

A Perspective on Tele-Counselling, Psychotherapy, and Client-Psychologist Relationships in Cancer Patients

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Abstract

The present state of tele- counselling is explored in this paper, and the outcome is indicative that the telephone is now an important and creative therapeutic tool. The therapeutic connection quality has been repeatedly demonstrated to have the biggest influence on an effective counselling result. On the other hand, the concept and key aspects of a good counselling relationship remain debatable. Thus, the connection is still up for discussion. This study also focuses on cancer patient counselling that incorporates the particular aspects of the cancer experience into fundamental telephonic counselling procedures. Cancer affects people of all ages and walks of life. Every counsellor should anticipate working with persons who are dealing with the effects of this life-threatening illness. The patient and therapist have a unique shared collaboration as a result of their common experience of living with a life-threatening illness. Despite an unpredictable and chaotic illness course, the goal of this relationship is to rebuild and sustain the patient's sense of self. Within these mechanisms, innovative questioning approaches and strategies harness the sickness experience as a creative force, building a road to patient empowerment and wellness. This paper provides information on counselling relationships in order to determine the existing research findings on this significant element of counselling. Conventional beliefs about the effectiveness of remote counselling as conveyed by telecommunication technologies. A client's connection with their therapist is undeniably one-of-a-kind. A therapist is someone who delivers a service or profession; however, the therapeutic connection that is developed is crucial and curative, as detailed in this study.

KEYWORDS: Tele – Counselling, Psychotherapy, Client – Psychologist relationship

I. INTRODUCTION

Tele-Counselling (TC) refers to the discipline of offering psychotherapy treatments using telecommunications technologies like e-mail, texting, teleconferencing, video chatting, and World Wide Web phone (Oberkirch, 2002). Various techniques may be used in different combinations, like images or text, audio, or video, both for scheduling appointments and performing psychotherapy. Asynchronous TC treatments entail non-real-time psychotherapist-client connections (for example, teleconferencing), while synchronous TC treatments represent real-time psychotherapist-client connections (for example, e-mail). Such treatments may be delivered in conjunction with or in lieu of in-person counselling. TC has a number of advantages as well as disadvantages over regular psychotherapy.

With the advent of telecommunications (TCs) as well as the Online world, technical breakthroughs and a focus on cost-effective and time-limited service have brought new psychotherapy (Rosenfield, 1997). Telehealth is the combination of technologies as well as

telecommunications for healthcare system, and it is becoming increasingly common and extensively applied in medical care (Jerome et al., 2000). Although the video as well as Internet transmissions have received more attention for offering telehealth care, the phone system is perhaps the most frequent telehealth means for imparting medical services among registered psychological professionals (Williams, 2000). Furthermore, less research has been conducted to determine whether psychotherapy's efficacy may be applied to telephonic counselling. Additionally, the research highlights ethical questions regarding delivering telephonic counselling treatments (Haas, Benedict, & Kobos, 1996).

Telephonic treatment has been considered in the research as a suitable substitute for conventional face-to-face counselling. The 4 major benefits of telephone counselling are as follows (Mermelstein & Holland, 1991; Ranan & Blodgett, 1983; Shepard, 1987; Zhu et al., 1996):

- It is less costly than in-person counselling.
- It gives confidentiality.
- It creates a greater sense of control.
- It is more suitable.

These characteristics are supposed to allow treatment to be available to people who wouldn't even want or accept it anyway. For instance, those who can't afford conventional psychotherapy may consider telephonic counselling an acceptable option. Individuals with low socio-economic status and rural populations have long been neglected by the psychological healthcare system (Mays & Albee, 1992). Regardless of the notion that low-income individuals are neglected, research indicates that they experience more psychological discomfort (Ulbrich, Warheit, & Zimmerman, 1998). It's worthwhile to investigate if telephonic treatment can deliver on some of its expectations about successful psychological counselling for the underset.

