

An exploration of the use of the telephone in telephone counselling with  
offenders within the probation service

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## Summary

This study explores the use of telephone counselling with offenders within the probation service, emerging from the shift to remote working during the COVID-19 pandemic. Moving therapy from the surveilled and punitive environment of the probation office into the private space of the telephone raised questions about how therapeutic relationships are shaped by the medium. This research suggests that the telephone is not a neutral mode of delivery but an active component of the therapeutic frame. Drawing on concepts such as containment (Bion, 1962), the holding environment (Winnicott, 1965/2018) and the role of the gaze in relation to shame (Lemma, 2010), the study highlights how the telephone reshapes offenders' experience of emotional exposure, proximity and relational safety. It also introduces the concept of the 'Metal Mother' to understand the telephone as a containing, mediating object within the therapeutic relationship. A qualitative methodology was adopted, using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019) to explore therapists' experiences of telephone counselling within probation. Semi-structured interviews were conducted with ten therapists who had worked within a probation-based counselling service during the pandemic.

The analysis generated five overarching themes: Being Seen and Not Seen, Freedom and Restriction, Environment, Power and Control, and The Telephone as a Container. Findings showed that the telephone altered the experience of shame and visibility, often enabling greater openness while introducing challenges such as distraction, boundary testing and shifts in relational authority. The discussion highlights that telephone counselling constitutes a reconfiguration of the therapeutic frame rather than a diminished form of practice. The telephone functions as an active psychological medium that both facilitates and complicates therapeutic work, reshaping containment, power dynamics and emotional expression. These

findings contribute to a psychodynamic understanding of remote work with offenders, emphasising the importance of recognising the medium as integral to the therapeutic process.

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## Chapter 1

### Introduction

*“The ringing of the phone has been understood symbolically as representing the cry of the infant, with the therapist’s voice functioning as an immediate maternal response”*

*(Rosenbaum, 1974, cited in McLeod, 2013, p. 533).*

#### 1.0 Introduction

This chapter introduces the study and provides the context in which the research was developed. It begins by outlining the background to the project, including the development of the probation counselling service and my clinical experience of working therapeutically by telephone within probation settings. This chapter then considers my position as the researcher and the reflexive influences that inform this study. It goes on to review gaps in the existing literature and in counselling provision for offenders, which led to the development of this research. The aims and rationale for the study are then presented, followed by an overview of the research design, including the participants, data collection and analytic approach. Finally, this chapter outlines the intended audience for the research and the potential opportunities for dissemination and publication. Together, these sections position the study within its professional, theoretical and research context and establish the foundation for the chapters that follow.

#### 1.0.1 Defining Telephone Counselling

Within this study, the term ‘telephone’ primarily refers to the mobile and smartphone-based voice-only communication used during counselling sessions, rather than traditional landline

telephony. The word *telephone* derives from the Greek *tele*, meaning ‘far off’ or ‘at a distance’, and *phōnē*, meaning ‘voice’ or ‘sound’, reflecting communication across distance through the spoken voice. Although contemporary telephone communication can include a range of technologies and devices, including landlines, mobile phones, smartphones and video-assisted applications such as FaceTime, this study specifically focuses on voice-only telephone counselling. While video-assisted communication may support accessibility for individuals who are deaf or hard of hearing through visual communication and lip reading, the counselling sessions explored in this research involved no visual contact between therapist and offender. The devices used by participants and offenders included mobile phones and smartphones. Where the term ‘telephone counselling’ is used throughout this thesis, it should be understood as counselling conducted through voice-only mobile or smartphone communication without visual contact between therapist and offender.

## **1.0.2 Defining Counselling, Therapy and Psychotherapy**

Within this thesis, the terms ‘counselling’, ‘therapy’ and ‘psychotherapy’ are occasionally used interchangeably to reflect the range of professional backgrounds, training pathways and terminology used by participants and within probation practice contexts. However, the therapeutic work discussed throughout the study is grounded primarily within a psychodynamic framework and refers broadly to relational, exploratory talking therapy rather than highly structured or manualised interventions.

## **1.1 Background to project**

In 2016, I had been working as a probation practitioner for the National Probation Service (NPS) for several years when I began training as a counsellor. During my second year, I arranged to complete my placement hours, as required by the British Association for

Counselling and Psychotherapy (BACP), within the probation service. As a result, I developed a therapeutic counselling service within probation to which practitioners could refer offenders, an initiative that later formed the foundation for this research. However, within weeks, I had more referrals than I could manage alone. Meetings with senior managers created an opportunity to expand the service to include fellow student therapists who also required placement hours to complete their professional training. After running the service successfully for a year, I was awarded the National High Sheriff Award for Innovation and Community, and the probation service offered me a permanent role as ‘Counselling Facilitator’. Once I graduated in 2019, I expanded the service further to include additional educational institutions and probation services beyond my local region, while beginning my part-time master's degree in psychodynamic counselling and psychotherapy. The service was established to provide offenders with a therapeutic space in which to explore personal difficulties, including those linked to offending behaviour, with the broader aims of supporting emotional wellbeing, rehabilitation and reducing reoffending.

Prior to the COVID-19 pandemic in 2020, all therapeutic work took place face-to-face within probation offices. The transition to remote working created new opportunities for offenders to access counselling via video platforms such as Zoom or by telephone. To support this transition, I undertook additional training in online and telephone therapy, which deepened my understanding of both the challenges and clinical possibilities of remote therapeutic work (Oakes & Kelly, 2020). I also restructured the service model, allowing the counselling provision to expand significantly, as it was no longer limited by available office space. As the service moved to remote delivery, I increased the number of student therapists from 30 to 60, enabling more offenders to access counselling. It became apparent that many offenders preferred telephone counselling to online video platforms. Over time, therapists reported that

telephone work appeared to facilitate increased honesty, emotional expression and sustained engagement. One possible explanation for this observation is that the reduced visibility and physical distance afforded by telephone counselling may have lessened feelings of anxiety, shame and scrutiny commonly associated with the probation environment. Trainee therapists also reported that many offenders attended telephone sessions more reliably and spoke more openly, particularly when discussing shame-laden or personally distressing material.

These observations led to my master's research project, which explored whether the telephone functioned as an obstacle or an aid to therapeutic work. The findings raised important questions about how the absence of visual contact, together with offenders' chosen physical settings, might influence engagement, disclosure and the therapeutic relationship, ultimately contributing to the development of the present doctoral research. However, when I explored the literature, I found that these relational and psychological aspects of telephone counselling had received very little attention, particularly within psychodynamic work and criminal justice settings. This led to the development of the present study.

## **1.2 Researcher positionality**

As a therapist facilitating the probation counselling service, I am particularly interested in how offenders use the telephone and their apparent preference for this medium of communication, and I recognise that I relate to this through my own experiences. I have long felt more comfortable and less exposed communicating by telephone than through written methods, such as email. As a child, undiagnosed dyslexia made reading and writing difficult, and I often struggled to communicate confidently within educational settings. These experiences left me feeling anxious and vulnerable throughout my school years, particularly

in situations where my written work was closely scrutinised. In contrast, my verbal communication developed more confidently, and I consistently performed better in spoken presentations than in written assignments. The telephone further enhances this sense of safety, as the absence of visual scrutiny reduces fears of humiliation or judgement, enabling me to communicate more freely. In this medium, I was often experienced as more articulate and confident than I was perceived to be during my schooling, which allowed me to inhabit a version of myself that feels more authentic and capable. This personal experience of feeling less exposed when communicating by telephone partly informs my curiosity about how offenders may also experience the telephone as a safer medium for disclosure. These experiences have enabled me to develop a strong sense of empathy for offenders who may struggle with literacy, learning difficulties or limited vocabulary. This awareness is particularly relevant within criminal justice contexts, where such difficulties are widely recognised as barriers to engagement with services. Learning disabilities and neurodevelopmental conditions are significantly over-represented within the criminal justice system, with estimates suggesting that around 25–30% of individuals involved in criminal justice processes experience learning difficulties or learning disabilities that affect their ability to understand and engage with services (Prison Reform Trust, 2021). Inspection reports have similarly highlighted the high prevalence of neurodiversity among people supervised on probation, many of whom experience difficulties with communication, literacy and comprehension that can hinder engagement with rehabilitative interventions (Criminal Justice Joint Inspection, 2021; HM Inspectorate of Probation, 2023).

Recognising the extent to which these challenges affect individuals within probation reinforced the importance of developing therapeutic provision that is accessible and responsive to this population. I developed the counselling service in part to support this often-

overlooked group. Many offenders have themselves experienced early adversity, marginalisation or trauma before becoming perpetrators (Williams, Papadopoulou, & Booth, 2012; McLeod, 2013). Providing psychologically informed support may therefore contribute not only to improved emotional wellbeing for this offender population but, more broadly, may also contribute to a safer society by reducing the likelihood of recidivism. I am mindful that my own history informs how I experience and think about telephone counselling, and I remain reflexively aware that my personal and professional experiences may influence how I interpret this research. My professional role as both counselling facilitator and researcher also places me in a position of influence in relation to the service being studied. Remaining aware of this position is an important part of ethical research practice and helps me stay attentive to the relational dynamics that may emerge within the telephone work explored in this study (Stern, 1985/2006).

### **1.3 Gaps within the literature and service provision**

When I explored the literature, I found strong evidence supporting structured approaches, such as cognitive behavioural therapy (CBT), delivered by telephone, with research suggesting that telephone-delivered therapy can improve accessibility, engagement and retention for many service users (Brenes et al., 2012; Mohr et al., 2012). However, there is far less research exploring what happens psychologically within telephone counselling from a psychodynamic perspective, particularly in relation to offenders. These studies indicate that telephone-delivered interventions can be comparable in effectiveness to face-to-face treatment, particularly for individuals who experience barriers to accessing traditional services. Telephone therapy has therefore increasingly been recognised as a cost-effective and accessible way of delivering psychological support across a range of healthcare and

community settings. Much of this evidence base, however, relates to structured and time-limited therapeutic approaches. CBT and other structured interventions lend themselves well to telephone delivery because they rely on clearly defined tasks, collaborative goal setting and instructional therapeutic techniques that do not necessarily depend on visual interaction between therapist and client (Reese et al., 2002; Mohr et al., 2008; Brenes et al., 2011). As a result, much of the existing research focuses on treatment outcomes, accessibility and service delivery, rather than on the therapeutic relationship and the psychological processes that occur within the therapeutic encounter (Reese et al., 2002; Mohr et al., 2008).

In contrast, I found very little psychodynamic exploration of what happens psychologically in telephone work. Early psychoanalytic discussion of telephone sessions exists (Hymer, 1984), and more recent psychoanalytic writing has reflected on the psychological impact of digital technologies and mediated communication (Lemma, 2017). However, there remains very little research specifically examining psychodynamic psychotherapy conducted by telephone, particularly with offender populations. These contributions remain limited and there is still relatively little empirical research examining how psychodynamic processes such as transference, projection and containment may unfold within voice-only therapeutic settings. The absence of visual cues, the removal of the therapist's gaze and the reliance on tone, rhythm and silence may shape the therapeutic relationship in important ways that remain underexplored within the psychodynamic literature (Hymer, 1984; Kraus, 2017; Quinodoz, 2004). To date, little research has explored how the telephone may function not only as a medium of delivery but as a psychological and relational space within psychodynamic counselling, particularly in criminal justice settings (Lemma, 2017).

A further gap became apparent in relation to counselling provision for offenders within the criminal justice system. Psychological interventions with offenders have largely focused on structured behavioural programmes aimed at reducing reoffending, rather than exploring the emotional and relational dynamics that may underpin offending behaviour (McGuire, 2002; Andrews & Bonta, 2010; HM Inspectorate of Probation, 2023). This reflects a wider service gap, as probation supervision is primarily concerned with statutory requirements such as risk management, public protection and offence-focused interventions, rather than providing a dedicated space for offenders to explore emotional and psychological difficulties. The present research emerged from recognising both this service need and the absence of psychodynamic research examining telephone counselling with offenders. By exploring therapists' experiences of working psychodynamically with offenders over the telephone, this study seeks to contribute to professional understanding of how this medium may influence engagement, emotional expression and the development of the therapeutic relationship within criminal justice settings.

#### **1.4 Aims and focus of the study**

The aim of this research is to develop an in-depth, psychodynamically informed understanding of how offenders engage in counselling when it is conducted via the telephone. In particular, the study explores how the telephone functions within the therapeutic relationship and how it may influence processes such as shame, trust, emotional expression and self-reflection. The research focuses on therapists' experiences of providing psychodynamic counselling to offenders via the telephone within probation settings, in order to understand how this medium may shape engagement, communication and the therapeutic relationship. Particular attention is given to how telephone-based counselling may be

experienced in relation to the removal of the therapeutic gaze, power dynamics, the balance between constraint and autonomy, the wider probation environment and the psychological function of the telephone as a container all come into play. These ideas are informed by psychoanalytic theory and the probation practice context, and are used as sensitising concepts (Blumer, 1954) to support the analytic process rather than as predetermined themes (Braun & Clarke, 2019). The study therefore seeks to explore how telephone counselling is experienced and understood by therapists working psychodynamically with offenders, and what this may reveal about the nature of therapeutic relationships conducted without the therapist being physically present. The study is guided by the following research question:

How does the use of the telephone influence the therapeutic relationship, emotional expression and engagement in counselling of offenders within the probation service?

## **1.5 Rationale for the research**

The rationale for this study is informed by both clinical observations from practice and gaps identified within the literature. It is proposed that the absence of the visual gaze during telephone counselling may enable offenders to speak more openly, particularly around issues such as shame, guilt and emotional vulnerability. It is also anticipated that the telephone may provide a psychologically safer and less exposing medium than the probation office, which is often experienced as punitive or surveilled. These ideas function as sensitising concepts (Blumer, 1954), providing a theoretical lens that informed the development of the interview questions and guided the analytic focus of the study. Exploring these concepts supports a deeper understanding of how telephone counselling may influence engagement and emotional expression within probation settings. This research is important because it contributes to

understanding how counselling can be delivered more effectively to individuals within the criminal justice system, a population that often experiences barriers to engaging with traditional services (Prison Reform Trust, 2021; HM Inspectorate of Probation, 2023).

There are also practical implications that support the rationale for this study. Telephone counselling enables services to reach a greater number of individuals, as delivery is not limited by physical office space, and may provide a more accessible and cost-effective form of support for individuals who experience barriers to attending in-person appointments. By developing a deeper understanding of how telephone counselling may influence offender engagement and the therapeutic relationship, this study may help inform counselling practice within probation settings and support the development of more accessible and psychologically informed services (Dominey et al., 2021; Reese et al., 2021). The findings may also contribute to psychodynamic understandings of therapeutic work conducted without visual contact, an area that remains under explored within the literature (Hymer, 1984; Lemma, 2017). This study contributes to knowledge in three areas, psychodynamic understandings of telephone-mediated therapy, therapeutic work with offenders within criminal justice settings, and the development of accessible counselling provision within probation services. By examining telephone counselling as a psychological and relational space rather than simply a method of service delivery, this research offers a new perspective on remote therapeutic work within forensic contexts.

## **1.6 Audience, potential dissemination and opportunities for publication**

The findings of this research have the potential to be disseminated widely across counselling, probation and wider criminal justice contexts. Relevant publication avenues include the

*British Journal of Guidance and Counselling*, the BACP journal *Therapy Today* and the *Probation Journal*, which may help raise awareness of the therapeutic value of telephone counselling and encourage probation services across England and Wales to adopt more psychologically informed practices. This study also holds relevance for partner agencies such as the police, social services and drug and alcohol services, where integrating telephone counselling into service provision may support a more holistic and flexible approach to rehabilitation, increasing engagement and potentially contributing to reductions in reoffending. At a policy level, the research may be of interest to criminal justice policymakers and funding bodies, potentially supporting the development of national guidance and investment in telephone-based therapeutic pathways. The study may also offer valuable insights for probation practitioners, many of whom continue to work in hybrid formats following the COVID-19 pandemic. The findings could be incorporated into training programmes and supervision practices to enhance practitioners' confidence and competence in working therapeutically at a distance. Finally, the research may serve as a teaching resource for universities, particularly within counselling and psychotherapy training programmes preparing students to work with clients who have complex needs. Incorporating this knowledge into training may strengthen future practitioners' capacity to deliver effective and ethically robust telephone counselling. In addition, the study contributes to the limited body of psychodynamic research exploring therapeutic work conducted via the telephone, particularly within criminal justice settings.

## **1.7 Overview of the study**

The thesis is structured as follows. Chapter One introduces the research topic and provides the background to the study, outlining the rationale, aims and focus of the research. Chapter Two presents a critical review of the literature relating to telephone counselling, psychoanalytic theory, environment and therapeutic space, and identifies gaps in the existing research that the present study seeks to address. Chapter Three outlines the conceptual framework that informs the study, outlining the theoretical and clinical influences that shape my reflexive position as the researcher, and as a practitioner. Chapter Four describes the research methodology and analytic approach, including the research design, participant recruitment, data collection and Reflexive Thematic Analysis. Chapter Five presents the findings of the study, outlining the key themes and their respective sub-themes developed from the data. Chapter Six expands the exploration of these themes through the subjective views of the participants, using extracts from interview to contextualise their experiences. Chapter seven discusses the findings in relation to psychoanalytic theory and the wider literature, interpreting the findings through the conceptual framework presented earlier in the thesis. Chapter Eight presents the overall conclusions of the study and outlines the implications for counselling and probation practice, as well as recommendations for further research.

## Chapter 2

### Literature Review

#### 2.0 Introduction

This chapter offers a critical review of the literature relevant to telephone-based therapy. It begins by tracing the history of the telephone as a helping tool, from its early use within psychological and therapeutic contexts (Grumet, 1979) to the establishment of crisis helplines such as the Samaritans (Day, 1974). This historical perspective highlights the telephone's longstanding role in providing confidential support at a distance and suggests that the absence of visual contact may reduce feelings of shame and social exposure for some service users (Day, 1974; Hymer, 1984). The chapter then considers how psychoanalytic theory may offer a useful framework for understanding the psychological processes involved in telephone-based therapeutic work.

Before reviewing this literature, it is pertinent to note that there is historical scepticism regarding rehabilitative interventions within criminal justice settings, which was strongly influenced by Martinson's (1974) review of correctional treatment programmes in prisons and probation. His findings contributed to the 'nothing works' debate by suggesting that many rehabilitation programmes demonstrated limited evidence of reducing reoffending. Although subsequent researchers challenged both the methodology and pessimistic interpretation of these conclusions (Cullen & Gendreau, 2000), Martinson's work significantly influenced policy debates concerning rehabilitation and therapeutic intervention within probation and prison settings. This study seeks to refute this position and highlight the potential positive impact that appropriate therapeutic intervention can have on offenders.

## 2.1 The history of the telephone as a helping tool

As discussed in Chapter 1, this study focuses on voice-only telephone counselling conducted through contemporary mobile and smartphone technology. While the telephone has evolved considerably since its invention, its central function has remained the same, enabling communication across distance through the human voice. From its earliest development, the telephone has been associated not only with communication but also with the provision of help, care and emotional support. Initial forms of telephone-like devices were in use as early as 1796, most notably the megaphone, which enabled sound to be transmitted over distance (Fischer, 1992). In March 1876, Alexander Graham Bell spoke the first words into a telephone receiver. It has often been suggested that this initial use may itself have been a call for assistance after Bell accidentally spilled sulphuric acid on himself. Three years later, in 1879, the telephone was reportedly being used as a telemedical diagnostic tool, with a physician asking a child to cough into the telephone in order to assess their condition (Mohr et al., 2008). These early examples suggest that the telephone was associated not only with communication across distance but also with seeking and providing help. The telephone subsequently became an important tool within the helping professions. A key development occurred with Chad Varah, founder of The Samaritans, the first organisation to establish a crisis telephone line in 1953 (Varah, 1977). Varah's motivation emerged from an earlier experience in 1935 when, as a young Anglican priest, he officiated at the funeral of a 14-year-old girl who had died by suicide. The girl, having begun menstruation, mistakenly believed she had contracted a venereal disease and, overwhelmed by shame, felt unable to seek help (Day, 1974). This experience sensitised Varah to the cultural, religious and practical barriers that prevented many individuals from seeking guidance and support (Day, 1974; Varah, 1977). In response, Varah began offering talks on sex education to couples and young people (Varah, 1977). His commitment to supporting those experiencing emotional

distress or suicidal thoughts developed further when he established a support service in his church vestry. There, he discovered a telephone that had survived the German bombings, already connected and assigned the memorable number 9000, enabling people in crisis to reach him directly.

The absence of visual contact appeared to be a significant factor in enabling individuals to seek help, particularly when feelings of shame, fear or social stigma might otherwise inhibit disclosure (Day, 1974). The telephone soon became a significant tool in suicide prevention within the United Kingdom (Day, 1974; Hoffberg et al., 2020). Often described as the ‘Samaritan priest’, Varah went on to found The Samaritans in 1953, one of the UK's oldest crisis helplines, which remains active today (Day, 1974; McLeod, 2013). Varah observed that many individuals were significantly helped by telephone contact and that the shame they experienced was reduced by being able to speak without being seen. This early use of the telephone highlights its potential psychological function, not merely as a communication device, but as a medium that may alter how individuals experience disclosure, vulnerability and support. This observation is particularly relevant to the present study, which explores whether the absence of visual contact similarly enables offenders to engage more openly with counselling by reducing feelings of shame, exposure and judgement.

## **2.2 Freud, free association, the couch and the telephone**

The experience of not being seen by the therapist links closely to Freud’s theory of free association. Freud proposed that by removing the visual presence of the analyst, patients would feel freer to say whatever came to mind, thereby allowing unconscious material to enter consciousness (Freud, 1913/1958; Foss, 2013). The use of the couch, with the analyst

seated outside the patient's line of sight, was intended to facilitate this process (Freud, 1913/1958). Quinodoz (2004) emphasised Freud's belief that minimising visual contact and maintaining a stance of non-interruption promoted a cathartic effect, enabling patients to speak more freely and unburden themselves. The telephone can be understood as operating in a similar way. When speaking from their own bed, sofa or chair, offenders may experience the telephone as a kind of mobile 'couch' within their own environment, potentially creating conditions that resemble aspects of the analytic setting while remaining within a familiar and self-chosen space. In this way, the telephone may recreate some aspects of the analytic setting, but without the therapist's gaze and without the perceived threat posed by the probation office environment. For offenders who already struggle with shame and guilt, the telephone may therefore function as a psychologically safer space in which they can express themselves more freely, allowing earlier, more vulnerable material to emerge.

Many analysts have highlighted the importance of listening without unnecessary interruption and have emphasised the centrality of high-quality listening within the therapeutic relationship (Hymer, 1984). Hymer described how psychoanalysis and psychotherapy conducted over the telephone can be a positive experience for clients, suggesting that resistance to telephone work often reflects a culturally embedded visual bias in which sight is privileged as the primary mode of knowing. Yet developmental research indicates that some of the earliest forms of human connection arise through sound, particularly the mother's voice, which precedes what Lacan (1977) described as the mirror stage and places less emphasis on visual communication (Hymer, 1984). When considering how individuals first come to understand themselves and others, and how these processes become internalised developmentally, it is therefore important to look beyond the dominance of visual metaphors.

Lemma (2017) argues that the mirror metaphor can obscure the significance of other sensory modalities in the construction of the self. Research on sensory development demonstrates that for infants, and for blind individuals across the lifespan, auditory, tactile and proprioceptive senses play a primary role in forming a coherent sense of self and other. Studies of congenital blindness suggest that auditory and tactile modalities, including sensitivity to vocal tone, rhythm and spatial cues, play a central role in organising perceptual and relational experience (Röder, Rösler, & Neville, 1999; Vercillo et al., 2016). From a psychodynamic perspective, this emphasis on auditory attunement resonates with Winnicott's (1965/2018) description of the infant's early experience of being held, heard and responded to, suggesting that the voice may function as an early organising principle in the development of the self. For blind individuals, the voice of the caregiver replaces the visual field as the primary medium of recognition, mirroring and affect regulation. Merleau-Ponty (1945/1962) similarly emphasises that bodily and auditory perception form the foundation of intersubjective life, suggesting that the self is not only seen but also heard and felt into being. Although research specifically addressing psychotherapy with blind clients remains limited, existing literature suggests that therapeutic communication in this context relies heavily on vocal tone, rhythm, silence and the therapist's capacity to use auditory presence as a containing function. In this sense, psychotherapy with blind individuals offers a useful parallel for telephone counselling, as both modalities foreground the auditory register as the primary route for emotional contact, attunement and the development of the therapeutic relationship. Kraus (2017) compared telephone and face-to-face counselling and found that voice-only communication can enhance empathic understanding. Vocal cues may offer a more accurate indicator of emotional states than facial expressions, which do not always correspond to a person's internal experience. From this perspective, the absence of visual input may benefit the

therapist by allowing greater reliance on auditory information, potentially enhancing empathy, attunement and emotional accuracy.

This literature highlights the importance of auditory communication in the development of the self and in relational experience. It also suggests that visual contact is not the only, nor necessarily the primary, route through which emotional understanding and connection are established. This has important implications for understanding telephone-based therapy, where the voice becomes the primary medium of communication and emotional attunement. The absence of visual contact in telephone counselling may therefore represent not a loss of relational information, but rather a shift in the way communication and connection are experienced within the therapeutic relationship (Irvine et al.,2020)

### **2.3 Klein's theory of development**

Klein's developmental theory introduces the paranoid-schizoid position, understood as a dominant state of mind in early infancy characterised by splitting, persecutory anxiety and the use of primitive defence mechanisms (Klein, 1946). While Klein acknowledged the significance of the external environment, her primary focus was on the infant's internal world of phantasy and object relations, particularly in relation to the mother, and on how these experiences become internalised (Klein, 1946, 1957). She proposed that anxiety is present from the beginning of life, arising from experiences such as birth, hunger and frustration. In early infancy, the mother is experienced in part-object terms; for example, as a breast that is felt as 'good' when it satisfies and 'bad' when it is absent or frustrating (Klein, 1946). Through repeated experiences of feeding, soothing and care, the infant may gradually come to perceive the mother as a whole object, capable of being both good and bad. This

developmental shift marks a movement towards what Klein termed the depressive position, in which concern, guilt and a wish for reparation emerge alongside the capacity to tolerate ambivalence (Klein, 1957). However, Klein emphasised that these positions are not stages that are permanently left behind. Under conditions of stress or threat, paranoid-schizoid anxieties may be reactivated, leading to renewed splitting and persecutory perceptions of others (Klein, 1946, 1957; McLeod, 2013).

Research indicates that many offenders come from socio-economically deprived backgrounds and report high levels of childhood adversity, including physical, emotional and sexual abuse. A UK meta-analysis found that between 29% and 68% of prisoners reported experiences of maltreatment in childhood (Debowska & Boduszek, 2017), while research conducted in Wales reported that 46% of prisoners had experienced four or more adverse childhood experiences (ACEs), compared with 12% of the general population (Public Health Wales, 2019; Ford & Hughes, 2019). These findings highlight the extent to which early relational trauma is overrepresented within offender population.

Within this context, the probation environment itself may be experienced as a persecutory and controlling agency, which may be internalised as an 'all bad' object and act as a barrier to therapeutic engagement. Telephone counselling may reduce this sense of threat by enabling offenders to engage in therapy outside spaces associated with surveillance, judgement or punishment. From a Kleinian perspective, when the environment is experienced as persecutory, the capacity to think, reflect and engage relationally may be compromised, as psychic energy is directed towards managing anxiety and threat. Bion's (1962) concept of containment offers a useful framework for understanding this process, as the therapist's capacity to receive, process and transform the client's anxiety depends in part on the

availability of a safe emotional container. When the face-to-face probation setting is removed, unprocessed projections of danger, shame or scrutiny may be diminished, allowing the client to feel more securely contained. Similarly, Winnicott's (1965/2018) notion of the facilitating environment suggests that when the therapeutic setting feels less intrusive or overwhelming, individuals are better able to engage authentically. From this perspective, therapy conducted over the telephone may reduce visual triggers associated with authority and judgement, enabling offenders to speak more freely and with less defensive vigilance. The pressure to monitor the relationship or anticipate the therapist's reactions may be eased, creating psychological space in which trust can develop gradually.

## **2.4 Winnicott's theory of the true and false self**

Winnicott's theory of the true and false self proposes that when the mother or primary caregiver is unable to meet the infant's emotional needs in a 'good enough' way, the child may develop a false self in order to maintain attachment and secure care (Winnicott, 1965/2018). The 'good enough' mother responds to the infant's spontaneous gestures and allows the expression of both positive and negative feelings, including anger and frustration, thereby supporting the emergence of the true self (Winnicott, 1965/2018). By contrast, a mother who is not 'good enough' (for example, because she is preoccupied, depressed or insufficiently supported) may respond selectively to the infant's emotional communications, engaging when the infant appears compliant or content while neglecting or rejecting more distressing emotional states. In response, the infant learns to comply in order to preserve the relationship and a false self develops as a defensive structure. When the false self becomes dominant in adulthood, individuals may experience a sense of inauthenticity alongside significant difficulties in relationships, including problems with trust, intimacy and self-

expression (Winnicott, 1965/2018). Many offenders, whose histories are often marked by shame, surveillance and punitive relationships with authority figures, may therefore have developed defensive ways of interacting with those in perceived authority as a form of false-self-organisation, serving to protect more vulnerable aspects of the self (Winnicott, 1965/2018).

