



LJMU Research Online

Blundell, P

#TherapistsConnect: Our voices are stronger together

<http://researchonline.ljmu.ac.uk/id/eprint/14146/>

Article

Citation (please note it is advisable to refer to the publisher's version if you intend to cite from this work)

Blundell, P (2020) #TherapistsConnect: Our voices are stronger together. *Psychotherapy and Politics International*, 19 (1). ISSN 1476-9263

LJMU has developed **LJMU Research Online** for users to access the research output of the University more effectively. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in LJMU Research Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.

The version presented here may differ from the published version or from the version of the record. Please see the repository URL above for details on accessing the published version and note that access may require a subscription.

For more information please contact researchonline@ljmu.ac.uk

<http://researchonline.ljmu.ac.uk/>

Notes from the Front Line

#TherapistsConnect: Our voices are stronger together

Peter Blundell

Affiliation:

Contact:

Email: p.j.blundell@ljmu.ac.uk

Abstract

KEYWORDS:

1 | INTRODUCTION

Social media is both a terrifying terrain to navigate and an abundant resource for discussion and debate. Some of the perils of social media for therapists are no different than those faced by the general public. For example, social media comments are often permanently recorded and sharable with others (often shared with audiences not originally envisaged by the author), with the privacy settings of social media platforms not always being clear. However, there are some risks which are particularly pertinent to therapists and their role. These include, ensuring appropriate boundaries with clients, upholding the values of the profession, and adhering to the requirements of their membership body—all of which are matters of judgement. In addition, the benefits of social media for therapists can be an important factor in addressing a variety of problems, both individually and collectively.

In this article I explore a selection of these themes; particularly my own experiences with Twitter and, specifically, creating and promoting the hashtag #TherapistsConnect which I initiated in January 2020. I argue that therapists could be more creative in their use of social media as a political process, to build stronger networks, for both connectivity and collaboration. I advocate for a reflective approach to social media, which includes a consideration of our own bias when sharing and discussing therapy related topics. I argue that there is a necessity for therapists to use social media to challenge harmful and false narratives around therapy. Finally, I advocate for therapists using their online presence to draw attention to issues affecting those with less powerful voices than our own.

2|

Therapists can often feel like we work in isolation, away from peers and professional colleagues. Client work is based on a secure and confidential relationship between the therapist and the client. A supportive supervisor or manager may offer additional opportunities to connect with other professionals who understand the role. Similarly, training and continuing professional development (CPD) can offer valuable occasions to connect with peers. However, for the majority of our working day, we are not necessarily connecting with

other therapists. In my opinion, social media can offer us a means for addressing potential feelings of isolation or disconnection from our fellow therapists. Furthermore, it offers us a broader opportunity to connect with the wider public. However, this requires us to navigate a variety of potential risks and challenges.

My own use of social media has often been for personal rather than professional reasons. Nonetheless, in 2018 I decided to join Twitter with the aim of increasing my professional networks and engaging in discussions with other therapists. My overall experience was positive; I was able to access new found resources while engaging in topical debates about counselling and psychotherapy. For example, I found social media a very valuable tool for debating the SCoPEd framework proposed by a variety of membership bodies in the United Kingdom, and it has enabled me to access a broad array of therapists' opinions on the subject.

Despite enjoying the benefits of social media (in particular Twitter), I wondered if there was a way to build greater connections with other therapists online. In January 2020, I sent out a single tweet. The aim was to inspire therapists to connect with each other on social media, while further developing my own professional networks. I promised to retweet all replies and encouraged others to do the same; my tweet included the hashtag – #TherapistsConnect (see Blundell, 2020). I had modest expectations; however, the original tweet has now reportedly been seen by over 70,000 people. The response to this request was overwhelming. There was an overarching theme of positivity and a desire by therapists to connect with others in the profession. Those who responded often wanted to share the type of work that they do, whilst also engaging in discussions about therapy.

Due to this tweet, I have been contacted online by a variety of therapists, who have reported that they do often feel isolated and alone. There is limited research into feelings of isolation and loneliness in therapists. Winning (2010) explored the lived experience of lone working counsellors (i.e., those working in organisations without other counsellors as colleagues). Participants in this study identified isolation as one of the biggest challenges they faced— isolation because of their environment, as well as social isolation and feeling professionally isolated from their peers. Echoing the participants in Winning's study, I have been messaged by many trainee therapists, who have described limited professional networks leading to feelings of isolation. In addition, this has meant that they have had minimal opportunities to discuss their own development and professional identity with colleagues and peers. Furthermore, many employed therapists who have contacted me have reported being lonely and secluded in their practice; reasons varied from their geographical location, to having small or no local therapist networks. For these therapists, a greater connection with their peers was extremely important to them and social media provided a platform for that to happen.

