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How Do Counsellors Make Sense of the Online Disinhibition Effect When Counselling Clients via Video-Conferencing? An Interpretative Phenomenological Analysis Study

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ABSTRACT

Objectives: This qualitative study focuses on how counsellors make sense of the online disinhibition effect via video conferencing. Whilst online disinhibition is recognised within the profession as the unregulated release of emotions when online, there is a lack of research exploring how this is experienced and understood by counsellors using video conferencing.

Method: Six counsellors participated in semi-structured interviews, 'in person' or via video-conferencing. Data was analysed using interpretative phenomenological analysis to provide a nuanced exploration of participants' rich data on their lived experiences and meaning-making processes of the online disinhibition effect via video-conferencing.

Results: Three group experiential themes were generated from the data: the phenomenology of disinhibition, adapting to technology in the post-COVID world and the therapeutic relationship via video-conferencing. Results suggest the experience of disinhibition is highly individualised with participants making sense of this concept through unique perspectives. Their understanding of online disinhibition was influenced by their transition into a post-COVID-19 world and the need to adapt to technological changes. Consequently, participants made sense of the online disinhibition effect within the video-conferencing therapeutic relationship.

Conclusion: Findings indicate counsellor and client co-experience each other, and the mediating factors of disinhibition, within the context of the technological relationship. As such, online disinhibition is seen here as a complex process of co-creation within the relationship, as opposed to something that 'happens' to the client. Training providers, supervisors and practitioners could facilitate more effective and ethical practice by increasing their awareness of the element of co-creation and highly individualised experience of online disinhibition.

1 | Introduction

This study explores how counsellors make sense of the online disinhibition effect when counselling clients via video-conferencing. By using interpretative phenomenological analysis (IPA) to make sense of therapists' unique meaning-making processes, online disinhibition can be understood

phenomenologically, as well as objectively. Exploring how online disinhibition emerges and is experienced has implications for practice, since counsellors' meaning-making processes inform their responses within the therapeutic encounter. As such, this paper seeks to understand how counsellors' unique personal responses to online disinhibition may impact their work. This study has current relevance to practice as video-conferencing is

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Implications and Recommendations

For Practice:

- Increased awareness of how video-conferencing changes the relational experience could facilitate more insightful practice, especially when hybrid working. Therapists may consider facilitating ongoing conversations with clients regarding their previous online encounters and experiences of the video-conferencing relationship. This insight into clients' personal sense of disinhibition could inform more effective practice.
- Findings suggest online disinhibition is a two-way, co-created relationship, as opposed to 'something that happens to' the client or counsellor. Consequently, disinhibition can be viewed as a shared endeavour in which clients' implicit communications can be explored. Additionally, increased awareness of therapists' contributions to the co-creation of disinhibition and their responses to the mediating factors could facilitate client process.
- Boundaries may look different from in-person sessions to encourage the exploration of disinhibition within the relationship, such as clients doing other tasks within sessions.

For Policy:

- Participants encountered their previously 'unseen' experiences of disinhibition and meaning-making processes through deep reflection. As such, policy makers and trainers might benefit from acknowledging the co-creation of online disinhibition and the highly personal meaning-making processes of client and counsellor. Consequently, the shared exploration and co-creation of online disinhibition, together with the necessity of counsellor deep reflection, could be emphasised.

more widely accepted and offered by therapists since COVID-19. This is illustrated by Pierce et al. (2020), who predict 33.3% of all therapy post-pandemic will be delivered via video-conferencing. Despite this, the experience of online disinhibition has not received detailed attention from the counselling profession.

1.1 | Background

1.1.1 | The Online Disinhibition Effect

For the purposes of this research, the online disinhibition effect is defined as 'the unregulated sharing and release of emotions due to the loosening of psychological restraints when online' (Joinson 2007) and video-conferencing is understood as an online delivery medium using the internet to connect people in a two-way, real-time audio and visual interaction.

The online disinhibition effect was introduced by Suler (2003) as a way of explaining why people may be more uninhibited online than 'in person'. He identified several factors associated with online mediums, including dissociative anonymity (identity can be hidden), invisibility (all or some of the person is unseen) and

dissociative imagination (it's not real) which can interact to create disinhibited behaviour. Additionally, people can move along a disinhibition/inhibition continuum according to the individual and the medium. To illustrate how interaction with a medium can produce different disinhibited responses, he proposed two forms of disinhibited behaviour: benign (revealing hidden emotions) and toxic (outpouring of anger/hate).

Toxic disinhibition is often linked to forms of cyberaggression. This has received extensive attention, particularly within computing and human behaviour disciplines, and when investigating adolescents and non-visual, asynchronous mediums, such as Harriman et al. (2020). These predominately quantitative studies frequently use a variety of scales to measure toxic disinhibition, such as Udris (2014). As such, subjective experiences are not often explored and focus is maintained on measuring, what is considered to be, socially unacceptable behaviour.

Conversely, benign disinhibition is often linked to increased self-disclosure and insight. Within counselling literature, there are examples of clients sharing more online; for example, Mishna et al. (2015) note email counselling facilitates students' ease of disclosure. Other studies, such as McBeath et al. (2020), include video-conferencing. However, the presence of other delivery media makes it difficult to ascertain the impact of video-conferencing on increased sharing.

