, 2004) but has not yet been successful in dealing with all the important challenges that these kinds of interventions have posed to mental health professionals. The majority of the psychologists and mental health practitioners have a negative attitude towards online interventions and declare that they would not provide psychological support online (Perle et al., 2013; Casey et al., 2013; Wells et al., 2007). Data of recent studies suggested that the professionals' negative perception of online interventions and its consequent low use, might be related to the scarcity of sound evidence regarding e-therapy and its potential benefits compared to face-to face interventions (Wells et al., 2007). Clinicians are in urgent need of good research in the field to provide evidence on the advantages and disadvantages of this method of delivering psychological treatments and its impact in the quality of the therapeutic relationship and in the treatment's outcomes. Specially, since findings of some studies have outlined that clients are ready to make use of these new tools and have a positive attitude towards them, reporting the establishment of a strong and positive therapeutic relationship in online interventions (Knaevelsrud, & Maercker, 2007; Young, 2005).

Present study: Email therapy and therapeutic relationship

The present study aims to look at therapy delivered via email and the process of establishing, developing and maintaining a positive therapeutic relationship. One of the challenges current research should be able to face is to understand how do therapists and clients establish a therapeutic relationship in absence of non-verbal cues when therapy is delivered via text-based communication. Since early online interventions, email has been the most used modality online. Surprisingly, there are very few studies investigating whether it is possible to build a positive therapeutic relationship via email in absence of

non-verbal cues; and most of the studies have been conducted with small samples of inexperienced therapists due to the difficulty of finding a large and experienced number of therapists using email as a tool (Perle et al., 2013; Wangberg, Gammon, & Spitznogle, 2007; Rochlen, Zack, & Speyer, 2004).

The importance of the therapeutic relationship:

The therapeutic relationship between client and therapist has always been an important topic in traditional therapy research. There is consistent evidence of the link between a good therapeutic relationship and positive treatments' outcomes (Norcross, 2002; Horvath and Bedi, 2002). Findings of some studies suggest that the therapeutic relationship accounts for nearly thirty per cent of the therapeutic outcome across all theoretical approaches (Fletcher-Tomenius, & Vossler, 2009; Sexton, Littauer, Sexton and Tommeras, 2005).

Since early research on the topic, there has been a widespread consensus among researchers and clinicians about the importance of establishing and developing a positive relationship with the client in the therapeutic process. Different authors have described the key elements of a therapeutic relationship (Hardy, Cahill, and Barham, 2007; Horvath and Luborsky, 1993) from different perspectives and theoretical approaches. For the purpose of this study the authors adhere to Cahill's model of the elements of the therapeutic relationship (Hardy et. al, 2007) that describes empathy, warmth, closeness, trust, genuineness, commitment and agreement on goals as relevant components to the establishment, development and maintenance of a positive therapeutic relationship.

The role of non-verbal behaviour in the conveyance of the above elements has consistently been highlighted in the academic literature and research. Findings in face-to-face communication and CMC research, stress the role of non-verbal cues to communicate emotions and affection (Riordan, & Kreuz, 2010) as well as closeness,

immediacy and intimacy (Kim, Frank, & Kim, 2014). Some of the studies claim that non-verbal communication might account for more of a receiver's perception of empathy, warmth and closeness than verbal communication does (Riordan et. al., 2010).

E-therapy, e-mail therapy and the therapeutic relationship:

When it comes to text-based interventions online, the question is whether it is possible to build a positive and strong therapeutic relationship in the absence of the non-verbal cues and the subtleties that characterize face-to-face communication. How can therapists convey empathy, closeness and care in the absence of non-verbal cues as eye contact, facial expression, gestures, and intonation? How can therapists understand the meaning of clients' verbal messages without seeing their facial expression or listening to their voice tone? How do therapists perceive the emotional state of their clients, or the emotional relevance of some issues in absence of non-verbal behaviour information? These are questions that research needs to answer in order to allow an objective assessment of relationship formation in text-based interventions over the Internet.

