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Online Text-based Counselling:
Reflections of a Technophobe

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Abstract

Online counselling services are developing steadily in many parts of the world, including New Zealand. This is a new area of practice and inquiry in New Zealand, and research is needed to identify whether findings from other countries are applicable to a New Zealand context. In this article, an online practitioner's UK-based experience is linked to some recent empirical studies. The growth of Internet usage in New Zealand and the call for more innovative and proactive approaches to counselling are suggested to be prompts for considering online services as a way of widening access to support for those who cannot or do not seek traditional face-to-face services.

Introduction

When Bob Dylan went electric in 1966 many in the full-capacity crowd for his concert at the Manchester Free Trade Hall were aghast. One now-legendary heckler shouted 'Judas!' and from the stage came the reply, 'I don't believe you.'

Being of the Bob Dylan generation often means I struggle with new technology, but I am equally convinced of its usefulness as another medium through which we can offer counselling support.

> *What am I doing this for? I like seeing people. The very idea of sitting here at this keyboard looking at words on a screen instead of a human face, a human being is SO sterile.*

In this article, I aim to give a brief, personal account of how my interest in innovative approaches to counselling and therapy, in particular online therapy via email, developed. The voice in italics is the technological Luddite, the sceptic, the part of me that prefers not to engage with any of this, but somehow became involved and finally enthusiastic enough to start an online service for staff at a university counselling service.

In such a short overview the skills required for working online (Collie et al., 2000) and the complex ethical aspects of 'cyber counselling' (Goss & Anthony, 2004) are not considered in any detail, but they will be addressed in a later article.

Widening access to therapeutic services

Since the first stirrings of therapeutic use of the Internet for telehealth and 'talking' therapy (Grohol, 2004) some in the counselling and psychotherapy world, like that now famous heckler in Manchester, have found the whole notion anathema. Using computer-mediated communication to work with another human being who is anxious, depressed or distressed is, according to some, a betrayal of the values and 'core conditions' of counselling. When compared to face-to-face or telephone counselling, online services are still less than mainstream. Their potential, particularly when integrated with other services, is clear, however, and some of the recent research that will be outlined here confirms that. Tait (1999) points out that telephone counselling, controversial in its time, has now become accepted and is indeed the most widely used way for people to access listening support. Perhaps the debate has moved on from 'Is online counselling possible?' to asking questions such as, 'How can text-based communication over the Internet integrate with more traditional means of counselling?' Day and Schneider (2002), for example, in a rare empirical study, compare therapy using video and audio 'treatment' as well as the conventional face-to-face and find that the distance technology makes very little difference to the clients' perceptions of outcome.

Elsewhere in the world, online services have been consumer-driven (Kraus et al., 2004; Wright, 2004a). Internet usage is growing very fast in New Zealand and in other parts of the South Pacific. From 2000 to 2005, the percentage population penetration of Internet usage in New Zealand grew by 285.5 (<http://www.internetworldstats.com/stats.htm>). This is not to suggest that there is clear research indicating that the section of the population who use the Internet would turn to online services for help. Nor would it be wise to underestimate poverty and socio-economic problems that parallel a total lack of access to the technology, or to broadband not being available to many, especially in rural areas of New Zealand. However, young people in particular are finding ways to surmount these difficulties in many areas of the world. The Samaritans have led the way in developing email 'listening support', and now in the UK are piloting SMS text messaging as a means of accessing services for people who are isolated and feeling suicidal (http://www.samaritans.org.uk/know/pressoffice/news/news_250406b_popup.shtm).

What is the research base for these developments? Fortunately, in the US in particular, significant funding has been available to research into telehealth and online mental health services of all kinds (see Kraus et al., 2004 for an overview of developments). Elsewhere in the world there is now both large- and small-scale research that is indicating how we might proceed – albeit cautiously – with online work.