The telephone may offer particular therapeutic advantages in this context. In the absence of the therapist's face and body, both of which can evoke fears of judgement or a perceived need to perform, offenders may feel less pressure to please, defend or conceal aspects of themselves. The removal of the visual gaze can potentially reduce self-consciousness and hypervigilance, enabling offenders to speak more freely and risk revealing more vulnerable aspects of their experience (Hymer, 1984; Lemma, 2017). In this sense, telephone counselling may create conditions in which the true self can emerge more readily, unburdened by anxieties about appearance, scrutiny or evaluation. Being able to engage in therapy from an environment of one's own choosing may further support this process. When offenders are not required to attend probation buildings, settings commonly associated with surveillance, shame and the threat of punishment, they may experience greater autonomy and emotional safety (Dominey et al., 2021).

Probation offices are spaces in which offenders routinely encounter probation officers and other individuals with offending histories, a social context that can evoke feelings of stigma, competition and fear of judgement. These dynamics may also be experienced differently across genders. Research in criminological literature highlights that gender shapes both offending pathways and experiences of supervision. Studies on women offenders specifically suggest that women under probation supervision often present distinct social, emotional and

practical needs compared with men, including higher levels of victimisation, mental health difficulties and complex relational histories (Gelsthorpe, et al., 2007; Gelsthorpe, 2024). These gendered pathways intersect with institutional practices, and it has been documented that probation responses to the needs of female offenders have been comparatively less developed than those for male offenders, with limited evidence concerning what works with women in community sanctions (Worrall & Gelsthorpe, 2009). With this in mind, female offenders, many of whom have histories of interpersonal trauma, abuse or coercive control, may experience probation environments as particularly exposing or unsafe, especially when required to share space with male offenders or authority figures. For these women, the telephone may offer a greater sense of psychological protection and control, reducing the need to manage the gaze of others and lowering the risk of re-traumatisation. Such conditions may activate defensive functioning and increase the likelihood that the false self is mobilised as a protective shield (Winnicott, 1965/2018). In contrast, telephone counselling allows offenders to engage from private, familiar environments that are not saturated with punitive meanings or institutional power dynamics. This reduction in environmental threat may lessen reliance on defensive postures and support more authentic relational contact. In this way, the telephone may function as a facilitating environment, reducing shame, increasing psychological freedom and enabling offenders to approach therapy with greater openness, honesty and emotional risk-taking (Winnicott, 1965/2018).

Winnicott's ideas extend beyond the true and false self to his understanding of the antisocial tendency, which he viewed not simply as delinquency but as a communication of unmet need and a search for a reliable environment. Winnicott (1965/2018) conceptualised antisocial behaviour as a communication of hope rather than evidence of innate badness. He argued that antisocial acts can represent attempts by the child to test whether the environment is capable

of responding reliably to unmet emotional needs (Winnicott, 1965/2018). When such behaviour is met with exclusion, instability or punitive responses, it may escalate into more entrenched behavioural difficulties and later adult recidivism. A substantial body of developmental research supports this view. Bowlby (1988) suggested that early attachment disruptions and emotional neglect increase vulnerability to delinquent behaviour, as the child lacks a secure base from which to regulate affect and relationships. Longitudinal studies, primarily from the United States and United Kingdom, have consistently linked childhood maltreatment with increased risk of later offending (Farrington, 2005; Widom & Maxfield, 2001). Music (2011) similarly argues that chronic deprivation and shame shape defensive, externalising behaviours that are often misinterpreted as wilful antisociality rather than expressions of unmet need. Fonagy et al. (2002) further propose that environments characterised by threat undermine the development of mentalisation, rendering relationships experienced as dangerous and reinforcing antisocial patterns.

From this perspective, offenders with early criminal histories, repeated reoffending or significant behavioural dysregulation may be understood through Winnicott's notion of the antisocial tendency. Such individuals are frequently required to attend probation offices for supervision. However, these institutional settings, strongly associated with punishment, surveillance and prior rejection, may evoke mistrust, persecution anxieties and defensive functioning. For these clients, face-to-face counselling within probation may inadvertently activate false-self compliance as a means of protection. Telephone counselling may therefore offer a more reparative therapeutic setting. Working from a familiar environment may reduce associations with authority and diminish sensory cues linked to punishment or judgement. This, in turn, may enable offenders to feel less scrutinised and more emotionally contained, helping to create the relational conditions necessary for a trusting therapeutic relationship to

develop, which Winnicott (1965/2018), Bowlby (1988), and Fonagy et al. (2002; Fonagy & Target, 2003) identify as foundational for psychological change.

## **2.5 Environment**

Although probation services encompass some supportive functions, such as links with drug and alcohol agencies, probation is primarily a statutory and supervisory service, and probation offices often operate more as spaces of surveillance and control than as environments conducive to therapeutic engagement. Research suggests that individuals under probation supervision frequently experience these settings as restrictive and characterised by power dynamics that inhibit trust and rapport (Brooker et al., 2019; Nahouli et al., 2022). Conducting therapy within such buildings can evoke feelings of surveillance and judgement rather than providing the emotional safety required for therapeutic work. Offering therapy outside the probation office, such as via telephone, may therefore reduce the sense of scrutiny and help shift the dynamic towards safety, choice and autonomy. Allowing clients to access therapy from environments of their own choosing can lessen fears of judgement and counteract the punitive associations of the probation setting. The absence of visual observation may further reduce pressure and enable more open engagement. If a therapeutic relationship can be established effectively over the telephone, then the role of the environment, and its impact on therapeutic outcome, warrants careful consideration (Irvine et al., 2020)

Early research into counselling environments demonstrated that the physical setting in which therapy takes place can significantly influence emotional disclosure and the development of the therapeutic relationship. Chaikin, Derlega and Miller (1976) found that institutional

buildings with hard surfaces, little natural light and clinical features could negatively affect psychological well-being and reduce self-disclosure, whereas more comfortable and informal environments enabled clients to feel more at ease and more able to engage therapeutically. Haase and DiMattia (1976) similarly found that spatial arrangements within counselling rooms influenced anxiety levels, communication and client comfort, with clients often preferring greater physical shielding and a moderate interpersonal distance. These findings suggest that the physical environment is not simply a backdrop to therapy, but actively shapes the emotional experience of the therapeutic encounter. From a psychoanalytic perspective, institutions themselves may be experienced not only as physical structures but as psychological objects.

Rey (1994), writing about the Maudsley Hospital, described the institution as a 'brick mother', suggesting that the building itself could be experienced as either containing or persecutory depending on how emotional needs were responded to within that environment. In this way, the institution becomes part of the individual's internal object world and emotional responses to the building may mirror earlier experiences of care, neglect, authority or abandonment (Hinshelwood, 2001; Obholzer & Roberts, 1994). This idea has been revisited in more recent discussions of institutional dynamics, where institutions are understood as psychologically meaningful environments that can either provide a sense of holding or evoke feelings of hostility and threat (Wright, 2022). For individuals on probation, who often have histories of trauma, neglect or inconsistent caregiving, institutional environments may reactivate earlier experiences of authority, rejection or emotional deprivation, making it difficult for a therapeutic relationship to develop within such settings.

While Rey's concept of the 'brick mother' helps us to understand how institutional buildings are experienced psychologically, Wright (2022), in her work on the physical and virtual space of the consulting room, extends this idea by arguing that therapeutic space is not simply a physical location, but a psychological and relational space shaped by the room, the objects within it, and the meanings attached to that environment. From this perspective, the consulting room functions as a 'room-object', a space that is internalised by both therapist and client and carried psychologically even when therapist and client are not physically co-present. This idea is particularly relevant to telephone counselling, where the traditional consulting room is no longer shared physically but must instead be created and maintained psychologically. The concept of spatialisation further develops this understanding of therapeutic space. Wright (2022) uses the term spatialisation to describe how therapeutic space is constructed not only through physical surroundings but through the relational, symbolic and emotional meanings attached to space and the objects within it. From this perspective, space is not neutral but psychologically charged and actively participates in the therapeutic relationship. Applied to telephone counselling, spatialisation suggests that the therapeutic space becomes distributed across multiple environments, the therapist's physical setting, the environment chosen by the client, and the telephone itself as an object mediating the encounter. Telephone therapy therefore requires us to reconsider where therapy takes place (Drew et al., 2021). Davidson and Harrison (2019), drawing on Lefebvre's (1991) theory of the spatial triad, describe three spatial dimensions of telephone therapy, the physical environment in which the therapist conducts sessions, the spatial practices adopted during telephone work, and the internal mental space constructed by the therapist in the absence of shared physical surroundings (Baydar, Komesli, Yilmaz, & Kilinc, 2016).

Their findings suggest that much like face-to-face therapists, telephone therapists actively create and sustain a therapeutic space even in the absence of physical co-presence (Davidson & Harrison, 2019), reflecting Wright's (2022) concept of the consulting room as a psychological and relational space rather than simply a physical location. However, the therapist's own environment remains crucial, as calls conducted in noisy or shared spaces can disrupt concentration and diminish the therapist's capacity for containment (Hymer, 1984; Lemma, 2017). At the same time, from the client's perspective, the telephone itself may become part of the spatialised relational field (Wright, 2022). The therapist's voice is literally contained within the telephone, allowing the client to develop a transference relationship with the therapist while also relating to the telephone as a personal object (Lemma, 2017; Winnicott, 1953). In this way, the telephone functions both as a conduit for the therapeutic relationship and as a psychologically meaningful object that can carry projections, affect and symbolic significance (Bion, 1962; Lemma, 2017).

## **2.6 The telephone as a relational and therapeutic space**

One important psychodynamic dimension of telephone therapy is the process of mirroring (Winnicott, 1965/2018), which is particularly relevant when therapeutic work is conducted without visual contact. Winnicott argued that the developing child comes to know themselves through being mirrored by the caregiver, and later seeks mirrors beyond the primary caregiver in order to internalise and reflect aspects of others' behaviour (Stern, 2006). Traditionally, this mirroring occurred through peers and external media such as television, books, magazines and cinema. In contemporary society, however, this mirroring process increasingly occurs through digital devices, particularly the smartphone, which has become an important relational object in everyday life (Lemma, 2017). Lemma (2017) argues that the

smartphone performs a mirroring function in modern life, providing a space in which embodied restraint is reduced and opportunities for pleasure, knowledge-seeking and constant social communication are expanded. She describes the smartphone's black, reflective screen as a 'black mirror', emphasising how it allows individuals to live separately while still sharing the same psychological space, facilitating fantasy and virtual connection without the demands of embodied relating. From this perspective, adults who have grown up using smartphones to seek role models, explore identities and cultivate relationships may find it particularly familiar and comfortable to engage with the therapist's voice through the same medium (Lemma, 2017; Irvine et al., 2020).

Although mobile phones were originally designed as tools for communication, their function has evolved into something far more psychologically complex. They have become objects of social connectivity, self-expression and emotional regulation (Lemma, 2017). As relationships increasingly move into digital spaces, many people now experience a heightened sense of relational presence through their phones. From this perspective, offenders may be more fully engaged in therapy conducted over the telephone precisely because it occurs within a virtual rather than physical space. The telephone, already embedded in their relational world, may serve as a familiar and less threatening medium through which they can absorb and reflect the therapist's words, enabling a deeper and safer form of psychological connection. The importance of the auditory relationship has long been recognised in psychoanalytic work, where the voice alone can carry affect, meaning and emotional attunement (Hymer, 1984). Research into telephone counselling also suggests that this medium can shift power dynamics in favour of the client. Reese et al. (2002) found that the anonymity associated with telephone contact offered clients a greater sense of control, as it is easier to end a session by hanging up than by physically leaving a room. This shift in

control may be particularly significant for offenders, who are often subject to external control and surveillance within the criminal justice system (Reese et al., 2002; Dominey et al., 2021)

The literature also suggests that telephone counselling can provide vital mental health support to individuals who may otherwise struggle to access traditional services. Brenes, Ingram and Danhauer (2011) found that telephone-based therapy improved access for individuals experiencing social and economic hardship, including those who could not afford travel or required more flexible appointment times. Similarly, Mohr et al. (2008) found that dropout rates decreased when practical barriers such as transportation difficulties, caring responsibilities, disability or lack of local mental health provision were removed. Beyond these practical considerations, telephone therapy may also offer psychological benefits. The distance created by an auditory-only space can feel safer for individuals with complex mental health needs and may facilitate greater intimacy for those who experience shame, anxiety or social withdrawal (Mohr et al., 2008). For some offenders, the absence of visual scrutiny and the containment of a solely auditory relationship may support deeper engagement with therapy.

## **2.7 The telephone as a medium and its effectiveness in different therapeutic approaches**

The types of therapy that have been found most successful when delivered by telephone are predominantly cognitive behavioural therapy (CBT) and solution-focused therapy (SFT), as these approaches are structured, goal oriented and adapt more easily to a verbal-only format (Mohr et al., 2008; Brenes et al., 2011; Reese et al., 2002). These approaches focus primarily on present difficulties and behavioural change rather than long-term relational exploration, which makes them more easily transferable to telephone delivery (Drew et al., 2021; Irvine et

al., 2020). Within CBT, for example, the therapist provides structured tools to address behavioural and cognitive patterns, an approach that translates relatively easily to telephone work because it is instructional in nature and does not rely heavily on the interpretation of unconscious processes (Leonidaki, 2021).

Although CBT and SFT appear to adapt well to telephone delivery, this highlights a wider gap in the literature concerning the effectiveness of long-term, exploratory psychotherapy conducted over the telephone (Reese et al., 2002). Psychodynamic therapists may encounter difficulties offering interpretations without visual cues such as gesture, posture or facial expression and clients may experience interpretations more defensively in the absence of visual contact, potentially affecting the therapeutic alliance (Reese et al., 2002). Research has therefore suggested that telephone therapy can make it harder to establish and maintain the therapeutic relationship, given the absence of non-verbal communication that usually supports the therapist's understanding of the client's emotional state. However, psychodynamic and psychoanalytic practitioners have long argued that the absence of visual contact does not necessarily prevent deep therapeutic work. Early psychoanalytic telephone work suggested that the voice can become the primary carrier of affect and meaning, and that the absence of visual cues may reduce anxiety associated with being seen, potentially facilitating free association and emotional disclosure (Hymer, 1984; Spiro & Devenis, 1991). More recent research has also suggested that empathy and emotional attunement can be communicated effectively through vocal tone alone (Kraus, 2017). These findings suggest that, rather than preventing relational depth, telephone therapy may alter the way the therapeutic relationship is experienced and communicated.

Studies comparing telephone and face-to-face therapy have produced mixed findings. Sabry et al. (2022) found that therapists reported greater ease in working by telephone with clients they had already met face-to-face, while forming therapeutic relationships solely by telephone was experienced as more challenging. However, Irvine et al. (2020) found little difference between telephone and face-to-face therapy in terms of therapeutic relationship, empathy, attunement or client participation. These contrasting findings suggest that telephone therapy may be effective for some clients and presenting difficulties, but less suitable for others, particularly those with more complex needs or difficulties tolerating psychological distance (Irvine et al., 2020; Drew et al., 2021). The widespread introduction of telephone contact within probation during the COVID-19 pandemic raises further questions about what is gained and lost relationally when work is conducted without physical presence. Dominey et al. (2021) examines this shift within probation supervision, identifying both increased engagement and concerns about the loss of relational depth. The study found that telephone supervision increased accessibility and flexibility, enabling more frequent contact and reducing practical barriers such as travel, childcare and anxiety associated with attending probation offices. However, practitioners also reported concerns about reduced opportunities to assess risk, monitor wellbeing and interpret emotional cues when contact was limited to voice-only communication. Dominey et al. (2021) therefore argues that telephone contact should not replace face-to-face supervision entirely, but should instead be integrated as part of a blended or hybrid model, where different modes of contact are used according to individual need, risk level and context.

Although Dominey et al. (2021) discuss telephone communication in the context of probation supervision rather than therapy, similar themes regarding accessibility, relational depth and the limitations of voice-only communication are reflected in psychotherapy outcome

research. Some studies suggest that individuals with poorer functioning or more complex difficulties tend to progress more slowly in telephone therapy, indicating that such clients may benefit more from face-to-face work (Reese et al., 2002; Brenes et al., 2011). Spiro and Devenis (1991) compared psychodynamic work undertaken by telephone with that conducted face-to-face and identified several advantages, including increased accessibility for individuals with physical disabilities or geographical barriers, and emotional benefits such as a greater sense of control and intimacy at a distance. At the same time, they acknowledged that some individuals cannot tolerate being physically alone during therapy and that the absence of visual connection may hinder the development of the therapeutic relationship (Spiro & Devenis, 1991). Overall, the literature suggests that while telephone counselling offers clear practical and emotional benefits, its limitations, particularly in relation to clients with complex needs and long-term psychodynamic work, must be carefully considered when evaluating its suitability and therapeutic effectiveness.

## **2.8 Conclusion**

The literature reviewed in this chapter suggests that the telephone is far more than a neutral communication device. Historically, it has been used as a means of offering help at a distance, enabling people in acute distress to seek support without the shame associated with being seen. Psychoanalytic authors have long recognised the value of limiting visual contact, most notably through Freud's use of the couch, and contemporary authors have highlighted how auditory communication, vocal tone and silence can become primary routes to emotional contact and attunement in both blindness and telephone work. Developmental and relational theories further illuminate why telephone therapy might be particularly significant for offenders. Many individuals within the criminal justice system have experienced early

environments marked by deprivation, maltreatment and inconsistent care, backgrounds associated with paranoid–schizoid anxieties, antisocial tendencies and the development of defensive false selves. Probation offices, with their associations of surveillance, control and punishment, can easily reactivate such anxieties and inhibit openness. In contrast, telephone therapy allows offenders to engage from spaces of their own choosing and outside the punitive ‘brick mother’ of the institution. This may reduce shame and hypervigilance, support a greater sense of autonomy and safety, and create conditions in which more authentic aspects of the self may cautiously emerge.

Empirical research on telephone counselling indicates a number of practical and psychological benefits, including improved accessibility for those facing financial, geographical or health-related barriers, and in some studies, comparable levels of alliance and empathy to face-to-face work. At the same time, concerns remain about relational depth, the absence of non-verbal cues and the suitability of telephone therapy for clients with more complex needs. The literature is especially sparse in relation to long-term psychodynamic telephone work and almost silent on the specific context of probation-based therapy with offenders. These gaps and tensions provide the rationale for the present study. There is a need to understand in greater depth how offenders engage with telephone counselling within a criminal justice setting, and how therapists experience and make sense of conducting therapy through this medium. By foregrounding psychoanalytic concepts such as containment, splitting and the true and false self, this study seeks to contribute a nuanced, practice-based account of telephone counselling with offenders and to develop a deeper understanding of how the telephone may function not only as a mode of communication but as part of the therapeutic relationship itself.



## Chapter 3

### Conceptual Framework

#### 3.0 Introduction

In this chapter, I outline the conceptual framework that underpins this study, focusing on the aspects of the work that I consider to be central. This framework provides the theoretical foundation for the methodological decisions that follow and makes explicit the theoretical and clinical influences that shape my reflexive position as the researcher. Reflexive Thematic Analysis (RTA) was used to analyse the data, and this will be discussed in detail in the methodology chapter. The purpose of this chapter is therefore not to present findings, but to situate the study within my clinical experience and to demonstrate my reflexive stance in line with RTA. In keeping with Braun and Clarke's (2022) guidance, RTA assumes that a researcher's theoretical background, clinical experience and interpretive stance actively contribute to meaning making. I therefore describe how my experience of working psychodynamically with offenders, particularly by telephone, informs my analytic lens and shapes how I attend to the data. Together, these perspectives form the conceptual framework that guides the study and provides the foundation for the thematic analysis presented in the chapters that follow.

#### 3.1 Conceptual considerations in working clinically on the telephone with offenders

The following concepts are drawn from my clinical experience of working psychodynamically with offenders, alongside relevant psychoanalytic theory. These are not presented as findings, but as sensitising concepts that inform how I approach and interpret the data. In my experience, offenders with complex histories of trauma, neglect and adverse

childhood experiences (ACEs) can struggle with engagement, often presenting with withdrawal, inconsistency or sudden endings (Felitti et al., 1998; Fonagy et al., 2002; Herman, 1992). It may be that telephone counselling, when chosen by the offender, provides a psychological space that feels less exposing and therefore more conducive to emotional exploration. From a psychodynamic perspective, shame is closely linked to the fear of exposure and being seen as unacceptable (Tangney et al., 2007). The absence of the therapist's visual presence may therefore reduce this sense of exposure, raising the question of whether the telephone might function as a medium through which offenders can engage with difficult material with reduced defensive organisation. My awareness of countertransference has also shaped this framework. Drawing on Heimann (1950) and Racker (1968), I consider my emotional responses as a potential source of understanding, while remaining reflexively aware of how these responses may influence interpretation.

### **3.2 The therapist's gaze**

From my experience working with student therapists who provided therapy over the telephone to offenders, the idea has emerged that the telephone may offer a space in which offenders feel less exposed. This sense of being unseen may reduce shame and facilitate more open and honest communication. The absence of the therapist's gaze may lessen feelings of judgement and allow offenders to explore painful or sensitive material that might otherwise be defended against in face-to-face settings. From a psychoanalytic perspective, Lacan (1949/1977) linked the experience of being seen to the subject's relationship with the Other, including feelings of exposure and judgement. The removal of the gaze may therefore reduce feelings of exposure and allow the individual to speak more freely. Freud's early technique of free association relied on reducing the visual presence of the analyst, with patients lying on

the couch and encouraged to speak freely without seeing the therapist. Freud believed that the absence of visual contact reduced self-consciousness and resistance, allowing unconscious material to emerge more readily (Foss, 2013; Quinodoz, 2005). In this respect, the telephone may function in a similar way, with clients often speaking from familiar locations such as their bed or sofa, which may make the encounter feel less exposing. Offenders can often grapple with guilt, shame and fear of judgement, which can inhibit disclosure (Tangney et al., 2007). When conducting counselling over the phone, the telephone may also function as a protective object to 'hide behind', allowing for phantasy, privacy and the suspension of social performance. It may reduce the pressure to sustain a positive self-image or to manage the therapist's perceived reaction. This raises the possibility that the removal of visual scrutiny may alter how shame is managed within the therapeutic relationship.

Psychoanalytic theorists have long emphasised the centrality of listening. Hymer (1984) notes that analysts have historically prioritised visual communication, despite the fact that the earliest human connection is auditory, namely the mother's voice. This predates what Winnicott (1965/2018) described as the mirror role of the mother, in which the infant sees themselves reflected in the mother's face. If early mirroring was inadequate or distorted, face-to-face encounters later in life may feel exposing or shaming. Telephone work may therefore provide a psychologically safer form of contact for some clients. Contemporary research also supports this idea. Kraus (2017) suggests that voice-only communication may enhance empathic accuracy, as vocal cues can convey emotional states more reliably than facial expressions. In the absence of visual cues, the therapist may therefore become more attuned to the emotional meaning carried within the client's voice.

### 3.3 Power dynamics

A power imbalance is often inherent in therapeutic work, particularly in mandated or quasi-mandated settings such as probation. Prior to COVID-19, therapy took place within probation offices, which are environments associated with surveillance, compliance and authority (Foucault, 1977). These settings may heighten inequalities in power and reinforce feelings of persecution for offenders. The shift to telephone counselling may have altered this dynamic. When therapy is conducted via the offender's personal device, they may experience a greater sense of control, as they can choose their location and manage their environment. This may reduce the immediacy of institutional pressure and suggest a subtle redistribution of power within the therapeutic relationship.

Kleinian theory offers a useful lens for understanding these dynamics (Klein, 1946). Klein's concept of the paranoid-schizoid position describes early states of anxiety and splitting, in which the world is experienced as 'all good' or 'all bad' (McLeod, 2013). If early relational environments were unpredictable or frightening, individuals may remain prone to perceiving authority figures as persecutory. Many offenders have experienced childhood environments characterised by neglect, abuse or instability (Widom & Maxfield, 2001; Public Health Wales, 2019), which may contribute to such dynamics. From this perspective, probation settings may reactivate persecutory anxieties. The telephone, by contrast, may remove some of these environmental triggers and reduce feelings of threat. For some offenders, this may create conditions that feel safer, potentially allowing for greater emotional openness and the development of trust within the therapeutic relationship. This highlights how shifts in the external environment may directly shape how authority is experienced internally, particularly for individuals with histories of relational trauma.

### **3.4 Constraint and autonomy**

The dynamics of constraint and autonomy are important considerations in therapeutic work with offenders. Winnicott's (1965/2018) theory of the true and false self provides a useful framework for thinking about these dynamics. The true self is understood to emerge in early infancy when an individual feels safe, unjudged and emotionally held, whereas the false self develops as a defensive adaptation to external demands. In face-to-face probation settings, offenders may feel compelled to present a compliant, guarded or socially acceptable façade, and such environments may therefore reinforce false-self functioning. Telephone counselling, by contrast, may create conditions that feel less restrictive. The absence of the therapist's physical presence may reduce performance pressure and allow for a different form of engagement. From this perspective, it is possible to consider whether telephone counselling might support greater access to aspects of the self that feel more authentic, while environments experienced as intrusive or judgemental may evoke more defensive forms of relating. This may be particularly relevant for offenders with histories of relational trauma (Felitti et al., 1998; Fonagy et al., 2002), where sensitivity to perceived judgement or control can shape how the self is presented within the therapeutic relationship. Telephone counselling may therefore function as a buffer, potentially allowing for a less defended mode of engagement and creating conditions in which a more authentic sense of self might emerge. This raises the possibility that the mode of therapeutic delivery may influence not only how the offender engages, but how the self is organised and presented within the relationship.

### 3.5 Therapeutic setting

Winnicott's concept of holding emphasises the importance of a reliable environment for psychological development (Abram & Karnac, 2007). In therapy, the therapist is understood to provide a holding function through consistency, attunement and emotional availability. In telephone counselling, the physical space may be replaced by a psychological one, shaped by tone, responsiveness and the quality of listening. Some authors have suggested that technology-mediated communication can create a different kind of psychological space, in which intimacy and distance coexist (Lemma, 2017). This connects to Bion's concept of containment, in which the therapist receives, processes and returns the client's emotional experiences in a more manageable form (Bion, 1962/2019). From this perspective, it is possible to consider how telephone counselling may still offer containing functions, even in the absence of physical co-presence. For offenders, whose early environments may have lacked reliability and safety, the telephone may offer a form of holding that feels more accessible and less threatening. This may reduce feelings of overwhelm and create conditions that support deeper emotional exploration. Wright's (2022) concept of spatialisation further develops this idea by suggesting that therapeutic space is not experienced as neutral, but acquires psychological meaning through relational processes, interaction and context. From this perspective, space participates in the therapeutic encounter, shaping how safety, exposure and relational dynamics are experienced. This raises the possibility that the therapeutic setting is not fixed by physical location, but is instead co-constructed through the relational and communicative qualities of the encounter.

### **3.6 Telephone as a mediating object**

In this research, the telephone is conceptualised as a psychological container that may shape and support the therapeutic process. The therapist's voice, transmitted through the device, may offer an auditory form of holding, analogous to a containing caregiver. Because the telephone sits at the intersection between the therapist's professional position and the offender's personal world, it can be understood as a hybrid object that is part relational and part technological. This idea is supported by Lemma (2017), who suggests that digital devices can function as psychological objects that mediate intimacy, distance and aspects of the self. From this perspective, the telephone may create a form of psychological distance that can facilitate the disclosure of complex, shame-laden or feared material.

Within this study, I propose the concept of the 'Metal Mother' as a way of thinking about how the telephone may function psychologically. The term Metal Mother is used here as a conceptual metaphor developed within this research to describe the telephone as an object that both holds and regulates emotional proximity within the therapeutic relationship.

Drawing on Winnicott's (1965/2018) notion of the facilitating environment and Bion's (1962) concept of containment, the Metal Mother can be understood as a form of container that both holds and distances emotional experience. Unlike a traditional maternal object, it does not fully receive or absorb affect, yet it may provide sufficient structure and reliability to support communication. For offenders, particularly those who experience face-to-face environments as exposing or persecutory, the telephone as a Metal Mother may offer a less intrusive and potentially safer psychological space in which aspects of the self can begin to emerge. In this sense, the Metal Mother can be thought of as sitting between connection and defence, enabling engagement while also regulating proximity to the therapist. As a

conceptual metaphor, this idea offers a way of understanding how the telephone may mediate, protect and facilitate therapeutic engagement within this context.

