In the Eyes of the Beholder: Exploring Psychologists’ Attitudes towards and Use of e-Therapy in Norway


ABSTRACT

Norwegian psychologists’ use of and attitudes towards e-media such as email and mobile text messaging in interaction with clients (e-therapy) were explored. A two-dimensional scale for measuring attitudes towards e-therapy was developed. A total of 1040 (23%) members of the psychologist association responded to a questionnaire June 2003. Of these, 45% had used e-media in interaction with clients. The mean reported attitude towards e-therapy was neutral, with only 3% of the psychologists feeling that use of e-media between client and therapist is unacceptable. Having a psychodynamic theoretical stance was related to attitudes towards e-therapy. Positive attitude was related to clinical use of email and Short Messages Service (SMS). It appears likely that e-therapy will become more common, and that therapist’s attitudes are related to such use.

INTRODUCTION

Some predict that psychotherapists will increasingly interact with clients through text-based electronic media (e-media) such as email and websites. It is unclear the extent to which this is the case. Previous studies have found that about 10% of U.S. psychologists and U.K. counsellors have communicated with clients through e-media.

It might be expected that psychotherapists’ tendency to embrace or reject e-media reflect the theoretical bases for their respective practices. For example, cognitive-oriented approaches are based on information processing theories. These approaches are structured and largely based on verbal instructions and training which would appear well suited to text-based media. Cognitive approaches are also the basis for some of the most well-researched online therapy and self-help programs. Dynamic-oriented approaches on the other hand, emphasize the client-therapist relationship and transference processes. Representatives of dynamic approaches are among the most outspoken opponents of e-therapy and warn of the dangers of undermining therapeutic in-person encounters.

Studies illuminating therapists’ experiences and attitudes to clinical uses of e-media are called for in efforts to facilitate necessary research and education. The current study explored the extent of e-therapy use among Norwegian psychologists’, their attitudes towards email and mobile phone-based Short Messages Service (SMS) in interaction with clients, and to what extent such use was related to theoretical stance.

METHODS

The choice of email and SMS was due to their prevalence in the everyday lives of Norwegians, along with anecdotal reports of client-clinician...
uses. In 2003, approximately 80% of the population used the Internet, and 89% of these used the Internet to communicate, while 92 of 100 inhabitants had mobile phones. Psychologists were selected since they represent the largest group of psychotherapists in Norway, with most members of the profession being authorized to conduct psychotherapy upon completion of the 6-year professional education.

Sample and procedure

An anonymous questionnaire was mailed to all 4,452 members of the Norwegian Psychological Association (NPF) in June 2003. The response rate was 23%. After excluding those six respondents who had left out the first page of the questionnaire (demographic information), those not working clinically, and students, we were left with a total sample size of 854.

Due to the low response rate, we compared the sample with membership demographics provided by the NPF (S. Bekkali, personal communication, 2003). At the time of the sampling, the mean age of members was 42 (61% were female and 39% male). Furthermore, 37% had achieved specialist qualifications, and 3% had a Ph.D. Comparing the sample with the total population of psychologists in Norway, our sample was on the average 2 years older relative to membership demographics (Z = -2.50, p = 0.013). There were no significant gender differences (Z = 0.43, p = 0.67) or proportion of respondents with a Ph.D. (Z = 0.87, p = 0.38). Since non-responders were not contacted, frequency estimates of e-mediated client-therapist communication were made with different assumed percentages of non-respondents not having had such experience.

Eclectic was the most common theoretical orientation, self-identified by about half the psychologists. Dynamic and cognitive followed with a quarter of the sample each.

Fifty-four percent believed that their computer-competence corresponded with the mean of the Norwegian population, while 34% thought it above and 12% thought that it was lower. During the last 6 months, Internet was reportedly used by 41% of the respondents daily, 36% weekly, 20% monthly, and 3% reported no use of the Internet in the last 6 months.

Questionnaire and data analysis

The questionnaire comprised 36 questions covering demographics, theoretical orientation, ICT competence and use, experiences with email and SMS communication in a clinical context, and attitudes concerning this communication. No follow-up reminder was sent to recipients of the questionnaire.

There was a high amount of data missing on the variables concerning clinical contact via email (59%) and SMS (57%). Hence, a logistic regression analysis was performed with these variables as dependent, and gender, age, Internet usage, and theoretical stance as predictors to check for systematic differences between responders and non-responders. Internet use was the only significant predictor of missing data for both variables (CI for OR = 1.00–1.47 and 1.14–1.67 for email and SMS, respectively).