It's late 1999 and just in time for the millennium I am completing an Ethics Committee application at the university where I am staff counsellor to evaluate a new online service for staff by means of a pilot study. As ways of spending an evening go, this is not exactly my cup of tea. But the working party has been meeting for almost a year now and it's time to stop talking and seek permission to launch the online counselling package for staff. Will anyone want to use it? The fears of those who have been driving the project are that we might be over-whelmed. It is important to keep track of how it goes, hence the need to go through the Ethics Committee …

Two years later, winter 2001, the demand for the service from the staff in the three departments to which it was offered was sufficient to make it worthwhile. The follow-up survey intended to provide us with some feedback for evaluation was not so successful. The response rate was not enough to proceed and now I'm leaving to take up another job, it looks as if the whole project will fold. A pity.

The evaluative study was never completed and the online counselling service for staff stopped soon after my departure to take up a job at another university. In their emails if not on the formal questionnaires, however, some staff clients were clear that the online service was convenient and preferable to making appointments to travel to a distant counselling office. Some also suggested that they had used the new service as 'pre-therapy', a way into knowing more about how counselling works; a less threat-ening way for some to disclose distressing experiences, thoughts and feelings to another person. The new staff counsellor had no interest in online services. Was the pilot project useful?

Although we could only gauge client response from the informal feedback, as a practitioner I knew I had learned and changed in ways that also impacted on conven-tional face-to-face counselling. Some of the challenges online work presents, such as accurate communication, client control of the therapeutic space, confidentiality and informed consent, challenge us to 'deconstruct' the counselling 'discourse' and are still, at this point, somewhat contentious. The university online service working party had spent months discussing these issues, among others, and produced infor-mation and contracting documents, and a statement about the risks to loss of privacy in using email for counselling. We were using the then draft British Association for Counselling and Psychotherapy (Goss et al., 2001) 'Guidelines for Online Counselling and Psychotherapy' and were very cautious about giving prospective online clients enough information about the need to encrypt their emails, for example, to main-tain confidentiality. It was alarming to see how some online clients ignored the

information about safety and encryption we provided, sending emails saying, 'Do I have to go through all this – can't I just email you and get on with it?'

The illusion of confidentiality of the Internet cannot be addressed here in depth but will be, in part, the focus of a later paper.

One reason we had not opened up the service to students is that we were agreed that the younger the client, the more likely it would be that they would feel comfortable using email to connect with a counsellor. We were concerned we would not have the resources to cope.

Services for young people

'Te Rua Hinengaro – The New Zealand Mental Health Survey' (Oakley Brown et al., 2006) found that younger people (aged 15–24 years) have a higher prevalence of disorder and are more at risk of suicidal ideation. Geldard and Geldard (2004) urge those who counsel children and young people to be more flexible in their ways of working. Counsellors are encouraged to be more proactive, to initiate and maintain contact with some 'hard to reach' young people and with children and adolescents in general. King et al. (2006) used a qualitative methodology to study young people's motives and experiences in choosing the Internet instead of face-to-face or telephone counselling. There is now some evidence from this Australian study that some young people find counselling support via email and texting as acceptable as, and more accessible than, face-to-face counselling. Intuitively this seems right. The generation growing up with 'new' technology since birth might be expected to find the whole idea of technology less daunting than those of us who still struggle to see the keys on cellphones, never mind use them to text.

In the UK the National Institute for Health and Clinical Excellence (2005), or NICE (www.NICE.org.uk), has produced detailed guidelines based on meta-analyses of published research for work with young people with depression; this survey includes reference to the prevalence of psychological problems in young people and the need for more innovative services. King et al.'s (2006) evaluation of young people's motivation and experiences in accessing online services is an example of how such services are developing in Australia. Those responding found the Internet to be a private and emotionally safe environment. The overall theme based on these studies is that young people welcome such innovations and have used them on occasions when approaching more traditional services would have been more difficult, if not impossible, for them.