Therapists have also described how it felt to be a 'lone voice' during social media discussions with their colleagues, when they did not share the same opinion as their peers. Feelings of inadequacy and isolation were prevalent and often people felt misunderstood or unheard by other therapists. I also became greatly aware how an individual message in support of, or agreeing with, another therapist could have a very positive effect on them. One therapist explained the importance of having even one person engage with them in a discussion, how it could often relieve some of these feelings and help them feel heard, even if they did not necessarily agree with each other.

Interestingly, many people also expressed a desire to connect with therapists across different modalities, an aspiration for collaboration across approaches. Discussions across the hashtag have included therapists describing the evolution of their professional identity, their journey through training and CPD, and how their therapeutic practice has developed over time. These discussions are a small snapshot of the broad diversity of approaches that exists across the profession, as well as the desire to explore these subject areas with other therapists.

One of the risks of Twitter (and other social media platforms) is that we create our own echo chamber of opinion. If we only connect with people whose views and opinions, personal and political, we agree with and ignore and avoid others, we run the risk of confirming our own bias. In my opinion, therapists are just as likely to fall into this trap of partiality. #TherapistsConnect has made me question my own bias, particularly when discussing counselling and psychotherapy on social media. I promised to retweet all replies to my original message, and this removed some of my own bias when sharing and discussing different types of therapy. Consequently, I have now connected with a much more varied and diverse group of therapists than I had engaged with before, therapists who represent many different modalities. In my opinion, this wealth of perspectives has added both greater depth and nuance to the debates that followed.

As therapists we are in danger of accepting (or worse, being part of) oppressive and prejudicial narratives. This can involve excluding or ignoring the voices of clients and therapists from less powerful groups. However, it can also include therapists amplifying already powerful voices over those that are less influential. #TherapistsConnect has raised some important questions about what are the dominant narratives that exist across therapists' social media and beyond. This is a political process. It is important to question our own bias as therapists when using social media, such as reflecting on what we choose to share and debate with others on social media and why, as well as the reasons for what we do not share.

In a recent discussion with a therapist online, I was asked about whether it was right to challenge opinions publicly, rather than privately, when using social media. I believe that we have a duty as therapists to challenge oppressive and prejudicial views, particularly when they are made in a public forum. However, I also believe that any challenge should be done in the spirit of debate rather than as a personal attack or criticism. This can be tricky to manage on a social media platform like Twitter when the intent and tone of a challenge can very easily be misconstrued.

There are currently a variety of campaigns happening across social media regarding counselling and psychotherapy. The campaigners involved are often tireless in their fight for a particular cause. Numerous campaigners have contacted me about how they have felt intimidated, bullied, and pathologised by other therapists for their campaigning work. Interestingly, many therapists who describe experiences of abuse from other therapists online are often on both sides of the arguments being made. This is an aspect of being a therapist in public, and of taking political positions, that has received insufficient attention to date.

A recent survey by the British Association for Counselling and Psychotherapy (BACP, 2019a) of their Facebook group members identified that 65% of therapists polled had concerns about

the behaviour of fellow professionals online. Whilst it is unclear from this survey what these therapists' concerns were, it does suggest that there is a large amount of disagreement between therapists about what is appropriate behaviour online.

Many therapists have welcomed #TherapistsConnect, suggesting that it has helped to create a much safer online space for therapists because it is encouraging connectivity and collaboration, as well as evoking debate and discussion across the profession. I welcome a safer online space for therapists. Hopefully, this will also mean a much more diverse group of therapists will become involved with and contribute to these discussions.

However, I am also aware that some debates and discussions can feel unsafe because they are uncomfortable, particularly if they are challenging the status quo or some of our own values and beliefs. So, I would also hope that by being 'safer' we do not inadvertently stifle some of the important conversations that, as a profession, we need to have. I believe that, ultimately, these conversations are part of a bigger political process involving individuals, groups, and organisations within the profession. Therefore, it is important that, as therapists, we are able to both listen to (and hear) the challenges from others whilst also being able to respond to them.