### **3.7 Conclusion**

In this chapter, I have outlined the conceptual framework that underpins this study, drawing together key conceptual ideas informed by both clinical experience and psychoanalytic theory in relation to therapeutic work with offenders over the telephone. These ideas have been considered in relation to how telephone counselling may shape emotional expression, relational dynamics and psychological safety. I have also described the theoretical and clinical influences that shape my reflexive position as a researcher, demonstrating how my therapeutic experience informs the interpretive lens through which the data are analysed. Consistent with Braun and Clarke's (2019) reflexive thematic approach, reflexivity is not viewed as a bias to be eliminated, but as a resource that contributes to meaning making. This conceptual framework provides the interpretive foundation for the analysis that follows, preparing the reader for the thematic exploration presented in the subsequent chapters.

## Chapter 4

### Methodology

#### 4.0 Introduction

This chapter outlines the methodological approach used to investigate the research question empirically. It describes the qualitative research design, including the recruitment strategy and sample of therapists interviewed, their level of training during the COVID-19 pandemic, and the additional qualifications and experience they had obtained by the time of interview. The data collection procedures are then detailed, followed by an explanation of the analytic framework used to interpret the interview material. Reflexive Thematic Analysis (RTA) was selected as the most suitable method for examining the complexity of telephone-based therapeutic work within probation, as it allows for a theoretically informed, interpretive analysis of participants' experiences (Braun & Clarke, 2006, 2019). The chapter also outlines the epistemological and theoretical position underpinning the study, as well as the ethical considerations relevant to conducting research within criminal justice and therapeutic contexts (Willig, 2013).

#### 4.1 Research question

The idea for this study, which eventually led to the development of the research question, emerged from practice-based observations made during the COVID-19 pandemic, as well as from my experience of developing and leading a counselling service within probation, reflecting the value of practice-based knowledge in qualitative inquiry (Kumar, 2019). Prior to the pandemic, counselling was delivered face-to-face within probation offices. However, when COVID-19 restrictions were introduced, therapists were required to transition to remote

working, using either telephone or online platforms. It was observed that the majority of offenders chose telephone counselling rather than online sessions. Student therapists who had previously worked face-to-face with offenders reported that the shift to telephone work appeared to change the dynamics of the therapeutic relationship giving more autonomy to the offenders. Many noted that offenders seemed less guarded, more open and more emotionally expressive when speaking on the telephone. Similar observations were also reported by probation practitioners, who found that some offenders appeared to communicate more openly by telephone than in face-to-face meetings. In my role as counselling facilitator, these observations were frequently discussed in supervision and team meetings, which led to questions about the psychological function of the telephone and how offenders relate to it within the therapeutic relationship. As a result of these observations and professional discussions, the following research question was developed:

How does the use of the telephone influence the therapeutic relationship, emotional expression and engagement in counselling with offenders within the probation service?

## **4.2 Research design**

This study adopted a qualitative research design in order to explore the subjective experiences of therapists working therapeutically with offenders over the telephone, and to gain a deeper understanding of why offenders often appeared to be more open and emotionally expressive when counselling was conducted via the telephone rather than face-to-face counselling. Qualitative research is concerned with understanding how individuals make sense of their experiences and the meanings they attach to them, rather than measuring

variables or testing hypotheses (Willig, 2013; Kumar, 2019). As this study aimed to explore relational dynamics, emotional expression and engagement within telephone counselling, a qualitative approach was considered most appropriate. The research question seeks to understand psychological and relational processes, which require depth of exploration and attention to meaning, rather than numerical measurement.

Semi-structured interviews were selected as the primary method of data collection because they allow participants to describe their experiences in their own words, while still enabling the researcher to explore specific areas relevant to the research question (Kvale & Brinkmann, 2015; Kumar, 2019). This method provides both structure and flexibility, allowing the researcher to ask follow-up questions and explore unexpected themes as they arise (Kvale & Brinkmann, 2009). This was particularly important for this study, as the research aimed to explore complex therapeutic and relational processes that cannot easily be captured through structured questionnaires. The use of semi-structured interviews is also consistent with Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019), which is designed to explore patterns of meaning across participants' accounts while recognising the active role of the researcher in the interpretive process. This approach aligns with the psychodynamic and relational focus of the study, as it allows for a theoretically informed interpretation of participants' experiences. Therapists were selected as participants because they were able to reflect on multiple therapeutic relationships and provide insight into patterns of engagement, emotional expression and relational dynamics across different offenders. This provided a broader perspective on telephone counselling within probation than would have been possible through interviewing offenders alone.

### **4.3 Epistemological position**

This study is situated within an interpretivist epistemological position, which assumes that reality is not fixed and objective, but is shaped by individual experience and the meanings people attach to their experiences (Willig, 2013). From this perspective, the aim of research is not to discover a single truth, but to understand how individuals experience and make sense of the world. This position is consistent with the aims of this study, which seeks to explore therapists' experiences of telephone counselling with offenders and to understand how the telephone may influence relational dynamics, emotional expression and engagement when counselling offenders over the telephone. The study is also informed by a social constructionist perspective, which recognises that experiences are shaped by social context, relationships and environment. This is particularly relevant in probation settings, where institutional environments, power dynamics and the use of technology may shape how individuals experience the therapeutic relationship. The study is further informed by a psychodynamic theoretical perspective, which provides a framework for understanding unconscious processes, relational dynamics and emotional communication within therapeutic work. This psychodynamic lens informed both the design of the research and the interpretation of the data, particularly in relation to concepts such as containment, the holding environment, visibility and the therapeutic relationship.

### **4.4 Participants**

This study draws on semi-structured interviews with qualified therapists who had originally joined the Essex Probation Service as student therapists, completing the 100 clinical hours required by professional bodies such as the British Association for Counselling and Psychotherapy (BACP), the UK Council for Psychotherapy (UKCP), and the National

Counselling and Psychotherapy Society (NCPS). During their placements, all participants delivered telephone therapy to offenders throughout the COVID-19 pandemic.

Participants were selected because they had direct experience of providing telephone counselling to offenders within a probation setting during the COVID-19 pandemic. As the research aimed to explore therapists' experiences of telephone-based therapeutic work, it was important to recruit participants who had worked in this way and were able to reflect on the therapeutic relationship, emotional expression and client engagement when working by telephone. Interviewing therapists also enabled reflection across multiple client experiences, rather than focusing on a single offender perspective.

A purposive sampling strategy was used to recruit participants with direct experience relevant to the research question, which is consistent with qualitative research methods that seek depth and relevance rather than statistical representation (Willig, 2013; Kumar, 2019). A total of ten therapists participated in the study, comprising four men and six women. This gender distribution is broadly representative of the counselling service, where a higher proportion of student therapists are women. Collectively, these therapists had worked with 29 offenders during the period under investigation. The duration of therapeutic work varied considerably, ranging from relatively brief interventions to longer-term counselling relationships, extending over several months. This variation is important, as the length of therapeutic contact may have influenced the depth of the therapeutic relationship, levels of trust and emotional disclosure, and the extent to which participants were able to reflect on the relational dimensions of telephone counselling. Consequently, participants' accounts reflected a range of therapeutic experiences, from the establishment of early engagement to the development of more sustained therapeutic relationships.

The ten participants were considered sufficient to capture a range of experiences and perspectives relevant to the research question, while allowing for detailed exploration of individual accounts. All participants were anonymised and are referred to using participant identifiers (RP1–RP10) throughout the findings chapter to protect confidentiality.

## **4.5 Recruitment**

Participants were recruited from a database of former student therapists who had completed placements within the Essex Probation Service before, during and after the COVID-19 pandemic. All potential participants had trained at either undergraduate, master's level or Phd level, and had received psychodynamic training as part of their counselling courses. This meant that participants had a theoretical understanding of psychodynamic concepts, which supported their ability to reflect on relational dynamics, emotional expression and the therapeutic process during the interviews. Participation in the study was entirely voluntary. Potential participants were contacted via email and provided with an information sheet outlining the purpose of the research, what participation would involve, and their right to withdraw from the study at any time without consequence. As the researcher was the counselling facilitator within the counselling service, particular care was taken to ensure that participants did not feel under any obligation to take part. All participants provided informed consent prior to being interviewed.

Ethical approval for this study was obtained from the University of Essex Ethics Committee and from the relevant probation service authority prior to recruitment. Access to participants was granted through the counselling service within the probation setting, which acted as a gatekeeper for recruitment.

#### **4.6 Data collection: semi-structured interviews**

Data were collected through semi-structured interviews with qualified therapists who had experience of delivering telephone counselling to offenders within probation settings. Semi-structured interviews were chosen because they allow participants to describe their experiences in their own words, while also enabling the researcher to explore specific topics relevant to the research question (Kvale & Brinkmann, 2015). The interview questions were designed to explore key aspects of the therapeutic process when counselling offenders by telephone. The questions focused on several areas relevant to the research question, including the therapeutic relationship, emotional expression, engagement, transference and countertransference, the management of silence and the differences between telephone and face-to-face counselling. Participants were also asked about the probation environment, power dynamics and the transition from face-to-face to telephone work during the COVID-19 pandemic. These topics were selected because they reflected both the research question and the conceptual framework of the study, which considers of the therapists' gaze, power dynamics, constraint and autonomy, the therapeutic setting and the telephone as an object. The questions were open-ended and exploratory in nature, allowing participants to describe their experiences in their own words and to introduce issues that were important to them. The semi-structured format allowed the researcher to ask follow-up questions and to explore issues in greater depth where relevant. This flexibility is consistent with qualitative research, which aims to generate rich, detailed accounts of experience rather than brief or fixed responses (Willig, 2013; Braun & Clarke, 2019). The interview questions included both practical and relational questions, as well as those informed by psychodynamic concepts such as transference, countertransference and the management of silence, in order to explore both conscious and unconscious aspects of the therapeutic relationship. The interview questions were developed from the research question, the existing literature on telephone counselling,

and the conceptual framework of the study. The full list of interview questions can be found in (Appendix A).

#### **4.7 Data analysis: reflective thematic analysis**

The analysis was informed by the ideas outlined in Chapter 3, the conceptual framework, which acted as sensitising concepts during the analysis, providing a theoretical lens through which the data were interpreted, a process commonly used in qualitative analysis to guide interpretation without predetermining outcomes (Willig, 2013). However, the themes presented in the findings chapter were developed inductively through engagement with the data and were not predetermined. The analysis therefore involved a reflexive process between theory, clinical experience and the interview data, consistent with the principles of Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019). The analysis followed the six phases of Reflexive Thematic Analysis as outlined by Braun and Clarke (2006, 2019).

The first phase involved familiarisation with the data, which included transcribing the interviews, reading and re-reading the transcripts, and making initial notes. This stage allowed the researcher to become immersed in the data and to begin noticing patterns of meaning. The second phase involved generating initial codes. Coding was conducted across the entire data set, with attention paid to semantic content as well as underlying meanings relevant to the research question and psychodynamic framework. MAXQDA qualitative data analysis software was used to support the organisation and management of the data during coding, however theme development and interpretation remained a reflexive and theoretically informed process undertaken by the researcher. The third phase involved searching for themes, where codes were grouped together into broader patterns of meaning. The fourth phase involved reviewing and refining these themes to ensure that they accurately reflected

the data set as a whole. The fifth phase involved defining and naming themes, which included developing clear descriptions of what each theme represented and how it related to the research question. The final phase involved producing the written analysis and selecting data extracts that illustrated each theme.

The process of analysis was recursive rather than linear, with movement back and forth between the data, the codes, the themes and the theoretical framework. This reflexive process is consistent with Braun and Clarke's (2019) approach to Reflexive Thematic Analysis, which emphasises the active role of the researcher in interpreting the data. As the researcher is also a psychodynamic practitioner working within the probation service, reflexivity formed an important part of the analytic process, particularly in relation to countertransference, assumptions and prior clinical experience. Reflexive notes were kept throughout the analytic process to consider how the researcher's position and theoretical orientation influenced the interpretation of the data. The aim of the analysis was not to produce an objective account of participants' experiences, but to develop an interpretative understanding of the meanings participants attached to telephone counselling, particularly in relation to relational dynamics, emotional expression and the therapeutic environment.

#### **4.8 Ethical considerations, consent, confidentiality and risk**

Ethical approval for this study was obtained from both the National Probation Service and the University of Essex, in accordance with the British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2018). Approval covered the use of semi-structured interviews with qualified therapists who had previously delivered telephone therapy to offenders during their student placement with the Essex Probation Service. All

participants were provided with an participant information sheet (see Appendix B) outlining the purpose of the research, what participation would involve, issues of confidentiality and anonymity, and their right to withdraw from the study without consequence. A consent form was provided (see Appendix C) and signed prior to participation. A preliminary meeting was arranged with each participant to discuss the information sheet and consent form and to provide an opportunity for participants to ask questions before agreeing to take part.

Confidentiality and anonymity were particularly important due to the nature of the probation setting and the potential for identifiable information relating to offenders to be discussed.

Participants were therefore asked not to use real names during the interviews and to anonymise any identifying details when discussing client work. All interview transcripts were anonymised by the researcher, with names, locations and any identifying information removed. Pseudonyms were used in the findings chapter to protect participant identity.

Due to the researcher's role as counselling facilitator within the probation service, careful consideration was given to issues of dual relationships and power dynamics. Participation in the study was entirely voluntary, and participants were informed that their decision to participate or not participate would have no impact on their professional relationship with the counselling service, supervision or placement opportunities. This was made clear both in the information sheet and verbally prior to the interviews.

All interviews were audio recorded and transcribed by the researcher. Audio recordings and transcripts were stored securely on a password-protected computer and will be stored in accordance with university data protection guidelines and GDPR regulations. Audio recordings will be deleted after transcription and anonymisation. Although participants were

qualified therapists, it was recognised that discussing clinical work and therapeutic relationships may evoke emotional responses. Participants were therefore reminded that they could pause or stop the interview at any time and could withdraw their data up to a specified date following the interview.

## **4.9 Reflexivity**

The researcher occupies a dual role within this research as both a psychodynamic psychotherapist and the developer of the counselling service within the probation setting, from which participants were recruited. This positioned the researcher as both an insider and a researcher, with prior knowledge and experience of the context in which the participants worked, a position commonly discussed within qualitative research (Kumar, 2019; Willig, 2013). The participants in this study were known to the researcher through their previous placement within the probation counselling service. This existing professional relationship may have influenced the interviews, as participants may have felt more comfortable speaking to a researcher who understood the context of their work. However, it was also recognised that this prior relationship could create a power imbalance, a recognised consideration in qualitative health research (Bowling, 2014), and care was taken to emphasise that participation was voluntary and that participants could decline to answer any questions. The researcher is trained in psychodynamic psychotherapy, and this theoretical orientation informed both the research design and the interpretation of the data. This meant that particular attention was paid to relational dynamics, emotional communication, transference and countertransference, and the symbolic meaning of the telephone within the therapeutic relationship.

Reflexivity formed an important part of the research process. The researcher kept reflective notes throughout the interviews and analysis in order to consider how personal assumptions, clinical experience and theoretical orientation may have influenced the interpretation of the data, including unconscious processes within the research relationship (Stamenova & Hinshelwood, 2018). This reflexive process is consistent with qualitative research and Reflexive Thematic Analysis, which recognises the active role of the researcher in knowledge production (Braun & Clarke, 2019). In this study, knowledge is understood as co-constructed between researcher and participants, shaped by the researcher's clinical experience, theoretical orientation and position within the probation setting.

#### **4.10 Trustworthiness and rigour**

In qualitative research, rigour is concerned with transparency and coherence rather than reliability in a quantitative sense, reflecting established approaches to qualitative rigour (Lincoln & Guba, 1985). In this study, rigour was addressed through transparency in the research design, data collection and analytic process, which have been described in detail in this chapter. Reflexivity also formed an important part of ensuring rigour, with the researcher keeping reflective notes throughout the research process to consider how their clinical experience, theoretical orientation and prior assumptions may have influenced the interpretation of the data. In addition, the use of rich data extracts in the findings chapter allows the reader to see the connection between the data and the analytic claims being made, which is consistent with good practice in Reflexive Thematic Analysis (Braun & Clarke, 2019).

#### **4.11 Additional points of consideration**

The demographic profile of the probation service shaped the content of participants' accounts, with the majority of offenders discussed being male. This reflects the national probation population rather than a methodological limitation. A second limitation concerns the data being drawn from therapists rather than offenders themselves. While therapists' accounts offer valuable professional insight, they represent a second-hand perspective shaped by clinical orientation, experience and countertransference. The findings therefore capture how therapists perceived offenders' engagement, rather than offenders' own subjective experiences. Practical and technological challenges associated with telephone counselling also shaped the therapeutic environment discussed in interviews. Participants noted issues such as poor reception, background noise, low battery and sudden disconnection. These factors formed part of the lived reality of telephone counselling and were incorporated into the analysis accordingly.

#### **4.12 Conclusion**

This chapter has outlined the methodological foundations of the study and explained how Reflexive Thematic Analysis was used alongside a psychodynamic theoretical framework to explore therapists' experiences of telephone counselling with offenders on probation, and how use of the telephone impacts the therapeutic relationship, emotional expression and engagement. A central strength of the research is that it draws on the experiences of therapists who practised before, during and after the COVID-19 pandemic. Their accounts span face-to-face work in probation offices, the enforced shift to telephone counselling during lockdown, and the subsequent move toward hybrid practice. This provided a unique opportunity to explore how therapeutic processes were experienced across different modes of delivery and

over time. The chapter has described the research design, epistemological position, participant recruitment, data collection and analytic process, as well as the ethical considerations, reflexivity of the researcher as well as the rigour of the research. Together, these methodological decisions provide a coherent framework for exploring the research question.

## Chapter 5

### Findings: Themes and Subthemes

#### 5.0 Introduction

This chapter presents the findings that emerged from the Reflexive Thematic Analysis of interviews with ten qualified therapists who had delivered therapy to offenders by telephone during and around the COVID-19 pandemic. The focus here is on how these therapists experienced telephone work and how their perspectives reveal the psychological dynamics of voice-only therapeutic engagement. Their accounts provide a valuable insight into both the possibilities and challenges of conducting therapy without visual cues, within the broader context of probation, a system often shaped by surveillance, power imbalances and feelings of shame. Through their reflections, the dataset offers a nuanced understanding of how offenders make use of the telephone, how emotional material emerges differently, and how the therapeutic relationship adapts when the telephone becomes the primary point of connection. The chapter provides an overview table that outlines each overarching theme and its sub-themes, along with concise descriptions that summarise their clinical and psychodynamic significance. This structure allows the reader to grasp the thematic landscape of the findings before engaging with the more detailed interpretive narrative that follows.

#### 5.1 Themes and subthemes

The overarching themes presented in this chapter are not simple descriptions of surface-level behaviour but represent deeper psychological patterns, co-constructed through the therapists' observations, their countertransference and the relational field shaped by telephone

communication. The analysis identified five overarching themes, each containing a number of interrelated sub-themes:

1. Being Seen and Not Seen
2. Freedom and Restriction
3. Environment
4. Power and Control
5. The Telephone as a Container

Together, these themes illuminate how offenders navigated issues of visibility, shame, intimacy, autonomy, environment and emotional regulation when engaging in therapy over the phone. While each theme is explored individually in the sections that follow, they are deeply interconnected. The absence of visual contact, for instance, not only reduced feelings of shame (Being Seen and Not Seen) but also enhanced emotional freedom (Freedom and Restriction), shifted dynamics of authority (Power and Control) and created a distinct psychological environment (Environment). Similarly, the symbolic and emotional significance of the mobile phone (The Telephone as a Container) permeated all other themes, shaping the way offenders expressed themselves and how therapists understood their emotional processes.

## 5.2 Overarching themes and subthemes identified from the research interviews with participants

Over-arching themes	Sub-themes	Description of the subtheme
1 Being seen and not seen	1a) Gender engagement	This sub-theme emerged in a distinctly gendered way. Female offenders often experienced shame linked to their appearance, such as missing teeth

		<p>resulting from drug use, which heightened feelings of exposure when seen. Male offenders, by contrast, felt pressure to maintain a façade of strength and emotional control. Within the telephone setting, the absence of the therapist's gaze appeared to lessen these gendered anxieties which appeared to allow a more authentic encounter. By not being seen, both men and women could reveal aspects of themselves that might otherwise remain hidden, suggesting that the unseen space of telephone counselling created conditions for a more authentic self to emerge.</p>
	<p>1b) Visibility and vulnerability</p>	<p>Therapists noted that offenders were often more willing to disclose deeply sensitive or traumatic experiences, such as histories of sexual abuse, when speaking over the phone. The removal of visual exposure appeared to lessen feelings of scrutiny and shame, creating a safer emotional space for honesty. Without the therapist's gaze, offenders could express material that might otherwise feel too exposing in a face-to-face encounter. From a psychodynamic perspective, the absence of the gaze (Lacan, 1949/1977) may reduce the activation of defensive structures linked to shame</p>

		<p>and judgement, allowing for a more authentic encounter. In Winnicottian terms, the telephone space may have provided a form of <i>potential space</i> (Winnicott, 1965/2018), where vulnerability could emerge without fear of annihilation through the other's look.</p>
	<p>1c) The telephone as a shield</p>	<p>The telephone acted as a screen that lessened the experience of scrutiny. Speaking into a 'blank space' helped offenders share shame-laden material without the pressure of direct interpersonal contact. This resonates with. Drawing on Lemma (2017), the absence of visual feedback may be understood as creating a 'blank space', a psychic screen that allows projection and imagination to take shape. In this unseen space, offenders appeared able to speak more freely, using the telephone as both a protective shield and a medium through which deeper, previously defended material could emerge.</p>
	<p>1d) Phantasy</p>	<p>The lack of physical presence invited projection and unconscious phantasy. Both therapists and offenders often filled the perceptual gap through phantasy, with both parties engaging in a process of imagining and being imagined. This suggests that the</p>

		<p>telephone setting becomes a screen for projection, where unseen aspects of self and other are played out through phantasy rather than observation.</p>
<p>2 Freedom and restriction</p>	<p>2a) Speaking more freely</p>	<p>Without the participants' visual presence, offenders appeared able to speak more openly, echoing Freud's concept of <i>free association</i>, in which the removal of external constraints enables unconscious material to emerge. The absence of the participant's gaze reduced self-monitoring and the need for social performance, allowing speech to flow in a less defended, more associative way. Some participants described offenders moving between seemingly trivial stories and deeply emotional material, suggesting that the unstructured nature of telephone dialogue provided a freer psychic space. This shift mirrored Freud's (1913) technique of creating conditions where the patient could "say whatever comes to mind," free from the pressures of being observed or judged. Within the overarching theme of <i>freedom and restriction</i>, the telephone offered a paradoxical freedom of speech unbound by physical presence yet contained within the auditory frame of the telephone counselling.</p>

	2b) Disinhibition and the erosion of performative roles	<p>Telephone therapy appeared to reduce the institutional and interpersonal pressures that often-compelled offenders to ‘perform’ certain roles, such as the compliant service user, the tough person or the remorseful offender. Freed from the physical environment of the probation office and the visible presence of the therapist, offenders seemed less bound by social expectations and defensive postures. This sense of disinhibition created a space for more spontaneous, authentic self-expression, where underlying emotions and vulnerabilities could surface. Within the overarching theme of <i>freedom and restriction</i>, the absence of visual scrutiny allowed offenders to loosen the restrictive masks often worn in face-to-face settings, enabling the emergence of a less curated and more genuine voice.</p>
	2c) Judgment and the dynamics of perception	<p>Anonymity lessened offenders’ fears of judgment, encouraging greater honesty and self-disclosure. The absence of visual cues reduced social comparison and the anxiety of being scrutinised, allowing offenders to project less concern about how they were being seen. Yet, several participants reflected that their own internal thoughts,</p>

		<p>fantasies and assumptions could subtly influence how they perceived the offender. From a psychodynamic perspective, this suggests that transference and countertransference processes may become more pronounced when imagination fills the visual void, shaping both understanding and emotional response.</p>
	<p>2d) Distractions and the disruption of containment</p>	<p>While the probation office provided a clear physical frame that supported containment, the telephone introduced new forms of disruption. Without the boundaries of the counselling room, both offenders and participants were more vulnerable to distraction, by environmental noises, incoming calls, or other domestic intrusions. These interruptions could fracture the sense of psychic holding and impact the depth of the therapeutic process. From a psychodynamic perspective, the absence of the containing environment (Bion, 1962) weakened the symbolic function of the therapist as a reliable container for anxiety and emotional turbulence. Yet, this same lack of structure also mirrored the offenders' own struggles with boundaries and impulse control, offering valuable insight into how containment operates</p>

		and sometimes falters, when the frame is less defined.
3 Environment	3a) Spaces that shame	<p>The probation office was described as a shaming and punitive environment, saturated with associations of surveillance, authority and control. Its institutional layout, presence of security measures and the symbolic weight of being seen entering the building reinforced an ‘offender identity,’ evoking guilt and humiliation. For many, particularly women with histories of trauma, this setting could retraumatise and heighten feelings of vulnerability and exposure. The space itself carried an implicit message of mistrust, which undermined the possibility of therapeutic openness. In contrast, telephone therapy disrupted these spatial dynamics, offering a psychological and physical distance from the institutional gaze. This shift enabled a more egalitarian encounter, where clients could speak from a place of relative safety rather than under the watchful eye of authority.</p>
	3b) Telephone as safe space	<p>The telephone reduced associations with surveillance and institutional authority, helping offenders perceive the participant as distinct from the probation system. This separation</p>

		<p>allowed for the emergence of a more neutral and therapeutic relationship, less burdened by dynamics of control and compliance. Without the visual and environmental reminders of punishment, the telephone setting provided a psychological buffer where offenders could explore painful material with greater freedom. From a psychodynamic perspective, the telephone offered a form of <i>holding environment</i> (Winnicott, 1965/2018), in which the participant's voice became the primary containing presence. This auditory connection helped to regulate anxiety and sustain a sense of safety, enabling the therapeutic relationship to unfold outside the shadow of institutional power.</p>
	<p>3c) Transitioning to the dark</p>	<p>The telephone created a space reminiscent of the confessional intimate yet protected by the absence of eye contact. This semi-anonymous setting seemed to encourage offenders to enter into a deeper and more honest dialogue, where shame-laden material could be voiced without fear of being seen or judged. The invisibility of both parties invited a descent into the unconscious, where repressed feelings could surface more freely. This</p>

		<p>dynamic resonates with Jung's description of the early phase of analysis, often understood as a stage of confession, in which a person may unburden hidden truths as a prelude to transformation (Jung, 1954). In this 'darkened' auditory space, the participant's listening presence became the containing structure, allowing offenders to confront shadow aspects of themselves that might remain defended against in the full light of face-to-face contact.</p>
	3d) Punishing space	<p>The telephone reduced offenders' association with the probation office, a space often imbued with punitive meaning. For many, the office embodies authority, control and surveillance, feelings that can unconsciously merge with the therapeutic process. Engaging in therapy within the same institutional space, used for probation or court reporting, may strengthen the internalised sense that 'this is where I am punished.' The blurring of containment with correction can heighten anxiety and mistrust, hindering the development of a secure therapeutic alliance. For female offenders, the male-dominated environment may reawaken earlier</p>

		experiences of fear or violation, reinforcing feelings of vulnerability and mistrust.
4 Power and control	4a) Shift in power dynamics	<p>Telephone work subtly redistributed power within the therapeutic relationship, affording offenders greater autonomy over when and where to engage. The ability to choose their physical setting, or even to end the call, offered a degree of control rarely experienced within the probation context, where attendance and compliance are often externally imposed. This shift reduced institutional hierarchy and encouraged a more collaborative alliance. From a psychodynamic perspective, the offender's capacity to manage proximity and distance mirrored early experiences of control and dependency. For some, the option to hang up or withdraw symbolised a reclaiming of agency in relationships historically marked by coercion or powerlessness. The participant's task then, was to tolerate this reconfiguration of power, holding the frame without reasserting dominance so that autonomy could emerge as a developmental rather than defensive process. In Foucault's (1977) terms, the move away from the panoptic gaze of institutional</p>

		<p>surveillance disrupted traditional power structures. While in Winnicottian (1965/2018) terms, the participant's capacity to provide a reliable yet flexible 'holding environment' enabled freedom within containment.</p>
	<p>4b) Boundaries and negotiating therapeutic structure</p>	<p>Without the physical frame of the therapy room, boundaries around time, focus and emotional containment were frequently tested. Participants found that the absence of a shared physical space blurred the distinction between the personal and professional, with offenders sometimes calling late, missing sessions or attempting to extend contact beyond the agreed limits. These challenges required participants to continually renegotiate containment in the face of resistance, mistrust and at times, unconscious testing of the relationship. From a psychodynamic perspective, such enactments can be understood as expressions of ambivalence toward authority and dependency, echoing earlier relational patterns where boundaries may have been inconsistent or punitive. The participant's capacity to hold firm yet empathetically flexible limits became central to maintaining a sense of safety. In Bion's (1962) terms,</p>