Although much more research is needed on questions about gender and culture, for example, the message for those intending to develop such services is that the

challenges of working online are worth overcoming in order to provide young people with non-traditional sources of help using technology. Hanley (2006) presents a list of questions for service developers to consider in the planning stages of developing youth-friendly online services, such as: Is the service exclusively online? Is the service available only through appointments or is it an emergency service? The paper also suggests some minimum requirements when working with young people in this medium. Interestingly, the comparison between different theoretical approaches in the practice of online counselling seems to have been neglected in the literature, but from the point of view of personal narrative, the tendency to fall into more directive ways of working is noted in my reflective writing, in particular when I took some of the work to supervision online:

> When I looked back at the way I was moving towards 'Agony Aunt' with Z [online client] I felt quite embarrassed. I think C [supervisor] knows me well enough to know that's not my usual way – but the tenor of the dialogue was unmistakable. Was it anxiety on my part? We had begun to form a therapeutic relationship, Z and I, but I felt less able to 'contain' the feelings raised than when I'm face-to-face with a client.

Some more directive approaches have been active in developing online therapy.

Cognitive Behavioural Therapy (CBT) and computerised treatment programmes

Given the focus on careful assessment and 'manualised' psycho-education treatment programmes, CBT lends itself to online applications. There is also, traditionally, less of an emphasis on the therapeutic significance of the relationship between counsellor and client in CBT, so it is not surprising that cognitive behavioural researchers and therapists have been in the forefront of developing computer-mediated work. Examples from the US, the Amsterdam Writing Group and from the UK are outlined here with links to relevant websites as well as to some of the published reports.

In an earlier review (Wright, 2002) some of the shortcomings of research based entirely on a positivist world-view were highlighted. Focusing on specific presenting problems using a 'medical model' is a common factor in cognitive behavioural research and practice that has flowed into online therapy from this orientation. Klein and Richards (2001) and subsequently Richards and Alvarenga (2002) focused on panic disorders and found that in the short term at least, an Internet-based self-help programme drawing on cognitive behavioural practice was effective in reducing symptoms.

Studies in all areas of the world have shown CBT to be the treatment of choice for panic disorders. In the UK, as indicated in an earlier section of this article, CBT is also recommended for mild to moderate depression and anxiety. The problem has been that such 'recommendations' have led to long waiting-lists for CBT via the National Health Service. Following guidance from the National Institute for Health and Clinical Excellence (NICE) in February 2006, *Beating the Blues*, a stand-alone computerised treatment for depression developed by Ultrasis and a very eminent panel of cognitive behavioural researchers, is now available free at the point of delivery through the National Health Service in the UK. *Beating the Blues* is recommended as time-efficient and cost-effective treatment for mild to moderate depression and anxiety (http://www.ultrasis.com/products/product.jsp?product_id=1). Generally offered via general practice services, but also extending into some student counselling services, *Beating the Blues* offers the 'patient' interactive 'self-help' for their symptoms and is seen to be key in reducing waiting lists and offering 'the worried well' an alternative to face-to-face treatment.

Depending on what 'evidence-based practice' means to you, the development and evaluation of 'Interapy' (Lange et al., 2000) using randomised controlled trials has a clear positivist stance. Staying with cognitive behavioural assumptions about assessment and treatment plans, the Amsterdam Writing Group led by clinical psychologist Alfred Lange has been working on 'Interapy' (Lange et al., 2000) over a period of several years. Working with people diagnosed with depression, post-traumatic stress and pathological grief, Lange and his team have been using forms of expressive writing with clients and have adapted those ways of writing to online therapy. Again, the potential benefits to people who prefer to access therapeutic help via writing and the Internet are emerging.

Creative and reflective writing and its therapeutic potential

'I have been writing a kind of journal about this situation at work since my mother's death and find it works well for me. I'd prefer to send you some of that writing, rather than come in and see you. Is that counselling?'