Several studies have examined the impact of the lack of non-verbal cues in the conveying of acceptance, closeness and empathy. Riordan and Kreuz (2010) advised of the risk of ambiguousness and misunderstandings when non-verbal cues are absent but, at the same time, the findings of their study supported the claim that users adapt themselves to the lack of these cues and develop strategies to overcome this limitation. Kim, Frank and Kim (2014) reported similar results on their study about emotional behaviour display in CMC. Acknowledging the difficulties of transmitting psychological closeness when non-verbal elements are absent, their results supported the claim that people have developed conventionalized expressions and paralinguistic cues to convey emotions and closeness.

Other studies' findings, though, suggested that when users have less non-verbal information, they experience a sense of psychological distance and uncertainty that prevents disclosure and sharing (Kotlyar, & Ariely, 2013; Barak, & Gluck-Ofri, 2007). Some have also raised concerns about the capacity to convey the most relevant features of a therapeutic relationship in absence of non-verbal cues in online text-based communication (Dogg-Helagadottir, Menzies, Onslow, & Packman, 2009).

Results of research on the building of the therapeutic bond in text-based CMC do not seem to support those concerns. Barak, Klein and Proudfoot (2009) concluded in their review of e-interventions that a good therapeutic relationship could be achieved online. Cook and Doyle (2002) reported no significant differences in the therapeutic bond between online therapy and face-to face therapy. Further studies seemed to support the claim that clients receiving treatments online can build a strong and positive relationship with their therapist (Yuen, Goetter, Herbert & Forman, 2010; Germain et al., 2010; Kraevelsrud, & Maercker, 2007). Roy & Gillet (2008) found in their study about high-risk young people that email therapy turned to be the only way to establish and develop a therapeutic alliance with a teenager who was difficult to communicate and work with. Moreover, experienced online therapists described the potential difficulty to establish a strong therapeutic relationship in online text therapy as a myth (Fenichel, Suler, Barak, Zelvin & Jones, 2002).

Rochlen, Zack, & Speyer (2004) and Manhal-Baugus (2001) conducted two studies where they made a systematic review of advantages and disadvantages of online text-based therapy. From the therapists' perspective, potential benefits mentioned were the opportunity to pay close attention to the communication process and enhance the qualities of a positive therapeutic relationship (Rochlen et al., 2004); and the possibility of keeping a record of email exchanges between client and therapist that can be used to

track the client's progress or as reminders. Important limitations highlighted were incorrect assumptions or misunderstandings due to the absence of non-verbal and contextual cues; and the need of writing and technological skills to conduct email therapy. They suggested that only therapists with specific text-based communication training would be competent to conduct email interventions (Rochlen et al., 2004; Manhal-Baugus, 2001).

More recently, Sucala et al. (2012) made a review of the scarce current literature on the building of a therapeutic relationship online and reported that the results showed no significant differences between the therapeutic bond in text-based interventions and face-to-face interventions. In their study about online support chat, Barak and Bloch (2006) found that a strong therapeutic relationship could be achieved if the therapist was trained in special textual expressions, acronyms, punctuation marks or length of writing to deliver text-based messages. More recently, Reynolds (2013) and his team found that clients and therapists rated the therapeutic relationship as equally strong or stronger in text-based communication than in face-to-face communication.

In summary, the research on the impact of asynchronous and text-based communication on the therapeutic relationship shows promising results but it is scarce and has focused mainly on the quality of the therapeutic relationship from the client's perspective. Only three of the fifty-two studies reviewed referred to the therapist's perspective and, although there are some findings about the quality of the therapeutic relationship, it seems there are none about how do therapists establish a strong therapeutic relationship in the absence of non-verbal information. The little research available has also important limitations: small sample size, recruitment problems, narrow demographic information, and the use of inexperienced therapists, are the most salient. Every research effort in this field contributes to a better empirical knowledge of this phenomenon and

will allow professionals to objectively assess the benefits and limitations of computer text-based therapies. The analysis of the therapists' experience will provide useful information on how to deal with the special characteristics of email therapy.

