Patient - Targeted Googling (PTG): An exploratory study of the perceptions of registered South African Psychologists

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Abstract

Patient- Targeted Googling (PTG), which refers to the searching of client/patient information online with or without the client's consent or knowledge, has been a topic of research and discussion internationally over the past decade. However, there has been little to no focus on the practice among South African psychologists. The aim of the present study was to address this gap by exploring how the digital age and the evolution of social media impacted on the way that South African psychologists navigated the boundaries of the professional relationship, specifically regarding PTG.

This qualitative study explored the perceptions of registered South African Clinical and Counselling psychologists regarding the practice of Patient-Targeted Googling (PTG). It is the first known study to address this topic in South Africa.

Seven psychologists were interviewed. The data were collected by using semi-structured interviews, which were then transcribed verbatim and analysed qualitatively using thematic analysis. The results of the analysis indicated that none of the psychologists who were interviewed had heard about PTG nor were they aware of emerging discussions around this topic. Notwithstanding, most of them (n=5) had engaged in some form of PTG or knew of colleague/s who had. The thematic analysis produced several themes including justifications for PTG and objections to the practice. These in turn were considered in relation to the *Canadian Code of Ethics for Psychologists*.

The study also found that none of the psychologists had received any formal training related to PTG and all were in favour of guidelines being included in ethics codes and/or the provision of professional and student psychologist training. The key findings were assimilated to make recommendations for the inclusion of PTG-related guidelines in both the South African professional psychology ethics code and in graduate and professional training. The limitations of the study are discussed, along with recommendations for future research.

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I wish to express my gratitude to the psychologists who participated in this study. Thank you for your time and for your contributions to this study.

My family, for your patience and support.

COLLEGE OF HUMANITIES DECLARATION - PLAGIARISM

I, Shahida Noor Mohamed, declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Signed:  December 2020

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Frequently Used Abbreviations

CPA: Canadian Psychological Association

PTG: Patient- Targeted Googling

Chapter One

"In law, a man is guilty when he violates the rights of others. In ethics, he is guilty if he only thinks of doing so."

-Immanuel Kant

Introduction

Technological advances in communication have allowed us to surpass the boundaries of time and space. Our social, academic and professional engagements are now both physical and virtual. As with most technological advancements, there are potential pitfalls that must be navigated along with the many benefits and conveniences. The Internet has made previously unobtainable information accessible at the press of a button. We turn to it for everything from academic literature to the most recent 'viral' events. As professionals, we use it to advertise (and even provide) our services, connect with other professionals and increase our professional knowledge. As we have access to a plethora of information online, is there a problem if we searched for our clients online as well?

Is it ethical to search for client information online? Is it a widespread practice and does it require regulation? Patient-Targeted Googling (PTG) refers to the searching of client/patient information online with or without the client's consent or knowledge. Although PTG has emerged as a theme of research internationally, no research has explored this topic in South Africa. This study aims to address the gap in the literature through exploring the perceptions of registered South African Clinical and Counselling psychologists on the issue of PTG and how the digital age and the evolution of social media may have impacted on the way that psychologists in South Africa navigate the boundaries of the professional relationship, specifically regarding PTG.

It is hoped that insights gained from this study may prompt a more extensive exploration into the phenomenon that is PTG in South Africa and perhaps motivate for the inclusion of relevant guidelines in the HPCSA ethics code for psychologists.

Chapter Two

Literature Review

The rise of the Internet and social media have tested the boundaries of many relationships, including professional relationships. Technological developments and the voluminous content generated by individuals on platforms such as Facebook and LinkedIn have transformed the way many people communicate (Omaggio et al., 2018). Social media and digital technology are particularly integral to the social construction and identity of the younger generation.

Looking up information on the Internet to gain knowledge about people is a widespread practice (Eichenberg & Herzberg, 2016). However, although most Internet users are younger people and the older generation was not raised on this technology, Duggan et al. (2015) found that the use of Social Networking Sites (SNS) is becoming widespread among most age groups. The older generation has increasingly started to use the Internet and social networking sites (Duggan et al., 2015).

The quantity of information shared by people on the Internet is significant. This is especially true for younger people (Dugan & Brenner, 2013; Schuler, 2009; Statista, 2020). As this information is so easily accessible and at any time, the temptation to execute a quick, harmless search is always present. It is considered normal to search online for a prospective date, an employer or an acquaintance or view their SNS profile to gather information about them (Eichenberg & Herzberg, 2016). However, when the person googling/looking is a health care professional and the subject of the search is a client, it raises many issues regarding ethics and boundaries of the professional relationship.

Psychologists are presented with the choice of whether to look up/search for their clients online or not (Kaslow et al., 2011). Patient-targeted Googling (PTG) describes the seeking of information about patients/clients on the Internet by health care professionals with or without their consent (Thabrew et al., 2018). The emotionally intimate nature of relationships involved in their professional practice makes psychologists more likely than

other health care providers to search for client information online (Clinton et al., 2010).

2.1 Patient- targeted googling, psychologists and the internet

The omnipresent nature of the Internet and SNS has resulted in psychologists being faced with rapidly emerging opportunities and challenges in various areas. There are increasingly more opportunities for psychologists to use the Internet for professional purposes (Asay & Lal, 2014). As we evolve technologically, it has become essential for psychologists to have an Internet presence to advertise their professional practices (Gottleib, 2012). This facility and necessity also results in increased usage and exposure. There is a price to pay for this marketing in the form of the many challenges that come with increased connectivity and access to substantial information.

Psychotherapy is a profoundly interpersonal enterprise and one that involves the disclosure of private intimate psychosocial information which is almost entirely one-directional. Consequently, it may be especially impacted by the swift transformations in how we acquire knowledge. Psychotherapy training and literature continues to underscore the importance of establishing trust with the client in addition to the value of well-timed and intentional disclosure (Asay & Lal, 2014).

However, these dimensions are becoming progressively less controllable because of the immense volume of information available to both psychologists and clients outside of the professional space (Asay & Lal, 2014). A psychologist can access almost anything that a client shares publicly on the Internet, from their political allegiances to their property acquisitions (Gabbard et al., 2011). Aside from intentional searches, psychologists can also encounter information accidentally. They can inadvertently find information online in the form of SNS, such as Facebook, recommending contacts (Asay & Lal, 2014).

The SNS Facebook is the most popular worldwide and was the first SNS to exceed a billion registered user accounts. It currently has over 2.7 billion monthly active users and this number is steadily growing. As of January 2020, the photo-sharing app Instagram has over one billion active user accounts (Statista, 2020). The most downloaded social networking

apps and sites in 2020 include Facebook, Instagram, Twitter, LinkedIn and Snapchat, among the top five (Price, 2020). As the name suggests, SNS are used by people to 'network' and 'connect' socially. For many people, networking and connecting is synonymous with excessive sharing of information, the word 'excessive' being acknowledged as subjective.

People share all kinds of information, including personal sufferings and successes, past mistakes and future goals and routine everyday moments such as their choice of coffee shop. Many people use SNS to curate memories and simultaneously share them with the world, for example "mummy bloggers" and "family vloggers" (video bloggers). As it happens, once posted on the Internet, information remains on the Internet. As Rosen (2010) asserted in the *New York Times,* the Internet signifies "the end of forgetting".

People are increasingly more eager to post private information on the Internet and SNS. However, what is the definition of 'private' and what does it mean to different people? The terms 'private' and 'personal' are subjective and ever-changing, as is the Internet (Melber, 2008). It is no longer about anyone knowing, but rather choosing how many people know.

While most people are aware that anything posted on the Internet is no longer private, they still willingly post information under the misguided belief of some privacy (Kaslow et al., 2011). It could be that they see the Internet as small enough for their information to be noticed and accessed by the right people, but large enough to be missed by the wrong people. As such, clients may not anticipate access of their online information by their psychologists.

Existing work (DiLillo & Gale, 2011; Thabrew et al., 2018 Tunick et al., 2011) on the occurrence of PTG among mental health professionals indicates that it is common and regularly involves inappropriate searching for client information. Kolmes and Taube (2014) examined the experiences of mental health professionals of various disciplines and found that "48% of participants reported intentionally seeking information about current patients in a non-crisis situation without the patient's awareness" (p. 5) while 24% had conducted

online searches with the purpose of seeking information about a client they had already terminated with. Similarly, Tunick et al. (2011) found that 32% of their sample of child psychologists had read blogs and viewed SNS profiles of their clients for numerous reasons. Among psychology graduate students, studies have found that approximately a quarter have reported searching for client information online (Asay & Lal, 2014; Lehavot et al., 2010).

2.2 Patient-targeted googling – the good and the bad

2.2.1 Objections to patient-targeted googling

Some of the risks and objections against PTG include the possibility of mistaken identity when searching for a client, as many people share the same name as well as the uncertain veracity and reliability of information on the internet (Ashby et al., 2015; Schumaker, 2013). The accuracy of information on the Internet cannot be guaranteed as it is unregulated. This is particularly true for user-generated forums (Bowker & Tuffin, 2003). There are many reasons why people will want to portray themselves in a particular light, positive or negative, depending on their motives and intended Internet audience (Fisher & Appelbaum, 2016).