Development of attitudes towards e-therapy scale

Since no attitude measure for e-therapy existed at the time of the study, a scale was developed for this purpose. Items were derived from the literature, researchers and clinicians with some experience with e-therapy. Items were revised through pilot-testing on a panel of 15 participants at a telepsychiatry workshop and on 10 psychologists. The resulting eight negative attitude items and eight positive attitude items were rated on a five-point Likert scale (1 = disagree; 5 = agree). Scores on the negative items were reversed.

These 16 items were submitted to a confirmatory factor analysis (CFA). The maximum likelihood method of estimation was used. The initial model was specified with the items loading on either a positive or a negative factor, which were hypothesized to be intercorrelated. Items with standardized loadings below 0.50 were removed from the model. The fit indices in the final measurement model (complete wording of items are in Appendix 1) were all below or above their suggested cut-off points for a good fit. The two-dimensional six-item attitude towards e-therapy scale was used in later structural modelling. Validity of the subscales is thus addressed in the Results section.

Other measures

The main outcome question in the survey was if the participant had experience with email or SMS contact with clients, and whether this contact was concerning practical or clinical issues. Response alternatives were: no experience, having received, having sent, and having both sent and received. The three last alternatives were collapsed for use in logistic regression analysis. In addition to the attitude towards e-therapy scale, the participants were asked two general attitude questions; “Would you use e-therapy yourself?” and “Could it work as the only means of communication?”
The psychologists were asked to self-identify with five different theoretical orientations, including Eclectic. It was thus possible to self-identify with several orientations without being classified as eclectic.

Frequency of use of Internet and email was so highly correlated that they were joined into the two-item scale Internet use. This scale had an internal consistency measured by Chronbach’s $\alpha$ of 0.77, and the item-total correlation was 0.63. In addition, computer competency was measured with a single item asking the respondent to compare their own competency with the average person. All reported confidence intervals are 95%.

RESULTS

Email

Forty-five percent of the psychologists reported some kind of experience with client-therapist email communication. 34% had both sent and received email, 0.6% had only sent email, while 10% had received it only. Table 1 shows frequency estimates based on different estimates of the percentage of non-respondents assumed to have not had client-therapist email contact. Of those who reported having experienced email contact with clients, 86% reported the email contact to concern practical matters, and 53% reported exchanging mails addressing clinical issues. Of those who had experienced email contact with clients concerning therapeutic matters, 52% reported it to be a positive experience, 8% reported it to be a negative experience, while 40% reported it to be both.

Short messages service

Forty-two percent of the responding psychologists had experienced SMS contact with their clients: 90% of them reported SMS communication about practical matters, 41% reported SMS communication about clinical matters, 34% of the psychologists had both sent and received SMS, 1% had only sent SMS, while 7% had only received SMS from their clients. Of those who had experienced SMS contact with clients concerning therapeutic matters, 39% reported it to be a positive experience, 16% reported it to be a negative experience, while 45% reported it to be both.

Attitudes towards e-therapy

Only 3% of the psychologists believed that e-communication between therapist and client was unacceptable. Of the psychologists, 31% believed that it could work as the only form of communication, while 64% believed that it would only work as a supplement to face-to-face consultations. Regarding SMS communication, 40% of the psychologists said that they would use it themselves, 48% that they would not use it themselves, but accept others doing it, and 11% said that such communication was unacceptable.

The mean score on the Attitudes towards e-therapy scale was 3.0 (CI = 3.03–3.07), corresponding to a neutral attitude.

Structural equation modelling was performed with the two attitudes towards e-therapy sub-scales as dependent variables. Age, gender, career length, having a Ph.D., ICT-use, ICT competency and theoretical stance was entered as predictors. The final model along with standardized estimates can be seen in Figure 1. As expected, dynamic theoretical stance related negatively to positive attitudes and positively to negative attitudes, thus supporting the validity of the scale. Furthermore, age was negatively related to positive attitude towards e-therapy, and positively related to having a dynamic theoretical stance. The relation between age and negative attitudes, as well as the relations between cognitive theoretical stance and attitudes did not reach statistical significance and is hence not displayed.

Predictors of e-therapy experience

Logistic regressions including the psychologists who had complete data on all variables were performed with experience of clinical contact with clients via e-mail ($n = 328$) and SMS ($n = 347$) as the respective dependent variables. The independent variables that were entered were age, gender, career length, having a Ph.D., ICT use and competency, theoretical stance, and the two attitude variables.

For email, the significant predictors were: greater

<table>
<thead>
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<th>Assumed % of negative non-responses</th>
<th>Yes</th>
<th>No</th>
<th>Estimated % with client email experience</th>
</tr>
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<tbody>
<tr>
<td>100%</td>
<td>630</td>
<td>3785</td>
<td>14%</td>
</tr>
<tr>
<td>90%</td>
<td>967</td>
<td>3485</td>
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<td>70%</td>
<td>1566</td>
<td>2886</td>
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<td>50%</td>
<td>2166</td>
<td>2287</td>
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<tr>
<td>30%</td>
<td>2765</td>
<td>1687</td>
<td>62%</td>
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Internet use that was related to a decrease in the odds for having used email for clinical communication by 0.64 (CI = 0.44–0.95) and having a more positive attitude towards e-therapy that was related to an increase in the odds for having used email for clinical communication by 1.38 (CI = 1.03–1.86).