		<p>this represented a continual effort to ‘contain’ projected anxieties while preserving a therapeutic structure that could withstand attack without collapsing.</p>
	<p>4c) Disrespect as acting out</p>	<p>The absence of a shared physical room appeared to loosen the constraints of social convention, allowing offenders to act out in ways that openly challenged the therapeutic frame. Behaviours such as urinating during sessions, using inappropriate language or abruptly hanging up were perceived by participants as both defiance and unconscious expressions of resistance. From a psychodynamic perspective, these moments of acting out can be understood as attempts to test the therapist’s capacity to contain aggression and shame. Without the physical presence of the participant, the offenders’ internal conflicts between control and submission were played out through the medium of the telephone itself. Such enactments reflected deeper struggles with authority and intimacy, where disrespect functioned as a defence against vulnerability. In this sense, the participant’s task was to hold these attacks symbolically, to interpret them not as personal affronts but as</p>

		communications of unmet emotional need and fear of dependency.
5 The telephone as a container	5a) Metal Mother (term coined by the researcher)	The telephone acted as a <i>transitional object</i> (Winnicott, 1953), both mechanical and maternal, part machine, part mother. Its steady presence offered predictability, consistency and safety, qualities often absent from offenders' early attachment experiences. For some, the familiar sound of the participant's voice through the receiver evoked a sense of being held, even when emotionally distressed or physically alone. The Metal Mother metaphor captures this paradox: a cold, inanimate object imbued with warmth and care through the human connection it facilitated. Psychodynamically, the telephone became a symbolic container, absorbing projected anxieties and functioning as a bridge between internal and external worlds. Within this auditory holding space, offenders could begin to experience reliability and trust, perhaps for the first time, laying the groundwork for the development of a more stable internal object.
	5b) Tone of voice	Tone became the primary medium of connection, taking on heightened emotional significance in the absence

		<p>of visual cues. The participant's voice carried nuances of warmth, calmness or tension that could either soothe or unsettle the offender, echoing early infant-caregiver experiences where tone conveyed safety or threat before words were understood. Participants reflected that offenders often attuned acutely to the rhythm, pauses and affective tone of speech, responding to how the voice was <i>felt</i> rather than what was said. From a psychodynamic perspective, this auditory exchange can be understood as a form of maternal reverie (Bion, 1962), in which the therapist's receptive tone provided containment for projected anxieties communicated through the voice. The voice thus became both holding and interpretive, functioning as a non-visual container through which offenders experienced empathy, regulation and, at times, re-enactments of early attachment dynamics.</p>
	5c) Silence	<p>Silence held a new depth in the context of telephone therapy. For less experienced participants, it could evoke anxiety or self-doubt, intensifying fears of disconnection or disengagement. In contrast, more experienced participants perceived silence as a vital communicative space;</p>

		<p>an auditory holding environment where reflection and unconscious material could surface. The absence of visual reassurance demanded a heightened sensitivity to the <i>quality</i> of silence, discerning whether it signified resistance, thoughtfulness or emotional overwhelm. From a psychodynamic perspective, these silent moments mirrored the stillness of containment (Bion, 1962), in which the participant's capacity to tolerate uncertainty allowed the offender's inner world to unfold safely. Silence thus became both a bridge and a boundary, an acoustic space where the spoken and unspoken met, fostering deeper psychic contact beyond words.</p>
	5d) The unseen container	<p>The telephone itself functioned as an unseen technological <i>third</i>, mediating the therapeutic relationship and subtly absorbing projections that might otherwise overwhelm the participant or the offender. Its impersonal, non-judging presence created a psychic buffer, allowing difficult feelings, such as anger, shame or mistrust, to be expressed without immediate confrontation. For offenders with defiant or paranoid tendencies, this less intrusive form of containment offered a sense of safety and control, softening</p>

		<p>defensive barriers. Psychodynamically, the device may be understood as participating in what Ogden (1994) describes as the analytic third, shaping the intersubjective field between therapist and offender, facilitating the co-creation of meaning while holding ambivalence at a tolerable distance.</p> <p>The telephone's invisibility paradoxically enhanced its containing capacity, it was both present and absent, intimate yet impersonal; a neutral vessel capable of holding what might have felt too exposing within the physical gaze of another.</p>
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## Chapter 6

### Findings: Participants

#### 6.0 Introduction

This chapter provides an in-depth exploration of each theme, supported by extracts from participant interviews and contextualised in relation to the psychoanalytic concepts outlined in the conceptual framework. The aim is to ground the thematic analysis in the clinical material described by participants. Across the ten participants (RP1–RP10), a total of twenty-nine offenders were discussed (eight women and twenty-one men), although not all cases were explored in depth. Participants reflected on their work with offenders undertaken during their placements within the probation counselling service. Some participants began their placements prior to the COVID-19 pandemic and transitioned from face-to-face to telephone counselling; others worked exclusively by telephone during lockdown; while some joined towards the end of lockdown and later returned to in-person work as restrictions eased. These differing experiences provide a longitudinal perspective on how telephone counselling was integrated into practice before, during and after the pandemic.

The following section introduces each research participant (RP), outlining their professional background, training and level of experience, alongside contextual details about their involvement in the probation counselling service. For clarity, the term ‘participants’ refers throughout this chapter to the therapists interviewed for this research, while ‘offenders’ refers to the clients with whom they worked. When discussing clinical material or linking participants’ reflections to psychodynamic concepts, the term *therapist* is used to emphasise their professional role.

## **6.1 Introduction to Research Participant 1 (RP1)**

RP1 is a 52-year-old female who, at the time of her placement with the probation service, was in the final year of a master's degree in psychodynamic psychotherapy. Owing to COVID-19 restrictions, all her therapeutic work with offenders was conducted over the telephone.

RP1's account contributes primarily to the themes of Being Seen and Not Seen and Freedom and Restriction, particularly in relation to experiences of shame, judgement and freer expression in the absence of the visual field.

### **Overarching theme: Being seen and not seen**

#### **Sub-theme (1a): Gender engagement**

RP1 reflected on how the female offender she worked with experienced intense self-criticism, particularly in relation to her physical appearance. Having previously been addicted to crack cocaine, the offender expressed deep shame about her damaged teeth, which RP1 sensed had become a visible marker of her drug-using past. Although the therapy was conducted entirely over the telephone, the offender initially focused heavily on her appearance and the consequences of her addiction. However, as therapy progressed, this preoccupation gradually diminished. RP1 suggested that the absence of the visual field reduced the gendered anxiety associated with being seen, enabling a more open and honest therapeutic engagement. As a woman, the offender's shame appeared to be intensified by societal expectations around appearance, and the removal of the gaze appeared to lessen this burden, allowing her to speak more freely.

*“She had very high levels of self-criticism about her physical appearance... after she talked to me about that in the first few sessions, it became irrelevant because I couldn't see her...”*

From a psychodynamic perspective, the offender's preoccupation with her damaged teeth may be understood as reflecting internalised shame linked to earlier relational experiences. Within a gendered frame, this self-criticism may also reflect the internalisation of the societal gaze, in which self-worth becomes tied to appearance. The telephone setting, by removing the visual field, appeared to disrupt this dynamic, allowing the offender to relate in a less exposed way. In Winnicottian terms, the absence of visual scrutiny may have enabled contact with aspects of the self that felt less defended. Similarly, Lacan's (1977) notion of the gaze helps to illuminate how being seen can evoke feelings of exposure and shame. In this context, the telephone may be understood as offering a form of psychological protection that reduced self-consciousness and supported more open engagement.

## **Overarching theme: Freedom and restriction**

### **Sub-theme (2c): Judgement**

Building on the reduction in visual exposure, RP1 also reflected on how the telephone appeared to alter the experience of judgment within the therapeutic relationship. Without the visual field, relational dynamics were less shaped by external markers such as appearance or status, which appeared to support a more equal and less evaluative encounter.

*"It got to the real, we were just two people... she wasn't judging me, and I wasn't judging her."*

RP1's description of 'just two people' may be understood as suggesting a shift away from a hierarchical dynamic towards a more mutual relational experience. Without visual cues, differences such as appearance or status became less prominent, potentially reducing the

internalised sense of being judged. This may be considered in relation to Benjamin's (1988) concept of recognition, where self and other meet as subjects rather than objects of evaluation. In Winnicottian terms, this shift may also reflect movement towards a space in which more spontaneous and authentic relating can emerge.

## **Overarching theme: Freedom and restriction**

### **Sub-theme (2a): Speaking more freely**

Alongside this shift in relational dynamics, RP1 observed that the offender's speech became more open and less inhibited over the telephone. The absence of visual contact appeared to reduce self-consciousness, allowing thoughts and feelings to emerge with greater spontaneity.

*"She'd talk about how she'd had a bad upset stomach... likening it to the kind of thing you tell your mother."*

This account can be considered in relation to Freud's concept of free association, where individuals are encouraged to speak without censorship. The offender's willingness to discuss bodily experiences suggests that the telephone setting may have reduced inhibitions, allowing material to emerge that might otherwise have remained unspoken. In this way, the telephone appeared to provide a context in which more spontaneous and less defended expression could occur.

## **6.2 Introduction to Research Participant 2 (RP2)**

RP2 is a 51-year-old female and a qualified therapist who completed her BA (Hons) degree in Counselling and Psychotherapy in May 2021. She joined the organisation during the

COVID-19 pandemic in August 2020 in the final year of her training. Due to pandemic restrictions, most of RP2's placement involved working with offenders over the telephone, although towards the end of her placement she gained some face-to-face experience within the probation office. RP2's account contributes to the themes of Being Seen and Not Seen, Power and Control, and Environment, particularly in relation to shame, containment and shifts in the therapeutic frame.

### **Overarching theme: Being seen and not seen**

#### **Sub-theme: (1c) Telephone as a shield**

RP2 reflected on her work with an offender whose long-term cocaine use had damaged her septum. She suggested that telephone counselling provided a less exposing environment in which the offender could begin to address her shame. As she noted, the offender's appearance, previously central to her self-consciousness, became less prominent within the therapeutic relationship:

*“We talked about that over the phone. I was with her, but her nose wasn't the centre of our relationship”*

This account extends the pattern identified by RP1, where the removal of the gaze appeared to reduce anxieties associated with being seen. Here, the telephone may be understood as functioning as a form of psychological shield, softening the experience of exposure and allowing attention to shift from appearance to emotional experience. In this sense, the telephone appeared to create a degree of distance that made it easier for the offender to engage with difficult material. This can be considered in relation to Freud's (1920/1955) notion of a protective shield, where overwhelming stimuli are regulated to make them more

tolerable. Similarly, the absence of visual scrutiny may have supported a less intrusive relational environment, allowing the offender to explore vulnerability with greater ease.

## **Overarching theme: Power and control**

### **Sub-theme (4a) Shift in Power Dynamics**

RP2 also reflected on the challenges of not being able to see the offender's environment during telephone sessions. She described a session that felt 'off', later discovering that the offender's partner had been present throughout:

*"There seemed to be a performance... by the end of the session it came to light that his partner was in the room... I felt used, I felt very tricked."*

This extract highlights how control over the unseen environment may shift aspects of power within the therapeutic relationship. In the absence of a shared physical space, the offender was able to introduce a third party without the therapist's awareness, altering the conditions of the encounter. This may be understood as a disruption to the therapeutic frame, which typically provides consistency and a containing therapeutic structure (Langs, 1978). The sense of 'performance' described by RP2 suggests a possible attempt to manage vulnerability by shaping how the interaction was experienced. RP2's feelings of being 'used' and 'tricked' may also be understood as a countertransference response, reflecting how the therapist was affected by this shift in control (Heimann, 1950; Racker, 1968). This account illustrates how the absence of visual and spatial containment can unsettle established therapeutic boundaries, requiring the therapist to re-establish the frame within a more fluid and less visible setting.

## **Overarching theme: Environment**

### **Sub-theme (3d) Punishing Space**

RP2 described the probation office as an environment that evoked mistrust and acted as a barrier to engagement:

*“The building can be the barrier... so they don't trust you.”*

This suggests that the probation setting may carry meanings beyond its practical function, shaping how offenders experience both the space and the therapeutic relationship. From a psychodynamic perspective, such environments may be experienced as containing elements of control or judgement, which can influence expectations of the therapist. This can be considered in relation to Klein's (1946) notion of persecutory anxiety, where external environments may be experienced as threatening or punitive. Foucault's (1977) work further highlights how institutional settings can reinforce dynamics of surveillance and control. In this context, the probation office may be experienced as a space associated with judgement and authority, potentially limiting the development of trust. RP2's account therefore suggests that the physical environment plays a significant role in shaping the emotional tone of the therapeutic encounter.

### **6.3 Introduction to Research Participant 3 (RP3)**

RP3 is a 34-year-old male who is a qualified therapist and completed his BA (Hons) degree in Counselling and Psychotherapy in April 2023. He joined the probation counselling service as a student therapist in June 2022, initially working with offenders via telephone due to post-pandemic restrictions, before later transitioning to face-to-face sessions within the probation

office. RP3's account contributes to the themes of Being Seen and Not Seen and Power and Control, particularly in relation to gendered engagement, phantasy and the management of the therapeutic frame.

## **Overarching theme: Being seen and not seen**

### **Sub-theme (1a): Gender Engagement**

RP3 reflected on differences in how male and female offenders engaged in telephone therapy. He observed that female offenders often disclosed more readily, while male offenders appeared more distracted and less able to remain engaged:

*“The females over the phone would jump straight in and disclose, whereas males would be a little more distracted... I think if the sessions finished after half an hour, they would be more comfortable with that.”*

This account suggests that the absence of visual contact may be experienced differently depending on the offender's relational style. For some female offenders, the telephone appeared to facilitate more immediate engagement and disclosure. In contrast, some male offenders appeared to use distraction or brevity as a way of managing the interaction. This may indicate different ways of regulating proximity and emotional exposure within the unseen therapeutic space. This may be understood in relation to Winnicott's (1965/2018) notion of defensive organisation, where withdrawal or over-engagement can function as ways of managing relational anxiety.

## **Overarching theme: Being seen and not seen**

### **Sub-theme (1d) Phantasy**

RP3 also reflected on how the absence of visual cues led him to form an imagined picture of the offender, which differed significantly from reality when they later met face-to-face:

*“I had pictured this horrible, nasty person... this little boy who looked innocent and broken turns up.”*

This highlights how the telephone may create a space in which the other is partially constructed through imagination rather than direct perception. From a psychodynamic perspective, this can be considered in relation to Klein’s (1946) concept of unconscious phantasy, in which internal objects and anxieties shape how others are perceived. Without visual information, RP3 described filling in the gaps, which shaped his initial understanding of the offender. RP3’s reflection, ‘I wonder how much of this is mine’, suggests an awareness of how his own internal responses may have influenced these perceptions. This awareness can also be understood as a developing sensitivity to countertransference (Heimann, 1950), where the therapist reflects on their own contribution to the relational dynamic. This illustrates how telephone work may require increased attention to the therapist’s internal processes when making sense of the client in the absence of visual cues.

## **Overarching theme: Power and control**

### **Sub-theme (4b) Boundaries**

RP3 described challenges in maintaining boundaries during telephone sessions, particularly when working with an offender who appeared distracted:

*“One of my first clients was sawing wood... he wasn't paying any attention... it became more about creating clear boundaries.”*

This account highlights how the absence of a shared physical space may make it more difficult to establish and maintain the therapeutic frame. The offender's distraction appeared to disrupt the session, making it harder to sustain focus and mutual engagement. In response, RP3 described the need to establish clearer expectations around the session. This suggests that, within telephone work, aspects of the therapeutic structure that are usually supported by the physical setting may need to be more actively negotiated. The example also illustrates how the offender's control over their environment may influence the dynamics of the session, requiring the therapist to work more explicitly to maintain boundaries and containment. This can be considered in relation to the therapeutic frame, which provides structure and consistency within the therapeutic relationship (Langs, 1978).

#### **6.4 Introduction to Research Participant 4 (RP4)**

RP4 is a 36-year-old female who is a qualified therapist and completed her BA (Hons) degree in Counselling and Psychotherapy in May 2022. She joined the probation counselling service as a student therapist in September 2019 and originally conducted face-to-face sessions, transitioning to telephone counselling when the first COVID-19 lockdown was announced in March 2020. RP4 therefore experienced working with offenders both face-to-face and over the telephone, allowing for comparison between the two modalities. RP4's account contributes to the themes of Freedom and Restriction and Environment, particularly in relation to emotional expression, shame and the experience of the therapeutic setting.

## **Overarching theme: Freedom and restriction**

### **Sub-themes (2a): Speaking more Freely**

RP4 reflected that telephone counselling appeared to enable offenders to speak more freely, particularly when discussing sensitive or shame-laden material. The absence of visual contact seemed to reduce feelings of exposure and self-consciousness, allowing for greater openness.

*“When someone wanted to talk about not being able to have sex... it was easier for them.”*

This suggests that the telephone may create a degree of emotional distance that makes it easier to approach difficult material. In contrast to face-to-face settings, where the presence of the therapist may heighten awareness of being seen, the telephone appeared to reduce this pressure, enabling a more open form of communication. This can be considered in relation to Freud’s (1913/1958) concept of free association, where reduced self-monitoring allows thoughts and feelings to emerge more freely. In this context, the absence of the visual field may function in a similar way, supporting a less inhibited form of expression.

## **Overarching theme: Environment**

### **Sub-theme (3c) Transitioning to the Dark**

RP4 described how the shift from face-to-face sessions in the probation office to telephone counselling changed how offenders engaged in therapy:

*“Taking that face-to-face barrier out made it a lot easier... they could walk up and down... have a cup of tea... and I think they engaged a little bit easier.”*

This account suggests that the physical environment of the probation office may impose constraints on both movement and emotional expression. The expectation to sit still, maintain eye contact and remain within a formal setting may contribute to feelings of discomfort or self-consciousness. This can be considered in relation to Wright's (2022) concept of spatialisation, which highlights how environments carry psychological meanings that shape relational experience. By contrast, telephone counselling appeared to create a more flexible and less restrictive environment, allowing offenders to move more freely and engage in ways that felt more natural. This shift may support a greater sense of autonomy, both physically and psychologically. The transition from a visible, structured setting to an unseen environment can be understood as a change in how the therapeutic space is experienced. Rather than being located within a formal institutional room, the therapeutic encounter becomes distributed across separate spaces, connected through the telephone. This may allow offenders to engage at a distance from the pressures associated with the probation setting. At the same time, this 'unseen' space appeared to open up a different kind of relational experience, where the absence of visual cues allowed thoughts and feelings to emerge in a less constrained way. In this sense, the shift to telephone counselling may represent not only a practical change, but a transformation in how the therapeutic environment is felt and used within the session.

## 6.5 Introduction to Research Participant 5 (RP5)

RP5 is a 30-year-old male who is a qualified therapist and completed his degree in Counselling and Psychotherapy in May 2019. He began his training placement within the probation counselling service, initially offering face-to-face therapy sessions, although he also conducted some sessions via telephone. RP5 therefore gained experience of working with offenders both face-to-face and over the telephone within the probation setting. RP5's account contributes to the themes of Power and Control and Environment, particularly in relation to challenges to the therapeutic frame, expressions of control, and the experience of the probation setting.

### **Overarching theme: Power and control**

#### **Sub-theme (4c): Disrespect as acting out**

RP5 described an incident in which an offender took the telephone into the toilet during the session, which he experienced as disrespectful and challenging to the therapeutic frame:

*“What came up for me is disrespect, maybe pissing all over therapy... a lack of preparation and taking it seriously.”*

This account highlights how, within telephone counselling, the offender's control over the physical environment may shape how the session is conducted. The ability to move between spaces without being seen appeared to allow behaviours that might be less likely to occur within a shared therapy room. In this sense, the absence of a visible frame may make aspects of the therapeutic structure more difficult to maintain (Langs, 1978). RP5's response also reflects how the therapist is emotionally affected within the session. His sense of disrespect

may be understood as a countertransference response (Heimann, 1950), shaped by the offender's behaviour. This incident can also be considered in relation to Freud's (1914/1958) concept of acting out, where conflict is expressed through behaviour rather than verbal reflection. Overall, this example suggests that telephone counselling may create conditions in which control, resistance and engagement are expressed in different ways, requiring the therapist to actively maintain the therapeutic frame within a less structured and less visible setting.

## **Overarching theme: Environment**

### **Sub-theme (3d): The Punishing Space**

RP5 described the probation office as a space that felt cold, clinical and unwelcoming:

*“It felt a bit like a prison or a jail cell... rough, hard, cold...”*

This suggests that the physical environment of the probation office may influence how offenders experience both the setting and the therapeutic relationship. The use of metal structures and the overall design appeared to evoke associations with control and confinement. This can be considered in relation to Foucault's (1977) work, which highlights how institutional environments can reinforce dynamics of surveillance and discipline. From a psychodynamic perspective, such environments may be experienced as lacking emotional containment. Rather than functioning as a holding environment (Winnicott, 1965/2018), the setting may feel impersonal or restrictive, potentially impacting the development of trust. RP5's account therefore highlights how the material qualities of the probation environment may shape the emotional tone of therapy, influencing how offenders engage and how the therapeutic space is experienced.

## **6.6 Introduction to Research Participant 6 (RP6)**

RP6 is a 32-year-old female who is a qualified psychotherapist. She completed her master's degree in Psychodynamic Counselling in 2022 and subsequently began doctoral training in Counselling Psychology. She joined the probation counselling service as a student therapist in May 2021 during the COVID-19 restrictions, meaning that all of her work with offenders was conducted via telephone. At the same time, RP6 also undertook a second placement within Improving Access to Psychological Therapies (IAPT), where she also worked therapeutically over the telephone. RP6 therefore developed her early clinical experience working exclusively via telephone across two different service contexts. RP6's account contributes to the themes of Being Seen and Not Seen and The Telephone as a Container, particularly in relation to vulnerability, phantasy and the experience of the unseen therapeutic space.

### **Overarching theme: Being seen and not seen**

#### **Sub-theme (1b): Visibility and Vulnerability**

RP6 reflected that the absence of visual contact in telephone counselling appeared to create a space in which the offender could become more emotionally open. Without the therapist's gaze, the offender was able to disclose painful material that had previously remained unspoken:

*“There were things that she'd never talked about... she could talk into space... and not have to look at me.”*

This suggests that the removal of visual presence may reduce feelings of exposure and self-consciousness, allowing for greater access to vulnerable material. In this sense, the telephone appeared to provide a form of psychological safety, where difficult experiences could be spoken without the pressure of being seen. This can be considered in relation to Lemma's (2010, 2017) work on visibility and shame, where the gaze of the other may be experienced as intrusive or exposing. RP6's account therefore highlights how the absence of visual contact may enable a different form of engagement, in which vulnerability becomes more accessible and previously unspoken material can emerge within the therapeutic relationship.

### **Overarching theme: Being seen and not seen**

#### **Sub-theme (1d): Phantasy**

RP6 also described how the absence of visual cues appeared to evoke imaginative processes in both therapist and offender. Without seeing each other, both developed internal images of the other:

*“Her fantasy about what I looked like... and my fantasy about what she looked like was kind of alive...”*

This account suggests that, in the absence of visual information, the therapeutic relationship may be shaped in part through imagined constructions of the other. The telephone appeared to function as a space in which projection and imagination became more prominent. This can be considered in relation to Lemma's (2017) notion of remote work as a 'black mirror', where the absence of visual reality allows internal material to become more visible within the relationship. From a psychodynamic perspective, this may reflect the role of unconscious

phantasy in shaping how others are experienced (Klein, 1946). RP6's account suggests that these imagined elements did not disrupt the work, but instead became part of the relational process, contributing to how meaning was formed within the therapeutic encounter.

## **Overarching theme: The telephone as a container**

### **Sub-theme (5d): The Unseen Container**

RP6 reflected on how the telephone could function both as a barrier to, and a facilitator of, intimacy. She noted that for some individuals, the telephone could be used defensively to manage closeness:

*“You could probably use the phone... as a bit of a barrier, to put something between you and another.”*

This suggests that the telephone may provide a form of psychological distance, allowing the offender to regulate proximity and manage vulnerability. In this sense, the telephone may function as a containing boundary, supporting engagement while also limiting emotional exposure. This can be considered in relation to Bion's (1962) concept of containment, where emotional experience is held within the therapeutic relationship. At the same time, RP6 highlighted that this distance could also enable intimacy:

*“It can also be a way of... creating a type of intimacy because you do not have to reveal all of yourself.”*

This reflects the paradoxical nature of the telephone, where the absence of visual contact may both protect against and facilitate emotional connection. In this way, the telephone may be understood as a space that allows individuals to engage at a tolerable distance, supporting both safety and relational contact within the therapeutic process.

## **6.7 Introduction to Research Participant 7 (RP7)**

RP7 is a 41-year-old female and a qualified therapist who completed her degree in Counselling and Psychotherapy in May 2022. She joined the probation service as a student therapist in March 2020 and began working privately as a qualified therapist in 2021 after completing her diploma. She joined the probation service during the COVID-19 restrictions, meaning that all of her work with offenders was conducted over the telephone. RP7's account contributes to the themes of The Telephone as a Container and Environment, particularly in relation to safety, gendered vulnerability and the experience of the telephone as a holding presence.

### **Overarching theme: The telephone as a container**

#### **Sub-theme (5a): Metal Mother (term coined by the researcher)**

RP7 reflected that working with female offenders over the telephone appeared to create a sense of safety and emotional containment, particularly when compared to the probation environment:

*“Working over the phone kept them feeling safe... to have to go to the probation office... probably would have made them feel a lot more vulnerable.”*

This account suggests that the telephone may function as a containing presence, offering a sense of safety for individuals who experience face-to-face environments as exposing or threatening. In this context, the telephone appeared to support engagement by reducing proximity to environments associated with vulnerability. The concept of the ‘Metal Mother’, developed within this study, captures this dual quality of the telephone as both technological and containing. Although an inanimate object, the telephone appeared to facilitate a sense of emotional holding through the consistency of the therapist’s voice. This can be considered in relation to Winnicott’s (1953) concept of the transitional object, where an external object supports the experience of connection and security. In this sense, the telephone may be understood as mediating between distance and closeness, allowing the offender to engage in a way that feels more manageable.

## **Overarching theme: Environment**

### **Sub-theme (3b): Telephone as a safe space**

RP7 also reflected on how the telephone appeared to provide a psychologically safer environment, particularly for female offenders who experienced the probation setting as threatening:

*“They felt very vulnerable... having to attend... with male offenders... and how scared they used to be...”*

This suggests that the probation environment may be experienced as exposing and unsafe, particularly for individuals with histories of trauma. The presence of male offenders and the institutional context appeared to heighten feelings of vulnerability and fear. By contrast, the telephone appeared to offer a form of separation from this environment, allowing offenders to

engage from a space that felt safer and more controlled. This can be considered in relation to Winnicott's (1965/2018) concept of the holding environment, where a sense of safety supports emotional expression. Similarly, Bion's (1962) concept of containment highlights how the therapeutic relationship may help to hold and process difficult emotional experiences. RP7's account therefore suggests that the telephone may not only change how therapy is delivered, but also how the therapeutic environment is experienced, shifting it from a space associated with exposure and vulnerability to one that may support safety and engagement.

## **6.8 Introduction to Research Participant 8 (RP8)**

RP8 is a 35-year-old male and a qualified psychotherapist who completed his degree in counselling and psychotherapy in May 2022. He went on to complete a master's in Jungian and Post-Jungian studies. He joined the probation service as a student therapist in March 2020 and worked with offenders solely over the telephone due to COVID restrictions. RP8's account contributes to the themes of The Telephone as a Container and Freedom and Restriction, particularly in relation to silence, resistance and the impact of invisibility on performative behaviour.

### **Overarching theme: The telephone as a container**

#### **Sub-theme (5c): Silence**

RP8 reflected that silence within telephone counselling could take on different meanings, often emerging as a form of resistance or control rather than reflection:

*“It wasn't... a moment needed to internally reflect... it was more of a power dynamic... I'm not going to make this easy.”*

This suggests that silence may function as an active communication within the therapeutic relationship, rather than an absence of engagement. In this context, silence appeared to be used to assert control or resist participation. This can be considered in relation to Freud's (Freud (1914/1958) understanding of resistance, where material is withheld rather than spoken. At the same time, RP8 described using silence himself as a way of maintaining the therapeutic frame, for example by holding the silence rather than immediately responding. This reflects how silence may also be used to establish boundaries within the session. In this sense, silence may form part of the containing process (Bion, 1962), although its meaning may shift depending on how it is used by both therapist and offender. RP8 also noted that silence could become more complex when he felt a sense of familiarity with the offender:

*“I found myself wanting to speak to them more as a friend...”*

This highlights how silence may also bring the therapist's internal experience into focus, particularly in relation to role boundaries. Overall, RP8's account suggests that silence within telephone counselling may be experienced as more ambiguous and intensified in the absence of visual cues, requiring careful negotiation within the therapeutic relationship.