There is also the matter of the potential impact on the effectiveness of treatment and on the professional relationship. Some clients may view their psychologist's access to their online behaviours as a way to develop a closer relationship with their treating professional—for instance, by sharing unwarranted and inappropriate information of their sexual activities (Fisher & Appelbaum, 2016). It is difficult to predict how a client will respond to their psychologist accessing their online activities, but some clients may view their psychologist as distrusting them and experience the professional relationship as more confrontational than collaborative. It is also important to note that providing consent to a psychologist to view online activity may not necessarily suggest agreement as a client may feel compelled and find it difficult to refuse (Fisher & Appelbaum, 2016).

Fisher and Appelbaum (2016) discuss inefficiency as an additional concern. They argue that psychologists need to be aware of the time, effort and cost involved in obtaining information about clients. This includes information obtained on the Internet, especially if a client has a significant Internet presence. They believe that this is time and effort that is diverted from other professional interactions and if undertaken, this practice must be weighed against any benefits.

There are also the issues of privacy and boundaries within the professional relationship. The information that is retrieved from the Internet represents an additional form of clinical data that exists solely as a result of a search/engagement by the psychologist. The implications of this are especially pertinent if this online information is documented in the client's files, which may potentially have to be released to lawyers or insurance brokers or be compromised as a result of a data breach (Fisher & Appelbaum, 2016). Clients are also at liberty to withhold information even if it is important for their treatment and conducting a search without their consent would likely violate client autonomy (Kirschner et al., 2011).

An example of the potential harm that could result from PTG is the case of a mental health professional who searched his client to ascertain whether he could afford services. The client was renting an outhouse on a larger property but the psychologist assumed that he was the owner of the property and questioned him about this along with his ability to pay. This negatively impacted the professional relationship and raises the question: if there had not been an Internet search engine, would the psychologist follow the client home to confirm his/her address? (Clinton et al., 2010).

There may not yet be consensus on the appropriateness or validity of PTG, but it seems highly unlikely that any mental health professional regulatory body would condone such practice in general. Psychologists may engage in PTG to satisfy their curiosity or engage simply as voyeurs while others may be attempting to protect their interests by using an online search to ascertain whether a client is able to pay for psychological services. Irrespective, the common centre in these situations is that there is no clinical justification (Fisher & Appelbaum, 2016).

Volpe et al. (2013) argue against PTG and cite three reasons why they believe it is bad practice. They argue that it "makes it too easy to terminate a relationship with a patient" (p. 14); it erodes provider patient trust and lastly, it represents a boundary violation. While they acknowledge that clients who post information online are aware of the public nature of the information, Volpe et al. (2013) argue that "Ethically: what matters is intent: if the patient did not intend to make personal information available to the physician online, reading or viewing it is a breach of privacy" (p. 15).

Although PTG has ethical implications in the field of mental health, international research conducted on this topic is relatively limited. The following section outlines some of the potential benefits of PTG.

2.2.2 Benefits of patient-targeted googling

The case of a medical patient in their mid-twenties who asked for a medical procedure because his/her family had a history of cancer was discussed in the paper *Googling a Patient*. The clinical team was sceptical and believed that some of the patient's history was fabricated. They resorted to PTG to investigate and confirmed their suspicions. Baker et al. (2013), in response to the argument by Volpe et al. (2013), state that when clients present with troubling red flags, not exhausting all resources in learning about them would be negligent. They believe that the team working on the case presented in *Googling a Patient* were saved from supporting a dishonest and illegal plan because they were able to use PTG to establish the presence of a factitious disorder. They further argued that the search was legal and public and that the serious nature of the case justified it.

Hughs (2009) believes that if online searches are not done merely to satisfy a curious/voyeuristic psychologist but rather to promote care, it could further a valid professional interest. The arguments in favour of PTG do not encourage fervent searching of every client, but rather approaching it as a careful and considered process only to access relevant information in situations where it is not possible to gather such information through another channel (Baker et al., 2013). Professionals are at risk of violating the 'Do

No Harm' oath if they are encouraged to "adopt an 'abstinence-only' approach to the Internet" (Baker et al., 2013, p. 15), which is considered naïve in the digital age.

Sfoggia et al. (2014) presented the case of a psychotic client who arrived at a scheduled psychotherapy session in an anxious and disorganised state. The client had been receiving psychoanalytic psychotherapy for several years. The client claimed that his mother used to be a well-known actress who had appeared nude in a few films. He expressed both shame and idealisation in relation to her. The psychologist used PTG to confirm this information after speculating about whether this was a psychotic symptom or the client disclosing a family secret. This confirmation had an impact on the treatment plan.

Studies have also documented the use of PTG in forensic settings (Pirelli et al., 2018). A study that explored the beliefs of mental health professionals regarding use of the Internet as collateral in forensic evaluations found that there were mixed responses regarding specific online media. A smaller percentage of participants (37%) believed it was acceptable to search social media sites compared to the 43% of participants who believed that it was acceptable to search the personal webpages of forensic examinees and 72.8% who believed that it was acceptable to search official sources, such as governmental sites (Pirelli et al., 2018).

Research has also documented the usefulness of PTG in identifying clients who were at increased risk for suicide (Jashinsky et al., 2014; Ruder et al., 2011). The utility of social media insights as collateral information has also been discussed (Carey & Simons, 2000; Neimark et al., 2006) in addition to the development of technological tools to incorporate such information into treatment (Yoo et al., 2020). A distinction is naturally made between attempting to contact a client when there is a clear indication of a crisis versus using PTG as a first-line assessment approach without attempting to gather information in a more focused and customary manner (Cole, 2016).

2.3 Current guidelines and recommendations

Psychologists may be engaging in PTG with inadequate education and professional guidance (Thabrew et al., 2018). Research (Eichenberg & Herzberg, 2016) on how much information about PTG psychologists received in their education or experience found that only 1.4% received information about PTG and only 15.5% had consciously considered the topic. Further discussion and research are necessary to ensure that if PTG is undertaken, it is done in a manner that is benign and beneficial for clients and psychologists (Thabrew et al., 2018).

Although limited and fairly recent, there is some explicit guidance on what health professionals should take into consideration if undertaking PTG. The Federation of State Medical Boards (FSMB) together with the American College of Physicians (ACP) placed emphasis not only on the intent of the search, but also on its impact on treatment. Physicians are also encouraged to ensure appropriate documentation of online discoveries while keeping the implications (on treatment) of such searches and documentations in mind (Farnan et al., 2013).

A pragmatic model for PTG has been proposed by Clinton et al. (2010) that aims to reduce the risk of client exploitation by focusing on the useful results of online searching. Their framework focuses on six practical questions that psychologists should ask themselves before undertaking PTG. They argue that the decision-making process should be specific and focused. It should inform the best possible course of action for the client in question and the specific outcomes of the decision on the professional relationship and the goals of treatment.

This process may include consultation with the client and other people such as the client's family, supervisors and colleagues (Clinton et al., 2010). At this point, although there is mention of consultation with the client, there is notably no mention of consent from the client. Needless to say, inclusion of other individuals without the consent of a client who is able to do so may negatively impact the professional relationship and psychotherapeutic goals. Although the issue of consent may not be explicitly stated here, the authors do

address the issue of consent as one of the six questions to deliberate on before conducting a search.

The following questions are proposed and explained by Clinton et al. (2010, pp. 105-107):

"1. Why Do I Want to Conduct This Search?

2. Would My Search Advance or Compromise the Treatment?

3. Should I Obtain Informed Consent from the Patient Prior to Searching?

4. Should I Share the Results of the Search with the Patient?

5. Should I Document the Findings of the Search in the Medical Record?

6. How Do I Monitor My Motivations and the Ongoing Risk-Benefit Profile of Searching?"

The answers to these questions ought to inform whether PTG is beneficial for the client and the process of therapy. Needless to say, a psychologist could easily misreport their true motives by claiming client beneficence while being motivated by their own needs and emotions, that is, unexplored countertransference (de Araujo Reinert & Kowacs, 2019).

As such, psychologists are encouraged to "avoid self-deception about the complex motivations that may underlie the consideration of an online search" (Clinton et al., 2010, p. 107). If the psychologist is faced with a particularly challenging scenario, he or she is encouraged to seek help in the form of personal psychotherapy and supervision. The framework discussed does not encourage or discourage PTG by psychologists, but rather compels the psychologist, at the minimum, to engage with the framework of questions listed above if and when searching for a client (Clinton et al., 2010).

A recent paper with guidelines for PTG was published on behalf of the American Psychiatric Association's Ethics Committee in response to the lack of specific guidelines in the face of numerous ethical issues that have been raised about the practice (Dike et al., 2019). The authors state that mental health professionals should take the "quality of data",

"boundaries", "safety and liability", "confidentiality/privacy" and professionalism into consideration before undertaking any search (Dike et al., 2019, pp. 2-5).

