INNOVATION WITHIN TRADITION

The therapeutic relationship within online psychotherapy

Litto Theodoridou

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Supervisor: Kerstin Svensson

Power is not a substance… neither a mysterious property;

Power is only a certain type of relation between individuals.

Michel Foucault

Abstract

Author: Litto Theodoridou
Title: Innovation within tradition
Supervisor: Kerstin Svensson
Assessors: Anna Meeuwisse, Verner Denvall

The objective of this study was to compare practitioners' perspectives of the therapeutic relationship established face to face and online in order to add a broader understanding of the therapeutic relationship and whether a new context did highlight new aspects of therapy. Semi-structured interviews were conducted with nine psychotherapists in Greece: five of them worked face to face and four online. The practitioners from both groups refer to the nature of the relationship in the context in which they work. The analysis was made with the help of a power and human ecology perspective. The main findings show that the establishment of the relationship online requires a bigger effort from the practitioners in comparison to face to face interaction. The online context leads the practitioner to control various aspects of the therapy process in order to provide a safe therapeutic context for the client which will enable trust to grow. In addition, the relationship was found to be affected by the context alterations occurring over the internet. The conclusion is that a therapeutic relationship can be established online but it does differ from the traditional one developed face to face. The practitioners from the online group expressed their concerns whether the core elements of the therapeutic relationship can exist in that contemporary context. The result is also the insight that studying a practice in a new context highlights new aspects. Since it was seen as a problem to control the relationship in online therapy, it also became clear that power in the relationship is of very high importance.

Key words: Therapeutic relationship, online psychotherapy, comparative study, power, human ecology.

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Acknowledgments

1. Introduction

The purpose of this thesis is to compare practitioners' perspectives of the therapeutic relationship established in the face to face and online psychotherapy in order to add a broader understanding of the therapeutic relationship and to see whether this new setting put new aspects in focus. These parallel forms of psychotherapy exist today and the therapeutic relationship has a central role on their outcomes.

As in every other social or personal contact between two or more individuals an interaction and interrelation has to occur in psychotherapy in order for the practitioner and the client to collaborate (Wampold, 2001). Gelso and Carter (1994) define the therapeutic relationship as the feelings and attitudes the practitioner and the client have towards one another and the way they are expressed. The relationship is a valuable mechanism in the therapy process since it has a strong dynamic regarding the therapy outcome and the power to control the individual's progress, change etc. (Horvath & Symonds, 1991; Rogers, 1957; Martin, Garske & Davis, 2000). Since psychotherapy in the recent years has been provided over the internet in many developed countries it is important to see if and how it differs when the context changes (Finn & Barak, 2010).

Due to the fact that there are many different orientations within psychotherapy a debate can occur regarding what has the biggest impact, the relationship or the approach. Since the practitioners belong to different theoretical approaches it is important to be concrete when it comes to the confusion between the approaches regarding the relationship as well as their affect on the outcome. Wampold (2001) makes clear that the relationship is important to the outcome regardless the approach based on findings showing that the relationship has a bigger impact on the outcome than the specific mechanisms applied (see also Hovarth and Symonds, 1991). Bordin (1979) tried with his pan-theoretical approach to point out the significance of the relationship in every approach (see also Gelso & Carter 1985, 1994). For Bordin (1979, 1994) the therapeutic relationship is something universal, not polarised and dichotomized between various schools[1].

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[1] Bordin's pan-theoretical approach referred to the working alliance but it can be generalized to the therapeutic relationship, since according to him the alliance is the strongest element of the therapeutic relationship.

Previous research has showed that there is a strong correlation between the relationship established face to face and the one established over the internet (e.g. Cook & Doyle, 2002; D'arcy, Reynolds, Stiles and Grohol, 2006; Leibert, Archer, Munson & York 2006; Barak & Bloch, 2006). Being influenced by the psychotherapeutic theories, most studies are centered on the core elements of the therapeutic relationship with their findings showing a correlation between face to face and online psychotherapy regarding the therapeutic alliance, empathy, transference and counter transference (e.g. Cook & Doyle, 2002; D'arcy et al. 2006; Leibert et al. 2006; Barak & Bloch, 2006). Though most of the researchers have a psychotherapeutic approach, with the Freudian and Rogerian perspective prevailing, there is also one other approach influenced by the theory of power (Rose 1999, 2000) which has not yet been traced in the previous research regarding online therapy but is reviewed in the analysis of this thesis.

An obvious contradiction between these two perspectives is for example Freud's (2006) approach which claims the client to be independent and not mentored by the therapist, whereas for Rose (1999) the practitioner interferes in order to adjust the client to the political system's principles. The traditional therapeutic theories cannot help us to fully understand the interrelation between the environment and the establishment of the therapeutic relationship. A theory of power will in this case contribute in understanding the importance of control in psychotherapy, whereas the influence that the new online conditions have on the relationship will be understood through the human ecology theory.

I was motivated by my interest in the relationship that the social worker establish with the client and it can be argued that the therapeutic relationship has the same importance, characteristics and power within (clinical) social work as well (Papaioannou, 2004). Furthermore, ever since my first encounter with psychotherapy I developed a great interest in the relationship between the practitioner and the client, which became even greater during my one and a half year internship. The reason psychotherapy was chosen was because the online sessions are more expanded in that field. Hence, the research was conducted within psychotherapy and not social work. The driving force that motivated this study is based on the idea that people need physical and non verbal communication as voice tone and face expressions in order to establish affective communication channels that will lead to meaningful conversation and to a deep, intimate and personal relationship (Helton, 2003). The absence of

physical appearance in the online psychotherapy sparked my curiosity regarding the establishment of a good relationship online. What is the core of the online relationship and its different functions? How is the relationship established online? Could the important aspects of the therapeutic relationship be illustrated through the differences between the online and face to face relationship? Is it possibly affected and/or altered by the online conditions? The possible, negative, alterations create a problematized area since a poor relationship can affect negatively the therapy outcome. Thus, it is important to see if and how it is altered when established online.

Additionally the previous research reviewed indicates a clear dearth of comparative studies regarding these two contexts which makes this study even more urgent. Also most of the research focuses on the Freudian and Rogerian dimensions of the therapeutic relationship. Hence, it is interesting to study this phenomenon from a power perspective. Also I intend to contribute with information that could be used by practitioners in order to improve their work.

In this thesis face to face refers to sessions that are held in the same room with the physical presence of the practitioner and the client/s, whereas the online sessions are held over the internet where the practitioner and the client/s are geographically separated. The title of the practitioner refers to any qualified mental health professional that is treating individuals in need, referred to as clients.

1.2 Aim

The aim of this study is to compare practitioners' perspectives of the therapeutic relationship established face to face and online in order to add a broader understanding of the online therapeutic relationship.

1.3 Research questions

-What do practitioners think about the therapeutic relationship in online and face to face psychotherapeutic sessions?

-What is the difference between the therapeutic relationships online compared to the one established face to face?

1.4 Previous research

The presentation of the previous research done on this field provides a broader picture regarding the methods other researchers have used in their studies, their weaknesses and their findings. The therapeutic relationship is considered by many as a crucial factor for a successful therapy outcome, in all types of psychotherapy (Safran & Muran, 2000). But there is a dearth of comparative studies between the online and the face to face therapeutic relationship[2].

Furthermore, the previous research reflects researchers' tendency of using psychotherapeutic theories in their approaches in contrast to this thesis where a theory of power prevails.

1.4.1 Perspectives on the online psychotherapy

Wells, Mitchell, Finkelhor and Becker-Blease (2007) included in their study 2.098 psychologists, social workers and other professionals in order to examine their considerations on the online therapy using a questionnaire. This study does not refer to the therapeutic relationship but is about practitioners' perception of online psychotherapy in general. The study showed that there were few practitioners that considered practising online sessions. The participants showed concerns and considerations including the confidentiality, liability, and misinformation being provided by clients in online sessions.

In the same spirit Finn and Barak (2010) interviewed practitioners (N=93) that work over the internet in order to investigate their attitudes towards the online treatments and showed that overall the practitioners were satisfied with their work online. Another significant aspect in this study's findings is that the practitioners' theoretical approach and background did not seem to influence their attitude towards the online therapy method since there were no significant differences between the practitioners' answers.

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[2] There is a number of comparative studies concerning the online psychotherapy or counselling. In that case these studies compare the treatments and not the therapeutic relationship. For that reason they are considered irrelevant.

1.4.2 Comparative studies

Cook and Doyle (2002) did a survey including recipients (N=15) of online and face to face therapy and compared the existence of a working alliance in these two groups by using a measurement instrument based on Bordin's work on tasks, goals and bond. The two groups did not show significant differences on the working alliance, the bond between them and the practitioner and appearance of empathy. In fact the scores were higher in the online group indicating that the empathic bond, that is central to the therapeutic relationship, can appear within online sessions. These results, strengthens the hypothesis that a strong therapeutic relationship can be established online. It is axiomatic though to mention that this survey was based on a small group and can therefore not be safely generalized.

D'arcy et al. (2006) also performed a comparative study between face to face and online therapy in order to examine the session impact and the alliance over the internet. They chose to compare the online findings with previously published findings about face to face therapy. They did a survey using a questionnaire which was answered by practitioners and clients. Their examination showed that the impact and the alliance were equally strong in both forms of therapy. The practitioners who practised online psychotherapy mentioned that they experience a stronger and more confident therapeutic relationship since they rated their interactions as deeper and smoother in comparison to the face to face practitioners. In this study the data were collected with the help of a questionnaire and not interviews and in this case the sample is considered limited (N= 16 practitioners and N=17 clients) thus it cannot be generalized in a bigger scale. In addition the results were compared to previous published results found by other researcher and with no clear image given under what circumstances.

Using the same method Leibert et al. (2006) compared the existence of alliance within two groups of female clients receiving email and text based therapy to an archival face to face client sample. They used three different measurement instruments including the Working Alliance Inventory-Short Form (WAI-S), the Client Satisfaction Inventory-Short-Form (CSI-SF) and a sociodemographic questionnaire on 81 individuals. In order to study the existence of the alliance the data of the online group was compared with data found by Brusseri and Tyler (2003) on a face to face group published in their validations study. The results of that

comparison showed lower rates for the group receiving online treatment meaning that the face to face group experienced a stronger alliance.

The comparative studies reviewed here are examples of the psychotherapeutic approach on the relationship since they are focusing on the alliance using measurement instruments based on the psychotherapeutic theories.

1.4.3 The therapeutic relationship online

A representative number of studies will be reviewed as an overlook on previous findings on the nature of the therapeutic relationship online. Even if this thesis compares two objects its focus is to advance our knowledge concerning the therapeutic relationship online.

Barak and Bloch (2006) studied the impact of various factors on the online treatment with highly distressed individuals. Amongst these factors they took under consideration the impacts as well as the therapeutic relationship in order to reach to a conclusion. They consider the length of the sessions as a crucial factor in establishing a good therapeutic relationship online. They present an interesting view on text based sessions and correlate the development of the therapeutic relationship with the aspect of time. More precisely, their results indicate that establishing a relationship online takes time. The term time in this circumstance refers to the quantity of writing, when it comes to texts based therapeutic relationship. Led by their findings that the length of the sessions has an impact on the therapy they suggest that the practitioner ought to be aiming for a session-length that will benefit the clients and the establishment of the relationship in text-based treatment.

In contrast to the afore-mentioned methods Roy and Gillett (2008) did a single case study with a female teenager who received sessions via emails. It appears that there was a clear sign of ''transference'' since the teenager being furious with the social services got angry also with the therapist as quoted in their article ''you people took me away, locked me up and held me down, putting me on medication so I didn't feel in control anymore'' (Roy and Gillett 2008:98). Moreover the authors describe how the teenage girl disclosed private information that she never told before which indicates a sign of trust.[3] According to the authors in this case the particular

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[3] The disclosure of personal information in this case could also depend on the anonymity which according to Suler (2004) enables individuals to be more open.

therapeutic relationship that occurred enabled the teenage girl to understand and explore her past experiences and started a process to solve her present problems.

Being influenced by the Freudian perspective Roy and Gillet interpret the girl's reaction as a sign of transference over the internet. Through a power perspective it could also be interpreted as a proof of the therapist controlling the client where the mutual collaboration is totally absent. This is an example on how the psychotherapeutic and power perspectives evaluate the same thing in different ways.

Moreover, Hanley (2009) reached to the conclusion that a therapeutic relationship can indeed be established online. His results were found by doing a survey combined with interviews with young people who were in online therapy in order to examine the existence of working alliance. His findings support the hypothesis that a therapeutic relationship can indeed be developed online.

Overall, the previous studies show positive findings with the online therapeutic relationship being equal to the face to face. There are some parameters mentioned that do differ (e.g. time required in Barak & Bloch's study) but a strong therapeutic relationship is said to be possible to establish also online.

2. Therapeutic Relationship

In order to understand the phenomenon of the therapeutic relationship is it important to have knowledge about its development and characteristics. Research results indicate that a positive relationship leads to a positive therapeutic outcome (Horvath & Symonds, 1991; Rogers, 1957; Martin et al. 2000). Chapter two will provide a broader and deeper understanding of the object that is being studied regarding its nature, its elements, and its relevance to social work.

