

**Therapists' experiences of 'internet exposure' in the
therapeutic relationship: an interpretative
phenomenological analysis**

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Abstract

The aim of this research was to investigate the effect on the therapist and the therapeutic relationship when clients obtained personal information about their therapist online and went on to disclose that information in a session. As social media has grown in popularity, many people have become accustomed to publishing information about themselves and others on the web. In this context, it is harder than ever for therapists to keep their personal and professional lives separate. Through understanding this phenomenon further, the research aimed to provide practitioners with recommendations that would inform their practice.

Interpretative Phenomenological Analysis (IPA) was the chosen methodology because it offers a framework for exploring individuals' lived experiences and therefore provides an in-depth and rich understanding of the phenomenon being studied. Semi-structured, one-to-one interviews were conducted with six participants. Each participant was interviewed twice with the second interview taking place eight weeks after the first. The second interview provided an opportunity to capture further reflections that may have emerged after interview one. Participants were qualified counsellors, psychotherapists and one psychologist who had had the experience of a client disclosing information about them that was obtained online – information that the therapist would not have willingly revealed to the client.

Four superordinate themes emerged during analysis: (1) Tension in peacetime (2) Breach of defences (3) Weapons (4) The aftermath: renegotiation with client and self. The war metaphor represents the struggle experienced by the participants and follows the journey from pre- to post-client disclosure. The analysis uncovered feelings of exposure, vulnerability and shame for the participants. These feelings made it difficult

to navigate the therapeutic relationship, which was immeasurably changed in both positive and negative ways. The main “weapon” therapists used to defend themselves and the relationship was avoidance of the issue. This study therefore calls for more research and training on the phenomenon, in order to supply practitioners with the necessary tools for navigating this complex terrain.

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Chapter 1: Introduction

1.1 The rise of social media

We live in a hyperconnected world. The internet and, specifically, social networking websites (“social media”) have rapidly evolved in recent years, offering platforms through which people share many aspects of their lives – and often other people’s lives – in cyberspace.

In January 2020, 66% of the UK population reported using some form of social media (Statista, 2020a). But the growth of these platforms is global. To take one example, consider Facebook. In 2012, the company reported having more than a billion users. This figure had soared to 2.6 billion monthly active users by March 2020 (Statista, 2020b). While sites such as Facebook continue to grow and, in their words, “*bring the world closer together*” (Facebook, 2020), critics including Turkle (2011) have questioned what effect technology has had on our relationships. In Turkle’s view, we have come to expect more from technology and less from one another.

There are many ways in which people may expect technology to fill in the gaps between them or do the work of friendships and other personal or professional relationships. Surely one example is when individuals turn to the web in order to gather information about those who ignite their curiosity. This could be anyone – a friend, a prospective lover or a professional contact. It could also be a therapist. Many people expect that data about individuals who enter their lives will be available at little more than the click of a mouse. As Balick (2014) points out, looking up information online is quick and easy – much more convenient than hiring a private detective, which may have been the only way to gather detailed data about a person in the past. This would hardly have been seriously considered by most people, given the cost and effort

required for such investigations. Today, seemingly innocent online searches may yet prove just as intrusive and disruptive to people's relationships. At the heart of this problem lies the fact that in a technology-rich, computer-mediated world, privacy has become increasingly scarce. Once uploaded, it may be impossible to maintain control of personal information in terms of restricting who views it.

Information as sensitive as our relationship status and likes and dislikes when dating may even be available, thanks to the rise of dating websites and apps. Rosenfeld, Reuben and Hausen (2019) reported a significant rise in the popularity of online dating sites, finding that 65% of same-sex couples and 39% of heterosexual couples met this way in their sample of more than 4,000 American adults. While same-sex couples have used online dating at a steady rate, for heterosexual couples this figure increased from 22% in a study the authors conducted 10 years prior.

An individual's information may even be uploaded to social media sites by a third-party – friends, family or an organisation, for example, which reduces control of how their information may be perceived yet further, adding another layer of complexity to a problem I shall refer to as online exposure – the moment in which a client encounters personal information about their therapist online.

In today's context, therapists face new challenges regarding their anonymity and neutrality. This is a departure from a time when therapists were able to keep their private life separate from the therapeutic relationship. Behnke (2008) states that "*in the space of a few years, the realm of what is private has receded significantly, with a corresponding expansion in the domain of what is public*" (p.74). Even when therapists select high privacy settings on social media sites, which limit the amount of content that is publicly accessible on their profiles, it is still harder than ever to separate the

personal from the professional (see Appendix 11 for an overview of online privacy settings). One therapist may well have separate social media profiles for their personal and professional personae – but to the client who casually scrolls through all of them, these supposedly distinct, even contrasting, identities may be consumed all at once.

1.2 Privacy Issues

Schneier (2015) argues that privacy is a human right and that this involves our freedom to choose how we present ourselves to the world. But this choice may be mediated or restricted by companies such as Google, which algorithmically manage our identities and present them to the wider world in a format of their choosing. For instance, personal information about individuals is automatically collated from various sources and ordered in lists before being presented to the internet user. While people have little or no control over this process, more privacy protections have been enshrined in law in recent years. For example, as of 2014, people have gained the “right to be forgotten” (General Data Protection Regulation [GDPR], article 17), which means that individuals can ask Google to remove links to certain personal information online. The information has to be deemed “*inaccurate, inadequate, irrelevant or excessive*” (EU commission, 2014, para.3) and will only be removed from online searches in the EU. Ultimately, the decision of whether to remove the information remains with Google. In addition, Facebook updated its privacy settings in June 2020 to include a “Manage Activity” option, which allows users to delete old posts. Overall, these changes are a positive step forward for individuals’ online privacy protection. But taking these two examples into consideration, it is possible that they do not help therapists to keep their private lives hidden from curious clients. Depending on what content is available about an individual online, they may simultaneously feel that it is sensitive but not in a way that would prompt them to make a “right to be forgotten” request in order to have it

removed from Google search results. Regarding Facebook, one could in theory erase all old posts, but the system does not allow users to delete posts contributed by other individuals. Therefore, family and friends would have to be asked to remove certain information from their own accounts, including for example photos that they have uploaded. This could feel like fighting a losing battle, while also undermining the whole point of having an accessible personal online identity in the first place. One might question why therapists do not just leave social media entirely, which would eliminate the issue of online privacy. However, things are not so simple. As hinted above, digital platforms have become a crucial part of people's social landscapes, allowing individuals to connect with friends and family and providing opportunities for new relationships to be made.

1.3 The purpose of the study

The present study aims to contribute to the field of counselling psychology and psychotherapy by providing an insight into what happens when the personal and professional collide in the therapy room. Specifically, I explore therapists' experiences of the relationship after a client discloses that they have found out personal information about the therapist online, an encounter I term "online discovery disclosure".

It is normal for therapists to avoid revealing personal details about their lives to clients, particularly therapists who are psychoanalytically trained and who would consider such self-disclosure to be a blurring of boundaries detrimental to the transference (Audet, 2011). On the other hand, therapists who hold a humanistic stance may decide to use personal self-disclosures in order to foster a more equal relationship (Mearns and Cooper, 2017). Even in these cases, the therapist would likely consider the therapeutic benefit of such self-disclosures carefully before making them. The

particular dilemma that faces practitioners today is that their personal information can easily be exposed online – with or without their knowing – and this in turn takes away the choice of personal self-disclosure. A quick Google search can sometimes yield sensitive personal information that has been uploaded by therapists themselves, or indeed by others. Therefore, choices around self-disclosure and anonymity may be undermined should clients become curious and begin seeking out information about their therapist online. Clients may even stumble upon such information accidentally, for example by stumbling on their therapist’s profile on a social media website.

This phenomenon is currently under-researched, despite the fact that social media has become extremely popular in just a few years. Literature and research in the field have to date focused on whether it is ethical for therapists to maintain their own personal online identity (Berlin, 2014; Baier, 2018; Lehavot, Barnett and Powers, 2010). Other research has explored therapists’ attitudes, decision-making and concerns regarding their online presence (Asay and Lal, 2014; Sedgeley, 2013). In addition, many studies have collected data using quantitative research methods (Ginory, Sabatier and Eth, 2012; Kolmes and Taube, 2016) which, while valuable, have left a significant gap in the field. There is presently a need for nuanced and detailed understanding of how therapists’ personal online identities can affect the therapeutic relationship – and how they can do so unintentionally on the part of the therapist. It is my hope that the present study goes some way towards filling this gap.

In undertaking this exploration, I am responding to a call for more research into the phenomenon. Studies by Asay and Lal (2014) and Sedgeley (2013) recommended that future research focus on the actual experience of therapists being discovered by their clients through online sources. In addition, Taylor, McMinn, Bufford and Chang (2010) call for research to understand how therapists’ online, unintentional self-

disclosures impact the therapeutic relationship, specifically. Despite these studies being between six to ten years old, there have since been very few investigations into these significant areas of research.

1.4 My relationship to the research

I am personally interested in this subject because I have grown up alongside the rise of the internet and have witnessed the enormous growth of social media over time. I am personally part of this growth, being a user of social media myself, and have questioned the effects of this on my own psychotherapy practice. I am curious about what happens when the therapist's personal online identity enters the therapeutic space and how clinicians manage this. Anecdotal evidence from clinicians I have spoken to suggests that this is an issue they have often faced. Studies reflect this by showing how an increasingly significant number of clients are disclosing to their therapist that they have found information about them online (7% in Lehavot et al., 2010, 11.4% in Asay and Lal, 2014, 27.6% in Kolmes and Taube, 2016).

I believe that therapists should be free to engage in online activity, which is influenced by the fact that I met my husband through an internet dating website. This has contributed to the reasons why I chose to focus my research on this topic, since I willingly exposed personal information about myself via an online dating profile, which in principle anyone could have accessed, including clients. I have questioned the possible effects if a client had come across this information but I have also considered how unfair it would be to restrict a practitioner's access to such online platforms. I am aware that these personal views will have inevitably impacted the way I conducted and relate to the research which I will discuss within the reflexivity section of chapter three.

In addition, through engaging with this research and analysing the data, I have become aware of a deeper connection to the topic. Internet exposure brings up our relationship to visibility and shame (Sedgeley, 2013). These are areas I have needed to explore and grapple with in my own personal therapy. By reflecting on my relationship to exposure, I have been able to empathise with the participants' experiences of uncomfortable feelings being evoked by the encounter with their clients. Alongside this empathic encounter, the reflexive approach to the research has helped me to distinguish between my own experience and that of the participants, allowing their stories to remain at the heart of the research. However, I also acknowledge that, to a certain extent, our stories inevitably intermingle in the intersubjective space of the interview process (Finlay, 2005).

1.5 Research aims and questions

The aim of this research was to gain a rich understanding of what happens in the therapy room when a client discloses that they have found out personal information about their therapist online. Using Interpretative Phenomenological Analysis (IPA) as my methodology, I was able to explore the lived experience of therapists who had encountered this phenomenon. Through gaining knowledge and understanding of such encounters, clinicians, supervisors and training institutions can develop means to manage the situation in practice. The central research question was:

How do therapists experience online exposure with a client and make sense of this in the context of the therapeutic relationship?

Within this overarching question, there were sub-questions including: How did the participants experience and respond to the clients' disclosures in the moment? How

was the participant impacted during and after the in-session encounter? What was their relationship like with the client before and after the disclosure?

These questions provided the foundation for the semi-structured interviews.

1.6 Terminology

For clarity, I shall outline some terminology that I will use throughout this thesis:

Therapist(s): An umbrella term that includes counsellors, psychotherapists and psychologists.

Online exposure: This pertains to the moment when personal information about a therapist is discovered online by their client. The client could have found this information via purposeful searches or by encountering it accidentally. I shall make this distinction clear when relevant. The personal information about the therapist may have been self-published by the therapist or posted online by a third party, such as a friend or colleague.

Online discovery disclosure: This is the client's in-session disclosure that they have encountered personal information about their therapist online. I have chosen to use this specific phrase in order to emphasise the special nature of this particular kind of disclosure, given that "disclosure" is an extremely broad term that can refer to anything a client or therapist says during a therapy session.

Chapter 2: Literature Review

2.1 Introduction

The literature review revealed a lack of research into the therapeutic impact of clients' online discovery disclosures. I determined that a wider search for studies that explored the surrounding topics of the therapeutic relationship, self-disclosure and boundaries was required, followed by investigation of literature that discussed the lack of privacy online and client motivations for seeking out information about their therapists on the web in the first place (when such discoveries were not made accidentally). Finally, I sought to evaluate research on the consequences of online discovery disclosure specifically, including therapist shame and embarrassment, and how client-therapist relationships were changed by the event. This chapter assesses the literature and research on these specific areas and, by doing so, aims to situate the present study within the field, underlining its relevance.

The works detailed below provide useful tools that can help us begin to understand the clinical implications of the therapist's online personal information becoming known to a client. It is important to consider the wider consequences of this particular form of self-disclosure for, as Lehavot et al. (2010), suggests, the internet has brought new challenges to therapeutic practice and, more generally, "*redefined the process of self-disclosure*" (p.160).

2.2 The significance of a therapeutic alliance

Research has suggested that the relationship between client and therapist is a key component in therapeutic outcomes, even more so than the modality of the therapist. Asay & Lambert (1999) state that relational factors account for 30% variance in outcomes, which is double the amount of variance they assign to the therapist's

technique. In addition, Horvath, Del Re, Flückiger and Symonds (2011) found the strength of the relationship to be one of the most robust predictors of treatment success. The therapeutic or working alliance was conceptualised by Bordin (1979) as essential for all client-therapist relationships, irrespective of modality, and described it using three concepts: a developed bond, agreement on the tasks of therapy and agreement on the therapeutic goals.

Literature in the field also indicates that a key factor in the relationship between client and therapist is: who holds power and when (Dineen, 2002). As the professional in the relationship, the therapist unavoidably represents a type of authority and therefore holds a disproportionate level of power. However, it is too simplistic to argue that the power *always* sits with the therapist. As Dineen goes on to argue, the power dynamic is more fluid than this: the client is clearly dependent on the therapist but the reversal of this is also true. Totten (2009) adds that therapists are dependent on clients for their money (in private practice) but also for their positive feedback and perhaps even admiration, which serves to lessen the sense of insecurity that is present in therapy: *“These needs and anxieties on both sides of the room fuel all sorts of complex power plays, manipulations, blackmails, seductions and seizing of the moral high ground”* (Totten, 2009, p. 18). Differences in therapist-client identity structure such as gender, class, sexuality, or ethnicity also add to the complexity of the power dynamics according to DeVaris (1994).

Before the recent rise of online social media, the challenge of separating the personal and professional was described by Campbell and Gordon (2003) as largely reserved for therapists working in small, rural communities. But in any context, the preservation of the therapist’s distinct, professional identity could be considered paramount. Guy and Liaboe (1986) argue that therapists need a personal life in which they are totally

removed from their professional role and responsibilities. In doing so, there is a level of self-care that mitigates against burnout and allows the therapist to practice effectively. However, research indicates that the pervasive nature of the online world makes this separation harder to achieve, as I shall detail below.

In sum, studies in the field strongly suggest that having an open dialogue about diversity and the personal differences that inevitably exist between client and therapist helps to establish a strong therapeutic relationship (Day-Vines et al., 2007), which increases the likelihood of treatment success.

2.3 The challenge of self-disclosure and boundaries

Zur et al. (2009) set out three different types of therapist self-disclosure: deliberate, unavoidable and accidental. Deliberate disclosures would relate to therapist's sharing personal information with their client such as their marital status or sexual orientation. Unavoidable disclosures include, for example, personal appearance and office décor. Lastly, accidental disclosures relate to situations such as an unexpected encounter between client and therapist in a public place.

Different therapy modalities have framed personal or "deliberate" self-disclosure in different ways. Psychodynamic and psychoanalytic therapists may consider personal self-disclosure as having a negative impact on the development of the transference relationship, which is therefore detrimental to their treatment approach (Barnett, 2011). On the other hand, humanistic and behavioural therapists may find it useful to convey a sense of humanness and provide a basis for a genuine relationship (Barnett, 2011). It could also help therapists to address the disparity of power in the relationship. As Mearns, Thorne and McLeod (2013) state: "*mystery evokes the illusion of power; transparency dissolves it*" (p.123). However, even within these broad modalities,

opinions differ in the field on this issue, as therapist neutrality and anonymity exist on a spectrum. While there are differences between theoretical orientations regarding self-disclosure, some argue that unwanted exposure is likely to result in feelings of discomfort and stress for all therapists, irrespective of modality (Pietkiewicz and Włodarczyk, 2015).

Lemma (2017) states that the frame parameters of therapy such as breaks, ending of sessions and the relative anonymity of the therapist serve as an important reminder that client and therapist are separate entities. Any deviation from these frame parameters, intentional or otherwise, affects the therapeutic process (Cochran et al., 2009). On the other hand, perhaps some boundaries are too strict. Dineen (2002) critiques the use of boundaries in therapy, describing them as “*artificial and arbitrary*” (p.19) and likens their moveable nature to that of fences, “*They can be constructed, heightened or lowered, moved or taken down at any time*” (2002, p. 119). Lazarus and Zur (2002) are also critical of imposed boundaries and believe that relaxing them can still be ethical. They state that strict boundaries are often in place to protect the therapist, potentially at the expense of the client and the therapy. Gorden (2010) suggests that strict boundaries can be advantageous to the therapist when reflecting on her own practice: “*...I am sometimes uncomfortable exposing my weaknesses and failures, and that perhaps my theoretical standing regarding personal disclosure may at times function as a safe hiding place*” (p.318).

This brief overview of the therapeutic alliance, boundaries and therapist self-disclosures provides a foundation on which to discuss clients’ online discovery disclosures. The subsequent sections of this chapter will explore this intersection between the therapeutic relationship and the online world.

2.4 Lack of privacy

In Hartman's (2011) account of how the internet has shaped our lives, he suggests that privacy no longer exists in a world where one can access a seemingly limitless amount of information. This was also acknowledged by Schirmacher (2007), who wrote that "*the transparent human becomes reality in Internet society*" (p. 144). Lemma (2017) likens this lack of privacy to "Big Brother", the totalitarian tyrant of George Orwell's dystopian novel *Nineteen Eighty-Four* (1949), and by doing so highlights the all-seeing and somewhat dystopian nature of our 21st Century world in which "*...we can be accessed freely, tracked and used by ourselves as much as by others for pragmatic and psychological ends*" (Lemma, 2017, p. 115).

Dilemmas over how to manage our online presence in this context are not easily resolved. Balick (2014) states that our online identity "*...can hang like a ghost between individuals, affecting their interpersonal relations to varying degrees*" (p.28). This suggests that the way we relate to one another in cyberspace can affect our relationships offline as well. As Kaluzeviciute (2020) points out, we are faced with the collapsing divide between online and offline selves – our digital interactions and our "real world" relationships. While online and offline spaces are clearly distinct habitats, what may be less obvious is that we all end up weaving our lives between those habitats – just like a living species in nature. What we do online may affect how we are perceived offline; there is a largely unavoidable connection between the two.

Besides instant access to certain personal information, how individuals behave online compared to 'In Real Life' (IRL) changes due to what Suler (2004) calls the "online disinhibition effect". This disinhibition is created by online spaces that appear to offer a degree of invisibility or anonymity, enabling people to act out their desires and

operate in an environment seemingly devoid of authority. But this can cause tension. Person A may be quite unaware that Person B has privately sought out information about Person A online. This search may take different forms, depending on the type of information Person B is looking for. While few studies have examined the impact on therapeutic relationships of this behaviour, Zur, Lehavot, Williams and Knapp (2009) have categorised the forms that client's online searches about their therapist may take, ordering them in a hierarchy of intensity. With each new level, the intrusion deepens. Level one regards relatively innocuous searches for a therapist's professional website, level two involves conducting internet searches for more personal information about the therapist. This is the level of online exposure that would categorise the experiences of the present study's participants. The third level involves individuals joining Facebook or other social networking sites to find out information, and in some cases using a pseudonym to disguise their identity from the therapist. Joining listservs (email groups) or chatrooms where their therapist is active is the fourth level. The fifth level describes clients paying for legal online background checks that would produce information such as previous addresses and criminal records. Finally, level six concerns the highly invasive and illegal act of cyberstalking, in which an individual mounts a premeditated effort to gather information about their target and perhaps even manipulates them into revealing such information electronically. When setting out this taxonomy, the authors do not indicate how they have come to view clients' online searches in this way. It would be valuable to understand their theorising and whether it is based on any lived experience or empirical research.

In addition, it is important to consider how the power dynamic between client and therapist may manifest online. It was once believed that the digital world would offer users a space in which everyone had an opportunity to voice their opinion. As Suler

(2004) stated, “*Everyone— regardless of status, wealth, race, or gender— starts off on a level playing field*” (p.324). However, subsequent studies debunked this myth of an online space free of inequality. For example, Schradie (2011) found that individuals with low socioeconomic status are less involved in producing online content, therefore the elite voice remains prominent, even in cyberspace. To take one example relevant to the present study: a disparity in socioeconomic status could be apparent to the client who discovers information about their therapist online. In Knox et al.’s (2019) study about how therapists navigate Facebook with clients, one participant described the discomfort that resulted from an instance of online exposure that revealed her spouse’s occupation and therefore her socioeconomic status. However, this aspect of one’s identity may be detected by the client on an implicit level via other means – the therapist’s “unavoidable disclosures” (Zur et al., 2009) including their manner of speech, clothes or, if the client is seen at the therapist’s home, their property.

Clients’ online searches do have the power to bring differences and inequalities to light that may not have been apparent to the client through their work with the therapist. This phenomenon is discussed in an article entitled “Dear therapist: I google-stalked my therapist” by Gottlieb (2018). In the article, a couple describes an online discovery that made them re-evaluate the positive relationship they had created with their therapist. They found that their therapist’s father was a public figure who had taken a hard-line stance against the LGBTQ community. Although the couple acknowledged that their therapist may disagree with her father, they were concerned by the fact that she was photographed with him on his website, which provided a platform for his divisive views. LGBTQ issues were extremely important to this couple and their identities. They were, therefore, left confused and unsure as to how to approach the issue. Thus, research and anecdotal evidence, hints at how online discoveries can

significantly impact the ongoing therapeutic work and potentially lead to the dissolution of the relationship.

2.5 Client motivation

In order to understand the effects of clients' online searches, it is useful to consider what is behind this behaviour. The client's online search permeates the therapeutic boundaries, which is perhaps the aim. According to Kaluzeviciute (2020), clients do not want to be faced with the separation, instead, "*...they want to comfort themselves by keeping the therapist 'alive' outside of the consulting room*" (p.316). This was true for Bridges (2017) who wrote about searching for her therapist online. She stated that the googling occurred "*...during therapy breaks when I missed her and felt excluded from her life; and during times when I felt disconnected and found it hard to retain a sense of her reality*" (para.3). In addition, she reported that internet searches waned as the therapeutic relationship deepened and she internalised her therapist. This emphasises the importance of a strong therapeutic alliance that needs to be closely monitored and attended to.

The desire for connection outside of the therapy room was also reported in Kolmes and Taube's (2016) study. When surveying clients about their experiences of finding out personal information about their therapists online, the researchers asked why the clients had felt accessing the information had been so important. 37.1% of respondents selected "other" when offered the alternative options of 1) to help them know if they wanted to initially meet with the therapist, 2) believed the information helped them to know if the therapist was someone they wanted to continue seeing, 3) their therapist would not answer personal questions they had asked. A third of those respondents who selected "other" wrote that they wanted to feel closer or more

connected to their therapist. One respondent stated that it “...helped me to hold on to a sense of her between sessions” (p.10). This suggests that online information can act as a transitional object (Winnicott, 1953) for the client that soothes the stress of separation, and therefore may be beneficial to the therapy.

However, the online hunt for information does not always comfort the client. Bridges (2017) reported feelings of guilt, shame and fear following her search. She was left questioning how her therapist would respond and whether she would, ultimately, reject her by terminating the therapy. Feelings of guilt were also reported in Kolmes and Taube’s study (2016), as one respondent noted, “I feel a lot of guilt about looking up my therapist online, but I do it because there is zero self disclosure on his part” (p.11). This “zero self disclosure” may reflect the power imbalance that is inherent and unavoidable in the therapeutic relationship. It seems that this respondent was not the only one in Kolmes and Taube’s (2016) study who felt they wanted to adjust this balance of power. 39.1% looked for their therapist’s personal information because they reported that the relationship felt one-sided. In addition, when writing about her own online exposure, Lemma (2017) speaks about the power that her client felt when searching for her online:

“It was now him looking at me ‘from on high’ in his omnipotent state, hiding behind a screen that paradoxically gave him the much longed for stature/potency in relation to the object while exposing his own need to hide” (p.127).

Clients may on occasion be motivated to seize power in the relationship and today one way they may choose to do this is via online searches, which allow them to gain insights and intelligence about their therapist. Kolmes and Taube (2016) suggest that this can provide the client with a humanised version of the practitioner and a way of

seeing their vulnerability, while Gottlieb (2018) ventures that this depends on the specific information that is discovered.

2.6 Self-disclosure and boundaries in a connected world

From a psychodynamic perspective, Balick (2014) states that the information a client gathers about a therapist online can “*infiltrate the transference*” (p.30). If the client does not reveal the online discovery, he suggests, this infiltration cannot be contained or productively used in the same way that transference dynamics would be when brought to light in the therapy room. Instead, the therapist is left in the dark, totally unaware of the client’s social media-fuelled fantasies. However, if the client can bring the material into the room, it becomes available for joint exploration. Lemma (2017) believes that online exposure provides an alternative means of understanding the client’s internal world through exploring the fantasies they create using new information about their therapist.

Audet (2011) argues that how and when an in-session, self-disclosure occurs can have a significant effect on its usefulness as part of the therapy. But a client finding personal information about their therapist online can possibly have a wide range of consequences, given the large amount of information that may be publicly available. Therefore, the rise of social media has had a significant effect on self-disclosure and has caused what Taylor, McMinn, Bufford and Chang (2010) describe as the “demise of intentionality”. Intentionality, according to the authors, is lost since clinicians no longer have control over how information about them is communicated to clients. This is echoed by Barnett (2019), who cautions against this lack of control and states that therapists should consider this when using social media. However, as stated above, not all information that is publicly available online is self-published. Information about

a person could be uploaded by any individual or company. This brings Zur et al.'s (2009) classification of therapist self-disclosures into question. The authors would consider unintentional online self-disclosures as “deliberate”, stating that therapists have willingly shared their information online. However, in many cases “accidental” may seem a more appropriate classification, given that online information is not always shared by the person to whom it pertains. When Fels (2015) was faced with her client’s online findings, she was bewildered by the information gathered: “*I’d forgotten that many of these documents existed, and there were others I’d never seen or heard about*” (para. 2).

Traditional expectations of anonymity in the therapy room are considered dated and nigh on impossible to maintain in our connected world (Williams, 2009). However, the impact of therapists’ personal information being made available online are yet to be fully understood (Zur et al., 2009). According to Williams (2009), the relevant question is not whether to publish information about oneself online but how to manage that publication – since it has become “*almost inevitable*” (p.26) in our age. Conversely, Baier (2018) states that publishing information about oneself online is avoidable. She argues that therapists have the power to regulate and restrict their online social media use in favour of maintaining professional and appropriate therapeutic relationships. Baier (2018) identifies potential harm to clients and therefore contends that therapists have an ethical duty to minimise risk through selecting restrictive privacy settings or even abstaining from social media use altogether. She is not alone in her concerns regarding therapists’ online usage. Berlin’s (2014) paper on the ethics of therapists’ use of online dating websites states that excessive online self-disclosure can compromise the therapeutic relationship. Consequently, clinicians should be aware of the fact that content posted online can negatively affect their reputation and can have

consequences for their career. The author questions whether the therapist's individual right to pursue online relationships outweighs the potential danger of unintentional, excessive self-disclosure online. In addition, Taylor et al. (2010) note that unintentional disclosures can be problematic if they are inappropriate according to professional boundaries and may interrupt the treatment process or harm the client's view of the therapist as competent and trustworthy. It is possible that a client's discovery of online personal information about their therapist would fall into one of these categories.