When psychotherapy social effect theory was converted from social psychology, this became a key subject of discussion throughout the counselling procedure (Strong, 1968). As per this theoretical framework, the psychotherapist should establish authority over the customer in order to be curative. Although Strong's 2-stage model of conversion, social impact seems to have developed into a pantheistic concept related to the clinical relationship, since psychotherapy needs the therapist to exert certain impact. Most studies on social impact have been conducted in an analogue fashion, which may be relevant only to the 1st few meetings during psychotherapy (Heppner & Claiborn, 1989). Due to the lack of information on the client's views of the counselor's effect, the telephonic counsellor's social influence seems to be substantial. Additionally, the technique of "short therapy" over the telephone does not allow the telephone counsellor sufficient time to develop a strong foundation for impact. Numerous researchers have stated that the telephonic communication style is unrestrictive for human conversation. In the absence of observable cues, Grumet (1979) claimed that telephone consumers may reflect what they require or desire onto the psychotherapist. As per Miller (1973), telephonic conversation creates a sensation of closeness since the speaker seems to be just steps away from the listener's ear. Spiro & Devenis (1991) discovered inconsistent findings from psychodynamic therapists regarding the level of transference created over the telephone. They discovered that some doctors had very little transference

over the telephone, whereas some had more, as a result of the client's necessity to assume in order to fill in sensory gaps.

TC becomes extremely significant at times such as the COVID-19 epidemic, when access to in-person counselling sessions is restricted and anxiety rates are higher. Such criteria were developed as a result of the critical requirement for psychotherapy consistency and accessibility throughout this important timeframe. By contrast, the standards are not time-bound and are meant to assist medical psychologists in delivering proficient and appropriate TC treatments. Such telepsychology as well as tele-psychiatry standards have been developed after an evaluation of several domestic as well as worldwide telepsychology & tele-psychiatry standards (Chen &Nehrig, 2020). In addition to the challenges highlighted in such guidelines, the ethical and moral concerns that pertain to in-person psychotherapy treatment also relate to TC services. Medical psychologists must identify themselves with numerous Indian Acts and Legislation, like the POCSO Act (2012), the Mental Health Care Act (2017), as well as the Persons with Disabilities Act (2016), which together identify and respond to in-person psychotherapy and are therefore pertinent to TC, which is an advancement of in-person services of psychotherapy (Situmorang, 2020).

Clinical psychologists who offer TC services should be familiar with technology and the associated concerns regarding privacy and security. This is essential since technologies are constantly changing and developing. Increased experience and abilities might be achieved via a review of current research, expert resources, peer consultations, and certification programs (Situmorang, 2021).

II. WHO CAN RECEIVE THESE SERVICES?

Due to the scope and limits of these treatment modalities, it is necessary to conduct a thorough and comprehensive evaluation of a client's suitability for TC services. The various categories may be provided TC services after an evaluation of need, appropriateness, and other choices.

i) Clients who've been pre-registered and also have previously had a comprehensive assessment and received a tentative diagnosis. Furthermore, they may have undergone an in-person therapy screening consultation. This would facilitate the continuance of psychological therapy in situations when in-person therapy meetings are interrupted for an extended time period (for example because of the COVID-19 outbreak) or are not feasible based on geographical relocation or other circumstances.

ii) Clients who have contacted a hotline (like those established in the aftermath of the COVID-19 outbreak) and been recommended for more intensive/long-term counselling.

iii) Those referred to psychotherapy by co-workers, organizations, or others, as well as those who seek therapy on their own (Situmorang, 2021).

Take this into consideration while determining whether or not to provide TC services:

i) Particular attention should be paid to client qualities like cognitive ability, recent treatment conditions, and experience with this therapy. TC sessions aren't recommended for those who have significant psychopathology and/or are at an elevated risk. Additional appropriate options, for example, in-person psychological diagnosis and treatment, or other suitable recommendations, would be advised for these individuals.

ii) Accessibility to and familiarity with using technologies (for example, cell-phones and internet connections), and also a sufficient level of client confidentiality in the home setting, are all technical and logistical problems.

iii) Whenever medical trainees or psychologists collaborate with other consultants or professionals, it's a smart option to engage them in the decision-making approach for every client's TC services (Miniguano-Trujillo & Salazar, 2020).