It would be remiss of me, in this discussion, if I did not emphasise the importance of placing clients at the centre of our use of social media. There is a risk, as we connect and collaborate with other therapists online, that the client's perspective is lost or side-lined. I have witnessed numerous instances of how clients' voices could potentially be pushed to one side in our desire to connect with each other. For example, a client (not my own) messaged me to ask if I thought it was a good idea for them to write a blog about their frustration with the complaints process of a membership body. I replied, stating that it would be unethical for me to be encouraging therapists to share their experiences of therapy online and then not to encourage the same for clients. They said they had expected me to say it was a terrible idea. In that moment, I was acutely aware of how challenging it must be for clients to share their experiences of therapy online when encountering therapists either individually or as a collective group. We must be mindful of this inherent power imbalance when engaging with others online. I was mindful of sharing this example in this article and sought permission to share the experience.

There is limited research which explores experiences of therapists' social media use and the impact it has on therapists and clients alike. One recent study of eight American psychotherapists explored how they navigated Facebook, specifically in relation to clients making a "friend" request to their therapist (Knox et al., 2019). The main challenge faced by these therapists was the implementation of boundaries with clients, while acknowledging that the therapeutic relationship was different from other types of relationship. They reported that whilst such requests from clients helped them consider and reflect on their own social media policies (often making them stronger), it also evoked distress in clients, as well as discomfort in the therapist. In an attempt to understand why clients seek out information about their therapists online, Kolmes and Taube (2016) surveyed 332 clients who had sought and found personal and professional online information about their therapist. This study found that participants were most often motivated to search for this information to satisfy their curiosity about the therapist. However, a significant number of participants also sought out information about their therapist because they felt that the relationship was one-sided.

The very public nature of social media platforms means our clients will be reading about and observing our behaviour, whether or not we are fully aware of it. Private discussion groups can often appear like confidential spaces on the surface, whilst in reality they can be easily accessed or information contained within them effortlessly shared. Unfortunately, there are many examples of therapists discussing clients in Facebook groups or other inappropriate online spaces. Therefore, any discussion of client work should be kept to the appropriate and confidential spaces provided for it.

Interestingly, there were many individuals who engaged with #TherapistsConnect who were not therapists; including special interest groups, clients in therapy (or clients who have finished therapy), other types of professional and various organisations. They often raised important points and asked thought-provoking questions during discussions, adding new and important perspectives to consider.

Finally, social media is being used in imaginative and innovative ways to share information, research, and resources. Through #TherapistsConnect I have been able to discover interesting, creative and exciting projects about counselling and psychotherapy, both in academia and beyond. These include specific client groups creating online content such as videos and blogs, infographics to showcase innovative research projects and therapists who are using online forums to create campaign groups with thousands of members, such as Counsellors Together UK (2020), whose main aim is to challenge the culture of unpaid work for counsellors in the United Kingdom.

3 | SUMMARY

The potential benefits of social media for connecting therapists are extensive; however, they can also create a wide variety of challenges for us to manage. Good practice guidance is available for therapists who use social media (e.g., BACP, 2019b). However, many therapists face problems online outside the remit of this advice. Therefore, reflective practice around our online profile is imperative for addressing these dilemmas and ensuring our responses are ethical and client-centred. It is vital that these reflections should also incorporate an evaluation of our online presence and a consideration of how we want to portray ourselves—our professional online identity. Ultimately, this ought to include a consideration of our own bias in relation to the content and opinions we share, as well as the role we play in challenging oppressive narratives and advocating for vulnerable and minority groups.

References

- British Association for Counselling and Psychotherapy. (2019a). *Guidance on the use of social media*. <https://www.bacp.co.uk/membership/membership-policies/social-media/>
- British Association for Counselling and Psychotherapy. (2019b). *Good practice in action*. <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action/publications/gpia040-social-media-caq/>
- Blundell, P. J. (2020). #TherapistsConnect: How one tweet emphasised a deeper desire for connection between therapists. <https://www.getpsyched.org.uk/therapistsconnect-how->

one-tweet-emphasised-a-deeper-desire-for-connection-between-therapists-by-peter-blundell/

Counsellors Together UK. (2020). CTUK. <https://ukcounsellors.co.uk/>

Knox, S., Connelly, J., Rochlen, A. B., Clinton, M., Butler, M., & Lineback, S. (2019). *How therapists navigate Facebook with clients, training and education in professional psychology*. <http://dx.doi.org/10.1037/tep0000267>

Kolmes, K., & Taube, D. O. (2016). Client discovery of psychotherapist personal information online. *Professional Psychology: Research and Practice*, 47(2), 147-154. <https://doi.org/10.1037/pro0000065>

Winning, F. J. (2010). Counselling in organisations: What is the experience of the lone counsellor? *Counselling and Psychotherapy Research*, 10(4), 249-257. <https://doi.org/10.1080/14733145.2010.485694>

AUTHOR BIOGRAPHY

Peter Blundell