It is important to include the psychotherapeutic theories' view on the therapist role, which prevail in the literature, even if they differ from the main approach of this study which centers on the power position the practitioners tend to have in psychotherapy.

2.1 The Therapeutic Relationship

The therapeutic relationship has been defined and knowledge about it has been developed through the years. The nature of the relationship established between the practitioner and the client is considered in this thesis independent from the psychotherapeutic approach followed by the practitioner. However, it is still interesting to review its development out of the main psychotherapeutic theories.

According to Jenner (2004) the therapeutic relationship is created during the first meeting between the practitioner and the client. Freud's psychodynamic theory was the first pointing out its value for the therapy outcome (Safran & Muran, 2000). Freud (2006) discussed three aspects that strongly characterize the relationship, ''transference'', ''counter-transference'' and ''alliance''. Greenson (1967) followed Freud's lead and developed further the ingredients of the therapeutic relationship; the ''real relationship'', the ''alliance'' and the ''transference configuration''.

Freud (2006) suggested that the therapist ought to disappear during the session; hence it is negative for the therapist to be a mentor. His argument was that the client should make the decisions on his own without the therapist guiding and advising him.

Carl Rogers (1957) was client centered and put the client in a power position in the process of change. However, he put the practitioner in focus when the therapeutic relationship was concerned. According to Rogers it is the practitioner's responsibility to create a positive relationship with the client in order for him to reach a positive personality change on his own. The practitioner must fulfill a number of conditions in

order to accomplish that. These conditions are the ability to show empathy, unconditional understanding and unconditional positive regard in order for the client to change. Norcross (1999) states that the practitioner has to respond accordingly to the client's different needs in order to provide a variation of relationship elements in different cases but also within the same case in the different phases. According to Horvath and Bedi (2002) there are still some common factors concerning the client-practitioner relationship. These factors include clients' active participation, practitioners' genuine interest and presence, the clients' trust to the practitioner and the mutual respect and sympathy between them.

Bordin (1955) considers the therapeutic relationship as a very important tool which helps the practitioner to support the client to overcome all the problems that prevents his development. He introduced the innovative pan-theoretical approach stating that the therapeutic relationship is a mutual process (see also Bachelor and Horvath, 1999).

He pointed out the importance of the practitioner showing understanding towards the client in order to construct a positive relationship. He marks the alliance's dynamic, complex and multidimensional character by which he means that the therapy outcome is based on many factors and dimensions. According to Safran and Muran (2000) Bordin's approach is significant because it illustrates the importance of understanding the clients changing process.

The behavior therapy on the other hand is grounded on a tradition that had little to say about the therapeutic relationship and its significance (Raue & Goldfried, 1994). Despite that the cognitive theory has grown to accepting the impact of the therapeutic relationship it can be seen secondary to the techniques used in the changing process.

However, the behaviorists' are not denying the importance of the interpersonal qualities in their interaction with the client. For example, according to them, Rogers (1957) conditions ''empathy'' and ''unconditional positive regard'' are considered nonspecific variables. (Follette, Naugle & Callaghan, 1996).

The idea of the therapeutic relationship has travelled for over 100 years and has been developed, formed and given its elements. It has been affected by the theoretical approaches through which it has been studied. The analytical psychotherapeutic theories introduced by Freud lean towards a discreet therapist whereas the client centered introduced by Rogers gives a more responsible role to the therapist; followed

by Bordin who introduces mutuality between the therapist and the client and being equal in the therapeutic process.

2.1.1 *Importance within Social Work*

It is important to mention the importance that the therapeutic relationship has within social work since this is a thesis in social work. The therapeutic relationship as a term is used specifically when it comes to clinical social work (also called casework) which is based on the psychodynamic school and practice and has the aim to provide psychosocial support to the individual in order to achieve change (Papaioannou, 2004). However, it has developed and can often be combined with other social work methods including working with families or groups (Kallnikaki, 1998).

The therapeutic relationship within social work refers to the relationship developed between the social worker and the client defined as ''a sentimental and social bond that aims at making the client capable in expressing his problem, make the required practical and emotional actions in order to face his problems, change and get familiar with the new conditions in his life'' (Kallinikaki, 1998:40, my translation). It is important to mention that Kallinikaki refers to the face to face meetings between the social worker and the client and considers this personal relationship to have a dynamic character, to be depended and required by mutual understanding and respect between the client and the social worker, to their roles and the goals of their collaboration in addition to mutual responsibility.

Lee and Ayón (2004), who considers the relationship a core aspect of social work, found a clear correlation between a positive relationship and a positive outcome and suggest that social agencies prioritize social workers' relationship in their protocols.

According to Papaioannou (2004) the core elements within social work do not differ from the ones in psychotherapy including transference and counter-transference, empathy and alliance.

2.3 Core Elements of the Therapeutic Relationship

In order to outline the therapeutic relationship online in comparison to the one face to face it is important to get a deeper understanding of the basic elements that characterize it. The definitions and descriptions of the core elements that follow are

the ones that will prevail in the data collection process and also in the analysis since the findings concerns all three elements.

The therapeutic relationship is a multi mechanism which consists of several aspects called elements (Norcross, 1999). Greenson (1967) who was psychoanalytically influenced defined three basic elements of the therapeutic relationship, the ''working alliance'', the ''transference configuration'', and the ''real relationship''. For Rogers (1957) empathy was the most important condition for a good relationship whereas transference and alliance had a special importance according to Freud (2006). Gelso and Carter took these elements further to another level which concerned all forms of counseling and psychotherapy by stating that ''all therapeutic relationships consist of these three components'' (Gelso & Carter, 1985:161).

There are a number of elements that are considered as working elements, those most mentioned in the literature are ''cohesion'', ''goal consensus'', ''collaboration'', ''positive regard'', ''congruence-genuineness'', ''feedback'', ''repair of alliance rapture'', ''self-disclosure'', ''management of counter-transference'' and ''quality of interpretations'' (Norcross, 1999; Bachelor and Horvath, 1999).

It is axiomatic here to mention that among all elements that appear in a therapeutic relationship some of them do not work. Norcross (1999) describes these as elements that should be avoided. These elements are ''confrontations'', ''negative processes'', ''assumptions'', ''therapist centricity'', ''rigidity'', ''ostrich behavior'' (when the therapist does not predict and address the ruptures) and ''Procrustean bed'' (using identical relationship – treatment for all the clients) (ibid.).

Since alliance, transference/counter transference and empathy are the most mentioned elements I will go deeper in to the understanding of these concepts.

2.3.1 *Therapeutic alliance*

Even if the therapeutic relationship consists of additional aspects than the alliance many authors and researchers seem to consider it the most fundamental component of the relationship (Beidi & Horvath, 2002; Bordin, 1979, 1994; Greenson, 1967; Gelso & Carter, 1994). The term alliance has its origin in the psychoanalytical theory but is being used by other theoretical approaches also in order to define other therapeutic

processes. Other approaches than the individual one, such as group and family therapy show a big interest in this term (Safran & Muran, 2000).

''A strong alliance refers to a condition in which a person seeking change has found that the change agent can participate in the effort to shed light and open new doors without reducing the partnership to the pairing of a leader-therapist with an assistant-patient. Its strength revolves around the experience of new possibilities in the patients struggle rather that faith in a charismatic therapist- magician'' (Bordin, 1994:15). The terms that derive from this quote are central since they point at alliance as relying on a mutual collaboration and not a relationship guided by the therapist. The therapist is considered in the alliance as the ''change agent'' and not the leader.

Bordin (1994) who built on Greenson's psychoanalytical theory gave alliance three ground elements including ''tasks'', ''bonds'' and ''goals''. A goal refers to the mutual endorsing of the aim and the intervention's target whereas a task refers to specific activities that will accomplish change and the quality and strength of the collaborative relationship. The third element, bond, can be expressed as trust, liking, respect and sense of mutual commitment and understanding. His view on the goal and task approach was somewhere between Greenson's and Rogers' since he meant that the goals and tasks where to be set through a collaboration, where the client's struggle and frustration about his life are captured and leads to a strong therapeutic alliance. These three elements distinguish the transference from the alliance, emphasizing on the positive collaboration between the client and the practitioner against the usual foe of the clients pain and weak behaviour.

Even though there is a significant dearth of literature about the definition and the ambiguity of alliance and the way it technically affects the intervention it has for a number of years attracted researchers' interest in its impact on change (Hovarth and Bedi, 2002). Alliance is considered by many as the most fundamental component considering that there must be a strong alliance in order for the therapy to proceed and be effective (Hovarth & Symonds, 1991, Greenson, 1967, Gelso & Carter, 1985, 1994).

2.3.2 *Empathy*

Empathy is a central term with a long and stormy history that guides practitioners in their interaction with the clients. Empathy which was established, as a term, by

Rogers in the 1940s and 1950s refers to the sensitive ability and willingness the therapist has on understanding the client's thoughts, feelings and struggles from his own point of view (Rogers, 1957). According to Bohart, Elliot, Greenberg and Watson (2002) empathy is the process where the therapist understands the way the client experiences the world as well as his frame of reference. Being empathic contributes to the therapy process through helping the client access internal information that is not said and therefore remains hidden (ibid.). It is a delicate process that requires the practitioner to enter the client's private and perceptual world in a therapeutic context and communicate with him in a way that it can be appreciated and understood (Norcross, 1999).

Empathy can be expressed by the practitioner in several ways including empathic reflections; experience near interpretations, empathic questions and empathic conjectures (Bohart et al. 2002). Regarding the client's reaction to empathy, Norcross (1999) considers the feedback the client shows to the practitioner as evidence against the uncertainty he might have regarding the effect of his empathic attitude on the client. It is axiomatic to mention that every client responds in a different way to empathy. Bachelor and Hovarth (1999) reached the conclusion that every client responds according to his individual needs and that there is no invariably client reaction.

Among the several definitions of empathy Jenner's (2004:61) description of empathy is characteristic as he considers it the practitioners' ability to ''see the world through the clients' eyes''.

2.3.3 *Transference and Counter Transference*

''Transference'' as a term belongs to Freud and his psychodynamic theory and refers to the repetition of previous experiences which the client expresses towards the practitioner, whereas counter transference is the procedure in which the practitioner brings past experiences in the current encounter (Norcross, Hedges & Prochaska, 2002). However, these terms belong also to the pan-theoretical sphere introduced by Bordin (1979, 1994) and therefore do not only concern psychoanalysis.

Furthermore, Gelso and Carter (1994:170) consider transference and counter-transference as ''the repetition of past conflicts with significant others, such that feelings, attitudes, and behaviours belonging rightfully in those earlier relationships are displaced onto the therapist while counter-transference is the therapist's

transference to the client's material, both to the transference and the non transference communications presented by the client''. Their definition gives a central role to the expectations that arise during the therapeutic relationship while they consider it something universal that appears in all therapies from the initial contact.

Transference exists from the beginning of the therapy and can be at some point a dynamic force. It is when it gets a negative character that it has to be elicited. Its early existence and importance is why the practitioner has to be well-aware of the fact that transference is a part of the client's condition and not a temporary disorder that might show up during the therapy (Freud, 2006).

Freud (2006) gave transference both positive and negative aspects. A positive transference which is expressed with positive feelings regarding the therapist is a fertile condition where the client carefully listens to what the therapist has to say and is more willing to change. The negative transference is usually expressed as resistance and has to be prevailed over in order to achieve a positive therapeutic outcome (ibid.). The therapist ought to analyze the transference in order to give the opportunity to the client to understand his history, inter psychological conflicts and their influence to the present. This analysis enables the client to recollect and transform transference into a valuable tool (ibid.).

The core elements that highlight the importance of the therapeutic relationship have been reviewed mainly through the Freudian and Rogerian perspective with alliance gaining the most central role. These psychotherapeutic theories have prevailed with Bordin choosing to combine both of them in order to give a mutual character to the therapeutic relationship. Furthermore, as it has also been noted earlier, the theory of power provides a different approach considering the practitioner the ultimate leader of the relationship (Rose, 1999, 2000; Hook, 2003).

3. The online therapeutic relationship

Chapter two intended to provide a deeper understanding regarding the traditional therapeutic relationship. Since the comparison made in this thesis regards the face to face relationship and the online one there will be a presentation of the online therapeutic context in the following chapter. What is in focus in this thesis is the therapeutic relationship in the online context, hence it is important to have a wider conception about the therapeutic relationship and its characteristics over the internet. The most common questions that arise are whether transference / counter transference, alliance and empathy can appear in that context taking under considerations Jenner's (2004) three crucial key words: *where, how* and *when*, which outlines the relationship circumstances.

3.1 The therapeutic relationship within the online context

The online therapeutic relationship is the central focus point in this thesis and although research in the field is still limited it is a fertile area for future research. However, most studies show that the therapeutic relationship including the alliance can be successfully developed online (Cook & Doyle, 2002; Barak & Bloch, 2006; D' Arcy et al. 2006; Hanley, 2009). The findings, research results and conclusions regarding the therapeutic relationship online have been presented in the review of previous research in chapter one.

An aspect that affects the therapeutic relationship over the internet is the absence of the nonverbal communication including the body language, face expressions etc. (Helton, 2003; Cook & Doyle, 2002; Manhal-Baugus, 2001).