1.1.2 | Current Literature Relating to Online Disinhibition

Pre-COVID-19, there was a predominance of quantitative, cognitive behavioural therapy-oriented studies investigating the effectiveness of video-conferencing therapy based on symptom reduction, perhaps leading to assumptions that video-conferencing is best suited to cognitive behavioural therapy. However, in response to the increased use of online deliveries during lockdown, more qualitative studies emerged exploring experiences of video-conferencing therapy, such as psychotherapists' attitudes (Békés and Aafjes-vanDoorn 2020). Whilst online disinhibition is more readily discussed, such as in Full et al.'s (2023) qualitative survey of online therapy, and is recognised within the BACP online competence framework (2021), there is a lack of qualitative and quantitative counselling literature exploring or measuring how this is experienced and understood within practice.

However, exploring experiences of online disinhibition could be difficult as this concept is frequently misunderstood and overlooked (Stuart and Scott 2021). Additionally, increased convenience and reduced costs of video-conferencing, along with the challenges of counsellors recognising their personal disinhibitions, may lead to a backfire effect (Trevors et al. 2016). Despite this, understanding how online disinhibition is experienced is imperative as video-conferencing continues to be used more frequently within many sectors, including business and education, as well as within counselling.

This IPA study's nuanced exploration of participants' meaning-making processes of online disinhibition via video-conferencing aims to generate findings that resonate with readers and

policy makers, facilitating further reflection and more effective practice.

1.2 | Aims

This study aims to explore how counsellors make sense of the online disinhibition effect when counselling clients via video conferencing.

2 | Method

2.1 | Design and Epistemological Position

This qualitative study investigates how counsellors make sense of the online disinhibition effect when counselling clients via video conferencing using IPA.

Qualitative methodologies, such as thematic Analysis (Braun and Clarke 2022), explore subjective participant experiences. However, IPA, with its theoretical underpinnings of phenomenology, hermeneutics and idiography, focuses on the nuanced examination of how participants make sense of their individual, lived experiences (Smith et al. 2022). By using IPA to analyse rich, experiential data from semi-structured interviews, the researcher was able to explore how counsellors made sense of their unique, situated experiences of the online disinhibition effect. An interpretative stance, incorporating the double hermeneutic, was adopted as the researcher endeavoured to interpret the participants' interpretations of their experiences.

The online disinhibition effect has been acknowledged by authors, such as Full et al. (2023), and professional bodies, such as the British Association for Counselling and Psychotherapy (BACP; 2021). This study appreciates that knowledge of online disinhibition arises from multiple, subjective experiences which are contextual and reflect the researcher's position. As such, a critical realist ontology and contextualist epistemology were assumed.

2.2 | Participants

Six qualified counsellors met the inclusion criteria. Two counsellors practised from a person-centred approach and four used integrative models. Post-qualification experience ranged from 1–10 years and video-conferencing experience from 6 months to 5 years. Four participants identified as female and two as male. All had experience of counselling individual adult clients via video-conferencing in open-ended private practice with some fixed session agency work. Their ages ranged from 20–29 years to 50–59 years. Participants were based in the UK and identified as White Irish, British/Australian Dual Nationality, White British, White Vietnamese, Black Caribbean/Black British, and Black British (Table 1).

2.3 | Recruitment Process

Purposive sampling was used to recruit participants via gatekeepers from counselling agencies in the West Midlands, UK.

TABLE 1 | Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Qualified or trainee counsellors/psychotherapists	Non-counsellors/psychotherapists
Experience of video-conferencing therapy with individual adult clients	Experience of video-conferencing with groups/non-therapeutic settings

A preceding pilot study identified a lack of awareness of online disinhibition amongst counsellors. Therefore, snowballing was employed to identify counsellors, known to participants, who might be willing to participate. Counsellors from the researcher's wider professional network were also approached. Interested counsellors were emailed the Participant Information Sheet and invited to self-nominate by emailing the researcher. Eligible participants, if willing to continue, gave written informed consent and were assigned a code.

2.4 | Interview Procedure

A semi-structured, one-to-one interview was arranged with each participant. Participants chose to meet 'in person' at a university in the West Midlands or via video-conferencing using a link sent by the researcher. Four participants elected for video-conferencing and two opted for 'in person', giving the researcher insight into participants' perspectives of using video-conferencing as a way of meeting. Interviews were conducted 'in person' in a meeting room or via video-conferencing within the researcher's office. Interviews were audio-recorded using the video-conferencing platform or a voice recorder and transcribed verbatim. Verbal informed consent was checked at the start and participants were fully debriefed after the interview.

2.4.1 | Indicative Interview Schedule

The indicative interview schedule consisted of open questions and prompts, exploring video-conferencing therapy and how online disinhibition may be experienced. The schedule had been trialled in a pilot study and refined by a consultation process involving the researcher, counsellors and representatives from the BACP.

2.5 | Analysis

Data generated from the semi-structured interviews was analysed using interpretative phenomenological analysis (Smith et al. 2022). This qualitative analysis involved a detailed focus on the individual's subjective experience, employing the double hermeneutic, in which the researcher interpreted how the participant made sense of their experience (Smith and Nizza 2022). As such, the researcher immersed herself in the data, made exploratory notes, constructed personal experiential statements and developed personal experiential themes. Finally, group experiential themes were generated if personal experiential themes were present for at least three participants (Smith 2011). The researcher's responses were captured in a reflective journal

to increase awareness of her preconceptions and acknowledge her influence on the interpretative process.

2.6 | Reflexive Statement

The researcher is a lecturer in counselling and a counsellor, working with clients 'in person' and via video-conferencing. Whilst acknowledging the benefits of video-conferencing therapy for some clients, her preference is for working face to face. As a counsellor, she can relate to some participant experiences of video-conferencing, for example, feeling separated by the screen. Increased video-conferencing during the pandemic stimulated the researcher's interest in the online disinhibition effect. Further reflection revealed past trauma had led to a belief that being disinhibited was dangerous. As a lecturer, the desire to educate trainees on the 'dangers' of the online disinhibition effect was noted. Without awareness, distortion of the data could occur by 'over-seeing' online disinhibition or not appreciating when this could be helpful. Reflective journaling and supervisory discussions enabled her to bring her experiences into the study with increased awareness and appreciation of the potential influence upon the interpretative endeavour.