The recommendations include obtaining the client's informed consent before searching for client information online, except for emergency situations. The authors advise mental health professionals to reflect on their motives and the thought process behind the decision to search. If they discover that the motive is anything but client beneficence, they should avoid conducting PTG. The mental health professional is also encouraged to consider the impact on the professional relationship and to treat any data obtained from the search with confidentiality, keeping boundaries and privacy in mind. The mental health professional may consider using PTG in forensic evaluations provided the information is interpreted with caution. The authors drew attention to the fact that "this guidance is intended to provoke careful consideration and discussion, and the Ethics Committee's suggestions are not meant to be interpreted as bright-line tests or rules" (Dike et al., 2019, p. 6).

Despite the growing interest in clinical service delivery and concern about PTG, many questions regarding its acceptability remain. Although the instant accessibility of information and the subsequent violation of boundaries via searches undertaken without a client's consent is a theme that is now being researched internationally, (Chester et al., 2017; DiLillo & Gale, 2011; Eichenberg & Herzberg, 2016; Gershengoren, 2019; Thabrew et al., 2018) research exploring the phenomenon of PTG in South Africa is lacking.

This aim of the present study is to address this gap by exploring how the digital age and the evolution of social media impacts on the way that psychologists in South Africa navigate the boundaries of the professional relationship, specifically regarding PTG, particularly as there is an apparent gap in the ethical guidelines for psychologists (Thabrew et al., 2018).

There is nothing that currently governs the ethics of psychologists in South Africa who look up their clients on the Internet and step out of the boundaries of the psychotherapeutic frame. Insights gained from this study could potentially inform our understanding of the perceptions of South African psychologists regarding PTG and the extent to which they engage in it themselves. It could also inform a revision of relevant HPCSA guidelines

(Health Professions Council of South Africa [HPCSA], 2006) to assist psychologists in this new era. Due to the concerns discussed, an exploration of the ethical issues surrounding PTG, especially for younger psychologists who are more likely to use the Internet during clinical care, seems warranted. The following chapter outlines the theoretical/ethical framework which will be applied to organising the data obtained from the interviews, namely the *Canadian Code of Ethics for Psychologists* (CPA, 2017).

Chapter 3

Theoretical Framework

The research will be informed by an interpretivist paradigm, in which the focus is on understanding the viewpoint of the subject under observation rather than the observer's viewpoint (Guba & Lincoln, 1989). The fundamental principle is that experience and knowledge is socially constructed and that theory follows research instead of preceding it (Bogdan & Biklen, 1998).

This study aims to examine ethical issues associated with Patient-Targeted Googling by psychologists. Accordingly, the researcher has elected to use a comprehensive ethical framework to organise the study. This framework is the *Canadian Code of Ethics for Psychologists* (CPA, 2017, p. 3), which is anchored by four broad principles (CPA, 2017). The development of this code was informed by a "problem-solving or process approach" (Eberlein, 1988, p. 206). The code has long been considered a forerunner in ethics for the profession of psychology because of its organisation and clarity (Wassenaar, 1998). It has also partially informed the latest Psychological Society of South Africa's (PsySSA) professional guidelines for psychology (Psychological Society of South Africa [PsySSA], 2007). This role was foreseen by Wassenaar (1998) who described the CPA's comprehensive ethics documentation as vital to the evolution of professional ethics for psychology in South Africa.

Ethics codes are antiquated as soon as they are published (Wassenaar, 1998), hence the long-term relevance of the CPA (2017), which emphasises application of principles and thoughtful, reflective problem-solving as opposed to the learning of standard rules. Pettifor (1998) states that the CPA has been used by several other organisations, including non-psychological ones, which is an attestation of its relevance and applicability. She further argues that the CPA's "moral framework allows for flexibility in developing standards to accommodate the needs of a changing society" (p. 236). and that "the 'social contract' commits a self-regulating profession to place the public interest above self-interest" (p.

236). The CPA code has been found to be useful in many educational contexts including ethics courses, training sessions and workshops (Eberlein, 1988). The moral framework of the CPA code and the decision-making process is instrumental in guiding psychologists when they encounter dilemmas that are relatively new and unchartered (Pettifor, 1998).

Professional ethics training is regarded "as an important component of professional psychology training internationally" (Wassenaar, 2002, p. 187). However, some problems encountered by psychologists are not directly related to the behaviours or anticipated problematic circumstances that are found within standard ethics codes. Instead, they are often faced with new and unique dilemmas that cannot be addressed by the code, but require psychologists to critically appraise the situation instead of making a hasty decision (Eberlein, 1988).

The Canadian Psychological Association (CPA) Ethics Code provides psychologists with this option. They can deliberate on new ethical dilemmas within the framework of the four CPA principles by evaluating possible alternative options (Eberlein, 1988). The principles are listed in order of significance and are outlined by the CPA (2017) as follows:

"Principle I: Respect for the Dignity of Persons and Peoples" (CPA, 2017, p. 11).

It is recommended that this principle should usually be given the most weight. It emphasises the importance of innate worth, "non-discrimination, moral rights and justice" (CPA,2017, p. 11), except for situations in which there is a danger of harm to an individual. It is also the most important and commonly found ethical principle across disciplines. Psychologists who respect the dignity of people recognise that every human has a right to be treated as a person instead of a way of getting what they want. They acknowledge that factors such as culture, race, religion, sexual orientation (among others) are an important part of an individual's identity and are not to be used to discriminate against the individual (CPA, 2017).

"Principle II: Responsible Caring" (CPA, 2017, p. 18)

The CPA (2017) recommends that this principle should be "given the second highest weight" (CPA, 2017, p. 4) and should only be applied in a manner that ensures the dignity of people. It requires competency and maximizing benefits while minimizing harm. As with the first principle, psychologists have a duty to reliably care for all persons and groups that they encounter in their capacity as psychologists. They exhibit responsible caring by being actively concerned for the welfare and best interests of the persons and groups they encounter in their role as psychologists. The principle of responsible caring also requires psychologists to not undermine the ability of persons and groups to make decisions for themselves, but to recognize and respect this ability (CPA, 2017).

"Principle III: Integrity in Relationships" (CPA, 2017, p.4)

This principle should usually be "given the third highest weight" (CPA, 2017, p.4). The relationships formed by psychologists in their professional capacity contain obvious and implied shared expectations of integrity. Psychologists are expected to display the utmost "integrity in all of their relationships" (CPA, 2017, p. 4) and to commit to truthfulness. They are more likely to meet these expectations by placing emphasis on self-knowledge and by using critical analysis. As "personal values and self-interest" (CPA, 2017, p. 25) can affect the duties of a psychologist, they are expected to be cognisant of how their own experiences, attitudes and values influence their activities. They are also expected to be aware of conflict-of-interest situations, namely those situations that may lead to an impairment in judgement and persuade psychologists to act in ways that serve their needs at the expense of others (CPA, 2017).

"Principle IV: Responsibility to Society" (CPA, 2017, p. 4).

While is it essential to consider the impact of decisions and behaviours on society, they do not usually take precedence above the first three principles. Consequently, "this principle should generally be given the fourth highest weight" (CPA, 2017, p. 4) when it conflicts with one or more of the above-mentioned principles. Psychologists are duty bound to the

societies in which they live or work and are responsible for the well-being of people in those societies.

Psychologists are expected to "do whatever they can to ensure that psychological knowledge" (CPA, 2017, p. 31) will be used for just and beneficial purposes. They have a responsibility "to attempt to draw attention and correct" (CPA, 2017, p. 31) misapplication if psychological knowledge goes against respect for the dignity of persons and people, responsible caring and integrity. Lastly, psychologists also need to be agreeable to work in collaboration with others, engage in self-reflection, and be open to outside criticisms and recommendations about their work (CPA, 2017).

The principles discussed above are certainly useful in resolving several ethical issues, however there are also complex situations that necessitate the deliberation of additional elements, situations that require creative engagement, self-refection and purposeful ethical decision-making. The CPA (2017, p. 4-5) has outlined the following basic ethics problem-solving steps that are characteristic of this process:

1. "Identification of the individuals and groups potentially affected by the decision.
2. Identification of ethically relevant issues and practices, including the moral rights, values, well- being, best interests, and any other relevant characteristics of the individuals and groups involved, as well as the cultural, social, historical, economic, institutional, legal or political context or other circumstances in which the ethical problem arose.
3. Consideration of how one's own biases, external pressures, personal needs, self-interest, or cultural, social, historical, economic, institutional, legal, or political context and background, might influence the development of or choice between courses of action.
4. Development of alternative courses of action.
5. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individuals and groups involved or likely to be affected, taking into account relevant individual and cultural, social, historical, economic, institutional, legal, and political contextual factors.
6. Choice of course of action after conscientious application of existing principles, values, and standards (which includes but would not be limited to relevant laws and regulations).
7. Action, with a commitment to assume responsibility for the consequences of the action.