Although accidental disclosures could be difficult to manage, social media has become a normative way of interacting with others. A report by Chu, Elsada, Sarpong-Boateng and Wu (2019) reveals that nearly a third (32%) of new romantic relationships in the UK began online. The report estimates that by 2035 this figure will increase to 50%. As more individuals use the internet in this way, therapists may look to their professional body for guidance on how to manage this in practice. However, writing in 2012, Robyn points out the ambiguity in the BACP Guidelines for "Maintaining a responsible online presence", questioning whether this means that therapists should only provide information online about professional services. She asks if this is "...feasible, desirable or necessary?" (p. 27). Since 2012, the BACP Guidelines have recognised that therapists may have a personal online life by changing their guidance to state that:

"...reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients" (Ethical Framework 2018, Good Practice, point 33a).

While there is greater acceptance of members maintaining a personal identity online, ambiguity remains in asking therapists to take "reasonable" care. Perhaps one answer

lies in educating therapists about how their online activity intersects with their professional role. Lehavot (2009a) suggests that while in training, students should discuss the costs and benefits of posting their personal information online as well as the potential for others to be significantly affected by such information. She also argues that there should be advice available for trainees in terms of how they can restrict access to information about themselves, and how unintentional disclosures could impact the relationship with clients. This is in line with Pollock's (2017) view that therapists should take responsibility for protecting their privacy online and not leave it to clients to "...*avert their eyes*" (para. 7). However, Lehavot's (2009a) recommendation is vague and does not clarify exactly how client-therapist relationships can be affected, nor does it explain practical methods for how therapists can manage such situations.

The boundary between the personal and professional was blurred in the findings of a study by Moubarak, Guiot, Benhamou, Benhamou and Hariri (2011) who found that out of the 147 participants who had a Facebook account, eight had received Facebook friend requests from clients and four of them accepted those requests. However, the participants were medical doctors rather than therapists, most of whom were in training. It would nonetheless be interesting to find out what motivated this intervention, since most clinicians would perhaps consider this event to be a boundary-crossing and the creation of a dual relationship, which does not directly relate to the client's treatment. Many clinicians report feeling uncomfortable with client contact via social media (Asay and Lal, 2014; Ginory et al., 2012). In Asay and Lal's (2014) study, 87.1% of participants stated that they would still feel uncomfortable with contact after the therapy had ended.

Although these studies highlight clinicians discomfort with boundary-crossing, it may be acceptable to allow some online contact with clients that does not compromise the therapeutic frame. Lazarus and Zur (2002) reason that therapists' self-disclosure would not necessarily impact boundaries to the extent that many fear. Crucially, however, Lazarus and Zur (2002) consider general, in-session self-disclosure by therapists rather than unintentional online disclosure. It may be true to say that disclosure by the therapist in the therapy session could be beneficial to the treatment, if it were thought through and in the interests of the client, as highlighted by Audet's (2011) findings. Conversely, when it comes to online information, the therapist may have much less control over what is shared and in what context it is seen. The practitioner may be unable therefore to make an informed decision about the benefit to the client. Balick (2014) notes that communication online lacks the relational cues that provide so much information available in face-to-face meeting, such as body language and facial cues. Individuals may consequently feel able to act more freely in some ways, not being burdened by the Other's implicit and explicit signs of disapproval, which would normally be an inhibiting factor. And yet he notes how, lacking this information, members of the dyad may be left with projections that could undermine authentic ways of relating in the therapy room.

2.7 Therapist shame and embarrassment

The exposure felt when a client finds out personal and private information about their therapist online has the potential to be embarrassing and even shame-inducing for the therapist. Shame is thought of as "*an affective reaction that follows public exposure (and disapproval) of some impropriety or shortcoming*" (Tangney, Miller, Flicker and Hill-Barlow, 1996, p.1256). Embarrassment is considered by many theorists as a less intense version of shame (Tangney et al., 1996). In addition, Brown (2012) notes that

unlike shame, embarrassment doesn't make an individual feel alone. Instead we know that other people have been through the experience and "...like a blush, it will pass rather than define us" (Brown, 2012, p. 74). Whereas, to feel ashamed one must not only have a negative evaluation of the self but also an awareness of this evaluation through the eyes of another. Ben-Ze'ev (2003) notes the significance of feeling seen with regards to shame, along with how this provokes an urge to hide or disappear.

What is considered shameful can be dependant, to some extent, on the particular role a person adopts. Certain roles imply a standard expected by society, which can be difficult to achieve in everyday practice (Leeming and Boyle, 2004). The therapist inhabits one such role since there is a general public perception of therapists as ethical practitioners and professionals. There is a link here between shame and morality as Ben-Ze'ev (2003) points out: "*shame indicates that we have violated a certain profound norm, and in this sense we are morally wrong*" (p.465). In addition, this fall from ethics or morality could be especially shameful should the therapist rely on a defensive grandiosity caused by a narcissistic wound. Glickauf-Hughes and Mehlman (1995) believe that many therapists are drawn to the profession due to early childhood experiences of narcissistic abuse in which the parent's needs were gratified through the child. This relates to the narcissistic gratification gained through being idealised in the role of therapist. An idealisation that may be stripped away by the client's online discovery, resulting in feelings of shame.

Due to the level of protection and secrecy therapists may feel they need to exercise online, there may be an underlying sense of shame for simply using online social media for anything besides professional purposes. When Robyn (2012) writes about being "two separate people" online, she questions, "*What was I ashamed of? What was I protecting my clients from? What did I think would happen if they did 'find me*

out'? It felt like I was walking around with a disguise on" (p. 24). This is reflected in the findings by Sedgeley (2013) who researched trainee psychologists' experiences of online dating. The study highlighted how therapists' use of online dating sites was perceived to be in conflict with professional standards, therefore resulting in feelings of shame.

It is unclear what happens to the relationship if a therapist indeed ends up feeling shameful about something private that the client has discovered. For Lemma (2017), the strong countertransference reactions induced by the invasion of privacy were hard to process in the moment. This also raises the question of whether it would be hard to process, or even acknowledge in supervision. The context of supervision is an obvious place for shame to be experienced because there are often positive feelings towards the supervisor and a motivation to please, plus material is presented that could make the therapist feel incompetent – including an online boundary-crossing. Wallace and Alonso (1994) state that the supervisory experience and task of acquiring new psychotherapy skills involves a learning regression "*...in which professional self-esteem is threatened by exposure of therapeutic work to an idealised other*" (p.218). They suggest that trainees are less likely to disclose if they fear that discussing online self-disclosure will result in the loss of the supervisor's respect. This is supported by other research, such as a study by Yourman and Farber (1996), which found that 91.3% of the participants reported not disclosing situations in which they had interacted with a patient in a way that they believed their supervisor would disapprove of. It's possible that a therapist may fear the disapproval or loss of their supervisor's respect when disclosing the online boundary-crossing, resulting in the therapist being left to deal with the challenging situation alone.

Leeming and Boyle (2004) state that there are different strategies for managing shame, which include withdrawing, hostility or attempts to control. Longer-term interpersonal consequences of shame include appeasement and conformity. Interestingly, research has found that therapists used avoidance and withdrawal as strategies when accidentally encountering their clients outside of the therapy room (Pietkiewicz and Włodarczyk, 2015; Cochran et al., 2009). In addition, Hahn (2001) suggests that avoidance is a common response to shame, reflecting the need to hide. None of these strategies are beneficial. In fact, they could be damaging to the therapeutic relationship.

2.8 A changed relationship

In an article for the Washington Post, psychologist Keely Kolmes is quoted describing clients who want the therapist simply to exist in the space of the therapy room – as though they were a transient entity available for, and only for, the client when required. When confronted with their therapist's comments on Twitter or blog posts, she states "*They can see that you are online at night posting things. I realise my choice to do that suddenly shifts my relationship with them*" (Scarton, 2010, p.3). The same article reports another example in which a client quit the treatment after finding an online photo of his therapist in a bathing suit because he felt he would be unable to concentrate on the therapy. Even if the therapy does not terminate, there can be serious consequences for the ongoing relationship. Kolmes and Taube (2016) found that some clients felt betrayed by the information they discovered. As one participant stated, "*Found out she'd been lying about what kind of dogs she had then tried to get out of that when confronted*" (p.11). Although this sounds like a relatively innocuous discovery, the client stated that her trust was "*shattered*" (p.11) which suggests there was a clear rupture in the alliance.

A therapist's perspective is represented by Fels (2015), who writes about a client presenting her with an array of personal information that the client obtained online. She reported feeling exposed but also curious about the information, some of which she had not realised was available online. Lemma (2017), whose client reported tracking her online, focused on the sense of intrusion: "*In truth I did feel unsettled as he bulldozed through my life and somehow made it his property*" (p. 127). This highlights the significant and negative impact the experience may have on the therapist. If the therapist struggles to manage these uncomfortable feelings, it is understandable that they may find it hard to repair the relationship rupture. Balick (2014) captures this struggle by asserting that "*it feels impossible in the heated moment to anchor oneself outside the induced relational tension*" (p. 129). Indeed, Lemma (2017) comments on how the uncomfortable feelings can result in therapists becoming rejecting of clients and, in some cases, they may terminate the therapy prematurely.

In addition, the impact of the encounter can reach beyond the therapeutic relationship. Fels (2015) notes that it can affect therapists outside the office, in prompting them to think about how their private lives are perceived: "*Patients' access to huge amounts of information about therapists' lives can't help but change both members of the therapeutic dyad*" (para. 5). This is also acknowledged by Robyn (2012), who notes that being a therapist increasingly requires her to think about how she lives her whole life. Whereas couples therapist Pam Custers questions the personal impact of constantly censoring herself online. Psychotherapist Philippa Perry, however, who was quoted in the same Guardian article as Custers, holds a more defiant position. She shunned the idea of making changes to her life: "*If your online presence puts potential clients off, so much the better: you probably wouldn't get on anyway [...] I'm*

not going to compromise who I am outside the therapy room” (Chunn, 2017, para. 15).

These reports position the therapist’s right to an online life as something that conflicts with their professional responsibility of upholding therapeutic boundaries.

And yet other accounts suggest that the therapeutic relationship can potentially be enhanced when clients obtain certain personal information online. Gottlieb (2012) provides the example of a woman who chose her therapist based on the therapist’s blog. The blog revealed that said therapist had successfully overcome “food issues”, which was something that the prospective client was struggling with herself. In addition, writer Brianna Snyder (2015) wrote about Googling her therapist in an attempt to find out whether she wanted to pursue a therapeutic relationship with him:

“I don’t know how he would feel about the fact that I know he has a cute little dog, seems to live in a nice house, and maybe was involved in band in high school. But I hope he’d see that all those things signalled kindness to me. And that was all I was really looking for” (para. 2).

This suggests that the effect on the relationship is largely dependent on what information is obtained and how the client reacts to it, echoing the findings of Audet (2011) who interviewed clients about their experiences of therapists’ in-session, personal self-disclosures. The therapists’ disclosures were more likely to have a positive consequence if the content was linked to the client’s own experiences and negative if the disclosure was incongruous with the client’s issues or personal values. Therefore, in these cases the content of the disclosure was key. Additional research suggests that the impact on the relationship depends on the strength of the relationship prior to the exposure. In Cochran et al.’s (2009) study the participants were asked to answer questions on an actual, or hypothesised experience, of

unexpectedly meeting their therapist outside of the consulting room. Reports on actual experiences revealed that the initial embarrassment that the client felt turned to warmth and connection through the shared experience. However, if the therapy was not going well, there was an increase in the sense of awkwardness and discomfort. These findings indicate how important a strong therapeutic alliance may be when managing such encounters.

Robyn (2012) contends that if clients access information about their therapist online, they will see them as a human being and not just “their therapist”, which could be beneficial in offering the realisation that therapists also have human flaws. However, as Pietkiewicz and Włodarczyk (2015) point out, not all clients want to see their therapists as real and ordinary people. For these clients, being confronted with personal information about their therapist online may shatter their projected image, interrupting the idealised transference. But perhaps this interruption could also be beneficial. According to Silvester (2012), the idealisation “*needs to 'break' for a real meeting to take place - so the question, perhaps, is simply 'when?'*” (p.27).

Asay and Lal's (2014) study focused on the attitudes, experiences and behaviour of trainee psychologists using social media. 90.8% of trainees surveyed stated that they would be “uncomfortable” or “very uncomfortable” if clients tried to contact them via online social networking platforms while they were engaged in therapy. This discomfort might be owing to the fact that only half of the respondents had had an opportunity to discuss internet issues in their training programmes. Some may not have felt prepared to deal with the collision of their clinical work and personal online identity. However, since the study used hypothetical scenarios, it is difficult to know how the participants would respond in reality.

A quarter of Asay and Lal's (2014) participants reported that they discussed online social networking sites with clients and in most cases the clients initiated the subject. The authors suggest that the relationship could benefit from the therapist being more open to these discussions and asking routinely about internet presence. This openness may free up the client to disclose any information they have obtained about their therapist online. Baier (2018) suggests that therapists could have explicit conversations with clients at the beginning of the work to discuss their expectations and policies regarding social media use. Kolmes (2012) provides a social media policy which is freely available to clinicians online. The policy addresses how she intends to respond to potential online interactions with clients. For instance, should she discover that a client has followed her on Twitter, she would discuss it in the therapy room in order to explore any impact on the relationship. Being explicit about this intention provides a clear understanding between therapist and client. From a clinical perspective, it can offer an opportunity to discuss issues relating to trust, relationships and boundaries, which can in turn enhance the client's treatment (Lehavot, 2009b). Robyn (2012) gives an example of the benefits of discussing online disclosures when writing about an encounter with a client: "*He hasn't mentioned my online presence again. My assumption is that he hasn't looked at my blog since we discussed it at length, and our relationship has survived, not just 'undamaged' but much enriched*" (p.29).

Some investigations into the significance of these encounters point out that, through understanding the client's motivations for obtaining information online, therapists may be able to use this behaviour in order to help the client reach their therapeutic goals. Lehavot (2009b) states that when online activity that exposes the therapist is not recognised in such a way it is a missed opportunity: "*this and related challenges the*

Internet presents may prove to be untapped resources that, when mined, hold significant promise" (p.29). Although this seems like an ideal way to respond to the situation, the literature does not provide much insight into exactly how therapists would manage online discovery disclosures by their clients to positive ends.

Nearly three quarters of Kolmes and Taube's (2016) participants did not tell their therapist about the online findings. They reported avoiding disclosure due to feelings of shame, embarrassment and fear of the therapists' potential anger or some other negative reaction. The authors suggest that these feelings could be prevented, or at least minimised, were the client aware of their therapist's policy on such issues. The authors call for therapists to implement a social media policy and discuss this with clients at the beginning of the work, while also addressing possible social media overlap during the treatment. Significantly, in Knox et al.'s (2019) study fewer than half of the participants had written a social media policy. This was despite their concerns about coming into contact with clients via Facebook. This suggests that therapists may not be giving the issue due attention, perhaps favouring avoidance since the topic is admittedly complicated and can bring up sensitive issues. Without communicating boundaries regarding online interactions, however, therapists may leave clients uncertain as to what contact is appropriate with the therapist outside of sessions.

To summarise, the current research and related literature points to significant consequences for the therapeutic relationship in both positive and negative directions. On one hand, an instance of online exposure could lead to relationship ruptures that are hard to repair, involving the client's struggle to trust their therapist (Kolmes and Taube, 2016) and the therapist feeling both exposed and intruded upon (Lemma, 2017; Fels, 2015). On the other hand, online discovery disclosure could provide an opportunity for increased connection and openness (Robyn, 2012). It is striking that

there is very little empirical research that explores the impact on the relationship in-depth. The specific effects could depend on what information is discovered and how the client reacts to it – though this assumption merely extrapolates from Audet’s (2011) findings, which are based on therapist’s in-session, personal self-disclosures. Therefore, more research is required to understand what happens to the relationship in the particular case of online discovery disclosure.

2.9 Conclusion

It is clear that the therapeutic relationship is a key factor in successful psychotherapy, so it is important to understand phenomena, including online discovery disclosure, which may impact it significantly. The majority of the studies on the topic to date have focused on applying quantitative research methods such as online surveys. In some cases researchers have discussed hypothetical scenarios with participants in an effort to understand the effects of online exposure on the client-therapist relationship. However, this does not provide any in-depth information about how the relationship has been affected in real-life cases of online discovery disclosure, or how clinicians have made sense of the experience.

Kolmes and Taube’s (2016) research provides an understanding from the client’s perspective by exploring the motivation behind the client’s search and how it impacted the therapeutic relationship. Interestingly, even though only a minority of the participants revealed their search results to their therapist, the majority found the experience to have had either a broadly neutral or positive effect on the relationship. The researchers used an online survey, though they included some open-ended questions, which helped yield more detail in participants’ answers. Nevertheless, the quantitative approach meant that meaning and understanding were limited.

Some studies have used qualitative research methods, for example Sedgeley's (2013) study, which captures therapists' experiences of using online dating websites and how this intersects with their professional role. The findings offer a key insight into how the participants considered potential boundary conflicts and the ethical implications of online dating for therapists. A sense of shame around online dating was also detected among those within the profession. Nevertheless, none of the participants had to their knowledge experienced a client discovering their profile on a dating website. How the relationship would be affected by such an encounter was therefore unknown, although participants said that they felt that it could provoke positive results in the therapy room, namely by humanising the therapist and creating a positive transference. It is also important to note that as the study used trainee psychologists the participants may have still been in the process of developing their understanding of how therapeutic boundaries can affect the relationship.

In addition, empirical research comes from Knox et al. (2019) who interviewed therapists about how they navigated a specific Facebook encounter with a client. A "Facebook encounter" was defined as a Facebook contact with a client (i.e. "friending" each other or having friends in common) that was deemed significant by the participant. The researchers found that there were both positive and negative effects on the therapeutic relationship. On the one hand, the encounter provided a useful opportunity to discuss boundaries but on the other hand, some clients were left feeling rejected by the therapist's refusal to accept the friend request. The researchers asked the therapists what they would have liked to have done differently. One participant said that she would have asked the client why she conducted the Facebook search in the first place, adding that she would have sought to explore these motivations on a deeper level. This suggests that it was hard to explore the impact on the relationship

beyond the reiteration of boundaries. Although this study offers a significant contribution to the understanding of the phenomenon, it is focused solely on Facebook encounters. Given that there are many other ways in which clients may encounter therapists online, it would be useful to know how the study's findings compare to cases in which exposure occurred elsewhere – such as on online dating sites, for example. It is hoped that the present study will offer a wider representation of various online discovery disclosures and their consequences for the relationship.

Ultimately, Knox et al. (2019) provide the most in-depth understanding of the phenomenon to date, but this still leaves gaps in the current empirical research. Specifically, there is a lack of individual accounts of therapists' experiences of online discovery disclosure in terms of how they were affected by it. Although Knox et al. (2019) focus on therapists accounts, their findings reveal very little about how their participants were personally impacted by the encounter. The researchers consider the positive outcomes in regards to the relationship as a whole and negative outcomes are linked to the client's distress. This leaves me questioning how therapists make sense of the experience and I hope to answer this within the present study. Fels (2015) writes about feeling exposed and overwhelmed by the information the client had obtained. If the therapist experiences these strong emotions, it brings into question whether it would feel possible to use the situation in order to help the client reach their goals as Lehavot (2010) suggests.

Two open questions remain: how do therapists make sense of online discovery disclosure in practice, and how may the relationship change as a result? Within the field, there is a call for research to understand this phenomenon and to investigate the full implications of therapists' online presence (DiLillo and Gale, 2011, Lehavot, 2010). In 2020, ten years after Lehavot (2010) suggested that more research is required,

there is still a dearth of knowledge on the topic. Kaluzeviciute (2020) believes that there is deep anxiety regarding the negative impact of social media on clinical practice. She suggests that this anxiety has contributed to an avoidance of the topic. It seems that, just as clients are ever more commonly looking up their therapists online, practitioners are turning away and hiding from what cyberspace has forced upon them, which Kaluzeviciute (2020) describes as : “...*more unending layers to the issues of privacy, intimacy, and communication in the clinical practice*” (p.318). In response, this study seeks to shine a spotlight on the topic by asking: How do therapists experience ‘online exposure’ with a client and make sense of this in the context of the therapeutic relationship?

Chapter 3: Methodology

3.1 Overview

In this chapter I begin by setting out my reasons for choosing a qualitative and IPA approach. I then discuss how I conducted the study and analysed the data, before closing with an exploration of the research's ethical considerations and a reflexive account of the process.

3.2 Rationale for a Qualitative Approach

When embarking on the research journey, I was clear that I wanted to take a qualitative approach since this reflects my underlying philosophical stance. This stance is based on a phenomenological ontology that is curious about how the world appears to the person experiencing it (Moran, 2000). Exploring individuals' narratives and perspectives can create meaning and understanding. Smith, Flowers and Larkin (2009) make the useful distinction between a quantitative approach that aims to understand *what happens*, and a qualitative approach that is more concerned with understanding how people *make sense* of what happens.

My philosophical position was something that I grappled with, developed and reflected on throughout my doctoral training. I was challenged to rethink the positivist philosophical position that had received more weight in the research modules of my undergraduate psychology degree. The alternative ways of understanding the research process and the way we gain knowledge felt liberating in comparison to the rigidity of statistics and formulas. I had chosen an integrative training because I did not believe there was a mono-theoretical approach to suit all individuals. This philosophical position inevitably shaped my integrative framework as a psychotherapist, as well as underpinning my research endeavour. In many ways, my

role as a therapist and my role as a researcher parallel each other as my value and belief system are at the heart of both. By taking a phenomenological position, I have maintained a deep respect of the client or participant's lived experience and individual ways of "*being-in-the-world*" (Heidegger, 1927/1962, p.78). Heidegger's phrase acknowledges the lack of separation between our being and the world, suggesting that all perception is grounded in our environment (Langdridge, 2007).

However, I also acknowledged that whatever I heard from participants would be filtered through my own lens. As Heath (2002) acknowledges, information is constructed in cultural concept and absorbed through our senses as we create our own meaning. Therefore, it was important to acknowledge my position within the research and remain reflexive throughout the process since my own values and experience could not be divorced from the research process. This is in opposition to a positivist stance, which states that there is no place for the researcher's values, feelings or hopes within a scientific enquiry (Ponterotto, 2005). I hold a phenomenological philosophy which places value on intersubjectivity. The lived experience of the participant is captured through the context of what happens in the researcher-participant dynamic (Finlay, 2009a), therefore we create meaning together. Nevertheless, the participant's story is the focus of the research, and should not be overly intruded upon by my experience. Throughout the interview process and the analysis it was important for me to adopt a reflexive attitude (Finlay, 2003) in order to understand my relationship to the research and how my presence impacted the findings.

3.3 Interpretative Phenomenological Analysis

IPA is a research methodology that appeals to my underlying beliefs and fits with the aim of my research question. It is focused on an in-depth examination of the human lived experience and is often concerned with an experience that provides a significant moment for the individual. It therefore provided a useful framework for understanding the online exposure, the focus of my research, as I questioned what happened to the therapist and the relationship at the point of the online discovery disclosure and thereafter. It was important to gain an understanding of the experience as expressed by the participants, “*rather than according to predefined category systems*” (Smith et al., 2009, p. 32). This reflects the value of phenomenology principles in qualitative research, which aims to discover a deep and nuanced appreciation of the possible layers of meaning in participants’ verbal accounts (McLeod, 2011). In addition, IPA looks for convergence and divergence between cases which helped me to make sense of the phenomenon.

As a novice researcher, I found an IPA approach useful in the sense that it provided a set of guidelines for how to conduct the analysis. However, Smith et al. (2009) are clear that these guidelines are not prescriptive and McLeod (2011) states that qualitative researchers need to understand methodological issues and philosophical underpinnings, rather than step-by-step guides, noting that “*...useful findings do not result from following a recipe*” (p.208). While I acknowledge the importance of having a good understanding of a methodological approach, and not following a “recipe” blindly, I did value IPA’s structure. It was a structure that allowed for movement and had an iterative nature, while also allowing for creativity as opposed to feeling rigid and restrictive.

Phenomenology is one of three major theoretical foundations of IPA. The other two are hermeneutics and idiography. I will discuss all three in turn, and link them to my research endeavour.

3.3.1 Phenomenology

The underlying philosophy of phenomenology is concerned with the world as it is experienced by human beings at particular times and in particular contexts. This is in opposition to a view of the world that sees objects and subjects as separate from experience (Willig, 2013). Husserl developed this approach in the early twentieth century in an attempt to return to the origins of all knowledge by examining how the world appears to human consciousness (Langdrige, 2007). This philosophical foundation was further developed by existential philosophers such as Heidegger (1927/1962) and Merleau-Ponty (1945/1962). One of the main departures from Husserl regarded epoché or bracketing. Husserl believed it was possible to bracket our preconceptions and see the world as another individual sees it (Willig, 2013), which would make it possible to get to the essence of experience. Although Heidegger and other existential phenomenologists believed that individuals should attempt to bracket assumptions, unlike Husserl they did not think this “*God’s eye view*” (Langdrige, 2007, p.18) was fully obtainable. As Merleau-Ponty (1945/1962) argued, we can never entirely share another person’s experience since that experience belongs to their own embodiment in the world (Smith et al., 2009).

I took this existential phenomenologist stance in regards to bracketing when interviewing the participants and when analysing the data. I attempted to remain open to the “Other” and look at the world in a different way (Finlay, 2009a). This is in tandem with how I work with psychotherapy clients. Spinelli (1994) recognises that it is

important to put one's biases and prejudices to one side in order to remain fully present for the process of listening. Like Spinelli (1994), I acknowledge that this is something one should aim for, rather than expect to easily achieve, both in clinical work and research. In some ways, my project was aided by the fact that there was minimal research conducted on the topic. Although I had my own thoughts and ideas about the phenomenon of online discovery disclosure, there were very few preconceived theories that I needed to bracket. However, as Heidegger (1927/1962) argues, it is impossible to entirely bracket prior knowledge and experience as we inevitably use this to interpret the data embedded in language.

IPA takes a Heideggerian approach to phenomenology, which combines both phenomenology and hermeneutics. Phenomenologically, it attempts to get as close as possible to the participant's personal experience but remains mindful that this involves an interpretative process. As Smith et al. (2009) state: "*without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen*" (p. 37). In addition, there is a layer of interpretation for both participant and researcher. In my study, I was attempting to make sense of my participants' own making sense of their experience, highlighting the double hermeneutic process. This process is illustrated by Smith et al. (2009) when they discuss the dual role of the research. On one hand, researcher and participant are the same since they are both human beings attempting to make sense of the world. On the other hand, the researcher only has access to the participant's experience through what they themselves report. The researcher thus engages with this information through their own "*experientially-informed lens*" (Smith et al., 2009, p. 36). Heidegger acknowledged that interpretation is an inevitable structure of our "being-in-the-world", rather than an additional procedure that follows on from phenomenological description (Finlay,

2009a). The two are inseparable processes, which I was aware of during the research process as I made connections between different elements of the data and witnessed my participants creating understanding for themselves. I also noticed how certain preconceptions were only realised once I engaged in the analysis. As Smith et al. (2009) point out: “...*the phenomenon, the thing itself, influences the interpretation which in turn can influence the fore-structure, which can then itself influence the interpretation*” (p.26). Through conducting the analysis, I remained aware of the interconnected and dynamic process that shaped my efforts to make sense of the data.

3.3.2 Hermeneutics

Hermeneutics is concerned with the process of interpretation, which is required to make sense of the phenomenon being studied (Moran, 2000). I believe this to be an essential part of the research endeavour, especially when attempting to understand the participant's lived experience. IPA positions itself mid-ground between Ricoeur's (1970) interpretative positions: a hermeneutics of empathy and a hermeneutics of suspicion (Smith et al., 2009). On one level, it therefore aims to understand what the individual's experience is like, by remaining as close to their account as possible (hermeneutics of empathy), and on another level, moves outward to take a more analytic stance by making sense of the experience through interpretation (hermeneutics of suspicion). One way that I engaged with hermeneutics was through paying close attention to the transcripts in order to see whether there was any meaning on the edge of the participants' awareness. This level of reflection and interpretation was guided by Smith's (2011) concept of “searching for gems” in research. He provides three types of gem categorisations (suggestive, shining and secret) that suggest differing levels of interpretation are required, depending on how clear or

hidden the meaning is. This was a helpful guide as I unpicked my participants' use of language.

Willig (2013) notes that higher levels of interpretation can enrich research by providing a deeper understanding of the phenomenon. Alongside this benefit, she states that there can be ethical concerns regarding the research participant's voice being heard and the imposition of meaning on the text. However, Smith (2011) argues that the hermeneutic circle involved in the interpretative process means that the analysis remains connected to the individual's experience: "...we are talking about a *hermeneutics from within, not without*" (Smith, 2011, p.15). In practical terms, this means that my interpretations were triggered by the participant's words, linked to other utterances in their interview and, in some cases, connected to other participants' experiences.