Tele counselling in Cancer Patients:

The assumptions with cancer patients take on a new dimension when mortality or the threat of death is present. Cancer is often regarded as a chronic, rather than curable disease. As a result, the primary focus of cancer patient counselling is the treatment of a chronic condition. The counsellor's job is to make the most of the current system, not to change it. This notion is in line with the belief that most patients are socially "healthy" (albeit under stress) and can adjust to their surroundings with the right coaching. Increasing these people's confidence and skills benefits their health and saves money. In terms of psychiatric disorders, the cancer patient group is typical. Patients, with rare exceptions, either have or can learn techniques to improve their well-being and strengths. The therapy process benefits from information and insight gathered both within and outside the patient's consciousness. Patients with cancer have a wide range of reactions to the stress that comes with the disease. A person's personality has an impact on how they respond to cancer diagnosis and treatment, and it may be a significant asset if it is recognized, understood, and measured.

III. ANALYZING CLIENTS' APPLICABILITY WITH TC

The relevant points detail how to assess a client's suitability for TC and initiate treatments (Berryhill & Culmer, 2019):

1. Intake session

- *Identity Verification:* The psychotherapist should gather, authenticate, and maintain evidence of the client's age as well as identification during the screening session with government-issued proper documentation. When the psychotherapist is uncertain or is unable to authenticate the client's identification, more proof may be requested, or the client may be summoned for an in-person examination. Client identification validation is necessary at the beginning of every meeting, both for prospective as well as pre-registered customers. Additionally, the psychotherapist should produce identification documentation, like their RCI ID card or registration number, issued by an RCI-approved institution.
- At the screening meeting, the necessity for medical service evaluation or medication must be determined, and appropriate recommendations made.
- Appointments will be scheduled for potential clients for an in-person assessment session. For customers who have pre-registered, the in-person examination may already have occurred.

2. In-person evaluation

For new clients, a comprehensive in-person examination is highly recommended to ascertain the challenges and barriers and provide a tentative diagnosis. Before proceeding with additional treatment choices, the psychotherapist must establish a preliminary

diagnosis. Further in-person assessment appointments or meetings with a psychiatrist may be required to completely appreciate the areas of concern and come at a tentative diagnosis.

3. Appropriateness evaluation for TC services

The psychotherapist may determine if therapy is suitable at that moment, may select in-person or TC, or may suggest recommendations to emergency responders, medical management, psychiatric assessment, or even other health specialists depending on the in-person examination of prospective clients.

- The psychotherapist must inform the client about many TC options (for example, video or audio), as well as the therapist and client may choose one based on technological assistance, preferences, and the client's assessed appropriateness. A psychotherapist would examine and maybe propose specific video or audio methods for a client undergoing TC.
- Written permission should be acquired prior to initiating psychotherapy treatments, after a comprehensive examination as well as evaluation of appropriateness.
- *Evaluation of each and every meeting:* The therapist should assess the necessity for emergency responders or any other advice at every meeting. All through the duration of therapeutic interventions, medical psychologists should assess every client's appropriateness for TC and, if required, revise the choice. When determining on the appropriate course of action for the client, the therapist's expert confidentiality is necessary throughout all instances.
- *Meeting suspension or cessation:* Tele-sessions or meetings or the use of a particular TC medium may be temporarily suspended or halted by the clinician for a range of reasons, such as when the therapist and client are in substantial unpleasantness, whenever these meetings are determined to be ineffective or possibly detrimental, or when in-person interventions or more focused interventions are justified at every stage. Clients should be fully informed of the circumstances of every shift in treatment and the alternatives available to them.
- The customer may terminate such meetings at any moment.

It is vital to obtain and acquire informed permission prior to initiating TC services. The client should know the consultation method, the possible advantages and risks (for example, specific confidentiality concerns, data protection), payment methods, as well as other TC-related problems (Boldrini&Schiano, 2020). It is also necessary to consider the relative advantages as well as disadvantages of TC meetings versus in-person counselling sessions. If TC sessions are used as a temporary cure (for example, during the COVID-19 pandemic), they should be fully stated and addressed among clients if they are used as a temporary cure.

Every tele-session should assess the necessity for emergency assistance, psychological assessment, or medical treatment (Roesler, 2017). Psychiatrist assistance for healthcare must be considered with the client in the case of a deterioration of psychological health problems or a danger to oneself or others, such as the nearest hospital. Every client will go through this process, although those who have a background in identity may go through it in more detail. Local services, including state government agencies, psychological health specialists, emergency responders, emergency assistance, and other organizations that may be contacted, should be kept updated, particularly in situations when there is a danger of harm or violence.