Research Questions:

In the light of previous research limitations and the little evidence available regarding the therapists' perspective, this study aims to explore:

1. How do therapists experience the impact of the lack of non-verbal cues in communication via email and what effect do they understand it has in the quality of the therapeutic relationship?
2. How do therapists cope with the absence of non-verbal information in the process of establishing and developing a strong therapeutic relationship?

Methods:

Design:

It was decided to conduct an exploratory study. There is very few data collected up to date about the therapists' perception of the therapeutic relationship formation process via email. A qualitative approach will allow a rich description of an under researched area outlining concrete future research directions.

An online questionnaire and an online semi-structured interview were used for the purpose of this study accounting for a total of 14 questions between the two of them.

Participants:

The sample is a purposive sample. The participants were recruited in two mental health organizations that deliver therapy online in Ireland and in Spain. They needed to be practising therapists with at least one year of experience in delivering therapy via email. This criterion was set accordingly to the limitations highlighted in previous studies where

the use of inexperienced therapists was mentioned as an important limitation. Based on previous studies criteria (Fletcher-Tomenius, & Vossler, 2009) and being email a very novel way of delivering therapy, it was decided to establish a one-year of experience criterion to insure a sufficient number of participants.

Four participants had experience both in synchronous and asynchronous communication online and two of them only in asynchronous communication. Five of them worked as face-to-face therapists and online therapists, and one of them worked only as an online therapist (See Appendix 1 for a description of the sample).

Measures:

Demographics Form:

The demographics questionnaire consisted of eight questions requesting information about gender, age, nationality, area of expertise, and years of experience as a face-to-face therapist and as an email therapist (Appendix 4).

Semi-structured interview:

The six open-ended questions semi-structured interview was designed for the purpose of this study (see Appendix 5). A first prototype was constructed and two experienced therapists were asked to evaluate whether the questions were clear and relevant to the topic investigated. They suggested some changes as starting with an introductory question about how did therapists start to work via email and to end with a question requesting participants to add anything they felt was important for the investigation. According to the changes suggested, a second prototype was written and evaluated by the same therapists. The definite interview was produced accordingly to the results of this second evaluation where they suggested adding, “think” to the second question to encourage a deeper and more reflective analysis. Four other practising online and face-to-face

therapists tested this interview and concluded the questions were clear, pertinent and non-ambiguous.

Procedure:

Participants were initially contacted via email to introduce the study to them and to ask them whether they would be interested in participating (Appendix 2). Following the participants' interest in the study, a consent form (Appendix 3) was sent to them. Once they expressed their willingness to participate, they were sent the demographics form (Appendix 4). If they complied with the criteria to participate in the study, the semi-structured interview was sent to them. The answers to the interview were received via email and clarifications and further questions were asked to each participant if needed. It was decided to conduct the interviews via email because it facilitated the participation of therapists living in different locations and there is evidence of its use and acceptance in previous research (McCoyd and Kerson, 2005). The six-opened questions were the same for all participants and they were asked in the exact same order. Although participants belonged to different linguistic environments, it was decided to establish and develop communication with them in English as the study was conducted in this language. It was understood this could help prevent interpretation biases in the process of translating interviews from other languages to English.

Ethics:

The ethics guidelines developed by the Association of Internet Research (AoIR, 2012) were followed regarding the use of email to conduct the interviews. All participants were informed they could withdraw from the study at any time and without any explanation. Following the closure of the interviews, they were sent a debriefing form (Appendix 5)

in case they were left with any distress due to the self-reflective process of answering the interview.