3.3.3 Idiography

IPA is an idiographic approach, meaning that it focuses on the individual's unique experience, as opposed to a nomothetic approach which would be more concerned with looking at a wider population, and universal laws of behaviour. Smith et al. (2009) point out that IPA operates an idiographic approach on two levels. Firstly, there is a depth of analysis, and secondly, there is an understanding of how a certain phenomenon has been understood from the participant's perspective and context. This reflects Heidegger's concept of "being-with" that situates an individual's existence alongside other people, processes and structures. This inevitably impacts their lived experience (Horrigan-Kelly, Millar and Dowling, 2016). One way of thinking about this for my research participants was to consider how the wider structures of clinical supervision and guidance from professional bodies impacted the experience of

internet exposure. In addition, the participant's narrative in the interview was inevitably influenced by their relationship to me, again highlighted in the interconnectedness of experience.

3.3.4 Consideration of other approaches

I am aware that I was able to choose from a range of other qualitative approaches in order to examine the phenomenon. I considered using a grounded theory approach since there is only a small amount of research on the topic and this would have provided an opportunity to develop a conceptual understanding. However, I felt that IPA was better suited to my research question, as well as my commitment to a phenomenological focus on individual experience, rather than explaining or theorising about the phenomenon. There is a lack of in-depth understanding as to what happens to the therapeutic relationship following online exposure and how the therapist is affected. The aim of my research was to make a contribution to the field through understanding therapists' lived experience of this encounter. IPA provided a way of getting as close as possible to the participants' subjectivity. In addition, IPA is better suited to a smaller sample size, which allows for a detailed and nuanced analysis.

I also considered a narrative inquiry, which focuses on the individual stories told by participants and, akin to IPA, employs an ideographic approach. However, I was drawn to discovering a phenomenological understanding of the experience and looking at divergence and convergence between participants, rather than focusing on how individuals construct identity through storytelling.

3.3.5 Criticisms and limitations of IPA

One criticism that IPA faces, along with other phenomenological approaches, is the subjectivity of the approach. As Brocki and Wearden (2006) point out, no two researchers working with the same data would come up with the exact same analysis. However, by taking a reflexive approach to the research I sought to acknowledge how my personal experience influenced the interpretation of the findings. I believe that the subjectivity involved in the research does not make it any less valid, instead it may become a more transparent process. This relates to a wider criticism that qualitative findings are lacking in generalisability. However, generalisability is not the aim of this study or other qualitative approaches as they focus on the specific and particular (Creswell and Poth, 2018). My aim was to shed light on individuals' personal experiences of the phenomenon, rather than an aim to "*...aspire to the production of certainties, of definitive knowledge and facts, of last words*" (Willig and Stainton-Rogers, 2007, p.9).

In addition, phenomenological approaches to research rely on participants' descriptions of the experiences. When relying on descriptions, questions are raised as to whether participants are able to describe with accuracy or give detailed, rich and nuanced accounts of their physical and emotional experiences (Dallos and Vetere, 2005). Since I interviewed therapists, who regularly need to reflect on their experiences when conducting clinical work, and who have been through a certain amount of personal therapy during their own training, I was not concerned about their ability to reflect on emotional experiences and share those in a nuanced way. However, for those participants who discussed an experience that occurred a few years prior to the interviews, I did question how accurately they would remember those

experiences. Ultimately, accuracy in recollection is less important than recording how the participant interpreted the memory of the encounter at the point of the interview, which still provided a snapshot of their lived experience.

3.4 Research Design

Therapists took part in two semi-structured interviews, eight weeks apart. The second interview served to capture the participants' reflections following the first interview. As Smith (1994) acknowledges, reflexivity is an inevitable part of the research process for both researcher and the participant, therefore it "*...can be harnessed as a valuable part of the research exercise itself*" (p.254). I also found it useful to explore how the therapeutic relationship continued to develop between therapist and client.

3.4.1 Sampling

I sought to recruit six counsellors, psychotherapists or psychologists who had experienced a situation in which a client had disclosed finding personal information about them via the internet, either accidentally or on purpose. I chose to interview a maximum of six participants because, according to Smith and Osborn (2015), a small sample size allows for sufficient in-depth engagement with each participant and allows for a detailed examination of "*...similarity and difference, convergence and divergence*" (p.57). They warn that if the sample size is too large there is a danger of becoming overwhelmed by the data and not being able to produce a sufficiently in-depth analysis.

I recruited the participants using purposive, criteria-based sampling. Here is the inclusion criteria and reasons why I selected each element:

- **Therapists who had experienced a client disclosing that they have found out personal information about the therapist online.** The participants

needed to have had the experience of a client disclosing that they had obtained information about the therapist online – information, specifically, that the therapist would not willingly have disclosed to the client and which they would deem to be personal, rather than professional.

- **Therapists with an “online presence”.** By using the term “online presence” I was referring to therapists who used the internet for continued and regular social purposes, rather than just maintaining a professional online presence, such as a website advertising their services as a therapist. This was important because the research explored experiences in which clients found out personal information about their therapists. Having an online presence was also key because I was interested in the experiences of individuals who had a familiarity with social media and who would have thought about how their therapist role intersected with their personal online identity.
- **Therapists who work relationally with clients.** It was desirable to recruit participants who acknowledged the importance of the therapist-client relationship since the research was coming from a position of valuing the relationship and regarding it as central to the therapeutic work.
- **An example of the internet exposure from an ongoing therapeutic relationship.** I wanted to record the therapist’s perspective on this event while they were still working with the client in question. The reason for this was because I believed that the experience was more likely to be alive in their minds for reflection, and they would have the chance to comment on the relationship’s development. I was also interested in understanding what had occurred within the dyad that allowed the relationship to continue.

- **Therapists who were post qualification.** The participants needed to be post-qualification because I believed that the research would benefit from examples from therapists who had extensive experience with clients. They would also have had time to build up their own therapeutic framework including a personal approach to boundaries and self-disclosure.
- **Therapists in supervision.** It was important for the participants to be in ongoing supervision because, in taking part in the research, they could be faced with issues regarding their practice. In this instance it would be beneficial to have some professional support already in place.
- **Therapists who were members of a registering body such as BACP, UKCP or BPS.** I believe it was important to recruit therapists who were working within a recognised ethical framework.
- **Age range of 30-65 years.** I used an age range in order to add to the homogeneity of the sample.

I considered issues such as the context that therapists worked in and type of client they were working with, as well as the way information about the therapist was gathered, either deliberately acquired or stumbled upon by accident. I decided to not make these part of my criteria because I wanted to include all of these options. However, I was aware that the criteria may have had to be adjusted since it was an emergent process. Due to the fact that this topic is an under-researched area I also decided to not limit my criteria to demographics regarding gender and ethnicity because I wanted the opportunity to engage with anyone who had experienced this phenomenon. Nevertheless, I sought to keep my criteria fairly specific given the idiographic nature of IPA (Smith et al., 2009).

3.4.2 Recruitment methods

My initial attempts were unsuccessful. At first, I tried to recruit participants through advertising on the British Psychological Society's Division of Counselling Psychology e-newsletter, Metanoia Institute research noticeboard, and sending out my poster (Appendix 1) via email to individuals who had been suggested by colleagues as people who might have experienced the phenomenon, or who might know someone who had. I then considered that a potentially better way to recruit individuals with an online presence was through social media itself. I posted a request for participants on a number of Facebook groups that were specifically set up as online communities for mental health practitioners. I uploaded my poster to the groups, which gave potential participants more detail about the research. Those who were interested in taking part sent me an email asking to discuss the research further. Five of the participants were recruited this way. A further two individuals contacted me from the Facebook groups but I had to exclude them from the study because one was not part of a professional body and the other lived outside of the UK and Ireland. They were therefore too far away for a face-to-face interview. My sixth participant was recruited at a conference where I gave a poster presentation about the research.

My participant information sheet (Appendix 2) was sent via email to the individuals who were interested in taking part and who met the inclusion criteria. I asked them to read over the document and consider whether they were still interested in joining the research. All six participants agreed to continue and we arranged to meet for the first interview at a mutually convenient time. Before these initial interviews, I sent each participant a copy of the consent form (Appendix 3) and a copy of the interview questions (Appendix 4). By sending the consent form in advance I let them know to what they would be consenting, which gave them an opportunity to ask questions

about the process before the interview took place. I brought paper copies for us to sign on the first meeting. By sending them the interview questions in advance, I hoped that they would have a chance to reflect on their experience before we met and would therefore be able to give a more in-depth account. I also considered the limitations of this decision, such as the possibility that the interviews could have felt less organic and more rehearsed. However, after considering both possibilities, I decided that it would be beneficial to send the questions in advance. Another advantage of doing so was that the participants would possibly feel more comfortable in the interview by having a clearer sense of what to expect. The sort of prior warning that had not been available to all of the participants before their clients' online discovery disclosures.

All of the interviews took place in the therapist's consulting rooms. This ensured that we had a private and confidential space to meet. In addition, I wanted the participants to feel at ease and, as pointed out by Smith and Osborn (2015), participants generally feel more comfortable in a space with which they are familiar.

In terms of demographics, all participants were white, within the ages of 39-49 years old and had experienced online discovery disclosure with a client in private practice. There were five female participants and one male. All of the female participants identified as integrative practitioners (two counsellors and three psychotherapists). The male participant was a Clinical Psychologist. I have provided key information below about each therapist and their experience in order to help to contextualise the encounters.

Participant	Type of therapist	How many years practising (to point of first interview)	Duration of therapy (to point of first interview)	How long into therapy the client disclosed findings (approx.)	Online platform where client encountered the therapist
Emily	Integrative Psychotherapist	1 year	3 years (worked with client in placement before qualifying)	2.5 years	Facebook
Paula	Integrative Counsellor	4 years	3 years	1 year	192.com (online directory, mainly containing data from the Electoral Roll)
Julie	Child and Adult Psychotherapist	8 years	1 year 8 months	8 months	Online dating website
Amy	Integrative Counsellor	5 years	6 weeks	First session	Facebook
John	Clinical Psychologist	12 years	5 years	2.5 years	Online dating website
Lucy	Integrative Psychotherapist	6 years	5 years	4 years	Online dating website

3.4.3 Data collection

Before each interview began, I went through the consent form with the participant and we signed two copies, one for each of us to keep. I had put together a semi-structured interview schedule (Appendix 5) for interview one and two, which was useful in the sense that it kept the interviews on track and provided questions to use as prompts if necessary. I constructed the schedule by considering open-ended questions that would provide an answer to my research question. As advised by Smith et al. (2009), I discussed my questions with my supervisor to make sure that there were no leading or closed questions based on my assumptions. Instead, the aim was to be open, seeking to understand the lived experience of the participant. I also used a “*funnelling*” (Smith et al., 2009, p.61) approach to decide on the order of the questions. In doing so, I began interview one, for example, with broader questions about the participant’s training, practice and their online use before moving on to discuss the specific encounter. By using a semi-structured approach, I was able to conduct the interviews with some flexibility allowing us to explore novel topics that arose organically (Langdridge, 2007). In addition, by thinking through the interview schedule in advance, I was able to use it as a guide, rather than remaining overly reliant on it. This meant that I could stay present and give the participants my full attention (Smith and Osborn, 2015). Each interview was recorded on a dictaphone, with the participant’s permission.

At the end of each initial interview, I reminded the participants that I would get back in touch with them in order to arrange the follow-up interview eight weeks later. On completion of both interviews, I sent each participant a debrief sheet (Appendix 6) via email and let them know that they could get in touch if they had any questions or concerns.

The follow-up interview also followed a semi-structured format and provided a useful opportunity, for both myself and the participant, to reflect on what had been discussed in the initial interview. I was able to listen to the tape recording of the first interview before conducting the second interview, which helped me to reconnect with the participant's story. Often, participants came to the second interview with new insights or reflections that had emerged after discussing the topic in-depth during interview one.

The 12 interviews were conducted over a period of 17 months, which reflects the length of time it took to recruit the six participants. The average length of time interview one took to complete was 64 minutes and for interview two it was 53 minutes.

3.4.4 Data analysis

The data was analysed using the stages set out by Smith et al. (2009). As the authors state, there is no right or wrong way to conduct an IPA analysis and it is often not a linear process. However, since this was my first IPA project, it felt reassuring to follow a structured guide, which I could use to steady myself when overwhelmed by the data. The first task was to transcribe the interviews verbatim, which I began doing myself, although I soon realised that I would not have time to complete the task alone and enlisted the help of a professional transcription service. With the interviews transcribed I was ready to embark on Smith et al.'s (2009) stages of analysis, which are as follows:

1. Reading and re-reading

I started by listening to the audio tape recording as I read through the transcript in order to re-familiarise myself with the interview and the participant's story. It was a good opportunity to become immersed in the data and gain some initial observations.

As suggested by Smith et al. (2009), I noted down these observations in a separate document, which allowed me to remain focused on the participant's narrative without losing my initial thoughts and reflections.

My understanding of the participant's story, and what happened in the intersubjective space between us, developed through reading and re-reading the transcript. By listening to the audio tape while reading the text, I was also able to ensure that the verbatim transcription was correct.

2. Initial noting – exploratory comments

I put the transcript into a table with a column on the left-hand side for the emergent themes (stage 3) and a column on the right-hand side to record my initial notes or comments on the text. In keeping with Smith et al.'s (2009) process, I divided my exploratory comments up into descriptive (the content), linguistic (the specific use of language) and conceptual (initial interpretations). As stated above, I found it useful to consider Smith's (2011) concept of "searching for gems" to hermeneutically engage with the participants' use of language. See Appendix 7 for an example of this table, showing exploratory comments and emergent themes.

3. Emergent themes

After working through the transcript once to note the exploratory comments, I went through it a second time to note the emergent themes in the left-hand column. Emergent themes, which drew on the initial notes, captured the participant's experience and unravelled the meaning of their words via "...a synergistic process of description and interpretation" (Smith et al., 2009, p.92). This was the beginning of a process to classify and organise the huge amounts of data.

4. Searching for connections across emergent themes

I used a Microsoft Excel sheet to record all of the emergent themes in chronological order and move them around when clustering themes together (see extract in Appendix 8). I created these clusters by looking for patterns and connections between the themes. Specifically, I used a process of abstraction, which involved putting like with like, and in some cases a process of contextualisation, which involved associating particular themes together that related to a certain narrative moment (Smith et al., 2009). For example, linking themes relating to the moment of the client's online discovery disclosure. Within this system, I recorded the page number to which each theme related. This provided a useful way of returning to these themes in the text so that I could select salient quotes later in the project. This process of clustering led to the emergence of superordinate and subordinate themes that encapsulated the experiences and helped to structure the analysis. I kept an open mind during this process but if a theme did not seem to fit within the scope of the research I put it to one side, knowing that I could re-evaluate its importance at a later time. When creating the superordinate and subordinate themes, I collated the emergent themes from the participants' first and second interviews but coded them differently so that I gained a sense of the difference between the two interviews.

5. Repeat stages 1-4 for the next transcript

I analysed each participant's second interview, before moving on to the next case as I wanted to immerse myself in the account that each participant gave. As I began analysing the next participant's story, I was inevitably influenced by what I had already found but I endeavoured to put this to one side so that I could fully engage in the transcript and remain open to new themes that might emerge. In doing so, I aimed to

uphold the ideographic commitment of IPA. During this process, I also referred back to my reflective journal in order to consider what was happening in the intersubjective space between myself and the participants. Evan and Finlay (2009) point out the importance of considering intersubjective dynamics in research, including parallel processes (unconscious processes being re-enacted) through reflexivity. This allowed me to see how the “*here and now*” contained something of the “*then and there*” (Finlay, 2009b, p.11), which provided an additional layer of depth to the analysis.

6. Looking for patterns across cases

This process involved the creation of a document that recorded all participant themes. I was able to engage with this as a means of considering similarities and differences between them (see extract in Appendix 9). I included a column recording the participant’s quotes, which kept their words at the centre of the process by ensuring that my interpretation captured their experience. This stage required time and patience as I reconfigured the themes and changed labels to look at the data in different ways. The immersion in the data resulted in a master table of superordinate and subordinate themes, which was still being honed during the writing up stage of the project as new patterns continued to emerge.

3.5 Ethical Considerations

The study gained ethical approval from the Metanoia Ethics Committee (see letter of approval in Appendix 10) and was conducted in adherence to the principles of the British Psychological Society’s (BPS) Code of Human Research Ethics (2014) which include: respect for the autonomy, privacy and dignity of individuals and communities, scientific integrity, social responsibility and maximising benefit and minimising harm.

The subsections below will highlight how I have endeavoured to hold these principles in mind during the research process.

3.5.1 Confidentiality

Confidentiality is always important in research but I had a heightened sense of its significance since the participants had discussed experiences of being exposed. One of the participants drew my attention to the sensitivity of this issue when questioning the research process to ensure their anonymity.

One way of keeping confidentiality was through storing all documents relating to the participants in password-protected files on my laptop. Participants were given a pseudonym and sent their interview transcripts via email once they were transcribed. I kept the files password protected and sent them the password in a separate email as an additional security measure.

Carlson (2010) points out the hazards of member checking, for example the participants being unaware of what the researcher expects them to check or edit in the transcript. However, I made it clear that I had shared the transcripts with participants so they could confirm that I had taken out or changed any identifiable information. This was important to protect their client's confidentiality as well as their own. In addition, this process allowed participants to confirm whether they were comfortable for me to use the content as quotes in the write up of the project.

3.5.2 Consent and withdrawal

As described above, participants were sent a consent form in advance of our first meeting. It was important to use a written and signed consent form to comply with the Metanoia Ethics Board and the BPS's ethical codes (2014). When I met the

participants for the first interviews I began by answering any questions that they had regarding the form and we signed paper copies. This form, along with the participant information sheet and debrief sheet, made the participants aware that they could withdraw from the study at any point. By reminding participants of this right, their autonomy was reinforced. This was one way that I remained “*ethically attuned*” (Willig, 2013, p.26) throughout the process.

3.5.3 Relational ethics

At each stage of the decision making process it was important for me to consider the impact on my participants and the researcher-researched relationship. This required a commitment to relational ethics which is described by Ellis (2007) as recognising and valuing “...*mutual respect, dignity, and connectedness between researcher and researched...*” (p.4). One of the early decision making processes which required a consideration of relational ethics was the recruitment process. I had a heightened awareness of the sensitivity of the topic and peoples’ reluctance to come forward when my first attempts to recruit failed. I reflected on how risky it could feel for individuals’ to put themselves forward for the research and questioned whether my method of recruitment was adding to this barrier. I had initially decided to advertise via training institutions and professional bodies. These were organisations that created ethical frameworks and standards. Standards which therapists might feel that they had transgressed through their experience of online exposure. I therefore considered that advertising through social media would perhaps allow individuals to feel more open and less judged. This decision proved to be fruitful as I received much more interest and engagement with the research through this recruitment method. When therapists did respond to my call for participants I felt it was important to be reassuring about the confidentiality of their information due to the sensitivity of the topic. I also felt it was

important to make them aware that they had control and autonomy in the research process and had the right to withdraw at any point.

I also needed to decide whether to send the participants the interview questions in advance of the interviews. I had conflicting feelings about this since I considered that by not sending them in advance the participants' responses might be less rehearsed and therefore more honest. However, I felt it was more important to respect the participants by making them feel as comfortable as possible to speak openly about a difficult encounter and this required an openness on my part to foster a level of trust between us. I was also highly aware that these participants would be talking about an experience in which they were taken by surprise and felt powerless. I felt that it was important to make steps to avoid this being enacted in the interview process.

In addition, another challenging decision that I needed to make was whether to tell the participants, at the beginning of our first meeting, about my own relationship to the topic. I had mixed feelings about this because I did not want to knowingly influence the story that the participants told. However, I also wanted to make it clear that they were not alone in attempting to navigate this complicated issue. Liamputtong (2007) states that researcher self-disclosure can *"...enhance rapport, show respect for the participants and validate the participants' stories"* (p.72). I believe that my decision to self-disclose did enhance rapport with participants and allowed them to talk about a sensitive issue without fear of being judged. This was supported by one of the participants commenting on how they would not have felt as comfortable discussing their experience in as much depth if I had not self-disclosed my relationship to the topic.

3.5.4 Minimising harm

I hoped to convey a non-judgemental stance in the interviews in order to help the participants feel at ease. However, I was aware that talking about the topic may still have brought up some concerns for the participants regarding their practice or the client they were discussing. Therefore, it was important that the inclusion criteria stated that they were required to be in supervision, thereby providing a space to discuss and process these concerns. Participants may also have been impacted by the topic on a more personal level as they considered the relationship between their personal and professional lives. It is fair to assume that, as therapists, they would have known what resources to use in order to find therapeutic support. Nevertheless, I deemed it necessary to send out a debrief sheet following the second interview, which gave details of where to seek help if required.

3.6 Reflexivity

In order to acknowledge my lived experience and engage in an open, empathic inquiry into the participant's world, I needed to be clear about my relationship to the participants, the phenomenon, and how this may have influenced the research process. There were similarities between myself and the participants, perhaps the most obvious of which was the fact that we were all mental health practitioners. We had all grappled with the question of how our personal online identities intersected with our clinical work. I had used social media such as online dating sites and Facebook while working with clients, which led me to question: what would happen if there was a collision of these worlds? One difference, between myself and the participants, was that they had experienced this collision and I had not. They were the "knower" and I was the "would-be-knower" (Finlay, 2009a). It was important to be

mindful of the similarities between us, which included the fact that most of my participants were, like me, white women and working from an integrative approach. By being mindful of this throughout the process, I could reflect on whether I was over-identifying with the participant's story and therefore making assumptions about their experience.

Although I had not experienced the online world entering my therapy relationships, my curiosity around such encounters had been heightened through reflecting on the availability of my own personal data online. This led to conversations with clinicians about their experiences of online exposure, which further sparked my interest in the topic. Initially, I spoke to one of my placement supervisors who did not have much of an online presence, but whose client had found her home address, used Google to view images of the property at street level, and who discovered that she appeared to live in a mansion. Unbeknownst to the client, the mansion-style property was divided into multiple flats. The client in question entered the next session questioning how her therapist could understand her working class struggles, when she came from such wealth. I was fascinated by the power of Google to distort reality and impact what happened in the therapy room - which was otherwise disconnected from the online world. I am aware that these early conversations became part of my internal narrative and will have informed my interviews.

In addition, I believe that practitioners should have the freedom to use the internet for personal use. A part of me hoped to discover that therapeutic relationships could overcome issues that arose from online exposure. By having an awareness of my beliefs and hopes, I attempted to put these to one side and enter the interviews with both an open mind and an "*...empathic wonderment in the face of the world*" (Finlay, 2009a, p. 12). Inevitably, however, my preconceptions and beliefs will have impacted

the research process in terms of my interviewing style and how I analysed the data. For example, it is possible that I possessed a bias towards the positive aspects of the participants' narratives. Nonetheless, by being cognisant of my personal biases, I sought to keep a phenomenological stance, allowing space for the participants' experiences to be heard and acknowledged. I identified with Finlay's (2008) description of how the role of the researcher involves a dance between bracketing preconceptions and engaging in a reflexive self-dialogue.

I aimed to be reflexive throughout the research process, keeping track of my reflections at each stage and documenting them in a journal. As Shaw (2010) writes: *"Reflexivity is not simply an awareness-raising activity that we engage in prior to and during data collection. It is a vital component of each stage of the research journey"* (p.13).

Chapter 4: Findings

4.1 Overview

In this chapter I will present and examine the findings that emerged from my analysis of the 12 semi-structured interviews. During the analysis, I paid particular attention to participants' personal meaning and language as well as the parallel process that arose in the interviews. The findings take a process-based and thematic structure.

I was struck by the participants' use of words related to war or conflict such as "*fight*", "*survival*", "*attack*" and "*ambush*". These semantic choices reflect the significance and emotional impact of online discovery disclosure on the therapeutic relationship and the therapists themselves as individuals. Four superordinate themes emerged from the findings and serve as a means of capturing therapists' experiences of online discovery disclosure by clients. The table below sets out each of the superordinate themes and the corresponding subordinate themes.

Superordinate theme	Subordinate theme
Tension in peacetime	Therapists' online identities: attempting to maintain defences "I put my security as high as it would go"
	Complex and challenging therapeutic relationship "...it is difficult umm [sigh] yeah because actually this client challenged me about...on so many different levels"

	<p>Clients portrayed as feeling powerless and isolated “Very lonely. Very alone”</p>
Breach of defences	<p>Therapists’ sense of shock and powerlessness “...I did see the event as quite disturbing to be honest”</p>
	<p>Personal and professional collide “...it does make you feel really vulnerable...that someone's got behind the kind of the professional persona”</p>
	<p>Making sense of the experience: the client’s search for connection “...maybe it was some desire for a greater, you know a greater need for intimacy”</p>
	<p>Therapists’ experiences of shame “...at some point I must have thought ‘well does she think less of me?’”</p>
Weapons	<p>Client perceived as redressing the balance of power “it wasn’t enough just for him to know, he had to tell me that he knew”</p>
	<p>Therapists’ use of power and boundaries “...I then went in and I blocked him”</p>

	<p style="text-align: center;">Avoidance: Therapist protection “...I didn’t really explore it with her”</p>
<p style="text-align: center;">The aftermath: renegotiation with client and self</p>	<p style="text-align: center;">Change in the therapeutic relationship “...when I do look back on it, I think it was probably both a good thing and a bad thing”</p>
	<p style="text-align: center;">Change in relationship to self, practice and online usage “I think my practice would not be as rich if, if that incident had not kind of happened in that way”</p>
	<p style="text-align: center;">Tension between theory and practice “...you're always finding yourself between what you should be doing and what you're actually doing”</p>

Using the analogy of war the superordinate themes represent an overarching process that occurred for the participants. This analogy encapsulates the participants’ challenging journey with a timeline of events from pre to post online discovery disclosure. Embedded within each superordinate theme is the subordinate themes which provide a more detailed understanding of the significant experiences that participants faced at each step of the process.

The first superordinate theme represents the period before the client disclosure took place. It highlights different tensions and conflicts that existed for the participants in relation to their online presence, their therapeutic work with these particular clients

and how they perceived their clients' struggles. In terms of their online presence, all of the participants believed they had a right to use social media in the same way that any individual does but this was in conflict with their professional role which they saw as requiring them to remain hidden and anonymous. In addition, there was a complexity that existed within the therapeutic relationship. Many of the participants spoke about the relational challenges they faced with these clients who could be intrusive or incited a heavy sense of responsibility in the therapist. This level of responsibility was linked to their view of the participants as particularly lonely or isolated. The client presentation seemed to suggest an ambivalence in their search for connection which was relevant to the events that followed. Reflecting on these perceived tensions helped participants to make sense of their experience.

The second superordinate theme, 'Breach of defences' reflects the moment at which the participant's client disclosed their online findings. Using this imagery of a defence being breached reflects the participants' experience of feeling invaded by the client as the boundary between professional and personal seemed to be under attack. In response to this invasion participants reported feeling powerless, shocked and vulnerable. In some cases it also evoked feelings of shame as they were facing exposure and feeling self-critical for what had occurred. As part of the sense making process many of the participants looked to their client's potential motivation. They reflected on whether the client was looking for connection by gaining information about them online. This seemed particularly significant when the client disclosed their discovery after a break in the therapy.

'Weapons' is the third superordinate theme which captures the way the participants responded to their client's disclosure as well as how they understood their client's actions and responses. The participants' stories suggested that often both members

of the dyad were feeling exposed by the experience and therefore needed to protect themselves through the use of certain strategies. There was an implicit power struggle since the disclosure was frequently understood as a way for the client to feel a greater level of control in the therapeutic relationship. In response to the attack therapists were able to move out of the powerless position they initially found themselves in following the disclosure and took back control through reasserting the boundaries. However, the most powerful weapon was a strategy of avoidance. This was influenced by the awkwardness of the encounter and, in some cases, the feelings of shame that were evoked. It was a strategy that the participants saw their clients using too as both members of the dyad took a step back from the relational tension.

