Online counselling: learning from writing therapy

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ABSTRACT   *Online counselling is new and still contentious, with little UK-based research available to practitioners, providers or potential clients. This article aims to extend an earlier review of some of the research into writing therapy [Wright & Chung (2001) Mastery or mystery? Therapeutic writing: a review of the literature, British Journal of Guidance and Counselling, 29(3), 277–291] and to indicate how it could be applied to online counselling. It also refers to some of the literature on online counselling, which, together with the writing therapy research, informed the decision to offer an online service to staff in a university setting.*

Introduction and definitions

The focus of this article is text-based counselling and psychotherapy using the Internet. Online counselling is defined in various ways in the literature and by the accrediting bodies, mostly based on North American practice (see, for example, Bloom & Walz, 2000; Fink, 1999; Gackenbach, 1998). For the purposes of this study, the definition of online counselling is drawn from the British Association for Counselling and Psychotherapy's *Guidelines for Online Counselling and Psychotherapy* (Goss *et al.*, 2001) which refers to '. . . text-based communication over the internet either by email or by Internet relay chat (IRC)' (p. 1). This study will not therefore include provision of therapy via the telephone or video-links, nor the remote accessing of stand-alone, self-help software (e.g. see 'Beating the blues' *at* < www.Ultrasis.com >).

The terms 'counselling' and 'psychotherapy' will be used interchangeably, and 'practitioner' is used to refer to counsellors, psychotherapists and their clinical supervisors.

Writing therapy is defined as: *client expressive and reflective writing, whether self-generated or suggested by a therapist/researcher* (Wright & Chung, 2001).

The article will include some of the findings of the UK-based 'grey literature', that is, unpublished theses and dissertations as well as published research into online, text-based counselling and psychotherapy. Video-link or multimedia counselling will not be considered, although in the United States online services using video and audio equipment are already available (see e.g. < here2listen.com >).

Learning from the scientific paradigm

From the 1980s James Pennebaker, a social psychologist, and his colleagues and research associates (see, for example, Francis & Pennebaker, 1992; Pennebaker & Beall, 1986) have been experimenting with the link between emotional disclosure in writing and health. Most of the studies have taken place in laboratory conditions, the majority using randomised-controlled trials. The outcomes are widely published in respected scientific/academic journals. Deciding to reach a wider audience with his self-described 'amazing results', Pennebaker (1990) tells the story of his research 'journey' through inhibition as a threat to health, and writing (or talking) about feelings and thoughts as a powerful form of 'confession'. The metaphor *Opening Up* is his fitting title for a book which, to use Bruner's (1986) distinction, combines the two modes of thinking, logico-scientific and narrative. The Pennebaker paradigm has not only been replicated across populations and continents but has also now received a relatively wide exposure in the media, with headlines such as, 'The pen is mightier than the pill' (Bower, 1999). The beneficial effects of self-expressive writing have been precisely recorded and subjected to meta-analysis (Smyth, 1998) and review (see, for example, Esterling *et al.*, 1999).

Working in more naturalistic settings in Amsterdam, Alfred Lange, a clinical psychologist, had published case studies of work with patients who had used structured writing to overcome trauma and symptoms of post-traumatic stress (Lange, 1994, 1996). He had also worked with research associates to trial writing protocols (Schoutroup *et al.*, 1997a; Van Zuuren *et al.*, 1999) in face-to-face therapy. The Amsterdam Writing Group, making the logical connection between writing and text-based online therapy, set up Interapy, a website to provide Internet-mediated communication between research participants and therapists, and have reported their encouraging findings from controlled trials (Lange *et al.*, 2001).

Learning from the arts and humanities

Research from disciplines other than the sciences into using creative and expressive writing for therapeutic ends (Bolton, 1999a; Brewer, 1994; De Salvo, 1999; Hunt & Sampson, 1998) tends to converge with the scientific perspective at one central point: self-expression is beneficial, whether in writing or speech. Dramatists, poets, novelists and diarists throughout the centuries have also made the link between emotion, disclosure and health. Virginia Woolf (1989) describes no longer feeling obsessed with her mother after writing *To the Lighthouse*: 'I did for myself what psychoanalysts do for their patients. I expressed some very long felt and deeply felt emotion. And in expressing it, I explained it and then laid it to rest' (p. 90).