2.7 | Ethics

Ethics approval was received from Birmingham Newman University. As a counsellor, the researcher was regarded as an insider (Breen 2007). Awareness of her preconceptions regarding the counselling profession and video-conferencing was facilitated by a commitment to reflexivity. Within her professional network, the researcher avoided informing counsellors with whom she had close contact about the study and potential participants self-nominated to minimise any power imbalance. The use of gatekeepers also minimised the likelihood of counsellors feeling obligated. Participants were fully informed and given opportunities to clarify their understanding. Participants indicated written informed consent and ongoing verbal consent was checked (British Association for Counselling and Psychotherapy 2018). Participant data was anonymised, including references to clients. Codes and pseudonyms were used to protect participant identity. Interviews were carried out in a confidential space and the participant's space was also checked for confidentiality when using video-conferencing. Data were held securely and accessible only to the researcher and her supervisor (Data Protection Act 2018). Counsellors are not considered a vulnerable group; however, online disinhibition could result in oversharing with the researcher. If distressed, the interview would be terminated and all data deleted. A thorough debrief, including signposting to support organisations, ensured participants were satisfied with their disclosures and the option to withdraw for up to 2 weeks after the interview was communicated.

3 | Results

3.1 | Interview Medium

Participants were given the choice to meet 'in person' or via video-conferencing for the interview, giving insight into how participants experienced both mediums. Two participants

chose an 'in-person' interview, expressing this as their preferred way of meeting. Four participants opted for video-conferencing (VC) referring to increased convenience (Table 2).

David expressed a strong preference for face-to-face interactions based on how he perceived the interaction.

My preference is very, very much to meet face to face...I find face to face just much more personable and much more revealing. For me, actually I think it's the quality and nature of the information exchanged face to face, I think it's very different to online.

(David, L18-28)

Similarly, Helena preferred meeting 'in person'. However, her reasons related to being able to pace herself more effectively face to face.

I quite prefer being face to face, I think it's the way my brain works, I can't say that I can focus the same way online as I do face to face. I think I'm able to slow myself down a bit more face to face. My brain is very, it's very switched on...So, I find myself being in a rush for it (VC) to end sometimes.

(Helena, L12-23)

Spencer valued the reduced travel and increased work efficiency offered by video-conferencing.

It's the convenience, more than anything...this session might take an hour and a half...it starts there and it ends there. Whereas if we added in travelling time...it

TABLE 2 | Choice of interview medium.

Pseudonym	Choice of interview medium	Illustrative quotes: line number
David	In person	'My preference is very, very much to meet face to face' L18-19
Helena	In person	'I quite prefer being face to face' L12
Chantelle	VC	'I just thought it would benefit more by being face to face' L31
Grace	VC	'I think I quite enjoy face to face but the convenience today kind of outweighed that' L44-45
Samantha	VC	'It fits around my diary nicely' L13
Spencer	VC	'It would be convenience more than anything' L19

TABLE 3 | Summary of group experiential themes and group level subthemes.

Group experiential themes and subthemes	Illustrative quotes	Pseudonym: line number
3.2.1. The Phenomenology of Disinhibition	‘You’re kind of a bit more undone’	Grace, L297
3.2.1.1 Emotional experience of being disinhibited	‘When I feel really understood, really heard, really supported, that deliberate editing and filtering seems to disappear’	David, L378-380
3.2.1.2 Making sense of being disinhibited	‘I’m thinking, is it because they have a personality disorder?’	Chantelle, L104
3.2.2 Adapting to Technology in the Post Covid World	‘It’s as though you’re together but you’re not, actually’	Grace, L57 Samantha, L635
3.2.2.1 It’s effortful and weird	‘Why not embrace the technology of this way of working?’	
3.2.2.2 Working with the technology		
3.2.3 The Therapeutic Relationship via Video-Conferencing	‘There’s an element of feeling less real with a person being on a screen’	Grace, L946 Samantha, L321
3.2.3.1 Impact of the technology change upon the video-conferencing therapeutic relationship	‘Actually, that’s an awful lot for two sessions’	
3.2.3.2 The video-conferencing therapeutic relationship as the context for the online disinhibition effect		

makes it harder to navigate. Remotely allowed minimal disruption to other schedules in the background.

(Spencer, L19-36)

3.2 | Group Experiential Themes

Three group experiential themes and six group level subthemes were generated from the data (Table 3).

All participants used a personal perspective to express their understanding of disinhibition. Feeling disinhibited was often understood in relation to its counterpart, feeling inhibited. Throughout the interview, participants made sense of the online disinhibition effect in terms of adapting to the technology and different ways of working brought about by COVID-19. They also made sense of online disinhibition within the therapeutic relationship which was, itself, informed by these technology changes.

3.2.1 | The Phenomenology of Disinhibition

The online disinhibition effect is often introduced to counsellors as a concept associated with online work. However, all participants made sense of this through their *own* personal responses to being disinhibited.

3.2.1.1 | Emotional Experience of Being Disinhibited. Three participants described a sense of freedom and feeling relaxed when disinhibited with others ‘in person’, whilst remaining participants found their online experiences unsettling. Most participants mentioned feeling shame afterwards.