The final superordinate theme 'The aftermath: renegotiation with client and self' encapsulates the impact of the experience on the therapist and the ongoing therapeutic relationship. There was a clear sense that the participants saw themselves and the relationship irrevocably changed by the encounter. Changes that required reflection and integration by the participants. When discussing their experiences participants spoke about these changes in a nuanced way as they considered the impact on the therapeutic relationship. In some ways it had strengthened the alliance, partly by allowing the client to see their therapist's human, fallible nature. However, in other cases it created a distance which felt difficult to overcome. Similarly, there were mixed feelings and responses when discussing the personal and professional impact outside of relationship with the client. On one hand the experience provided a welcome opportunity to reassess their boundaries and reflect on their identity as a therapist, as well as their identity outside of their therapist role - online and offline. However, in some cases there was a struggle to

manage the vulnerability and visibility that they encounter created. For one participant this had a particularly detrimental impact on her openness to expanding her private practice.

Below, I discuss each theme in-depth, using interview verbatim for supporting evidence and to illuminate the participants' stories. Prior to this discussion I have provided an overview of each participant's experience of online exposure.

4.1.1 Summary of participants' experiences

Emily

Emily had been working with her client for two and a half years when the client unexpectedly disclosed that she had stumbled upon Emily's personal Facebook profile. The disclosure occurred at the very beginning of their session when returning to therapy after a summer break. Emily felt shocked and uncomfortable in this moment, not expecting such a dramatic start to their first meeting after the break. The client told Emily that it was accidental since during the break there was a synchronising between her mobile phone contacts and her Facebook account. She had seen a couple of photos on Emily's profile in which she was at a social gathering with friends. Emily felt exposed and described how she had not uploaded these photos herself, but was linked to them by the individual who had taken the photos. Emily was conflicted when questioning whether the client had discovered her account accidentally, as she described, or whether she was feeling isolated during the break and was looking for connection.

Paula

Paula had been working with her client for one year when at the beginning of a session he playfully revealed that he had found information about her online. She

was shocked to hear that he knew her address and her husband's name which had been discovered through a website holding electoral roll data (192.com). The client also added "*you're quite secure online*" which she felt uncomfortable with since it signalled to Paula that he had spent a substantial amount of time searching for information about her. This client had been particularly challenging and intrusive, frequently asked her personal questions in the sessions which she often did not answer. Paula saw the client in his home due to a serious physical disability impacting his mobility. She considered his frequent enquiries into her life and his subsequent online discovery as his way of redressing the significant power imbalance that existed within their relationship.

Julie

Julie had worked with her client for eight months on and off. She described him as being ambivalent about the therapeutic process since he would often take himself away for holidays and break contact between them. On this particular occasion Julie had to take a three week break in their work while she moved her private practice to a new building. During this break she had received a notification from the dating site stating that he had visited her profile. This created feelings of embarrassment and vulnerability for Julie. At the beginning of their first session after the break she could feel her client's anxiety and the awkwardness between them. He began by speaking about his use of online dating sites and was quick to disclose that he had come across her profile. Julie was swift to defend herself by informing him that she was using the dating profile for research purposes, as opposed to it being personal use. She wondered whether he made the disclosure because he realised she would be notified of his presence on her dating profile and to wait for her to raise the issue would have induced feelings of shame on his part. When reflecting on the

experience in supervision she questioned whether the client might have clicked on her profile when he was missing their sessions during the break.

Amy

Half way through their very first session together, Amy's client calmly disclosed that he had discovered a trove of personal information about her. He told her that after their email communication to set up the first meeting he had searched for her online. He had begun with finding out her professional qualifications and where she studied through the website LinkedIn.com but the search widened to discover more personal information. He found her personal Facebook profile and saw a photo of Amy with a laptop, a pile of books and a bottle of wine. In the interview she described how her daughter had taken the photo when Amy was completing her dissertation. He had also seen other photos which revealed that Amy had a daughter. She considered that he had searched for this information in order to know more about the therapist he was about to meet and in knowing this information would feel more at ease. On hearing the client's disclosure Amy felt shocked, vulnerable and was scared for her own safety and the safety of her family. This sense of vulnerability remained with Amy after the disclosure as she struggled to process the experience and feel safe again.

John

John had been working with his client, a fellow mental health practitioner, for two and a half years when at the beginning of a session the client anxiously disclosed that he had discovered John's profile on a dating website. John knew about this ahead of the session and had nervously anticipated the client's disclosure since the dating website had notified him of who had accessed his dating profile. He had prepared himself for a potentially difficult interaction. John described how the client seemed

shocked to discover him on a dating website but also blamed himself for deciding to click into the profile. There was a significance in the encounter bringing their sexual identities into the room which John felt had been “*danced around*” for a long time in their relationship. However, it seemed to feel difficult to talk explicitly about this and the conversation turned to the ethics of online dating for mental health practitioners.

Lucy

Four years into their work together Lucy’s client anxiously disclosed that he had discovered her on a dating website at the beginning of a session. Previously he had told her that he had signed up to a dating website which she had seen as progress since he was seeking out connections, something which had been difficult for him in the past. Lucy had not anticipated that he would discover her profile. Through the discovery her client found out that Lucy was separated and had two children. In subsequent sessions the client had described separated and divorced women as “*cast-offs*” which was at the forefront of Lucy’s mind when she received the notification of his presence on her dating profile. Like John and Julie, Lucy had been notified by the dating website in advance of the session. She feared a rupture would take place between them which would end their work together. Lucy described how there was an intensity to the session in which the disclosure took place and the client’s shame was palpable.

4.2 Analysis of themes

4.2.1 Tension in peacetime

This superordinate theme highlights some key areas of tension that existed prior to the online discovery disclosure.

4.2.1.3 Therapists' online identities: attempting to maintain defences

As per the inclusion criteria, all the participants had some form of online presence but of varying degrees. Julie, who was discovered by her client on a dating website, described a wide-ranging use of online and social media platforms, stating that she used them for “*everything and anything*”. Whereas Emily, who was discovered on Facebook had the slightest online presence:

“I’m not very present as I said I thought of even closing the Facebook account but I have friends I want to keep in touch with so and yes even on Facebook I don’t post that much, I’m not a stalker type [laughs] but I’m more looking at Facebook”

This quote from Emily highlights the tension between wanting to remain online in order to connect with others while also wanting to remain hidden. By taking on the observer role, she felt that she had gained some protection against online exposure. In fact, all participants had adopted ways of managing their online presence that helped to protect their identity, irrespective of how active they were online in general. As John states: “*...it’s like with Twitter I operate a few Twitter accounts but none of them I identify myself on...*”

For some of the participants, these protective measures had been implemented after previous experiences of online exposure. For example, in the past, a prospective client had found Paula’s Facebook profile online and revealed this to her:

“...was kind of looking through my kind of personal life and was able to subjectively take out bits, umm so after that I decided to kind of anonymise my personal life so I do have Facebook...personal Facebook but I have a pseudonym that I use so that’s how I kind of dealt with it but that felt very uncomfortable for me”

Clearly, for Paula, it was important to her to keep her online identity despite the feelings of discomfort that this particular experience provoked. The right to an online life was described as important by many of the participants, especially for Amy who questioned, “...*why should we not be able to do what everybody else is doing?*” But having a personal presence online comes with a risk of online exposure to clients. A risk that John had considered:

“...the lengths you’d have to go to, to protect yourself 100% from anything about you being discovered are ridiculous and I certainly wouldn’t be up for that...and so you end up taking a calculated risk”

The risk is perhaps highest with online dating as there may not be any security settings available to control which other registered users of those sites can view your profile. John acknowledged this when stating “*I think the biggest issue is...is...is how to minimise the chance...that your patients are gonna suddenly run into you on an [dating] app*”. This is something Lucy attempted to mitigate with her own anonymising approach, in an effort to obtain a greater degree of control:

“I had gone on internet dating and initially when I went on it, I didn't have a photograph up uh, and I had an alias like I think it was just the initials of my name umm, for that very reason that at least if somebody connected to me, I could see if I knew them”

However, she later realised that this approach had prevented her from using the dating site successfully:

“...the problem with that is that was actually inviting an awful lot of men who wanted affairs so obviously not having a photograph was sending out a message that I didn't want to be seen so that seemed to be suggesting that maybe I was in relationships...”

This highlights the complexity of using online dating websites or apps for the three therapists who did so in the study. It also reveals the tension between wanting to be visible online while also seeking to remain hidden on social media. This tension was expressed by all the participants. As much as individuals want to have control over the personal information that is shared with others, social media platforms limit this control to some extent. As John discussed, this means that maintaining an online presence as a therapist requires taking a calculated risk and perhaps, as Julie suggested, accepting some lack of control:

“I don’t have the right to say to a client ‘you can’t look at me on a dating site’ because actually I’m on the dating site”.

4.2.1.2 Complex and challenging therapeutic relationship

Many of the participants explicitly described their clients as challenging and requiring a lot of energy. As Amy stated, *“...and then you think, well, you know, how- how hard work should this be? ... Is this too hard work? Is it too much?”* For some of the participants, the challenge lay in maintaining boundaries. Paula spoke about her client as someone who regularly tried to find out personal information about her as a way of diverting attention from himself:

“...you know those sort of real kind of level of enquiry that was just about me and didn’t have anything to do with him ‘do you have children? I think you have children’”

John said very little about his relationship with the client or the client’s presentation, perhaps to protect him from exposure. However, he did reveal that maintaining boundaries had felt challenging during their work together: *“...in the work I’ve known the boundaries are very important to him and he won’t always keep them cleanly...”*

Despite the hard work, the therapists had an overwhelming sense of responsibility for

these clients, which was highlighted by Amy in stating that, “...*there’s a real sense of he’s very alone... and he’s trusting me... so there’s a lot of weight in there*”

As this comment suggests, a heavy sense of responsibility was linked to the fact that the therapists perceived these clients as lonely and isolated. The pressure of being their only support added a layer of complexity to the experience of online exposure, as noted by Emily: “...*the only kind of escape of her routine is when she comes to session which I think did put a lot of pressure on the ‘oh I found you on Facebook’*”

As well as pressure and responsibility, there was often a wider sense of over-involvement – something that Paula was clearly aware of when describing her internal battle as having to “...*fight myself not colluding with him*”. For Paula, there was tension between the part of her that over-identified with the client’s humour and defiance, and the part of her that sought to explore his pain and suffering. It is understandably a constant struggle, since “*swimming into his pain*” can be overwhelming for both of them, whereas the laughter and defiance offers a life raft, ensuring they do not drown together. However, sometimes this awareness of over-involvement hovers just below the surface. When she spoke about how they connect on a “...*rebellious, angry level*” she stated: “*I just laugh, you know... and he can, he can collude... he can conclude rather, what he wants from that*”. Her use of the word “collude” in place of “conclude” suggests just how intertwined their relationship had become – but the utterance also brought an incongruence to light. Although she seemed to want to collude with the client, there was another part of her that remained dismissive of his experience: he can conclude what he wants. This speaks to a tension between closeness and distance in their relationship. An intertwining also encapsulated Julie’s experiences as she struggled to separate her own material from her client’s:

“...that's the ambivalence so I suppose this is where my, I was joking earlier, eight year of therapy has, has helped me understand what this ambivalence is and where it comes from and how it stems. And this is kind of where, why I can see where he is but there's also something about, this is not my story, it's his”

There was a sense here that Julie had become muddled between her own experience of ambivalence and her client's. The over-involvement between them was also highlighted in the parallel process that played out in the interviews. Julie described her client as someone who wanted to impress her:

“...he spends a lot of time telling me about his money, telling me about his cars, telling me about his house, telling me about his business”

Parallel to this, in the first interview with Julie, I became aware of feeling impressed but overwhelmed by her professional endeavours, including writing a PhD, doing extensive media work and working within the complex clinical field in which she specialises. I was receiving information that, while impressive, seemed to keep our conversations about her personal experience of the exposure at bay. I questioned whether this was a way of creating emotional distance from the memory of the encounter and whether this avoidance was something she experienced from the client.

4.2.1.1 Clients portrayed as feeling powerless and isolated

When the participants spoke of the clients who had found information about them online Emily, Julie, Paula, Amy and Lucy described an individual who had experienced a sense of aloneness in the world and who had struggled to engage in relationships. There was a connection being made here between the client's presentation, their online search and in-session disclosure. This was one way that the therapists made sense of their experience. The well of loneliness felt deepest in Emily's depiction of

her client's life: *"...almost a modern Cinderella-Cinderella story, something like that. She looks after people but nobody looks after her"*.

The evocative metaphor of Cinderella encapsulates Emily's interpretation of her client's life as hard, unrewarding and unappreciated since the care she provides for her sick family member is unacknowledged. Emily told me that this client does not have any friendships or support and she went on to describe how alone her client feels in the world:

"...if she goes out of the safe place of depression she will get out and get hurt, she lives in a very hostile place, her view of the world is that it is very hostile and people reject her and umm she is unwanted there"

This isolation was in stark contrast to the photos of Emily online. Facebook pictures showed Emily having a good time with friends, the kind of experience that the client seemingly yearned for herself:

"I think she is so fed up of her situation that she said...she has said very often...she is longing for relationship, some kind of- human seems to creep up a lot- human contact"

Emily reasoned that the perceived difference between her life and the client's created uncomfortable feelings of anger for the client. This may have strengthened the client's hostile worldview and deepened her feelings of isolation, since that anger was directed at someone, the therapist, who had hitherto been her only ally. This corresponded with Emily's feelings of guilt over what the client had discovered. I will discuss the impact of this relationship dynamic later in the analysis.

While Emily described a client feeling a sense of social isolation and powerlessness in the place of the carer, Paula spoke about her client facing such struggles from the

“cared for” position. She mentioned the client’s disability, which severely impacts his mobility and requires that the therapy take place in his home:

“...he doesn’t have very much control over his life and I’m very conscious that the relationship that I have I get to see how he lives his life and yet he sees nothing of mine, you know, he doesn’t even see my car outside because he can’t see out of the window umm because he is lying down all the time”

As Paula acknowledged, the client’s lack of autonomy due to his disability meant that the power imbalance in their relationship was exaggerated. It is possible that this created fertile ground for the power to be redistributed through the online discovery disclosure. Lucy also described her client as experiencing isolation owing to his struggle to obtain a romantic relationship:

“...has never had a... a... an adult relationship so the longest relationship he ever had was six weeks with I think twice in his adult life”

This aloneness was considered a factor behind – not just a consequence of – the client’s unsuccessful search for connection with others:

“So like that took, that took two and a half years to even get to that sense of him realising that, um, nobody’s approaching him because he’s not communicating to the world that ... he’s not allowing himself to be seen he’s just coasting in this flatness”

Perhaps the fact that this client discovered Lucy on an online dating site spoke to his desire to connect, but from a safe distance. Many dating sites notify users when another user has viewed their profile and perhaps the client knew or even intended that this would be the case here. Either way, when Lucy received a notification that the client had viewed her profile, the occasion seemed to bring his prior ambivalence, and their relationship, to centre stage. An ambivalence in relationships was also

present in Julie's description of her client. When describing his history she stated:
"... pretty much his story is umm he's got an ambivalent attachment style from early childhood, he doesn't know how to make relationships with women unless they are an ambivalent one"

Julie spoke about this ambivalence playing out in their relationship as he would take many holidays, interrupting the therapeutic work seemingly as a means of creating distance between them. Like Lucy's client, Julie's client found her profile on an internet dating site, which was deemed to be a misguided attempt at connection.

Amy described her client as feeling bewildered by relationships but desperately wanting to understand them. By doing so, she believed that he had hopes of creating a connection in order to alleviate his isolation:

"I think he's very insecure um, very frightened, very lost and is desperately trying to move forwards but doesn't know how to make it happen... and he knows that relationships are the way forward, so whether it's a friendship or a personal relationship, he needs to be able to communicate with somebody but really struggles to get the balance right"

That he struggled to understand the "balance" of relationships was made apparent during their first session together when he revealed that his online searches for a new therapist had gone beyond mundane inquiries – he had found Amy's Facebook profile. Amy felt that he had intended to arm himself with a level of knowledge that perhaps reduced his sense of powerlessness and exposure as he took the first steps into a new and uncertain relationship.

4.2.2 Breach of defences

This superordinate theme focuses on the moment of the client's online discovery disclosure during a session. By informing the therapist about what they had discovered, the client seemingly penetrated their therapist's defences. Vulnerabilities were exposed on both sides of the relationship.

4.2.2.1 Therapists' sense of shock and powerlessness

When the client disclosed that they had found their therapist's online profile, there was a clear shift in the dynamic, which rendered the therapist powerless. All of the participants in the study described this moment as one in which they felt overthrown by the client. Emily stated that, *"it felt like an ambush at some point"* – emphasising the overwhelming nature of the experience.

A loss of power negatively influenced each therapist's response to the experience. The severity of this response was dependent on whether the therapist knew about the online exposure in advance of the client's disclosure. Julie, John and Lucy had been automatically notified that their clients had discovered their profiles on online dating sites. This prior knowledge therefore helped them to prepare for the possibility that the exposure would be disclosed during their next session with the client. As Julie stated, *"Pre-warned is forearmed"* and Lucy acknowledged this also:

"I think because I had seen that he had seen me, I was somewhat prepared for it umm... I think had it come in and I had not known he had seen it, it might've caught me off guard"

Lucy's comments capture the difference between knowing in advance and being unaware of the exposure. Knowledge may indeed be power, since in these instances

the therapists were able to retain some control and remain on guard. However, despite being “pre-warned”, they still found the experience challenging, as Julie pointed out: *“I’d been seen by my client doing something that is quite normal for human beings to do but in a really vulnerable way”*.

John described the experience as something that needed to be “survived”, revealing the threat posed by the encounter: *“I guess having survived and I think probably ‘survived’ is the word, two times...when a client has brought it to my attention that they’ve seen me”*. It was the other three participants, Amy, Emily and Paula, however, who described the most uncomfortable response. They entered the client session with no knowledge of what was about to be revealed. As Paula stated *“...actually when it happens in that moment I was just not prepared for it... on any level I just wasn’t prepared for it”*. This lack of preparation meant that the shock response occurred for the therapist in-session. They therefore had no opportunity to manage their reaction in advance. Emily commented on how taken aback she was in the moment: *“...it was shock that she would say that, it was a shock that she would look at me”*. I got the impression that what Emily was describing here was not just being gazed at online, but being seen by her client in a way that forced her into the spotlight and produced feelings of vulnerability. As Paula acknowledged, this shock was deeply impactful: *“I still get a really strong sense of being shocked... even now just remembering”*. I felt that Paula struggled to reconcile the shocking experience with the collusive relationship she had developed with this client. This was something I became aware of during the analysis when I noticed that Paula’s narrative shifted between acknowledging uncomfortable feelings (*“It felt very intimidating”*) and denying them (*“But I didn’t feel overly intimidated”*). This seemed to indicate an ambivalence towards the relationship with the client. In order to allow their collusive relationship to remain

intact, I questioned whether Paula ignored her feelings and told herself that it was okay for the client to have crossed that boundary:

“...actually I felt it was okay for him to have that level of information about me and it changed some dynamic within the relationship that I kind of felt actually he...he does need to have more agency, more understanding of how it is, you know, for me as person and so actually I felt quite okay about him having that information about me, although I was somewhat surprised to start off with, I was okay about him having that level of information...”

Paula told me that she felt it was “*okay for him to have that level of information*” three times in this quote. I questioned whether, through this repetition, she was attempting to accommodate, integrate and generally make sense of what had happened. There was a tension between acknowledging the traumatic feelings and being dismissive of them. In acknowledging her feelings, she risked igniting the client’s hostility: “*If I’m gonna be shocked and all upset about those things then he’d have me for dinner*”. The imagery of “*he’d have me for dinner*” highlights how Paula felt almost consumed by the client. The collusion may have been a survival strategy for managing these feelings. Therefore, maintaining the collusion was paramount. Unlike Paula, Amy found it very difficult to create any acceptance of what had been disclosed. Out of all the participants, it was Amy who expressed the strongest response:

“...my initial thought was kind of panic stations of...okay, I need to shut everything down. I need to lock it down umm, I need to protect my family. I need to protect myself, you know, I’m feeling really vulnerable. The, um, I’m feeling quite invaded that he’s...been into my private life”

This distressing experience continued outside of the session as she became hypervigilant in public spaces. She recalled a time, following the client discovery disclosure, when she was out at a restaurant and asked to swap seats so she could survey the room, telling her companion, *“I need to see what’s coming at me”*. Amy acknowledged that during this time *“...the level of insecurity or vulnerability was quite high”*. This shows the extent to which Amy adopted a survival mode as a means of protecting herself and her family from a perceived threat. I am left questioning why Amy had the strongest response out of all the participants and in attempting to answer this, I consider that she was the only therapist in the study who didn’t have an opportunity to form a relationship with her client before the online exposure entered the therapy room. In other words, the rupture could not be repaired prior to the foundation of a therapeutic alliance.

4.2.2.2 Personal and professional collide

The online exposure and subsequent in-session disclosure created a high-impact collision between the therapist’s private and professional worlds. In response, the participants experienced an unwelcome level of exposure – a spotlight that was blinding, as Lucy explained:

“...that’s the bit I didn’t like, that he would have a bit of insight into maybe she’s gone offline now... ‘cos I did, I was seeing somebody for a while and now I’m back on again that he’d have a bit of an insight into my private dating like, ‘oh, she must be in a rel... now she’s out of it again, oh, she’s back in one now, she’s out of it again”

This suggests how, for Lucy, the online exposure wasn’t limited to her client’s initial discovery. She was aware that he now had the ability to investigate other aspects of

her personal life. This fear of subsequent exposures was also felt by Emily when reflecting on the experience:

“I know sometimes, maybe since I spoke to you and agreed to do the interviews sometimes I look at her and think ‘do you sometimes look at my profile?’ [laughs] but it’s not something I’m going to ask...”

It is possible that Lucy could have switched dating sites or Emily could have closed her Facebook account but these steps were not taken. Perhaps these participants felt a sense of powerlessness over online exposure. While Lucy and Emily anticipated additional exposure, Paula looked back at what the initial exposure may have revealed about her:

*“Because literally, it may be kind of your whole Facebook profile comes into your head at the moment, you think s**t [laughs] what did I just say? You know? What I just ranted about? What, what stupid picture of dogs did I put on there? You know? [laughs] It’s just a horrific thought, isn’t it? And it’s something about that... you do these things in isolation don’t you? It’s you and the laptop or you and your phone”*

Paula commented on the safety and seclusion individuals can feel when posting online, which can in fact be a false sense of security. John also reflected on this when discussing people’s awareness of the potential for exposure online:

“...if I know that the windows’ there, and, and I know what I’ve got on, and I know whether anyone can see or not, that’s very different to... imagining you’re on your own in a room that’s secure and actually you’re not”

Being aware that the internet is a window that practically anyone can gaze through provides the therapist with a level of choice about how they portray themselves online

but it can also instigate fear in terms of how they will be judged by clients, as Paula pointed out:

“Even in my pseudo identity, you know, I even think about it then: What am I saying? Why am I saying it? Is this is in keeping with... I want to kind of say, what my clients might think of me but that's true... yeah, I am thinking about that”

The online discovery disclosure by the client brought the tension between a personal and professional identity crashing into the forefront of the therapist's mind. A fear of judgement was equally evident during the interview with John:

“I'm wondering if I've been trying on the...the role of the vulnerable participant you know that... that supervisor X or ... or someone hideous is going to hear this disgusting story and suddenly I'm going to be known as this kind of internet demon and fiend and pervert that kind of goes about doing all this stuff, you know...I don't...a couple of percent of me is kind of in that place”

Whereas Emily and Paula were fearful of the client's judgement, part of John was concerned with the judgement of fellow therapists. Despite John's concerns, he advocated having less of a personal-professional divide:

“Having a separate profile, you know, what, you know, what's all that about? You know and what, what would the world be like actually, if it wasn't remarkable...to see your GP or your psychologist on a, on an [dating] app, you know, because it doesn't, it doesn't have to be an issue!”

Unlike John, Amy was keen to keep a clear divide between the two, perhaps due to her particularly difficult experience with her client. Nevertheless, she was unclear as to how to manage this in practice:

“We should definitely have the right to do everything we want to do to join fully into this online community but how do we protect ourselves and keep our personal life and our professional life separate?”

4.2.2.3 Making sense of the experience: the client’s search for connection

In five of the cases (Emily, Paula, Julie, John and Lucy), the client’s disclosure came at the beginning of the session, which suggests that it may have been important for the client to unburden themselves. In these encounters there was a clear tension in the room at the point of disclosure, as Julie remembered: *“I felt his anxiety”*. The participants described how their clients’ anxiety as to how their therapist would respond to the online discovery disclosure was palpable. Perhaps this was particularly sensitive in cases where the online exposure had occurred on a dating website. The participants acknowledged that clients who found information in these circumstances felt forced into disclosure due to the fact that they knew the therapist would have been automatically notified that they had viewed the therapist’s profile ahead of the next session, as John stated:

“...it kind of forced him to bring it up, of course he could have chose not to but for him I think that it didn’t feel like any choice but of course there are always choices aren’t there?”

This element of choice is important because the client may have unknowingly clicked on their therapist’s profile but they may also have seen their therapist’s photo and purposefully selected it in order to discover more:

“...he’d recognised me, clicked on my profile umm and then realised that would give me a notification and then he would have to explain that to me” (Julie)

In Lucy and John's cases, their clients appear to have discovered them by chance on the dating sites in question whereas Julie's client may have actively searched for her online. It was during a therapy break while Julie was moving buildings that he discovered her dating site profile. Upon realising this, Julie questioned whether the client was looking for a way to feel close to her, "*...maybe this was because he was missing me*". I tentatively question whether this explanation links to the sense of responsibility that many of the participants felt. Emily's client also encountered the information during a therapy break and, like Julie, Emily wondered whether her client had felt isolated and was seeking some connection with her, albeit through a computer screen. Despite looking for a connection, the client potentially felt even more alone when confronted by photos of Emily with her friends, having a good time, she ventured: "*...I think for her it was something more, just to give her some kind of, maybe, not even control, just to check whether I would care and I, didn't obviously on that photo, I wasn't there at all.*"

While those clients who encountered their therapists' profiles on dating sites may have had little choice over disclosing, other participants in the study suggested that their clients experienced no such pressure. Emily said that she thought her client was angry due to the feelings of abandonment that arose on seeing the Facebook photos during the therapy break, "*...I imagine she brought it up almost as an accusation...*" Anger was also a motivating factor for Paula's client, in her view. She felt that he must have been frustrated by the fact that Paula didn't answer his questions about her personal life in sessions, so he turned to the web to locate this information. By revealing his findings, he may have been asserting power but also probing to see whether she would reject him:

“...actually him saying umm that ‘I know, you know, your husband’s name’ I think that’s the bit that really got to me, it’s kind of like ‘I know you live at X and I know that your husband’s name...’ [exhale of breath], it was just another blow”

This pushing of the boundaries in order to discover whether the therapist would substantiate the client’s negative world view was also seemingly a motivation for Amy’s client: *“...he was curious, he’d gone too far and actually the risk was that I- I could have shut it down and said ‘look, I’m not gonna see you, I can’t work with you’.”*

As Amy noted, alongside the risk of rejection stood a hope of connection: *“...he’s trying ... to become almost part of my world or part of my life and to have some sort of significance in there”.*

In some cases, the online exposure seemed thematically relevant to the client’s presenting issues. This was, for example, the case with Emily’s Facebook photo that portrayed her apparently vibrant social life. That contrasted with Emily’s view of her client as lonely. John stated his client had always struggled to label his sexuality and therefore perhaps found it significant to see that his therapist had openly defined his sexuality on his dating profile: *“...I think in the work it was quite troubling that he’d encountered me labelling up in a certain way”.* Meanwhile, Lucy’s client, whom she described as “confluent” and not wanting to be seen, had discovered Lucy, a divorced woman on an online dating site. This was after previously expressing a strong, negative opinion about divorced and separated women in the therapy room: *“I was very aware of the conversation we had had like a year before about him telling me basically ‘well those women are cast offs’”.* This hints at the possibility of using these encounters to further the client’s progress. However, as Lucy’s Freudian slip suggested, it was certainly not straightforward: *“...it created a little bit of grit...grit for the mill”.*

4.2.2.4 Therapists' experiences of shame

Analysis of the interviews with Emily, Julie, John and Lucy suggested that the participants experienced feelings of shame following the online discovery disclosure. In some cases, the participants also spoke of shame engulfing their clients. Lucy, for example, described her client's experience as he disclosed what information he had discovered about her online: "...it must have been huge 'cos the shame was definitely in the room that day". Although Lucy was explicitly referring to her client here, I question whether the shame felt so palpable because they were both overcome with this powerful emotion. Julie interpreted the disclosure as mitigating against feelings of shame:

"...there was a bravado and I think, based on his long term story so far this was about protecting him from shame so it would have been shameful for him not to say anything, it would have been shameful for me to bring it up so I think he approached it first"

I would argue that Julie was also protecting herself from the shame that could have seeped into the session. This was achieved by using her research as a shield. During the interviews, she told me that she initially set up the online dating profile for personal use but later used her own profile to research online dating interactions. When her client disclosed that he had discovered her online, she was quick to hold up the shield for protection: "...'cos he said, 'Hey Julie, I've seen you on a dating site.' And I've gone, 'Hey mister! It's research!' as in, as in, kind of like, 'back off'". I felt that this barrier was also present in the interviews as Julie gave me multiple justifications for her use of online dating sites and at one point stated, "...now I am on two dating sites but not because I'm on there for dating purposes". Shame and embarrassment seemed more

present for those therapists whose clients had found them on dating sites but I got a sense that it was also experienced by Emily:

“...for some reason the ideal counsellor is, ah, I probably have to think about that, someone who doesn't have fun, it's not that but I'm just putting it very simplistically so, it's almost in the way that uh, I've been caught doing something that counsellors don't do which is very irrational”

It seems that Emily was pointing out that there was a divide between the ideal version of herself as a therapist and the online representation discovered by her client. It was this self-critical judgement that gave rise to difficult feelings and questions about how she was, at that moment, perceived by her client: *“How do I look in the session? Like how do I look outside? And how does she see me?”* These questions reveal a deep reflection in Emily as she grappled with her own identity and speak to the significance of the online exposure, beyond the client-therapist relationship. John stated that the experience of exposure could be beneficial if one can put one's shame to one side: *“...if you can swallow your own shame and deal with it skilfully in the therapy then maybe...maybe learning happens”*. However, this could be tricky when potentially both members of the dyad are experiencing the wounds of shame, as Lucy intimated: *“And it is a bit of a shameful thing, people are a bit, like, embarrassed to tell people that they're online dating. So, we were both kinda in that together...”* This environment made it difficult to focus on the client's progress. Instead, the therapist, and possibly the client too, was consumed by thoughts of how to “survive” the experience. Weapons were drawn, both to protect and attack.