According to Ekman and Friesen (1968) the nonverbal cues can be considered as a relationship language which has an impact on the quality of the relationship since they can express the client's attitude towards the therapist (transference) and help the practitioner predict whether the client is sincere about how he/she feels. Additionally the nonverbal cues can reveal unconscious beliefs that the client has about its sexuality, self or body image, sense of worth and the ability he has to cope with the environment (ibid.).

The nonverbal cues that appear in face to face sessions are expressed online via acronyms, emoticons and other textual expressions which Barak and Bloch's suggest

being beneficial when examining the client's emotions in online session that is text-based.

Moving on to the practitioner, in contrast to the face to face sessions the online therapy requires the development of some context- adjusted skills. Such a skill that differs from the traditional form is speed. In the text based sessions it is crucial for the practitioner to respond fast and be competent to interpret the client's written message in order to create a good therapeutic relationship. Furthermore the practitioner needs a larger scale of concentration in a chat room; it requires bigger attention in contrast with the face to face therapy since the risk for self distraction (or from other factors) is more possible. If the practitioner gets distracted from outside factors he might lose his synchronization with the client which automatically affects the client's experience of the practitioner and the relationship. Other factors that contribute in establishing and maintaining a good therapeutic relationship online are the therapist competency, the time and place where it occurs and confidentiality. (Suler, 2000, 2004; Alleman, 2002; Rochlen et al. 2004; Barak & Bloch, 2006).

3.1.1 _Importance within social work_

Since the research regarding online therapy and social work is still in a premature phase (Santhiveeran, 2004) most studies refer to the mental health professions in general. Due to that one might think that online sessions are a subject only related to psychotherapy but it is directly connected with social work as well. Social work is also a profession that among other things provides counseling to individuals in need. Thus, social work can also be provided online. Fenichel, Suler, Barak, Zelvin, Jones, Munro, Meunier and Walker-Schmucker (2002) and Finn and Barak (2010) clearly mention that practitioners within clinical social work have to develop skills to practice online social work.

3.2 Online psychotherapy

It is axiomatic to get a broad picture of the psychotherapy practiced online since it is a relatively new domain which I consider an innovation within the traditional face to face therapy. Rochlen, Zack and Speyer (2004:270) define online therapy as ''any type of professional therapeutic interaction that makes use of the Internet to connect qualified mental health professionals and their clients''. This term is not specified and

limited to an exact theoretical approach or practitioners with an exact level of training or licensure. However, it is an area that has attracted many mental health professionals to debate about it. The debate topic usually concerns ethical issues, benefits and potentials, regulation, training and accurate definitions though it is commonly agreed that online therapy is likely to expand. (Norcross et al. 2002)

Since internet has become an indispensable part of our lives it is natural that it will affect our professions as well, thus it is currently expanding (Mitchell and Murphy, 1998). It started its appearance first in the late 70's with the use of computers in psychotherapy; in the late 80's computers where used to provide web based advice to students at Cornell University and in the beginning of 90's an unofficial support groups started to exist on the internet. In the mid 90's practitioners started charging for the online mental health advices in the USA (Santhiveeran, 2004). Today it is a growing field with thousands practicing it worldwide.

Today's online therapy has a wide range of practices within different theoretical approaches including the dynamic, the narrative, the cognitive and cognitive-behavioral, the behaviouristic and the client-centered (Finn and Barak, 2010). Each of these approaches adjusts this sort of communication in the best way which reflects its aims (ibid.).

Online therapy treats non-chronic problems and though there is a lack of research regarding its effects studies so far have shown that it has positive outcomes (Kessler, Lewis, Kaur, Wiles, King, Weich, Sharp, Araya, Hollinghurst & Peters, 2009). Researches pose that it has an effect on various areas and populations such as problem gambling (Wood & Griffiths, 2007), adolescents (Roy &Gillet, 2008), anxiety (Rassau & Arco, 2003), sex-therapy (VanDiest, Van Lankveld, Leusink, Slob & Gijs, 2007), smoking cessation (Woodruff, Conway, Edwards, Elliot & Crittenden, 2007) and patients aftercare (Golkaramnay, Bauer, Haug, Wolf & Kordy, 2007). The online sessions can occur in a written form as emails defined as time-delayed media (asynchronous) whereas video-chat, written chat and internet telephone are defined as real-time media (synchronous) (Santhiveeran, 2004).

Online therapy has its benefits but there are also challenges. The place flexibility is the most common mentioned benefit since it gives easier access to clients and practitioners. In particular when it comes to individuals with mobility problems, time limitations or limited access to the practitioner's place; online session seems as the appropriate choice. It is an alternative choice for people that travel or live in countries

where they cannot visit a practitioner due to language limitations etc. (Mitchell & Murphy, 1998; Rochlen et al. 2004). A case study by Roy and Gillet (2008) showed that the absence of face to face meetings can be beneficial specially when used with teenagers. The distance and the anonymity can provide a safer environment for them to express their problems. Suler (2004) studied the phenomenon where people will say and do things online that they wouldn't ordinarily say and do in the face to face meetings, called the ''online disinhibition effect''. To explain it he posed the interacting effects that provoke it including the dissociative anonymity, invisibility, asynchronicity, dissociative imagination, and minimization of authority. The afore - mentioned factors, that appear online, helps individuals reveal easily things they would not in other circumstances. For example the anonymity, the invisibility and minimization of authority can have the effect of a shield that protects the clients of feeling exposed.

The challenges of the online psychotherapy are concerning mainly confidentiality matters since it exists a threat regarding the validity of the client's identity whereas the shared computers and passwords may also pose problems (Santhiveeran, 2004; Roy & Gillet, 2008; Wells, 2007). The nonverbal feedback, as earlier mentioned, is also a challenge for both the practitioner and the client since it can affect the communication in general but also the understanding (Roy & Gillet, 2008). Another significant factor that can have an impact on the therapeutic relationship is the general context which includes the age of the client, the gender, the type of problem etc. For example a teenage female client with sexuality issues is more likely to feel comfortable over the internet because of the anonymity. The general context has the ability in some cases to transform a challenge into a benefit. More specifically the asynchronous media which is considered a challenge can on the other hand provide a certain time to the client to take fully in the information and respond to it (ibid.). The technical aspect is a practical but common challenge as it can fail during a real time session which can have a negative impact to the outcome if not solved quickly (Finn & Barak, 2010).

4. Theoretical framework

In this thesis the psychotherapeutic theories (Rogerian and Freudian) have had an important role in the understanding of the therapeutic relationship and also of the respondents' perspectives. These theories prevailed when choosing the themes for the analysis (see core elements). However, in order to fulfill the aim of the thesis and explore the practitioners' perspectives on the therapeutic relationship regarding face to face and online sessions two other theoretical perspectives will be used: the power theory introduced by Foucault (1990) and the human ecology theory introduced by Park, Burgess and McKenzie (1925). Psychotherapeutic terms as ''empathy'', ''transference'' and ''alliance'' will also contribute in the analysis in order to reach a deep understanding (see pg. 17).

4.1 A power perspective

Power theory will be used here as a tool to explain the practitioners' expressions regarding losing the ability to control when practicing online sessions. Foucault introduced his theory of power in his book *The history of sexuality* (vol. 1, 1990) where he considered power to exist everywhere because it derives from everywhere and exists in every relation. Power is not a structure or institution nor a personal capability and it is not something that can be shared or something that can be kept or lost. Furthermore Foucault says that no power is exercised without a goal and intention and everywhere powers exists resistance does as well. According to him no society could exist without power and that is because without it people would be unrelated missing any mutual dependency that makes them a society. (Foucault, 1990)

This thesis is about mental health and since psychotherapy is concerned it is interesting to see the Foucauldian view on psychiatry and mental health. He had an interesting view on psychiatry. The fact that *craziness* became an object of scientific study and object of knowledge in the West is for Foucault connected to a socioeconomic context. Institutions of knowledge, health and welfare systems such as medicine are according to him supporting the practice of power via practicing discipline mechanisms which are something obvious and scandalous within psychiatry (Foucault, Chomsky and Elders, 1974). Knowledge and power contribute according to Foucault (1991) to the production of humans into subjects that are monitored by the psychiatric institutions. The mental care interventions are conceived by a Foucauldian

perspective as the way of creating ''a state of conscious and permanent visibility'' in order for the client to be adjusted to the norms of the promoted by the psychiatry (Foucault, 1991 pp. 201).

The power theory regarding psychotherapy has been expressed by Nikolas Rose as well in his book *Governing the Soul* (1989, 1999). When it comes to the shaping of the private self Rose finds a strong correlation between psychotherapy and political power since he cannot see any autonomy in the process of the self being cured by a mental illness. In contrast Rose considers the process of curing a mental illness as a system which aims at shaping morals according to the political power and in that way governs the private selves. Psychiatry is for Rose (1999) - as for Foucault- seen as a way to govern the self with psychotherapy and political rationales mutual consenting to promote certain values which people will adapt through the mental treatments. Rose (2000) considers psychotherapy as a medium of power since it promotes a relation of clienthood where the practitioner is the one who controls the therapy conditions and there is money exchange which is considered a power vector. Probably highly influenced by Foucault, Rose (2000) mentions priestly power in psychotherapy and compares psychotherapy with confession where the one person confesses and the other one gains his power by remaining secret. This confessional mechanism has according to Rose (1999) spread to social work, medicine and psychiatry as an extended form of discipline and control.

The priestly power that Rose (1999, 2000) mentions is actually an aspect of the power theory itself founded by Foucault. The ''pastoral power'' has a direct relation to confession which Foucault considers ''one of the main rituals to rely on for the production of truth'' (Foucault, 1990:58). Confession is related to the conversation between the practitioner and the client. It is for Foucault (1999b) a central part in the development of civil and religious power since it expanded in the West as a powerful technique of producing the truth. The pastoral power is for Foucault an individualizing power that is limited to a certain flock and not extended over a territory being opposed to the traditional political power (Foucault 1999a). The most important difference that pastoral power has is that it is a beneficial power that means well and not a triumphant power that intents to harm the person. In this case it is relevant due to the obvious resemblance between psychotherapy and pastoral guidance. According to Foucault the pastoral power has the following characteristics:

1. It is a form of power whose ultimate aim is to assure individual salvation in the next world.

2. Pastoral power is not merely a form of power which commands; it must also be prepared to sacrifice itself for the life and salvation of the flock. Therefore, it is different from royal power, which demands a sacrifice from its subjects to save the throne.

3. It is a form of power which does not look after just the whole community, but each individual in particular, during his entire life.

4. Finally, this form of power cannot be exercised without knowing the inside of people´s minds, without exploring their souls, without making them reveal their innermost secrets. It implies knowledge of the conscience and an ability to direct it. (Foucault, 1983:214).

Similarly to the pastorate the practitioner seeks to explore the soul of the client in order to lead him to happiness which can by many be considered as a personal salvation. When it comes to psychotherapy where the client takes the initiative to begin it is expressed as an offer as the practitioner is there for the client to guide and help through difficulties. The pastor's sacrifice for his flock can be reflected upon the practitioner on the values of devotion, self commitment a practitioner has to have towards the client (Hook, 2003).

In conclusion the pastoral power is a theoretical accomplishment that gave power a more individualized character, distant from the political state. It refers to the driving force for those who request on their own the examination of their soul, as are the psychotherapy clients. (Hook, 2003).

4.2 *A human ecology perspective*

The human ecology theory examines the interrelation between the environment and the person. This theory will provide a deeper understanding concerning the theme that derived from the practitioners' perspectives regarding the therapeutic frame and its importance for the therapeutic relationship. I intend to use it on order to explain the sample group's expressions of insecurity regarding the therapeutic frame by explaining the impact the parameters of the online context have on it. The ecosystem and its factors either support or disrupt the therapeutic framework and define the therapeutic relationship (Anderson, Holberg & Carson, 2000). McKenzie (1925:63) defines human ecology as ''the study of the spatial and temporal relations of human beings as affected by the selective distributive and accommodative forces of the

environment''. According to McKenzie human ecology has the goal to study the effect the environment has on people and their behavior. The word spatial that he uses has a great importance as a key word since it shows a direct relation to the environment. Political and social problems can occur through the alteration of these spatial relationships since the physical basis of the social relations change. An important aspect of the development of the human ecology is that in contrast to the animals, humans have the power to select their natural environment and to control it (McKenzie, 1925). McKenzie describes how the people's lives can change parallel with the alterations in the communities and the introduction of new conditions. Park (1925b) invented the term ''locomotion'' to emphasize on the ability humans have to connect their emotion with a location and states that:

> as long as a man is thus attached to the earth and to places on the earth, as long as nostalgia and plain homesickness hold him and draw him inevitably back to the haunts and places he knows best, he will never fully realize that other characteristic ambition of mankind, namely, to move freely and untrammeled over the surface of mundane things, and to live, like pure spirit, in his mind and in his imagination alone. Park (1925b:156).