For Grace, reduced emotional regulation and being ‘undone’ allowed her to be playful and have fun. Believing she behaved in

a socially acceptable way was not a protection from her shame afterwards.

I guess I’m more chatty with the waiters and a bit more outgoing than usual... a bit more ‘undone’ if you like...I think if I’m in that kind of mood, it’s very fun, it’s enjoyable. And then at the same time, sometimes I come away and think, “Oh gosh, was I a bit much?”

(Grace, L292-321)

For Samantha, recalling past behaviour online, where she expressed her opinions more forcibly than she would in person, brought up intense feelings of shame.

It’s embarrassing...It’s cringy, I used to have a Twitter account when I was a teenager and I would share opinionated things on there that I wouldn’t have been comfortable to voice...That’s hideous (moving in seat and looking away)...remembering that.

(Samantha, L198–233)

3.2.1.2 | Making Sense of Being Disinhibited. Participants’ meaning-making of being disinhibited differed according to whether it occurred ‘in person’ or online. Three participants attributed disinhibited behaviour ‘in person’ to feeling comfortable and free from judgement. For other participants, online disinhibition was linked to cyberbullying and trying to understand this raised more questions.

David understood his disinhibition as occurring on a continuum, representing how much he shares of himself. This was strongly related to his perception of safety within relationships.

I think it's a really important measure for me of how supported and safe I feel in an environment, in a group, in a relationship, in a friendship...When I think about personal relationships and friendships I have where I feel really understood, really heard, really supported, that deliberate editing and filtering seems to disappear.

(David, L363-380)

Chantelle was puzzled by nasty comments online and struggled to comprehend.

Is it because they have a personality disorder because they wouldn't say it face to face? Or is it because they just disagreed and it gives you the confidence?...You can be anyone you want to be. It's a kind of escape. Or is it desires?

(Chantelle, L104-107)

3.2.2 | Adapting to Technology in a Post-Covid World

Lockdown restrictions during the pandemic forced many counsellors to move their 'in-person' practice to a technological delivery medium. Only one participant had used video-conferencing pre-COVID; the remaining participants spoke of how their relationship with technology had altered as a result of the pandemic. Adapting to these technological changes influenced how participants made personal sense of online disinhibition.

3.2.2.1 | It's Effortful and Weird. All participants acknowledged the pressure of accommodating practicalities, such as ensuring a confidential space at home. However, four participants described the effort associated with a sense of dissonance. Grace and David articulated the tiring struggle of comprehending how they can be simultaneously apart, yet together.

It takes more mental effort because it's as though you're together but you're not, actually, so it sometimes feels like the non-verbal cues and things are slightly delayed and it just feels like it takes more concentration.

(Grace, L56-61)

I think there's this kind of dissonance between what my body is aware of which is we are separate and what my brain is trying to make sense of which is we are connected. And that dissonance is hard to resolve...I was trying to fool myself I was in contact with others when I wasn't and that's tiring.

(David, L67-77)

However, for Samantha, there was a sense of ease which enabled her to enjoy video-conferencing.

I quite like being able to be online...I feel I can still get quite a connection with clients that I speak with online and faced with that choice, I still enjoy this way of meeting (video-conferencing).

(Samantha, L14-33)

3.2.2.2 | Working With the Technology. For many counsellors, adapting to the technology, during and after the pandemic, involved learning how to work with the technology. Most participants described how they learned to use certain aspects of video-conferencing to facilitate the counselling process. Samantha recalled clients turning their cameras off. She saw this as helpful to the client. For her, the technology became integrated into and inseparable from the therapeutic process.

They weren't trying to avoid anything. We had conversations about, just kind of, helping them think about their life and things...I think sometimes the technology becomes part of it as well.

(Samantha, L602-604)

Grace described the reassurance derived from checking her image and how this helped her make sure she was coming across in the way she intended.

I'm making sure I'm working smoothly with the medium. Is the medium capturing what I want it to? Am I operating in a way that fits in with the (reduced) non-verbal's and stuff?

(Grace, L893-897)

Conversely, David was frustrated by the increased use of technology as he saw it blocking genuine human contact.

I still find there's a real hangover for me from COVID. I get that there was necessity at a time when meeting had to happen online... but now, you know, we've become used to that being a way of communicating. It's far more prevalent now than pre-COVID and I find it gets in the way.

(David, L506-514)

3.2.3 | The Therapeutic Relationship via Video-Conferencing

Participants described how the increased use of technology post-COVID changed their experience of the therapeutic relationship. The video-conferencing therapeutic relationship, co-created between counsellor and client, is experienced by both through the technology.

3.2.3.1 | Impact of the Technology Change Upon the Therapeutic Relationship. Whilst the therapeutic relationship was experienced differently through the technology, most participants felt the underlying quality was not compromised.

However, four participants felt the video-conferencing therapeutic relationship was harder to build. Being in different physical locations meant additional care was required to create an online space that felt shared. Grace described the dissonance between knowing the client is real but experiencing the image differently.

There's an element of feeling less real with a person being on a screen, rather than sitting face to face with someone where you can say "Ok. You're here! You're a person!" There's an added element of making that online relationship feel real and established and trusted, perhaps.

(Grace, L946-952)

Conversely, for David, this dissonance was pronounced and impossible to resolve.

It's a connection but it's different, it's different. It's different. And for me, I feel it's less than, it's lacking, in so much as it's lacking human connection.

(David, L64-68)

Most participants spoke of seeing themselves on the screen as distracting. Several participants noticed the need to check their appearance; Samantha accommodated this by generalising her actions.

I think there's like a general thing and all of us just want to know, "Do I look alright?"