Analysis of the data:

Braun and Clark's (2006) guide to Thematic Analysis was used as a reference to analyse data. In analysing the data and generating themes an inductive approach was taken, understanding that a more data-driven approach will allow a richer description of the data that would be more useful to the understanding of the therapist's experience. The primary researcher and a co-rater analysed the data. The co-rater was a researcher in the field of Social Sciences and had no previous knowledge on the research topic. It was understood this could contribute to a more balanced analysis. The researcher and the secondary rater coded the answers independently. The resulting codes were then discussed to assess level of agreement and try to reach a consensus on the codes. Once it was reached, the researcher and secondary rater worked separately on sorting the codes into candidate themes that were discussed to reach a consensus on their name, definition and the data that supported each theme. Five candidate themes were agreed and the primary researcher analysed them using the criterion of relevance and significance to the research questions and analysing their internal coherence and across the whole data set. Four key themes were finally generated from the data.

Results:

The four key themes produced as a result of the analysis of the data were: perception of the quality of the bond, perceived benefits of establishing and maintaining a therapeutic relationship via email, perceived limitations of email as a communication tool in relationship formation, and coping strategies to deal with the lack of non-verbal cues.

When describing each theme, the number of participants that mentioned a sub-theme inside the theme will be noted between brackets.

Perception of the quality of the bond:

The six therapists made a clear distinction between the bond and other elements of the therapeutic relationship as the agreement on goals or the collaborative work between client and therapist. The experiences related to the bond could be organized in two sub-themes.

Lack of commitment and engagement in a long-term relationship

Four of the six therapists described their difficulties to feel a strong bond with their clients and expressed their concerns on whether their client experienced a strong bond with them:

I don't feel that a proper therapeutic relationship where empathy, closeness, acceptance and commitment are present has been established via email. I feel there is always something missing, usually commitment and sometimes reciprocity.

Commitment and engagement was mentioned by four of the six interviewees. Therapists felt that there was less commitment and engagement in a long-term therapeutic relationship. They perceived that the bond had to be validated in every email exchange and there was no commitment in the long term. The perceived lack of commitment was tied to two facts: it was easier for the client to interrupt communication in a CMC context where there is a lower sense of presence of the

interlocutor than in a face-to-face context (3); and the fact that flexibility and convenience of email as a communication tool in terms of when and what to communicate, could result in a weaker commitment or engagement (2):

In my opinion, because it (email communication) doesn't demand an effort to adapt to certain constraints and it is so convenient, often clients are not involving in the relationship.

Disclosure and closeness

Simultaneously to these perceptions, the six therapists expressed that they felt close or very close to their clients. They explained their feeling of closeness was related to the amount of personal and intimate information that clients disclosed (6) since early stages of the relationship. Four therapists described that the information clients disclosed was richer in details about their feelings, thoughts and life, than the information they disclosed in the first meetings in a face-to-face context. Some of them outlined that it was easier for clients to share traumatic experiences via email than face-to-face:

I definitely feel close to my clients because of the information they share with me. Sometimes I have received very long emails describing the whole life story of the client or traumatic experiences they haven't share with others.

Three of them also mentioned the perceived genuineness of clients' statements through the coherence of their discourse across the subsequent email communications.

Perceived benefits of establishing and maintaining a therapeutic relationship via email:

The six therapists mentioned benefits of establishing and maintaining a therapeutic relationship via email and described email as a "promising" tool (3).

Agreement on therapeutic goals easier:

The most valued benefit was the agreement on therapeutic goals with the client. Four of them explained that they perceived it was easier for them to reach an agreement on the therapeutic goals and definition of the problems via email than in a face-to-face context. They also outlined a strong feeling of collaboration in the achievement of the therapeutic goals. Three of them related both circumstances to the use of a more precise and concrete communication to avoid misunderstandings; and two of them described the need of "going straight to the point due to the effort involved in conveying messages by writing":

...and I have found email very useful to set and negotiate goals. I think the need for concreteness in this kind of tool is an asset here.”

Reflective writing and control over communication process has an impact on relationship:

Three therapists expressed, as well, that text-based communication produces a more reflective discourse due to the increased awareness and reflection produced by the fact of writing and re-reading. Two of them highlighted their feeling of having more control over the communication process due to the opportunity to reflect on their answer to the client. Therapists think this results in a greater awareness of the importance of communication with the client to build a strong relationship.