4.2.3 Weapons

This superordinate theme captures the therapist's early responses to the online discovery disclosure. Power, boundaries and avoidance were used as weapons to attack and defend, seemingly on both sides of the dyad.

4.2.3.1 Client perceived as redressing the balance of power

Five of the participants (Emily, Julie, Paula, Amy, and John) commented on a shift in power dynamics following their clients' disclosures. Amy spoke more broadly about the power imbalance impacting all client-therapist relationships: "...because obviously they come and tell you everything... and then to a degree they know nothing". Emily questioned whether this undertone of inequality had influenced her client's search for information:

"...it is a lot of dis-balance, I think I've mentioned it before, it's... we know everything about this client... sometimes stuff they, they on the edge of their awareness, they don't know anything about us, they know a little bit, but, no, so it's ah, it's rather, it's comforting when you think about that, they, they don't know much, I mean, and for a person like her, it might be quite uncomfortable to... to not know"

Emily seems to be speaking here not only about her client seeking to discover more about her, but also about how safe she felt being hidden behind the role of therapist. Julie and Paula felt that, for their clients, there was an overt attempt to shift the dynamic and gain control. As Paula stated: "...he was totally redressing the balance. When I was sitting here thinking about it he was saying 'you won't tell me anything so I'm going to find out'". While Paula felt that her client went looking for information to redress the balance of power, Julie interpreted her client's hastiness to bring up the online exposure (which she had prior knowledge of) as a means of controlling the

narrative. In response, Julie surrendered to her client's apparent bid for power, *"I kind of sat with and just thought you know actually in this relationship Julie allow him to do that"*. Amy, on the other hand, seemed trapped in a battle that she was loathe to lose. When describing how she considered removing her Facebook account, she stated, *"...if I just then withdrew it all, then to a certain degree he's then- it's almost like he's won in the situation 'cos he's made me change my behaviours"*.

Humour was regarded as a weapon of choice for some clients when disclosing what they had found. It was felt that this may have made it easier to approach the topic but also served to denigrate the therapist, while inflating their own sense of power. As John recalled:

"...because I used a different ident umm which actually is very interesting because he...one of the things he...he kind of did was make fun to me about my ident umm so that's interesting that dynamic, isn't it? Because he wasn't so shocked that he couldn't formulate a way to kind of give me a bit of a dig so there was some...there was something about the power relation I think that was in play at that point"

This experience was also shared by Paula: *"...he was quite keen to say 'I know this stuff about you' in quite a kind of a jocular way he was umm he was teasing me quite a bit"*. Paula suggested that her client used this teasing in order to thinly veil his anger towards her, and towards the universe for the unfair hand he felt had been dealt: *"...it was about power. It was about being angry...with what was going on for him"*. Paula was not the only participant in the study who interpreted the disclosure as the client expressing anger. Emily had considered this too:

“I felt she was blaming me I don’t know whether that was exactly what was going on but because she has such a big issue with allowing herself to feel anger. I thought it was a kind of indirect way to say...well it did match with my feeling guilty”

Unlike the other participants, Lucy did not talk about her client as someone trying to gain power within their relationship. I think that one of the factors influencing this was the shame that shrouded the experience for her and potentially the client too. This likely produced a shared sense of powerlessness. However, there was still an implicit shift of power that, when combined with the shame response, meant that Lucy felt silenced:

“...it's funny, isn't it? Even just as I say it now, um, it's funny actually how he's actually putting me a total shut down around his curiosity and, um, that I won't take any risk with him”

4.2.3.2 Therapists’ use of power and boundaries

Initially, following the online discovery disclosure, the therapists’ generally all felt a strong sense of powerlessness. In the next instance, some adopted a position of defiance while others oscillated between those two positions, as Amy suggested when talking about the possibility that she would delete her Facebook account:

“And thinking, ‘Well, if he’s monitoring it and I all of a sudden shut it down, what’s the ramifications of that?’ But then thinking, ‘well actually, why should I?’ So you get a bit defiant in there as well.”

An overlap of the personal and professional was highlighted in Amy’s internal struggle to make a decision based on what was right for her and what was right for her client. Her actions seemed to be scrutinised under her client’s gaze, which formed a spotlight

tracking her online. A certain defiance regarding the therapist's right to maintain an online presence was also palpable for Julie: *"You know in terms of, yes it was a research thing but then there's also the other thing about, and so what if I'm bloody dating?"*. I wondered whether Julie was asking herself this question as she considered her own relationship to internet dating. While Julie and Amy protected themselves by defending their personal online activities, Paula felt defiance in terms of her ability to withstand her client's attack: *"...wanted to disengage me and see how long it would take... yeah, that didn't happen did it [laughs]"*. It felt as though Paula had refused to show her client the vulnerability she felt after he disclosed his online discovery. I questioned whether both members of the dyad were holding firm in their positions, neither wanting to surrender to the other. Paula demonstrated that it was possible to take control and seek protection by sheltering within the boundaries of the relationship. As Emily hinted, the boundaried nature of the therapeutic alliance provided a sense of safety:

"...it comes with how comfortable I am with feeling more exposed and I'm not very so I don't think...and with clients it's...that's what...sometimes I think I've chosen this profession because we are focusing on clients"

The security that Emily felt in having relationships within which she could remain out of focus was turned upside down when the online exposure entered the therapy room. This was also reflected in Amy's experience, which she described as feeling *"under attack"*. While feeling under attack, Amy needed to maintain a professional persona to hide behind and through which she could establish a manageable distance between her and her client. Not only did Amy take a step back in the newly forming relationship, she also took a step back in terms of her confidence:

“...almost a defaulted position of I've gotta be really boundaried, I've gotta be really protected here, I've gotta keep it really tight... and almost going back to being like a student again and then it took a few weeks for me to kind of reflect on that, I thought ‘why am I doing that?’”

Clearly, the digital world can have a significant impact when it enters the therapy room, something that was considered by Lucy: *“...oh it definitely has that potential to be like a third party influence on the relationship that you don't necessarily know, unless you're really aware of it”*. This shows how Lucy saw the online exposure as an undercover threat to the therapeutic relationship. When confronted by this, some therapists appeared to be desperately trying to rebuild the boundaries that were bulldozed following the client's disclosure. I got the sense that Julie had built her boundaries higher and more firmly than before: *“...now he'll turn up and he'll say ‘how are you Julie?’ and I go ‘yeah this is not my therapy’”*. I think that Julie was using these boundaries to defend herself and send a clear signal to her client that the focus would remain firmly on him. By creating this distance, she retained space within which she could try and feel safe again.

4.2.3.3 Avoidance: Therapist protection

Avoidance was a silent weapon serving the therapist and possibly the client too. Each therapist found the online discovery disclosure difficult to engage with at the moment of its occurrence. It seemed as though the client had thrown a ticking time bomb into the middle of the room and each member of the dyad found themselves edging away from it, for fear of potential damage to themselves and the relationship. For Amy, as the experience occurred during an initial session, she felt that delving into what had just happened would feel too intense: *“because it's too much to- to be looking at first*

session". Emily acknowledged how the awkwardness felt too uncomfortable for exploration:

"I think maybe would be more useful if I explored it more on the...umm, on the spot really when it happened, uh, if it wasn't so awkward uhh and to see what it was for her..."

Whereas Emily felt awkwardness, Julie sensed the client's shame, which was hard to get close to. She wondered whether enquiring about how he had encountered the information about her would be too intrusive:

"...unless I was to say 'do you remember when you...? And did you look at it...?' because actually that is a really shameful moment and his early...his early history, around about 2, 3 is being shamed a lot...and actually being smacked and so on, but there is something around it's not okay for me to ask that just because I'm curious as a practitioner and also a researcher ...in the therapeutic relationship maybe that's not important because maybe he can't say that, maybe he never will"

This was combined with her own feelings of shame that were followed by a swift move away from the topic: *"...the conversation actually diverted very quickly from him looking for me"*. Lucy also experienced feelings of shame, which contributed to avoidance:

"...maybe part of me didn't want to delve in too much because, again- because- like I guess I- my vulnerability is right there in front of it, I'm selling myself to- to the male population in a way, on... and, you know, so to- to really delve into, maybe what he... would have perceived of me might have been a little bit too exposing...on this side of the room"

By not exploring the disclosure in greater depth, I think that Lucy sought to protect herself from these uncomfortable feelings. This was something I was aware of in the second interview as Lucy began to touch on the fact that she hadn't remained with the disclosure. I got a sense that she felt self-critical about the way she had managed the encounter and I quickly swooped in to save her:

S: And then also thinking about what was going on for you as well like, obviously you knew in advance, so it wasn't like a big shock

"L: Yeah, that's right. Yes, yeah, yeah!

S: But still, like- you know, perhaps you had some feelings of embarrassment or...

L: Yeah, that's- yeah

S: ...Or around as well that made it more difficult to- have those conversations

L: Yeah to even challenge- to even kind of go into it...

S: Yeah a bit more... yeah yeah which is kind of natural yeah

L: Yeah, like I really see that, two vulnerable people in a room

By attempting to rescue Lucy from the uncomfortable feelings she was experiencing, I was potentially shutting her down and therefore also avoiding the topic, rather than understanding her in-session response to the exposure. This mirrored the avoidance that occurred in the therapy room.

It is possible that avoidance was also present in my interviews with John when he began discussing the issue more generally, in terms of how it might affect therapists and clients in general, instead of focusing on his own specific experience. In his encounter with the client, who was also a mental health professional, it seemed as though avoidance took the form of an intellectualised discussion on "*...the kind of professional ethics about being on dating websites*". For Paula too, there was an attempt to avoid the spotlight beaming down on her: "*...I didn't want it to be about me,*

I wanted it obviously to be about him and so I just kind of left it 'okay' and we moved on".

However, the therapists described how they were not the only ones that were relieved to move away from the uncomfortable atmosphere that followed the disclosure. Emily spoke about how her client seemed to want to drop the disclosure and run, "...*she didn't want to make it explicit, like 'oh I saw you, now let's move on'*". Equally, Julie described her client's swift departure from the moment of disclosure as he moved the conversation along and discussed a topic that restricted exploration of their relationship: "...*what he then started to do was talk about the women that he had been looking at online...*" For most of the participants, avoidance continued beyond the session in which the disclosure took place. The clients did not raise the incident but neither did the therapists. Lucy revealed that the topic was still avoided even after her client looked at her dating profile for a second time:

"And he had gone back in again, and I had seen that he had gone back in again. He didn't bring it up, and I didn't bring it up at the time"

For Lucy, her feelings of exposure and shame, and her desire to avoid the topic, were so great that she did not feel that she could bring the topic back into the room, unless the client decided to end the therapy: "...*if he does go about ending the therapy, I am actually going to make it a big part of the ending... about really working with what happened*". I got the sense that an impending termination of the work would offer a sense of safety for Lucy to address what had happened between them without fear of the consequences. Emily and Paula's experience suggested that it was not just the client and therapist who were inclined to avoid the topic, their supervisors were too. Despite the client's online discovery disclosure being a significant experience for the

therapist, Emily found that it provoked little discussion in her supervision: “...I spoke about it in supervision a little bit but there was not much...there was not much substance”. In Paula’s supervision, the experience was normalised:

“I remember taking it to supervision and saying ‘my client has Googled me and found out my husband’s name and where I live’ and all this sort of thing and my supervisor said ‘I imagine most clients’ do’”

Although Paula reported that it was helpful to gain perspective on the experience, I got the sense that the normalising was perceived as an end to, or shutting down of a conversation, rather than the beginning of a reflective discussion. I questioned whether this lack of discussion in supervision affected how the therapists struggled to manage their own uncomfortable feelings with regard to the online discovery disclosure and consequent changes in the relationship.

4.2.4 The aftermath: renegotiation with client and self

This superordinate theme captures the participants’ experiences following the encounter. All were faced with having to navigate changes in their relationships with their clients – as well as changes in themselves.

4.2.4.1 Change in the therapeutic relationship

All of the participants felt that the online discovery disclosure eventually resulted in a positive change in the relationship. In some cases, the therapeutic alliance was strengthened, as noted by Julie: “...there has been these real moments of therapeutic alliance and I think actually that was one of them”. Julie discussed how the relationship was changed as a result of the client learning that she was not going to reject him, even when he revealed his online discovery. This created a deeper level of trust within

their relationship, which Julie saw as an important step in allowing the client to open up more freely in sessions. “Trust” and “openness” were also words used by Amy and Emily to describe the post-disclosure relationship. Their clients seemed to be uncovering the strength of the alliance that could withstand the challenges of online discovery disclosure.

Lucy spoke of the encounter as having created an “energy” in the sessions, which ultimately brought the work to life. In her experience, not only was the relationship changed, her client also seemed to be making more progress than ever before: “...it was a good thing because some- something of that prompted him to... to take steps in his life more than he had taken in five years”. This suggests that the client felt an increased level of security within the deepening relationship. Whereas, for Paula, the encounter helped her to gain a different perspective of her client: “...it has somehow squeezed some more empathy out of me [laughs], it really did! It kind of...it made me see him in a slightly different way”. With increased empathy, Paula was able to move towards her client and see his struggle in a clearer way. After the initial need to protect herself, she was able to lower her defences in order to meet him authentically. This move to an authentic way of relating was also, perhaps, experienced by clients who subsequently saw their therapists in a different light, a light that illuminated their human nature, as Emily acknowledged: “...now I’m thinking maybe there is a little bit of her thinking well I’m not the only one who is human, to her being human is being vulnerable”. It was perhaps this shared vulnerability that prompted the therapeutic movement. As Julie pointed out, there was a joint experience, a sense of being in it together: “I wanted to say it’s virtual but it isn’t. It’s virt... I kind of want to use the word real in there. So I’m real in the space that he also occupies”. It is worth considering that, as Julie suggested, the abstractness of the online world seemed to collapse into

a human connection once the therapist's personal information had been disclosed in the therapy room. I question whether the therapist and client developed a stronger relationship through their shared reality of online dating. This possibility was also mentioned by the other therapists whose online dating site profiles had been found by clients:

"...it's like our relationship became really real in that moment, because it was suddenly like, 'Oh, you are a real person, you actually know what it's like to be on the dating scene.'" (Lucy)

"I've got an idea that we both kind of somehow remember that we've both been there... briefly together. I'm saying it with a smile, it almost feels quite nice I think" (John)

In these examples, the online discovery disclosure created a significant moment in a previously established therapeutic relationship. This allowed for a deepening of the relationship in the shared experience. However, for Amy, the exposure of her information online occurred before her client had even entered the therapy room. As Amy acknowledged, it was this lack of foundation to the relationship that caused such a detrimental impact initially: *"... you've already bent the boundaries on a therapeutic relationship and where do we go from here?"* Amy felt extremely uncomfortable with the "bending" of these boundaries. This made it challenging to build a trusting, therapeutic alliance. Instead, she felt inclined to create more distance between them: *"I'm definitely pulled back... and then I kind of catch myself pulling away, and almost physically moving back"*. Amy was not the only participant to experience the disclosure as having a negative impact on the relationship. Five participants (Emily, John, Lucy, Julie and Amy) spoke about the effect on the relationship in a nuanced way that highlighted negative, as well as positive, consequences. While there was generally a

sense that being seen as human created a shared bond between client and therapist, John felt that his client initially found this experience quite unsettling and did not want to see his therapist as human: “...*there is kind of something there as well that apparently I’m supposed to not be real...*”. While John believed that the client attempted to avoid the realness of his therapist, Emily said she thought her client went looking for human connection when she found her Facebook page. However, it is possible that the client was seeking a version of Emily that supported her fantasy, rather than the reality that was discovered. Emily suggested that on seeing her in a photo with friends, the client ended up feeling more disconnected and alone: “...*I suppose in her mind, it was a confirmation that no I don't care, not only I don't care I'm having a good time when she's suffering*”. Emily felt that the client’s feelings of anger and blame entered the therapy room on an implicit level and corresponded with her own feelings of guilt. However, for Lucy and her client, the online connection revealed a different facet of their relationship:

“I have a sense there's been a bit of a, um, not a, a challenge, but um, which one of us is gonna meet somebody first, almost like a, c... competition. A bit like a competition, you know, ‘have you met somebody?’”

With the competition came distance between them that felt hard to repair:

“I am held out there, I'm not like even...even when I tried to... I tried to broach and bring back in like some inquiry around the dynamic between us and he- you know he wouldn't go there”.

It is possible that Lucy’s client found it difficult to remain with the shared vulnerability due to the shame that engulfed the experience for both of them. As Lucy tentatively

tried to step closer, she sensed that he moved further away, perhaps to avoid renewed feelings of discomfort.

Emily, Paula, Amy, John and Lucy commented on how the interview process had given them space to discuss and reflect on their experiences. This helped them to make sense of what had happened while evaluating their client-therapist relationships. I believe that having two interviews, as opposed to one, allowed for a greater depth of reflection. This was, perhaps, even more important for therapists who had not had the opportunity to thoroughly discuss their experiences in supervision. Lucy was able to consider how the online discovery disclosure had changed her relationship with the client:

“...what I've really been with, actually, since we spoke, is um... realising that piece, that something big could have shifted in our relationship and it never even crossed my mind that it would, or could, have been related to the online disclosure so, that- like it was only from speaking to you that I, kinda went, ‘oh! I wonder, is that what happened?’”

By discussing online discovery disclosure in the interviews, the therapists had a chance to think about connections that might have been missed had they not been able to engage in dialogue about their experiences with another person. For John, it was possible that talking about the disclosure contributed to his feeling ready to bring the topic back into the work with his client:

“I wonder if actually us talking about it here made me more kind of ready or more kind of somehow prepared to kind of bring it back into the...to the work when it was kind of the right time...”

4.2.4.2 Change in relationship to self, practice and online usage

In the aftermath of the online discovery disclosure, the participants were faced not only with changes to the therapeutic relationship but also with having to make sense of what had happened on a personal level. This reflection focused on three key areas: self, professional practice and the therapists' relationship to the online world.

Many of the participants seemed to land in a place of self-compassion when considering their own needs and desires. As with the discussion regarding the therapeutic relationship, participants were keen to reflect on the fact that they are human and therefore have a life outside of the therapy room, as Paula stated: *"I am imperfect. I am not a machine"*. John touched on the idea of therapists' visibility, which might be provoked by online discovery disclosure:

"...what the practitioner needs and, and what's going on in their life, and how they have their own business with these things quite separate from the patient, from any one patient anyway...You know, that, that, that we too are, are maybe really struggling with these issues of our own in terms of visibility"

I think this highlights something important for many of the therapists in the study who felt that visibility and vulnerability were interconnected. As Emily pointed out, the therapist role can provide a place to hide and feel safe within the controlled environment of the therapy room. The online discovery disclosure raised the curtain on these issues for personal reflection. However, for Lucy, the visibility that the exposure and subsequent disclosure created felt quite freeing. There was an old newspaper article about her online that mentioned the fact that, at the time, she had been married. Lucy thought that many of her clients would find this article when searching for her on the web and assume that her marital status was unchanged:

“...I nearly would prefer that bit to be gone out of that article because that isn't my truth anymore. But that was my truth back then obviously... so there's something about almost... almost like a little bit of relief. Oh, that's... that... that... it's out, like that I don't have to... not that I have to pretend because it's not coming into the sessions, but almost like, "Oh, well there's my truth" that is my truth, I am a single woman and I'm out on the dating scene”

When Lucy's client revealed that he had discovered her dating profile online rather than the article mentioning her past marriage, she was ultimately forced to grapple with her own identity and, as a result, was able to feel greater acceptance within herself. Therefore, a changed relationship to self was one consequence of the client's disclosure. Emily considered her authenticity in terms of how much she wanted to reveal about herself online. She measured herself against Emmy van Deurzen who she considered to have an authentic online presence:

“I know I have ah, colleagues who have different names so clients don't find them and they have a strange um, picture. But then, I may not be so authentic as ah, Emmy van Deurzen, but it doesn't seem right, it doesn't... I am me, I mean, not all of me on the internet, but yeah”

As this comment suggests, Emily was left with many questions around how to present herself online in a way that felt honest without revealing more than she was comfortable with. Understandably, she perhaps still hoped to hold a level of control over what part of her was made visible to others. I think this was a process of reflection that arose from the experience of online discovery disclosure but that potentially extended beyond the subject of her online presence, to how much she could reveal of herself in other places, particularly inside the therapy room.

Emily's reflections suggested that she believed she had a right to an online life, even if she wasn't sure how much of herself she ought to display. All of the participants were in agreement that they should be able to have a personal presence on social media. This was reflected by Julie, who questioned: "...when did it become not okay for us as therapists to frequent the dating world?" Even though there was a consensus regarding the right to maintain a personal presence online, some participants remained conflicted. For example, Amy felt she should be able to access social media for personal purposes, but her use declined following the experience of online discovery disclosure:

"...not posted anything new, nothing has changed ... there's been no updates ... um, since he disclosed, so there's something obviously still within me that's uncomfortable"

The fear of further exposure and vulnerability caused Amy to take a step back in an effort to protect herself. This was potentially the case for John too: *"I'm wondering if actually that did change my relationship to some of the sites...I wonder if I kind of pulled back a bit from that"*. This increased trepidation is a sign of how deeply the participants had been affected by their experience. There was a need to protect themselves by taking a step back from the online world that had played a part in exposing their vulnerability. Despite this initial distancing, all of the participants who had been discovered by their clients on dating websites (John, Lucy and Julie) said they would continue to use online dating. There is a tension here between wanting everything to remain the same and acknowledging a change in their relationship to the online world. This change involved a pause to consider and re-evaluate their level of visibility online and how comfortable they were with this. The re-evaluation affected each of the participants to varying degrees. Amy and Emily considered closing their Facebook accounts in order to avoid further exposure. A decision that Amy was still

considering at the time of our interviews: *"...I'm still reflecting on actually do I really wanna take this risk again? So do I actually close it? ..."*. Unlike Amy and Emily, Paula did not seek to delete her online presence but the experience had provided her with a chance to reflect on her visibility online generally: *"It's really clear in my head now that if I put anything online then it is there forever and anybody can look at it and that means my clients"*.

The interview process itself changed how some of the participants used social media. Emily noticed that after our first interview, in mid-November, she achieved a more relaxed attitude towards her use of Facebook:

"I wanted to have my profile picture as my sister and my nephew, uh, I don't think before I would have put that so...try to keep my family set aside, but ... Uh, at the moment, I'm think, well why not? I mean, I'm... I'm human so I don't know whether it's a result of what we discussed last time but...but yeah, something like, because it's from Christmas, so, it's probably in there"

John also noticed a change in his online activity. Previously, he only posted photos of his body, with his face obscured, on dating websites. He made this decision in order to protect himself from the exposure that could have resulted from his face being visible. However, after our first interview, he changed this policy: *"I've recently decided to put my face up on, on the apps myself... yeah... and I'm, and I'm sure that your research has a bearing in that actually"*. This highlights the benefit of reflecting in dialogue following the online exposure with a client. By discussing the experience in depth, the participants were able to create understanding for themselves, which led to movement and change.

Amy, Paula, John and Lucy also experienced an impact on their professional practice. For Amy, this experience was negative. She believed that the encounter with her client made her more hesitant to build her private practice. She did not feel comfortable taking on new clients or creating a professional online presence: *“...so I don't know if it's having a kind of a detrimental effect on my practice on a bigger, on a wider practice of thinking, you know, how vulnerable do I make myself?”*. Amy was deeply wounded by the experience, which created a desire to keep her professional practice small. In doing so, she retained a higher level of control that allowed her to feel safe and reduce the risk of feeling the same vulnerability again that she had felt following her client's online discovery disclosure.

On the other hand, for John and Paula, the experience allowed them the opportunity to reflect on their professional boundaries, which changed as a result. John stated:

“...when certain things change, it, it, it shines other things, a light on other things, doesn't it? And you, you certainly question all sorts of boundaries that you've been holding I think and, and you start to, you start to perhaps just tweak them a little bit...”

The experience provided fertile ground for re-evaluating their boundaries and reflecting on their usefulness. Lucy also commented on the opportunity for learning. The online discovery disclosure helped her to think about how she would approach the issue, were it to arise again:

“...for me there will be learning in that don't let it go until you absolutely have really worked through the impact... and- and do come back to it. Don't... don't just let it go off into the ether”

4.2.4.3 Tension between theory and practice

All of the participants felt that they were unprepared to deal with the experience of online exposure with a client. Following the encounter Emily, Julie, Lucy, John and Paula grappled with how the issue could be approached from their theoretical orientation and training. Emily described a tension between her humanistic values of being client-led and her need for control:

“...even though we think ‘oh we’re all humanistic, person-centred, in the service of the client’ but we do have...or at least I do have some sense of control so maybe that’s the other issue that I felt kind of ‘what’s going on here?’”

Similarly, Julie struggled with the idea of maintaining a non-directive stance as this was out of line with her need to take control through entering the session with an agenda. Having known about the online exposure in advance, this conflict played on her mind in terms of how she would approach the situation:

“I’d kind of got this umm ‘well I can’t have an agenda but I have to have an agenda because this has happened’...umm so uh I umm I went in and kind of had this agenda about okay this is something you have to disclose because you are aware that this has happened...”

This was something that Lucy had also considered. In principle, Lucy and Julie both had the opportunity to raise the subject of the online exposure in sessions with their clients. However, in both cases it was the client who brought the issue up. In the aftermath, Lucy found that she was left questioning what she would have done had this not been the case. Raising the issue herself would have gone against her theoretical approach but she questioned whether it could have remained unspoken:

“I would have really worked with that in supervision around whether it would have been right for me to bring that in or whether we would have to leave it to them, in the- the non-directive place to bring something in, at the same time... at the same time, you know, it could be... it could be something really big in the room”

Equally, there were challenges and questions raised regarding online information entering the therapy room when coming from a psychoanalytic model, as John explained:

“I guess that does break a lot of kind of conventions, doesn't it? You know, if you're working with a tighter frame or a stricter analytic model, you know, you, you probably wouldn't talk about that kind of stuff. But, but we're in a world where maybe we need to and so it's quite an interesting turning point potentially, isn't it? In terms of theoretical orientation and what you do and don't do in relation to that”

These comments reflect how the therapists came up against an incongruence between their theoretical underpinnings and their lived experience. It is hard to resolve this conflict, which raises questions about the values and philosophical foundations of theoretical approaches and whether one may integrate a different way of thinking about disclosure. Paula described her experience of this when questioning her relationship to self-disclosure and, as touched on in the last section, changed her view as a result:

“...that particular experience has changed me because actually what am I clinging to not disclosing for? Why did I cling to that? Well that's how I've been trained but actually within the relationship I didn't need to cling to that perhaps so much”

Both Emily and Julie felt that their training had not prepared them for how to deal with an instance of online discovery disclosure. As Emily stated: *“There's a lot of things you*

don't get trained for". In addition, John commented on the lack of clear guidance from professional bodies:

"...especially at the (professional body) sending out guidance that sometimes is very poorly thought through and attempts a, kind of, one size fits all approach or it's so wishy-washy... that it doesn't help anyone"

Alongside potential avoidance in supervision, I believe this lack of guidance from training institutions, research, theory and professional bodies left the therapists feeling confused and alone with the issue.