## **Overarching theme: Freedom and Restriction**

### **Sub-theme (2b): Disinhibition and the erosion of performative roles**

RP8 reflected on how the absence of visual contact appeared to disrupt the offender's ability to maintain a performative or defensive stance:

*“It was almost like someone trying to hit a ghost... it doesn't really work when there's no intimidation factor.”*

This suggests that, without the visual presence of the therapist, offenders may be less able to rely on physical cues such as posture, gesture or expression to communicate control. The absence of the gaze appeared to reduce the effectiveness of these performative strategies. This can be considered in relation to Winnicott's (1965/2018) concept of the false self, where behaviour may be shaped by the need to present a particular image to others. RP8 observed that, once this performative layer was disrupted, offenders often became more open and engaged:

*“They became more willing to engage... it was a curiosity.”*

This shift suggests that the removal of visual scrutiny may reduce the need to maintain a particular identity, allowing for a more spontaneous form of engagement. In this sense, the telephone may create conditions in which defensive presentations become less sustainable, opening up space for a different kind of relational experience.

## **6.9 Introduction to Research Participant 9 (RP9)**

RP9 is a 31-year-old male and a qualified psychotherapist who completed his degree in counselling and psychotherapy in May 2022. He joined the probation service as a student

therapist in March 2020. After completing his degree, he went on to complete a master's in Jungian and Post-Jungian studies. He joined during COVID restrictions, meaning that all of his work with offenders was conducted over the telephone. RP9's account contributes to the themes of Environment and The Telephone as a Container, particularly in relation to shame, professional identity and the role of voice within the therapeutic relationship.

## **Overarching theme: Environment**

### **Sub-theme (3a): Spaces that Shame**

RP9 reflected on how the probation environment could evoke shame and blur the distinction between therapy and punishment. He described how working away from the physical probation setting altered how offenders related to him:

*“It allowed clients to... not get me confused with a Probation Officer... involved in their ‘punishment’.”*

This suggests that the probation environment may carry meanings associated with authority, surveillance and judgement, which can shape how offenders experience the therapist. In such settings, the therapist may be unconsciously associated with the punitive function of the institution. This can be considered in relation to Foucault's (1977) work on institutional power, where environments reinforce dynamics of observation and control. By contrast, working via telephone appeared to create a degree of separation from this institutional context, allowing offenders to experience the therapist differently. This may support a distinction between punishment and care, enabling a more therapeutic form of engagement. In Winnicottian terms, this shift may be understood as moving towards a facilitating

environment (Winnicott, 1965/2018), where the relationship is experienced as less evaluative and more containing. RP9 also noted a shift in his own experience, feeling more separate from the probation system. This suggests that the environment not only shapes how offenders experience therapy, but also how therapists position themselves within the work. Overall, this account highlights how the probation setting may contribute to feelings of shame and defensiveness, whereas distance from this environment may support a different relational dynamic.

## **Overarching theme: The telephone as a container**

### **Sub-theme (5b): Tone of voice**

RP9 reflected on how, in the absence of visual cues, greater emphasis was placed on tone of voice within the therapeutic relationship:

*“I needed to have certain considerations about how I’m modulating my tone... how I was conveying what I was intending to convey.”*

This suggests that the voice becomes a primary medium through which empathy, attunement and containment are communicated. Without visual feedback, aspects such as pace, tone and rhythm appeared to take on increased importance in conveying meaning. This can be understood in relation to Winnicott’s (1965/2018) concept of the holding environment, where the therapist provides a sense of safety and reliability, here communicated through sound rather than physical presence. The importance of tone may also be linked to early developmental experience, where sound precedes sight as a means of connection (Stern, 1985). In this sense, the therapist’s voice may function as a form of auditory holding, providing continuity and emotional regulation within the session. Anzieu’s (1989) notion of

the ‘sonorous envelope’ further highlights how sound can act as a containing structure, supporting the organisation of experience. Within telephone counselling, tone of voice therefore appears to operate as a key component of the therapeutic frame, shaping how the relationship is felt and maintained in the absence of visual contact.

## **6.10 Introduction to Research Participant (RP10)**

RP10 is a 36-year-old female and a qualified therapist who completed her degree in counselling and psychotherapy in 2022, before going on to complete a master’s in psychodynamic counselling and psychotherapy. She joined the probation service as a student in 2021. RP10 conducted some face-to-face sessions; however, most of her referrals chose to engage via telephone. RP10’s account contributes to the themes of Freedom and Restriction and Power and Control, particularly in relation to distraction, containment and shifts in engagement.

### **Overarching theme: Freedom and restriction**

#### **Sub-theme (2d): Distraction and disruption of containment**

RP10 reflected that, while telephone counselling could offer freedom and accessibility, it also introduced challenges to maintaining focus and containment. In the absence of a shared physical space, everyday activities appeared to intrude into the session:

*“You can hear tinkering about... they’ve started pottering around the house... it was quite difficult to get them to focus at times.”*

This suggests that the therapeutic frame may become more permeable in telephone work, with competing demands from the offender's environment impacting their level of engagement. Unlike the structured setting of a therapy room, the offender's surroundings are less contained, increasing the likelihood of distraction. These moments may be understood as disruptions to the holding in mind required for reflective work (Bion, 1962), where attention becomes fragmented and the depth of engagement is reduced. As a result, the therapist may need to work more actively to maintain focus and continuity within the session. Overall, RP10's account highlights how telephone counselling introduces a more fragile and negotiated form of containment, where both therapist and offender contribute to sustaining the therapeutic space.

## **Overarching theme: Power and control**

### **Sub-theme (4a): Shift in power dynamics**

RP10 also reflected on how the telephone altered the balance of power within the therapeutic relationship. In contrast to face-to-face work, where attendance is structured and expected, the telephone allows offenders greater control over whether and how they engage:

*"It's very easy to just reject a call... put the phone on silent... they just wouldn't then attend the sessions."*

This suggests that the telephone enables a more immediate form of disengagement, shifting aspects of control towards the offender. The ability to ignore or avoid sessions may be understood as an expression of autonomy within a context that is often experienced as externally imposed. This shift can be considered in relation to Foucault's (1977) notion of disciplinary power, where traditional structures of observation and control are less visible

within telephone work. In this setting, the absence of the institutional gaze appears to create space for the offender to regulate their own level of participation. At the same time, this redistribution of control presents challenges for the therapist, who must work within a less structured and more uncertain framework. Maintaining engagement therefore becomes a more collaborative and negotiated process, shaped by the dynamics of contact, withdrawal and return. Overall, RP10's account highlights how telephone counselling can both increase freedom and introduce instability, reshaping how power and participation are managed within the therapeutic relationship.

## **6.11 Conclusion**

The findings presented in this chapter illustrate how the five overarching themes, Being Seen and Not Seen, Freedom and Restriction, Environment, Power and Control, and The Telephone as a Container, were reflected in the experiences described by the ten research participants. Drawing on their accounts of working with twenty-nine offenders, these themes became evident as patterns within the therapeutic encounters rather than as abstract concepts. Across participants, the absence of visual contact appeared to shape how offenders engaged, particularly in relation to vulnerability and disclosure. The telephone introduced both opportunities and challenges, creating a sense of freedom for some offenders while also disrupting aspects of containment and focus. The role of the environment also emerged as significant, with the probation setting often experienced as associated with judgement or authority, in contrast to the relative distance afforded by telephone work.

The findings also highlight how the telephone influenced dynamics of power and control, with offenders at times exercising greater autonomy over engagement, while therapists worked to maintain the therapeutic frame within a less structured setting. In addition, the

telephone appeared to function as a form of relational medium, shaping how connection, communication and emotional expression were experienced within sessions. Overall, these findings suggest that telephone counselling within a probation context involves a distinct configuration of relational, environmental and technological factors. This chapter has outlined how these dynamics were experienced across participants. The following chapter will explore these patterns in greater depth through a psychodynamic interpretive lens.

## Discussion of Findings

### Chapter 7

#### 7.0 Introduction

This chapter presents a psychodynamic interpretation of the findings outlined in Chapters 5 and 6, drawing together the overarching themes and associated sub-themes identified.

Through this analytic process, I explore how the use of the telephone shaped therapeutic engagement within a probation context. The findings suggest that the telephone significantly influenced how therapeutic work unfolded, shaping relational dynamics, emotional expression and levels of engagement within the counselling process. It is therefore not understood merely as a mode of delivery, but as a psychological medium through which the counselling work is enacted, negotiated and emotionally processed. This provides the foundation for interpreting the findings through key psychodynamic concepts, including transference, containment and the therapeutic frame. Through the use of reflexive thematic analysis (Braun & Clarke, 2006, 2019), I identified five overarching themes, with associated sub-themes, that illuminate how offenders experienced telephone counselling. These themes capture the psychological complexity of working without physical co-presence, demonstrating how the removal of the gaze, the shift in environment, and the altered dynamics of power and control created new conditions for openness, resistance and emotional expression. From the analysis the central argument of this study emerges, which posits that the telephone can be understood as an extension of the internal world, an object that can protect, expose, contain and transform the offender's engagement with therapy. Throughout this chapter I refer to the participants as therapists, as well as occasionally to their aliases, such as RP1, and the offenders are sometimes referred to as clients in addition to the term offenders.

## 7.1 Gendered Visibility and Engagement

Within the overarching theme of being seen and not seen, issues of gendered visibility and engagement emerged as particularly prominent in therapists' accounts. It seemed that the absence of the therapist's gaze may have eased gendered anxieties that frequently shaped face-to-face therapeutic interactions. Without visual scrutiny, both men and women appeared more able to reveal aspects of themselves that might otherwise have remained defended. However, this increased openness did not manifest uniformly. Therapists described how, for many female offenders, the telephone offered emotional safety and containment, reducing exposure to the visual scrutiny often associated with histories of abuse, shame and surveillance. In contrast, male offenders appeared to use the auditory distance to access vulnerability without directly confronting the pressures of masculine performance, expressing emotions that might otherwise feel emasculating in face-to-face settings. This divergence may also be understood in relation to gender as performed identity (Butler, 1990). Drawing on Butler's (1990) idea, gender can be conceptualised as something enacted through repeated behaviours within social contexts, rather than as a fixed or inherent quality. Within the probation environment, male offenders may feel compelled to perform behaviours of hegemonic masculinity characterised by control, emotional restraint and dominance (Connell, 1995). The absence of the visual field in telephone counselling may disrupt this performative framework, reducing the need to embody these roles and allowing alternative expressions of vulnerability to emerge.

A closer examination of the accounts of RP1 and RP2 illustrates how these gendered dynamics appeared to unfold in practice, and how different psychological functions of the telephone may have shaped engagement. RP1's account can be understood as sitting within the sub-theme of Gendered Engagement, suggesting that the absence of the visual gaze may

have enabled a female offender, whose damaged teeth symbolised years of addiction and self-blame, to engage with therapy in a different way. RP1 reflected that, after her client spoke about her teeth “*this concern became irrelevant because I couldn’t see her... I think she would’ve found it too hard to get past*”. Over the telephone, the offender appeared less preoccupied with being looked at, which seemed to allow a more spontaneous and less defended mode of relating to emerge. From a psychoanalytic perspective, the client’s preoccupation with her teeth may be understood as an embodied expression of internalised shame. The body may function as a site through which shame is experienced and communicated, carrying meanings shaped by past experiences of judgement, stigma and internalised social evaluation. However, within the telephone setting, the absence of the visual field appears to alter how this shame is experienced and communicated.

In Winnicottian terms, the function of the telephone may be understood as reducing the pressure to maintain a socially acceptable false-self, a defensive structure organised around adapting to external expectations, thereby enabling greater contact with the true-self, which reflects a more spontaneous and authentic mode of being (Winnicott, 1965/2018; see also Chapter 2). In this sense, the absence of the gaze may also create the conditions for a different form of relational encounter, one that feels less evaluative and more reciprocal. Benjamin (1988) suggests that psychological growth occurs through recognition, where each person is able to experience the other as a separate subject rather than as an object to be judged or controlled. Within the telephone setting, this may be facilitated through the reduction of visual hierarchy, allowing moments of mutual recognition to emerge. In this context, the absence of visual scrutiny appears to lessen the need for performance, allowing aspects of the self that might otherwise remain hidden to emerge within the therapeutic relationship. The removal of the gaze interrupted what Lemma (2017) describes as the

shaming power of visibility, allowing the offender to risk being emotionally seen while remaining physically unseen. From a Lacanian perspective, the gaze may be experienced not simply as being looked at, but as a form of exposure that positions the subject as seen and judged by the Other, intensifying experiences of shame and self-consciousness (Lacan, 1978).

While RP1's account illustrates how the absence of the gaze may enable a more authentic mode of relating to emerge, RP2's account highlights a different psychological function of the telephone. Here, the emphasis shifts from authenticity to protection. For example, RP2's account can be understood as aligning more closely with the sub-theme of the 'telephone as a protective shield'. The female offender she worked with carried visible nasal damage from prolonged cocaine use, a stigmatising marker that shaped how she imagined herself being perceived by others. For this offender, the telephone appeared to provide not only a gendered relational space but also a protective barrier, shielding her from anticipated judgement and enabling her to enter therapy without the fear of visual exposure. The voice-based connection appeared to create a psychologically safer environment in which shame-laden experiences could be expressed with greater ease, suggesting that the telephone functioned as a protective psychic screen, enabling the offender to regulate the intensity of exposure to the other. In this sense, the telephone did not simply conceal the body, but mediated the relationship between visibility and shame, allowing difficult aspects of the self to be communicated without the full impact of being seen. This can be understood in relation to Freud's (1920/1955) concept of the protective shield, whereby the psyche buffers the impact of external stimuli to prevent overwhelm. Here, the telephone appears to operate as an externalised form of this function, enabling engagement while maintaining a tolerable distance from exposure.

Taken together, the accounts of RP1 and RP2 illustrate two related but distinct psychological functions of the telephone in relation to gendered experiences of shame and visibility. In both cases, the absence of the visual field appeared to reduce the immediate impact of the gaze, allowing aspects of the self that were closely tied to shame to become more speakable. However, the way in which this was utilised differed. In RP1's account, the removal of the gaze appeared to facilitate a shift towards a more spontaneous and less defended mode of relating, enabling movement away from a false-self organisation and towards a more authentic expression of the self (Winnicott, 1965/2018). In contrast, RP2's account suggests that the telephone functioned more defensively, operating as a protective barrier that regulated exposure and shielded the offender from anticipated judgement. This distinction highlights an important psychodynamic tension within telephone work, the same conditions that reduce shame and enable disclosure may also function as a defence against full relational exposure. The telephone therefore appears to operate simultaneously as both a facilitating and a protective object, enabling access to difficult material while maintaining a degree of psychic distance from it. In this sense, invisibility does not simply remove the impact of the gaze but transforms how it is managed within the therapeutic relationship, allowing offenders to negotiate the tension between being seen and unseen in ways that feel more psychologically tolerable.

These gendered dynamics were also evident in the accounts of male offenders. RP3's reflections suggest that male offenders experienced the telephone differently from their female counterparts. Female clients were described as more able to "*jump straight in and disclose*", whereas male offenders often appeared more distracted and at times eager to bring sessions to an end. From a psychodynamic perspective, this divergence may reflect differing attachment patterns and defensive structures (Bowlby, 1988; see also Chapter 2). The

tendency of some male offenders to limit emotional contact may be understood as a retreat into what Winnicott (1965/2018) describes as the false-self, a defensive organisation that maintains control and protects against feelings of inadequacy, dependency or exposure. In contrast, the tendency of some female offenders to remain engaged or “*cling on*” may reflect a desire to internalise the therapist as a reliable and emotionally available object, highlighting differing relational needs within the therapeutic encounter. These patterns suggest that the telephone does not simply reduce anxiety uniformly, but interacts with pre-existing defensive organisations and attachment styles, shaping how individuals engage with the therapeutic relationship.

The analysis suggests that the unseen space of telephone counselling is not gender neutral, but is shaped by gendered experiences of vulnerability, safety and relational need. The findings indicate that the telephone affords different possibilities and pressures for male and female offenders, mediated through the interplay between the gendered identities of both therapist and client. For some, the absence of the gaze appears to create conditions of safety that enable greater emotional expression, while for others it allows defensive distance to be maintained. These patterns of safety, distance and relational engagement highlight how the telephone functions as a psychologically meaningful space, rather than a neutral medium. In this sense, gendered dynamics do not disappear within telephone counselling, but are reconfigured through the absence of visual presence and the increased reliance on voice-based connection. One conceptual development that emerges from this analysis is what I have termed the ‘Metal Mother’. This concept builds on the observed capacity of the telephone to provide both distance and emotional holding, particularly for female offenders whose experiences of visibility are closely tied to shame, vulnerability and past relational trauma. The Metal Mother captures the paradoxical nature of the telephone as both a technological

and containing object, one that enables connection while simultaneously regulating exposure. This concept is explored more fully in the following section, drawing particularly on RP7's account, where the telephone appears to take on a more explicitly maternal and holding function.

## **7.2 The Telephone as a maternal object: The 'Metal Mother'**

RP7's account extends earlier observations made by RP1 and RP2 regarding the telephone's capacity to provide psychological containment, particularly for female offenders, and begins to illuminate what I conceptualise here as the 'Metal Mother'. Working exclusively with women, RP7 described how her female offenders, many of whom carried histories of vulnerability, trauma and experiences of having been "*missed by the system*", experienced the telephone as a safer and more reliable medium through which to engage in therapy. For many of these women, the probation environment was not experienced as neutral, but rather as a space that could evoke vulnerability, fear, and at times, the reactivation of earlier traumatic experiences, particularly in the presence of male offenders. In this context, the telephone appeared to offer a form of protective distance, enabling engagement in therapy without exposure to environments experienced as threatening or unsafe. Within this remote space, emotional contact appeared to become possible in ways that felt more secure and psychologically manageable.

If the institution can be understood as a 'brick mother' (Rey, 1994), experienced as hard, rigid, and associated with authority and punishment, then the telephone may be experienced in a markedly different way. As a small, personal, handheld object that carries the therapist's voice, the telephone may function as a different kind of maternal object, one that is mechanical yet containing, distant yet emotionally present. In this sense, the telephone may

be understood as a ‘metal mother’, an object that holds the therapist’s voice, contains emotional communication, and provides a consistent point of relational contact that can be accessed from the safety of the client’s own environment. The Metal Mother captures the telephone’s paradoxical function as both technological and maternal. Despite its mechanical form, the telephone appeared to offer a steady, reliable and emotionally containing presence. This containment was experienced primarily through the therapist’s voice rather than physical presence, indicating a shift from bodily to auditory holding within the therapeutic relationship. In this sense, the telephone did not simply facilitate communication, but functioned as a mediating object within the therapeutic relationship, one that both holds and regulates emotional proximity.

For RP7’s female offenders, it functioned as a nurturing technological object, one that held them, steadied them and enabled them to be heard without the threat of being seen. In this sense, the telephone did not simply facilitate therapy, but operated as an active relational participant, offering a form of maternal attunement that had often been experienced as absent or inconsistent within earlier relational histories. From a Winnicottian perspective, this function may be understood in relation to the concept of the transitional object (Winnicott, 1953; see also Chapter 2), which mediates the psychological space between separation and connection. The telephone, as a disembodied yet reliable presence, appeared to occupy this intermediate space, allowing offenders to engage relationally while maintaining a degree of psychological distance. Its auditory nature further supported a form of holding (Winnicott, 1965/2018), understood as the provision of a reliable and emotionally containing environment, that was experienced as less intrusive and therefore more tolerable for individuals whose early environments were characterised by inconsistency, fear or mistrust. Within this context, the therapist’s voice became a stable auditory anchor, experienced as

protective rather than exposing. The Metal Mother therefore encapsulates how technological mediation can reconfigure maternal functions within institutional and gendered contexts. In contrast to the probation environment, which may be experienced as rigid, surveillant and controlling, the telephone appeared to offer a softer and more emotionally attuned form of containment. This shift enabled offenders to experience a form of relational safety that supported the gradual reintegration of fragmented or shame-bound aspects of the self. Within this auditory holding environment, many of RP7's clients appeared able to reclaim parts of themselves that had previously been silenced by trauma, shame and institutional neglect. These findings demonstrate that the telephone does not simply mediate communication, but actively participates in shaping the conditions for psychic safety. The emergence of the Metal Mother highlights how gender, technology and containment intersect within the therapeutic relationship, allowing the maternal to be experienced through a mechanical object. In this sense, the telephone becomes a relational container in which experiences of closeness, vulnerability and dependence can be both enacted and reworked. The sub-themes of Gendered Visibility and the Metal Mother together demonstrate how the removal of the visual field reshapes emotional safety and relational dynamics within telephone counselling.

Building on this, the next section explores how this sense of containment does not simply provide safety, but also enables a shift in how offenders are able to speak. In particular, it considers how the altered relational space of the telephone transforms, highlighting the interplay between freedom and restriction within the therapeutic encounter. In this way, the concept of the Metal Mother not only captures the telephone's containing function, but begins to illuminate how such containment may facilitate greater emotional expression and psychological openness.

### **7.3 Freedom of expression within the containing auditory frame**

The sub-theme of ‘Speaking More Freely’ captures a further shift in the therapeutic process. Here, the focus moves from what becomes possible to speak, to how offenders begin to speak differently within the auditory space. The telephone appeared to enable offenders to disclose aspects of their internal worlds that had previously remained unspoken in face-to-face sessions. RP4’s account offers a compelling illustration of this shift. Having begun her placement prior to the COVID-19 pandemic and continuing with the same clients once therapy moved to the telephone, she was uniquely positioned to observe the difference. She described a marked deepening in emotional engagement, particularly among her male offenders. Sensitive topics, such as sexual difficulties linked to drug and alcohol use, which had not been voiced in person, were brought into the therapeutic conversation. For RP4, this suggested that the auditory space of telephone counselling fostered a level of intimacy, trust and emotional honesty that had been difficult to access within the probation context.

From a psychodynamic perspective, the absence of physical co-presence may have reduced anticipatory shame and fear of judgement, allowing for freer associative speech. This mirrors Freud’s (1913) technique of free association (see Chapter 2). The removal of the gaze appeared to recreate similar conditions, providing an atmosphere in which less filtered thoughts and feelings could emerge. This reduction in visual scrutiny also appeared to lessen self-monitoring, allowing offenders to speak with fewer internal constraints and reduced concern for how they were being perceived in the moment. The telephone may be understood as a potential space (Winnicott, 1965/2018), an intermediate area of experience between inner and outer reality, in which individuals can explore thoughts and feelings with a sense of both safety and separation. This highlights a central paradox within the theme of Freedom and

Restriction, which is that increased expressive freedom appears to depend upon the containing structure of the auditory frame.

RP4's position as a female therapist working exclusively with male offenders adds further nuance. The auditory distance provided a protective screen through which men could explore themes of sexual intimacy, bodily anxiety and sexual trauma, topics that may have felt too shaming in face-to-face contact with a woman therapist. The absence of visual confrontation allowed these men to maintain a sense of control while discussing emotionally charged material. This echoes broader cultural patterns in which mediated forms of communication rely on anonymity and distance to enable self-revelation. Lemma's (2010, 2017) exploration of the body and the gaze provides a valuable framework for understanding these dynamics. She argues that visibility evokes profound anxieties of exposure, particularly when aspects of the self are felt to be damaged or contaminated by shame. The visual field becomes a site of potential humiliation, whereas invisibility offers psychic relief and safety. For RP4's male offenders, the absence of the therapist's gaze appeared to reduce the threat of exposure associated with sexual inadequacy, bodily failure or unresolved trauma. The disembodied quality of the telephone therefore served a dual function, as a defensive screen protecting against shame, and as a facilitating frame enabling the expression of fragile, unspoken aspects of the self.

These dynamics can also be viewed through the lens of gendered defences. Male offenders often manage vulnerability through humour, intellectualisation, control or emotional withdrawal, defences that protect against dependency and the perceived risk of emasculation (Connell, 1995; Addis & Mahalik, 2003). The telephone, by softening the intensity of the face-to-face encounter, appeared to lower these defences and allow for moments of more

genuine emotional expression. Yet this same distance sometimes activated complex transference dynamics. The disembodied female voice, experienced as both maternal and erotic, could evoke unconscious longings for soothing, idealisation or approval. What began as a release from the pressures of visibility could therefore stir deeper relational currents around intimacy, power and containment. In this way, the unseen space of the telephone functioned both as a site of protection and projection. It provided a medium through which male offenders could speak more freely while regulating intimacy through distance. This resonates with Lemma's (2010) notion of the screen as a psychic surface that both conceals and reveals, offering safety from being seen while enabling a different kind of relational encounter. The telephone thus operated as a liminal space, simultaneously freeing and containing, where offenders could explore material previously inaccessible under the psychological burden of the gaze.

RP1's account further illuminates how the absence of the visual gaze not only encouraged openness but also shifted the register of communication itself. Whereas male offenders' increased openness often centred on issues of sexuality and intimacy, RP1's female client expressed vulnerability through bodily and relational themes, indicating a different but equally significant form of disclosure. Her unguarded description of physical symptoms, likened to "*the kind of thing you tell your mother*", suggests that the telephone created a regressive yet reparative form of intimacy. Freed from the evaluative gaze, the offender accessed a more childlike mode of relating, in which the therapist was experienced as a benevolent, maternal presence rather than a figure of authority. This dynamic echoes Winnicott's (1965/2018) concept of regression to dependence, where the analytic environment provides sufficient safety for earlier, more vulnerable states of the self to re-emerge. The spontaneity of the offender's speech also resonates with Freud's (1913/1958)

technique of free association, which bypasses self-censorship and allows unconscious material to surface. By removing the demand for social performance, the telephone created space for thoughts, bodily sensations and affective states to flow more freely, without the regulating effect of eye contact or physical presence. Material that may appear trivial, such as discussing an upset stomach, can be understood as a symbolic expression of internal distress, the body may be understood as a bridge between affect and articulation.

Lemma's (2010, 2017) work on visibility and shame further clarifies this dynamic. Being seen can evoke profound anxieties of exposure, particularly when the body carries associations with imperfection, damage or disgust. For RP1's offender, the absence of the therapist's gaze reduced these anxieties, enabling her to speak about bodily and emotional material that might have felt too shame-laden face-to-face. The unseen body becomes more speakable, and the auditory frame provides what Lemma describes as a 'safer distance from the threat of visual humiliation'. In this sense, the offender's free and bodily mode of speech can be understood as both defensive and developmental. The telephone setting protects against shame by concealing the body, yet simultaneously opens space for more authentic engagement. The auditory space becomes a potential space (Winnicott, 1965/2018), a holding environment in which vulnerability can be expressed without fear of intrusion. In the absence of sight, the voice emerges as both the carrier of affect and the symbol of care, enabling offenders to rediscover speech as a safe and meaningful route to self-expression and psychic articulation. As the visual field recedes, the internal world takes on greater prominence, with imagination and unconscious processes playing a more active role in shaping the relational experience.

#### 7.4 Phantasy, projection and the unseen other

Phantasy becomes particularly relevant when considering how offenders engaged with therapy over the telephone. In the absence of visual cues, the relational space between therapist and offender appeared to be shaped largely through imagination, projection and unconscious interpretation, with offenders constructing internal images of the therapist. This created fertile ground for phantasy in the psychoanalytic sense, not as mere daydreaming, but as the deep, unconscious organising templates through which individuals understand relationships and manage anxiety (Klein, 1946; Isaacs, 1948/1952). In this sense, the telephone can be understood as functioning as a form of 'blank screen', onto which internal objects, expectations and anxieties may be projected in the absence of visual reality. The telephone, with its simultaneous presence and absence, appeared to intensify this dynamic. The therapist was both there and not there, heard but not seen, available yet partially unknowable. This liminal quality invited offenders to fill the visual gap with internal objects, transferring past relational experiences into the therapeutic encounter. In this way, the auditory setting of telephone counselling appeared to magnify the role of phantasy, shaping how offenders perceived, related to, and made meaning of the therapist and the therapeutic process itself.

RP3's account offers a vivid illustration of how phantasy can operate when the therapist cannot see the offender. With no visual information to anchor his perceptions, RP3 found himself unconsciously constructing an image of an offender based largely on the seriousness of the offence, a detail known from the referral form. Without visual input, offence-based associations appeared to fill the imaginative space leading RP3 to picture "*this horrible, nasty, not very nice person over the phone*". Here, the offender is not encountered as they are, but as imagined, with the therapist's internal world shaping perception in the absence of

sensory confirmation. This demonstrates how, in remote work, projected assumptions may take the place of sensory cues. When sessions later transitioned to face-to-face work, RP3's phantasised image collapsed. Instead of the threatening figure he had imagined, "*this little boy who looked innocent and broken turns up*". This moment captures the shock that can occur when phantasy meets reality, highlighting how imagined constructions had come to organise perception in the absence of direct relational contact. The lack of visual information appeared to invite symbolic meanings, projections and unconscious narratives to fill the perceptual gap, while the offender's embodied presence disrupted and reconfigured these assumptions. It also reveals how offenders' fragility may remain obscured until their physical presence destabilises the imagined figure.