Poets, novelists, dramatists and diarists throughout the ages have made the link between creative and reflective writing, disclosure and health. Patricia Grace's (2004) novel *Tu* is one example in which a fictitious character, Tu, keeps a journal throughout his experience of fighting in Italy and North Africa in the Second World War. Finally wounded and in hospital, an entry headed 1 November 1944 reads: 'Today I'll write. I'll write because it'll help me sort out what took place and how it all happened. Now that

I've begun to remember, there's nothing I can do to keep half-formed recollections from making their way into my head …' (p. 232)

It is not necessary to be an accomplished writer, and certainly not a literary giant, to benefit from 'the practice of writing'. Narrative therapy, in particular, harnesses the power of the written word (Wright, 2006). Like bibliotherapy, writing therapy challenges some of the more purist in our field, but is widely used in a range of orientations. Both the information offered by bibliotherapy and the therapeutic potential of writing therapy can be replicated online. As Amanda Lees, who is offering online counselling for students at the Auckland University of Technology, points out, 'online … enters the market where self-help books were positioned, but it offers more interactive and socially anonymous mediums' (personal communication).

In an earlier review of the literature on 'writing therapy' (Wright, 2004a) the link between expressive and reflective writing and asynchronous email counselling was the focus. For over twenty years, psychologist James Pennebaker and associates (see www.Psy.utexas.edu/Pennebaker for a 14-page, regularly updated bibliography) have been experimenting with the benefits of writing about trauma, stressful life events and experiences for general well-being and improved mental health. The positive results of their research, now replicated across the world and with a wide range of participants, are startling and as yet cannot be explained. 'The pen is mightier than the pill' was a typical newspaper headline after studies showing that writing about stressful life events and experiences reduced the symptoms of asthma and arthritis in addition to improving mood (Smyth, 1998). Some of the 'Pennebaker paradigm' experiments have obvious relevance to workplace counselling. Francis and Pennebaker (1992), for example, demonstrated that employees reported fewer stress symptoms and took fewer days off (sickness absence) after the opportunity of writing about difficulties in their lives was offered, compared to a control group who wrote about trivial issues. For some, writing, whether online or offline, is a way to access therapeutic help.

A practitioner's views

As the only member of the team who worked with clients entirely online in the university staff counselling pilot study referred to in this article, I had mixed responses to the experience:

> *I miss presence. The way a person moves or the tone of their voice … I feel paralysed if I allow myself to think too deeply about the potential for breakdown of confidentiality in this work. When clients 'forget' to encrypt or seem not to want to be bothered with encryption, there is nothing I can do – no way I can 'shut the counselling room door'.*

The increase in the client's control of the 'counselling space' in online work is a research topic which to date seems to have received very little attention (Cohen & Kerr, 1998; Collie et al., 2000). Writing, on paper or on the screen, gives clients a degree of freedom to define their own experiences, explore whatever subjects are most relevant, and choose whatever pace they prefer. However, there is also very little research into the practitioner's experience of working online. I used online counselling myself before working with clients, in order to replicate the common training pattern of counsellors being encouraged to 'sit in the other seat'. I also found a supervisor who would offer online supervision using asynchronous email. Again, I had mixed feelings, a personal narrative that space prevents being included in this article. I am a technophobe in the sense that, although I can see the potential of the use of technology in counselling and psychotherapy, I am not confident with and do not enjoy computers, online systems or new electronic gadgetry. Whether this experience, or the studies cited, apply in a New Zealand context is not assumed. Internationally, the use of technology in mental health is growing, but is still in urgent need of more research.

Implications for future research

Implications for research into online counselling and supervision in New Zealand are legion. Some of the 'grey literature' is already indicating interest from Masters students in researching the subject of online counselling. Future research questions include:

- Who is using the Internet in New Zealand to offer therapeutic or supervisory support and how?
- How can we assess or replicate the accumulating empirical research from other areas of the world within a New Zealand counselling context?
- What are the implications of online counselling in a bicultural context?
- How can technology be integrated most effectively within different theoretical approaches and in different practice settings?