Disclosure and openness helps to build a strong relationship:

Another benefit mentioned by all the therapists was a greater disclosure from clients: they share more information, quicker and richer. Four of them outlined that clients were also more opened to talk about their feelings and emotions via email than in a face-to-face context from the first exchange. Disclosure and openness increased empathy and the perception of closeness and genuineness in the six participants and had a positive impact in their relationship with the client:

My experience is that clients share more information online and are more open to talk about their feelings. This has a positive impact on the therapeutic relationship and I feel it is worthwhile despite the lack of non-verbal information.

Perceived limitations of email as a communication tool in relationship formation:

The main limitations highlighted by the therapists were related to the lack of non-verbal information and to the fact of being a text-based tool.

The six therapists expressed a feeling of being limited in their conveyance of some of the key elements of a therapeutic relationship as empathy or acceptance due to the lack of non-verbal cues. Four of them explained that they felt that text-based communication

only was not sufficient to convey empathy. Three of them also felt limited in their capacity to validate client's feelings and convey acceptance:

While in face-to-face interaction you can express empathy by eye contact, gestures or posture, in email I find words are not enough to express empathy and it is difficult to respond to every emotional expression.

Nevertheless, three of them outlined that it was possible to convey empathy, acceptance and closeness via email in absence of non-verbal cues but it needed a close attention to the language used:

You need more words and carefully chosen to convey empathy in an email context:

The risk of misinterpreting client's assertions and lose meaning due to the lack of contextual and non-verbal cues was mentioned by the six participants.

Three therapists also highlighted as a limitation the fact that using text-based communication necessarily limits the number of messages you can convey because of time and space constraints:

When you are writing an email you try to be strict with the length because if not the result would be long and wordy emails. It has the advantage of precision and concretion but it has the risk of discarding relevant information, decontextualization and misunderstandings.

Coping strategies to deal with the lack of non-verbal cues:

All six therapists described coping strategies in their answers across the interview. Their experiences can be clustered in two sub-themes.

Careful use of the language

The gold-star coping strategy in which the six therapists agreed was to pay close attention to the language making an effort to be precise in the use of words and using non ambiguous expressions when conveying empathy, acceptance, closeness and warmth.

They also outlined the importance of paying attention to the client's use of the language

(5) looking for expressions and words that convey emotions and feelings:

The reliance on words and language is extreme when you are working with email as a tool to communicate with your clients. The use of clear, precise and non-judgemental language is essential to transmit the correct message.

The use of paralinguistic cues

The use of grammatical markers, punctuation marks or emoticons was controversial among therapists. Most of them (4) found them useful to understand the emotions and feelings of their clients but only two of them used them to convey active listening and understanding. Three of them expressed their fear of misusing them and conveying the wrong message:

I look out for punctuation or use of faces such as sad faces that give me an insight into what the client is feeling.

I don't feel comfortable using emoticons or capital letters to emphasize my message for fear of appearing aggressive or disrespectful. I'd rather rely on words or paraphrasing.

Finally, three therapists rated the writing style as very important to convey empathy and acceptance. They understood that the use of short sentences, similar language to the client and simple vocabulary helped them to convey empathetic and non-ambiguous messages.

Discussion:

The results of the study show that therapists experience email as a limited tool but are able to experience and convey some of the key elements of a therapeutic relationship when they deliver therapy via text-based communication. The most salient element experienced is closeness. There is a shared perception of closeness to their clients due to a greater disclosure and openness in the online environments. This is consistent with findings of previous research that describe the disinhibition effect of online communication in general (Suler, 2003), and in people that feel stigmatized by their

psychological problems in particular (Castelnuovo et al., 2003; Fletcher-Tomenius et al., 2009).

Regarding empathy and acceptance, the findings of the study do not show a homogeneous perception and feeling among therapists. Although all of them describe the lack of non-verbal cues as a limitation to convey empathy and acceptance, some of them are more confident on the use of substitutive verbal cues to convey these features. Results are not conclusive in this area and there is a need for further investigation.