RP3's reflection further illustrates how phantasy can shape the emotional tone of the therapeutic relationship. As a male therapist, his imagined sense of the offender appeared to draw on offence type and broader cultural narratives of dangerous, emotionally hardened masculinity. He described how his "*empathy levels... were something like a 3 or 4 for this nasty person*" during telephone sessions. However, encountering the client in person as "*this broken little boy*" caused his empathy to "*jump up massively*". This shift suggests that empathy is not fixed, but relational and mediated through imaginative constructions, bodily cues and affective resonance. In the absence of visual information, RP3's empathic response appeared constrained by the phantasised image that filled the perceptual gap. From a psychoanalytic perspective, this may be understood as countertransference shaped by projective processes. The "*hardened man*" RP3 imagined may reflect socially embedded expectations around male violence and emotional inhibition, assumptions that a male therapist may be particularly vulnerable to internalising. The offender's embodied presence appeared to disrupt these projections, enabling attunement and compassion to mobilise more

fully. This aligns with accounts of embodied empathy (Gelso & Hayes, 1998; Racker, 1968), which emphasise how the therapist's responsiveness is shaped through the client's presence as well as their narrative.

RP6 provides a contrasting example, illustrating how phantasy may also enhance, rather than distort, the therapeutic process. Unlike RP3, who experienced a collapse of phantasy when meeting his client face-to-face, RP6 described a mutual and ongoing imaginative process that developed between herself and a female client across a year of telephone work. Both imagined what the other looked like, and RP6 noted that *"this wouldn't have happened if we'd been in the same room"*. Rather than disrupting the work, this shared imaginative space appeared to add another level of thinking about the fantasy of the other, enriching the therapeutic process. From a psychodynamic standpoint, this reflects Racker's (1968) account of introjection and projection, whereby therapist and client form internal images of one another that shape emotional experience. Here, the absence of sight appeared to preserve and deepen this imaginative process, allowing the therapeutic relationship to unfold within a co-created psychic space rather than being anchored to concrete bodily reality. RP6 also observed that invisibility made it *"easier for her to have me on the phone"*, enabling disclosure of trauma that had never previously been spoken. As a female therapist working long-term with a traumatised female client, RP6 appeared to offer an auditory holding environment that reduced shame and fear of judgement. In this sense, invisibility may be understood not as absence, but as a form of psychological safety that enables vulnerable material to emerge without overwhelming the self.

This contrasts with RP3's experience, where visual contact corrected phantasy. For RP6 and her client, the unseen space appeared to sustain emotional safety. Lemma's (2010, 2017)

work further illuminates this dynamic, suggesting that visibility evokes shame and exposure, whereas invisibility may offer psychic protection. For RP6's client, the absence of the gaze appeared to allow traumatic material to emerge without fear of overwhelming or contaminating the therapist. The voice-to-voice connection functioned as a Winnicottian holding environment (Winnicott, 1965/2018), enabling a depth of disclosure not easily achieved in face-to-face work. This dynamic also resonates with Lemma's (2010) notion of the 'screen', in which the absence of visual presence creates a reflective surface for projection, allowing internal fantasies to shape the experience of the other. Taken together, RP3 and RP6 suggest that phantasy in telephone counselling is relational and context-dependent. For RP3, the lack of visual cues appeared to intensify projection, limiting empathy until the embodied presence of the offender disrupted the phantasy. For RP6, the same absence of sight appeared to preserve a co-created psychic space in which trauma could be symbolised and spoken. In both cases, the telephone facilitated a qualitatively different mode of relating, in which phantasy and projection became central to the therapeutic encounter. This suggests that telephone counselling does not simply remove the gaze, but transforms the relational field, altering how both therapist and offender perceive, feel and connect. Where phantasy filled the visual absence with imaginative constructions, the focus now shifts to how this same absence of sight shaped offenders' capacity to approach trauma, revealing the complex interplay between invisibility, emotional risk and the wish to be known.

## **7.5 Visibility, vulnerability and the risk of being Seen**

RP6's account offers a powerful illustration of how the absence of visual contact may open a different psychological pathway into traumatic material. Working with her long-term female

offender, RP6 described how the telephone created an unseen relational space in which the client was able to speak about *“things that she'd never talked about... experiences of trauma and suffering that she'd never disclosed to anybody before”*. Without the need to register the therapist's facial expressions, emotional responses or evaluative gaze, the client appeared able to approach material that might otherwise have felt too exposing to put into words. As RP6 reflected, *“I think it was a little bit easier for her... because she could talk into space in a way and not have to look at me”*. In this context, the absence appeared to alter not simply how much was said, but the emotional conditions under which traumatic material could be spoken. For offenders with histories of interpersonal violation, being seen may carry associations with exposure, judgement and loss of control. The visual encounter can therefore function as a site of heightened relational threat, activating shame, hypervigilance and defensive withdrawal. Within the telephone setting, the removal of the gaze appeared to soften these anxieties, allowing vulnerability to emerge in a more gradual and tolerable way.

This aligns with previous observations regarding visibility and shame, as the absence of the gaze may reduce the threat of scrutiny and judgement. In this sense, invisibility may be understood not as absence, but as a form of psychological safety that enables vulnerable material to emerge without overwhelming the self. Trauma theorists such as Herman (1992) similarly suggest that survivors often struggle to maintain narrative coherence in the presence of another's observing gaze, particularly where there is a perceived risk of being misread or disbelieved. Psychoanalytic writers such as Benjamin (1995) further propose that the gaze of the other may be experienced as exposing, collapsing defensive distance and evoking psychic danger. Within this framework, the telephone appears to offer a distinct psychological buffer, removing the demand to manage the other's visible presence while preserving a sense of relational connection. From an attachment perspective (Bowlby, 1988), this may be

understood as a modulation of relational intensity, where the absence of visual contact softens the immediacy of interpersonal exposure, allowing the therapist to remain present and regulating without overwhelming the client's capacity to tolerate closeness. For RP6's client, the telephone did not function as distance in a defensive sense, but as a form of protective proximity, close enough to feel held in mind, yet sufficiently removed to avoid the threat of being emotionally exposed.

In this way, invisibility does not diminish relational depth, but reshapes how vulnerability is managed within the therapeutic encounter. The absence of the visual field appeared to allow traumatic material to emerge at a pace that felt psychologically bearable, suggesting that the capacity to speak about trauma may depend not only on the presence of a receptive other, but on how that other is experienced by the offender. Within the overarching theme of Being Seen and Not Seen, visibility and vulnerability therefore emerge as deeply intertwined processes, where the removal of the gaze may create the conditions for a different, at times more emotionally tolerable, form of emotional truth.

## **7.6 The unseen container and the regulation of relational intensity**

RP6's reflections offer one of the clearest illustrations of how the absence of visual presence shapes the regulation of relational intensity in telephone counselling. While this is captured within the sub-theme of The Unseen Container, it also reflects a broader psychodynamic process in which visibility and invisibility reorganise how intimacy, avoidance and disclosure are managed within the therapeutic relationship. Unlike the therapy room, where the therapist's body, gaze and facial responsiveness contribute to the containing frame, the telephone creates a holding environment structured primarily through voice. This shift

produces a distinct form of containment that both protects against emotional overwhelm and permits a more flexible engagement with difficult material, enabling offenders to regulate their proximity to emotional experience. As RP6 notes, *“if you have a tendency to be avoidant around relational intimacy or emotional intimacy, you could probably use the phone... as a barrier, to put something between you and another”*. Here, the telephone functions as a defensive boundary, allowing contact to be maintained while moderating the intensity of relational exposure. In telephone work, this function appears to be distributed across both the therapist and the medium itself, with the absence of visual and bodily cues reducing sensory intensity and allowing anxiety to be held at a distance. The auditory frame allows engagement while moderating intensity, while enabling defensive structures, such as avoidance, to remain partially intact. However, RP6’s account also highlights a central paradox. The telephone may be understood as a ‘paradoxical container’, simultaneously functioning as a barrier to intimacy while also enabling deeper relational contact. As RP6 reflects, *“On the other hand... it can also be a way of creating a type of intimacy because you do not have to reveal all of yourself or your embodied self”*. In this sense, invisibility becomes not only defensive, but enabling, allowing offenders to disclose painful or shame-laden material without the immediate threat of being seen, judged or overwhelmed.

This dynamic aligns with Lemma’s (2010, 2017) account of the gaze as a site of potential shame and exposure, particularly where the body carries histories of trauma or perceived defect. The removal of visual contact may therefore reduce anticipatory shame, allowing aspects of the self that would otherwise remain defended to become more accessible within the therapeutic encounter. RP6’s long-term female client exemplifies this process. Within the unseen auditory space, she was able to disclose traumatic experiences she had *“never talked about before”*, suggesting that the absence of the gaze not only enabled disclosure but also

allowed her to regulate the pace and intensity at which such material could be approached. Talking “*into space*” appeared to reduce self-consciousness and fear of judgement, while the therapist’s voice provided a consistent, attuned presence through which the client could feel held without being exposed. From a Winnicottian perspective, this may be understood in terms of the holding environment (Winnicott, 1965/2018) and transitional space (Winnicott 1953). The telephone creates an intermediate relational space that is neither fully separate nor fully present, allowing the individual to explore experience without the full impact of external reality. In this context, the therapist’s voice functions as a form of auditory holding, providing reliability and attunement without the potential intrusiveness of visual presence.

This is further illuminated by Ogden’s (1994) concept of the analytic third, the co-created psychological field that emerges between therapist and client. In telephone work, this field appears to be shaped less by shared physical space and more by a jointly constructed auditory and imaginative space, within which emotional experience can be processed at a tolerable distance. From an attachment perspective (Bateman & Fonagy, 2006), this may be understood as supporting affect regulation by allowing emotional experiences to be held at a tolerable distance, the telephone may also be understood as regulating relational intensity. The reduced sensory immediacy of the encounter appears to support both hyperactivating and deactivating strategies, those who fear overwhelm can maintain distance, while those who fear abandonment can experience continuity through the therapist’s voice. In this way, the telephone supports mentalisation by enabling relational experience to unfold within a manageable emotional range. RP6’s account therefore suggests that the unseen container of the telephone is not an absence of relationship, rather a differently structured one, in which offenders can remain unseen while still experiencing a sense of being held in mind.

Containment is achieved not through physical presence, instead through voice, attunement and the protective anonymity created by distance.

Taken together, RP6 and RP7 offer complementary perspectives on the containing function of the telephone. RP6 highlights how the unseen auditory space regulates internal relational dynamics, enabling clients to approach or retreat from intimacy at a tolerable pace. RP7, by contrast, demonstrates how the telephone also functions as an external protective space, removing offenders, particularly women, from environments experienced as threatening or unsafe. The telephone therefore operates simultaneously as an internal psychological container and an external spatial sanctuary, holding the client's inner world while shielding them from external threat.

### **7.7 Gendered experiences of safety in telephone counselling**

Within this research, the telephone emerged as a gendered sanctuary, with RP7's account foregrounding the environmental dimension of therapeutic engagement by demonstrating how the physical architecture and social atmosphere of the probation office can become a site of threat rather than support for many female offenders. She describes how her female clients frequently spoke about feeling "*so vulnerable*" and frightened when required to attend supervision appointments with their probation practitioners, particularly when mandated to participate in group-based interventions such as the Thinking Skills Programme (TSP). These programmes required many weeks of attendance in rooms dominated by male offenders and facilitated by mixed-gender staff, creating an environment in which women felt both outnumbered and exposed. Similarly, unpaid community work placements, another probation requirement, often placed women in predominantly male groups, which can amplify feelings

of threat, hypervigilance and lack of protection. RP7 notes that these anxieties were especially heightened “*when there were male offenders that had offended doing what had been done to them in the past*”, illustrating how probation-mandated spaces could reproduce the very dynamics of trauma, powerlessness and male dominance that characterised these women’s earlier experiences. Gelsthorpe’s (2024) criminological research provides essential context, noting that a disproportionately high number of women who commit offences have themselves been subjected to sexual abuse and domestic violence. For such women, criminal justice spaces shared with men do not feel neutral, they can unintentionally replicate the conditions of earlier harm. The probation office, therefore, becomes not simply an institutional setting but a location saturated with traumatic memory, where the presence of certain men reactivates embodied fear and powerlessness. Gelsthorpe’s findings reinforce that women’s discomfort is not incidental but structurally rooted in gendered histories of violence.

This dynamic aligns with Herman’s (1992) observation that trauma survivors remain acutely sensitive to contexts that echo earlier violations. For RP7’s clients, the probation office was not emotionally neutral, but reproduced conditions of male dominance associated with earlier trauma, amplifying fear and dysregulation before therapy had begun. Sitting in waiting rooms alongside men whose offences mirrored their own experiences of abuse amplified the sense of being psychically unprotected. In this context, the telephone does not merely offer convenience, but actively relocates the therapeutic encounter from a space of surveillance and threat into one of relative safety, allowing engagement to occur outside the psychological constraints of the probation environment. Wright’s (2022) concept of spatialisation informs this analysis by suggesting that therapeutic space is experienced as psychologically meaningful rather than neutral (see Chapter 2). From this perspective, the probation

environment may be understood as carrying particular emotional and relational significance for offenders. The probation environment does not simply act as a backdrop to therapy, but actively shapes the offender's capacity to engage, influencing how safe, exposed or regulated they feel within the therapeutic encounter. For female offenders, particularly those with histories of vulnerability, control or abuse, this environment may feel exposing or emotionally unsafe, where the body is experienced as visible, scrutinised and difficult to regulate. RP7's observation that women consistently described feeling "*scared*" and "*vulnerable*" around certain male offenders highlights how the meaning of the space itself appeared to shape their capacity to engage therapeutically.

Against this backdrop, the telephone may be understood as offering an alternative therapeutic space, what Herman (1992) describes as a form of 'restorative sanctuary'. RP7 emphasises that telephone counselling "*kept them separate from other offenders*", allowing women greater control over proximity, exposure and relational distance. This separation appears not only physical but psychological, enabling the re-establishment of boundaries that may have previously been compromised. In this sense, the telephone may be understood, in Wright's (2022) terms, as creating a different spatial experience, a more bounded and psychologically manageable relational environment constructed through sound rather than shared physical location. Rather than simply removing the offender from a threatening physical setting, the telephone appeared to alter how safety itself was experienced. The absence of shared space reduced the immediacy of environmental threat, allowing attention to shift from external vigilance to internal regulation. In this sense, the telephone not only protects from exposure, but enables a different mode of psychological engagement, one in which emotional experience can be approached with greater stability. For many of these women, vulnerability appeared not solely intrapsychic, but shaped by the environments in which they were required

to engage. The shift to telephone counselling allowed the therapeutic encounter to unfold outside a space experienced as threatening, replacing exposure with a greater sense of containment. In doing so, the telephone appeared to function as both a psychic buffer and an enabling relational environment, supporting a sense of agency and safety that may be more difficult to access within the probation setting.

The discussion of Gendered Engagement illustrates how experiences of fear, safety and relational threat are shaped not only by interpersonal dynamics, but by the environments in which therapy takes place. While this analysis foregrounds the experiences of female offenders, similar dynamics of threat and exposure were also evident for some male offenders, particularly those carrying significant stigma related to their offences. These men may carry what Goffman (1963) terms a 'spoiled identity', marked by social stigma, moral judgement and anticipatory shame. Entering shared institutional environments can evoke a heightened fear of exposure, the possibility of being recognised, judged or silently condemned. In this context, the probation office may become a site of social danger rather than support. The masculine culture often presents in such settings, where judgement toward 'sex offenders' may be implicitly communicated, can intensify shame and contribute to psychological withdrawal. Here, the threat is not only interpersonal but symbolic, as being in a shared space becomes a reminder of one's discredited status, echoing Goffman's (1963) account of stigma as enacted through everyday social interaction. Within this context, the telephone offered a protective alternative. By removing the possibility of visual identification or scrutiny, it softened stigma-related anxieties and reduced the fear of exposure that might otherwise inhibit therapeutic engagement. In this context, the protective function of the telephone extends beyond gender. The auditory distance of telephone counselling provides a

buffer against the social and institutional mechanisms of judgement central to the lived experience of stigma.

## 7.8 Spaces that shame

While RP5 emphasised the architectural coldness of the probation office, its metal staircase, hard surfaces and prison-like design, RP9 reveals how the symbolic and relational meaning of the space itself produces shame, confusion and misrecognition. His observation that clients often struggled to differentiate him from the punitive authority of probation, “*someone involved in their punishment*”, illustrates that shame is fostered not only by physicality but also by the institutional identity the environment confers. Whereas RP5 demonstrated how the environment could feel emotionally barren and anti-holding, RP9 shows how the same environment becomes a site of role distortion, where therapists risk being psychically folded into the machinery of discipline. In this sense, shame arises not just from spatial coldness but from role contamination the environment fuses the therapist with the probation officer in the offender’s internal world. This blurring of identities reflects what Goffman (1961) describes as the ‘spoiled identity’ produced in total or quasi-total institutions, where individuals are repeatedly positioned as deficient, deviant or in need of correction. Inside such spaces, clients may assume they are being evaluated, judged or surveilled regardless of the therapist’s actual stance. The probation office, saturated with connotations of authority, discipline and past sanctions, becomes not just a physical location but a psychological field of scrutiny. Lemma (2010) explores ‘shame and the gaze’ and suggests that being seen in a space associated with wrongdoing can evoke intense feelings of exposure and inferiority, constraining the capacity for mentalising, disclosure and relational contact.

RP9's experience of working outside the probation building, over the telephone, demonstrates how even small shifts in spatial context can transform the relational field. He describes feeling "*more like a professional working with the probation service rather than as part of it*", an important distinction that altered how offenders perceived him. This repositioning enabled offenders to differentiate between care and punishment, between being met as a client and being processed as an offender. RP9 was able to move from being experienced as the punitive object toward becoming, what Winnicott (1965/2018) calls, the facilitating environment, a relational space where exploration becomes possible because the institutional shadow no longer dominated the encounter. RP9's comments reveal how institutional symbolism, rather than physical design alone, shapes the emotional tone of the encounter. Shame emerges not only from what the space looks like, but from what it signifies, a place where one is categorised, monitored and evaluated. Bollas's (1987) concept of the 'unthought known' would suggest that the shame offenders feel may arise from earlier relational contexts, where being seen was dangerous or humiliating, and the probation office unconsciously reactivates these states. By stepping outside the probation building, RP9 interrupts this spatial repetition of shame. Both participant and offender are freed from the roles assigned to them by the institutional environment, the therapist from being conflated with authority, and the client from the burden of being seen as an object of correction. This spatial reconfiguration restores the possibility of recognition within the therapeutic relationship, shifting the offender from being positioned as an object of surveillance and judgement toward being encountered as a subject in their own right. The shift from visible institutional space to the unseen auditory space marks not just a change in setting but a profound reconfiguration of the relational field, opening new possibilities for thinking, feeling and engaging.

## 7.9 The darkness as a therapeutic space

RP4's account of shifting from face-to-face therapy to telephone counselling offers a distinctive perspective of environmental transformation that differs meaningfully from the themes of disinhibition or defensive distance. While these concepts emphasise psychic looseness or protective withdrawal, RP4's narrative foregrounds the experiential quality of entering an unseen sensory environment, a transition from the concrete visibility of probation space into what metaphorically can be described as 'the dark'. In the probation office, therapy took place in either small interview-like rooms with rigid seating and a table separating offender and participant or big group rooms full of tables and chairs. These architectural features are not neutral, they reproduce institutional hierarchies and reinforce what Foucault (1977) describes as the spatial choreography of discipline, where the arrangement of furniture, sightlines and posture silently conveys power, scrutiny and control. The expectation to remain seated, maintain eye contact and tolerate close proximity can evoke, for many offenders, an atmosphere of coercion rather than care. This can reactivate earlier relational patterns of being monitored, judged or contained against one's will. RP4's observation that offenders "*found it really hard to... actually look at somebody in the eye and be sitting still*" underlines this sensory and relational burden. The probation room may function as a hyper-visible environment, where the offender's body becomes the site of regulation, watched, positioned and scrutinised.

The transition to telephone counselling represented not simply a change in medium, but an entry into a different sensory world, one characterised by darkness, ambiguity and imaginative possibility. In phenomenological terms, as Merleau-Ponty (1962) argues, 'the unseen' can heighten other modalities of perception, when sight recedes, listening intensifies. The body, no longer required to perform socially (sit still, be looked at, manage eye contact),

can relax into greater authenticity. This is reflected in RP4's account of offenders pacing, stretching or drinking tea, activities that would have been difficult or socially inappropriate in the probation office, but which appeared to create greater bodily ease and psychological fluidity over the phone. This shift resonates with Winnicott's (1965/2018) concept of potential space, the area between self and other where play, imagining and psychic experimentation become possible. The darkness of the telephone call, an environment unanchored by physical cues, can function as this potential space, where the offender can explore thoughts that would have felt unsafe under the brightness of institutional scrutiny. In the probation office, Ogden's (1994) notion of the analytic third is overlaid by visible power dynamics, whereas in the darkened space of the telephone, the third becomes less concrete and more symbolic, made of voice, silence and shared imagination. In this sense, RP4 and her offenders co-created an 'acoustic relational field', one in which unconscious meanings can emerge through tone, rhythm and pauses rather than through gaze or posture. As RP4 noted, this allowed offenders to "*engage a little bit easier*", suggesting that the dark became a psychologically loosening space. The telephone's darkened space provides the emotional oxygen for this material to surface.

Moreover, the idea of 'transitioning into the dark' carries symbolic meaning. Unlike the 'punishing brightness' of the probation office, a space that says 'you are seen, evaluated, measured', the darkness of the telephone instead signals 'you may come into being at your own pace'. In this way, the dark does not obscure identity, it makes identity safer to approach. This sub-theme therefore extends the overarching theme of Environment by showing that therapeutic transformation does not only occur through escape from carceral space (as in Telephone as a Safe Space), nor solely through containment (as in The Unseen Container), but through a shift in sensory register, from light to dark, from seen to unseen,

from performative to authentic. In this sense, RP4's 'dark' is not absence but potential, an environment unburdened by institutional architecture, bodily exposure or the demand to perform relationally. The environmental transition RP4 describes reorients the therapeutic encounter away from the disciplinary gaze and toward an imaginative space where offenders can think, feel and relate with greater freedom.

As the therapeutic encounter shifted into the unseen space of the telephone, RP8's account offers a compelling illustration of how this medium destabilised the performance of masculinity that often structures interactions within probation settings. He described how male offenders entered sessions with visible reluctance, adopting a stance of controlled bravado or toughness, an identity shaped by the need to appear in command of themselves. Yet this performance quickly lost its power in the absence of the therapist's body or gaze. As RP8 put it, "*that bravado... would come into play, but it was almost like someone trying to hit a ghost... the trying to present oneself as a certain kind of person doesn't really work when there's no intimidation factor*". His metaphor captures the collapse of a performance that requires an audience in order to function. Connell (1995) and Butler (1990) both argue that masculinity is not inherent but performative, an ongoing enactment reliant on being witnessed. In the probation office, this performance is reinforced by the institutional gaze, the visible hierarchies and the cultural expectation that men must appear strong, indifferent or unbothered. Frosh (2012) similarly notes that men often rely on embodied expressions of dominance to defend against vulnerability or shame. On the telephone, however, the entire stage for this enactment disappears. Without the gaze, without bodily presence and without the subtle choreography of intimidation, the masculine performance becomes unsustainable.

Goffman's (1959) frontstage/backstage distinction is particularly relevant here. The probation office functions as a frontstage arena in which offenders must manage impressions, whereas the telephone relocates the encounter backstage, stripping away the props that sustain the offender's public persona and allowing for a more private mode of expression. What remains is a moment of disorientation, a temporary collapse of the false-self (Winnicott, 1965/2018), in which the offender can no longer rely on habitual self-presentation to defend against psychic exposure. Paradoxically, this collapse creates the conditions for a more authentic engagement. Once bravado fails, "*hitting the ghost*" yields no effect, and offenders become more uncertain but more open, a shift RP8 observed as a movement from defensiveness to curiosity. Lemma's (2010/2017) work on invisibility clarifies this dynamic, being unseen can reduce the shame triggered by direct observation, making genuine emotional expression more accessible. In this way, the telephone's invisibility does not merely undermine performance but enables a relational freedom, allowing offenders to speak from parts of themselves that would otherwise remain hidden beneath the weight of the gaze. Importantly, this dismantling of visual performance over the telephone did not only change how offenders presented themselves, but also how containment itself was delivered. With the body and gaze absent, tone of voice emerged as the therapist's primary containing tool, transforming the auditory field into the central site of relational holding.

### **7.10 Tone of voice and silence in the unseen space**

As the familiar structures of visual communication, bodily presence and the therapist's gaze fell away, the therapist's voice became the primary medium through which containment, attunement and relational meaning were conveyed. RP9 reflected on this shift, noting that "*I found it was important to become very aware of my tone, and being more deliberate with how*

*I used words, because I became aware of the fact that... there wouldn't be the feedback of even seeing me as a person*". Without gesture, eye contact or facial expression, elements he described as central to his usual style of communicating, RP9 recognised that he had to become attentive to *"how I was modulating my tone, the rate in which I was speaking and just how I was conveying what I was intending to convey to the client"*. In the absence of visual cues, tone of voice thus becomes the therapist's primary instrument of emotional communication, carrying not only content but also containment, warmth and attuned responsiveness.

From a Winnicottian perspective, tone of voice suggests that the holding function once supported by the physical presence of the therapist is reconfigured through sound alone. The cadence of the therapist's voice, its steadiness, softness or rhythmic pacing, offers a form of psychic holding that mirror early developmental experiences. As Stern (1985) notes, the infant first encounters the mother not visually but sonically, through the vibrational envelope of voice, heartbeat and breath, safety is communicated before sight is possible. Anzieu's (1989) concept of the 'sonorous envelope' further illuminates how the maternal voice forms a protective psychic skin, regulating affect and offering continuity. RP9's careful modulation of tone can therefore be understood as the creation of a contemporary acoustic equivalent, a sonorous holding environment that contains the client through sound rather than physical presence. Within telephone counselling, tone of voice becomes a relational architecture in its own right. It signals attunement where eye contact cannot, offers reassurance where gesture is absent, and conveys steadiness where physical presence is unavailable. RP9's awareness that he needed to *"convey what I try to convey in session... over the phone"*, highlights how tone itself becomes a clinical tool, one that softens defensiveness, reduces shame and establishes emotional reliability. In this unseen therapeutic space, the voice functions simultaneously as

boundary and bridge, holding the offender while also inviting psychological movement.

Thus, the telephone transforms the participant's voice into the central container of the encounter, sustaining connection and enabling emotional work precisely through the absence of sight.

While tone of voice emerged as a central form of auditory holding in the absence of the visual field, participants also highlighted another acoustic dimension of telephone work, 'silence' which carried its own complex relational meanings and presented a distinct set of challenges within the container of the telephone. Silence, although a familiar element of therapeutic practice, took on a markedly different texture within the telephone setting. All participants commented on its presence, yet most described finding silence significantly more difficult to work with over the telephone than in person. On the telephone, regulating signals such as facial expressions disappear, and silence becomes a disembodied void, stripped of context and therefore more easily experienced as ambiguous, resistant or even threatening. RP8 offered one of the clearest illustrations of this shift, noting that silence often felt less like reflective space and more like a form of interpersonal manoeuvring, *"I found that a lot of times when silence was used, it wasn't because of a moment needed to internally reflect on that, it was more of a power dynamic. I'm not going to answer or I'm not going to make this easy"*. Here, silence functions as an active communication refusal, a challenge or an assertion of control within the relational field. This aligns with Freud's (1912) conceptualisation of resistance, in which the patient's withholding interrupts associative flow to maintain psychic control. In the probation context, where offenders are accustomed to systems of authority and surveillance, silence may also serve as an unconscious reversal of roles, placing the therapist in the position of waiting, anticipating or feeling uncertain.

Without visual co-regulation, the therapist's countertransference also becomes more exposed. RP8 described moments where he chose to "*sit in silence for 15 minutes*", an intervention that asserted therapeutic authority and revealed the internal challenge of tolerating silence that was both resistant and affectively charged. Bion's (1962) container–contained model helps illuminate this tension. When silence is reflective, the therapist can hold it, metabolise it and return meaning, when silence is defensive, however, the therapist may feel unable to digest it, instead experiencing frustration, helplessness or self-doubt, emotional states that signal a temporary failure of containment in the dyad. Silence also revealed moments of slippage in the therapist's internal stance, particularly when familiarity threatened to blur the boundary between therapeutic and personal relating. As RP8 reflected, "*There were times where the silence was coming up because I would find myself wanting to speak to them more as a friend... it was very difficult to change that mindset in the moment and think of what you should be saying therapeutically instead*". This illustrates how silence exposes the therapist's internal conflict, drawing them toward relational enactment rather than analytic thinking. In Ogden's (1994) terms, silence becomes part of the analytic third, the shared unconscious space in which therapist and client co-create the emotional atmosphere. The therapist's impulse to fill the silence reflects not only personal identification but also the anxieties generated by the telephone medium itself, where silence lacks the grounding presence of another body in the room.