With this rather long quote Park makes a strong input on how much people depend on the environment, the places and locations they are attached to. That dependency is a proof of what a strong effect the environment can have for the individual as he might never get free as Park says ''to move freely on earth''. This might seem irrelevant to psychotherapy but if we consider the therapeutic frame getting influenced by the external environment in which itself exists then it is easy to make the connection that it changes by the alterations made in the external environment as humans lives changes when society changes. When psychotherapy is practiced online, which is an alteration; it is reasonable according to the above theories that the variations will affect it by introducing new conditions.

5. Methodology

In order to maintain a certain distance as a researcher I tried to put aside my pre-understanding, thoughts, hypothesises etc. I was also inspired by the Italian poet Porchia regarding distance who stated that one has to be distant to yourself otherwise you will never be able to reach anyone or anything not even yourself (Porchia, 1992).

5.1 My approach

The research approach reflects my belief on how the accumulated knowledge can be reached most effectively.

This study is based on the hermeneutic way of understanding according to which people can't understand anything unprejudiced and aims at answering the question *how* wanting to understand and not to explain (Ödman, 1979). The hermeneutic approach considers the reality influenced by individuals, the so called ontological idealism which means that the world as we understand it is developed by our knowledge (Wenneberg, 2001). Regarding the epistemological frame in this study I am influenced by subjectivism since I am interested in understanding the reality that has been constructed and influenced by the individual, his subjective understanding and views.

I have practiced an abductive approach which includes a mutual process between theory and empirics as it follows the preconceived idea or the chosen theory but in the meantime is also open to another point of view which can emerge along the process (Alvesson & Sköldberg, 1994).

The abductive way of work followed a certain root; it was developed when formulating my research questions. I proceed from my personal experience of psychotherapy which leads to the curiosity to see how the therapeutic relationship is constructed online. Based on the research questions the data was collected with the choice of theory emerging later on when a tool was required in order to understand the findings. The starting point was the psychotherapeutic theories while reviewing previous research. It was followed by the review of the empirics with the theme ''control'' standing out leading to the necessity of the power theory, in order to understand it. I went back to the empirics where the theme ''safe therapeutic frame'' derived pointing out the importance of the context. For a deeper understanding I turned to the human ecology theory.

5.1.2 *Pre-understanding*

The pre-understanding is a central conception within the hermeneutic approach and can be described as a feeling - idea about the studied domain which leads the understanding towards certain directions (Allwood & Eriksson, 1999). What is implied is that the researcher's attitude has an impact on his understanding. According to Bordin (1974), who discusses research in psychotherapy, it's the curiosity that provokes the examination. In this case the primitive motive was my personal experience from a mental health center in Greece that is systemic oriented and practices mainly systemic family therapy. I sat behind a one-way mirror for six months observing psychotherapy sessions, during my field work and continuing afterwards as a volunteer for one more year. Through these observations I found myself paying a lot of attention to the relationship that the practitioner developed with the client/s. Having experienced the establishment process of face to face relationship made me wonder how the practitioners can create a long-term, on-going, effective relationship with a client over the internet.

5.2 The Context

The therapeutic relationship was studied in two different contexts and in order to illustrate my thoughts on the use of the term context linked to this thesis I choose to refer to a quote by Suler (2004:325) ''The self does not exist separate from the environment in which that self is expressed''. By that I mean that there is a clear interrelation between the development of the therapeutic relationship (self expressed) and the specific context (environment). This argument is also the core standpoint of the human ecology theory which will be presented later on. The context implies the circumstances that give a meaning to the content of the meeting and all these circumstances that appear within the meeting between client and practitioner. Furthermore the place of the meeting has a significant role on the meaning of what is said since it influences various parameters (Andersson, 2007). What outlines the context are the practitioner's and the clients' personal patterns, through which they build a relationship including their knowledge and personal experiences (ibid.).

It is significant to present how I relate to the two contexts concerning this research. Usually comparative studies refer to cross cultural research between two societies (e.g. Blomberg, 2008; Apter, 2008; Denk, 2002; May, 1997). Even if this

comparison is not between two societies I view the internet as an autonomous ''society''/community with its linguistics differences, laws, norms, traditions that differ a lot from the context of the face to face meetings. I consider the internet a ''pseudo society'' whereas the face to face a ''traditional society''. The differences can for example be that in meetings within the traditional society a tradition/norm is to do handshake, whereas in the pseudo society typing Hello, ☺ or a polite smile replaces the handshake (in case of video call).

Therefore, I choose to use my own term *pseudo-society* when referring to the online context since it shares basic similarities with the traditional society but it is still not established. In such way this comparison can also be considered within two ''societies'' with the difference that one has the prefix *pseudo* in order to point out that it refers to something plasmatic.

5.3 Greece as a place for archaism and modernism

Since the research was conducted in Greece and the analysis based on the (Greek) practitioner's perspectives it is important to have a wider picture about the context in which the research took place. In order to give an accurate description of today's Greece, I will use a description by the French philosopher Alain Badiou (2011) from an interview he gave to the newspaper ''To Vima''[4]. I consider his description the most accurate picture of today's Greece.

> Greece is a unique combination of modernism and archaism. It would be wrong to say that Greeks are being captured by the tradition but there are clearer traditional characteristic's in Greece than in other European countries. Nationalism is obviously stronger in Greece. For us it is impressive that the religion maintains its power position and is not separated from the state, neither on paper nor in practice, though the Greek society is contemporary. We are interested in Greece because there are deep controversies and in the meantime brutally battered by the finance crises. (Bozaninou, 201, my translation).

Badiou's description captures the two elements which I consider central in this circumstance. The asymmetrical elements ''archaism'' and ''modernism'' reflects in this case both the existence of online psychotherapy but also the interviewed

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[4] To Vima is a Greek high – profile political newspaper spelled 'Το Βήμα' in Greek.

practitioners' tendency towards power. Another aspect of archaism concerning psychotherapy is reflected in the Greek peoples' difficulty and prejudice when it comes to seeking help by a mental health professional (Stalikas, 2005).

Psychotherapy in Greece is primarily a face to face activity but there is recently a growing minority that is practicing it over the internet. The face to face psychotherapy is being provided both within the public and private sector, whereas the online only within the private. Psychotherapist is a protected professional title which requires a full training by a recognized institution. (ΕΕΨΕ, 2011) Although social workers can get trained they cannot carry the title of psychotherapist nor get the license to officially work as one (Law 991/1979). When it comes to the mentality regarding mental health, Greek people are still not keen on seeking help when in need. The strongly family oriented tradition, where every personal matter shall be kept within the circle of family, combined with the prejudice that psychotherapy is for *crazy* people, make them timid. (Stalikas, 2005)

5.3.1 *The relevance of doing the research in Greece*

I chose to conduct my research in Greece primarily based on a personal interest. Having lived, studied social work and completed my practice and voluntary work in Greece made me develop a professional view and bond which enabled me to form my research questions in a better way since I am more integrated in that professional context. Additionally doing the interviews in Greek increases the analysis validity by far since Greek is my mother tongue. Furthermore it is a way where Greece can teach Sweden or Sweden can learn from Greece. That is relevant considering it in a wider sphere; the European Union has clearly the intention to increase the labor-mobility in between the member countries. The Bologna process is a clear evidence of that intention. Thus, the European market is a common field and therefore enables the labor mobility for all of the mental health professionals. (Europeiska Gemenskapernas Kommission, 2009) Hence, it is interesting to explore and understand other countries traditions, culture, and function regarding the field of the mental health.

5.4 Chosen method

In order to get my research questions answered I chose to perform a comparative study. This method has the aim to reach a deeper understanding in order to develop the

existing practices or theories (Blomberg, 2008) and in this case helps me to understand how the therapeutic relationship is characterized over the internet.

Almost all the reviewed literature regarding the comparative studies refers to cross-cultural studies between countries rather than a phenomenon within the same country (e.g. Blomberg, 2008; Denk, 2002; May, 1997; Apter, 2008). In this case this study is comparing a similar object in a different context which here refers to having sessions in *the same room* and *the internet*. My standpoint in this case that motivated that comparison is that there are two similar things with crucial differences but in the meantime with strong similarities referring to psychotherapy and the common need to have a positive relationship in both settings.

The data collection was fulfilled by using a semi structured interview in order to reach a deeper view on the practitioners' experiences, emotions, attitudes, perceptions and thoughts (May, 2001). Furthermore, it gave me the opportunity to reach a deeper understanding as it allowed me to have a dialogue and ask follow-up questions. Moreover, since this intermediate form of structured and unstructured interview method produces comparative data it gave a broader space to the respondents to answer in a freer way (ibid.). The weaknesses of this method as pointed out by Kvale and Brinkmann (2009) includes the credibility, the time required and the interpretation of the collected data. Regarding the validity issues that derived from these weaknesses strategies to overcome them are mentioned in the following chapter.

A guide (see attachment A and B) gave me structure along the interview process which was important to me as a researcher because it gave me the opportunity to have comparative data in order to reach a deeper level of understanding.

5.5 Reliability- Validity- Generalizability

Reliability concerns the result credibility and it can be considered by some as problematic in a qualitative study (Jacobsson, 2008). What makes it problematic is the human factor since one can never know what can influence the respondent to answer one way or another. A way to increase a study's reliability is to give the chance to the respondents to have their own interview style (Kvale & Brinkmann, 2009). Validity concerns having studied what was meant to be studied, that there is relevance between the results, the aim, and the research questions and that the collected data will contribute to an understanding and fulfilling of the study's aims. I focused on the

''construct validity'' which concerns studying and making well established interpretations of the empirics. A way to secure the construct validity was to make sure, under the interview process that the respondents stuck to the studied area securing the interview's content relevance to the aim and research questions. Additionally, I tried to be critical through the whole process and the analysis by taking under consideration the study's weaknesses and strengths and the ways I could overcome those using previous research as a sort of guideline regarding its construction. Furthermore, supervising had the role of a peer- review which increased the validity since weaknesses and ways of improvement were discussed (Rolf, Barnett & Ekstedt, 1993). The ''comparative validity'' concerns whether the indicators can be used to explain the same qualities in different contexts (Denk, 2002). The fact that the term therapeutic relationship has the same meaning to all the respondents since they are practitioners within the same country, society, cultural environment, have clients with common characteristics etc. indicate a valid comparative frame. One other form of validity, the ''intern validity'', refers to how different factors might be related to each other in the analysis (ibid.). That was considered in the analysis process by critically reviewing the results and the possibility that other factors might have influenced them.

The ''generalizability'' (also extern validity see Denk, 2002) in a study answers whether the results can be applied on other individuals and/or a wider context or if they are relevant only to the specific study and the context in which it was conducted (Kvale & Brinkmann, 2009). Within the qualitative research method there are many types of generalization and I will lean on the analytical generalizability in the result discussion. Namely, the results will be a sort of guideline in other situations as well. The ''analytical generalization'' can take place regardless of the sampling method (ibid.). My intention concerning this study is the results to be a type of guideline that will offer generalizable knowledge to practitioners, on a national or/and European level.

5.6 Sample group

The population in this study is every psychotherapist that works online and face to face in Greece.

In order to give answers to my research questions have I made a selection according to some ground criteria. The criteria include that they are mental health professionals and more specifically psychotherapists; they all are addressed to the same group of clients with common problems which are depression, anxiety, crisis, phobias, grief etc. Being a psychotherapist in this case means that each and everyone has a bachelor degree in psychology or is a psychiatrist (as predicted by the Greek Law 991/1979) and is trained on a specific theoretical approach. The sample group was consisted by a wide variation of theoretical approaches. The face to face group included practitioners with psychodynamic, client-centered, systemic and cognitive approach and the online group included practitioners with gestalt and cognitive – behavioral approach.

According to Kvale and Brinkmann (2009) the sample in a qualitative study may include from 5 to 25 individuals in order to have a group big enough to capture a variation and broadness but in the meantime to reach the intended depth which is my goal with this study. In this study the sample includes 9 individuals consisted of two comparative groups, a face to face group with practitioners doing face to face sessions and an online group with practitioners doing sessions over the internet. The face to face group consists of five psychotherapists in the mental health center of the psychiatric hospital of northern Greece in Thessaloniki, four of which were women and one man. I chose the mental health center mainly for practical reasons. Due to personal involvement with the mental health center it was easier to locate the respondents and secure a sample group, considering the shortage of time I had to complete the interviews. The online group consists of four psychotherapists, two women and two men. Two of them are located in Athens and two in Thessaloniki. The two practitioners located in Athens were interviewed over the internet via video call (Skype). The rest of the practitioners were interviewed face to face. They were localized through the internet with the use of the search engine google.gr and my personal contacts in Greece. It is important to note that there were only five Greek practitioners found for the online group. Four were found through the internet and one through personal contacts. After calling the potential respondents and getting their positive response on participating a date was set for the interview.

The online group was to be consisted of five practitioners as well but one of the psychotherapists who agreed to participate cancelled her participation at the last moment due to personal reasons. Therefore the online group ended up with four

individuals. Unfortunately since there were no more practitioners found in Greece that gap could not be filled.

5.7 Research procedure

Contacting the sample group was a priority in February when starting this thesis, while being in Sweden I called the practitioners to get their consent. When arriving in Greece in March I contacted them in order to set the date and time for the interview. On that phone call I went through the aim of the thesis, the research questions and the ethical considerations. During the interviews a Dictaphone was used (with the respondents consent) in order for the material to be saved (Jacobsson, 2008). The use of a Dictaphone helped me also to focus on the interview circumstances since I did not have to take notes along the process but instead concentrate. According to May (2001) there can be a weakness by recording the interviews when respondents are not comfortable being recorded and therefore holding back when answering. In this case there was no such problem since they all consented on being recorded.