Some staff clients at the Sheffield University counselling service have used imaginative and creative writing effectively as an adjunct to time-limited face-to-face counselling (Wright & Chung, 2001) and have reported benefits which have continued beyond their work within a counselling contract.

Literary arts and their use in diverse health and educational settings have been compared to other expressive therapies, such as art, dance and movement therapies (see, for example, Hunt & Sampson, 1998). Some practitioner/researchers draw on

the psychoanalytical tradition (Hunt, 2000); others on humanistic theories (Bolton, 1999a,b). Studies tend to focus more on the writer's experience of the process of therapeutic writing (Bolton, 1998, 1999b; Moskowitz, 1998; Sosin, 1983) than on measuring outcomes.

Writing to and for the self in journals and diaries has a long literary history (Abbs, 1998). Progoff (1975) is acknowledged as the originator of 'journal therapy' which has developed into a form of self-help (Adams, 1990) as well as playing a part in some therapeutic innovations (Ryle, 1990).

Both Pennebaker and his colleagues and the Amsterdam Writing Group base their research on cognitive and behavioural theories. Researchers from the arts and humanities are less easily categorised and their findings less clear in terms of 'evidence'. Those choosing to work in a text-based medium, such as online counselling and therapy, can draw on the extensive experience of these related, if very different, ends of the research continuum (Mair, 1989). Table 1 outlines some of the findings.

TABLE 1. Effective ways of writing research evidence

Some effective ways of writing	Research evidence
Descriptions of traumatic events or experiences are to be as vivid and detailed as possible—e.g. writing in the first person and including expressions of feelings and thoughts about or connected with the events or experiences	Lange, 1994, 1996; Lange *et al.*, 2001; Pennebaker, 1990, 1995; Schoutroup *et al.*, 1997a,b; Van Zuuren *et al.*, 1999
The writing must be as free as possible from the constraints of spelling, style, grammar and chronology	All the cognitive−behavioural research (see above) All the research based on a humanities model, e.g. Bolton, 1999a; Hunt & Sampson, 1998
It is likely that the writing about traumatic events or experiences will restimulate the original difficult feelings at first. It is important that participants are informed about this and reassured that this 'self-confrontation' is part of the process	Smyth, 1998; Lange *et al.*, 2001
It is important that participants give themselves time to re-read what they have written and give themselves feedback, e.g. When I read this I feel . . .; When I read this I notice . . ., When I read this I'm surprised about . . .	Thompson, 2001
Participants are active in their own healing and are provided with 'psychoeducation' or 'psychotherapy files' to explain the rationale behind the writing process	Lange *et al.*, 2001; Ryle, 1990
Sharing and farewell ritual	Lange, 1994; Howlett & Guthrie, 2001; Ryle, 1990
Precise instructions about the location, frequency, length of time spent writing, etc.	Lange, 1994

It can be argued that following these guidelines for effective writing could be therapeutic for some with or without an online therapeutic relationship (Bolton, 1999a; Pennebaker, 1995). Rogers (1993) and others involved in writing and other expressive arts within a therapeutic relationship, whatever their theoretical orientation, emphasise the need for a 'companion on the inner journey'.

Online therapeutic relationships: empowering or second best?

Those researchers and practitioners who have been most vocal in advocating online counselling relationships as an alternative to traditional methods tend to emphasise that such relationships are different, rather than better or worse (Grohol, 1999), and that comparing face-to-face with online therapy is misguided (Anthony, 2000b).

How online work subverts traditional power relations between counsellors and clients (Collie *et al.*, 2000; Lee, 1998) is an important theme.

Benefits of working online for clients are covered in most of the literature and are outlined below; benefits of this new way of working for counsellors are more ambiguous, especially around the issue of client control. Cohen and Kerr's (1998) empirical study compared 'the effects of computer-mediated counseling and traditional face-to-face counseling on anxiety and attitudes towards counseling' (p. 13). They point out that, 'a therapist offering computer-mediated counseling must be alert to the heightened control possessed by the client' (p. 15). It is perhaps comparable to any other form of expressive therapy where the client 'turns their back' on the counsellor to draw, sculpt or write. Cullen's (2000) study argues for the benefits of online counselling for both client and counsellor:

> 'As a counsellor, I am aware of the impact of the written word and occasionally explore with the client the benefits of writing thoughts and feelings where they are unable to vocalise them. As a telephone counsellor, I have used imagery and art therapy with the client, so why not as an online counsellor? The majority of professionals would agree that it is the client's interpretation of what they have drawn or written that is of most value' (p. 5).