IV. HOW ARE TC MEETINGS CONDUCTED?

The following guidelines should be followed when conducting TC meetings:

- i) TC meetings will be scheduled in advance due to the absence of emergency responders.
- ii) Appointments might be made using text or email. If necessary, email communication can be utilized to distribute resource material to clients.
- iii) Both psychotherapist as well as the client should be able to reach a quiet as well as private location prior to commencing meetings.
- iv) During videoconferencing, arrange the camera so that both the therapist as well as the client are seen, and eliminate any private things from the scene.
- v) In order to reduce disruptions, many other programs and messages must be turned off during the meetings.
- vi) In consideration, the time, date, regularity, and possible length of treatment sessions, and also the technique for rescheduling delayed or disrupted meetings because of online or phone connectivity difficulties, must be agreed upon.
- vii) There will be a rescheduling of the session whether there are major connection (technical) issues during meeting.
- viii) The psychotherapist must additionally set for each particular client the response times for reacting to email correspondence.
- ix) Artificial intelligence (AI)-based therapies may only be utilized in TC sessions whether they are recognized by a national body.

Clinical psychologists should work to protect privacy, educate clients regarding privacy constraints, and tackle secrecy risks connected to the use of technologies in the delivery of therapy (Ghalibaf&Karimi, 2015).

- *Sharing of Data:* Both the client as well as the therapist agree as well as affirm throughout the process of decision-making that they will neither capture nor share meeting information with each other through emails, personal messaging applications, social media platforms, or other methods. To the greatest extent feasible, the therapeutic psychologist must take advantage of the telephonic "disable platform's recordings." There should be no exclusions to the honest conversation of meeting content, including supervisor discussions.
- *Data Security:* However, regardless of certain countermeasures, the client should be informed of the risk of unintended security breaches in technological breaches for which neither he nor she nor the psychologist may be held responsible. Considering these protections, the client should be informed of the risk of unintended security breaches in technological breaches for which neither the client nor the therapists may be held responsible.
- *Storage of Data:* Appropriate virus protection software as well as password-protected availability of electronic documents and equipment may assist in protecting the integrity of data against cyberattack. It's possible to store meeting data in the proper format at a secure location or on the internet with proper password protection and encryption technologies.
- *Limits to Secrecy:* Considerations regarding the clients or others being harmed, as in face-to-face meetings, determine the privacy limitations that should be addressed with the clients.
- *Online platform for a therapist:* Professional psychologists who are using social networking websites must be aware of the networks' privacy options, the data that is publicly available, and the possible impact on the client-therapist relationship. Clients must not be linked to

every online support network, or even other digital forums or groups, without first addressing it to them and receiving their clear consent (NIMHANS, 2020).

V. GENERAL AND ETHICAL PRINCIPLES OF TELE-COUNSELLING:

Confidentiality, morality, openness, and reciprocal responsibility are a set of broad principles that govern counselling activity and are relevant to all types of telephone counselling, regardless of the domain (domestic violence, migration, prevention of human trafficking, etc.). Here's a quick rundown of the general guidelines to follow while working on the Hotline (Mack, 2018).

1. **CONFIDENTIALITY AND ANONYMITY PRINCIPLE:** Confidentiality in the counsellor-caller connection refers to the use of information provided by the latter solely for the purpose of resolving the caller's problem without disclosing it to a third party or those who are subjectively interested. In other words, the therapist should keep the caller's identity a secret from him; the latter, in turn, is free to say his name or not. Any recording (written or taped) or data transmission should be done only with the caller's full and unambiguous agreement.
2. **HUMANISTIC APPROACH PRINCIPLE:** The therapist should demonstrate his faith in the caller, his belief in the caller's ability to address his problem on his own, and his rejection of any authoritarian approach. The discourse should be undertaken from a position of equality in relation to the caller; this should apply to both problem research and resolution.
3. **ACCESSIBILITY PRINCIPLE:** assumes that any caller, regardless of age, gender, ethnic affiliation, religion, or other factors, will be able to access Hotline services.
4. **IMPARTIAL RESPONSIBILITY PRINCIPLE:** denotes the counsellor's obligation before the professionalism of the provided service (information provided to the beneficiary should be gathered from a variety of sources and presented in a consistent and understandable manner for the person seeking advice). In his daily activities, the counsellor should continue to enhance his counselling abilities and incorporate new information. The therapist should be conscious of his limitations, while the caller should be in charge of making decisions about how to solve his situation.
5. **POSITIVE RESPONSE PRINCIPLE:** presupposes finding a reasonable solution - regardless of the problem presented by the caller, particularly when it does not pertain to the Hotline's domain; the counsellor should endeavor to provide at least information on where the caller could appeal to fix his situation.