Since the hermeneutics perspective outlines this study and the aim is to focus on interpretation of the respondents' experience, images and views I tried to ask simple questions (based on the interview guide prepared), not too complicated for them to answer in order to get deep answers and have a good dialogue. Bordin (1974) discusses the research performed in psychotherapy and suggests that the questions regarding the study should be method oriented, patient oriented and therapist oriented. The questions I asked had these three main directions including how the practitioners work, what they think about the therapeutic relationship and what their clients think about it. The follow-up questions derived mainly from the participant's sayings trying though to make them as common as possible for everyone since they were to be compared. The same three main directions were used in both guides for both groups, with few minor adjustments.

I also tried to ask questions that were in a way neutral and not influenced by the theories, reviewed in previous chapter. The discussions were held in person or via video call where I could see the respondents and they could see me. The Skype dates were set via the telephone after giving the practitioners my Skype address so they could add me as their contact. The interview duration varied from person to person ranging from minimum 45 minutes to maximum 59 minutes.

Regarding the two interviews done online according to Kvale and Brinkmann (2009) computer based interviews cannot capture the respondent's body language and their voice tone which might be a central part of the discussion. However, in this study that is not considered as a weakness since that is not the goal.

5.7.1 *The Procedure of Analysis*

The analysis was done a few weeks after the interviews were conducted having though listened to the recorded discussions a few times before the transcription. That enabled me to take some notes and to start forming the first ideas of what their perspectives could point at and the similarities and differences in the two groups when put next to each other.

In order to analyse the collected data (empirics) I followed the path of the thematic analysis. I transcribed word-for-word the interviews which was a total of 62 pages and after printing them I highlighted, chose and categorized the most central themes to be analysed. I reviewed the transcription and by using a marker underlined what I found interesting either because of the dynamic of a term (e.g. control) or based on the reviewed literature (e.g. core elements). A second phase was to delimit all the selected points in order for the central themes to emerge.

I started with the first theme and wrote until the point I considered that I needed a theory to help me deepen on my approach and it is then when the theories came in (see also pg.31 for the description of the abductive way of work).

When quoting the respondents I had to translate from Greek to English. I tried to use the more accurate translations although the practitioners did not use difficult idioms or other unique words that would lose their meaning when translated in English since they used a rather simple language. In some cases though there was not an exact same word in English so I used the word or expression with the most relevant meaning.

As mentioned earlier in this thesis I am influenced by the hermeneutic method of work although it is important to mention that the hermeneutics is not a specific method that has to be followed step by step but a rather wider conception (Kvale and Brinkmann, 2009). The hermeneutic circle which is a process that leads to a deeper understanding reflects the way I worked through the empirics. According to this circle the passage is understood as a whole in a vaguer way to begin with which later

on leads to a more specific view interpreting separate parts and out of these interpretations are these parts related to the wider passage and so on. (ibid.)

Each interview was considered as an autonomous text that had to be understood out of what itself had to ''say'' about at specific theme being though aware of my pre-understanding. My intention, regarding the interpretation of the practitioner's statements, was to go beyond the given answers and try to elaborate new differentiations in order achieve a deeper understanding by broadening the text's meaning. (ibid.)

5.8 Ethical Considerations

Tim May discusses (1997) the two ethical ground perspectives within social research, the ''deontological ethics'' and the ''consequentialism''. The deontological ethics refer to a universal form of research ethics which every researcher ought to follow. An example is that all the participants must be fully informed about the research and give their consent to their participation. Consequentialism refers to the confidentiality and the anonymity and the consequences that the researcher's actions might have.

In this study I followed four ground principles: the information principle, the consent principle, the confidentiality principle and the use of the data principle.

The information principle means that the researcher ought to inform the participant's about the conditions regarding their participation. The study's voluntary character is as important as the aim and the research questions to discuss. I explained the study's aim and research questions in addition to their voluntarily participation and guaranteed their anonymity. Furthermore, writing the thesis in English was based on the sample groups right to have access to it. (Vetenskapsrådet)

Furthermore I made clear that their positive answer to my invitation will be considered as their consent to participate, which is the consent principle. The consent principle concerns the researcher's duty to get the respondents consent. It was also important that they got contact details in case they wanted to reach me if they wished to terminate their participation (ibid.).

The confidentiality principle assures that everything that includes delicate and identifiable information will be protected. To make sure of that I tried to ask questions regarding their profession and practice and not personal issues (ibid.).

Last is the use of the data principle where it is important to clarify that all the collected data will be used only for this specific research. Therefore I made sure that I would also remove their Skype address from my contacts list as soon the interview was finished (ibid.).

The limited sample number is a fact that raises an ethical matter considering that almost all of the practitioners practicing online therapy in Greece participate in the research and that affects the protection of their anonymity. A way to reduce the risk of their identification was to replace their names with the letter F followed by the numbers 1-5 for the face to face group and O followed by the number 1-4 for the online group.

5.9 Limitations

It is important to clarify that this study does not intend to investigate the effect that online therapy has but the nature of the therapeutic relationship established between the practitioner and the client over the internet. It is taken for granted that the therapeutic relationship has some specific elements that characterize the relationship and its content. The idea of the therapeutic relationship has been drawn out of previous literature/research and the data collected through the interviews with the face to face group. Based on that traditional relationship I have the intention to explore how the relationship is outlined online where there is an absolute absence of face to face meeting, non verbal communication etc. A limitation in this study is that the sample group will only consist of practitioners and not clients, thus the results concern the practitioners' views and not a holistic approach on the therapeutic relationship online deriving from both participants (clients and practitioners).

The study's validity might be threatened by the online participants' need to promote this method since online therapy is a relatively new and growing field preformed by private practitioners. Additionally, the theoretical approach that every practitioner is trained in could affect the validity according to the argument that the relationship differs within the various methods. The argument I oppose is that the therapeutic relationship is common ground for most psychotherapy approaches. It is commonly accepted by practitioners that no method succeeds without gaining the clients trust and establishing a good relationship (Helton, 2003). The pan-theoretical intention is therefore reasonable since psychotherapists agree on that the important

and helping elements for the client are shared by diverse psychotherapy approaches (Horvath & Bedi, 2002).

The fact that the practitioners are not social workers could raise the argument that the results will not be generalizable to social workers. As stated previously since the therapeutic relationship is common to all therapies I consider that the result can easily be generalizable to social workers and other mental health professionals since they also establish a relationship with the client in their collaboration.

My pre-understanding, as discussed earlier, is a possible threat for my objectivity and analysis (Blomberg, 2008). In a comparative situation it is possible that the researcher will be in favor of one part considering it stronger or best, more effective etc (ibid.). My experience of psychotherapy has definitely formed my state of mind regarding the therapeutic relationship within face to face therapy and has provoked my curiosity considering its differentials. The fact that I am aware of my intention to focus on the differences as negative indicators for the online therapies helps me to remain curious without pre-judging the outcome. According to Ehn and Klein (2007) it is not possible for a researcher to describe the real world without influencing it. His or hers awareness about his subjectivity can be converted from being a threat to a strength as an element that might contribute to a deeper insight on the process of knowledge acquisition. I think of it as a weakness that occurs in almost every research. The absence of comparison between two objects does not imply that no comparisons are being made. It is possible that for almost every researcher, there is always another object, phenomenon, outcome etc that functions as a comparison indicator even if it is latent and not obvious.

Conducting two interviews via Skype had its difficulties due to interruptions caused by technological reasons. In that case when the connection was retrieved I reminded them of what we were in on. The Dictaphone helped me to stay focused on what was discussed before the interruption. These interruptions were experiential since they enabled me to better understand what the practitioners meant by saying that the technological difficulties is an obstacle on the therapeutic process and establishment of the therapeutic relationship over the internet.

Last, the fact that there are a few practitioners in Greece who practice online psychotherapy had as a consequent the limitation of not having a bigger sample group to rely on, especially in the case of cancellations. One of the practitioners could not

participate and thus the online group was left with four instead of five participants, with no possibility of replacement since no other prospected participant was found.

6. Results and Analysis

To analyse includes separating something in parts or elements (Kvale & Brinkmann, 2009). The goal with this analysis is to explore the practitioners'[5] perspectives on the therapeutic relationship through four selected themes and compare them in order to see the differences and similarities between the two groups and reach to a conclusion about the therapeutic relationship online. The themes were selected based on some criteria. These criteria concern in the first place giving answers to the research questions including their perspectives regarding the therapeutic relationship and the nature of the therapeutic relationship over the internet. Second, the themes where selected based on what was most mentioned by the respondents in correlation to the literature review as well. By using the term perspective I mean how the practitioners understand and experience the therapeutic relationship within the traditional and the pseudo society. The intention is to provide new (subjective) knowledge regarding the therapeutic relationship online.

The analysis is inspired by a theory of power introduced by Foucault (1990) and the human ecology theory introduced by Park, Burgess and McKenzie (1925). The four themes that will be analyzed are: *The core elements of the therapeutic relationship* (including empathy, transference and alliance), *safe vs. non safe therapeutic frame, the need to control* and *the ''chemistry'' between the client and the practitioner*. These themes were selected either because of the frequency they were mentioned, the joint consensus between the face to face and the online group or according to their importance according to the practitioners, the literature and previous research (e.g. the core elements).

6.1 The core elements of the therapeutic relationship

The core elements of the literature review consist of empathy, transference and alliance. In the interviews with the practitioners (including both groups) these were elements mentioned by all. Their perspectives align to each other but also differ. Overall the practitioners have mentioned these elements as important parts of the establishment process when it comes to positive therapeutic relationship.

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[5] The sample includes the face to face group consistent of the practitioners F1, F2, F3, F4 and F5 and the online group which is consistent of the practitioners O1, O2, O3, and O4.

6.1.1 *Empathy*

Empathy is the situation where the therapist can relate to the client's problem as if it was his own without though experiencing it as his own (Rogers, 1957). That function is something that came up naturally in the interviews with the ''online group'' either when the respondents were asked about it or when they mentioned it by themselves. The respondents described empathy as one of the most important element not only for the therapeutic relationship but also for the therapeutic outcome itself.

According to the face to face group's perspectives empathy is something that ''occurs and has a direct connection to the relationship which is a tool and has the biggest impact on the outcome'' (F1). A practitioner defined empathy as:

> ''being able to recognize your feelings that arise from the interrelation with the client''. (F2)

The descriptions given by the online group are as strong as those given by the face to face practitioners. Practitioner O4 describes empathy as a situation where ''the therapist shall reach out his hand to the client to help him out of the moving sand without though getting forced into it himself''.

However, the picture is a little different for the online group, all of them salute it as one of the most important ingredients but they do not think that it occurs as easy as in the face to face sessions. Their concerns were if empathy can reach the client over the internet since it is primarily communicated via the nonverbal cues which in this case are absent (Preece & Ghozati, 2001).

Practitioner O1 says that: ''I will feel it but will the client get it?''. His concerns concern the ''chemistry'' (for ''chemistry'' see the homonymous theme pg. 60). Since practitioner O1 thinks that a good ''chemistry'' is required to express empathy and ''chemistry'' being absent online it becomes an obstacle regarding empathy as well. Another practitioner agrees on that the absence of the nonverbal cues makes it restricted:

> O2: ''you don't have the body language to express it, to hand a tissue, to lean forward etc. that makes it hard to show him what you feel, you are forced to express it very clear with words''

According to practitioner O3 showing empathy online is a ''challenge'' because of the absence of the nonverbal cues and the opportunity to support the client via using once again the ''voice tone, face expressions and body language, it is these little

things which matters in the end'' in conclusion the therapist can feel it but has the difficulty to express it or for it to reach the client.

It is clear that in this case the different environmental conditions in the online context have an impact on empathy online. Based on Park, Burgess and McKenzie (1925) who developed the human ecology theory has the environmental parameters the dynamic to have an influence on the people and the circumstances existing in them.

It is important to note that in this research the clients' perspectives are absent so the conclusion that the empathy cannot in fact reach the client cannot be drawn at this point. It can only be interpreted as insecurity expressed by the practitioners doing sessions online influenced by the context that does not provide them the security to know for sure.

Although Cook and Doyle conducted a research on alliance in online therapy they included in their research empathy as well. In order to measure the alliance scores they used the WAI (Working Alliance Inventory) instrument. WAI is based on the theory of Bordin (1979) and therefore includes his three elements task, bond and goals as subscales. In this case the element bond has the same meaning as empathy since ''the concept of bond is similar to the empathy construct'' (Cook & Doyle, 2002:98). It is axiomatic to note that the clients did feel an empathic bond to the practitioners online leading the researchers to draw the conclusion that empathy can occur in sessions held over the internet. So in contrast to the biggest study done so far, which found that he empathic bond was in fact even higher online, in this study the respondents' perspectives are leaning towards the result that empathy online is not as easily achieved as in face to face sessions. That makes me wonder if the practitioners' perspectives are wrong about the client's ability to feel the empathy and if so what leads to that misinterpretation. Can it be the deficit feedback they get online?