Chapter 5: Discussion

In this chapter, I will situate my findings within current literature and empirical research. I will then proceed to evaluate the study, considering its trustworthiness, limitations and areas for future research before ending with a personal reflexive account of the process.

To summarise, the superordinate themes that emerged from the analysis were: 1) Tension in peacetime 2) Breach of defences 3) Weapons and 4) The aftermath: renegotiation with client and self. It is because of the nature of the online discovery disclosure, as though the therapist had been ambushed, and the language participants used in interviews about their experiences, that I decided to frame my findings using war imagery. This conveys the internal and external conflict that participants felt as they grappled with the encounter, which initially felt out of their control. The therapists' own use of these terms provided an insight into the strategies they employed in order to "survive" the experience.

5.1 Key Findings and Current Literature

5.1.1 Shock of exposure

That all participants in this study were shocked by their clients' disclosures and found the experience hard to navigate is striking. This reflects the rapidly changing landscape of social media and the privacy issues associated with it (Baier, 2018). It also shows that therapists may be struggling to manage the personal-professional divide that disintegrates when they are faced with online discovery disclosure. The participants' modality and theoretical underpinnings seemed to have little bearing on how they were impacted by the encounter. Five participants described their modality as integrative. There were differences within their integrative frameworks, as some

were more influenced by psychodynamic approaches while others were more orientated towards a humanistic stance. Given the importance ascribed to anonymity in the psychodynamic approach, I might have assumed that the therapists who were more influenced by this modality would have struggled the most, out of all the participants, to assimilate the experience. This was not the case and reflects Pietkiewicz and Włodarczyk's (2015) finding that the experience of unwanted exposure creates stress for all therapists, irrespective of theoretical orientation.

However, there were two factors that influenced the intensity of the therapists' experiences. The first was whether the therapist knew about the online exposure ahead of the session in which online discovery disclosure occurred. This was the case for the three therapists whose clients had found their profiles on online dating websites. They knew about the online exposure because those websites automatically notify users as to who has viewed their profile. Although receiving these notifications was a shock, all three therapists at least had the opportunity for "reflection on action" (Schön, 1983), allowing them to manage their feelings and begin to process what had happened. They were subsequently able to formulate a response in preparation for the next session with the client in question, knowing that the client would perhaps raise the issue. This corresponds with layers of reflective practice set out by Finlay (2008), including introspection (self-dialogue – how am I impacted by the online exposure?), intersubjective reflection (relational context – how will this impact the therapeutic relationship?) and mutual collaboration (dialogical approach – discussing the experience with another person i.e. supervisor or colleague). However, it's possible that the "mutual collaboration" was often missing due to the shame that was evoked.

This opportunity for reflection contrasts with the other therapists in the study who were faced with knowledge of the exposure for the first time at the moment of their client disclosing it. This suggests that preparation is key. If the therapist can prepare themselves for possible online exposure and consider how they would respond in an instance of online discovery disclosure, they may be less destabilised should it occur in the therapy room. This was reflected in Cochran et al.'s (2009) findings regarding incidental therapist-client encounters outside of the therapy room. Although the researchers focused on in-person, as opposed to online encounters, I feel the findings still apply. The researchers concluded that therapists and clients need to be prepared for the possibility that such an exposure might take place. In doing so, they would both be clearer about how to approach and manage the situation.

The other factor that significantly influenced the therapists' experiences was whether they had had an opportunity to build a therapeutic alliance, before the online exposure and their client's subsequent disclosure took place. I take my definition of the therapeutic alliance from Horvath and Bedi (2002) as the "*...quality and the strength of the collaborative relationship between client and therapist*" (p.41). The alliance must be cultivated in order for trust and safety to be established in the relationship (Joyce and Sills, 2018). The findings of the present study elucidate the fact that this sense of safety and trust is important in order for the therapist to feel safe, as well as the client, which reflects the bi-directional and intersubjective nature of the relationship (Mearns and Cooper, 2017). Trust sustains the work during times of difficulty (Joyce and Sills, 2018), which goes some way to explaining how managing an online discovery disclosure without this foundation in place can be particularly challenging. This is supported by Balick (2014) who states that trust was vital in the therapeutic relationship when overcoming the online exposure revealed by his own client.

Interestingly, in Knox et al.'s (2019) study on how therapists manage Facebook encounters with clients, most of the incidents the therapists discussed in interviews occurred at a midpoint or latter part of the therapy. The majority of participants in the present study had similar experiences. Knox et al. (2019) do not make any interpretations about this but I am left questioning whether clients generally feel more able to disclose their online discovery in the therapy room once they have established a relationship with the therapist. Alternatively, perhaps the heightened intimacy of a strong alliance leads to the client seeking more information about their therapist and becoming inclined to search for them online in the first place. It would be fruitful to document clients' motivations and experiences of this in future research.

Despite the fact that participants were able to protect themselves, to a certain degree, from the shock of the client's disclosure when they had prior knowledge of the exposure or when they had a strong therapeutic alliance with the client, all therapists in the study reported feeling some degree of vulnerability during and after the online discovery disclosure. This chimes with the personal accounts given by Fels (2015) and Lemma (2017) who have written about their own experience of online exposure with clients. The intensity of the participant's experience seems to have fuelled their use of war imagery, which feels far removed from the nurturing, secure base ideally created in the therapy room (Wallin, 2007). By understanding what happened in these cases, we can learn how to manage future encounters of this kind by arming therapists with the knowledge and insight required to navigate the terrain.

5.1.2 Visibility and shame

One feeling that was particularly alive for the participants was shame. This relates to Sedgeley's (2013) findings regarding therapists who use the internet to date.

Sedgeley's participants felt shameful over having an online profile since some of them believed that this violated professional ideals. My findings suggest this was indeed the case for therapists who used any form of social media, not just those with online dating profiles. To understand why this is, I refer to Sartre's "The Look" (1943). It's possible to see how participants became highly conscious of themselves through the gaze of the Other. In this encounter, the client looks at the therapist without their knowledge or explicit permission, resulting in an objectification of the therapist because there can be no reciprocity of a returned gaze. As Sartre recognises, shame is felt in this experience of objectification. The therapist sees herself through the eyes of the other who judges her (or is felt to have judged her). I think that many of the participants in the study experienced this internalised judgement of their online actions. The impact of the client's gaze is reflected in Kruks' (2001) words "*...in interiorizing the shaming look, I become not only the object of my own surveillance but also the judge of myself*" (p.62). This is in keeping with the written accounts of therapists who have carefully considered their online presence through the awareness of their client's gaze (Fels, 2015; Robyn, 2012). In addition, it's possible to locate this "surveillance" in terms of how some of the present study's participants initially changed their online behaviour following their client's online discovery disclosure, for example by thinking twice before publishing data about themselves online.

Critical self-awareness is one aspect of how Sartre (1943) thought about the experience of shame. He also considered shame to be a moral emotion. This is particularly relevant to the phenomenon of internet exposure. For the exposed therapist, a sense of having transgressed some rule or norm is initially felt via the (perceived) judgement of an individual Other. However, this judgement carries the implied scrutiny of a much wider audience. This notion is at work in Leeming and

Boyle's (2004) contention that shame may depend on the role a person plays in society. Society may, for instance, expect a higher moral standard of a therapist or teacher than they would of people in certain other professions. There was often an uneasiness among the participants in terms of their online activity, which reflects the fact that there is unclear guidance on this subject in the field. Thus, shame can originate from a sense of not having met perceived professional expectations. There was also a fear of how they would be judged by clients. Wurmser (1987) explains that shame is felt when there is a discrepancy between how a person would like to be seen (an idealised version of self) and how the individual is seen.

Some participants sensed that their clients were experiencing shame in disclosing their online discoveries. This is supported by Kolmes and Taube (2016) whose participants spoke of the shame and embarrassment they felt for searching for their therapist online, and often prevented them from disclosing their online activity in the therapy room. Therefore, it's possible that in some cases, both members of the dyad were caught up in their own silos of shame, which made it harder to connect with one another. Considering this from the point of view of Sartrean (1943) philosophy, we can see how the in-session disclosure changed the dynamic. The client was now aware of the therapist's gaze, turning the experience into something that was intersubjective and reciprocal. Morrison (2008) describes shame as "*aggressively contagious*" (p.68), which speaks to the co-created nature of this encounter. The experience of shame itself is considered to be a two-person, intersubjective experience (DeYoung, 2015) that is "*...generated, maintained, exacerbated, and, we hope, mitigated within the relational system*" (Orange, 2008, p. 85). In considering the intersubjective nature of shame, it is understandable that we ought to reflect in dialogue in order to overcome it. As Brown (2012) states: "*...it happens between people – it also heals best between*

people” (p. 75). I think the interview process allowed therapists to reflect on their experience in “mutual collaboration” (Finlay, 2008) and create self-acceptance, which Morrison (2008) terms the “antidote” to shame.

5.1.3 The shield of avoidance

Perhaps one of the most intriguing findings in this study, reported by all participants to some degree, was the pull to avoid when faced with the client’s disclosure. Avoidance was in part provoked by the social awkwardness of the encounter. The therapists moved the conversation forward to avoid these uncomfortable feelings. Lemma (2017) notes that it can be hard to manage the strong feelings evoked and process the invasion of privacy in the moment that the client discloses their discovery. In addition, awareness of the shame present in the dyad can help us understand how therapists, and possibly clients, may deal with the experience using strategies such as avoidance (Leeming and Boyle, 2004; Hahn, 2001). In terms of the therapeutic relationship, Morrison (2008) explains how there is a mutual collusion to avoid examining shame.

Interestingly, this avoidance played out in the interviews in different ways, including a focus on the client’s process, instead of the therapist’s. When reviewing the empirical literature, I was aware that Knox et al. (2019) had commented on the client’s shame but not therapists’ experience of this despite the fact that their participants were therapists. I was left wondering whether this process of avoidance due to feelings of shame had also influenced the nature of that study and its findings.

The pull to avoid stands in opposition to the idea that everything that happens in the therapy room is “grist for the mill” (Yalom, 2002) – a valuable resource readily available to aid therapeutic progress. The online discovery disclosure was not used in this way by any of the participants, at least initially. Lehavot et al. (2010) argues that an

opportunity is missed if therapists fail to delve into the reasons behind the client's online search and use this to further the work. Looking at the encounters from outside of the therapeutic relationship, Lehavot et al.'s (2010) point is logical. However, this research shows how impossible it felt to make such connections as the therapists aimed to ground themselves and recover from the shock of the exposure. Many were also dealing with the weight of shame that has the power to silence and creates a desire to hide (Hahn, 2001), leading in turn to avoidance. As Brown (2006) discovered from her research participants, the secrecy involved in shame can make it difficult for individuals to act on, or even identify, choices that could create change. Therefore, when managing this emotional terrain, it is hard to see how the therapists could have held their clients' goals clearly in mind.

It is also possible that the avoidance took place in the participants' clinical supervision, inducing a parallel process. Sedgeley (2013) makes the point that if supervisors feel conflicted about therapists' use of online dating or do not have a grasp of this issue, they may have a sense of being inadequate in the supervisory role. Therefore, when the supervisee's dilemma is presented to them, the supervisor may collude with the avoidance of a discussion, rather than acknowledging difficult feelings. Although Sedgeley (2013) focuses specifically on internet dating, I think the same dynamics can arise following any kind of online exposure, as suggested by the present study's findings. Using social media for personal, rather than professional purposes is something that a supervisor may not support, or even understand, and therefore this could give rise to avoidance of the topic in supervision.

Only a few of my participants spoke about their experience of taking the encounter to supervision and with hindsight I think it would have been beneficial to explore this area in more depth during the interviews. Taylor et al. (2010) point out that supervisors may

be perceived as having a lack of knowledge regarding social networking and online presence and therefore not be called on for guidance. If therapists do not feel free to examine their experience of a client's online discovery disclosure in supervision, they will as a consequence fail to receive the support they need in order to understand how the disclosure has affected them or the therapeutic relationship with their client. Avoidance, therefore, prevents insight and learning that could be invaluable for future encounters (Yourman, 2003). In addition, when considering the link between avoidance and shame, the supervisory relationship may be even more significant. Brown (2012) states that when we feel shame, we experience disconnection, which is reflected in the words of Sedgeley's (2013) participant who highlighted her hesitation to talk about online dating in supervision, leaving her to navigate the issues alone:

"So I guess there is a part of me that feels fearful that somehow I'm going to be considered doing something inappropriate [in having a dating profile]. And therefore I'd rather not have that conversation [with her supervisor]" (p. 133).

A fear of judgement was also alive for the participants of this present study. It is therefore understandable why talking about the issue may be avoided at all costs. I think the answer lies in greater discussion and teaching on the topic so that it feels less of a taboo. Fear of judgement was not just present in thinking about the reaction of peers. Some participants were also aware of the judgement that they might face from their clients, who had seen behind the professional façade. This speaks to the idea that therapists are somewhat accustomed to feeling safe and secure thanks to imposed therapeutic boundaries:

"When we [psychologists] sit in our consultation rooms, we often try to present a carefully sculpted image to our patients...at times we are much like the Wizard of Oz,

trying to make an impressive presentation while hoping that the curtain we hide behind won't be pulled aside to reveal more vulnerable parts of ourselves" (Arons and Siegel, 1995, p.125).

For the present study's participants, the curtain had been pulled aside to expose their vulnerability. In response, some participants swiftly backed away, retreating from the relationship and holding up the shield of therapeutic boundaries. They used the power contained in the therapist role in order to create a sense of safety by building a rigid barrier between themselves and the client. A barrier that would hold firm and impact their ongoing relationship. Thus showing how therapists can use strategies of withdrawal and control (Leeming and Boyle, 2004) to try and manage the effects of online discovery disclosure.

5.1.4 Power play

The study's findings reveal that a power dynamic was at play, causing the therapist to feel powerless at the point of the client's online discovery disclosure. This is far removed from the position of power that the therapist can often hold due to being *"...perceived as the one who is qualified, who knows, who embodies super-sanity, whose power may border on telepathy, and who may hold the key to an exit from misery"* (Feltham, 2017, p. 150). However, as Amos (2017) points out, collaboration in the therapeutic relationship creates an environment in which power is shared. This would be particularly important for therapists working from a humanistic perspective since they aim to achieve a more egalitarian relationship (DeVaris, 1994). Whereas, Harrison (2013) argues that power is fundamental for many psychodynamic therapists holding a "therapist-as-expert" position. This suggests that therapists working from a psychodynamic model would find the internet exposure more challenging, but as

stated previously, this was not apparent in the findings of this study. Therapists working from a humanistic stance may have found the online discovery disclosure just as uncomfortable because there was no collaboration, power sharing or egalitarian relationship in this moment. The participants described an encounter in which their client seized the power.

The act of searching for information about their therapist online does give the client a level of control as reflected in Lemma's (2017) account. She describes how her client gained power through looking at her personal information online. However, my participants' experiences suggest that it was the disclosure itself that created the shift in power dynamic. It was considered that the clients had the power to adjust the one-sidedness of the therapy relationship through revealing their therapist's vulnerability. There is a distinction to be made here between the motivation for the online search and the motivation for the in-session disclosure. In most of the encounters, participants made sense of the experience through seeing the online search as motivated by the client's need to connect. This reflects the reasoning given by many clients themselves in Kolmes and Taube's (2016) study. As Kaluzeviciute (2020) states, the client was keeping their therapist "alive" outside of the therapy session. Bridges' (2017) account of her own search for her therapist online supports this possibility. She writes about conducting the searches during therapy breaks when she felt excluded from her therapist's life.

For some participants in the present study, the in-session disclosure itself was seen as fuelled by a desire to shift the power dynamic or to convey feelings of anger – using disclosure as a weapon. It is possible that this depended on what information had been unearthed, how the client responded to it (Kolmes and Taube, 2016) and the

imbalance of power that already existed in the relationship through differences in status, age, class, race or gender (DeVaris, 1994).

Significantly, online discovery disclosure often resulted in a disconnection in the relationship, caused by withdrawal by the therapist, and possibly the client too. Given that, generally, the participants saw these clients as struggling to connect with other people in their lives, I question whether the online search and disclosure formed part of an enactment that left some clients with familiar feelings of loneliness and rejection. This is reflected in Balick's (2014) experience of online exposure: "...*the Google search provoked a relational response towards the old abandoning object, which I then became for Thomas*" (p. 41). It is through verbalisation and decoding of what happens in the therapy room that an enactment can shift from a potential misattunement to an empathic intersubjective experience (Ginot, 2009). However, the participants reported that this joint reflection never took place. Avoidance allowed the misattunement to develop into a rupture.

5.1.5 Rupture and retreat: a disconnection in the relationship

Following the disclosure, many of the participants became aware of some negative impacts on the relationship. Yalom (2002) writes, "*Patients want the therapist to be omniscient, infinitely dependable, and imperishable*" (p. 101). Encountering the therapist's vulnerability conflicts with this idealised image. Notably, the participants felt that they were not the only member of the dyad to be troubled by the experience. If both therapist and client struggle to manage these feelings, it is understandable that this could lead to disconnection and withdrawal from the relationship.

Safran and Kraus (2014) conceptualise therapeutic alliance ruptures as "*Moments of interpersonal tension between patient and therapist*" (p.381). They divide these

ruptures into two broad categories: withdrawal ruptures and confrontational ruptures. I believe that online discovery disclosure can be thought of as creating a withdrawal rupture. Although the disclosure itself could be considered confrontational, the client's feelings about what they discovered were not expressed directly. Instead, the participants reported experiencing a distancing within the relationship created through "*avoidance manoeuvres*" (Safran, Crocker, McMain and Murray, 1990, p.159) such as shifting the discussion to another topic.

There was clearly a difficulty in repairing the rupture that the internet exposure and subsequent disclosure created. I think the ability of each participant to explore what had happened between them and their clients was particularly challenging when high levels of shame were involved. From a psychoanalytic perspective, avoiding the experience took the form of denial: "*If I don't acknowledge it, it isn't happening*" (McWilliams, 2011, p.105). In addition, research suggests that therapists generally struggle to work with negative events in therapy and can experience feelings of incompetence or self-doubt when met with a client's anger (Hill, 2010). Attempts to facilitate reparation may have been made even more difficult if, as the participants reported, the clients sought to avoid further exploration of the event. Eubanks-Carter, Muran and Safran (2010) state that clients may seek to avoid this exploration for fear that the therapist will reject them.

5.1.6 Surprising positive effects on the relationship

Despite the experience having been felt as a challenging one, it is striking that all participants commented on positive effects on the relationship. This renegotiation included a strengthening of the therapeutic alliance, an increased level of empathy from the therapist, and a perceived openness from the client. For some of the

participants, there was even an increase in trust. That there were positive effects seems surprising and counterintuitive, given the fact that the encounter produced feelings of shame, vulnerability and shock, which led to avoidance and power struggles. It may at first be hard to understand how the therapist and client moved passed the rupture without explicitly negotiating and repairing it. As Mearns and Cooper (2017) point out, reparation is key to healing the therapeutic relationship.

The present study is not the first to discover positive effects on the therapeutic relationship following a therapist's online exposure and their client's online discovery disclosure (Kolmes and Taube, 2016; Knox et al., 2019). However, I believe that the present study provides new insights by moving beyond this acknowledgment and attempting to understand the positive effects. In interpreting the participants' experiences, I questioned whether the heightened alliance was linked to clients feeling accepted, despite the awkwardness of the disclosure. Since the relationship was not terminated, they subsequently learnt that they could be honest with their therapist without the consequence of rejection. Winnicott's (1960) "holding" is an important concept here because the therapists allowed their clients to know that they could tolerate their clients' feelings and, as such, the experience was revealed as survivable – by both members of the dyad.

The presence of a human connection is another factor underlying the positive effects. I think this highlights something important about what occurred within the client-therapist relationship. Despite awkwardness and shock, both client and therapist had entered uncharted territory at the same moment, which ultimately created a "moment of meeting" (Stern et al., 1998). There was a *joint* vulnerability at work that facilitated human-to-human contact and caused something new to emerge. All participants

touched on the fact that the experience allowed their clients to see them as real people with an existence outside of the therapy room. This illuminates, and provides evidence for, Robyn's (2012) belief that there could be a benefit in the client seeing their therapist's human nature. This relates to a humanistic view point that a deeper and more authentic relationship is developed when client and therapist can view one another as "...*fellow travelers, both simply human...*" (Yalom, 2002, p. 10). It seems that following the online discovery disclosure, the therapist gained further insight into the client's process. Perhaps the client even saw another, more human, side to their therapist. Relational depth occurs when the therapist is in touch with their vulnerabilities and uncertainties (Mearns and Cooper, 2017), which were alive in this encounter. Importantly, this relational experience occurred in the therapy room, through the disclosure, not through the online search itself. This highlights how important it is that clients can feel able to bring the online exposure into the therapy room and that therapists can prepare themselves for the possibility of such an encounter, in order to remain grounded in the moment.

The significance of a human connection also brings to mind Audet's (2011) findings regarding the consequences of therapists' own in-session, personal self-disclosures. Participants described how the disclosures humanised their therapist and created a more egalitarian relationship. Therefore, considering this from a person-centred approach, the humanising allows for a genuine relationship to develop through which change may occur (Rogers, 1961). The present study's findings suggest that, even when therapists do not make informed choices about what personal information is exposed to clients online, online discovery disclosure can still have a humanising effect. In other words, this disclosure can ultimately lead to a deepened relationship between client and therapist. This is opposed to Taylor et al.'s (2010) view that the

humanising experience inevitably results in the therapist being seen as a friend, therefore triggering a non-therapeutic alliance. Instead, clients perhaps learn that their therapists are, like them, fallible and subject to the consequences of disclosure, which serves to deepen the connection. Khong (2013) highlights how important it is for the therapist to allow their own humanity to come into the therapeutic relationship, stating that this allows the client to do the same: “...*the therapeutic relationship provides a rare opportunity for clients to feel comfortable with self-disclosure, rather than self-presentation*” (p.244).

5.1.7 Therapists' engagement with the online world

A change in the therapist-client relationship was not the only alteration that occurred. The experience caused participants to reflect on their use of online platforms, their professional practice and their relationship to their own sense of vulnerability. In terms of their online activity, the participants landed in a place of self-compassion as they wrestled with the tension between seeking a personal life online and wanting to protect themselves from further exposure. The clients did not reject the therapists following the encounter, therefore I question whether the disclosure ultimately increased the therapists' own level of self-acceptance regarding their online activity.

There was a general consensus amongst participants that therapists should be allowed to use online social media for personal reasons such as dating or to keep in touch with family and friends. However, there was also a lack of clarity as to how to maintain a separation between their personal online identities and their professional lives. Perhaps the answer lies in acknowledging the impossibility of this task. As Suler (2016) points out, there is a false dichotomy between online and offline spaces, which interact and overlap, despite being different and separate. Therefore, we need to be

aware of “virtual impingements” (Balick, 2014) on the therapeutic relationship and understand the impact, rather than attempting to create a false divide between online and offline spaces.

Prior to the online discovery disclosure, each participant had considered keeping their personal life private online. This is important because the participants were required to have a personal online identity in order to take part in the research and therefore had a good grasp of social media platforms and other online services. They were not, in other words, completely naïve as to how these services function, nor were they oblivious to the privacy issues associated with them. This awareness resulted in their taking steps to protect themselves online such as selecting high security settings and using a pseudonym. Using pseudonyms on social media is one of the recommendations aimed at therapists seeking to protect themselves online (Baier, 2018). However, Facebook has a policy requiring users to use their real names, meaning that pseudonyms violate their terms of service, which could lead to individuals’ profiles being removed. Clearly, navigating the ins and outs of privacy online can be confusing and uncertain for therapists. Nonetheless, the present study’s findings show that even with some privacy-preserving measures in place, therapists’ personal lives can still be discoverable online. While it is important to take precautions online, this provides further evidence that virtual impingements are at times out of the therapist’s control. This leads me to question whether Zur et al. (2009) are correct when categorising unintentional, online self-disclosures as “deliberate” disclosures. If therapists do everything they can to protect their privacy online, I would contend that unintentional online self-disclosures may be more accurately considered “accidental” under Zur et al.’s (2009) categorisation system.

The experience did give the participants pause for thought as they considered their lack of control over online content. The participants also seemed to reflect more broadly on how they felt about being visible to the outside world and whether the exposure of their vulnerability was something they could surrender to, or should in fact defend against. It's possible that therapist and client viewed each other in an authentic way, which perhaps created a delicate, relational encounter that generated a tension between the possibility of rejection and tender acceptance of one another. As Balick (2014) points out: "...the underlying motivation to relate (online and in 'real life') is the desire for recognition" (p. xxxiv). I tentatively question whether the clients were not the only ones looking for recognition in the dyad. This brings Winnicott's (1965) words to mind: "*It is a joy to be hidden and a disaster not to be found*" (p.187).

Despite the shock and vulnerability caused by the encounter, all of the participants who had used dating websites continued to do so. This is understandable, given that the ultimate effect on the therapeutic relationship was largely positive, albeit nuanced. Therefore, the answer to Berlin's (2014) question of whether therapists' right to engage in online dating outweighs the danger of unintentional self-disclosure appears to be a resounding "yes" for these participants. There was a strong sense of defiance when discussing their right to a personal online identity. This right is reflected in the BACP guidelines (Ethical Framework 2018, Good Practice, point 33a), which have been reworded from earlier guidelines, to acknowledge the fact that therapists use online platforms such as social media in order to present a personal identity, not just a professional one.

5.1.8 Impact on wider professional practice

The findings of this study suggest that the experience of online discovery disclosure can affect the therapist's wider professional practice. I found it fascinating that the experience allowed many participants to soften their boundaries, whereas before conducting the interviews I may have hypothesised that their boundaries would have become more rigid and fortress-like following the client's disclosure. I think it is possible to make sense of this through looking at the outcome of the experience. The therapeutic relationship not only survived the experience, in many ways it was enriched by it, which reflects Robyn's (2012) account. Therefore, the online impingement shifted into something more benign as the dyad renegotiated their positions. As suggested above, it is possible that this enrichment was created through a human connection or "realness" (Mearns, Thorne and Mcleod, 2013). If their clients had dropped out of therapy, the participants may have felt differently about what had happened. Hence, it is important that future research examine relationships in which termination of therapy has occurred.

The questioning of boundaries relates to a wider finding, namely that there was a tension between theory and practice. These participants felt wholly unprepared to deal with the online exposure. Looking to literature or theoretical underpinnings did not give the guidance or support they sought. For example, an approach in which the therapist takes the role of someone who should "...*guide and facilitate, not to determine what is important*" (Maroda, 2010, p.37) would conflict with these therapists' own desire to raise the issue of online exposure during the session. Indeed, as Pietkiewicz and Włodarczyk (2015) point out, although psychodynamic literature and training puts a significant amount of importance on remaining "*neutral, restrained and non-*

transparent" (p. 718) there is very little attention given to exploring how to cope with encounters that challenge this ideology.

Despite the lack of guidance, participants felt that the experience itself provided them with important lessons. For instance, Lucy noted how, in future, she would remain with the issue so both therapist and client could understand what impact it had had on their relationship. This chimes with Knox et al. (2019), whose therapist participants were asked about their experience of navigating social media interactions with clients. The researchers asked what the practitioners would have done differently and found that, like Lucy, they would have sought more clarity and had a better understanding of the client's motivations. This speaks to how difficult broaching the topic is for many practitioners when faced with the intensity of online exposure, even when they are aware of the client's online discovery in advance of the therapy session. Therefore, as Knox et al. (2019) and Kolmes and Taube (2016) acknowledge, therapists need to be more prepared for the possibility of online exposure. I believe that by having been through the experience of online discovery disclosure, the participants in the present study will have gained a greater awareness of their own reactions and how to manage them should they be faced with a similar situation again. By managing their own emotions and remaining grounded (Joyce and Sills, 2018) in the moment of client disclosure, therapists may be able to stay with the topic instead of moving into an avoidant position. More teaching and discussion on the topic in training programmes would perhaps allow therapists to gain such preparation without having to experience the exposure and/or disclosure first.