8. Evaluation of the results of the course of action.
9. Assumption of responsibility for consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved.
10. Appropriate action, as warranted and feasible, to prevent future occurrences of the dilemma (e.g., communication and problem solving with colleagues and team members or other collaborators; changes in procedures and practices)."

It is this emphasis on ethical problem-solving as indicated by the steps outlined above in addition to the weighted and extensively detailed principles that sets the CPA ethics code (2017) apart from most other ethics codes for psychologists. The four principles of the Canadian Code of Ethics, together with the basic ethics problem-solving steps, will be applied to analyse the information garnered from the interviews. The participants' thoughts and opinions in favour of or against a particular ethics issue will be presented and discussed under the principle that addresses same. The CPA code has clearly delineated major ethics principles, and standards under each principle that will be used to assist with the coding of the data. The following chapter outlines the research methodology that was used in the study.

Chapter 4

Research Methodology

4.1 Aim and objectives:

The purpose of this study was to explore the perceptions of registered South African Clinical and Counselling Psychologists through the following objectives:

1. To determine if South African psychologists engage in PTG.
2. To explore the perceptions of South African psychologists about PTG.
    - To explore their beliefs about whether PTG is justifiable
    - To explore why they believe it is justified
    - To explore why they believe it is not justified
    - To explore possible reasons for engaging in PTG
    - To explore their beliefs about why psychologists may engage in PTG
3. To explore the perceived implications of PTG on the therapeutic process.
4. To identify whether any professional education was provided for PTG.
5. To inform a possible revision of ethics guidelines about PTG.

4.2 Research question(s):

1. Do South African psychologists engage in PTG?
2. What are the perceptions of South African psychologists about PTG?
    - Do they believe that it is justified or not?
    - Why do they believe it is justified?
    - Why do they believe it is not justified?
    - Why do they engage in PTG?
    - Why do they believe psychologists may engage in PTG?

3. What are the perceived implications of PTG on the therapeutic process?
4. Was there any professional education provided for PTG?
5. Do ethics guidelines about PTG need to be revised?

4.3 Research design

A qualitative design was used to achieve the aims and objectives of the current study. An exploratory study was the most suitable option as it is used to make inceptive exploration into unfamiliar areas of research (Durrheim, 2007). As mentioned in the introduction to the current study, this is the first known study of PTG in South Africa. The exploratory nature of the study motivated the use of a qualitative design, which "involve the systematic collection, organisation, and interpretation of textual material derived from talk or observation" (Malterud, 2001, p.483).

This design is generally utilised when understandings of social phenomena that are experienced by people in their natural environment, require exploration (Guba & Lincoln, 1985). A qualitative design or method permits in-depth, candid and detailed study of particular subject matter as researchers recognize and endeavour to comprehend the information sets that develop from the material (Durrheim, 2007).

4.4 Sampling and recruitment

The researcher used a purposive sampling design. This design proved useful in achieving the aims of this study as cases were selected based on particular qualities that these cases fulfilled in addressing the research problem (Neuman, 2003). The inclusion criteria were based on participants who are currently registered HPCSA Clinical and Counselling Psychologists in South Africa. The decision to exclude other categories of psychologists such as Educational and Industrial psychologists was motivated by the limited scope of the present study and because of the unique relationship of trust, collaboration and rapport that is characteristic of psychotherapy that is conducted primarily, but not exclusively, by

Clinical and Counselling psychologists. The researcher also used convenience snowball sampling (Naderifar et al., 2017) when difficulties were encountered in recruiting participants. The researcher then attempted to recruit participants who were available and accessible, but who still met the inclusion criteria.

The inclusion criteria, namely the participants' fulfilling the requirement of being registered Clinical or Counselling Psychologists, suited the aim of the study while also providing the added advantage of creating a more coherent sample. Participants were sought via online searches and personal contacts of the researcher. Approximately sixty potential participants were emailed. However, the response rate was extremely poor. The researcher then identified participants through former colleagues, namely using snowball sampling (Naderifar et al., 2017). However, no colleagues or friends of the researcher were sampled in the actual study. Potential participants were emailed with the researcher's details and asked to contact her if there was any interest.

All participants were contacted via an email containing details of the study and then by telephone to schedule interview dates and times that were convenient for the participants. It was made clear to all participants that their involvement was strictly voluntary, that they were at liberty to withdraw at any stage and that confidentiality would be ensured. The informed consent form is attached as Appendix A.

The researcher intended to include both males and females of different ages and races to explore potential diversity in findings. However, although the participants were of different ages and races, the sample did not include any male participants as the male psychologist population is relatively small and availability was a challenge (Health Professions Council of South Africa, [HPCSA], 2018). This sampling approach does not allow for the findings to be generalisable, but this is acceptable in exploratory research (Durrheim, 2007).

Interviews were conducted with 7 participants, all of whom were registered South African Clinical or Counselling psychologists. All participants were female (which, although an overrepresentation, reflects the female majority within the profession) (HPCSA, 2018) with ages ranging from 31 to 60.

Participants were of various racial and ethnic backgrounds (see Table 1), having been in practice for a minimum of three years and a maximum of twenty years. One interview was conducted in-person, while the rest were telephonic interviews lasting an average of 30 minutes (see Appendix B).

In the table below, F = Female, B = Black and W= White.

TABLE 1: PARTICIPANTS' DEMOGRAPHIC INFORMATION

PARTICIPANT	GENDER	AGE	RACE	YEARS IN PRACTICE
1	F	60	B	20
2	F	33	B	4
3	F	32	B	3
4	F	32	W	8
5	F	31	B	6
6	F	31	B	5
7	F	45	W	17

4.5 Data collection

The researcher used seven semi-structured interviews to carry out this study. Such interviews are flexible and have the capacity to elicit more information from the participant than a structured interview or questionnaire. May (1997) states that semi-structured interviews allow individuals to answer questions more on their own terms than the standardised interview allows, but they still provide a good structure for comparability over that of the focused interview. It is an adaptive and powerful data collection method that is ideally suited for exploration (Maree, 2009).

A pilot interview was carried out before the actual research to ensure rigor. The pilot interviewee was a colleague of the researcher's. The interviewee, with the exception of gender and limited psychotherapeutic experience, shared some characteristics of the main participants. This pilot interview generated feedback relating to the draft questions and allowed the researcher to resolve any difficulties with the wording of the questions and the structure, while also identifying any questions that might make participants feel uncomfortable. Based on the feedback from the pilot interview, no substantive changes were made to the wording of the questions or to the structure of the interview.

Data was collected using semi-structured interviews, which owing to time and convenience limitations, were mostly conducted telephonically. Data collection was facilitated using a suitable recording device to record the interviews with the participants' consent. The researcher ensured that the recording software/application was reliable and would produce recordings of high quality. There were no issues experienced with audio quality and clarity, and subsequently no difficulties during transcription of the interviews. All interviews were fully transcribed verbatim and used as the data set. Although brief notes were made during the interviews, audio recording and transcription was necessary for data analysis.

4.6 Data capture

Interviews were audio recorded using a mobile phone equipped with a voice recording application. The voice recordings were transcribed verbatim by the researcher. Transcripts were secured by ensuring that all participant data were anonymous, using a coding system. Participants can only be identified by race, gender and age.

4.7 Data storage

All recordings and transcripts were transferred and stored in a password-encrypted data storage device. The storage device (USB) is securely stored in a locked safe at the researcher's residence. The data will be permanently deleted once the five-year storage period has passed. All recordings have been deleted from the mobile device and all transcripts have been deleted from the researcher's personal computer.

4.8 Data analysis

There are several primary methodological approaches used in qualitative design. The method selected for the current study is thematic analysis. Braun and Clarke (2006) describe thematic analysis as a method of analysis that will be applicable and practical for managing numerous forms of qualitative investigations as it provides core skills and is recommended as the first method of analysis in qualitative research that researchers should become competent in. It's flexibility and usefulness lies in its theoretical freedom which could possibly lead to the analysis of complex material, that is both rich and comprehensive.

Thematic analysis involves condensing words to concepts that have meaning to the phenomenon being studied. These concepts are then presented in the form of identifiable themes. It "involves the searching across a data set - be that a number of interviews or focus groups, or a range of texts - to find repeated patterns of meaning" (Braun & Clarke, 2006, p. 86). The recordings of the interviews were transcribed verbatim in English and then interpreted using thematic analysis. The researcher followed Braun and Clarke's (2006, p. 87 - 93) step by step guide on how to conduct thematic analysis.