VI. THE MECHANISM OF TELEPHONE-BASED COUNSELLING:

Geller in 2010, specifies the mechanism of telephone – based counselling with a detailed example. Because one of the lines of action pursued by the International Centre La Strada is prevention, i.e. education of future migrants on secure movement and the threat posed by human trafficking, this becomes the primary goal of the Hotline's activities. To put it another way, telephone-based counselling is the most important and effective activity in this area. It also depends on how data/information essential for counselling is collected and updated, as well as where these data are maintained, from the standpoint of a method. The nature of incoming calls is influenced by telephone counselling. As a result of the experience, preventative calls create a large domain, which is further split down by the type of problem or

information sought. The International Centre La Strata's Prevention Hotline receives calls about leaving the country for job, tourism, and marriage to a foreigner, as well as au-pair programs, studies abroad, migrant status while abroad, and family reunion. By their very nature, these appeals might be broad or narrow. For example, generic information regarding labor migration is general, whereas counselling a caller who wants to depart for work reasons under a specific offer is specialized. The counsellor should be directed by the pre-established algorithm regardless of how the caller presents his problem (tells all the conditions, procedure for leaving, details of offer, etc.). The counsellor should create a list of questions ahead of time to make it easier to make contact with the caller and to improve the efficiency of the talk in order to discover the best solution to his problem. This type of list is typically given to freshly hired counsellors with little or no experience; nonetheless, this list is constantly updated to reflect current circumstances. Once you've gained some experience working at the Hotline, you won't require such a list.

It is not always the case that when a caller contacts Hotline, he would provide all of the specifics about his condition. However, the counsellor should have communication leadership abilities in order to notice critical instances and help the caller make the best decision possible based on the options and information provided by the counsellor. When discussing leaving abroad, for example, there is a type of communication referred to as legal procedure (passport, employment contract, visa, conditions, competent authorities dealing with overseas employment issues, etc.). However, there is a more specific procedure for counselling, which occurs when, in addition to the scope of leaving abroad, other details emerge, such as the caller's appeal to an intermediary (a company that offers employment abroad, tourist companies, matrimonial issues, legal and natural persons, and so on) (Geller, 2002). The caller is interested in learning more specific facts in these circumstances; therefore the counselling differs from that which is of a broad character; the counsellor should advise the caller about the necessity and procedure for checking the legitimacy of the offer. When the appeals concern the status of a migrant overseas, callers frequently inquire about how long it takes to gain citizenship in the nation where they work or are married, how to legalise one's stay in a country if one departs illegally, where to report document theft, and so on. In this situation, the counselling algorithm varies depending on the problem presented by the caller.

Another scenario is when an intermediary suggests to the caller a simple, urgent, or somewhat sophisticated departure strategy, which entails travelling through nations different than the standard path leading to the destination country. In such cases, the counsellor cannot follow a specific pattern and must rely on the general algorithm for leaving the country legally (Geller, 2017). Individually, however, each caller will be given answers and recommendations based on the premise of individual response to the caller's problem. In such scenarios, the therapist will focus on the instances that appear suspicious, on the situations that provide a risk of deceit, of being drawn into a trafficking network, or even a threat to one's life. Only via conversation between the therapist and the caller might such incidents be revealed. Sometimes we have to deal with completely unexpected scenarios, such as a person receiving a proposition to leave the country as a labor migrant and travel through the Egyptian desert to reach Israel. Regardless of how bizarre such an offer may appear, the caller is sure that the chosen offer is a good one. When the therapist learned that the

conversation was about dangerous illegal migration and that the caller had made up his plan to go, he could only shake his shoulders. Still, one should not ignore the fact that something prompted him to phone the Hotline, as something appears suspicious to him despite his failure to notice it. The counsellor's goal is to demonstrate that legal migration is a possibility while also emphasizing the difficulties that the caller may face. Naturally, the goal is not to intimidate the caller, but rather to present real facts that will allow him to consider the pros and cons on his own. He would feel more responsible for the judgments he made in this manner.