5.2 Evaluation of the research

This section of the discussion will evaluate the research, paying particular attention to the trustworthiness or quality of the study, limitations, and areas of future investigation that could develop understanding of the topic further. I also reflect on my personal process throughout the research journey.

5.2.1 Trustworthiness

In order to ensure a high level of trustworthiness in the study, I drew upon Yardley's (2000) four principles for assessing quality in qualitative research. I will take each of these principles in turn and highlight how my study endeavoured to address them.

5.2.1.1 Sensitivity to context

I demonstrated sensitivity to context in a number of ways throughout the research process. First and foremost, by choosing a qualitative approach that suited the research aim of understanding the individual, lived experience of the phenomenon. I also showed sensitivity in the interview process by helping the participants to feel at ease, being empathic to their experience and being mindful of the intersubjective nature of the discussions. This attention to the interview process allowed me to gather useful and insightful accounts. As Smith et al. (2009) point out: "*An IPA analysis is only as good as the data it is derived from...*" (p. 180).

I was particularly attuned to the confidentiality of the data and therefore sent participants their transcripts so that they could make sure I had adequately anonymised them and their clients. In addition, I ensured that I remained as close to the participants' experiences as possible when conducting the analysis. When writing

up the findings, I frequently used verbatim quotes from the participants to support my interpretations of the data and give the therapists a voice in the project.

5.2.1.2 Commitment and rigour

I have maintained a high level of personal dedication and commitment to this project, which has been conducted over four years. This commitment deepened when I began the interviewing process. Not only did I have a personal interest in the topic, but other people had taken time to invest in the process and share their experiences. I felt a sense of duty to honour their commitment by incorporating their voices accurately and judiciously, to further the knowledge in the field. This honouring was also apparent in the write-up of the findings, which touched on all of the participants' experiences. No participant's voice was left out.

It was important to be rigorous at each stage of the project, which began with an in-depth engagement with the topic. This involved immersing myself with the current literature and taking time to consider my own relationship to the topic. My decision to interview the participants twice was a reflection of my commitment to create a rich, and in-depth understanding of the phenomenon by giving participants time and space to reflect further on their experience. An in-depth immersion in the data was also evident during the analysis stage. There was rigour and commitment in giving each case the required, in-depth attention before moving on to the next transcript. In addition, I invested much energy in making sense of the participants' experiences through the IPA iterative process, moving back and forth between the part and the whole.

5.2.1.3 Transparency and coherence

It was important for me to provide an audit trail (see appendices 7-9) as a commitment to transparency and coherence. Along with the research design, set out in the methodology chapter, the audit trail allows the reader to see a clear connection between the research findings and the raw data. I also shared an example of my emerging themes alongside the relevant interview transcript with my supervisor, which validated the coherence of my thinking and gave me confidence that I was engaging with the text in adequate depth. At a later stage in the process, a fellow researcher checked and confirmed that she could follow my line of thinking as an emergent theme moved through the process to become part of a superordinate theme.

In addition, my reflective journal allowed me to capture my process throughout the research journey by documenting initial thoughts, feelings, reflections and parallel processes. This no doubt enhanced the transparency of the study and provided even greater depth to the research findings.

5.2.1.4 Impact and importance

I believe that the findings of this study are important for the field of counselling psychology and psychotherapy since they add to our knowledge of what happens in practice when a therapist's personal life enters the therapy room through online discovery disclosure. This has implications that practitioners, supervisors, training institutions and professional bodies should be aware of in order to navigate the issue. I will set out the specific implications in the following chapter.

5.2.2 Limitations of the research

I would like to point out some limitations of the study. Firstly, when recruiting participants, I did not impose a restriction on how far in the past the online discovery disclosure took place, therefore the participants were discussing events that occurred between five weeks and two and a half years prior. It is worth considering that their memories of what happened and how they were impacted could have been shaped by the ongoing relationship with the client. Perhaps unsurprisingly, Amy had the most recent experience and was impacted most significantly. It could be the case that the other therapists had a similarly difficult experience but the full intensity had waned over time.

A further limitation within this study is the lack of diversity in the sample. All participants were white and the majority were women which reflects my own identity. The impact on the research is that representation of other voices within the therapeutic community are missing. Becoming aware of this limitation and the implicit racial bias that existed within the recruitment process has encouraged me to consider my white privilege and the systemic power oppressing BIPOC communities. The mental health profession is not exempt from institutional systems of oppression which is reflected in the overwhelming majority of practitioners being white. I acknowledge my unearned privileges owing to my whiteness but also need to use those privileges in the service of social justice within my role as a mental health practitioner. This was an important learning experience which will impact any future research I embark on. I will be considering other recruitment methods which open up the possibility of gaining a diverse range of voices through approaching organisations such as the Black, African

and Asian Therapy Network (BAATN) and BiPP Network (Black and minority ethnics in Psychiatry and Psychology Network).

It is possible that there was another, implicit bias in the sample which was the result of only interviewing therapists who were still working with the client that discovered their personal information online. This means that, by design, I was excluding any therapists whose encounter led to the breakdown of the therapeutic relationship. In addition, this inclusion criteria may have implicitly invited individuals to take part who had overcome the issues that the encounter created. More negative experiences could have left therapists with a very different view of the collision between cyberspace and the therapy room. I think it would be useful to hear from therapists who have had a breakdown in the client-therapist relationship following online discovery disclosure. However, by interviewing therapists who were still seeing the clients in question, I was able to get a sense of how their relationship had continued to develop over time. This will have been easier to discuss for therapists still engaged in the work. In addition, through the follow-up interviews, I was able to explore whether the therapists' reflections following the first interview had impacted the therapeutic relationship. For example, John was able to bring the encounter back into the client work after we had discussed it initially. This shows the power of reflecting in dialogue.

Lastly, I made a decision to tell the participants about my interest in the topic when we began the first interview. In particular, I wanted to let them know that I myself used social media, including a dating website, while seeing therapy clients. The aim of this disclosure was to put the therapists at ease and let them know that I was not judging them for having a personal online life. Although none of my own clients had ever disclosed that they had discovered personal information about me online, I wanted to reassure the participants that I was alongside them in the struggle to make sense of

how our online activities have the potential to affect the therapeutic relationship. I believe this was the right decision, especially as one of the participants informed me that my disclosure freed them up to talk about the topic. However, considering my disclosure from another perspective, one could also argue that I had imposed my experience on the interviewees and that this will have influenced the stories they told. This being said, withholding my connection to the topic would have also, inevitably, had an impact on what was revealed or held back.

5.2.3 Areas for Future Research

As well as providing a deeper understanding of this phenomenon, the present study raised questions that remain unanswered. I would therefore recommend that future research address the following areas:

5.2.3.1 Client perspective

The participants in this study reflected on their clients' motivations to conduct the online search and disclose the results. However, since discussion of the encounter was avoided in the therapy room, these accounts remain somewhat speculative. In addition, this research was focused on the therapist's perspective, therefore it was impossible to know how the client felt about the relationship following the encounter. Kolmes and Taube (2016) conducted a survey of clients' experiences of finding personal information about their therapist online, which uncovered some valuable findings. In order to deepen our understanding, it would be useful for future research to take this further by conducting qualitative studies which focus specifically on interviewing clients who have brought their online findings into the therapy room, thereby providing nuanced and in-depth insights into their lived experience.

5.2.3.2 Role of supervision

The present study's findings suggest that the pull to avoid the topic and the impact of the encounter was potentially taking place in the supervisory relationship, as well as in the therapy room. However, participants were not directly asked about whether they took the issue to supervision and if it was discussed there in depth. Sedgeley's (2013) study revealed that therapists felt uncomfortable talking to supervisors about online dating and how this activity intersected with their therapist role. However, those participants had not, to their knowledge, experienced a collision of their professional personae with clients and their personal online identity. It would be fruitful to conduct research with the aim of examining the role of supervision in managing this phenomenon and whether therapists feel supported in this endeavour.

5.2.3.3 Wider range of voices

Hearing from a greater range of voices in the field would further add to the understanding of this phenomenon. The participants I interviewed were all white and mostly women, which reflects the demographic remit of other studies on the topic (e.g. Knox et al., 2019; Taylor et al., 2010). It would be beneficial to hear from more men facing this challenge and individuals from a range of ethnicities and cultures. In addition, the majority of participants in the present study worked from an integrative framework. They commented on the confusion they faced when looking to their framework for guidance on how to manage the issue of online discovery disclosure. It would be illuminating to know whether therapists from a range of other modalities have faced similar struggles. In addition, all the participants were therapists working in private practice. It would be fruitful to discover whether the experience of this type of disclosure differs at all for therapists working within an organisation.

5.2.3.4 Encounters resulting in termination of therapy

As pointed out in the limitations, my inclusion criteria meant that I was restricted to interviewing therapists who were still in a relationship with the client in question. It would be useful to hear from individuals whose experiences led to the breakdown of the relationship, whether it was terminated by the client or the therapist. I am unaware of any current research addressing this issue. The field would benefit from an understanding of what can lead to a termination and how such an event may provoke responses in therapists that differ from those reported by participants in the present study.

5.3 Personal reflexivity on the process

Through the years spent conducting this research, I have kept a journal recording notes and reflections on the process. The reflective process has captured how I have impacted the research and how the research has impacted me. What follows is a summary of some key points from this process.

When conducting interviews, I became aware of the implicit power dynamics that entered the researcher-researched relationship. Although I was in the researcher position, I was a trainee interviewing qualified therapists, in their consulting rooms, about an experience that had left them feeling uncomfortable. At times, I think this created a defensiveness on the part of the participants as I felt like I was invading their space, just as their clients' had done. I reflected further on this when I considered the fact that most participants had briefly mentioned age and generational differences, although this did not seem to relate to the experience with their clients, except for Amy whose client was a younger individual in his early twenties. Despite being 30 years old when I conducted the first interview, I am aware that I am often perceived as younger

than my age. In my professional life I have often found this frustrating, which I think contributed to my decision to impose an age range within the inclusion criteria. A part of me felt that the research would be taken more seriously if I didn't interview younger individuals, but with hindsight, this emanated from my own experience of feeling as though I had not been taken seriously on account of my age, or perceived age. It would certainly be valuable to hear from younger therapists or psychologists about their experiences.

I also questioned whether the participants' comments on age were an unconscious weapon used to defend against their fear of judgement. For example, Julie told me that she believed there was an ideal age range for therapists (30-60 years old) and stated "*we're either too young, we get looked at, 'oh what do you know? You're only 23, 24'...*" I was left wondering whether this was unconsciously directed at me. As the analysis unfolded, I could see a parallel process taking place. Within the client-therapist encounter, power was often retained in order for the participants to protect themselves from the vulnerability of exposure. It is possible that these feelings of vulnerability re-emerged in the interview process, despite my attempts to put the participants at ease and create a non-judgemental exploration of the experience.

In addition, I was not exempt from the pull to avoid, which paralleled what had unfolded in the therapy room. I noticed my tendency to get swept along with the participants' avoidance that arose in certain interviews, such as talking more broadly about the topic, rather than their individual experiences; or focusing too much on questioning what was 'wrong' with the client. In addition, I used my reflective journal to record the pull, on a couple of occasions, to rescue the participants (and perhaps myself) from delving into the reasons for their in-session responses to their clients' discoveries. I felt that probing too far into what was behind the defence of avoidance would create

another layer of shame for not having dealt with the client disclosure in a therapeutically useful way. It is also possible that laughter, which was often present in the interviews, disguised and shielded the more uncomfortable feelings provoked by the encounter.

As well as being aware of the dynamics taking place in the interviews, I noticed how engaging in the topic changed my own relationship to social media. I became even more conscious of the personal-professional divide and how hard it can feel to maintain the separation. After beginning the research, I set up a Twitter account, hoping it would provide a useful platform to connect with other therapists and psychologists in the field. However, alongside this I found myself following people and organisations that were of interest to me but which were unrelated to the research. In essence, this was a professional online identity but it would not be difficult for a client coming across this account to discover personal information such as hints about my political views. The line between personal and professional was further blurred when family members mentioned me in posts that made reference to details about my personal identity. I would argue that the answer to this conundrum lies in having two separate accounts for the same platform, but this still requires additional time and effort, which can dissuade people from taking this approach. John made reference to this when commenting on how he now used one mobile phone for both work and personal activities, rather than dealing with the inconvenience of two devices.

Furthermore, through hearing the participants' stories and engaging in the analysis, I gained a deeper understanding of my own layered relationship to the topic. The surface layer being my interest from the position of a therapist who has a personal online identity. Beneath this, however, were questions regarding my own visibility, vulnerability and shame. Could I put myself in the position of being seen? What would

the consequences be? Would I be “found out”? This evokes Heidegger’s belief that our fore-structure (i.e. prior experiences and assumptions) is often only realised through the process of engaging with the analysis and therefore highlights the importance of a cyclical, reflexive practice (Smith et al., 2009).

The parallel processes evoking feelings of shame were particularly alive when I was writing up my analysis. I found myself getting lost in concerns that through writing about the participants’ experiences I had intruded on their lives and was now exposing them through my writing. The sense of exposure grew as the writing journey progressed. I was aware of this sense of intrusion mirroring how the participants felt when faced with their client’s online discoveries. However, I’m also aware that this sense of guilt and shame for writing about participants’ lives extends beyond my individual experience. I connected with Josselson’s (1996) words when she wrote “...where in the interview I had been responsive to them, now I am using their lives in the service of something else, for my own purposes...I am guilty about being an intruder...” (p.70). I had to engage with these uncomfortable feelings of exposure and intrusion in order to continue with the writing and make sense of what was happening. This required me to reach out for support from fellow researchers, my supervisor and my personal therapist to reflect on the process. In doing so, I was remaining in connection with others which is in opposition to the secrecy and disconnection of shame (Brown, 2012).

Not only was I concerned with exposing my participants, I was also aware of my own exposure through dissemination of the research. This created feelings of vulnerability and avoidance which I considered to be another parallel process alive in the study. My own ambivalent feelings of being seen through my academic work was also evoked. These feelings were particularly present as I came to the end of the research and

considered the possibility of getting the research published. I could feel the pull to avoidance, keeping the research hidden and therefore prevent the potential scrutiny of my work. I needed to remain grounded in these moments through reminding myself of the purpose of the study – to take this under researched topic out of the dark and shine a light on the experience. I would not be fulfilling the purpose of the study or honouring the participants' stories, by keeping it in the dark. I slowly began to have an acceptance of this visibility. As Willis (2007) writes, it is important to be a reflexive researcher “...willing to reveal ourselves and be vulnerable as they [participants] reveal themselves vulnerably” (p.18).

Although I was faced with the discomfort of visibility as I ended the research process, the dissemination of the initial findings earlier in the project became an important step towards finding my doctoral voice and gaining more confidence. I presented my initial findings at a Middlesex University student research conference, a British Psychological Society (BPS) conference and a Metanoia research seminar. There was much enthusiasm for the topic but I also noticed the anxiety individuals expressed over the thought of discussing openly their relationship to online spaces; and also the potential of social media to disrupt the therapeutic process. Avoidance of the topic is fuelled by this anxiety, as pointed out by Kaluzeviciute (2020). Spending time talking about the topic, at the conferences and seminar, gave me a heightened sense of how important the research endeavour was in beginning to demystify the impact of cyberspace on the therapeutic relationship.

Chapter 6: Conclusion

6.1 Implications for practice

This study's findings reflect the importance of awareness, preparation and acceptance of social media's influence on the therapeutic relationship. This is in contrast to the avoidance that has surrounded the topic for fear of the negative consequences on clinical practice. My findings suggest that this fear is somewhat unfounded since there can, in fact, be positive effects on the therapeutic relationship. The fear doesn't just touch the client and therapist who find themselves facing the collision of online and offline spaces, it also generates an avoidance for supervisors, training organisations and professional bodies. Therefore, I will break down the implications of the research for each of these groups.

6.1.1 Individual practitioners

It is important for therapists to take precautions by using high security settings online and monitoring their online presence (see Baier, 2018 for recommendations). However, this study shows that if you have a personal online identity, you can never completely protect yourself from the possibility of a client discovering your personal information. Once uploaded, by yourself or others, there may ultimately be little or no control over who has access to it. Therefore, the implications of this study are not concerned with preventing the encounter, but rather with ways of preparing for the eventuality.

One way to prepare both members of the dyad would be in having a discussion at the outset of therapy about the potential for online exposure to occur. If therapists introduce this idea openly to clients, they can explain that it would be important for the client to discuss the discovery of such information with the therapist. By doing so, the

therapist would be prompted to engage with the issue by reflecting on how they might feel about online exposure and how they would like to manage it in practice. This would also provide the client with an understanding of how the therapist would manage a case of online discovery disclosure and could encourage the client to talk about any personal information they have gained about their therapist from online sources. The client might be more likely to bring it into the session if they are reassured that the therapist's response would be accepting rather than chastising (Kolmes and Taube, 2016). This discussion, therefore, could help clients and therapists alike to engage with the topic, as opposed to avoiding it and may provoke questions such as, *"If you've sought information about me online, do you have any questions or concerns that we should address?"* (Knox et al., 2019, p. 8).

In addition, the majority of participants in this study described clients who had discovered them online as individuals who were lonely, isolated and who felt powerless in their lives. As a precaution, therapists should be mindful of this correlation in their practice. This highlights the importance of having open discussions about relationship dynamics, in other words using metacommunication which can be defined as *"communication about communication"* (Cooper and McLeod, 2011, p.46). This create an environment that welcomes clients' honesty regarding online activities through enhancing the level of collaboration and reducing the power imbalance (Harrison, 2013).

It is also important for therapists to accept that this phenomenon is challenging and complex. As the participants in this study reported, it can be difficult to remain grounded when faced with the visibility that online exposure creates. It is vital that instances of online discovery disclosure are discussed in supervision and other environments such as training groups where the impact on oneself, the relationship

and the client can be explored and processed. As with any individual who has undergone an experience that created feelings of shame and visibility, it was important for the participants to make connections and remember the experience with another person (DeYoung, 2003), rather than remain alone with it. It is important to allow oneself to be human and vulnerable, without self-judgement. Additionally, therapists may seek to take the issue to their personal therapy should overwhelming feelings of shame and exposure have a significant impact on their personal and professional lives.

6.1.2 Clinical supervisors

Supervisors need to be aware of the complexity of the issue and explore this when it is raised by their supervisees, rather than colluding with possible avoidance. Normalising the experience is an important step in dealing with the encounter but importantly, it is a first step, rather than the only one. This research develops Sedgeley's (2013) finding that therapists can feel uncomfortable talking to supervisors about their online activity. The present study's findings suggest that participants may have found it difficult to get the support they required in supervision, possibly due to shame and subsequent avoidance. Therefore, supervisors must be willing to have conversations in a non-judgemental manner, allowing the supervisee to explore the possible impact on themselves and the therapeutic relationship. Supervisors may require additional training in this area in order to fully grasp the implications of social media for clinical practice. This could help them to provide the necessary guidance their supervisees require.

6.1.3 Training institutions

The research participants commented on the struggle they experienced when navigating the aftermath of online discovery disclosure, since it was not something they had received training for. There was an incongruence between theory and practice that left them confused and unsure as to how to approach the situation. Therefore, I believe it would be beneficial for training institutions to offer trainees an opportunity to explore this phenomenon through discussion groups and seminars. The aim of these forums would not be to provide a “how to” guide, but rather a space to explore and develop an understanding of the impact of social media on clinical practice. Participants in such forums would be able to reflect on their own relationship to the topic and consider ways of approaching the issue in practice. In doing so, trainees would gain confidence in dealing with the encounter and it would potentially limit the shame response by knowing that this is an issue that affects many, if not all, therapists. In addition, CPD events could provide similar learning opportunities for qualified therapists.

6.1.4 Professional bodies

Just as it is important for practitioners to engage their clients in discussion about social media use, I believe it is important for professional bodies to do the same with their members. This is another way that the topic could be openly discussed and therefore become less of a taboo, reducing the shame attached to being discovered by a client online. The anxiety surrounding this topic is palpable when looking at the social media guidelines from the BACP and BPS. Both institutions highlight the need to keep a personal and professional divide online but neither give any guidance on what to do should the two collide. The only reference to this comes from the BPS ‘supplementary

guidelines on social media use' (2012) which simply advise that if practitioners receive a 'friend' request from clients they should "...*decline the request via more formal means of communication*" (p.1). Although this is what most practitioners would deem appropriate, the advice feels limited and simplistic. Interestingly, I struggled to find any social media policy or guidance on the UKCP (United Kingdom Council for Psychotherapy) website which makes me question whether they have avoided engaging with the topic altogether.

6.2 Concluding remarks

This study aimed to gain an in-depth understanding of what happens to the therapeutic relationship when, during a session, a client discloses that they have found out personal information about their therapist online. I have termed this phenomenon "online discovery disclosure". I sought to illuminate the implications of such experiences, which could have significant consequences for the therapeutic relationship, but which had received little attention from researchers, possibly due to the anxiety such disclosures can elicit among practitioners. It is my hope that I have been able to offer some new and useful insights into this underexplored territory.

What is evident in the findings is the importance of discussing the topic more openly in order to create acceptance, change and learning. This felt difficult for the participants, both within the therapy room and outside it, due to the shame and vulnerability that had been evoked. It is possible that these feelings were exacerbated when they found very little in research, literature or their training to support them in managing their response to the experience.

That these responses were both significant and complex was captured partly in the war imagery used by participants when discussing the encounters with their clients.

To reiterate, the clients' in-session disclosures created an uncomfortable encounter in an already complicated and challenging relational terrain. Both client and therapist moved between defence and attack, attempting to protect themselves from the wounds of visibility and shame. The main defence strategy was avoidance, which allowed both members of the dyad to ground themselves and recover from the encounter. Despite the difficult experience, the relationship was eventually renegotiated in order to make the subsequent alliance stronger. However, the impact was often nuanced, resulting in periods of connection and disconnection. I discovered that the strength of the relationship, pre-online discovery disclosure, had a significant effect on the dyad's ability to manage the experience. I also learned that, perhaps not surprisingly, if the therapist had prior knowledge of their online exposure to the client, they could prepare themselves and remain more grounded, when the in-session disclosure occurred.

Preparation is important since it has significant implications for onward learning. Lehavot (2009a) suggested that training institutions should teach students about the costs and benefits of posting personal information online and inform them of how they can restrict access to this information. However, I think the present research shows that the issue is bigger than this and that, in fact, there ought to be a shift in focus. Since Lehavot's (2009a) paper, there have been recommendations on the practicalities of how to manage our online presence (see Baier, 2018; Kolmes, 2012) but as the experiences of the participants in my own study highlighted, these protection methods are not bulletproof. They will not necessarily prevent a therapist's personal information from being discovered. As therapists, we must come to accept that we have relatively little control over the personal online information uploaded by ourselves, our friends, family members or work colleagues. The question then

becomes not how to stop clients finding out information about us online, but how to manage the collision when it – perhaps inevitably – occurs.

I believe the answers lie in discussion, debate and reflection on the topic, rather than a set of guidelines giving a one-size-fits-all approach. There should be room for this to take place in training environments where students can engage with the topic and consider how they might respond if (or when) they are faced with this phenomenon. This would include reflections on their own relationship to visibility. As Emily highlighted, there can be safety in hiding behind the therapist role where we can create a certain image, instead of exposing our vulnerability.

Since the present study focused on understand individuals' lived experiences of the phenomenon, I do not claim generalisability. However, I hope that therapists who have encountered the phenomenon in their practice will find something of their experience in these findings. Equally, I hope that therapists who have not had the experience to date will be prompted to consider their own relationship to the topic and, should the encounter take place in the future, they will not be left alone with it. Rather, they will ideally feel able to reach out to supervisors, peers and tutors to help them manage the experience. Perhaps one of the most important findings of this study is that the therapeutic relationship can survive – and sometimes grow – following the experience, even when both therapist and client are swept up in overwhelming feelings. There was value in this shared vulnerability, as Lucy reflected: “...*maybe he could see something like we're both the same, we're both equal in a way*”. The anxiety that can surround this topic within the profession may perhaps in time wane, giving way to curiosity and, ultimately, growth.

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Appendices

Appendix 1: Recruitment Poster



The Impact of Internet Exposure on the Therapeutic Relationship

I am looking for participants to take part in my doctoral research regarding therapists' experiences of the therapeutic relationship following a client disclosing that they have found personal information about their therapist via online sources.

I would like to interview therapists that meet the following criteria:

- ✓ Therapists who have experienced a client disclosing that they have found out personal information about the therapist online.
- ✓ Therapists with an 'online presence'. Using the internet for continued and regular social/personal purposes, rather than just having a professional online presence
- ✓ Therapists who work relationally with clients
- ✓ Therapist's examples of the phenomena from a therapeutic relationship they are still engaged in
- ✓ Therapists who are post qualification (Counsellors, Psychotherapists or Clinical/Counselling Psychologists)
- ✓ Therapists who are a member of a registering body such as BACP, UKCP or BPS
- ✓ Therapists in supervision.
- ✓ Therapists in age range of 25-60 years

Participants will be asked to take part in two semi-structured, audio-taped interviews of approximately 1 hour duration each, aiming to explore their experience of this phenomenon and the impact it has had on the relationship with the client as well as any wider impact. The interviews will preferably take place at the participant's practice, or at another mutually agreed location.

All data gathered during this study will be held securely and anonymously. If a participant wishes to withdraw from the research, s/he may do so at any point and his/her data will not appear in the final research write up. If you would like to take part in the study or have any queries please contact Stacey Miller on stacey.miller@metanoia.ac.uk or the research supervisor, Dr Rosemary Lodge, on rosemary.lodge@virginmedia.com.

Appendix 2: Participant Information Sheet



METANOIA INSTITUTE & MIDDLESEX UNIVERSITY PARTICIPANT INFORMATION SHEET



1. Study title

The Impact of Internet Exposure on the Therapeutic Relationship

2. Invitation

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

3. What is the purpose of the study?

The aim of this research is to get a rich and in-depth understanding of what happens in the therapy room when a client discloses that they have found out personal information about their therapist online. There has been very little research in this area, especially from a qualitative perspective. By having a better understanding of this phenomena clinicians and trainers can get a clearer idea of how to manage and utilise this situation in practice.

4. Why have I been chosen?

You have been asked to take part in this research because you have told me you have experienced this phenomenon and could offer some insight into your personal experience. You meet the inclusion criteria of:

- A therapist who has experienced a client disclosing that they have found out personal information about them online.
- A therapist with an 'online presence' - Using the internet for continued and regular social/personal purposes, rather than just having a professional online presence.
- A therapist who works relationally with clients.
- Examples of the phenomena are from a therapeutic relationship you are still engaged in.

Appendix 2: Participant Information Sheet

- A therapist who is post qualification.
- A therapist engaged in supervision.
- Therapists who are a member of a registering body such as BACP, UKCP or BPS
- Within the age range of 30-65 years.

I am hoping to interview a total of 4-6 participants.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form which you will be given a copy of. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6. What will happen to me if I take part?

If you decide to take part I will conduct two one-to-one interviews with you which will last roughly one hour each. The first of these interviews will take place at the start of the research and the second will take place at least 8 weeks later. The purpose of the second interview is to get a sense of your reflections over time regarding issues such as changes in the relationship with your client and any changes to the way you practice.

The interviews will be semi-structured, so while there will be some set questions, the nature of the interview will allow for us to explore certain topics as they arise.

Once the interviews have taken place I will send you a copy of the transcript and at this stage you can let me know if you are happy for me to use any of the content as quotes in the write up of the research. If you are not happy with any of it we can have a discussion about what needs to be amended or changed in order for you to feel comfortable. In addition, when I am writing up the research I will send you specific quotes that I will be using in order to gain final consent.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What do I have to do?

Take part in two semi-structured interviews which will last roughly 1 hour each. These interviews will be at a time and place mutually agreed by researcher and participant. They will take place at least 8 weeks apart.

8. What are the possible disadvantages and risks of taking part?

While there are no risks in taking part in this study a disadvantage would be taking the time to attend two one hour interviews. Also you will be considering your practice and your work and this might bring up issues that you wish to explore further. This is why it is important to be attending supervision where these issues can be raised. However I will make every effort to make you feel comfortable in the interview.

9. What are the possible benefits of taking part?

While there are no direct benefits, I hope that by taking part in this study you will value the opportunity to reflect on your experience of this phenomena and how it has (if at all) affected your practice. You will also be contributing to the findings of this study which may help to inform a wider understanding of the effects of this phenomenon on the therapeutic relationship.