Phase one: familiarization with the data

The data were collected by the researcher, in the form of audio recorded semi-structured interviews, which were then transcribed verbatim. Hence, the analysis began with prior knowledge and a few preliminary analytic considerations. The researcher listened to the recordings for the purposes of transcription, which was followed by repeated and active reading of the transcripts in order to find patterns and meaning. The transcripts were also checked against the original recordings for accuracy. The transcription process has been described as an ideal way for researchers to familiarize themselves with their data (Riessman, 1993). The researcher started to take notes during this phase and identified possible codes.

Phase two: generation of initial codes

Once the researcher was thoroughly familiar with the data, the process of generating initial codes began. These codes were developed by identification of pertinent pieces of information from the data. These were also informed by the notes and coding ideas generated during phase one. The data were coded manually. The researcher highlighted relevant information and made notes on the text. Extracts from the data were then matched to the relevant code. During this phase, data were coded inclusively.

Phase three: searching for themes

The researcher then sorted all the codes developed in phase two into initial themes. Mind maps were used as a visual representation to assist with this process. The codes were organized under themes based on relationships identified between them. The researcher reached the end of this phase with a list of several potential themes. These themes were general themes that still needed to be reviewed and categorised into main and subthemes or discarded.

Phase four: reviewing themes

The list of themes generated in phase three were reviewed for relevance and accuracy. Several themes collapsed into each other, resulting in six broad themes. Two of these themes were further broken down into sub-themes. The themes were then checked against the original data to ensure that they represented as close to an accurate reflection of the meanings apparent in the text.

Phase five: defining and naming themes

The researcher finalised theme and sub-theme names during this phase. The goal of naming and defining the themes was to allow the reader to instantly identify the core of the theme.

Phase six: producing the report

Phase six involves writing up of the findings.

Once the major themes were elicited and coded, these will also be discussed in the Discussion chapter in relation to the Canadian Code of Ethics for Psychologists (CPA, 2017). This code was selected because it is organised according to clear ethics principles relevant to the major activities of psychologists and has been used before in studies of ethical dilemmas experienced by South African psychologists (Slack & Wassenaar, 1999; Wassenaar 1998, 2002).

4.9 Ethical considerations

Ethical clearance (Appendix C) was obtained from the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee (Refs. HSS/0464/019M). Efforts were made to comply with the ethics concerns typically associated with social science research (Wassenaar & Mamotte, 2012). The researcher complied with confidentiality, informed consent and anonymity requirements. The social value lies in the hoped-for introduction of formal research on this topic among South African psychologists for the first time. All data were obtained, transcribed, analysed and securely stored by the researcher.

An informed consent form addressing all ethical issues was sent to all participants via email (Appendix A) and obtained verbally before every interview. Participants were free to withdraw from the study at any stage and participation was strictly voluntary. The study was believed to be minimal risk. Participants did not express any psychological distress during or after this research. The researcher committed to respecting the autonomy and dignity of the participants throughout the study. Copies of the informed consent form, interview schedule and research ethics approval letter are attached as Appendices A, B & C respectively.

The findings of this study are outlined in the following chapter.

Chapter 5

Findings

As outlined in the Introduction, Theoretical Framework and Research Methodology sections above, the aim of this study was to explore South African (Clinical and Counselling) psychologists' experiences and understanding of PTG. This was achieved through undertaking a qualitative analysis of in-depth semi-structured interviews. Themes were identified and developed from the participants' narratives through the process of thematic analysis. These themes were used to generate an understanding of the participants' experiences and understanding of PTG and their ideas about the possible regulation of this practice. The themes include Lack of Awareness of PTG, Perceptions of PTG, Inadvertent vs Deliberate PTG, Justifications for PTG, Arguments against PTG and the lack and need for guidelines.

The themes and sub themes are presented below:

5.1 Lack of awareness of PTG

This theme captures participants' lack of awareness of PTG as a concept and a practice that many psychologists may be engaging in. A few participants stated that they had never heard of the practice nor given it any thought until they were approached for this research project. The oldest participant (60) who has been in practice for 20 years reported that she had never heard of or even considered engaging in the practice. Another participant (32) who had also not given the practice any thought admitted to engaging in PTG but was surprised that something like this would invite ethical scrutiny or possible ethics guidance. The thought had never crossed her mind. The following excerpts elucidate this unfamiliarity:

Participant 1 (60): *"I have never done it before so I have never given it a thought. It is not something that I have ever thought about doing. I don't know why a psychologist would search for a patient. I don't know what purpose that would serve. There is nothing that I would want to check. I've never thought about it. There has never been any reason to."*

Participant 4 (32): *"I'm fascinated by the different ways of thinking about it...that something like this (PTG) has to be regulated too. When I saw your email and the topic was PTG, I stopped in my tracks because I hadn't thought about it before."*

In addition to being unfamiliar with the practice, one participant suggested that there may be a difference between state and private service settings. She alluded to the shorter treatment frame that is common in state facilities.

Participant 5 (31): *"Your research, I was speaking to (a colleague), your research is the first time I realized such things actually happen. So maybe we're living in a naïve space, I'm not sure. I don't know if there is a difference between state and private, I'm not sure. But for us, in state, we get patients coming to us, we do what we need to do in the space, and then obviously, they go back to their lives."*

5.2 Perceptions of PTG

Participants responded to the question about their perceptions of PTG. With the exception of one participant who was completely against the practice regardless of circumstance and who was shocked that this is even a topic of discussion, all participants had either engaged in some form PTG and/or were able to provide examples of situations in which they felt it would be justified.

However, even among these participants, the predominant cognitions associated with the practice were those of uncertainty, curiosity and discomfort. They stated that the idea of the practice made them uncomfortable, but there was uncertainly as this was not something that

they had thought about. They were also curious about the prevalence of the practice and what the researcher knew about it.

Participant 4 below used the words “curious” and “uncomfortable” to describe her initial perceptions of PTG. The discomfort is indicated by her use of the word and by her statement that such a practice would unnecessarily intrude on the psychotherapeutic space. She likened PTG to an undercover investigation. The participant is likely referring to the idea that an investigation is carried out when something or someone is under suspicion. The choice to search a client online would imply that the boundaries of trust have been violated and the psychotherapeutic space, according to her method, will be tainted as a result.

Participant 4 (32): *“It makes me feel curious but also uncomfortable. I would think it’s not something we should do. Rather rely on what the patient brings to the session. Their identities on there is not relevant to our space. It will infiltrate unnecessarily, quite exposing on our patient like an undercover investigation, like phoning a family member. I don’t feel like it’s my place. It needs to be with their consent. It’s not relevant.”*

In the following excerpt, the participant (6) states that she would rather not engage in PTG, but also demonstrates fence-straddling. This was a common occurrence during interviews. It appeared as if the participants felt that it was safer or more appropriate to indicate that they lean towards not doing engaging in PTG. As mentioned above, except for one, the participants did not condemn the practice entirely even though they felt uncomfortable about it and almost all of them engaged in PTG in some form or the other.

The participant below demonstrates uncertainty by her repeated use of the phrase “I think...”. She seems unable to unequivocally state that she believes that the practice is inappropriate. This could stem from the fact that she is trying to reconcile her own checking of her patient’s social media account against what has been described to her as PTG. She stated that she did not “Google” a patient, but she did check a patient’s Instagram page, presenting these two acts as separate and distinct from each other.

A client's/patient's social media page can appear in a search for a client via a search engine such as Google, it can be searched on the social media site (Instagram, in this case) or it can appear in a list of recommended contacts. The participant states that she checked the Instagram page, implying that she searched for the page on the site or via a search engine. She also does not mention whether permission was given for this search or if the search was requested by the parent. She implied that the patient in question was a minor, also stating that she would not do the same if it were an adult patient.

Participant 6 (31): *"I think I'm ambivalent, mostly towards not doing it. I don't think it's appropriate. So no, I've never googled. I've checked on Instagram. I've never googled an adult patient, but I've checked a patient's Instagram when a parent was commenting on what they were posting. I think for an adult patient, no. Because the patient is meant to bring whatever they bring in therapy and you work with that."*

One participant (7) (excerpt below) had not heard of PTG, but indicated that her boundaries are not as strict as a psychoanalytic psychologist's might be, alluding to the fact that she either does not engage in the practice despite this or that she may be open to the idea depending on what she was looking for by undertaking a search. In retrospect, the researcher could have further probed the participant's meaning behind this statement. An investigation of how psychologists with different psychotherapeutic approaches may view PTG is beyond the scope of this study, but the participant does make an interesting point about how different psychotherapeutic approaches may influence the decision to engage in PTG or, at the very least, influence the opinions on its appropriateness.

Participant 7 (45): *"So, I haven't heard anything about this. Do you want to know my opinion? I don't tend to do it. I don't. And I feel as though, as a therapist, I often have more flexible boundaries than some of the stricter psycho-analytic. Even with their permission, I don't know, I suppose you would think of what you were looking for really because our*

clients don't bring everything into the session. They lie. That's part of the process. I tend to only work with what they bring me. I don't even get collateral from family members often".