VII. CLIENT – THERAPIST RELATIONSHIP

The therapeutic connection is the connection that grows between both the therapist as well as the client as time passes. Without the need for a therapy connection, there can be neither successful nor meaningful treatment. This is valid for all forms of psychotherapy & counselling, and irrespective of any counsellor or therapist's methodological perspective, the connection you build will be highly appreciated. Psychotherapy as well as counselling can be effective when 2 people have a strong bond. People who've already struggled to create long term relationships and also those who have experienced painful experiences in their childhood may benefit from this kind of therapy (Callaghan & Naugle, 1996). Clients may examine their interpersonal links, connections, as well as experiences through personal interaction with their therapist, which is why this connection is so important.

For several clients, the therapeutic alliance is among the first instances they have formed an emotional connection with some other persons, one in which their emotions, feelings, or thoughts may be listened, acknowledged, and accepted despite having to restrict themselves. “Why, can't you simply speak to me with such topics?” peers, family and friends, or companions may inquire while a person is undergoing treatment. “What is the point of going to a mental health professional?” Since it is unique, the therapy connection is unlike anything we may form or sustain in the real world. It's an honest connection with no history and none of the same assumptions, sentiments, or complexities as our previous experiences (Palmadottir, 2006).

VIII. THERAPEUTIC PRESENCE

The term "therapeutic presence" refers to a way of being with a client that enhances the efficacy of the therapy's actions and approach. It requires a therapist to devote their whole self to their client interactions and to be completely aware of the present moment on a multitude of stages: physically, psychologically, intellectually, interpersonally, and aesthetically (Geller, 2017; Geller & Greenberg, 2002, 2012; Geller et al., 2010; Hayes & Vinca, 2011, 2017). In this way, therapists might become more aware of themselves and their clients' current sensations (Geller, 2017; Thompson, 2018). Like a therapist, being attentive requires being centered with one's own identity, whilst being aware of a client's oral as well as gestural experiences and also being receptive to the situation (Geller, 2019). Embodying as well as reacting to clients through presence may assist therapists in being focused and concentrated, in order to help them be stable and regulated in the midst of complicated feelings. Presence allows clients to "be sensed," "be greeted," and "be

comprehended," generating a feeling of comfort and optimum participation in treatment (Geller, 2017; Ogden, 2018).

IX. CHARACTERISTICS OF THERAPEUTIC RELATIONSHIP

The therapeutic connection is made up of many different elements that differ from one relationship to the next. There are, however, some common themes and features that are highlighted below (Tishby& Wiseman, 2014):

- *Authenticity:* It is vital for the psychotherapist to be a "real" person, capable of being themselves freely as well as genuinely, instead of an all-knowing expert. They should be authentic individuals who are able to communicate with others.
- *Fellow feelings:* This relates to a therapist's tendency to perceive, understand, and grasp their client's situation, and also their emotions, ideas, and intentions. That's the cornerstone of a therapeutic alliance since this helps to build trust between the two parties and shows that they're listening to each other and respecting each other's feelings and thoughts.
- *Trustworthiness & Non-judgmental mindset:* For a therapeutic relationship to form, develop, and thrive, a client must feel that their psychotherapist is honest. Understanding that their psychotherapist will not criticize them is vital for clients who make it challenging to actually open or examine their emotions since they are terrified of being evaluated.
- *Concern and Comfort:* While approaching a consultation session for the 1st time, or even visiting a new psychotherapist after a gap in treatment, there might be feelings of worry, ambiguity, and apprehension. Clients are more likely to open up to their psychotherapist if they feel safe enough to express their thoughts, emotions, and opinions.
- *Observation and Experiences:* A therapist's viewpoint and skills help them to better know the reality which may have been stated to bring awareness to words spoken, or a certain manner that a client could be expressing during a meeting. It's also important to mention that a client's knowledge and expertise are quite significant. A psychotherapist as well as a client may be 2 completely different people from very different backgrounds, but their capacity to comprehend and discuss things, as well as their ability to uncover new knowledge, improves through their relationship. This combined learning as well as artistic experience benefits both the client as well as the therapist. This close contact and exchange of experiences strengthens the effectiveness of therapy session.