Case studies would be very valuable at this point, with clients' and practitioners' experience of working online a relative rarity in the published research.

Summary

'Considering the possible benefits of online therapy, particularly in reaching populations that might not otherwise seek help, more research in all areas of this practice is strongly recommended.' (Rochlen et al., 2004, p. 280)

This article will be out of date before it is even word processed. Clearly, it was not the technology and its exhausting rate of change that attracted me to online counselling.

Two things drew me into working therapeutically online. The first was client

demand when counselling at the University of the South Pacific in Suva in the 1990s, where students and staff would email and ask for a counsellor to work with them online. The other was the easy link for me between expressive and reflective writing and email text-based counselling. Over the past ten years, the most common mode of delivery for Internet counselling has been asynchronous text-based email (Grohol, 2004). From my perspective, this is a form of 'writing therapy' that uses the Internet instead of stamps and a screen instead of paper. This text-based model is clearly changing, however, as broadband access, the use of webcams and the use of cellphone technology grows and as stand-alone computerised systems become more widespread and less reliant on the use of words.

With the obvious advantage of a literate community with easy access to the Internet, it is not surprising that college and university guidance and counselling services in the US, Canada, Australia, the UK and New Zealand have been some of the first to grasp the nettle and develop text-based, online services. From my experience in these areas of work, and particularly of asynchronous email counselling, some of the benefits could be linked to robust research studies as follows:

- Availability: people can access some stand-alone services, such as *Beating the Blues* or online counselling, from school/college/home/office privately and at times most convenient for them, rather than having to join a waiting list;
- Access: reducing barriers for shift workers, disabled people and those who live in isolated areas who *could* not access traditional services; providing services for those who *would* not access counselling and other mental health services (Houston et al., 2002; Humphreys & Klaw, 2001);
- Reducing inhibition about disclosing distressing experiences (Suler, 2002);
- Greater client control over the experience of seeking help using the Internet when compared with face-to-face counselling (Cohen & Kerr, 1998);
- The potential for text-based consultation and supervision is extended, and both the counsellor and the client have a permanent record of the online counselling relationship (Cummings, 2002; Lange et al., 2000).

Certainly a need for more counselling support for those with mild to moderate mental health problems is highlighted in the recent Ministry of Health National Survey (Oakley Brown et al., 2006). This article aims to provide a personal view of where the 'online expedition' is up to in the UK and other parts of the world, where it is widening access to support for those who do not or cannot seek traditional face-to-face services (Wright, 2004b).

Counselling online, via email, has been offered to some students at the Auckland University of Technology for nearly a year now. Reported by the International Society

for Mental Health Online (see www. ISMHO.org) as the first such service in New Zealand, evaluation and further research will provide important information. Writing this article during Adult Literacy Week highlights one very obvious barrier to some people using the forms of writing outlined here, whether online or off. There are also those who cannot access the Internet for a variety of reasons and others who choose not to. The disadvantages of the medium are well summarised in Rochlen et al. (2004).

Some practitioner caution is clearly well-founded and the need to maintain ethical standards is a major responsibility, as can be seen in the New Zealand Association of Counsellors' (NZAC) Code of Ethics (2002) in the section on 'Counselling and Electronic Communication'. Attitudes towards online counselling of British Association for Counselling and Psychotherapy (BACP) members and practitioners in the UK were surveyed (Parker, 1999); subsequent support from the professional organisation has included a second edition of the Guidelines for Online Counselling and Psychotherapy published in 2005. Netsafe, New Zealand's Internet Safety Group (www.netsafe.org.nz) is monitoring cybersafety and the NZAC *Newsletter* has featured regular articles from Netsafe, pointing out some of the abuses of the online environment. However, for some, computer-mediated support is offering help using the technologies that are no longer just tools, but are changing the way we live.

Acknowledgement

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