The counsellor's training and orientation clearly influence the kind of relationship that might be achievable online. Brice (1999) demonstrates through a case study of online counselling, albeit as an adjunct to previous face-to-face work, that the person-centred conditions can be fulfilled.

Anthony's (2000a) research looks at the nature of the therapeutic relationship and whether the possibility of the I–You relationship can exist within online counselling. In an article drawn from her research findings (Anthony, 2000b) she asserts, 'The rapport between counsellor and client in cyberspace is developed not by reacting to another person's physical presence and spoken word, but by entering the client's mental constructs via the written word' (p. 626).

Aspects of personal construct psychology would seem to be applicable to the online medium. The meaning and theoretical underpinnings of text-based therapy

are complex. Although cognitive and behavioural therapies have been most often associated with computer-mediated therapy, practitioners from a range of orientations may experience the need to integrate other ways of working with clients online. Analysing the client's words, deciding how and when to intervene in the on-screen, written relationship can become stressful and sterile if the counsellor feels the anxiety of 'I'm doing it wrong'. Any learning creates disequilibrium but uncritical 'loyalty' to previous training and practice models increases the difficulty.

Common sense might indicate that the lack of any non-verbal and 'presence' cues could also, for some practitioners, provide an impoverished, less 'alive' working alliance. There are no colours, gestures, fleeting facial expressions. Murphy and Mitchell (1998) (and in Collie *et al.*, 2000) demonstrate that with some imagination, clients and counsellors can learn to use techniques online in a way with which creative writing teachers would be familiar.

> 'With practice, the writing process can allow the client to draw on their innate psychological resources—dreams, memories, imagination, and intuition among them—to facilitate insight and empowerment, and thus begin the healing process. Whether such advantages will translate in the new technology remains to be confirmed' (Gray, 1999, p. 18).

Some of the advantages claimed for writing therapy, which could be translated into the online counselling relationship, and some of the supporting evidence are outlined below:

- Immediacy of expression of feelings (Esterling *et al.*, 1999; Lange, 1994)—also supported by evidence from the 'E-listening' of the Samaritans in the UK (Baughan, 2000).
- Greater client control within the therapeutic relationship. Writing gives the client a high degree of freedom to define her or his own experiences, explore whatever feels most relevant and proceed at the rate they feel most comfortable with (Bolton, 1999a,b; Cohen & Kerr, 1998; Collie *et al.*, 2000; Rasmussen & Tomm, 1992).
- Privacy—shame, the most inhibiting of emotions, is overcome in the privacy and relative anonymity of the writing (Lange, 1994; Pennebaker, 1995).
- Client active participation in their own healing—re-authoring the client's life story (Ryle, 1990; White & Epston, 1990).
- Providing a permanent record and the potential for re-reading—boosts self-esteem where successes are recorded (Adams, 1990).
- Supervision tasks are more transparent and the 'missing client' is present for the supervisor (Goss, 2000; Mearns, 1995, p. 427).
- Asynchronous quality of therap-e-mail provides both client and counsellor with the opportunity for greater reflection and clarity in their communication (Lange *et al.*, 2001; Murphy & Mitchell, 1998).
- Potential for consultation (pre-supervision) for the counsellor (Goss, 2000; Lago, 1996; Lange *et al.*, 2001).

New frontier or economic expediency?

A supplement to the Special Report (Gray, 1999) analysed the results of a survey on the extent of, and attitudes to, online counselling amongst British Association for Counselling members (Parker, 1999). Thirty percent of those contacted responded, and of those 126 respondents, 10% had used email for counselling with clients, 5% as an adjunct to face-to-face counselling; 10% of the respondents had strong views that email counselling was not possible, citing, for example, the importance of not distorting the dynamic of the traditional therapeutic relationship.

There is little evidence of studies in which counselling clients or potential clients have been consulted about online services as a question of choice. Graham *et al.* (2000) asked potential users of psychiatric services about their preferences for therapy to treat obsessive compulsive disorder and phobic disorders. The results, with 91% of potential users wanting access to self-help via a computer system, were widely publicised in the professional journals.