For having had clinical contact with clients via SMS, the significant predictors were being older which was related to a increase in the odds for having used SMS for clinical communication by 1.02 (CI = 1.00–1.05) and having a more positive attitude towards e-therapy which was related to an increase in the odds for having used email for clinical communication by 1.70 (CI = 1.25–2.30).

DISCUSSION

First, this explorative study suggests that e-media is becoming an integral part of mainstream Norwegian psychotherapy practice—regardless of theoretical stance. Nearly half of our respondents have communicated with clients through email (45%) and SMS (41%), and the overall attitude towards e-media in therapeutic communication was neutral, with only 3% of the respondents finding e-therapy unacceptable.

Relative to the findings that about 10% of U.S. psychologists and U.K. counsellors communicated with clients through e-media, the extent of use by Norwegian psychotherapists is striking although comparisons are precarious due to differences between these studies (e.g., media studied, definitions of e-therapy), and the low response rate in this study. Cultural, infrastructural, or regulatory differences may also be at play. In light of the relatively short time these media have been in the public domain, our results nevertheless support predictions that use of electronic media to deliver mental health services would increase dramatically.

Secondly, as expected, attitudes towards e-therapy were associated with theoretical stance. Dynamically oriented therapists were less likely to endorse e-therapy and more likely to hold negative attitudes towards e-therapy. Cognitive theoretical stance was related to holding a more positive atti-

FIG. 1. Structural model of attitudes towards e-therapy.
tude, although this relation did not reach statistical significance. For the other theoretical approaches (behavioral, systemic and eclectic), no particular tendencies in attitudes were evident.

Thirdly, a positive attitude towards e-therapy was related to greater use. This is in concordance with general attitude-behaviour theories such as the Theory of Planned Behavior.1

Eclectic clinicians may see potentials suggested by existing literature indicating that e-mediated communication facilitates greater self-disclosure,12 expressions of the “true self,”3 enhances client control,8 allows desired privacy,2 protection for those with shame-based syndromes,23 and allows immediacy of expression of feelings.10 Suler26 argues that a “zone of reflection” is created by asynchronous text in allowing the therapist and client to pace their thoughts and responses to each other. The ensuing co-authorship of client insights can represent valuable documentation both for formal records, but also for the client’s growth over time.21 Parallels between e-media and Pennebaker and associate’s18 “writing cure” tradition also appear obvious.22,24,30

The low response rate limits generalizability, despite the apparent representability of the sample. A comparison with membership demographics shows our sample to be on average 2 years older, but otherwise very similar to the population. Age was weakly related to email contact with client, representing a possible bias in our data. The low response rate can have resulted in both an underestimate and an overestimate of the frequency of email contact with clients. The first may be due to unwillingness of respondents to acknowledge use, since Norwegian data security regulations prohibit use of ordinary email for sensitive health issues. Secondly, it is reasonable to expect some systematic non-response from those without e-therapy experience. It is, however, also possible that non-users or those who are negative, discard the questionnaire because of lack of perceived relevance or motivation. As illustrated in Table 1, even the “worst case scenario” with all non-responders not having had e-therapy experience shows higher estimates of use than previously reported in the literature.

CONCLUSION

The “neutral” attitude found between positive and negative statements suggests that our sample of Norwegian psychotherapists as a whole appear open to, but cautious towards, e-therapy. It also reflects that “we just don’t know”—that research regarding e-therapy is in its infancy. The potential of e-therapy to transcend both physical and psychosocial barriers for reaching the underserved should be an important incentive for intensifying research into its efficacy. However, like any form of therapy new or old, it is unlikely there will ever be a consensus about the virtues and drawbacks of e-therapy. As reflected in the relationship between theoretical stance and attitudes, the implications of e-therapy will reflect the eyes of the beholder.

APPENDIX 1

Statements in the final attitude towards e-therapy scale

NA21.6. It is hard to base an emotional assessment on text; e-therapy can therefore increase the risk of errors in clinical assessments.
PA21.7. Communication via the net invites feelings of intimacy and safety.
PA21.8. e-Therapy allows the client greater influence over his or her treatment.
PA21.10. e-Therapy can facilitate more effective contact between me and my clients.
NA21.13. Non-verbal cues such as body language and facial expressions are vital to the quality of communication.
NA21.16. e-Therapy leads to a loss of control over treatment processes for the therapist.

REFERENCES


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