(Samantha, L453-454)

All participants mentioned the lack of direct eye contact and loss of non-verbal cues as relational considerations. However, most participants accommodated these practically and felt the therapeutic relationship was uncompromised. Chantelle described her confusion of feeling unable to offer empathy in the same relational way as 'in person' whilst, simultaneously, being able to access different information.

From what they're saying on the screen, they could be fidgeting with their hands and I wouldn't know... There were restrictions with extending my core conditions but, at the same time, the face does say a lot as well.

(Chantelle, L808-819)

3.2.3.2 | The Video-Conferencing Therapeutic Relationship as Context for the Online Disinhibition Effect. The participants made sense of the online disinhibition effect through the therapeutic relationship which was, itself, informed by the technology. Most participants noted clients sharing more quickly, although this was not always named as disinhibition. Samantha realised the increased pace with surprise afterwards.

I've found myself saying; "That's two sessions! Actually, that's an awful lot for two sessions!" When I

was working in person, it would have taken longer to tease that information out.

(Samantha, L320-323)

Spencer was also surprised at the speed of client emotions, understanding this as a function of the relationship.

I didn't expect them to become so emotional so quickly...I just thought the relationship was there.

(Spencer, L774-788)

Conversely, David felt disinhibited sharing prevented him from assessing the quality of the relationship, illustrating this with a personal example.

I measure the quality of those relationships based on how able to trust I felt...If we get to a point where I feel able to trust you and speak openly about this aspect of my life, it's how we know that we're forming stronger bonds.

(David, L654-665)

Other participants made sense of increased sharing in various ways, such as clients feeling protected by the screen, feeling less real or removed. Grace described how increased physical distance, paradoxically, can feel closer, facilitating increased sharing.

Clients come into the space already dysregulated from something that's just happened...They're still in that space and you're joining them in that space...It's like you're joining them where they are.

(Grace, L1328-1334)

Some participants made sense of increased sharing as a measure of clients' comfort within their own environment. Additionally, several participants felt relaxed at home, including Chantelle, who described the implications of feeling too comfortable.

I had to really focus because when you're in your own space, maybe you can get too comfortable and there's things around your room, a pen here and you can start playing with it...Too comfortable is slipping out of that professionalism.

(Chantelle, L403-462)

Most participants noticed how technology enabled clients to communicate different aspects of themselves by their appearance. Spencer used the room chosen by his client as an indication of what was needed in the relationship.

Just by what room he sits in, I get an idea of what mood he is in.... So maybe I can sit back a little or do I need to come forward?

(Spencer, L1080-1087)

Helena described how some clients use technology to communicate their fear.

Some clients have dim lighting and hair in their face... Hiding is the word that would always come, which is they're feeling exposed and almost trying to protect themselves in that moment.

(Helena, L614-619)

All participants observed how technology increases client autonomy. Shifting power dynamics were mostly understood as helpful but raised uncertainty in holding boundaries. Grace described her internal conflict when a client's tidying up aided freer speech but was contrary to usual 'in-person' practice.

They tended to over-analyse their feelings but when they were tidying up, they were a bit freer in the way they were speaking. It left me weighing up, "Do I stop them? Or do I roll with it?"

(Grace, L461-466)

Spencer described clients rushing to leave and his struggle to manage abrupt technological endings.

I'm trying to maintain the boundaries...They've got to go and you can see them moving around the house and now, they're actually starting to get ready (putting coat on)...It's something about the comfort of their environment, they're free.

(Spencer, 437-443)

4 | Discussion

The group experiential themes generated from the data (the phenomenology of disinhibition, adapting to technology in the post-COVID world, and the therapeutic relationship via video-conferencing) will be explored by drawing on current literature to deepen understanding of participants' meaning-making processes. The final theme was central to participants' meaning-making processes. As such, this will be given additional attention.

4.1 | The Phenomenology of Disinhibition

The online disinhibition effect refers to the 'unregulated sharing and release of emotions due to the loosening of psychological restraints when online' (Joinson 2007). The way in which participants made sense of this was influenced by their attitudes towards video conferencing and reflected in their choice of interviewing medium.

Participants who felt comfortable using video-conferencing chose this medium due to its increased convenience. However, other participants preferred the relational aspects of meeting 'in person', including Helena, who was less able to self-regulate via video-conferencing. Perhaps this alluded to her experience of online disinhibition and the need for a regulating physical presence (Geller 2021).

These differing experiences of video-conferencing illustrate the personal ways in which counsellors experience and make sense of the technology and, therefore, the online disinhibition effect. Suler (2016) acknowledges this wide individual variation, suggesting people move along an inhibition/disinhibition continuum, depending on the person and the medium. This could account for David's acknowledged restraint via video-conferencing whilst other participants freely described their shame associated with past disinhibited behaviour. This mirrors findings from studies, including Mishna et al. (2015), concluding shame-related issues are more easily disclosed. Although not often named, increased ease of disclosure appears to correspond with benign disinhibition (Suler 2005); hidden feelings are divulged more quickly than in person. Despite demonstrating participant care, it is possible online disinhibition occurred during the video-conferencing interviews, influencing the findings.

All participants used personal experiences of disinhibition to make sense of the online disinhibition effect. Participants described being disinhibited 'in person' as having fun and feeling free, understanding this as feeling safe within their relationships. David described difficulty in determining what to share, echoing Gorissen (2024); sharing 'in-person' involves a detailed decision-making process balancing perceived safety and risk of divulging. Conversely, participants experienced being disinhibited online as more spontaneous and less joyful. Samantha regretted her self-opinionated sharing via Twitter, understanding this as a function of immaturity. Aligning with Evans (2009), most participants experienced retrospective shame, irrespective of the medium, illustrating the importance of counsellor sensitivity towards clients' disinhibited sharing.