One strong argument for developing online services is to give potential and actual clients a greater and less stigmatised choice in service delivery (Lange *et al.*, 2001; Murphy & Mitchell, 1998). Conversely, some researcher/practitioners, but more especially managers and providers, seize upon 'cybertherapy' as an expedient solution to the availability of services. Resources cannot be stretched to provide a face-to-face service easily accessible for all. Cost effectiveness is an argument in favour of online services from the clients' viewpoint. However, this same point provides another justifiable caution for some practitioners in the debate (Grohol, 1999): the fear that budget-conscious managers, perhaps not from a counselling background and unaware of the contentious issues surrounding the development of online services, would simply see a cost-cutting opportunity. Visions of profitable cybercounselling versions of call-centres would seem to be belied by experience of the time taken to read and respond adequately to complex client messages.

Some of the financial issues have been addressed in the USA (Laszlo *et al.*, 1999) where 'TeleHealth' and its capacity to deliver health care for those excluded by distance or other factors, including access to mental health services, is attracting major research funding.

Widening access to therapeutic services

In the most literal sense, distance is a barrier to the availability of face-to-face counselling services for all. Integrating narrative and solution focused approaches, Murphy and Mitchell (1998), based in Western Canada, have developed their therap-e-mail services, including 'presence techniques' in creative and innovative ways. It is perhaps not surprising that the combination of dispersed populations and relatively widespread, cheap access to the Internet has triggered the development of computer-mediated therapeutic services most rapidly in the USA and Canada. It would seem to be a logical extension of the 'distance learning' and guidance activities using new technology, which have been well established for over 20 years in many parts of the world (Tait, 1999).

What of those who cannot access the required technology? Lee (2000) describes this barrier to 'the vast clinical and educational potential' of 'cybercounseling' as the 'digital divide'. Early users of the Internet in the UK and the USA have tended to be predominantly young, male and relatively well off (Castells, 2001). There is some evidence that the balance is shifting, especially if the area of use of the Internet is defined as email use rather than computer games or home shopping which, perhaps surprisingly, is still male dominated (Morahan-Martin, 1998).

Ironically, whereas usage statistics tend to show women users outnumbering men in traditional, face-to-face counselling services, men are tending to use online services in greater numbers. It has been suggested, for example, that writing may be more effective for males (Smyth, 1998).Whatever the causes of gender imbalance in the recorded client usage of various modalities, the potential for online services to attract more young, male users is noted by the Samaritans (Baughan, 2000) as a major reason for developing their online service. Statistics consistently indicate the relatively high risk of suicide in this demographic group.

Cullen (2000) also points out the contrast in the male to female ratio between her survey results and BACP membership. In October 2000, 83% of BACP members were female, whereas in Cullen's survey, only 33% of online counsellors were female.

The advantages of text-based, online interventions are very clear for some disabled people previously excluded from traditionally delivered services. Griffiths (2000), a therapist who has completed a dissertation including a transcript illustrating her online work, points out the benefits for the deaf: 'I have a daughter who is profoundly deaf and uses the Internet and email as a major method of communication. Her life and our family life have been great learning experiences in the area of non-verbal communication and the interpretation of meaning' (p. 100).

For some of the proponents of online services, this is the key argument. 'Why online psychotherapy? Because there is a need' (Grohol, 1999). Castells (2001) is however pessimistic about the digital divide and argues that it will widen between rich and poor and other connected and unconnected groups.

Implications for practice, training and supervision

Ethical issues have been predominant in the research and writing on this 'new frontier' (Bloom, 1998; Graham, 2000; Griffiths, 2001; Robson & Robson, 2000; Sampson *et al.*, 1997; Stofle, 1997). The obvious but often overlooked risk of others reading diaries and other private written material not intended to be read by anyone but the writer can be translated into online counselling and therapy.

Encryption is the current 'best option' to safeguard confidentiality and is discussed in all the Guidelines for Practice, both British and North American (see, for example, ACA, 1999; Goss *et al.*, 2001; Health on the Net Foundation, 2000).