6.1.2. *Transference*

Transference is the mechanism where the client projects his feelings about someone else to the therapist. These feelings can be anger, hate, and love and so on. There are several researchers that think that transference and counter-transference occurs easier online compared to face to face. Their hypothesis is based on the absence of the non verbal cues. (Suler, 1998; King & Moreggi, 1998) This study on the other hand does

not mention an easier expression of transference but a different one due to the absence of nonverbal behavior.

As in the case of empathy transference is mentioned by the face to face group as something apparent or /and obvious that has a big importance to the therapeutic relationship. Practitioner F1 describes it as ''an important game for the development of the relationship'', practitioner F2 thinks also that '' It occurs, can be bad or good, and can be therapeutic itself more than the practitioners input''.

The online group recognizes its importance but has its concerns about the client expressing it over the internet. They consider that it occurs but in a different way since it is affected by the distance. Practitioner O3 mentions an example when a client was afraid to express his anger towards her because he felt threatened by the distance and says that the client was afraid of losing the relationship with her and then it would be hard for him to find her again. To feel intimidated by the distance has a clear connection to an unsafe therapeutic frame over the internet where the client obviously according to the practitioners feels the insecurity to find them online. Practitioner O1 is wondering whether transference might be existed in forehand by saying that: ''I don't know whether the client has that intention before the therapy starts. One might get in therapy for example because he has no friends, automatically he considers the practitioner a friend, unconsciously''.

Fenichel, et al. (2002) came to the conclusion that transference exists online both in synchronous and asynchronous sessions and therefore powerful therapeutic relationships as well. In this case the client tends to express transference in other forms. Instead of doing it verbally they choose to not show up for the next appointment or to cancel it as the practitioner (O2) says ''they will often cancel''. One other practitioner (O4) considers on the other hand that transference occurs and he responds to it. Circumstances are described to be stiffer when it comes to online therapy. The online group does not see transference as something obvious that will occur but they stay positive since they consider it existing even if it occurs in a different form as usual. One similarity that is axiomatic to mention is that a practitioner (F2) from the face to face group gave also the same answer as the practitioner O2:

''If clients are afraid to express negative feelings for the therapist they might
cancel or be late for the next appointment. That happens often after the

vacation break when the therapeutic frame has been disturbed from me being absent''.

The practitioner (F2) considers that happening because ''the stability of the therapeutic frame is lost''. That makes me consider that this particular way to express transference in the face to face context has a correlation to the insecure therapeutic frame which in the other hand is an ongoing state for the online sessions due to the technological difficulties and the distance.

Expressing transference in a different way is also noted by Laszlo, Esterman, and Zabko (1999) who stated that the absence of the verbal communication (in text based sessions) and the nonverbal cues in general makes the clients to express their transference in another way by unconsciously projecting their wishes, hopes, fantasies and fears.

The different way clients express transference online is explained by the human ecology theory where the alterations in the wider environment have a direct relation to the people who exist in it since it affects and changes them too (McKenzie, 1925). Though when changes occur in the traditional psychotherapeutic environment the clients will be also affected and change their behavior as well.

When it comes to the elements empathy and transference it is clear how the contextual factors are influencing their development. These both ingredients do not appear equivalent to the face to face sessions due to factors of the external reality. The factors that impose in the therapeutic relationship can be considered as ecology issues ''that often saturate the therapeutic relationship'' (Anderson et al. 2000:107).

6.1.3 *Alliance*

Alliance has been described by authors and researchers as the corner stone of the therapeutic relationship and has for some been considered just as important as the relationship itself (Bordin, 1994, Greenson, 1967). In contrast to the two elements mentioned above alliance seems to be adequately established over the internet. From the face to face group a practitioner (F3) describes alliance as ''an important tool, it means to be a co-traveler, to listen and understand''. For the practitioner F2 it is also very important:

> ''it is about trust. To be with the client and not on the other side in order for him to trust me''.

Alliance gets a more positive response from the online group (compared to empathy and transference). The practitioner O4 says that ''without the alliance there is no relationship, of course you can have it over the internet''. Practitioner O2 says that ''it is exactly the same with the face to face sessions, if it doesn't occur it is based on the person and not the context''. The practitioners from both groups did not have much to say about the alliance. The face to face group talked about alliance as something important for the relationship between the client and the practitioner and the online group was in the same spirit since as it seems it is not something that is considered to be problematic and therefore not analyzed. In conclusion the alliance is exactly the same for all the practitioners, has the same importance and occurs in both contexts. Could that lead to the conclusion that alliance is so powerful and therefore is not affected?

The existence of alliance online comes in agreement with the previous research that found that the scores of alliance were equivalent to the scores found in face to face studies (e.g. Cook & Doyle, 2002; D'Arcy et al, 2006; Reese, Conoley & Brossart, 2002). When it comes to alliance in synchronous sessions with the use of video call (which is what all the practitioners use) results show that the alliance is as positive online as face to face (Day & Schneider, 2002; Simpson, Bell, Knox & Mitchell, 2005).

In this part I presented the core elements of the therapeutic relationship out of the practitioners' perspectives. It is axiomatic though to note that counter transference was not discussed by the practitioners in neither group although they were asked. In conclusion my remark is that there are differences between the face to face and online psychotherapy regarding empathy and transference though alliance remains the same in both contexts. To summarize it empathy is not considered to reach the client although the practitioners can feel it thus its dynamic cannot be all the way fulfilled online. Transference on the other hand exists online but in a different form. Overall the online practitioners had a positive tone and not a pessimistic one meaning that they can still build a relationship online besides these differences. What was interesting was that at some point the perspectives converge between the two groups regarding the cancellations and not showing up for the session as an expression of anger (transference). Though in the online therapy this is the main form of transference it is important that it also occurs in the face to face sessions BUT only when, according to the practitioners, the safety of the therapeutic frame is disturbed.

That is important because it indicates that the main difference and what influence the therapeutic relationship is context related. That is why that will be the next theme of the analysis.

6. 2 Safe vs. non safe therapeutic frame

As mentioned already in the first chapter of this thesis the context has a central role since what is examined is a comparison between two similar objects in two different contexts including the same room (face to face) and the internet (online). In the methodological chapter it is mentioned that I consider the online context a pseudo society which will be compared to the traditional society which is the face to face. In this phase I will focus on the context provided under the therapeutic process which will be called therapeutic frame. This analytical theme derived exclusively from the practitioners' answers since it is not mentioned in the reviewed literature or previous research and therefore it was not included in the interview guide from the beginning. In this case the safe therapeutic frame is correlated with the practitioner gaining the clients trust[6] which is an important factor for the establishment of a good therapeutic relationship.

A representative statement is said by the practitioner F2 ''to provide a safe therapeutic frame is the most important in order to gain trust but also to accomplish change''. What is a safe therapeutic frame? Anderson et al. (2000) considers it as the protective perimeter that the practitioner provides to the client which isolates the sessions from external disruptions.

According to the practitioners (from both groups) it is a place or situation where distractions (as telephone, door-bells etc.) are excluded. These external influences are part of the larger environment in which the therapeutic relationship is developed. Many of these influences referred as ecological disruptions cannot - according to Anderson et al. (2000) - be controlled by the practitioner or the client. However, the broader social context (the location of treatment, the time limits, the setting etc.) influences the therapeutic relationship developed and therefore makes it crucial (ibid.).

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[6] Trust could be an analytical theme itself since it has a big importance for the therapeutic relationship. Due to its strong correlation (according to the sample) with the therapeutic frame provided I chose to embody it in the theme 'safe and non safe context and not to present it separately.

Practitioners from the face to face group describes the safe therapeutic frame as ''a place where the client has the opportunity to talk about his inner feelings without being judged and feel trust, in some cases that can be the most therapeutic part'' (F1). One other practitioner (F2) takes it a step further and uses the key word maintain when she says that ''the therapeutic frame is the most important thing in the therapy, to be there every time at the same time and day, being able to maintain a stable therapeutic frame and trust''. The word *maintain* gets an interesting character when it is placed across the online practitioners' perspectives where maintaining the therapeutic frame safe is what all of them find unfeasible.

The reason why the therapeutic frame is so important is because it sets the ground for trust to be developed which is what leads to a positive therapeutic relationship and as practitioner F4 said ''trust is the cornerstone of the therapeutic relationship''. That is on a bigger scale a granted situation for the face to face practitioners' whereas for the online ones it is at stake.

What make the therapeutic frame insecure in online therapy are the *technological issues* that might disturb the session and the absence of the *nonverbal behavior*. The first affects the therapeutic frame to be experienced as safe (for the client according to practitioners) whereas the latter affects the process of creating a safe therapeutic frame mainly for the client that will lead to trust and thus a positive therapeutic relationship.

6.2.1 *Technological issues*

Most of the online practitioners have experienced a failed session due to a bad internet connection, a frozen picture, bad sound etc. When the internet shuts down in the middle of the session the therapy might be strongly disrupted especially if in that point the client is in the middle of revealing a sensitive and/or important issue. These technological issues are considered ecological disruptions since they belong to the larger environment and have a direct effect to the individual existing in the therapeutic situation. In this case I will get back to the term pseudo society (online context) in order to present the ecology correlation in this circumstance. The alterations in the pseudo society affect the practitioners due to the new conditions introduced (technological surrounding in therapy). The practitioners are affected by these technological difficulties which they do not have the power to control likewise to the

humans that are affected by the alterations in the society they live in according to McKenzie (1925) who is one of the founders of the human ecology theory.

This external reality is considered by Anderson et al. (2000) as *ecology disruption*s that the practitioner and the client has no control over and its dynamic can have a big impact in the therapeutic relationship. Practitioner O3 says that ''being stopped and not able to express his thoughts comes in total controversy with the fact that this is the clients hour where he can talk in a safe context. No, in this case it is not safe''. Furthermore the same practitioner gives an example with a power failure which resulted her not being able to be present for the session and says that:

> ''in the office I have control over the phones, doorbells etc. online you never know. And that brakes my commitment to the client that <u>I will be here for you</u> and that effects the trust''.

According to Anderson et al. (2000) the concept of ecology in psychotherapy reflects the fact that the practitioner has limited or no control over several aspects regarding the therapeutic environment and refers to the factors that either disrupts or supports the therapeutic frame which in its turn defines the relationship between the practitioner and the client. These aspects though do set the parameters for the therapeutic frame. (ibid.)

In conclusion when the internet shuts down it becomes an obstacle of providing that secure therapeutic frame (trust) and establishing a good relationship.

I had the chance personally to experience the bad technological conditions in the interviews I did with two practitioners via Skype. In both cases the internet shut down which personally upset me since I was firstly stressed to regain connection with my respondent and second it distracted me from what we were saying at the moment. Practitioner O3 commented that incident and said ''now you understand what it is like, you can only imagine how that is for the client''. I did understand at some scale how the client must feel if and when that happens he is in connection with his deeper feelings trying to express them.

6.2.2 *The nonverbal behavior*

The nonverbal communication is usually activated without conscious awareness through facial expression, tone of voice and posture which can express emotions but also behaviors (Pally, 2001). Therefore the absence of non verbal expressions might

affect the online practitioner's work and perception regarding the client's situation. The absence of the nonverbal communication is considered as an ecology disruption since it is a consequence of the altered online context. Practitioner O3 considers that crucial since ''being able to detect the nonverbal signs helps me to be empathic and to built a safe context for the client to feel trust''. The lack of the directness which though exists in the face to face sessions (that is the reason why these concerns are not mentioned by the other group) requires a bigger effort from the online practitioner either to detect in another way the nonverbal cues (e.g. by asking the client, or based on the sound of his voice etc.) or to be able to penetrate deeper into the clients state. That is what some practitioners mentioned doing instead since as stated also by Pally (2001) more attention has to be given to the nonverbal side of the communication. Practitioner O2 who practices mainly text based sessions expresses the concern on not being able to deepen on the client's needs and emotions. She feels that ''the nonverbal behavior helps me to reach the client's emotions in a different way that makes him feel safe, that does not exist here''. The lack of the information provided via the nonverbal behavior lead to the belief that the ability to work with the client's feelings is reduced. That leads to the consequence of not being able to create an environment where the client can feel trust.

It is significant though to mention that this lack of directness has according to the practitioners' statements its benefits when it comes to what Suler (2004) calls the disinhibition effect. The disinhibition effect refers to the effect the distance has on the clients and makes them act out and express themselves easier carried away by the 'anonymity' in contrast to the face to face meetings where they might be more timid. That is something that is recognized by the online sample. Practitioner O1 says that ''the text based session refers to the common chat which makes people do and say anything''. Although it is interesting that this effect does not influence - in this case - the establishment of a safe therapeutic frame and additionally trust.

In conclusion the above can be reflected in the equation *Safe therapeutic frame = Trust = Positive Relationship,* since as practitioner O5 said ''being stable is what makes trust grow''. A therapeutic frame which is experienced as safe by the client equals with him feeling trust which equals a positive therapeutic relationship. In the online psychotherapy that equation looks more like *Unsafe therapeutic frame = non trust = requirement for a bigger effort for a Positive Relationship* since according to practitioner O3 ''an unsafe therapeutic frame puts at risk the emotions and might lead

to a bad relationship because it hardens the way towards reaching him'' meaning that it takes more time, techniques and effort to make the client feel trust and create a good therapeutic relationship.