X. HOW DO EXTERNAL INTERACTIONS INTERFERE WITH THE TREATMENT CONTEXT?

While the treatment connection and communication between therapist as well as client are essential, our external relationships also have a substantial influence on the treatment setting. Certainly, the therapy environment will be shaped by how individuals engage with each other. Recognizing and addressing such connections as they occur is essential to the psychologist's or counsellor's role. A client's perspective of their psychotherapist exemplifies this, whether as a strict, caring father or a mother that withholds love. Such interactions and connections are significant, as well as observing how they occur within the therapeutic connection may help a client quickly identify their connections. Note how important it is for

the psychotherapist to be involved in enabling a client to analyse their external environment inside the treatment context.

As earlier stated, there is no such thing as treatment, even without the presence of a therapeutic connection. As a consequence, know that this would be a critical component of treatment. In certain respects, the relationship may be considered therapeutic. The connections between the therapist as well as the client are crucial in deciding the outcome of counselling and therapy. This connection is essential for establishing and fostering the client's willingness to interact and engage in the therapy room. As a consequence of the encounter, the client must be capable of progressing towards more transparent behaviour and more self-awareness. This study offers a fast glimpse into the complexities of therapeutic alliance, but every therapy relationship has its own unique combination of emotions as well as thoughts. What is certain, therefore, is that the psychotherapy connection—how well the client as well as the therapist connect—is what counts most, and that acknowledging the importance of human interaction and relationships has the greatest influence on therapeutic response.

XI. CONCLUSION

TC is here to remain, and psychologists would gain from obtaining a better understanding of how to develop a therapy presence as well as create effective therapeutic relationships in the digital world. Although internet treatment is important during this global pandemic, its usefulness is predicted to grow even after the pandemic is over. Therapists as well as clients are more intrigued by implementing online treatment after witnessing it during this phase of social alienation. As a consequence, in order to generate and deepen therapeutic contacts, it's vital to focus on developing a therapy online presence. Clients may feel psychologically and emotionally at ease with their therapist unless they are physically removed. As a consequence of the current outbreak, we have to learn more about the capacity to develop awareness and generate beneficial therapeutic encounters. In order to know how to develop presence & significant therapeutic relationships available on the internet, psychologists who earlier had a hostile perception of TC must acquire a present mentality that involves being accessible, adaptable, questioning, and non - judgmental. Despite the fact that there is always much to understand in this field, investigation involves (a) if presence in virtual psychotherapy can be created, successfully expressed, and experienced; (b) how therapy involvement in virtual treatment might lead to a better therapeutic connection; and (c) the creation and assessment of therapy presence training courses, in order to better convey and feel the growth of therapy presence.

Training for therapy presence as well as successful treatment connections would also enhance the possibility of therapists using telehealth, which would expand the reach of treatment to a much broader population. For instance, people who reside in remote regions, have physical, intellectual, or mental difficulties, or wish to consult with a geo-located psychotherapist. This likelihood would be boosted by training in logistical issues, technologies, and kinds of treatment, as well as therapy presence instruction. Tele-therapy training should entail planning for therapy presence—via intent before and during meetings – along with enhancing self-care to promote equilibrium as well as resilience while undergoing virtual treatments. It would also include supporting counsellors in embracing current through anchoring as well as focusing on themselves inside themselves, and also establishing a relaxing neurological

activity by improving the ventral vagal neural system via exercises. Assisting therapists enhance their current and interpersonal involvement whilst digital would be an effective instrument for adapting to clients and noticing perceptual distortions, treatment ruptures, as well as emotional reactions so that they can deal with them during the moment. Such training can not only help psychologists tune in to their own experiences, but would also stress listening to their clients using reflective or other similar techniques.

To summarize, regardless of its challenges, the coronavirus outbreak has taught us a great deal. The problems associated with creating and sustaining a digital presence, and also resolving those concerns, may assist psychologists in resuming face-to-face therapy. Since the hurdles to presence discussed throughout this study are augmented in digital therapeutic interventions, counsellors' adaptability and skills to tune up and modify their ability to pay attention can be illuminated by the observation of them struggling with and tackling such obstructions. Whenever psychologists are expected to be innovative in service delivery, they might possibly carry over their knowledge, such as the capacity to remain humble and honest about their advantages and disadvantages, to persevere through tough times, and to grow professionally. This must assist psychologists to improve their presence and treatment connections while also allowing them to work with greater self-care.

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