A brief example from the online counselling service for staff at Sheffield University might illustrate the complexity of the apparently simple decision to adopt and recommend encryption in all email counselling communication with clients. A detailed assessment of the potential risks of using email for online counselling (McAuley, 2001) and a short set of instructions for using encryption had been

produced as part of the preliminary work in setting up the online service. A number of staff who have since used the online counselling service have been so eager to get on with 'getting better' that they have ignored encryption instructions. One client commented in an unencrypted message: 'I've read all that, can I get on with getting better now?'

If a client, in spite of repeated suggestions by the counsellor and visible messages about encryption providing a safer way of communicating online chooses not to use encryption, increased client control is double-edged. What is the counsellor's most ethical response here?

The paucity of research results demonstrating the ethical safety and effectiveness of online counselling or its acceptability to clients and practitioners has tended to be one cause of professional caution, especially in the UK (Goss *et al.*, 1999, 2001; Gray, 1999; Oravec, 2000; Parker, 1999). The *BACP Guidelines for Online Counselling and Psychotherapy* underline this ambivalence: 'publication of these Guidelines should not be taken as any endorsement of online therapy provision *per se*' (Goss *et al.*, 2001, p. 1).

As Goss *et al.* (2001) emphasise, there is also a need for practitioners to protect themselves. The case studies in the *BACP Guidelines* Appendix 3 (Goss *et al.*, 2001, p. 11) illustrate clearly some of the risks for both clients and online practitioners.

Some of the concerns raised by research into the assimilation model in the context of time-limited writing therapy could be applied to online work:

> '. . . the potential for negative effects resulting from unassimilated experiences uncovered in therapy warrants further investigation. As one possible practical implication: The potential negative effects of disclosure without resolution suggest that treatment length should be responsive to clients' progression in therapy and level of assimilation' (Honos-Webb *et al.*, 2000, p. 313).

If therapeutic writing and online counselling are shown to increase the client's control of the process, the passive, medical model implied by 'treatment' is arguably inappropriate. On the other hand, the risks involved in writing therapy are contentious, with some practitioner/researchers arguing that the writer knows intuitively how to use the medium (Bolton, 1999a) and others calling for much more 'containment' (Lange, 1994). Client assessment in online counselling is a fraught ethical and operational issue. Certainly, the Interapy research (Lange *et al.*, 2001) is careful to screen participants and to refer those who would seem to be unsuitable to other forms of therapy.

McLeod (1998) points out that, 'numerically by far the greatest number of counselling contacts are made though telephone counselling agencies, in situations where the client has much more control over how much he or she is known and how long the session will last' (p. 26). Information about the numbers of clients seeking online counselling is not yet available, but the tension between client control and counsellor ethical responsibility is an urgent issue.

Some service providers and practitioners seem to have moved into this innovative mode of delivery with the assumption that experienced, qualified

practitioners will 'learn as they go along' or use one of the training services advertising short, online courses in the professional journals. The Samaritans UK-based experience and the research and practice available from North America would indicate that specific skills are required for online counselling. Some but not all of these skills parallel those developed by writing therapy. For example:

- Using the richness of language and especially simile and metaphor (Bayne & Thompson, 2000).
- Emotional bracketing: 'In therap-e-mail, we discovered we could compensate for the lack of nonverbals by bracketing the emotional content behind the words. We place, and invite our clients to place, important emotional content (particularly emotional information that we couldn't otherwise glean from the text) in square brackets' (Collie *et al.*, 2000, p. 225).
- More emphasis on the counsellor sharing inner thoughts and feelings: 'I believe that there is still a sense in the counselling world that we, as therapists, don't want to be too much ourselves for fear of contaminating the process (or dare I say it, of losing some power within the relationship)' (Collie *et al.*, 2000, p. 234).
- Descriptive immediacy: one of a broader category of skills Murphy and Mitchell (Collie *et al.*, 2000) have called 'presence techniques'.
- Emoticons, semi-pictorial symbols for specific emotions, reactions or facial expressions and other techniques specific to online communication, e.g. acronyms such as ROFL for 'Rolling On Floor Laughing'.

The need for practitioners to experience online counselling as a client is a first step in developing the necessary awareness and skills to work online.