5.3 Deliberate PTG vs inadvertent PTG

A few participants raised the point that even though a psychologist may not be looking for information, they might inadvertently encounter it online - in the same way a psychologist might encounter a client in a shopping mall or other public space (Sharkin & Berky, 1992). The APA Code of Ethics (American Psychological Association, [APA], 2002) contains guidelines stating that incidental encounters are not innately unethical as they are unintentional, intermittent and non-exploitative. In such situations, it is the decisions and behaviour of the psychologist that is important. Ketaineck (2014) makes a distinction between 'boundary crossings' and 'boundary violations', stating that incidental encounters are "unintentional boundary crossings, over which the therapist has no control" (pp. 6-7).

An online search isn't the only consideration when talking about PTG. In an increasingly technologically interconnected world, it is almost inevitable that a psychologist will stumble upon client information. This raises the question of accountability. If engaging in PTG via a deliberate search of the client through Google or another search engine is a violation of client rights and ethics codes, is it still a violation if a psychologist views or clicks on a client's social media profile that appeared as a suggested contact? As mentioned above, in such situations, it is the decision of the psychologist that is important.

The excerpt below illustrates the point above. The participant states that she looked at a client's Facebook page because it was in her 'suggested contacts', likely believing that engaging in PTG in such a manner is perhaps not as undesirable as typing a client's name into a search engine or perhaps not believing it to be a form of PTG in the first place. It must be noted that the same participant stated earlier that she does not tend to do PTG. This response is similar to the one given by Participant 6 above, who stated that she checked her patient's Instagram but has never 'Googled' a patient. The difference between these two

reports is that Participant 7 states that her clients appear as recommended contacts, while Participant 6 above implied that she searched for the page.

Participant 7 (45): *I've never searched. You know what happens, is that Google picks up my email and then when I go on Facebook, it presents my clients and it says that these are people you may know so that's quite interesting.*

She further stated (extract below) that her motivation was curiosity as she had never seen what the client's father looked like. In the non-virtual world, it could be argued that this could be compared to stalking a client's family because the psychologist is curious about them, or analogous to following a client home to get a glimpse of their parent.

I think once, once I looked at someone's Facebook site and I can't remember, I don't know what my motivation was, I think that the father had never come and I kind of wanted to see what he looked like or something like that. It was a public profile of a person...and I've never done it since. Now I just don't click on anybody's Facebook site, if Facebook pulls them up for me."

5.4 Justifications for PTG

The interviews yielded a variety of responses, both in favour and against PTG. The responses generally fell under Principle I of the CPA (2017), namely "Respect for the Dignity of Persons and Peoples" (CPA, 2017, p. 11). This is in line with guidelines that this principle should be given the most weight. According to the CPA code (2017), "respect for the dignity of persons is the most fundamental and universally found ethical principle across disciplines, and includes the concepts of equal inherent worth, non-discrimination, moral rights, and distributive, social, and natural justice" (p. 11). Psychologists interact with various people and organisations during their professional lives and are obligated to uphold and preserve positive and cooperative professional relationships that express respect for dignity (CPA, 2017).

Psychologists uphold this basic principle by avoiding engagement in unjust discrimination and by ensuring that their treatment of every person is based on the belief that all people have a right to be appreciated and respected regardless of any personal characteristics or circumstances. This is especially true for the most vulnerable (CPA, 2017). The CPA code further outlines that "in adhering to the Principle of Respect for the Dignity of Persons and Peoples" (p. 11), psychologists would be cognisant of the following: general respect, general rights, non-discrimination, fair treatment/due process, informed consent, freedom of consent, protections for vulnerable individuals and groups, privacy, confidentiality and extended responsibility" (pp. 12-17).

Although the motives and reasoning behind the responses varied, the general response towards PTG was negative and somewhat unsure. However, almost all participants believed that PTG was justified in specific situations and had engaged in the practice in some form. The following sub-themes emerged when participants discussed situations in which they believed that PTG was justified. The researcher would like to remind the reader that only one participant provided no justifications, having expressed some distaste towards the practice (PTG).

5.4.1 Safety

This sub-theme captures participants' views on PTG as a method to ensure client safety and mitigate risks. The responses described emergency situations such as a possible suicidal or homicidal client. The excerpts below explain this theme. Participant (7) below mentions a situation that she deemed to be an emergency. A client had called and told her that she intended to kill herself. The participant ended up using social media to contact the client's family as a last resort. She was acting on information given to her by her client, information that she could not ignore as her client's safety was priority.

Participant 7 (45): *"So, you've just reminded me...I did have a client who called me and told me that she was going to kill herself. She wasn't at home and the emergency contact number I had was no longer working. So I tried to phone the sister to tell her that you need*

to get her to hospital, but the phone wouldn't work. So I messaged the sister on Facebook to say please can you contact me. Actually, they never replied to that message. Because they're obviously not a friend on Facebook but I just used that as a medium of contacting the family. For patient safety... in an emergency situation."

Participant 4 (excerpt below) mentions hypothetical situations which she believes would justify searching for a client online. These include situations that pose a risk not only to her clients, but also to people in her clients' lives.

Participant 4(32): *"Yes, (I would search for a patient) if a patient was in danger and I needed to access information about them or people in their life that are in danger."*

The Participant (2) below mentions a similar situation to the one mentioned by Participant 7 above, except that Participant 2's client did not contact her claiming that he/she was suicidal. Participant 2 was worried about the client and searched the client online to reassure herself that her client was safe. There was, however, seemingly no immediate danger or emergency that prompted the search.

Participant 2 (33): *"I've done it maybe once...there was a patient I was really worried about so after her discharge, I checked her on Facebook and I saw that she is still alive and she is still doing well. I didn't invite her (on Facebook). I was just searching her, so I'm like okay, she's fine."*

However, the participant also raised the issue of whether the search would even be helpful.

Participant 2 (33): *"Maybe if the person was suicidal and they received an admission. Then you might want to check what they are writing on social media. Are they fine? What's happening with them? But even if you see it, you can't call the patient and say that I saw on Facebook you said that you are tired and you want to kill yourself. Even if you try to justify it, how will you help that person in the end?"*

Participants also mentioned the risk that adolescents and children are exposed to online and stated that they would look at social media profiles of minors with parental consent. Participant 7 below talks about medico-legal assessment cases as a justifiable reason to search for client information. She differentiates between searching for the purposes of a forensic assessment as opposed to searching for a client with whom you are engaged in psychotherapy.

Participant 7 (45): *"Therapeutically, I can't think of any reason to go outside the (therapeutic) frame. Maybe if you were seeing a child, but I don't see children. Maybe if you were doing a medico-legal assessment and there was a child custody case and you wanted to see what kind of pictures the person puts up about their children...so I'm just trying to imagine in my mind why you would want to look at that. But yeah, therapeutically I would still keep these types of issues within the (therapeutic) frame."*

In the excerpt below, the participant (6) states that she has never searched the Internet for an adult client, but she has looked at the social media profile of a client when the parent commented on the types of pictures their child was posting. The participant did not mention discussing the issue of consent with the child, who was the client (not the parent). The researcher could have probed this statement and perhaps explored how a search of an adolescent/child client without their consent may impact the professional relationship.

Participant 6 (31): *"I think there are sometimes children, maybe they will not give consent, but their parents are reporting that what they post is not appropriate and you don't know if the parents are almost exaggerating what could be normal teenage behaviour. I think if there is that consent from parents or concern about the social media posts from a parent I would(search), but if it's generally like about an adult or there aren't any reported issues from a parent or caregiver, then I wouldn't. I wouldn't advise it. I've never googled an adult patient, but I've checked a patient's Instagram when a parent was commenting on what they were posting."*

One participant suggested a more cautious approach, and one that is perhaps close to the problem-solving steps outlined in the CPA, (2017) and listed in Chapter 3, p. 20.

Participant 3 (32): *"Try and speak to the patient about it, about what you'd seen, trying to help them with that, and I think it would be mostly, if it's something really really harmful to the patient, then you would need to introduce it, you would need to try and see if you can't look at it, but I think my first call would be to bring it back to the patient and say okay that has been brought to my attention, maybe let's speak about it and let's think about it and I think after that discussion, maybe I'd need to establish, do I go further and look up online what this is presenting or not."*

Another participant mentioned working with adolescents and including their social media presentations in their treatment with their consent.

Participant 3 (32): *Some people (adolescents)...present themselves in a very seductive way (on social media), but for them there is no conscious awareness that that's happening. The social media presentation is linked to their personality so I would work with that part and try to help them negotiate and help them see that somehow even though they are not conscious of what they're doing and they don't think that it's unsafe, it's compromising their safety."*

The participant below cited personal safety concerns. The extract below deviates from the dominant theme of client safety and highlights concerns for psychologists' personal safety. She implies that it would be more problematic for her to be searched by a client instead of her searching for her client.

Participant 4 (32): *"I've had a patient disclose to me that he had hacked into my private computer. I tried to get some facts for my safety. I'd want more information on how to*

protect myself from being searched. I guess that stems from my experiences. I think I would be more worried about me than the patient."