Participants, however, struggled to make sense of online disinhibition, frequently linking it to cyberbullying. Sources, including Huang et al. (2019), suggest this is toxic disinhibition: 'the outpouring of anger and aggression' (Suler 2005). This expression of toxic disinhibition has received extensive attention within the computing and human behaviour disciplines. Numerous studies investigate adolescents and non-visual, asynchronous mediums; for example, Harriman et al.'s (2020) study on youth exposure to hate online. This is in contrast to the lack of research focusing on the online disinhibition effect within counselling and has significance for the increasing number of therapists using video-conferencing post COVID-19. Without sufficient understanding, practice may be compromised.

4.2 | Adapting to Technology in the Post-COVID World

Whilst making sense of online disinhibition, participants spoke of how the sudden move to video-conferencing therapy during COVID-19 resulted in an unfamiliar world. Awareness of the online disinhibition effect came about as part of this new way of working and was understood as part of their own personal transition in adapting to the technology. This involved an effortful accommodation of practicalities, as stated by Full et al. (2023), and attempts to resolve a sense of dissonance. Participants

struggled to comprehend how they could be simultaneously separated from their clients, yet together.

Susman (2021) explains how technology is experienced as simultaneous connection and separation, resulting in an illusion of presence. Suler (2016) concurs, stating our perception of reality changes when online. Therefore, resolving the dissonance described by participants occurs as the rational knowledge of separation is experientially forgotten, allowing their imagination to become reality. This changing perception of reality, combined with inherent time delays, suggests that participants, and possibly clients, could be experiencing dissociative imagination and asynchronicity, which are named by Suler (2005) as mediating factors of online disinhibition.

As most participants developed ways of adapting to and working with the technology, additional mediating factors of disinhibition became evident. For example, Samantha embraced the technological flexibility which enabled clients to turn their cameras off and speak more freely. Evans (2009) explains how invisibility resulting from cameras being turned off can lead to clients experiencing a sense of anonymity. Consequently, they may feel less accountable for their actions, resulting in disinhibited speech.

Whilst most participants felt working with the technology was helpful to the client process, David struggled. He experienced it as obstructing genuine contact, reflecting the highly subjective nature of individual positioning along the inhibition/disinhibition continuum.

Moreover, research seldom acknowledges cameras being turned off during video-conferencing therapy. Hence, potential changes to the mediating factors of disinhibition and subsequent impact upon the therapeutic relationship are overlooked.

4.3 | The Therapeutic Relationship via Video-Conferencing

Participants' experiences of the therapeutic relationship were changed as a result of using technology, reiterating Suler's (2016) view that a different relationship exists online. However, most participants stated that its effectiveness, as a predictor of outcome, was uncompromised. This aligns with Norwood et al.'s (2018) meta-analysis which concluded that video-conferencing therapy is not inferior to face-to-face therapy.

However, the response to video-conferencing and to the inherent mediating factors of disinhibition is highly subjective. Physical distance and partial invisibility compromised David's noticing of himself and the client, leading to emotional disconnection. A cross-sectional study by Rathenau et al. (2021) acknowledges these challenges, concluding that they are largely determined by therapist attitude. This study concurs; participants' views of video-conferencing mirror their ease or discomfort within the technological relationship. This has significance for practitioners when deciding to practise via video-conferencing.

Dunn and Wilson (2021) describe the technological relationship as a triangle between counsellor, client and the screen.

Participants understood this as the integration of the technology into the experience of the relationship, whilst appreciating the relationship, itself, was being informed by the technology. As such, participants and clients were simultaneously co-experiencing the mediating factors of disinhibition and making individualised sense of this within the relationship. Participants described how co-experiencing these mediating factors impacted the relationship. For example, Grace felt a sense of unrealness which she attributed to the physical distance, partial invisibility and slight asynchronicity. These mediating factors of disinhibition are co-experienced by clients and co-created responses are expressed within the therapeutic relationship.

Most participants felt the relationship initially required additional attention to build trust. They noticed emphasised facial expressions aided this process, mirroring suggestions by Fisher et al. (2021) for ostensive cues. Conversely, Fletcher-Tomenius and Vossler (2009) found online trust was easier to build initially due to anonymity. However, they considered various online delivery mediums, including online chat, in which anonymity is more pronounced. It may be that co-experiencing the mediating factors of disinhibition resulted in increased client sharing, which was interpreted as trust. Implications for practice are evident, as increased client sharing may not be indicative of a strong relationship.

When considering anonymity, Lapidot-Lefler and Barak (2012) proposed a 'sense of unidentifiability', where certain parts can be seen, but not the whole. Whilst they manipulated visibility in online chatrooms, this captures participants' experiences of video-conferencing. It may also account for participants checking their appearance, as this sense of unidentifiability, combined with distance, heightens self-awareness whilst diminishing awareness of others. Video-conferencing offers the option of checking and it appears participants felt more able to look. Perhaps this is a subtle expression of online disinhibition, co-experienced by counsellors and clients within the online relationship. Counsellors require awareness of this, as client focus is momentarily lost.