The online counselling offered to Sheffield University staff, referred to briefly above, is currently using asynchronous email only. Insurers were less willing to cover counselling via Internet Relay Chat and we have therefore stayed with what could be described as an electronic version of correspondence therapy. There is, of course, nothing new about correspondence therapy. Goss (2000) cites the CRUSE guidelines on counselling by letter (Wallbank, 1994). The evaluation of the online service at Sheffield is ongoing. We are particularly interested in the client's experience of working with a counsellor online and hope to be able to produce case material as part of a qualitative study.

Limited experience of supervision via asynchronous email, which came about through necessity on my part rather than choice, would support much of Goss's (2000) thorough discussion of the opportunities and risks involved. A 'supervisory revolution' implies a radical shift from the traditional. I would suggest that the central shift is from 'the vivid oral panorama' (Havelock, 1986) to the written word. In a study of the profound revolution involved in the move from oral traditions to literacy, Havelock comments:

'The linguistic symptoms of this radical shift away from oralism, which has ever since underlain all European consciousness, occurred in a proliferation of terms, for notions and thoughts and thinking, for knowledge and

knowing, for understanding, investigating, research, inquiry . . . For Socrates, the terminology symbolized the level of psychic energy required to realize thought of what was permanently "true" as opposed to what fleetingly happened in the vivid oral panorama' (Havelock, 1986, p. 115).

The cognitive effort involved in writing compared with the 'fleeting' nature of speech (Kellogg, 1994) combined with the transparency of the online medium for counselling interchanges could be seen as powerful disincentives for moving into text-based work with clients. It's slow, hard, and leaves the practitioner feeling very exposed.

Research into greater openness of expression online (Joinson, 1998; Walther, 1996) is, however, compelling and applies as clearly to supervisory as to counselling relationships online. Again, learning from established practice in other disciplines, such as writing in reflective practice in medical and health settings (e.g. Bolton, 2000) is key. The links between using the new technology and 'thinking with a pen in your hand' or with fingers on the keyboard warrants further research, and further application to supervision and its role in continuing professional development for counsellors and therapists.

Conclusions

" 'Write something every day," she said
"even if it's only a line,
it will protect you."

. . . how then should it defend us?
unless by strengthening
our fierce and obstinate centres' (Feinstein, 1993).

Comparisons between the use of telephone counselling and text-based, email counselling are useful (Sanders & Rosenfield, 1998); they are close cousins, but until video and audio extensions of the current text-based technology are more widely available, online work is more closely related to writing therapy.

As in any innovation, the innovator redefines the field, as Murphy and Mitchell have shown most instructively (Collie *et al.*, 2000).

For some clients and counsellors text-based, online therapy may be the medium of choice as was already evident in *The British Journal of Guidance and Counselling Symposium: New Forms of Distance Counselling* (1998). A subsequent series of articles published in *Counselling and Psychotherapy Journal* (Brice, 2000; Caleb, 2000; Page, 2000) has at least continued the debate in British professional circles, but little UK-based research at the time of writing has been based on experience of counselling online either as client or counsellor. Already the well-informed predictions are that thousands of practitioners will be offering services online within the next few years. The Samaritans received 25,000 email contacts in 1999, 57,000 in 2000 and anticipate a similar rate of increase in 2001 (Ginns, 2001).

Without more empirical research into client and counsellor attitudes towards online therapy, into the outcomes of online counselling and therapy and the change processes involved, it would be far too early to predict the impact of this development on traditional face-to-face services. It seems unlikely that the therapy industry will go the way of investment banking, losing its 'privileged expert knowledge' (Lewis, 2001) as more and more Internet users become more and more knowledgeable about mental health issues and about themselves, through expressive writing.

What can be learned and adapted from the research into 'writing therapy' is the power of reflective, focused writing, which draws on imagination and creativity to enable some people to become much more knowledgeable about themselves and to increase their sense of agency. Consumerism is part of the current zeitgeist which impacts on how potential clients choose to access counselling services (McLeod, 1998).

> 'Above all, writing may provide an alternative form of preventive therapy that can be valuable for individuals who otherwise would not enter therapy' (Esterling *et al.*, 1999, p. 92).

In this age of confessional TV talk-shows, it may appear to be ironic that some are choosing to use old-fashioned writing together with the new technology of the Internet to connect with themselves and others. If some prospective clients decide that online access is their preferred way into therapeutic contact, practitioners will need to make decisions about further training for online work, or if they want to be part of this 'new frontier' at all.

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