One of the most interesting findings of the study is the unanimity showed by the therapists on the greater agreement on the therapeutic goals achieved via email. Should these findings be supported by further studies, email could be considered a very efficient tool to foster change and learning in clients.

Another finding that seems to be unique in relation with previous research on the topic is the perception of client's less commitment and engagement in a long-term therapeutic relationship. It could be tied to the client's control over the length and continuity of the communication in email environments (Barak et al., 2007; Fletcher-Tomenius et al., 2009; Reynolds et al., 2013) but further research is needed to support this hypothesis.

Regarding therapists' strategies to deal with the lack of non-verbal cues, the results of this study support the claim of previous research (Kim et al., 2014) that users of these tools develop strategies to deal with the limitation of the medium and adapt to it. But it also highlights the lack of certain skills and the need for training in these strategies what is consistent also with Rochen et al. (2004) and Manhal-Baugus (2001) research findings.

Limitations:

There are obvious limitations of the study as the generalization of the results to email therapists as a whole. Not only because of the size of the sample but also because of the potential influence of different therapists' theoretical backgrounds or experience with email. Further studies should analyse the influence of experience and theoretical approaches in the perception of email as a tool for relationship formation.

Another important limitation that could be argued is whether the semi-structured interview captures adequately the different aspects of the therapists' experience and perceptions. However, this does not diminish the value of the experiences captured and described.

Future directions:

This study has outlined some directions for future research as the need to investigate the quality of client's commitment and engagement to the relationship in therapy delivered via email as it could have important implications for treatments' outcomes. The results regarding agreement on goals have also important implications and should be confirmed by further studies.

The findings of the study demonstrate also the need to investigate which coping strategies are efficacious and need to be trained.

Finally, in an aim to overcome the subjectivity of researcher and participants in the description of the actual relationship and how it is formed, it would be useful to analyse the actual exchanges between therapist and clients to identify how therapists actually convey empathy, closeness or acceptance. Although, this poses important ethical issues that would need to be addressed.

Conclusion:

The findings of this study demonstrate that therapists perceive the benefits and limitations of email as a medium being also able to experience the key elements of a therapeutic relationship in an email context. The results also bring into the debate some new findings as the agreement on goals or a weaker engagement that are calling for new research initiatives.

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Appendix 1**Description of the sample**

AGE RANGE

25-30	3
30-35	1
35-40	1
40-45	0
45-50	1

GENDER

Female	5
Male	1

YEARS OF EXPERIENCE AS
AN EMAIL THERAPIST

1-2	1
2-4	4
4-6	1

YEARS OF EXPERIENCE AS
A FACE-TO-FACE THERAPIST

1-5	2
5-10	1
10-15	1
15-20	1

EXPERIENCE IN SYNCHRONOUS
AND ASYNCHRONOUS COMMUNICATION

Only asynchronous	2
Only synchronous	0
Synchronous and Asynchronous	4

NATIONALITY

Irish	2
Spanish	2
Polish	2

Appendix 2

INFORMATION SHEET

Study Title: The therapeutic relationship in therapy delivered via e-mail: the therapist's perspective.

Study conducted by: Macarena Pérez Bullemore

The present research aims to contribute to a better understanding of the characteristics of the client-therapist relationship when the communication between therapist and client is text-based and asynchronous. The study aims to explore how do therapists experience the lack of non-verbal cues of communication via email and its impact on the building of the client-therapist relationship.

Participating in this study you will contribute to a better description of the quality of the therapeutic bond when therapy is delivered through text-based and asynchronous communication. A better description will allow mental health professionals to objectively assess the strengths and weaknesses of text-based and asynchronous communication to establish and maintain a positive and strong relationship with their clients.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully. Ask if there is anything that is unclear or if you would like more information.

Your participation in the study is voluntary and you can withdraw from it at any time and without giving reasons.

Your involvement in this study will consist of a semi-structured interview and a demographics form that will be sent to you via email. The demographics form does not require any personal information that might identify you. The semi-

structured interview will include five open questions about your experience with email therapy and the building process of a therapeutic relationship. You are free to deny answering any question at any time. There might be follow-up questions on my behalf if they arise while analysing your answers. Total time commitment should not exceed one hour. Feel free to ask post-interview questions.