5.4.2 Forensic cases

Several participants believed that working on forensic cases justified engaging in PTG. The reasons provided included being able to verify elements of the case via news reports, assessing the danger of the client based on the nature and severity of the crime, accessing basic administrative information such as length of sentence and assistance in doing assessments and writing reports. A few participants also mentioned personal safety as a reason to search for client information in forensic settings. It must be noted that none of the participants mentioned obtaining consent for PTG which would have to be included in the pre-service contract that the client would have agreed to. The researcher could have challenged this notion as it is also quite easy for a psychologist to claim that a search was motivated by safety, but instead be motivated by curiosity and e.g., non-professional interest (even in a forensic setting).

Pirelli et al. (2018) found that many mental health professionals (69%) believed that the issue of a possible Internet search (and subsequent use of data) should be raised by forensic evaluators during the informed consent process. They also reported that many mental health professionals (62%) agreed that Internet data in forensic evaluations could be conceptualised as collateral information. However, an even greater number (86%) believed that this usage must be explicitly stated in reports and that the decision to undertake a search should be on case-by-case basis (90%), after careful consideration.

In the following excerpt, a participant makes a distinction between psychotherapy and assessment in forensic cases, stating that she would consider PTG in an assessment case, but not if she was providing treatment. She speaks about how psychotherapeutic and assessment goals are different and how this would impact her decision to undertake PTG. An assessment is a relatively detached and mostly objective process that is unlikely to be

significantly impacted by 'external things' as mentioned by the participant. However, she believes that a psychotherapeutic alliance/space could be 'infiltrated' and influence the way she perceives and engages with her client.

Participant 5 (31): *"Just on the top of my head, I think it would be your forensic cases. It depends on whether you're providing therapy for the suspected offender or you're providing an assessment as well. If I was providing therapy, I think that's where I would draw the line. I wouldn't want to look...because I would feel like what is my goal. Because there is a certain goal that you want to achieve therapeutically, but now I'm going to be infiltrated by external things. I might either provide too much empathy for him/her or I might cut off as a therapist. Unconsciously, remember. Because you are human as well."*

In the extract below, the Participant (2) talks about both personal and public safety in relation to forensic cases. She highlights the responsibility shouldered by psychologists who are required to write reports on parole as well the significance of the parole report in protecting both the client and the public interest. This responsibility and the implications of not adequately fulfilling it has been provided as a motivating factor for PTG in forensic settings.

Participant 2 (33): *"I have a friend, she's a psychologist at correctional services, so you know they work with criminals and they are being stalked on social media so it's really bad for them. So for her, she would search and check this person. Am I in danger? (She would) check media stories about this person. I also did that when I was working in a prison. I was seeing someone for therapy and they asked me to do a report on parole, is this person okay to go outside, to be released. You would really want to know what happened, what the story was on social media, the newspapers so that's what I did. I think it also depends on the environment you're working in. At the Department of Health or private practice, you really don't need to find out about someone or what their story is. You just work with whatever they bring. At correctional services, you also check for remorse. So it also helps you with your report to make recommendations and suggestions. People might die. Psychological*

reports are the main thing that take people out on parole so if you say that the person is fine and you didn't research enough about what happened, you don't know the impact on the community and you find that the person goes out and does the same crime."

It is notable that these participants all mention personal safety only in relation to forensic cases/settings, which contrasts with the one participant (4) above who was concerned about her safety in any setting. The excerpt below is from a participant who stated that she hadn't had reason to search for a client, but would consider it if it was a forensic case. (It must be mentioned that this participant earlier mentioned having looked at a client's Facebook page).

Participant 7 (45): *"I've never had any reason to search for a patient or even asked for their consent and search them, no. Maybe if I was more of a forensic psychologist, I might do that."*

5.4.3 Parental and/or client request

This sub-theme captures the views of participants (*n*=7) who worked with children and adolescents. The responses generated indicate that it was common for parents to request the psychologist to check the online activity of their children. This is also an indication of the increasingly inevitable presence and influence of online platforms, particularly among the younger generation. Participants also talked about being requested to look at online profiles/activity by adult patients for the psychologist to understand something that was difficult for them to explain in the session. The excerpts below illustrate consensus amongst participants, namely, that they would undertake PTG if requested by a client/client's parent.

Participant 4 (32): *"Yes (I would search), if a patient wanted me to see something. If they wanted me to understand something about them. Safety of a minor."*

Participant 7 (excerpt below) shares a similar sentiment to participant 4 above, with a few notable differences. She highlights the importance of understanding her clients' intentions and how a search might benefit them before undertaking a search, even at their request. She also mentions limiting this activity as she believes that it would 'intrude' on her space too.

Participant 7 (45): *"Patients will often want you to see parts of their lives. I suppose that's no different to bringing me photographs or old letters or emailing me stuff between sessions and saying that I need you to have a better understanding of this so I'm going to like write it. Non-verbally. I don't know, again, it feels like it's taking the therapy out of the therapy room and the therapy space. So I would have to think about that again in terms of what is their intention, how will this serve them or how this will support the person. I would probably search if the patient asked me (I've posted this and painted myself in this light, what do you think?), but I would limit it because it would intrude on my space too."*

Participant 6 (excerpt below) does not see any use in PTG unless it was requested by the client.

Participant 6 (31): *"So I can't see the usefulness in it unless the person would refer to something that they would want you to go and look at. Because I don't see the benefit at all. What would be the benefit, except you getting personal information about a patient that they might not be ready to share."*

One participant (3) working in an inpatient facility stated that her patient disclosed her social media activity to the participant's colleague and invited her to take a look at her social media page.

Participant 3 (32): *"The (in)patient actually told an MDT (Multi-Disciplinary Team) member who is an occupational therapist that she also does artistic work and she puts it on Instagram, so it's sketches and stuff like that. So she was the one that disclosed that and she said to the colleague that you're more than welcome to check out my page."*

One participant mentioned that searching an adolescent client's social media profiles may help her form an 'objective' view and allow her to distinguish between genuine concerns versus typical teenage behaviour. The participant made no mention of obtaining the client's (adolescent's) consent. The researcher could have probed this further by raising the issue of obtaining consent or assent from children/adolescents as well as how the participant would measure genuine parental concerns versus 'normal teenage behaviour'.

Participant 6 (31): *"I work with adolescents. For me, it can be a blurred line between what parents think is not appropriate and appropriate and so if you're going to work with the relationship and testing the parents' reality around what is normal teenage behaviour and what is cause for concern, I think it makes sense to search and have your objective view but if it's just for interest sake, what do they do or what's their job, I wouldn't think it would be necessary."*

5.5 Arguments against PTG

The arguments against PTG were stronger and larger in number than those in favour of searching online without consent (bearing in mind that this was not a quantitative study). While several participants had engaged in PTG, all stated that their intention was never to satisfy curiosity. They mentioned colleagues who have told them that they have searched clients because they were curious about something or the other. However, the participants interviewed, for the most part, stated that the intentions behind the searches was client beneficence. This heavy leaning towards client beneficence could possibly be interpreted as a socially desirable (Paulhus, 2002) response as the distaste that the participants expressed towards the practice would conflict with their actions had they admitted to motives other than client beneficence.

Of the participants (n=5) who had searched for clients online, none reported more than two instances. There was general consensus that PTG, mostly, had the potential to be more

harmful than beneficial. However, most of them had engaged in PTG despite their reservations about it and despite feeling unsure about whether such searches were ethical as there were reportedly no guidelines to refer to. Although the researcher did not probe this claim sufficiently, it is believed that none of the participants sought for nor consulted any professional guidelines. This can be safely deduced as the participants disclosed that they had not given the topic any thought until they participated in this study.

5.5.1 Boundary violation/ Invasion of privacy

The psychologist-client relationship consists of many boundaries, one of them being the avoidance of dual relationships. A few participants believed that searching for client information outside the professional space and forgoing the use of basic psychotherapeutic skills constituted a serious boundary violation. The following excerpts elucidate this point:

One participant argued that choosing to undertake PTG represented a failure of clinical skills, while also alluding to the impact of unexamined countertransference.

Participant 5 (31): *"At some point, the patients are allowed to hide things from us as well. I don't understand how someone would want to do that (search), or even do it. It's an invasion of their privacy. My understanding, theoretically and in terms of how I was trained...if you are not getting a feel of the patient, that is where you learn to confront...I'm not sure if it's your insecurities or the patient's insecurities or your anxieties that is not letting you get through...that's where skills come in to play. If you're not getting a feel of the patient, you need to reflect upon yourself as to why...you need to either refer out or allow the patient time to reflect in terms of what they want for the therapy. These are things that we've been trained to do. So if you're struggling with it, it's a cause for concern."*

The next participant also mentioned boundary violations as a concern, but it must be noted that this is only in the context of being discovered by her client. She mentions not wanting to come up in the 'suggested contacts' on her clients' social media pages as they would

then discover that she has been searching them online. She also mentioned colleagues searching for their clients and showing her what they have discovered, but does not mention refusing to engage.