Other participants echoed this difficulty, describing similar challenges in working with silence over the telephone. While some attempted to use silence as a reflective pause, many found that without visual connection the silence felt elongated, brittle or awkward. The absence of sight intensified what Lemma (2017) describes as the anxieties of the unseen, the fear of misattunement, abandonment or exposure. These anxieties were not limited to

offenders, therapists themselves reported feeling unsettled by the perceptual vacuum created by extended silence. Yet silence also carried a developmental function within the telephone setting. Offenders often used it as a form of environmental testing, what Winnicott (1965/2018) describes as testing the object. Through silence, the offender could unconsciously assess whether the therapist would remain steady or become destabilised. RP8's willingness to hold silence, without rescuing, retaliating or over-interpreting, served as a non-verbal reassurance of the reliability of the therapeutic frame. In this way, silence in telephone counselling becomes both a threat and a tool, a site where power is negotiated and a space in which trust can be slowly built.

### **7.11 Boundary violations and the testing of the therapeutic frame**

Just as silence revealed how the telephone could unsettle the emotional boundaries of the session, the absence of a shared physical space further exposed the therapeutic frame to disruption, making containment vulnerable not only to internal dynamics but also to the external world of the offender's environment. Although the telephone created new forms of psychological freedom, allowing offenders to speak without the pressures of the gaze, it also introduced a parallel vulnerability, the fragility of containment when therapy unfolds within the offender's everyday environment. Without the physical boundary of the therapy room, the stability of the frame became susceptible to intrusion. Participants frequently noted that offenders drifted in and out of engagement, their attention disrupted by competing demands, domestic activity or environmental noise. These interruptions introduced a different type of restriction, not imposed by the therapist or institution, but by the porousness of the home setting itself. RP8 captured this dynamic clearly, "*There were times when you can hear tinkering about in the background... you can hear in the voice that the focus has trailed off...*

*someone taking food deliveries, someone started doing housework*". Unlike the probation office, where spatial cues orient offenders into a therapeutic position, the home environment lacks the symbolic threshold that signals 'this is therapy'. As a result, offenders may slide unconsciously into habitual routines, leaving the therapist to bring it into the room by naming the distraction or attempting to re-establish focus. In these moments, the therapist becomes acutely aware of the fragility of the container, continually working to restore the boundary that the external world dissolves. These disruptions can be understood through Bion's (1962) notion of containment. Whereas the therapy room ordinarily functions as a spatial container capable of absorbing unprocessed affect, telephone counselling disperses this function across a less predictable environment.

Emotional material cannot be held or metabolised if the offender's attention repeatedly fractures, the psychic experience becomes fragmented in parallel with the external space. The therapist's role shifts from facilitating depth to managing dispersal, weaving a coherent therapeutic thread through an environment, pulling in multiple directions. The home environment itself becomes a third participant, intruding unpredictably into the relational field. Ogden's (1994) concept of the analytic third is useful here. Ordinarily, the therapeutic atmosphere is co-created by therapist and client, but telephone work introduces an expanded third, the client's domestic world, with all its sensory and relational intrusions. When a client begins 'pottering around', accepting deliveries or cleaning mid-session, the analytic third becomes diluted, saturated with the rhythms of daily life. Rather than forming a focused psychic space, the session risks collapsing into the client's habitual self-organisation. These disruptions also expose deeper relational and defensive patterns. For some offenders, moving around the home or engaging in parallel activity functions as an avoidant defence, mirroring what Freud (1914/1958) described as resistance to the analytic task. For others, the

interruption reflects the instability of their environment, many probation clients live in spaces marked by unpredictability, overcrowding or emotional volatility. Thus, the disruption is not simply inattentiveness but a manifestation of the social and psychological conditions shaping their lives. This highlights another key tension within telephone counselling. The freedom of speaking from home offers autonomy, the ability to move, make a drink, walk around or answer the door, freedoms rarely available in the surveillance-saturated probation office. However, this same autonomy can become a restriction for the therapeutic process, dispersing attention and destabilising the container.

RP5's description of an offender urinating during a telephone session starkly illustrates how the loosening of the therapeutic frame can enable extreme boundary violations. What may initially appear as crude disrespect acquires deeper psychodynamic meaning when understood in relation to transference, institutional authority and the altered conditions of containment within telephone work. RP5's phrasing, that it felt as though the offender was "*pissing all over therapy*", captures both the visceral impact of the act and its symbolic attack on the therapeutic relationship. This can be understood as acting out (Freud, 1914/1958), where affect that cannot be mentalised is enacted. The behaviour becomes the communication. The therapist's countertransference, feelings of being disrespected, contaminated or humiliated, offers insight into the client's internal world (Heimann, 1950), suggesting the externalisation of shame, rage or resentment toward authority. Bion's (1962/2019) concept of attacks on linking further illuminates this moment, when psychic pain becomes intolerable, the relationship itself is attacked in order to disrupt the capacity for thinking. Without the containing boundary of the therapy room or the presence of the therapist's body, the therapeutic frame becomes more permeable. The therapist, experienced only as a voice, may become symbolically easier to challenge or defy. Winnicott's

(1965/2018) notion of testing the environment adds another layer. Through such boundary-breaking, the offender may unconsciously test whether the therapist can remain stable and non-retaliatory. The implicit question, 'can you survive me', reflects anxieties rooted in earlier experiences of unreliable or punitive care. Although destructive in form, the act may serve a relational function, testing whether the relationship can endure aggression.

Within Foucault's (1977) framework, the probation system functions as a disciplinary institution that shapes individuals through surveillance and control. A taboo-breaking act such as urination temporarily subverts this structure, granting the offender a brief sense of autonomy in a context where their freedom is otherwise highly restricted. The telephone, by removing the therapist's physical authority and reducing the immediacy of social consequence, creates a liminal space in which such transgressions can occur with relative psychological safety. This episode also reveals how the freedoms of telephone work can also undermine the behavioural constraints that support therapeutic boundaries. The privacy of the home environment, the absence of visual accountability and the reduced interpersonal immediacy all contribute to a loosening of inhibition. Behaviours that would be unthinkable in a face-to-face session become imaginable, and then possible. In this sense, what appears as disrespect can be understood as an expression of the client's struggle with authority, shame, intimacy and containment. These dynamics bring into sharper focus the centrality of boundaries within telephone counselling. When the physical frame is absent, the therapist's internal frame must bear the full weight of maintaining structure, safety and relational continuity. The therapist becomes the primary site onto which boundary anxieties are projected, making the negotiation of clear, consistent and emotionally grounded limits both more central and more complex. In this way, boundary violations do not sit outside the

therapeutic process but become part of it, revealing both the vulnerabilities of the medium and the depth of the client's relational need.

RP3's account offers a particularly rich illustration of how telephone counselling unsettles the ordinarily stable architecture of therapeutic boundaries. RP3 recalls that "*one of the first things I had to deal with was distractions and setting boundaries*", describing a client who during early sessions was "*sawing wood... not paying any attention to what I was saying, or even to what he was saying*". The therapeutic hour now competes not only with internal defences but with the literal noise and momentum of the client's everyday life. When the client is physically moving, distracted and preoccupied with practical tasks, it becomes difficult for the therapist to receive or transform the client's emotional communications. RP3's countertransference feelings of being "*ignored,*" "*rejected*" or "*not taken seriously*" reflect the client's projected states of devaluation, avoidance or fragmentation states that the spatial discipline of the probation office might ordinarily contain or mute.

Steiner's (1993) concept of psychic retreat offers further insight. The offender's immersion in sawing wood may represent a retreat into an action-based enclave that protects against the anxieties of intimacy, dependency or envy. Through concrete activity, the offender evades the vulnerability of emotional contact. The distraction then becomes a defensive barrier, a way of 'not thinking' (Bion, 1962) and resisting the emergence of meaning in the therapeutic relationship. Winnicott (1965/2018) highlighted the importance of environmental reliability in the development of trust. Within telephone counselling, the lack of a dependable external frame places greater pressure on the interpersonal boundary to provide this stability.

Offenders now inhabit their own environments, spaces filled with distractions, household noise and competing demands, leaving the therapist responsible for symbolically constructing

the frame through voice, timing and consistent expectations. RP3 responded to this challenge by shifting from implicit to explicit boundary-setting, creating clear boundaries “*what I expect from the session and what he should expect from me, perhaps forming a mutual respect*”. Freud (1913/1958) noted that when unconscious resistance disrupts treatment, the frame must be articulated rather than assumed. In telephone counselling, boundaries cannot rely on architecture, they must be verbally negotiated and repeatedly reinforced. This makes boundary maintenance more labour-intensive, requiring the therapist to continuously monitor how the session is being used, what is being avoided and how responsibility for the work is shared.

Foucault’s (1977) account of institutional power helps to illuminate how the meaning of boundary-testing shifts within the telephone setting. In the probation office, authority is inscribed into the environment, through waiting rooms, security barriers and the symbolic gravity of the building itself, which structures behaviour before the session has even begun. Over the telephone, these visible and spatial markers of authority fall away. In this context, the offender sawing wood can be understood not simply as distracted behaviour, but as a momentary reclaiming of autonomy within a system that typically regulates his movements. Goffman’s (1961) work on institutional settings further sheds light on this dynamic, suggesting that individuals accustomed to environments where power is visibly imposed may test boundaries more actively when external surveillance is removed. From this perspective, the offender’s behaviour can be understood as an attempt to establish what kind of space the telephone session represents, whether it operates as another site of discipline, or as a relational environment in which thinking and agency are possible. In this way, RP3’s struggle with boundaries highlights a central tension of telephone-based therapeutic work, the freedom of the offender’s environment creates both opportunity and disruption. Boundaries that once

relied on physical containment must now be co-created interpersonally. When this negotiation succeeds, it can foster mutual respect and establish the beginnings of a thinking relationship. When it falters, however, the session risks disintegrating into distraction, avoidance and psychic fragmentation. RP3's experience suggests that boundary-setting in telephone counselling is not simply procedural, but a continuous relational task through which the therapeutic space must be actively sustained.

### **7.12 Power in the unseen space**

The shift to telephone counselling exposes how power and control are renegotiated when the visible and physical structures of the probation environment fall away. This is illustrated in the accounts of RP2 and RP10, whose experiences highlight how authority becomes more fluid and contested within the telephone setting. RP2's experience reveals a form of power inversion unique to telephone counselling, where the offender's control over the unseen environment destabilises the usual therapeutic hierarchy. In face-to-face probation work, spatial arrangements, institutional architecture and the embodied presence of the therapist reinforce authority and structure the expectations of the therapeutic frame. In the telephone setting, however, these structures dissolve, returning power to the offender through control of their surroundings and the ability to conceal or manipulate what occurs beyond the therapist's awareness.

RP2 sensed that "*something felt off*", describing the session as having a performative quality that deviated from her usual experience. The later discovery that the offender's partner had been present throughout the session reframes this intuition as a response to a shift in the relational field, an intrusion of a third presence that the therapist had not been permitted to

perceive. This unacknowledged spectator alters the offender's self-presentation. In Goffman's (1959) terms, the offender constructs a different stage for a different audience, positioning RP2 within a performance over which she has no control. The offender, meanwhile, manages dual performances, one directed toward the therapist, and another toward the unseen partner. This duplicity resonates with Winnicott's (1965/2018) account of the false self. The performed identity may reflect a defensive accommodation to the partner's gaze, perhaps to appear strong, compliant or emotionally contained. In this sense, the false self becomes a protective shield, deployed not only against the therapist's interpretive gaze but also against the intimate surveillance of the partner. What RP2 experienced as dishonesty may therefore represent an attempt to regulate competing anxieties about exposure and relational threat. Her feelings of being "*used*" and "*tricked*" offer an important countertransference insight. As Heimann (1950) and Racker (1968) suggest, such emotional responses may reflect the client's internal world. The sense of betrayal mirrors the offender's use of concealment as a form of control, an enactment rather than a verbal communication. Withholding the partner's presence may unconsciously repeat earlier relational patterns in which power is asserted through secrecy or manipulation, aligning with Freud's (1914/1958) concept of acting out.

This episode also highlights the vulnerability of the therapist within the telephone setting. Without visual cues or the stabilising structure of the consulting room, the therapist is deprived of the environmental signals that ordinarily support containment. This creates what Bollas (1987) describes as the 'unthought known', a sense that something is amiss that cannot yet be articulated. RP2's intuitive discomfort reflects sensitivity to unconscious communication, but the absence of visual information delays its recognition. From an institutional perspective, the presence of the partner represents a subversion of the

disciplinary framework that typically governs probation practice. Foucault's (1977) notion of power operating through visibility is inverted here, the therapist is rendered visually absent, while the offender assumes control over what can be seen or concealed. Rather than being monitored, the offender becomes the one who regulates the terms of visibility. This reversal is not only interpersonal but structural, revealing the fragility of institutional authority when its mechanisms of surveillance are removed. The episode underscores a central paradox of telephone counselling within probation. While the removal of the institutional environment reduces some of the punitive elements associated with face-to-face work, it simultaneously creates new opportunities for the therapeutic frame to be challenged, manipulated or controlled. Power becomes fluid rather than fixed, negotiated moment by moment and shaped by what remains unseen. RP10's account reinforces these dynamics, demonstrating how the telephone setting redistributes control over the encounter itself. Whereas RP2's example involves the covert orchestration of the environment, RP10 describes a more overt form of control, with offenders refusing to answer the phone, muting the device or withdrawing from engagement altogether. Both scenarios reflect a shift away from the regulated hierarchy of face-to-face probation, where attendance is visible and externally enforced. Over the telephone, offenders gain greater control over proximity, exposure and participation, subtly reversing the disciplinary gaze that ordinarily structures the work.

Viewed together, RP2 and RP10 illustrate complementary expressions of the same process. The telephone setting dismantles the traditional asymmetry of power, enabling offenders to assert autonomy either through the manipulation of the unseen environment or through control over access to the session itself. These responses can be understood as ways of managing vulnerability, whether through performance, concealment or withdrawal. At the same time, they expose the therapist to new experiences of uncertainty, dependence and

diminished authority. In this sense, telephone counselling does not simply alter the medium of communication, but fundamentally reconfigures the relational dynamics of power and control. Authority is no longer secured through space, visibility or institutional structure, rather it must instead be negotiated within an unseen and shifting relational field.

### **7.13 Psychodynamic training and the capacity to hold the frame**

The interviews also suggested that therapists undertaking more extensive psychodynamic or psychoanalytic training appeared better able to work effectively over the telephone. RP6, completing a Master's in Psychodynamic Counselling, and RP9 and RP10, training in Jungian psychotherapy, drew on richer theoretical and clinical frameworks that supported their capacity to tolerate ambiguity, read unconscious communication, and maintain an internal therapeutic frame in the absence of external structure. Their training had cultivated what Ogden (1994) describes as the capacity to inhabit the analytic third, enabling them to use tone, rhythm, silence and countertransference as clinical instruments of holding. These therapists demonstrated a more robust ability to provide containment through the voice, resonant with Anzieu's (1989) concept of the 'sonorous envelope', and to maintain boundaries without reliance on institutional architecture. This contrast suggests that while short-form training offered by professional bodies addressed immediate practical demands, it did not equip practitioners with the deeper emotional and theoretical resources required to manage the unconscious complexity of working with offenders over the telephone. Therapists with more substantial psychodynamic training appeared to rely on an internalised supervisory function (Casement, 1985) and a developed capacity for reflective functioning (Fonagy et al., 2002), enabling them to navigate boundary-testing, avoidance and relational volatility with greater steadiness. In this sense, the findings highlight the importance of psychodynamic

training and experience in supporting therapists to sustain the therapeutic frame when external structures fall away.

## **7.14 Conclusion**

The analysis presented in this chapter demonstrates that telephone counselling with offenders is not simply a pragmatic response to external circumstances, but a profound reconfiguration of the therapeutic frame. Across all therapists' accounts, the telephone emerged as an active psychological medium, reshaping visibility, altering emotional risk, redistributing power and reconstituting containment within the therapeutic relationship. Patterns of gendered engagement revealed that invisibility is never neutral, for many female offenders, the absence of the gaze created a sense of emotional safety, while for male offenders it at times destabilised defensive performances and enabled new access to vulnerability. The concept of the 'Metal Mother' captures the maternal and containing functions the telephone assumed, particularly for those whose early relational environments were marked by inconsistency, fear or neglect. At a deeper level, the telephone functions not merely as a medium of communication, but as an integral component of the therapeutic frame itself. It reshapes how relational processes unfold, influencing how offenders regulate emotional proximity, manage exposure and engage with the therapist. In doing so, it becomes embedded within the therapeutic relationship, shaping the conditions under which thinking, disclosure and connection become possible, and altering the dynamics of containment, transference and the experience of being known.

Across the analysis, a range of interrelated sub-themes further illuminated how this reconfiguration operates at both relational and environmental levels. Processes of phantasy,

projection and the experience of the unseen other highlighted how, in the absence of visual cues, the relationship became increasingly mediated through imagination and internal objects, intensifying both vulnerability and the potential for misattunement. At the same time, containment was reconfigured within the auditory space, with tone of voice and silence taking on heightened significance as vehicles for holding and communication, while the regulation of relational intensity became more fluid and dependent on the therapist's internal frame. These shifts were further complicated by challenges to the therapeutic frame, particularly in relation to boundary violations and the testing of limits, where the absence of physical co-presence required boundaries to be more actively negotiated and maintained. In parallel, the role of environment remained central, themes such as spaces that shame, the darkness of the telephone space and gendered experiences of safety demonstrated how both physical and symbolic contexts shaped offenders' capacity to engage. The redistribution of power within the unseen space highlighted the differences in therapists' level of experience and knowledge, and therefore their capacity to hold the frame

Taken together, these findings demonstrate that telephone counselling is neither a diminished nor secondary form of therapeutic work. Rather, it constitutes a distinct therapeutic landscape that transforms how offenders speak, imagine, relate and manage the risks of intimacy. The telephone functions simultaneously as a container, a shield, a transitional object and, at times, a site of resistance. Its psychological and relational complexity underscores the importance of understanding technology not as a neutral tool, but as an active and shaping force within contemporary therapeutic practice.

## Chapter 8

### General Conclusions of the Study

#### 8.0 Introduction

This final chapter draws together the key elements of the study and reflects on their wider significance. It begins with a brief summary of the research, followed by a focused discussion of the key findings in relation to the research question. The chapter then considers the clinical, theoretical and organisational implications of the study, before outlining its strengths and limitations and identifying areas for future research.

#### 8.1 Summary of the thesis

This study explored the use of the telephone in counselling with offenders within the probation service. It emerged from the development of a counselling provision within probation and the shift to remote delivery during the COVID-19 pandemic, which moved therapeutic work from the structured and often punitive environment of the probation office into the more private space of the telephone. The study proposed that the therapeutic frame, including the environment and medium of communication, plays an active role in shaping relational dynamics. Drawing on concepts such as containment (Bion, 1962), the holding environment (Winnicott, 1965/2018), and the role of the gaze in relation to shame (Lemma, 2010), the telephone was understood as a psychologically meaningful medium rather than a neutral tool. The concept of the 'Metal Mother' was developed to capture the telephone's function as a technological yet containing object within the therapeutic relationship. A qualitative design was adopted, using semi-structured interviews with ten therapists who had delivered counselling within the probation service during the pandemic. The data, consisting

of anonymised interview transcripts, were analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019).

## 8.2 Research findings

This study sought to address the research question:

*How does the use of the telephone influence the therapeutic relationship, emotional expression and engagement in counselling with offenders within the probation service?*

The findings demonstrate that the telephone significantly reshapes the therapeutic relationship by altering the conditions under which offenders experience visibility, safety and relational proximity. The absence of the therapist's gaze appeared to reduce feelings of shame and self-consciousness, allowing offenders to engage more openly and speak with greater emotional honesty. For many female offenders in particular, the telephone provided a greater sense of safety by enabling engagement away from the probation environment, which was often experienced as exposing, male-dominated and at times threatening. The telephone also influenced emotional expression by creating a different sensory and relational space. Without the demands of visual presence, offenders appeared less constrained by self-monitoring and more able to access vulnerable or previously unspoken material. At the same time, this absence of physical co-presence required therapists to rely more heavily on tone of voice, silence and internalised frameworks of containment to maintain the therapeutic frame. In terms of engagement, the telephone introduced both opportunities and challenges. While it facilitated increased openness and accessibility, it also created a more permeable therapeutic environment in which boundaries were more easily disrupted. Offenders' control over their

physical environment and access to the session allowed for greater autonomy, but also enabled avoidance, distraction and new forms of boundary testing.

Across the findings, the telephone emerged not simply as a mode of delivery, but as an active psychological medium that both facilitates and complicates therapeutic work. It simultaneously reduces shame and increases disclosure, while also destabilising traditional structures of containment and authority. In this sense, telephone counselling represents a reconfiguration of the therapeutic frame, reshaping how offenders relate, express themselves and engage within the counselling process. Within these findings, the concept of the 'Metal Mother', first introduced in the conceptual framework, is further illuminated. The telephone appeared to function as a containing and mediating object, holding the therapist's voice while regulating emotional proximity within the therapeutic relationship. In this way, the concept of the 'Metal Mother' offers a means of understanding how the telephone operates psychologically within offender counselling.

### **8.3 Strengths of the study**

One of the central strengths of this study lies in the richness of the data generated through interviews with ten therapists, who collectively reflected on their work with twenty-nine offenders. As the methodology drew on semi-structured interview transcripts rather than direct clinical material, the study accessed therapists' retrospective accounts of their practice, allowing for a depth of reflection on relational dynamics, emotional processes and therapeutic challenges. Although the number of participants was modest, the range of experiences they described provided a substantial dataset, enabling the identification of recurring themes.

A further strength lies in the study's contribution to an under-researched area, namely psychodynamic work with offenders within the probation context. There is relatively little research exploring the emotional and relational dynamics of therapeutic work with this population, particularly from a psychodynamic perspective. Although offenders did not participate directly in this study, accessing therapists' accounts of their work provided valuable insight into the emotional and relational processes present within this setting. Through these reflections, the study was able to explore dynamics such as shame, dependency, avoidance, fear and longing, which may be difficult to access directly and are often defended against or obscured within institutional environments, such as the probation office or prison. This indirect access offers a valuable perspective on a population that is often difficult to engage in research, while remaining consistent with the ethical and methodological constraints of the study.

The accounts also revealed deeper emotional and relational dynamics within the therapeutic encounter, often less visible in probation practice where the focus tends to be more behavioural or risk-oriented. Through the therapists' reflections, the data highlighted the dynamic interplay between therapist and offender, including processes of transference and countertransference, as these unfolded within the context of telephone-based work. The findings of this study have clear relevance for probation practice and may inform the development of therapeutic provision within everyday probation settings. The use of the telephone also emerged as particularly beneficial for specific offender groups. For example, female offenders, particularly those with experiences of shame, trauma or bodily vulnerability, appeared to find the absence of the visual gaze enabling, allowing them to engage in therapy with a greater sense of safety and reduced fear of scrutiny. Similarly, offenders experiencing social anxiety or difficulties related to being observed were described

as more able to remain emotionally connected within the auditory space. These observations highlight how the telephone reshaped the relational dynamic between therapist and offender, creating conditions in which vulnerability could be more safely negotiated. In this way, the findings extend the relevance of telephone counselling and demonstrate the potential inclusivity of voice-only therapeutic work.

The theoretical contribution of this study is another significant strength. Few studies have examined the telephone as a psychodynamic object within therapeutic work with offenders. Drawing on psychoanalytic concepts such as Winnicott's (1965/2018) holding environment, Bion's (1962) containment, Lemma's (2017) work on the digital mediation of relationships, Ogden's (1994) analytic third, and Lacan's ideas on the gaze, this study demonstrates that the telephone is far more than a medium of communication. Building on these theoretical foundations, I developed a conceptual framework for thinking about the telephone within therapeutic work, which I term the 'Metal Mother'. This concept is explored in the discussion chapter in relation to the findings, and captures the way in which the telephone can function as a technological yet containing object, holding the therapist's voice while regulating emotional proximity within the therapeutic relationship. In this sense, the study offers a novel theoretical contribution to understanding how technology reshapes relational dynamics in psychodynamic work with offenders.

Methodologically, the use of Reflexive Thematic Analysis was well suited to uncovering depth and complexity within the data. This approach allowed for a multi-layered, interpretive engagement with unconscious processes, countertransference and relational dynamics, offering a richer understanding than more descriptive qualitative approaches, such as content analysis, which tend to focus primarily on semantic meaning rather than deeper interpretation. In addition, my own clinical and professional experience within the probation

context supported a reflexive engagement with the data. Understanding the probation environment, organisational pressures and the emotional material often associated with this client group enabled the interviews to be conducted with sensitivity and attunement, and supported a more nuanced interpretation of the relational dynamics described by participants.

#### **8.4 Limitations of the study**

Despite these strengths, several limitations need to be acknowledged. The first concerns the sample size. Although the depth of material was rich, a larger and more diverse group of therapists from multiple probation regions may have generated additional or contrasting themes, potentially broadening the scope of the findings.

A second limitation relates to the nature of the data. The study drew on therapists' retrospective accounts of their work rather than detailed session-by-session clinical material. While this allowed for reflective and theoretically informed insights into the therapeutic process, it limited the ability to examine moment-to-moment interactions, including the finer dynamics of transference, countertransference and unconscious communication as they unfolded within individual sessions. In addition, the reliance on retrospective recall means that the data is shaped by participants' memory, interpretation and meaning-making processes over time. Although this aligns with the reflexive and interpretive nature of the methodology, it may also result in certain aspects of the therapeutic encounter being emphasised, reworked or omitted.

A further limitation is that the study explored telephone counselling solely through therapists' accounts. While this provided valuable insight into therapeutic processes, it was not possible

to examine directly how offenders themselves experienced telephone counselling.

Consequently, the findings reflect therapists' interpretations of offender engagement, emotional expression and relational dynamics rather than offenders' own perspectives. Future research incorporating offenders' accounts may offer a more comprehensive understanding of the phenomenon.

Another limitation concerns the particular historical and social context in which the data were produced. The telephone counselling reflected on for the purposes of this research took place during the COVID-19 pandemic, when alternative modes of delivery were largely unavailable. This compulsory reliance on telephone work may have shaped offenders' engagement, participants' anxieties and the emotional texture of sessions in ways that may not be fully representative of post-pandemic practice, where greater choice and flexibility now exist.

Gender differences did emerge within the findings; however, these require more systematic and in-depth exploration. While the study highlighted how female offenders, particularly those with histories of trauma and vulnerability, experienced the telephone as a safer relational space, the sample size and design did not allow for a comprehensive gender-based analysis. Future research would benefit from a more focused examination of how gender shapes engagement, safety and relational dynamics within remote therapeutic work.

A further limitation relates to the emergence of boundary challenges within telephone counselling. Although the findings identified instances of boundary-testing and disruption, including disengagement, divided attention and more overt boundary violations, the study was not designed to systematically examine the prevalence or management of such occurrences. This highlights a gap in current training and practice frameworks, suggesting the

need for clearer guidance and competency development for therapists working remotely with offender populations, particularly in relation to maintaining the therapeutic frame in less controlled environments.

Finally, as an insider researcher within the probation context, my position carried potential risks in relation to perceived authority and its possible influence on participant disclosures. Although reflexive practice was used throughout to critically examine my position and its impact on the research process, this remains a structural limitation that must be acknowledged. In addition, the study was limited by time constraints, which meant it was not possible to analyse detailed clinical material such as therapy notes or session-level process data. Access to such material may have allowed for a closer examination of what occurs within the therapeutic encounter itself, including moment-to-moment shifts in transference, countertransference and emotional communication.

## **8.5 Future research**

### **(i) Drawing on clinical material**

#### **Proposed rationale for the study**

Building on the limitations of this study, particularly the absence of clinical process material, future research could examine what occurs within the therapeutic encounter itself. While this study drew on therapists' retrospective accounts, it was not possible to explore moment-to-moment interactions or the unfolding of unconscious processes within sessions. Access to clinical material would allow for a more detailed psychodynamic understanding of how the telephone shapes relational dynamics, including transference, countertransference and containment.

### **Proposed setting**

The study could be situated within probation-based counselling services where telephone work continues as part of a hybrid model, subject to appropriate ethical approval.

### **Proposed research participants**

Participants could include therapists working psychodynamically within probation settings, alongside offender-clients where ethically appropriate.