The procedures described above are thought to involve minimal risks to you as a participant and are thought no to be greater than those encountered in everyday life.

All information will be collected through a secure server and will be stored in a password-protected computer. It will be encrypted for storage if it includes any personal and private information and your set of data will be assigned a code that will be given to you. You can make use of this code in case you wish to withdraw from the study or have access to your results.

The data will be part of my thesis for the MSc in Cyberpsychology in the Dun Laoghaire Institute of Art, Design and Technology. My research may become part of the College Library but data will be absolutely anonymous. A final copy of the study will be available for you to read if you wish.

The data will be kept and stored in a password-protected computer at least for a year. Should this time be extended for publication reasons, I will ask permission to extend it. If I use the data for another research, I will inform you and ask your permission.

The Department of Learning Sciences Ethics Committee (DLSEC) has approved this study.

If you have any concern about the study, you may contact the researcher Macarena Pérez Bullemore (mpbullemor@cop.es, 353876879036) or her supervisor Hannah Barton (hbarton@iadt.ie) at the Dun Laoghaire Institute of Art, Design and Technology.

Appendix 3

CONSENT FORM

Title of Project: The therapeutic relationship in therapy delivered via e-mail: the therapist's perspective

Name of Researcher: Macarena Pérez Bullemore

Please tick each box if you agree with the corresponding statement:

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time.
3. I agree to take part in this study.
4. I understand that data collected about me during this study will be anonymised before it is submitted for publication.
5. I agree to be contacted after answering the interview questions if questions arise in the process of analysing the data.
6. I agree to the use of quotations from my answers.

Name of participant Date Signature

Researcher Date Signature

CONSENT FORM FOR THE USE OF QUOTES

Title of Project: The therapeutic relationship in therapy delivered via email: the therapist's perspective

Name of Researcher: Macarena Pérez

Please tick the relevant statement:

1. I agree for any quotes to be used
2. I do not want any quotes to be used
3. I want to see any proposed quotes before making a decision

Name of participant

Date

Signature

Researcher

Date

Signature

Appendix 4

DEMOGRAPHICS FORM

AREA OF EXPERTISE _____

HOW MANY TIMES PER WEEK DO YOU USE EMAIL?

WHAT DO YOU USE IT FOR? TICK AS APPROPRIATE

Professional purposes: a tool to deliver therapy

Social relations

Business and commercial interactions

Other _____

HOW MANY YEARS HAVE YOU BEEN USING IT AS A TOOL TO DELIVER
THERAPY _____

HOW MANY YEARS HAVE YOU BEEN WORKING AS A FACE TO FACE
THERAPIST _____

HOW MANY YEARS HAVE YOU BEEN WORKING AS AN ONLINE
THERAPIST _____

Appendix 5

INTERVIEW

The aim of this interview is to get to know how you, as a therapist, deal with the special characteristics of email as a medium to deliver therapy. We are specifically interested in how do you establish and maintain a therapeutic relationship with your clients in the absence of non-verbal cues. You have been selected to answer this interview because you are using email as a medium to deliver therapy and we really appreciate your willingness and effort to participate. There is very little research on the topic from the therapists' perspective and there is a real need for sound data in order to provide professionals with evidence that they can use in their professional activity. With your participation you are contributing to build body knowledge on the achieving of a therapeutic alliance in absence of non-verbal cues.

THANK YOU FOR YOUR PARTICIPATION.

Questions

1. What brought you to delivering therapy via email?
2. How do you think and feel about establishing and maintaining a therapeutic relationship via email in absence of non-verbal cues?
3. How close do you feel to your client when working via email?
4. How do you convey empathy, acceptance and closeness to your client via email?
5. How do you perceive your client's emotional state and tone when you deliver therapy via email?
6. Is there anything else you would like to add to what you have already said?

THANK YOU