10. Will my taking part in this study be kept confidential?

All of your information will be kept confidential throughout the study.

Transcripts from the interviews will be stored in password protected files and will not include any identifiable information to maintain confidentiality. The identifiable information will be kept separate and you will be anonymised using a code system. The research supervisor will not see the data until it has been anonymised.

The audio recordings from the interviews will be moved to a password protected computer document and then immediately deleted off the recording device.

Identifiable information such as geographical locations and names will be changed. Your anonymity will be maintained in any written or verbal dissemination of the research.

All data will be stored, analysed and reported in compliance with the UK Data Protection legislation.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

11. What will happen to the results of the research study?

The research will be uploaded to the Middlesex University Research Repository which is an online archive of published research and other scholarly content produced by Middlesex University staff and researchers. The material in the archive is "open access" which makes it publicly visible online.

Appendix 2: Participant Information Sheet

Findings may also be published in peer reviewed journals. If you would like to read any published material that is produced from the research please get in touch via the contact details below.

Please remember that in the write up of the research and in any published papers there may be direct quotes from the interviews but your identity will remain anonymous.

12. Who has reviewed the study?

This study has been reviewed and approved by:

Metanoia Research Ethics Committee

Metanoia Institute

13 North Common Road

Ealing

London

W5 2QB

13. Contact for further information

Stacey Miller (researcher)

Metanoia Institute

13 North Common Road

Ealing

London

W5 2QB

stacey.miller@metanoia.ac.uk

Dr Rosemary Lodge (research supervisor)

rosemary.lodge@virginmedia.com

020 88151713

Thank-you for taking the time to consider being part of this study 😊

Appendix 3: Participant Consent Form



METANOIA INSTITUTE & MIDDLESEX UNIVERSITY



CONSENT FORM

Participant Identification Number: _____

Title of Project:

The Impact of Internet Exposure on the Therapeutic Relationship

Name of Researcher: *Stacey Miller*

Please initial box

- 1. I confirm that I have read and understand the information sheet datedfor the above study and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.
- 3. I understand that my interview will be taped and subsequently transcribed. Quotes from the transcripts that I have verified can be used in the final write up of the project.
- 4. I agree to take part in the above study.
- 5. I agree that this form that bears my name and signature may be seen by a designated auditor.

Name of participant	Date	Signature
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Name of person taking consent (if different from researcher)	Date	Signature
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Researcher	Date	Signature
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1 copy for participant; 1 copy for researcher

Appendix 4: Interview questions (sent to participants)

Questions: Interview 1

1. Could you tell me a bit about your internet use?
 2. Could you tell me a bit about the client you are bringing today and about your relationship with the client before the disclosure?
 3. Could you tell me about the incident of when your client disclosed that they had found out personal information about you online?
 4. How did you respond to the disclosure?
 5. How would you describe the therapeutic relationship after the disclosure?
-

Questions: Interview 2

1. What is the relationship like with the client now? How has it been since we last met?
2. Has this experience had any impact on how you use the internet for personal use? If so, in what way?
3. Has the experience had any impact on your practice? If so, in what way?
4. Looking back on the incident, how do you think and feel about it now?
5. Do you have any further reflections on this experience?

Appendix 5: Semi-structured interview schedule

Interview 1 Questions

1. Could you tell me a bit about your practice and training?

2. Could you tell me a bit about your internet use in a personal capacity?

Prompts: Any thoughts and/or feelings about how you use the internet? What has influenced this?

3. Could you tell me a bit about the client you are bringing today and about relationship with the client before the disclosure?

Prompts: a typical client in terms of your practice? What is your experience of this client? How long have you been working with this client? How did you feel about the relationship before the disclosure?

4. Could you tell me about the incident of when your client disclosed that they had found out personal information about you online?

Prompts: How did the client present the information? What was their response to the information they had discovered? Do you remember what was happening at the time they disclosed the information? Do you have any thoughts about why they chose to disclose?

5. How did you respond to the disclosure?

Prompts: What were you feeling at the time of the disclosure? What was going on in your mind (thoughts/associations)? How did it feel in the room? What influenced your response?

6. How would you describe the therapeutic relationship after the disclosure?

Prompts: How do you feel about the relationship? Did you notice any changes or did the relationship remain the same?

Interview 2 Questions

1. What is the relationship like with the client now? How has it been since we last met?

Prompts: What is your experience of the therapeutic relationship at this point in the therapy?

2. Has this experience had any impact on how you use the internet for personal use? If so, in what way?

Prompts: Have you noticed a difference? If there has been a change, how do you feel about it? What in particular caused this change? If there has not been a change, what has informed this decision?

3. Has the experience had any impact on your practice? If so, in what way?

Appendix 2: Participant Information Sheet

Prompts: If there has been an impact- What has this impact been like for you? What has it meant for your practice?

4. Looking back on the incident, how do you think and feel about it now?
5. Do you have any further reflections on this experience?

Appendix 6: Debrief Sheet



Debrief Sheet

Thank-you for taking part in this research study titled '*The Impact of Internet Exposure on the Therapeutic Relationship*'. The purpose of the study is to get a rich and in-depth understanding of what happens to the therapeutic relationship when a client discloses that they have found out personal information about their therapist online. There has been very little research in this area, especially from a qualitative perspective. I hope that this research will make a contribution to the field of counselling psychology and psychotherapy. By having a better understanding of this phenomena clinicians and trainers can get a clearer idea of how to manage and utilise this situation in practice.

After interviewing the participants I will be using Interpretative Phenomenological Analysis (IPA) to analyse the transcripts from the interviews. I would like to remind you that all of your information will remain confidential and your anonymity will be maintained in any written or verbal dissemination of the research. If you wish to withdraw from the study, you may do so at any point and your data will not appear in the final research write up.

If you have any questions or would like to be sent a copy of the final write up please get in touch via stacey.miller@metanoia.ac.uk. You can also contact the supervisor of this research, Dr Rosemary Lodge, on rosemary.lodge@virginmedia.com.

If any issues have arisen for you by taking part in this research please get in touch with your supervisor to discuss further or use one of these resources below where you can find a therapist, supervisor or consult ethical guidelines:

UKCP (UK Council for Psychotherapy)

Website: www.ukcp.org.uk

Telephone: 020 7014 9955

Email: info@ukcp.org.uk

BPS (The British Psychological Society)

Website: www.bps.org.uk

Telephone: 0116 254 9568

Email: enquiries@bps.org.uk

BACP (British Association for Counselling and Psychotherapy)

Website: <http://www.bacp.co.uk/>

Telephone: 01455 883300

Email: bacp@bacp.co.uk

Appendix 7: Extract of emerging themes and exploratory comments (Emily – interview one)

Emerging themes	Interview extract	Initial Coding
<p><i>Client</i></p> <p>Depression Raised as an 'off-topic'</p> <p><i>Client explanation for online finding</i> Different part of therapist revealed.</p> <p><i>Boundaries</i> Armour Exposure Therapist self feels exposed</p> <p><i>Being human</i> Image of therapist broken IRL (in Real Life) Therapist feels judged Embarrassment / Shame Exposure Being human Disfigure therapist fearful of revealing too much</p> <p><i>Boundaries of therapeutic process similar to boundaries of marriage</i></p> <p><i>Therapist through Fantasy</i></p> <p><i>Therapist seen to be human</i></p> <p><i>Therapist raises responsibility</i></p> <p><i>Over-identified with client</i></p>	<p>'oh it was okay, a bit depressed every now and then, and by the way I did see you on Facebook because I was synchronising my phone' or something like that 'uhh... you have... there was a very nice picture of you' something like that 'you looked very nice' which is probably different from how I look because I usually kind of wear a uniform pretty much the same so there is yeah thinking about it there is lots of tiny little bits that how do I look in the session? like how do I look outside? (S: uh-huh) and how does she see me? because I think for her it must be very different as well just you know whether I'm human (S: uh-huh) you know I'm sure the same way I have with my therapist, I have an image of my therapist, I'm not sure I want to see her on Facebook (S: Same) with her friends.</p> <p>S14: it would be odd, yeah</p> <p>Y14: So I thought hmm... I'm thinking... now I don't remember thinking that but I think at some point I must have thought well does she think less of me? For... yeah... and we have one of her uhh things that come up is uhh how she sees people as not human (S: uh-huh) or how she... and it's I'm trying to say without... well I don't disclose that much information but its because of her relationships she doesn't think... people</p>	<p>Confession.</p> <p>Explanation.</p> <p>seeing a different part of Y. - revealed a different part / hidden part of her personality / life.</p> <p>regimented, strict, bounded, armour? downplaying / tentative</p> <p>Exposure questions raised for Y. feeling very visible</p> <p>see behind the armour fallible</p> <p>can empathise with client on this - although at this point assuming it was a negative experience for client as she would feel this way about a therapist. doesn't want to break this spell / image</p> <p>I am in agreement, over-identifying (paralell process) could have explored this more in terms of Y's experience</p> <p>hard to recall. - feels judged in this moment of the interview?</p> <p>Embarrassed? Judgement? seen, exposed, undermined, revealed.</p> <p>Robotic! struggling to give information without compromising confidentiality - linked to topic? Disclosure / fear of following experience. revealing too much (again!).</p>
<p><i>Client's relationship to being human</i></p> <p><i>Client's questioning her own traits</i></p> <p>Being Human Disclosure Being Human Power dynamic Gee-tized! Being human = visibility</p>	<p>don't treat her as a human being (S: uh-huh) but she is starting to uhhh reveal for herself that well maybe I don't see people as human beings, I put them on kind of a... that's just today's session, on a pedestal, I... I see them as much better than I am but they are almost not god-like... well she did use the word 'god-like' have all the good qualities but they are not human so now I'm thinking, I didn't think then, was that a bit of umm... when I think about it now... sorry I'm trying to</p>	<p>Human - less than?</p> <p>relationship between how others see her + how she is sees others fresh in Y's mind. put therapist on pedestal? come crashing down following internal exposure? or remains there? Y. now human? No longer god-like?</p> <p>power + unable to remain tentative</p> <p>getting lost in own reflections on topic strictly aware of me + the interview taking place</p>

Appendix 8: Extract of clustering emergent themes for participant one (Emily)

Client presentation	Impact on therapist	Significance of the break	Privacy violation	Boundaries & Control
Client depressed x3 / x 1	Therapist guilt of being found online x 2	Therapist feels guilt for break x 5	Therapist lack of privacy	Therapist fearful of losing control
Client isolated x 6/ x 3	Therapist feels pressure/ responsibility for client x 3	Importance of break acknowledged x 2	Therapist privacy violated	Therapist lack of control x 2
Client carer at home	Increased sense of responsibility for client x 3	Client feels abandoned by therapist x 2	Therapist wants to disengage (online & in session)	Boundaries violated x 2
Client feels less than human	Therapist feels self-conscious	Client anger towards therapist	Importance of security and privacy (x2)	Boundaries provide armour for therapist
Client distrustful in relationships	Therapist feels exposed x 5	Negative impact of therapy break on client x 2	Invasion of privacy	Therapist fearful of revealing too much
Client struggle to express feelings towards therapist	Therapist experiences embarrassment/ shame x 3/ x 1	Client feeling rejected	Different side of therapist exposed	Therapist control over privacy settings
Client withholding	Therapist shocked by disclosure x 4/ x 1	Therapy as escape for client		Therapist keeps session focus on client (not the relationship)
Client struggle to express anger	Therapist takes burden of responsibility for client's finding	Impact of therapy break x 4		Lack of choice/ control in online exposure
Client's boundary violation out of character	Therapist disturbed by experience	Client feeling rejection and abandonment		Importance of control for therapist
Client struggles to express feelings in session x 2	Therapist fearful of further exposure x 5 / x 1	Therapist associates holidays with abandonment		Loss of control in therapy room
Client loneliness	Countertransference reaction x 2			Therapist control taken away by social media
Client emptiness	Therapist holds internally conflicting views of the discovery			Therapist regaining control
Client safety in depression x 2	Therapist's values examined			Therapist perceived control in therapy room
Client hostile world view	Therapist vulnerability x 3			Questioning what is hidden and revealed
Client longing for relationship	Therapist confusion x 6			Illusion of control
Client experiences one-sided relationships	Significant impact of exposure on therapist			Importance of how therapist perceived by client
Client neglect	Fear of further boundary violation			Importance of perceived control
	Therapist downplaying impact of discovery x 2/ x 1			Unpredictable nature of client reaction to online finding
	Therapist guilty in response to client anger			Tension between wanting to be found and remain hidden
	Therapist shame and self-judgement			Therapist upholding boundary
	Therapist felt attacked x 2			Therapist feels safety in remaining hidden
	Therapist negatively impacted by disclosure			Time boundary
	Therapist tries to make sense of experience			Therapist uncomfortable with power dynamic in therapy
	Therapist feeling paranoid			Therapist remaining hidden x 2
	Therapist guilt - feels she let client down x 2			Shattered ideal image of counsellor
	Continued impact of online finding			Importance of image
	Therapist feeling of guilt x 3			
	Therapist feeling unprepared x 2			
	Therapist feels helpless			
	Therapist fear of judgement x 2			
	Therapist embarrassed x 2			
	Therapist insecurities exposed			

Appendix 9: Extract from table combining themes across cases

Subordinate theme	Emerging theme (which participant it relates to)	Example Quote	Interview/Interview/Page Number
Boundaries as armour	Boundaries provide armour for therapist (1, 5)	"... 'you looked very nice' which is probably different from how I look because I usually kind of wear a uniform pretty much the same..."	1/1/3
	Hypervigilant in sessions: fearful of boundaries being broken (6)	"...I was very aware of the male clients who were single so I would be, you know, I will be aware of, okay, these guys are single and listening out for when they might be saying if they were going on internet dating..."	6/1/10
	Previously rigid boundaries (1, 5)	"I was surprised that I'd kept that boundary as rigidly as I had for so long actually because, you know, and as I was thinking about it a bit more, I was thinking, well okay, but, but it's not all or nothing..."	5/2/9
	Boundaries enforced (3)	"...now he'll turn up and he'll say 'how are you Julie?' and I go 'yeah this is not my therapy'"	3/1/15
	Boundaries crossed/ violated (3, 4, 5, 6)	"...he, um, had then stalked my Facebook account and managed to bypass the security..."	4/1/4
	Key boundaries remain (5)	"...whatever things you might or might not have seen or might not have read or fantasised about you know, there is still a line, and the line is physical sex, isn't it?"	5/2/28
	Therapist self-protection from boundary violation (6)	"I'm always really curious: who have they come through? Because of course I'm always looking to see, are there any, I suppose, boundaries, are they gonna be too close maybe to somebody that I might know?"	6/2/21

Therapist safety in research narrative (3)	"I think it was the turning point when I said 'I'm actually on there for research...'"	3/1/7
Client testing boundaries (4)	"And he's obviously pushing against the boundary line ... to see how far he can go"	4/2/29
Fearful of client's lack of boundaries (4)	...at what point is it unsafe? How far does he go? 'cos he's got no boundaries..."	4/1/6
Working on establishing boundaries (4)	"...he's now started checking out with me is this acceptable? Is this not acceptable? ..."	4/1/12
Boundaries discussed post-disclosure (4)	"...we've subsequently explored it in later sessions and talked about boundaries..."	4/1/6
Relationship boundaries changed over time (5)	"...the boundaries have been everywhere in this relationship and as such and so in, in some ways it wasn't remarkable I think, it was just another place... where, where there was an edge..."	5/2/4
Focus on boundaries (4)	"...lots of the work is gonna be around boundaries about relationships. What's okay, what's not okay"	4/1/33
Boundaries more fluid in connected world (4, 6)	"I think the difficulty becomes then that when it is so instant, you don't form relationships in the same way and so then boundaries are not necessarily in place in the same way..."	4/1/26
Questioning and shifting boundaries (5)	"...when certain things change, it, it, it shines other things, a light on other things, doesn't it? And you, you certainly question all sorts of boundaries that you've been holding I think. And, and you start to, you start to perhaps just tweak them a little bit..."	5/2/9
Therapist created barrier (3)	"...as in, kind of like, 'Back off.'"	3/2/25
Importance of maintaining boundaries (5)	"...they're paying you to keep one very important boundary, that you never fuck, because otherwise you know, you could do this work anywhere	5/1/31

		couldn't you? But there is a danger that you might become friends that you might end up in bed, the whole point of seeing a therapist is that's never going to happen..."	
	Lack of therapist self-disclosure in relationship (6)	"...he was a client who knew very little about me"	6/1/11
	Frequent boundary pushing (2, 4)	"...for this client there was a lot of enquiries and it was about wanting to not get into the work, wanting to kind of umm deflect umm and to try to focus on me"	2/1/4
	Boundary issues present (5)	"I've known the boundaries are very important to him and he won't always keep them cleanly..."	5/1/25
	Therapist not comfortable with self-disclosure (1)	"...I don't disclose much with the main idea that well you are here to talk about you..."	1/1/10
Heavy sense of responsibility	Heavy sense of responsibility for client (6)	"...your curiosity is being damp, your spirit of curiosity is gone and is dead. And how do I get that back alive?' I suppose that's what I was thinking"	6/1/18
	Fear of failing client (3)	"And if I do this, I will fail you and if I do that, I will fail you. We have to be centre of the road"	3/2/30
	Therapist as rescuer (2)	"I kind of said to him, 'Did... do you feel that I've heard you?' And he said, "Yeah, you're the only one."	2/2/7
	Fears that client will give up on therapy (6)	"I do hope he doesn't give up because I think now that he's in a relationship, he's gonna meet a lot of the stuff that we actually need to work with"	6/2/29
	Therapist deeply impacted by client (1)	"...that's where I get quite emotional and sad thinking well she is lonely, she doesn't have anyone to talk..."	1/1/16-17
	Feels responsibility for client (1, 4)	"...the only kind of escape of her routine is when she comes to session which I think did put a lot of pressure on the 'oh I found you on Facebook'	1/1/2

	Therapist feels guilt for break (1)	"I always feel very guilty when I go on a break with all the clients but especially with her"	1/1/2
	Significance of the therapeutic relationship for client (1, 6)	"...being very aware that my relationship with him was the most significant adult relationship he had in his life"	6/1/13
	Client putting responsibility & pressure on therapist/ threat of suicide (4)	"...he would automatically go to a default position of, well, my backup plan is just suicide... so if it doesn't work out, I'll just commit suicide"	4/1/15
	Client taking a risk to trust (4)	"...there's a real sense of he's very alone... and he's trusting me... so there's a lot of weight in there"	4/1/29
	Heavy sense of responsibility creating hard work (6)	"...I work hard when I'm with him..."	6/1/27
	Client wanting continuous access to therapist (4)	"...but he needs that to touch base. He needs to be able to have, like you say, access to me"	4/2/24
Hard to discuss the experience	Lack of dialogue (1,2, 3)	"in the room it felt hmm let me think...like she wanted to say it for whatever reason she had but she didn't want to make it explicit, like 'oh I saw you, now let's move on'..."	1/1/12
	Disclosure raised as an "off-topic" (1)	"...she said it as kind of almost an off topic..."	1/1/3
	Collusion (2)	"It became kind of a...maybe a bit of a...a running kind of joke between us"	2/1/5
	Implicit communication (2)	"He knows that yeah of course [laughs] Yeah. I've never, I've never openly kind of said those things to him"	2/2/11
	Client avoidance of discussion (3)	"...what he then started to do was talk about the women that he had been looking at online..."	3/1/6
	Difficult for therapist to discuss the relationship with client (6)	"I'm really relying on the implicit to tell me what might be going on for him"	6/1/26
	Self-critical (1, 2, 3)	"...I shouldn't have moved on, I moved on because I was uncomfortable..."	1/1/12

Therapist felt unable to explore in session (4)	"... this is something you're gonna have to deal with not today, because it's too much to-to be looking at first session"	4/1/7
Ambivalence in relationship/ distance (3)	"...we've still to work through what that was because umm, again, he's been on holiday which you know, totally matches this ambivalent attachment style"	3/2/5
Client's feelings unknown (1)	"I don't know and I don't know whether it's actually...for all I know it could have had a bigger impact on me than it had on her..."	1/1/9
Avoidance of in-session topic discussion (4, 6)	"Nope. He's not, um... not mentioned it. Everything has been focused around looking at what han- happened with the other therapist"	4/2/23
Discussed ethics of situation (5)	"I remember we did have a conversation about kind of the...because he's a psychologist too...the kind of professional ethics about being on dating websites..."	5/1/25
Therapist waited for patient to raise topic (5, 6)	"...it had become a shared understanding and therefore the responsibility would be on him to... bring it up, if it was to be brought up, otherwise it wouldn't be and I don't know if he could deal with"	5/1/29
Kept focus on client (3, 6)	"...I suppose I was doing what we try to do as therapists. I was really trying to put on hold my own sense of well he's... he's seeing me there now and really keep it all about him"	6/1/19
Lack of reflection on topic (inside and outside therapy room) (1,2, 3)	"...I didn't really explore it with her"	1/1/13
Missed opportunity (6)	"...maybe I didn't spend enough time really delving into impact of what it was like for him..."	6/2/9

Experience not discussed since disclosure (6)	"No, it has never, it's never come back in"	6/1/29
Avoiding exploring the possibility of further online searches (2)	"...he doesn't know I work in (location) unless he happens to have looked that part up as well, probably has but he's not mentioned that to me so I'm not going there"	2/2/5
Exploration feels self-serving (3)	"...do I ask the question because I'm a research and I'm nosy and I want to know?"	3/1/14
Would feel like violation to ask client about experience (6)	"...that's why I'd love him to be somebody who you could nearly ask... like that it, it wouldn't be such a violation to ask him, you know, really 'let's look at what happened last spring when you found me online'"	6/1/31
Feels safer for therapist to raise topic when ending the work (6)	"...if he does go about ending the therapy, I am actually going to make it a big part of the ending... about really working with what happened"	6/2/30
Awkwardness prevented exploration (1)	"I think maybe would be more useful if I explored it more on the...umm, on the spot really when it happened, uh, if it wasn't so awkward uhh and to see what it was for her..."	1/2/15
Pull to avoid topic (5)	"...it would be easy for me to just not, not pay much attention to, to what, whatever I've been up to in my own personal life since we spoke. But as soon as, as soon as I started speaking I knew that there was something to say there"	5/2/20
Therapist feels intrusive (2, 3)	"I don't think they would be questions he would be willing to answer yet, they would be too intrusive..."	3/1/19
Client shame impacting relationship (6)	"Extraordinary shame. He's carrying huge shame at some level and we never quite got down to that"	6/1/28

Impact of shame	Embarrassment/shame (1, 3, 5)	"...at some point I must have thought well does she think less of me?"	1/1/4
	Shared experience of shame (6)	"And it is a bit of a shameful thing, people are a bit, like, embarrassed to tell people that they're online dating. So, we were both kinda in that together..."	6/2/4
	Congruent vs. hidden (3)	"I went really congruent and said 'actually I'm on there because I'm researching peoples' interactions'"	3/1/6
	Shame creating avoidance (3, 6)	"...unless I was to say 'do you remember when you...and did you look at it?' because actually that is a really shameful moment..."	3/1/14

Appendix 10: Ethics Approval Letter



13 North Common Road
Ealing, London W5 2QB
Telephone: 020 8579 2505
Facsimile: 020 8832 3070

Stacey Miller
DCPsych programme
Metanoia Institute

9th December 2016

Ref: 7/16-17

Dear Stacey

Re: The Impact of Internet Exposure on the Therapeutic Relationship

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,

A handwritten signature in blue ink that reads 'Patricia Moran'.

Dr Patricia Moran
Subject Specialist (Research), DCPsych Programme
Faculty of Applied Research and Clinical Practice

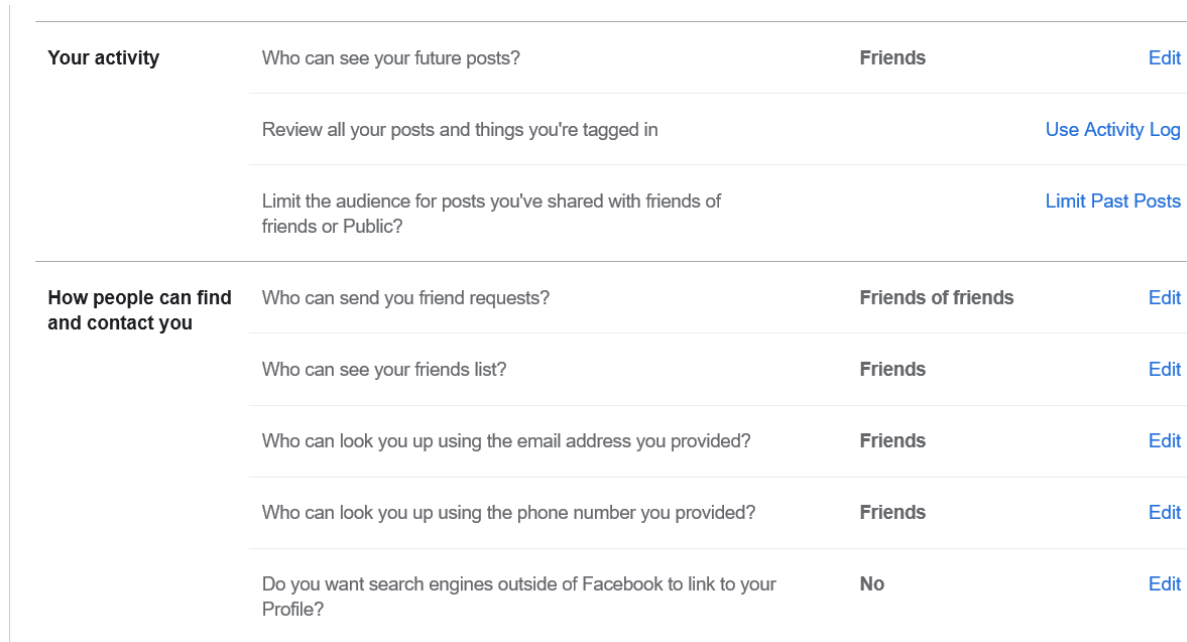
On behalf of Metanoia Institute Research Ethics Committee

Appendix 11: Privacy Settings

Online Privacy Settings

Social media websites allow users to adjust privacy settings, which allows those users a certain amount of control over – for example – what data on their profiles is publicly accessible. The privacy settings available to users differs depending on the social media site in question and technology companies frequently change or update these settings. This means that having a clear understanding of what options are available is a complex task. It is not the purpose of the present study to provide an exhaustive description of the various privacy settings that may be available.

However, in order to illustrate what is meant when I refer to “privacy settings”, I have included an example below of how a Facebook user might adjust these options to heighten the privacy of their online profile.

A screenshot of Facebook privacy settings. The table is organized into two main sections: 'Your activity' and 'How people can find and contact you'. Each section contains several rows with a question, a current setting, and an 'Edit' link. The 'Your activity' section includes settings for future posts (Friends), activity log (Use Activity Log), and past posts (Limit Past Posts). The 'How people can find and contact you' section includes settings for friend requests (Friends of friends), friends list (Friends), email lookups (Friends), phone lookups (Friends), and search engine linkouts (No).

Your activity	Who can see your future posts?	Friends	Edit
	Review all your posts and things you're tagged in		Use Activity Log
	Limit the audience for posts you've shared with friends of friends or Public?		Limit Past Posts
How people can find and contact you	Who can send you friend requests?	Friends of friends	Edit
	Who can see your friends list?	Friends	Edit
	Who can look you up using the email address you provided?	Friends	Edit
	Who can look you up using the phone number you provided?	Friends	Edit
	Do you want search engines outside of Facebook to link to your Profile?	No	Edit

Fig.1 A screenshot showing just some of the privacy settings available to Facebook users

In Fig.1 above, one can see that Facebook users are able to restrict who views their posts and other posts in which they have been tagged (identified by other Facebook users). They can decide for this information to be available to anyone, only people with whom they are friends on Facebook or a subset of those friends. The options also show that users can made restrictions on how they are discovered on Facebook. This could be useful since clients may try to search for their therapist through their email address or telephone number – contact information that clients would often receive directly from their therapists.

However, it's important to point out that these measures do not necessarily prevent clients from finding out the therapist's personal information online. Firstly, there are limits to the amount of privacy available, and this changes depending on the website. Secondly, clients could, for instances, get the information from other online sources, or create a fake profile on Facebook in an attempt to "friend" the therapist without the therapist knowing their true identity