Most participants described increased sharing by clients within the relationship, mirroring studies such as McBeath et al. (2020). Although increased sharing is frequently linked to benign disinhibition and participants were familiar with this concept, online disinhibition was not foremost in their minds when recalling increased client disclosure. However, in making individualised sense of this co-experience, participants named mediating factors of disinhibition, such as lack of direct eye contact and reduced visibility of clients, aligning with Barker and Barker (2022). Others attributed this to the protective quality of the screen (Matheson and Kegerreis 2023), whilst Grace felt joining clients in their environments led to a closer relationship in which increased sharing was possible, named by Zeavin (2021) as distanced intimacy. However, contamination of client space may occur, resulting in practitioners becoming more restrained (Arribas-Ayllon 2022). Counsellors require awareness of this individualised co-experience for effective practice.

Participants also understood clients being in their own space as increasing client autonomy, describing clients doing tasks, such as cleaning, and expressing themselves more freely, aligning

with Full et al. (2023). Participants made sense of this as clients' ability to express themselves differently via video-conferencing. However, this was not associated with online disinhibition or risk, despite attenuated status and authority being mediating factors (Suler 2016). Some participants experienced tension when client tasks appeared to facilitate client sharing but were in opposition to traditional 'in-person' boundaries. Perhaps different boundaries are required via video-conferencing to facilitate the relationship, whilst attending to potential risk.

Participants' experiences of their own space influenced how they experienced the client. Chantelle became too comfortable and distracted, aligning with Full et al. (2023), whilst others wore casual clothes outside of the clients' view. On occasion, these relaxed behaviours led to different client responses within the relationship, reiterating the need for practitioner awareness. Resonating with previously discussed findings, online disinhibition was seen as a co-creative process within the relationship.

5 | Conclusions

Whilst existing studies refer to increased sharing online and discuss online disinhibition, this study focuses on how counsellors make sense of the online disinhibition effect via video-conferencing. These findings suggest the experience of disinhibition is highly individualised, with participants making sense of this concept through very personal perspectives. Their understanding of online disinhibition was influenced by their transition into a post-COVID-19 world and the need to adapt to technological changes. Consequently, counsellor and client co-experience each other, and the mediating factors of disinhibition, through the technology within the context of the relationship. The relationship, itself, is continually informed by the technology. As such, online disinhibition is seen here as a complex process of co-creation within the video-conferencing relationship, as opposed to something that 'happens' to the client.

6 | Strengths and Limitations of the Research

6.1 | Strengths

This is thought to be the only study focusing on how counsellors make sense of the online disinhibition effect when counselling clients via video-conferencing. By employing IPA and committing to researcher reflexivity, these findings provide a nuanced exploration of participants' lived experiences and meaning-making processes of online disinhibition. Moreover, engaging in community-based participatory research and a pilot study increased the relevance of findings to practice. Aligning with representational generalisability (Lewis 2014), these findings may resonate with the reader, allowing further reflection. Additionally, this study was conducted 4 years after COVID-19, allowing for anxiety associated with the pandemic and changes in practice to subside. Therefore, participants had more opportunity to use video-conferencing and reflect on their practice. Finally, many studies combine video-conferencing with other online deliveries. By focusing on video-conferencing, this research allows for the experience of the specific relational

dynamics associated with online disinhibition to be explored more fully.

6.2 | Limitations

Participants might not have felt comfortable disclosing their experiences of disinhibition. However, it is possible online disinhibition may also have occurred during the video-conferencing interviews, influencing overall findings. As most participants worked in private practice, their experience of clients from disadvantaged backgrounds who might encounter barriers accessing the technology might be limited. Additionally, the backfire effect (Trevors et al. 2016) may be present as acknowledging therapist disinhibition could challenge participants' views of themselves as competent practitioners. Finally, the researcher was a counsellor and novice interviewer. On occasions, she reflected rather than enquired, potentially decreasing the richness of the data.

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Ethics Statement

This study conforms to the Declaration of Helsinki on the Ethical Principles Involving Human Participants. Ethics approval was granted by Birmingham Newman University, reference number: 1642. Specific ethical considerations are discussed within the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

- Arribas-Ayllon, M. 2022. "Caring Through Things at a Distance: Intimacy and Presence in Teletherapy Assemblages." *Sociology of Health & Illness* 5: 1–16.
- Barker, G., and E. Barker. 2022. "Online Therapy: Lessons Learned From Covid-19 Health Crisis." *British Journal of Guidance and Counselling* 50, no. 1: 66–81.
- Békés, V., and K. Aafjes-vanDoorn. 2020. "Psychotherapists' Attitudes Toward Online Therapy During the Covid-19 Pandemic." *Journal of Psychotherapy Integration* 30, no. 2: 238–247.
- Braun, V., and V. Clarke. 2022. *Thematic Analysis: A Practical Guide for Beginners*. Sage.
- Breen, L. 2007. "The Researcher in the Middle: Negotiating the Insider/Outsider Dichotomy." *Australian Community Psychologist* 19, no. 1: 163–174.