### **Proposed data collection**

Data could be drawn from anonymised clinical material, such as therapy notes or case material, enabling closer examination of processes such as silence, rupture and the use of voice as a containing medium.

### **Proposed methodology.**

A qualitative, psychodynamically informed methodology, such as a psychoanalytic case study or single-case design, would support a detailed exploration of both conscious and unconscious processes as they emerge within the therapeutic relationship.

## **(ii) Gendered experiences of telephone counselling**

### **Proposed rationale for the study**

Within this research, therapists consistently described how female offenders appeared to experience telephone counselling as safer and less exposing than face-to-face work, often engaging more openly in the absence of the visual gaze. A focused study would therefore explore why the telephone may offer women a unique sense of psychological safety.

From a psychodynamic perspective, the absence of the gaze may reduce experiences of shame and exposure, particularly for women with histories of trauma or abuse. Therapists' accounts suggest that the telephone may function as a protective and containing medium,

allowing emotional contact while maintaining distance from visual scrutiny. In this way, the auditory space may enable a different form of relational engagement, where the therapist's voice is experienced as holding without the intrusiveness of physical presence.

### **Proposed setting**

The study could take place across probation services offering telephone counselling, with the inclusion of women's centres or community agencies to allow comparison across settings.

### **Proposed research participants**

Participants could include therapists working predominantly with female offenders, alongside female offenders themselves where ethically appropriate (approximately 10–15 participants).

### **Proposed data collection**

Data could be collected through semi-structured interviews exploring safety, shame, trauma, visibility and emotional expression, alongside optional reflective material.

### **Proposed methodology**

A qualitative design using Reflexive Thematic Analysis would allow exploration of both conscious and unconscious processes, supported by a psychodynamic interpretative framework.

### **Broader demographic considerations**

Future research may also benefit from considering how age, generational experience and cultural background shape experiences of telephone counselling. Individuals who have grown up with smartphones, social media and digital communication technologies may engage with telephone-based therapeutic relationships differently from older generations whose formative relational experiences developed before the widespread use of mobile phones and the internet. Such differences may influence levels of comfort, emotional expression, perceptions

of intimacy and engagement within the therapeutic relationship. Cultural attitudes towards privacy, authority, gender and emotional expression may similarly shape how telephone counselling is experienced across different populations.

### **(iii) Investigating practitioner training and preparedness for telephone counselling**

#### **Proposed rationale for the study**

Participants in this study highlighted a lack of formal preparation for telephone counselling, particularly in working without visual cues, managing boundaries remotely, and interpreting emotional communication through voice alone. Those with more advanced psychodynamic or psychoanalytic training (for example, at master's or doctoral level, including Jungian training) appeared better able to reflect on the work and tolerate its ambiguity, often providing richer and more nuanced accounts. This suggests that telephone counselling places greater demands on the therapist's internal frame and reflective capacity. Further research is therefore needed to explore what skills are required and how training can better prepare practitioners for this mode of work.

#### **Proposed setting**

The study could be conducted across counselling training providers, probation services and organisations offering remote therapy, allowing comparison across different training and practice contexts.

#### **Proposed research participants**

Participants could include trainee counsellors, qualified practitioners delivering telephone counselling, and supervisors supporting remote work. A sample of approximately 15–20 participants would capture a range of experience and perspectives.

### **Proposed data collection**

Data could be collected through semi-structured interviews exploring preparedness, training gaps and clinical challenges. Focus groups or a review of training materials could provide additional insight.

### **Proposed methodology**

A qualitative design using Reflexive Thematic Analysis would enable exploration of both practical and emotional aspects of telephone work. A psychodynamic lens would allow attention to underlying anxieties, relational dynamics and the increased reliance on the therapist's internal frame in the absence of visual contact.

### **Additional considerations**

Future research may also benefit from exploring the wider environments in which telephone counselling takes place. As therapy is conducted outside traditional consulting rooms, not all clients may have access to private or emotionally safe spaces in which to engage therapeutically. Questions therefore arise regarding the possible presence of unseen others within clients' environments, including partners, children or family members, and how this may influence disclosure, safety and emotional expression within the therapeutic relationship.

Relatedly, further exploration is needed regarding issues of confidentiality and technological boundaries, including the possibility of sessions being recorded without the therapist's knowledge, or others listening to conversations during remote work. Such factors may have important implications for privacy, trust and the therapeutic frame, yet remain relatively underexplored within the existing literature on telephone counselling.

This study also raises broader questions concerning the psychological meaning of the mobile phone as an object within therapeutic work. As smartphones are deeply embedded within everyday relational life, future research might explore whether conducting counselling through a personal device influences how that device is subsequently experienced in other relational contexts. For example, emotionally intensive therapeutic conversations may shape later interactions conducted through the same device with family members, partners or friends. Consideration might also be given to whether the use of separate or more neutral devices for therapy sessions alter experiences of therapeutic containment, emotional separation or professional boundaries.

While this study explored therapists' experiences and perceptions of telephone counselling within probation settings, future research could examine differences in engagement, emotional expression and therapeutic process across different modes of therapeutic delivery. Future research directions have also been expanded to include comparative studies examining telephone, face-to-face and hybrid approaches, as well as exploring how telephone counselling is experienced alongside other probation interventions, in order to further understand differences in engagement, emotional expression, relational dynamics and longer-term outcomes.

## **8.6 Final reflection**

This study has demonstrated that the use of the telephone in counselling with offenders constitutes a significant shift in the therapeutic frame, one that reshapes how relational dynamics, emotional expression and engagement are experienced within the probation context. By exploring therapists' accounts through a psychodynamic lens, the research has shown that the telephone is not a neutral medium, but an active component of the therapeutic

encounter, capable of both facilitating and complicating the work. In particular, the findings highlight how the absence of the visual field can reduce shame and enable greater emotional openness, while simultaneously placing increased demands on the therapist's capacity to maintain containment and hold the frame. The development of the concept of the 'Metal Mother' offers a novel way of understanding how the telephone may function as a containing and mediating object within this context.

Overall, this research contributes to a growing understanding of remote therapeutic work and offers a novel psychodynamic perspective on how telephone counselling reshapes the therapeutic relationship with offenders within probation settings, demonstrating that telephone counselling offers both new possibilities and new challenges when working psychodynamically with offenders. It underscores the importance of recognising the medium itself as an active and influential element within the therapeutic relationship, particularly within contemporary criminal justice settings where flexibility, accessibility and psychological safety are increasingly central to effective engagement.

## Reference list

- Abram, J., & Karnac, H. (2007). *The language of Winnicott: A dictionary of Winnicott's use of words*. Karnac Books.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5–14. <https://doi.org/10.1037/0003-066X.58.1.5>
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). LexisNexis.
- Anzieu, D. (1989). *The skin-ego* (C. Turner, Trans.). Yale University Press. (Original work published 1985)
- Bateman, A. W., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide*. Oxford University Press.
- Baydar, G., Komesli, M., Yilmaz, S., & Kilinc, Z. (2016). Spatial practices in counselling and psychotherapy: Constructing therapeutic space. *Architectural Research Quarterly*, *20*(2), 123–135.
- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. Pantheon.
- Benjamin, J. (1995). *Like subjects, love objects: Essays on recognition and sexual difference*. Yale University Press.
- Bion, W. R. (1962/2019). *Learning from experience*. Routledge.
- Blumer, H. (1954). What is wrong with social theory? *American Sociological Review*, *19*(1), 3–10. <https://doi.org/10.2307/2088165>
- Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known*. Free Association Books.

- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bowling, A. (2014). *Research methods in health: Investigating health and health services* (4th ed.). Open University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.  
<https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Brenes, G. A., Ingram, C. W., & Danhauer, S. C. (2011). Benefits and challenges of conducting psychotherapy by telephone. *Professional Psychology: Research and Practice*, 42(6), 543–549. <https://doi.org/10.1037/a0026135>
- Brenes, G. A., Miller, M. E., Williamson, J. D., McCall, W. V., Knudson, M., & Stanley, M. A. (2012). A randomized controlled trial of telephone-delivered cognitive behavioural therapy for late-life anxiety disorders. *The American Journal of Geriatric Psychiatry*, 20(8), 707–716.
- British Association for Counselling and Psychotherapy. (2021). *Ethical framework for the counselling professions*.
- British Psychological Society. (2018). *Code of human research ethics* (2nd ed.). British Psychological Society.
- Brooker, C., Sirdifield, C., Blizard, R., Denney, D., & Pluck, G. (2019). Probation and mental illness. *Journal of Forensic Psychiatry & Psychology*, 30(6), 907–928.

- Brooks, H., Rushton, K., Welsh, C., Bower, P., & Bee, P. (2021). Telephone delivery of psychological interventions: Balancing protocol with patient-centred care. *Social Science & Medicine*, 277, 113818. <https://doi.org/10.1016/j.socscimed.2021.113818>
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.
- Casement, P. (1985). *On learning from the patient*. Routledge.
- Chaikin, A. L., Derlega, V. J., & Miller, S. J. (1976). Effects of room environment on self-disclosure in a counseling analogue. *Journal of Counseling Psychology*, 23(5), 479–481.
- Connell, R. W. (1995). *Masculinities*. University of California Press.
- Criminal Justice Joint Inspection. (2021). *Neurodiversity in the criminal justice system: A review of evidence*
- Cullen, F. T., & Gendreau, P. (2000). *Assessing correctional rehabilitation: Policy, practice, and prospects*. In J. Horney (Ed.), *Criminal justice 2000: Policies, processes, and decisions of the criminal justice system* (Vol. 3, pp. 109–175). Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Davidson, R., & Harrison, J. (2019). *Creating therapeutic space in telephone counselling: A spatial triad*. *British Journal of Guidance & Counselling*, 47(3), 339–354.
- Day, C. (1974). *The Samaritans: Befriending the suicidal*. Constable.
- Debowska, A., & Boduszek, D. (2017). Child abuse and neglect profiles and their psychosocial consequences in incarcerated males. *Child Abuse & Neglect*, 65, 266–277.
- Dominey, J., Oley, D., Ellis Devitt, K., & Lawrence, J. (2021). Putting a face to a name: Telephone contact as part of a blended approach to offender supervision. *Probation Journal*, 68(1), 70–84.
- Drew, P., Irvine, A. L., Barkham, M., Faija, C. L., Gellatly, J., Ardern, K., Armitage, C. J., Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology & Psychotherapy*, 12(3), 177–190.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V.,

Fischer, C. S. (1992). *America Calling: A social history of the telephone to 1940*. University of California Press.

Fonagy, P., & Target, M. (2003). *Psychoanalytic theories: Perspectives from developmental psychopathology*. Whurr.

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. Karnac.

Ford, K., & Hughes, K. (2019). *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey*.

Foss, B. (2013). Psychoanalysis and the telephone. *International Journal of Psychoanalysis*, 94(1), 5–27.

Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). Penguin.

Freud, S. (1912). Recommendations to physicians practising psycho-analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 109–120). Hogarth Press.

Freud, S. (1913/1958). On beginning the treatment (Further recommendations on the technique of psycho-analysis I). In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 121–144). Hogarth Press.

Freud, S. (1914/1958). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 145–156). Hogarth Press.

Freud, S. (1920/1955). *Beyond the pleasure principle*. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 1–64). Hogarth Press.

- Frosh, S. (2012). *A brief introduction to psychoanalytic theory*. Palgrave Macmillan.
- Gelso, C. J., & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research, and practice*. Wiley.
- Gelsthorpe, L. (2024). *Criminal justice and women: Gender, trauma and the lived experience of punishment*. Oxford University Press.
- Gelsthorpe, L., Sharpe, G., & Roberts, J. (2007). Provision for women offenders in the community. *Fawcett Society*.
- Goffman, E. (1959). *The presentation of self in everyday life*. Doubleday.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Anchor Books.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Grumet, G. W. (1979). *Telephone therapy: A review and case report*. *American Journal of Orthopsychiatry*, 49(4), 574–584. <https://doi.org/10.1111/j.1939-0025.1979.tb02643.x>
- Haase, R. F., & DiMattia, D. J. (1976). The counselor's office as a factor in counseling effectiveness. *Journal of Counseling Psychology*, 23(1), 52–57.
- Heimann, P. (1950). On Countertransference. *International Journal of Psychoanalysis*, 31, 81–84.
- Hinshelwood, R. D. (2001). Thinking about institutions from a psychoanalytic perspective. In R. D. Hinshelwood & M. Skogstad (Eds.), *Observing organisations: Anxiety, defence and culture in health care* (pp. 206–227). Routledge.
- HM Inspectorate of Probation. (2023). *Annual report 2022–2023: Inspection of probation services*.
- Hoffberg, A. S., Stearns-Yoder, K. A., & Brenner, L. A. (2020). The effectiveness of crisis line services: A systematic review. *Frontiers in Public Health*, 7,

399.

<https://doi.org/10.3389/fpubh.2019.00399>

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Hymer, S. M. (1984). The telephone session. *Psychotherapy in Private Practice*, 2(3), 51–65.

Irvine, A., Drew, P., & Bower, P. (2020). Telephone-delivered talking therapies in primary care. *Social Science & Medicine*, 245, 112698.

Irvine, A., Drew, P., Bower, P., Brooks, H., Gellatly, J., Armitage, C. J., Barkham, M., McMillan, D., & Bee, P. (2020). Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies. *Journal of Affective Disorders*, 265, 120–131.

<https://doi.org/10.1016/j.jad.2020.01.057>

Isaacs, S. (1952). The nature and function of phantasy. In M. Klein et al. (Eds.), *Developments in psycho-analysis* (pp. 67–121). Hogarth Press.

Jung, C. G. (1954). *The practice of psychotherapy: Essays on the psychology of the transference and other subjects*. Routledge & Kegan Paul.

Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis*, 27, 99–110.

Klein, M. (1957). Envy and gratitude. In *Envy and gratitude and other works 1946–1963* (pp. 176–235). Hogarth Press.

Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

- Kraus, M. W. (2017). *Voice-only communication enhances empathic accuracy*. *American Psychologist*, 72(7), 644–654. <https://doi.org/10.1037/amp0000147>
- Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners* (5th ed.). Sage.
- Kvale, S., & Brinkmann, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage.
- Lacan, J. (1977). *Écrits: A selection* (A. Sheridan, Trans.). Routledge. (Original work published 1949)
- Lacan, J. (1977). The mirror stage as formative of the function of the I as revealed in psychoanalytic experience. In *Écrits: A selection* (A. Sheridan, Trans., pp. 1–7). Tavistock.
- Langs, R. (1978). *The technique of psychoanalytic psychotherapy* (Vol. 1). Jason Aronson.
- Lefebvre, H. (1991). *The production of space* (D. Nicholson-Smith, Trans.). Blackwell. (Original work published 1974)
- Lemma, A. (2010). *Under the skin: A psychoanalytic study of body modification*. Routledge.
- Lemma, A. (2017). *The digital age on the couch: Psychoanalytic practice and new media*. Routledge.
- Leonidaki, V. (2021). *Working online in counselling and psychotherapy: A practitioner's guide*. Routledge.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Martinson, R. (1974). *What works? Questions and answers about prison reform*. *The Public Interest*, 35, 22–54.
- McGuire, J. (Ed.). (2002). *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*. Wiley.
- McLeod, J. (2013). *An introduction to counselling* (5th ed.). Open University Press.

- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). Routledge & Kegan Paul. Original work published 1945)
- Mohr, D. C., Hart, S. L., & Marmar, C. (2008). *Telephone-administered cognitive behavioral therapy for depression*. *Journal of Consulting and Clinical Psychology*, 76(6), 1007–1014. <https://doi.org/10.1037/a0013375>
- Mohr, D. C., Ho, J., Duffecy, J., Reifler, D., Sokol, L., Burns, M. N., Jin, L., & Siddique, J. (2012). Effect of telephone-administered versus face-to-face cognitive behavioural therapy on adherence to therapy and depression outcomes among primary care patients: A randomized trial. *JAMA*, 307(21), 2278–2285. <https://doi.org/10.1001/jama.2012.5588>
- Music, G. (2011). *Nurturing natures: Attachment and children's emotional, sociocultural and brain development*. Psychology Press.
- Nahouli, Z., Burns, T., & Fahy, T. (2022). Experiences of probation supervision. *Probation Journal*, 69(3), 297–315.
- Oakes, J., & Kelly, P. (2020). Online and telephone counselling training during COVID-19. *BACP Workplace*, 18–21.
- Obholzer, A., & Roberts, V. Z. (Eds.). (1994). *The unconscious at work: Individual and organizational stress in the human services*. Routledge.
- Ogden, T. H. (1994). The analytic third: Working with intersubjective clinical facts. *International Journal of Psychoanalysis*, 75, 3–19.
- Public Health Wales. (2019). *Adverse childhood experiences (ACEs) in the Welsh prison population*. Public Health Wales NHS Trust.
- Prison Reform Trust. (2021). *Prison: The facts*. <https://prisonreformtrust.org.uk/publication/prison-the-facts/>
- Quinodoz, J.-M. (2004). *Reading Freud: A chronological exploration of Freud's writings*. Routledge.

- Racker, H. (1968). *Transference and countertransference* (V. D. Caro, Trans.). International Universities Press.
- Reese, R. J., Conoley, C. W., & Brossart, D. F. (2002). *Effectiveness of telephone counseling: A field-based investigation*. *Journal of Counseling Psychology*, 49(2), 233–242.
- Rey, H. (1994). *Universals of psychoanalysis in the treatment of psychotic and borderline states*. Free Association Books.
- <https://doi.org/10.1037/0022-0167.49.2.233>
- Röder, B., Rösler, F., & Neville, H. J. (1999). Effects of interstimulus interval on auditory event-related potentials in congenitally blind and normally sighted humans. *Neuroscience Letters*, 264(1–3), 53–56.
- [https://doi.org/10.1016/S0304-3940\(99\)00182-2](https://doi.org/10.1016/S0304-3940(99)00182-2)
- Sabry, W. H., Khalifa, D. A., & Soliman, N. (2022). Therapists' experiences of providing psychotherapy by telephone. *(Add journal details if required)*
- Spiro, H. R., & Devenis, L. (1991). *The couch and the telephone: Psychotherapy in a changing world*. W. W. Norton.
- Stamenova, K., & Hinshelwood, R. D. (2018). *Methods of research into the unconscious: Applying psychoanalytic ideas to social science*. Routledge.
- Steiner, J. (1993). *Psychic retreats: Pathological organisations in psychotic, neurotic and borderline patients*. Routledge.
- Stern, D. N. (1985/2006). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. Basic Books.
- Tangney, J. P., Stuewig, J., & Mashek, D. (2007). Moral emotions and moral behaviour. *Annual Review of Psychology*, 58, 345–372.
- Varah, C. (1977). *The Samaritans in the '70s*. Constable.

Vercillo, T., Burr, D., & Gori, M. (2016).

Early visual deprivation severely compromises the auditory sense of space in congenitally blind children. *Developmental Psychology*, 52(6), 847–853.

Widom, C. S., & Maxfield, M. G. (2001). An update on the “cycle of violence”. *National Institute of Justice Research in Brief*.

<https://www.ojp.gov/pdffiles1/nij/184894.pdf>

Williams, K. S., Papadopoulou, V., & Booth, N. (2012). *Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. Ministry of Justice.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278837/prisoners-childhood-family-backgrounds.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf)

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Open University Press.

Winnicott, D. W. (1965/2018). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Routledge.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *International Journal of Psychoanalysis*, 34, 89–97.

Worrall, A., & Gelsthorpe, L. (2009). “What works” with women offenders: The past 30 years. *Probation Journal*, 56(4), 329–345.

Wright, D. (2022). Spatialisation and therapeutic space in telephone counselling. *British Journal of Guidance & Counselling*, 50(2), 1–15.

Wright, D. (2022). *The physical and virtual space of the consulting room: Room-object and the space of analysis*. Routledge.

## **Appendix A**

### **Interview questions/prompts**

- 1) If you have experience of counselling offenders in the probation office, are there any specific challenges you encountered in this setting?
  
- 2) How do you adapt your counselling approach when working with offenders over the telephone compared to face-to-face sessions? Are there any specific strategies or techniques that you find effective in working with offenders over the phone?
  
- 3) Have you noticed any differences in your client's ability to maintain engagement and focus during telephone sessions compared to in-person sessions? For example, can they maintain the therapeutic process for the whole 50 minutes, can you think of any other examples or insights on this matter?
  
- 4) What do you believe are the key advantages of conducting counselling sessions over the phone? Are there any unique benefits that you observed in this mode of communication?
  
- 5) Equally, what challenges or limitations have you encountered when conducting counselling sessions over the phone? Can you provide specific instances where remote counselling was less effective or presented difficulties?

- 6) If you have experience transitioning from face-to-face to counselling to over the phone, can you elaborate on how this transition affected the therapeutic relationship with your clients? Where there noticeable changes in rapport or trust.
- 7) How authentic do you perceive the therapeutic relationship to be when working with offenders over the phone? What makes it feel genuine or distant in remote working?
- 8) Have any of your clients ever mentioned any benefits or drawbacks of participating in counselling sessions over the phone? Can you provide examples of their feedback.
- 9) What emotions/feelings arise for you when your are unable to physically see your clients during telephone counselling sessions? How do you manage these emotions to maintain professionalism and effectiveness.
- 10) In the context of transference and countertransference what experiences or dynamics have you encountered while working with offenders over the phone? Can you share instances where these psychological processes played a significant role?
- 11) How do you manage moments of silence during telephone counselling sessions? Are there any differences in your approach to managing silence compared to face-to-face?
- 12) Have you noticed any recurring themes or materials that tend to emerge when counselling offenders over the phone? Are there any specific issues or topics that are more commonly addressed in remote sessions?

- 13) What aspect of transitioning from face-to-face counselling to telephone counselling had the most significant impact on your practice and the outcomes for your clients?
- 14) Did you perceive any shifts in the power dynamics or control within the therapeutic relationship when using telephone counselling? How did you manage any changes in the balance of power?

## Appendix B

### **Research participant information sheet**

#### **Research project title:**

An exploration of the use of the telephone in telephone counselling with offenders within the probation service

#### **Purpose of the project**

The purpose and objectives of the research is to gain greater knowledge and understanding of the relationship offenders have with their mobile phones and the possible meaning for the offender and its possible impact on the counselling work. By considering the use of the mobile phone when working with offenders I am interested in retention and engagement and the emerging themes in the therapeutic work. Additionally, I am interested in the use of the telephone as a means for providing counselling to offenders and how this could benefit the criminal justice system and potentially be considered as part of rehabilitation efforts to address the issues that contribute to a person's offending behaviour.

#### **Invitation to the study:**

You are being invited to participate in this study because you have worked or are currently working as a student counsellor on placement or volunteering as a qualified therapist within the counselling service at Essex probation, and you have experience of delivering counselling over the telephone to offenders. You are being contacted to ask if you would take part in this study by participating in an interview to discuss your experiences working with this client group over the phone. Before you decide whether to take part, it is important for you to

understand why the research is being done and what it will involve. Please take time to read the following information carefully.'

### **What is the purpose of the study?**

This research seeks to explore the impact and effectiveness of phone-based counselling with offenders on probation. Feedback from student therapists and qualified therapists working with offenders during the COVID-19 pandemic and since the pandemic indicate that the use of the telephone allowed for the offenders to be more open and honest over the telephone and the offenders were more likely to attend the session when having their counselling over the phone. The main aim of this project is to explore the relationship between offenders and their mobile phones and how this manifest in the counselling work. This study is being undertaken in relation to my doctorate at Colchester university.

### **Why have I been invited to participate?**

You have been invited to participate in this study because you either served as a student on placement or as a qualified therapist volunteering with Essex Probation during and after the COVID-pandemic, offering counselling services to offenders over the phone. In response to the COVID-pandemic the counselling service has continued to provide phone-based counselling to offenders. If you have recently joined as a student counsellor or as a qualified therapist volunteering for the service you are also eligible to take part in this research.

### **Do I have to take part?**

Participating in this research is entirely voluntary. if you are currently a qualified therapist volunteering or a student doing placement, and you choose not to take part, it will not affect your current student placement or volunteer position with Essex Probation. If you initially decide to participate, you have the right to change your mind without needing to explain why,

and without any consequences. For students on placement, opting out will not impact your current placement or future employment opportunities with Essex Probation. Similarly, for qualified therapist that volunteer with Essex Probation, choosing not to participate will not affect your future volunteering or employment opportunities with the probation service.

### **What will happen to me if I take part?**

Your participation will involve an interview lasting between 45 to 60 minutes. The interview will take place in an office environment secured by the researcher or a video platform using Zoom. I would like to record the interview so that I can transcribe and analyse the data at a later date. I will need your consent to record the interview and have a consent form for your participation in this study.

### **What are the possible disadvantages and risks of taking part?**

Your participation is not expected to involve any risks of mental or physical harm any greater than those involved in your daily life. Nonetheless you will be debriefed fully at the end of the interview. I will ask you how you found it to participate, and you will have the opportunity to discuss any concerns that may have arisen as a result of your participation. I will also provide some information about where you can get support should any difficult issues arise because of your participation. If you choose to have your interview at the probation office where you typically meet with your clients, I will make a prior reservation for a private interview room and place a “do not disturb” sign on the door to ensure that your confidentiality is protected.

### **What are the possible benefits of taking part?**

You may experience an opportunity to reflect on your experiences of working with offenders over the telephone and how this affects your clinical work. However, I cannot guarantee that you will personally experience benefits from participating. Others may benefit in the future from the findings of this study as I hope it will increase our understanding on the experiences of counsellors working with offenders over the phone.

### **Data access/storage and security**

The consent forms as well as the participants names and contact details will be stored securely and separately under lock and key and/or on a password protected computer until they are destroyed. All recorded interview will be stored securely and separately using the university iCloud box until its destroyed.

Any quotes used as examples in the final write up of the project will be anonymised so that your identity will not be attached to the information you contribute. Pseudonyms will be used to protect the anonymity of the offenders.

### **Informed consent**

Should you agree to take part in this research you will be asked to sign a consent form before the research commences.

### **Withdrawal**

You can withdraw your participation any time I will share my contact information, as well as that of my supervisor, so you can withdraw if you decide to do so. If you choose to participate, we will also ask you to sign a consent form.

### **Confidentiality/Anonymity**

Anonymity and confidentiality are maintained throughout by changing all names, and changing or omitting personal information so that the individual is unrecognisable. The project will follow accepted professional guidelines on anonymity and confidentiality. All participants will anonymise the offenders identify by using pseudonyms or replacements that will be consistent throughout the interviews.

### **What will happen to the findings of the research study?**

If the findings of this study were to be published in a journal article or as a conference paper/presentation all participants will be anonymised and will not be identifiable. The findings will be used in my thesis and a copy can be provided to each participant if requested.

### **Concerns and complaints**

If you have any concerns about any aspect of the study or have a complaint, in the first instance please contact the Project Researcher. If you are still concerned or you think your complaint has not been addressed to your satisfaction please contact the Director of Research (Professor Matt Fytche) in the Project Researcher's Department – The Department of Psychosocial and Psychoanalytic studies.

### **What should I do if I want to take part**

If you decide to take part in this study, please sign and send back the consent form to the project researcher: Denise Stevens.

Department of Psychosocial and Psychoanalytic Studies, University of Essex, Wivenhoe Park, CO4 3SFQ.

Thank you for considering participating in my research project. If you have any questions, need further information, or would like to discuss your involvement, please do not hesitate to contact me. I prefer to be reached via email at [ds22883@essex.ac.uk](mailto:ds22883@essex.ac.uk) or by phone at 07557884109. Your participation in this research is greatly appreciated, and your insights are invaluable to my study. I look forward to hearing from you soon.

### **Project supervisor**

Deborah Wright

Department of Psychosocial and Psychoanalytic Studies, University of Essex, Wivenhoe Park, CO4 3SQ, email [dlswri@essex.ac.uk](mailto:dlswri@essex.ac.uk)

Supervisors phone contact 01206 874969

## Appendix C

### Research Consent Form

**Title of the study:**

An exploration of the use of the telephone in telephone counselling with offenders within the probation service

**Name of researcher:**

Denise Stevens

**Please read and consider the following four statements. If you agree to all four statements, please sign and date this form.**

**Please initial box**

1. I give my consent for the material from the interview I will participate in to be used for the research project.

2. I have been given the 'Research Participant Information Sheet' about the research project and have been given the opportunity to ask questions about it.

3. I have agreed to participate voluntarily, and I understand that I can

withdraw at any time without giving reasons and without it in any way affecting my student placement, volunteer position or future employment.

4, I understand that any data collected up to the point of my withdrawal will be destroyed

5, I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.

6, I understand that the data collected will be stored securely and may be used for publication and presented at conference

7, I understand that my name will be changed and that every attempt will be made to ensure my anonymity, for example by changing or omitting personal information.

Name of participant: ..... Signature: .....Date.....

Name of researcher: ..... Signature: .....Date .....