In conclusion these new conditions effects strongly the therapeutic frame and thus the development of the therapeutic relationship as ''the therapeutic frame plays an important role in holding the relationship and the therapeutic ecology serves as a large, overarching factor that further molds and affects the therapeutic relationship'' (Anderson et al. 2000:108). In reference to the human ecology theory it is reasonable that the pseudo society and its parameters does disrupt the status quo of therapy as does likewise anything new that emerges in the society and disturbs the status quo of the communal life (Park, 1925a). Although the human ecology highlights the interrelation between the context and the relationship, maintaining a safe therapeutic frame is not irrelevant to a theory of power. Being able to keep the therapeutic frame indicates that the practitioner is the one who controls the parameters of the sessions. Rose's (1999, 2000) theory on psychotherapy views the practitioner as being an agent of power in a one way relationship. When Rose mentions the one way relationship he refers to the practitioner being the only one in charge. As in this case where the practitioners experience the insecurity to keep the frame safe. It is significant to mention the enthusiasm the practitioners' show during the interviews for this innovative way of psychotherapy over the internet. Even if they concentrate on their concerns they are all characterized by a sense of enthusiasm and hope for improvement.

The inability to maintain a safe therapeutic frame over the internet and the insecurity which is connected with it a consequence leads the practitioners to mention the word *control*. The unsafe therapeutic frame clearly creates insecurities and circumstances under which the online group expresses, in a more straightforward way, its tendency to control mentioning the word control in contrast to the face to face group. That is why the next theme will be about the *need to control*.

6.3 Need to Control – a new perspective

The theme *need to control* is a new perspective that grew out of the interviews just as the *safe vs. non safe therapeutic frame*. They were not included in the interview guide since they were not mentioned in the reviewed literature and previous research. The

theme need to control derives from the insecure therapeutic frame that the online practitioners experienced. It is clearly seen in the online practitioners' perspectives but is also reflected in the face to face group in a more concealed way but yet notable. The analysis of this theme leads to the main discussion about psychotherapy's relation to power and social control.

As mentioned above the need to control is concealed in the face to face group since no one mentions the word control (in contrast to the online group). But it is – based on my interpretation- clear that they have the tendency to control since they all give themselves the most important role regarding the therapy process, the boundaries, providing a safe therapeutic frame and trust, they way transference is expressed, chemistry etc. That has its explanation in one of Foucault's assumptions that the power is exercised in a concealed way through institutions related to welfare and medicine (Foucault et al. 1974). But it can also be reflected in Foucault's (1990) statement that power conceals a significant part of itself in order to be accepted and succeeded.

When the discussion referred to the boundaries and how they affect the therapeutic relationship there are similar perspectives in both groups. Two examples are:

F1: ''it is up to the therapist. My attitude. How far I am going to let the client go''

O1:''it is up to me whether the client will cross the boundaries or not, whether I will let him or not''

The therapeutic boundaries in psychotherapy often refer to the duration of the session, being on time, maintaining the professional character etc. The perspective that it is up to the therapist to maintain them refers to what Foucault calls the control of the activity and agrees with Rose (2000) on that the therapeutic relationship can be reflected as a one way relationship since it is only the one side which makes the decisions. The practitioner is the one who determines the place of the sessions, the techniques the goals and the tasks, the time and day, the price etc. without the client's participation (ibid.).

When it comes to ''chemistry'' between the client and the practitioner and its dynamic on the therapeutic relationship practitioners from the face to face group said that:

F1: ''the practitioner's personality is the tool for a good chemistry''.

F2: ''it has a central role and it has to do with the practitioner and his move''

Their answers on chemistry are grounded on the practitioner's ability to understand how the client makes him feel, whether they are intimate or distant and how the practitioner will handle these emotions. Once again it is the practitioner that controls the chemistry and how it will be handled without referring to the client and his participation. For example the client's personality affecting the chemistry, or the fact that the client is the one to make the choice to perhaps change therapist as a reaction towards a bad chemistry is not mentioned.

In contrast to the face to face group the online group takes it a step further and talks about *control* relying on the argument that the medium (internet) and its weaknesses makes them feel insecure.

O3: ''I have to be more cautious online regarding control in order to know that nothing will disturb the process''

When asked about how the distance affects the client to act out and discuss more personal aspects (Suler, 2004) practitioner O3 answered that:

''it is important to know that the client is doing it because of me and not because of the distance.''

In the above statement there is an implication of control regarding the need to know that the client is opening up because of the practitioner's input. I consider it correlated to the self image of their professional role, power position and control. In this case the need to control refers to knowing why and because of what factor the client is behaving as he is. That can depend on the fact that it is important for the relationship that that factor will be the practitioner since he is the one that will lead him towards change. This need to know refers to the knowledge of the interior which for Foucault is required in order for the pastoral power to be practiced (Foucault, 1999a).

The word *change* has been mentioned several times in this thesis as being the therapy goal where the client changes his problematic condition to a more functional one with the help of the therapist. So far nothing in the word change implies control but it is advisable to look at the procedure of change. The practitioner is the one who guides the individual to understand his condition, confront it and with his help become more functional. For example a client suffering from depression will be helped in order to fight what causes him the depression in order to get a job, become more social, be able to flirt, play with his children etc. and all that which constitutes

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the status quo in our society (Rose, 1999). That argument is based in the hypothesis that no psychotherapist would convince a client to do the opposite. But how is this change accomplished and by whom is it influenced and guided? The answer would be the practitioner. It is through the role of the guide I consider the practitioner is gaining power against the ''vulnerable'' client. Since this thesis is not about the outcome of the online psychotherapy compared to the face to face but about the therapeutic relationship, perspectives on how change is accomplished were not included. Despite that it is a matter that is important in this point since a good relationship is to be established in order to achieve change. Achieving change is the biggest carrier of power. The practitioner, as an expert, will help the client to take another route in life. The question is how that is done and according to who's values and ideas. The client will be carefully guided through arguments and conclusions to make the ''right'' choice. Ideas and values are strong assets when it comes to control, Foucault refers to Servan, 1767 within the penal system in the 18th century 'when you have thus formed the chain of ideas in the heads of your citizens, you will then be able to pride yourselves on guiding them and being their masters' (Foucault, 1991:102). Being influenced by Foucault, Rose (2000) considers power relations a way to form others intentions, actions and decision. That is why, according to Rose, it is important to examine practitioners and the way the influence the shaping of the individuals in order to understand the dynamic of the shaping.

Going back to *control* let us note that this term reveals a lot about the practitioners perspectives of how they understand their role and how the experience their interrelation with the client in the process of developing a therapeutic relationship. Control appears to be a mutual reference point in the sample group.

The technological difficulty that threatens the relationship (see the theme safe vs. unsafe therapeutic fame, category technological issues) is what leads them to express their concerns on not having control. If they did not have the tendency to control would they still use that term? The fact that the absence of control is expressed by the practitioners as a consequence of the internet leads to the assumption that it occurs otherwise (face to face). In this case though the unique context and its technological difficulties leads to an unconscious confession which would not probably occur otherwise as it did not in the face to face group.

My argument can be put also as:

1. Practitioners express the absence of control due to the internet shutting down
2. (Thus) psychotherapists have the need to control
3. Therefore, psychotherapists control

It has to be noted that all the online practitioners participating in the sample group have many years of experience in face to face psychotherapy, thus their answers are inevitably influenced by a comparison. Since lack of control online is experienced as a weakness regarding only the online context - I assume- it is present for them in the face to face context otherwise it would not be mentioned as an online dearth but as something generally missing from psychotherapy. In the other hand face to face practitioners do not have the same concerns because they can control the external parameters.

6.3.1 Feedback

Control has another facet except the technological difficulties. It is also correlated with the feedback the practitioner gets during or/and in the end of the session. As mentioned in the section about empathy where an online practitioner expressed his concern whether empathy can or cannot reach the client, practitioner O2 says:

> ''I don't know if and how much fulfilled the client feels when the online session is over. When leaving the office I can tell whether he is or is not satisfied but not online because I can't see how he reacts. That is something I will find out in the next session where he might express it''

Not knowing what the client feels like in the end since they do not see him leaving the office makes the practitioners feel insecure about the result. I interpret that as them feeling insecure about their role and efficiency at any given moment which does not allow them to feel fulfilled. Feeling insecure about their role affects their sense of power since according to Foucault (1991) the role matters most since that is what holds the power and not the person itself. So maintaining their role can be crucial in order not to be moved from the power position.

5.3.2. Sense of responsibility

The face to face group and the online group seem to have a common perspective regarding the responsibility they feel that they have towards the client and it is one more factor that implies how they see their role and position in the therapeutic

relationship. Though the word ''responsible'' is not mentioned, the sense of it can still be reflected in their tendency to consider a lot being up to them. The phrase ''it is up to the therapist'' was mentioned many times in both groups and by several practitioners on several matters. This tendency aligns with Jenner's (2004) statement that focuses on the practitioner in establishing a good relationship. He considers that as a professional the practitioner has bigger responsibility because he appears to be in a position of power since it is not an equal relationship. It is the practitioner's job to understand the client and not vice versa. Though placing the practitioner in a power position is what Rose (1999) means when he refers to the therapeutic relationship as a one way relationship.

Practitioner O1 says about the therapeutic relationship online:

''the relationship itself exists, it is then up to me to establish it''

The same perspective is expressed regarding trust by another online practitioner

''there is a certain trust when they choose me, it is up to me whether this trust will grow or not'' (O4)

The practitioner takes here full responsibility of the establishment of the relationship as he is definitely the leader in this interrelation. Though viewed out of a psychotherapeutic theory and specifically from the Rogerian perspective, this statement could instead be considered client centered without a hint of power deriving. But many of these characteristics can be considered as aspects of power as well when reading Foucault's (1991) description of discipline. The ranking that is made and the hierarchical categorization into different places (based on e.g. knowledge, ability etc.), ranks or cells, as Foucault calls them, provides certain positions in order for the individuals to be obedient. The client being in need for help is automatically placed in a place where he is ranked as vulnerable and therefore obedient to the therapist who is in a higher place since he is the one who will help him get out. Seeing the client as vulnerable makes practitioner the expert who is in control and who therefore have full responsibility.

Being able to provide a safe therapeutic context for the client in order for him to feel trust towards the practitioner is also mentioned as something that is up to the practitioner:

F2: ''I have to keep the context safe for the client with my presence, I being there will make him feel secure''.

It is axiomatic that the client's role and impact is not being mentioned once as a factor that affects the therapeutic relationship which comes in total contrast to the Freudian approach reviewed in previous research. In contrast it is presented to be a matter exclusively determined and guided by the practitioner and not a mutual collaboration.

From the afore-mentioned derives the sense that practitioners take a lot of credit for several aspects regarding the process of establishing the therapeutic relationship. Practitioner F5 shows acknowledging responsibility even when it comes to the effect of previous experiences; a client has, by other practitioners:

> ''that is a different matter concerning the client becoming addicted to
>
> therapy and how much WE have failed to disunite'' (F5).

Where is this sense of responsibility deriving from? In a parent-child relationship for example the parent is responsible for the child since being older, wiser, knows better, has the economic power etc. In the relationship between the client and the psychotherapist the vulnerability of the client and the knowledge of the practitioner make the practitioner the expert. But are the practitioners experts? In a lecture about science as a vocation in Munich, Weber (1918:9) referred to Tolstoy's statement regarding the meaning of science: 'Science is meaningless because it gives no answer to our question, the only question important for us: What shall we do and how shall we live?'. In this point it is important to consider what Weber defines as science and scientist. Since psychotherapy belongs in the wider sphere of social science - or as Rose (1999) choose to call it ''science of the soul''- psychotherapists can be considered (social) scientist. Weber on the other hand would probably not agree with my argument since he agrees more with Nietzsche's description of psychologists as 'the last men who invented happiness' (Weber, 1918:9). Weber (1918:9) describes in this circumstance science as ''the technique of mastering life'' and questions it by describing it as naive optimism and asking the rhetorical question: ''who believes in this?-aside from a few big children in university chairs or editorial offices''. From this statement it is clear that Weber does not think of psychotherapists as experts on leading the individual towards happiness. It is though important to note that these statements were made by Weber nearly one hundred years ago and that psychotherapy has since then transformed and entered a domain of training, knowledge and authorization. Thus, Weber's statement can be reviewed in a philosophically sense without neglecting the development of psychotherapy. This development has also affected social work:

The social worker can no longer rest satisfied with her knowledge of the social services and her manipulations of entities like relief funds, prams, pawns tickets, ambulance services, hostels and so forth, trusting to the light of nature for her understanding of the persons for whose benefits these services exist. It is now demanded of her that particular moment in time, but in all the major experiences and relationships which have gone into making him the person he is, with conflicts of whose origin he may be unaware, with problems whose solution may lie less in external circumstances than in his own attitudes, with tensions, faulty relationships, inabilities to face reality, hardened into forces which he cannot alter unaided. (Younghusband, 1950, cited in Rose, 1999:172).