- British Association for Counselling and Psychotherapy. 2018. *Ethical Guidelines for Research in the Counselling Professions*. British Association for Counselling and Psychotherapy.
- British Association for Counselling and Psychotherapy. 2021. *Online and Phone Therapy Competence Framework*. British Association for Counselling and Psychotherapy.
- Data Protection Act. 2018. Accessed 14th June 2024. <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>.
- Dunn, K., and J. Wilson. 2021. "When Online and Face-to-Face Counselling Work Together: Assessing the Impact of Blended or Hybrid Approaches Where Clients Move Between Face-to-Face and Online Meetings." *Person-Centered & Experiential Psychotherapies* 20, no. 4: 312–326.
- Evans, J. 2009. *Online Counselling and Guidance Skills: A Practical Resource for Trainees and Practitioners*. Sage Publications Ltd.
- Fisher, S., T. Guralnik, P. Fonagy, and S. Zilcha-Mano. 2021. "Let's Face It: Video-Conferencing Therapy Requires Extensive Use of Ostensive Cues." *Counselling Psychology Quarterly* 34, no. 3–4: 508–524.
- Fletcher-Tomenius, L., and A. Vossler. 2009. "Trust in Online Therapeutic Relationships: The Therapist's Experience." *Counselling Psychology Review* 24, no. 2: 24–34.
- Full, W., A. Vossler, A. Moller, J. Pybis, and J. Roddy. 2023. "Therapists' and Counsellors' Perceptions and Experiences of Offering Online Therapy During COVID-19: A Qualitative Survey." *Counselling and Psychotherapy Research* 24: 703–718.
- Geller, S. 2021. "Cultivating Online Therapeutic Presence: Strengthening Therapeutic Relationships in Teletherapy Sessions." *Counselling Psychology Quarterly* 34, no. 3–4: 687–703.
- Gorissen, M. 2024. "It's Just a Distance Thing: Affordances and Decisions in Online Disclosure of Sexual Violence Victimization." *Journal of Interpersonal Violence* 3: 1–31.
- Harriman, N., N. Shortland, M. Su, T. Cote, M. Testa, and E. Savola. 2020. "Youth Exposure to Hate in the Online Space: An Exploratory Analysis." *International Journal of Environmental Research and Public Health* 17, no. 22: 8531.
- Huang, C., S. Zhang, and S. Yang. 2019. "How Students React to Different Cyberbullying Events: Past Experience, Judgment, Perceived Seriousness, Helping Behaviour and the Effect of Online Disinhibition." *Computers in Human Behavior* 110: 106338.
- Joinson, A. 2007. "Disinhibition and the Internet." In *Psychology and the Internet: Intrapersonal, Interpersonal and Transpersonal Implications*, edited by J. Gakenbach, 75–92. Academic Press.
- Lapidot-Lefler, N., and A. Barak. 2012. "Effects of Anonymity, Invisibility and Lack of Eye Contact on Toxic Online Disinhibition." *Computers in Human Behavior* 28: 434–443.
- Lewis, J. 2014. "Generalising From Qualitative Research." In *Qualitative Research Practice*, edited by J. Ritchie, J. Lewis, C. McNaughton Nicholls, and R. Ormston, 347–366. Sage.
- Matheson, C., and S. Kegerreis. 2023. "The Genie's Out of the Bottle: The Impact of Working With Individual Psychodynamic Psychotherapy for Therapists and Clients, and Its Lessons for Psychodynamic Training." *British Journal of Psychotherapy* 39, no. 3: 573–591.
- McBeath, A., S. du-Plock, and S. Bager-Charleson. 2020. "The Challenges and Experiences of Psychotherapists Working Remotely During the Coronavirus Pandemic." *Journal of Counselling and Psychotherapy Research* 20: 394–405.
- Mishna, F., M. Bogo, and J. Sawyer. 2015. "Cyber Counselling: Illuminating Benefits and Challenges." *Journal of Clinical Social Work* 43: 169–178.
- Norwood, C., N. Moghaddam, S. Malins, and R. Sabin-Farrell. 2018. "Working Alliance and Outcome Effectiveness in Videoconferencing Psychotherapy: A Systematic Review and Non-Inferiority Meta-Analysis." *Journal of Clinical Psychology and Psychotherapy* 25, no. 6: 797–808.
- Pierce, B., P. Perrin, and S. McDonald. 2020. "Path Analytic Modelling of Psychologists' Openness to Performing Clinical Work With Telepsychology: A National Study." *Journal of Clinical Psychology* 76, no. 6: 1135–1150.
- Rathenau, S., D. Sousa, A. Vaz, and S. Geller. 2021. "The Effects of Attitudes Towards Online Therapy and the Difficulties Perceived in Online Therapeutic Presence." *Journal of Psychotherapy Integration* 32, no. 1: 19.
- Smith, J. 2011. "Evaluating the Contribution of Interpretative Phenomenological Analysis." *Health Psychology Review* 5, no. 1: 9–27.
- Smith, J., P. Flowers, and M. Larkin. 2022. *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage.
- Smith, J., and I. Nizza. 2022. *Essentials of Interpretative Phenomenological Analysis*. American Psychological Association.
- Stuart, J., and R. Scott. 2021. "The Measure of Online Disinhibition (MOD): Assessing Perceptions of Reductions in Restraint in the Online Environment." *Computers in Human Behavior* 114: 1–10.
- Suler, J. 2003. "The Psychology of Cyberspace." Accessed 10th June 2024. <https://www.johnsuler.com/pdfs/psycyber.pdf>.
- Suler, J. 2005. "The Online Disinhibition Effect." *International Journal of Applied Psychoanalytic Studies* 2, no. 2: 184–190.
- Suler, J. 2016. *Psychology of the Digital Age*. Cambridge University Press.
- Susman, K. 2021. "Between the Tiles: The Psychology of the Virtual Room." *Person-Centred and Experiential Psychotherapies* 20, no. 4: 327–344.
- Trevors, G., K. Muis, R. Pekrun, G. Sinatra, and P. Winne. 2016. "Identity and Epistemic Emotions During Knowledge Revision: A Potential Account for the Backfire Effect." *Discourse Processes* 53, no. 5–6: 339–370.
- Udris, R. 2014. "Cyberbullying Among High School Students in Japan: Development and Validation of the Online Disinhibition Scale." *Computers in Human Behavior* 41: 253–261.
- Zeavin, H. 2021. *The Distance Cure: A History of Teletherapy*. MIT press.