Despite the negativity that the term control bears and its correlation to power its positive side should not be neglected since practitioners are required to control some aspects of the therapy in order to provide a good therapeutic framework which will help the establishment of the therapeutic relationship (Anderson et al. 2000).

6.4 *''Chemistry''* between the client and the practitioner

Similarly to the two above mentioned themes ''chemistry'' is a term that was excluded in the reviewed literature and previous research. This fact can lead to an interesting discussion itself. How come this sample group takes up terms that others do not? Is it a cultural fact since most of the literature comes from the USA? Can this be an indicator on different perspectives, needs and concerns when it comes to psychotherapy? It is though important to mention that the theories that are used here are represented by Europeans as well (e.g. Foucault, Rose).

Chemistry was a term mentioned by both groups as an important factor that defines a positive therapeutic relationship. A face to face respondent:

''chemistry is very important even if it is something that cannot be seen

it's an intuition'' (F1)

One other face to face respondent:

''it is a matter of personality, the practitioners personality in fact. Its

importance is significant for the relationship so if you feel uncomfortable

with the client you should better not continue'' (F2)

For the face to face practitioner the chemistry seems to be something more as a feeling and once again up to the therapist.

There were similar perspectives in the online group too. They took up also the word ''chemistry'' by themselves along the discussion though the online group has its

concerns regarding the recognition of a good or bad chemistry online. That intuition that the face to face practitioners describe ''chemistry'', might be difficult to be clear online. It is conceived as an essential part of the therapeutic relationship but the practitioners did not find it easy to describe what it exactly is.

> O1:''the therapeutic relationship is a personal relationship and therefore chemistry is important but lost online. Especially in the text based sessions. What can one feel? That he doesn't write well?''

> Moreover the same practitioner adds: ''the therapeutic relationship is about chemistry, to have a good connection, it's about what you can and what you want to give to the client''

These two quotes leads to the assumptions that the therapeutic relationship online has a dearth when it comes to ''chemistry''. Since the therapeutic relationship is about ''chemistry'' which is not possible online then the therapeutic relationship is not possible online.

Practitioner F4 from the face to face group considers chemistry being:

> ''the body language, the appearance (clothing), the voice tone and the ideas, the prejudices that people have. It is an undefined context''

Whereas an online practitioner experiences ''chemistry'' online with a certain insecurity (referring to the text based sessions) she says that:

> ''you cannot feel certain about the ''chemistry'' online. There are a lot missing in between like the non-verbal, the picture, the face. I might sometimes think what is there not to like about this person? Or to like?''
> (O2)

One other practitioner considers a good chemistry necessary in order to have a positive relationship with the client:

> ''the client and the practitioner have to match in their personal contact which is harder online because the personal inhibitions are more easily diminished'' (O4)

Personal inhabitations being diminished refers also to a very personal contact. When talking about the ''chemistry'' the practitioners tend to refer to the therapeutic relationship being a personal relationship and bring up aspects that appears strongly in personal contacts as ''to match''. It is interesting that ''match'' is a term used in everyday language referring to romantic relationship rather than professionals.

Once again the practitioners' approaches are influenced by their concerns. The online group has no certainty in their saying. They appear problematized but in the meanwhile enthusiastic with the intention to continue and evolve. An example is a quote by practitioner O2:

> ''It might be a matter of inexperience. Maybe in ten years I will be able to detect all the missing part''

It is also axiomatic that the practitioners tend to have the need to feel a good ''chemistry'' which means to ''match''. That is not completely relevant to their power position and need to control. On the other hand it might be a sign that they are more interested in the therapeutic relationship than in control. I consider it an indication of a more intimate part which comes to somehow balance their need to control and the perspective that the therapeutic relationship is up to them. Though the need for a good ''chemistry'' can also be relevant to their self image as a power matter in the case where a bad chemistry (the client not liking the practitioner) is experienced as a personal and professional rejection.

The word ''chemistry'' is used as a metaphor by the practitioners. Chemistry in its literal sense has nothing to do with psychotherapy but with the natural sciences instead. Psychologizing terms is not uncommon to Hacking (1995) who in his book *Rewriting the Soul* discusses the term trauma which comes from the medical field and in psychology refers to the moral trauma. The tendency to bring up new meanings in word reflects the need of people to create what he refers to as new human kinds. His argument is based on that people describe themselves in certain ways that they are able to reflect their selves upon and act. The application of new meanings provides a new way for people to experience new intentions and new actions. It also enables new kinds of people to emerge and for the rest to become ''such types of persons'' (Rose, 2000:10). Furthermore Rose (1989:7) in order to emphasize the role that the psychological sciences have played within the systems of powers suggest that ''the new vocabularies provided by the sciences of the psyche enable the aspirations of government to be articulated in term of the knowable management of the human soul''. Thus, language is an important aspect regarding power in psychotherapy since it has a strong influence on people.

7. Discussion

This study's aim has been to study the online therapeutic relationship through a comparison with the one established face to face, from the practitioners' perspective. In order to fulfill that aim there were nine interviews conducted with practitioners that work online and face to face. The nature of the therapeutic relationship was outlined out of how practitioners understand and experience this innovation within traditional psychotherapy. Although both contexts were investigated the focus remained on the online context. What strongly motivated this study was the dynamic the therapeutic relationship has on the therapy outcome. The fact that a good outcome is achieved through a good therapeutic relationship aroused the curiosity regarding what that important tool is like when the therapeutic context changes and how these new circumstances influence its nature.

The practitioners interviewed agree on the importance of the therapeutic relationship and considers it one of the core tools for a good therapeutic outcome. The results point out that a relationship does exist over the internet according to the online practitioners. However, the relationship established online has some differences from than the one established face to face. The online context seems to have an impact on the expression of transference and on the dynamic of empathy whereas alliance is not affected by it. Additionally the online context creates insecurity in contrast to the face to face sessions regarding the safe therapeutic frame and its possible disruption online. A tendency to control is expressed by the online practitioner due to the insecure therapeutic frame over the internet whereas a possible positive or negative ''chemistry'' between the practitioner and the client is considered to be hard to sense online.

The findings show that the therapeutic relationship is different over the internet. The overall conclusion is that an online relationship does exist but it differs, in some central aspects, from the one established face to face. An example regards the core elements ''transference'' and ''empathy'' that do appear online but not in the same way. For example transference is expressed in a different way and in another form. On the other hand empathy does exist but a concern for the practitioners is how to express it over the internet and leads to insecurity whether it reaches the client or not. I suggest that this proves the importance that the context has on establishing a good relationship and how its parameters influence it. The human ecology theory was a tool

in this case in order to understand this interplay between the external environment being the online context and the relationship.

The sample group had a very strong opinion about the influence a safe therapeutic frame has with the online group expressing the insecurity of being able to provide it online in order for the client to feel trust and establish a good relationship. The online context proved to be a territory that does not fulfill some ground criteria due to its technological character for a safe therapeutic frame to be established. This insecurity led the online practitioners to mention the word control. Another aspect on that refers to trust. It is important that the client will feel trust in order to establish a relationship but if we consider how Foucault presents trust in correlation to the pastoral power, trust is the tool that gives power to the practitioner. How does the practitioner maintain his power position without the client's trust in him?

Control turned out to be a central theme in the analysis since it was expressed by the online practitioners but it was also sensed in the face to face group as well. That intense tendency to refer to their own role as the one that determines the nature of the relationship but also other aspects in the therapeutic situation led me to use a power theory as an instrument to help me understand it. This theme was proved to be a fertile area for discussion concerning the relation that psychotherapy has to power. The main hypothesis drawn here is that psychotherapy has a correlation to power and therefore social control.

By social control I mean maintaining the status quo in the modern society without intending to prove that psychotherapy is social control or that the results reflect a pre-existing hypothesis that is now confirmed. In fact, for me, this is the most unexpected conclusion. My intention is to present my thoughts on the revelations made by the sample group and not reach to the verdict that psychotherapy is power. Without wanting to ''excuse myself'' I personally consider psychotherapy a vital input. My hypothesis on social control does not minimize the importance that psychotherapy has on individuals it only arises thought regarding its dynamic.

This is not an attempt to outline a conspiracy theory about psychotherapy or the practitioners being agents of social control in a negative sense. What supports my argument is that the online practitioners (sample) had a positive tone when talking about the therapeutic relationship despite the difficulties and alterations that occur. They agreed on that a therapeutic relationship is feasible but takes more effort and

time from the practitioner's side. Their enthusiasm and engagement might be the forces that made them unconsciously reveal their need to control.

This conclusion leads to a discussion regarding the role of power in mental health professions. On the other hand, how would psychotherapy be practiced without power? How would change be accomplished without the practitioner being in a power position? Foucault said that a society would not exist without power, could this apply to psychotherapy as well? Can the power itself be therapeutic in some circumstances?

Is it a matter of ethics to allow the clients decide alone what kind of change him or she wants? Or is it on the other hand a matter of ethics to guide him? When are the practitioners ''duties'' taking over the individuality of the clients? Where is the limit between guiding and making the decisions for the client? Hence making the decision for the client is discipline in the Foucauldian sense, and discipline refers to social control. These are all thoughts emerging regarding power in psychotherapy. Referring to ethics it is what Rose (2000) calls the ethics of empowerment. Rose (2000:15) refers to the ''ethical techniques'' of providing to the client a certain way to reflect upon himself, interpret his actions and other micro procedures which can be taught to individuals in order to reshape their self.

This thesis allows mental health practitioners in Sweden to understand their Greek colleagues' perspectives on the therapeutic relationship. The introduction of views by a southern European country can provide a broader understanding on what is actually important for the practitioners in establishing therapeutic relationship.

One major limitation in this study was the limited number of participants due to lack of Greek online practitioners. It would be interesting to investigate this phenomenon in a bigger scale.

An online therapeutic relationship requires according to practitioners more effort on reaching to the client and maintaining a solid therapeutic frame. The practitioners do not doubt the existence of a therapeutic relationship but have their concerns in contrast to the face to face group which doesn't seem to be equally concerned. Despite their concerns I consider their enthusiasm and commitment as the dynamic that is required in order to be improved. A future suggestion for research would be the necessity to control.

It is interesting that except of the core elements the other themes that derived from the interviews were not mentioned in previous studies. The safe therapeutic frame, the need to control and the ''chemistry'' as factors for a good relationship were

mentioned from the sample group but not found in previous research or literature. That could lead to a fertile area for discussion regarding why there is a gap when it comes to these three themes. Does it depend on the cultural factors since this study was made in Greece whereas most research and literature comes from the USA and not Europe? Or is it because the previous research was mainly based on the psychotherapeutic theories and not influenced by a power perspective?

Another interesting way to reflect on the findings is through Badiou's description of Greece (pg. 29). His view of Greece as a place where archaism and modernism are combined can be verified in this circumstance. What I mean is that we have this contemporary practice of psychotherapy in Greece, referring to the online sessions, which is a clear indication of modernism but in the meantime we see the practitioners' perspectives being prevailed by the sense of power which can be seen as archaistic. I can see a correlation between Badiou's statement of Greece being captivated by the church, which is not separated by the state, and Foucault's (1999a, 1999b) view on pastoral power which derives from Christianity. Is it irrelevant that the tendency to control is expressed by practitioners in a country where according to Badiou 'the religion maintains its power position and is not separated from the state'? Can pastoral power be accurate in this circumstance because of this aspect? Or is Foucault's view on Christianity something that has been overcome today?

As a conclusion I will use a phrase from Foucault (1999b:144) ''what has knowledge and power done for us? I am sure I'll never get the answer but that does not mean that we don't have to ask the question''.

8. Literature

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Attachment A

Interview guide used with the face to face group

These questions contributed as a guide for the interview process. They weren't asked in this order or to every practitioner at every interview. The questions were divided in three themes and follow-up questions came along the discussion, marked with bullets.

1. How do you work?

   - Are there specific techniques you use?
   - How do you set the boundaries?
   - How often do you usually have sessions with the clients?

2. What do you think about the therapeutic relationship?

   - What are the core elements that characterize it?
     - Alliance?
     - Empathy?
     - Transference and counter transference?
   - What affects the relationship in a positive or negative way?'
   - Trust?

3. What do the clients say about the therapeutic relationship?

   - Do the clients express their feeling towards you? And how?
   - Is the relationship mentioned as a topic by the clients in the sessions?

Attachment B

Interview guide used with the online group

These questions contributed as a guide for the interview process. They weren't asked in this order or to every practitioner at every interview. The questions were divided in three themes and follow-up questions came along the discussion, marked with bullets. The questions remained mainly the same though with the addition of some regarding the online context.

1. How do you work?

- What kind of online sessions do you use?
- How do you set the boundaries?
- Does the text based sessions and the video call's impact differ when it comes to the relationship?
- How often do you usually have sessions with the clients?

2. What do you think about the therapeutic relationship?

- What are the core elements that characterize it?
  - Alliance?
  - Empathy?
  - Transference and counter transference?
- What affects it in a positive or negative way?
- Trust?
- Does the distance affect it?

3. What do the clients say about the therapeutic relationship?

- Do the clients express their feeling towards you? And how?
- Is the distance mentioned by the clients regarding the relationship?