Participant 3 (32): *"I'm quite 'boundaried'. I haven't tried googling someone or looking them up on Facebook, but colleagues have. As part of a MDT team, they would look up someone and show me. Once you search a person, you appear as a suggested contact or a suggested friend or something like that. And some people know that that happens through you searching for them. I don't want that to also come up in the therapy space. It almost feels like a boundary violation."*

The next participant mentions clear boundary violations that include searching for a client out of curiosity or non-professional interest. She attributes these searches to her colleagues, while also acknowledging the power dynamic that is characteristic of a professional relationship. The psychologists that she referred to value privacy for themselves, but not for their clients. This goes directly against the first Principle of the CPA Ethics code (2017), namely "Respect for the Dignity of Persons and Peoples" (p. 11) as it robs the clients of their right to privacy and autonomy and does not recognise their right to moral equality.

Participant 6 (31): *"It did sort of dawn on me again, the reality of how private therapists keep their own (social media) profile because almost everyone (psychologists) I know has a private account and how, because our patient isn't as educated as we are around being a blank slate, having your patient know as little about you as possible. So we almost come in at an advantage with us being able to keep tabs on our patients lives when they can't do that with our profiles. It's just curious, odd. Some clinicians have said that they googled patients to see what kind of job they did or to get a sense of their social life so it happens, but we are so private with ours, so it's odd."*

5.5.2 Impairment of psychotherapy/reduces objectivity

Impairment of psychotherapy proved to be one of the most dominant themes, with all participants mentioning this potentially negative consequence as an argument against PTG. Participants believed that being privy to information, before the first session in particular, is problematic as it would influence their experience of their client. Engaging in searches during service delivery leaves the psychologist with two choices - withholding the fact that they searched or communicating it to the client**.** The excerpts below expand on this theme:

Participant 4 (32): *"I don't like reading anything about a patient before I see them. I like to experience them on their own. It would influence my experience of them, my understanding of their difficulty and their identity. It would rupture something in the relationship. I'd be shit scared of saying something that would reveal that I was googling them."*

Participant 2 (excerpt below) discusses the non-judgemental stance that psychologists are trained to adopt and how seeking information about a client, especially before the first meeting, could impact the psychologist's perception of your client and possibly compromise psychotherapeutic goals.

Participant 2 (33): *I think, initially, for the first meeting, if you book a patient, and then you google them you create perceptions in your mind about this person so it might change the way you are in therapy, the way you relate to the person in therapy and then it might also affect your congruency and your non-judgmental stance as a therapist. There's also that danger of already having a perception of what the person is coming to you for."*

Participant 3 (excerpt below) talks about the client's freedom of choice in deciding what to share during psychotherapy. She also talks about the burden on the psychologist who is privy to information that was not shared by the client as this is information that should not be introduced into the psychotherapeutic space without consequences. If such information

was shared with the client, it would be challenging to justify how and why the information was acquired and would likely have a negative impact on the psychotherapeutic relationship.

Participant 3 (32): *"People present differently, so I think if my patient chooses to present in a certain way in the therapy space, then I should work with that and I think once I know certain things, I think something happens, probably unconsciously between me and the patient where now I know all this information. I can't introduce it in therapy so there is the sense that I'm holding back as a therapist because you can't really say to a patient, maybe some people do, I can't really say to a patient I was curious about how you are and I went online and I searched for your online profile. I think it compromises the therapeutic milieu to some extent."*

Participant 1 (excerpt below) reiterates the views of the Participant 2, 3 and 4 above, namely that PTG would negatively impact the psychotherapeutic relationship. She likens it to how a psychologist may feel about a client googling them.

Participant 1 (60): *"It would affect the therapeutic relationship negatively. How would you feel if your patient googles you and then comes to you and says that I saw that you are doing this or this?"*

5.5.3 Unreliability/inaccuracy of online information

This theme revealed a concern about the unreliability of online information. There is no regulatory body that checks whether information posted online is accurate. People are free to post whatever they want, whenever they want and however they want to. It is as simple for a depressed person to present themselves as content and confident as it is for a relatively happy and stable person to present as depressed as part of an attention-seeking personality disposition or social prank. The following excerpts demonstrate the appearance of this theme:

The three excerpts below refer to the curating of social media profiles/presence, indicating that you cannot accurately or safely deduce a client's mental state from what and how they present on the internet.

Participant 1 (60): *"A person may be miserable but their social media activity may show something else. As we know, Facebook is all happy, happy, happy."*

Participant 5 (31): *"My understanding of it, just on a basic level, is for me, I feel practically, ethically, I don't know how a therapist could make sense of it. Because I feel like it will give a misconception of your patient as well. Assuming, because most of the time what people write on social media, it's not really a full sense of themselves. Most people write things that are pretentious and superficial."*

Participant 2 (33): *"On social media we write whatever we want to write. You might create a certain perception about that person only to find out that it's not the truth. So whatever you might be googling might not be the truth and then... let's say you see on social media that the person is, um, gay...and then the person comes to therapy and they say I feel stuck, I feel this and then you say "but you are gay", but the person is not saying it, but because you've already checked their social media, you think why are you not saying this, this is because of this, you understand... like I'm saying, on social media people lie all the time, people put a certain picture on social media. So even if after you see them for therapy, whatever you see on social media might not be the true perception."*

5.5.4 Non-professional interest/ Curiosity

While all participants who admitted to engaging in PTG stated that their intentions were client beneficence, one did contradict herself by mentioning searching a client because the therapy was 'stuck' while another mentioned being surprised by a profile picture that was different to her client's presentation in therapy. Being surprised by a client's picture on the

internet or undertaking a search because treatment is 'stuck', but not necessarily knowing what you are looking for or how it will help your client could possibly be construed as idle curiosity and non-professional interest and arguably not a justification for PTG.

The remaining participants, however, seemed quite clear about the motives behind their searches not being self-gratifying social curiosity. Nonetheless, as mentioned earlier, this could be a result of the participants wanting to appear as socially desirable and, had the researcher been more experienced, this claim could have been interrogated more critically. The excerpts presented below highlight the theme of non-professional interest/curiosity as an unjustifiable motive:

Participant 6 (31): *"You could search anyone as long as their profile isn't blocked. My profile is blocked on every social media platform because I do want to keep what I put out there very limited. So, basically, one could search anyone they want. For me I don't think it's useful because there is an element of voyeurism. It's not like you're just checking an old friend. You're checking a patient to get information that they haven't shared with you. What would be the benefit, except you getting personal information about a patient that they might not be ready to share?"*

In the following excerpt, the participant explains how searching for a client online implies a dual relationship.

Participant 5 (31): *"My question as a therapist is that are you planning on using this in the therapy space or are you just being inquisitive. Basically, if you're being inquisitive and not planning on using it in the space, then you guys have become friends. It's no longer a therapist/patient or client relationship anymore. Because that's what friends would do or people from outside who you don't have a professional relationship with."*

Participant 4 (excerpt below) was curious about her client as her profile picture looked very different from her presentation in psychotherapy.

Participant 4 (32): *"She (client) came up as a recommended contact. I was struck by her profile picture and she looked so confident and it was so different to how she presented in therapy.*

5.6 The lack of and need for guidelines

The response towards the possibility of guidelines was mostly affirmative. Although one participant stated that she did not believe that PTG would ever be allowed, most felt that it would be useful to incorporate guidelines in training in some form, from undergraduate studies to seminars or workshops that allow professionals to earn CPD points. However, these would likely have to be preceded by official ethics guidelines published by professional regulatory bodies (e.g. HPCSA). There appeared to be consensus among the participants about the dangers of relying on an internal moral compass or guesswork to determine whether to search online for client information. They stated that it was necessary to have guidelines. The participants did not explicitly state whether these guidelines would supplement or replace their existing ways of handling PTG, just that these guidelines would be welcome.

Participants stated that guidelines would protect them from infringing on client rights and protect them from related possible litigation. One participant cited personal safety as a reason for wanting guidelines. What do you do if you feel threatened by a client and are compelled to search for information online to establish whether you want to continue the professional relationship? The excerpts presented below elucidate the reasoning behind participants suggesting the inclusion of PTG-related guidelines.

Participant 1 (60): *"I think it would be useful to do it in the form of CPD (points). There should be something to guide professionals."*

Participant 2 (33): *"We are moving in the fourth industrial revolution, so people are doing therapy through Skype, through WhatsApp calls, through WhatsApp videos... so I think ethics should move from your normal consent form paper to 'what do I do?'.... we're still very unsure. The ethics guidelines by the HPCSA were written way before social media so it's mostly about consent on paper."*

Participant 4 (32): *"I'd want more information on how to protect myself from being searched. I guess that stems from my experiences. I think I would be more worried about me than the patient."*

The excerpt below highlights some probable differences in Internet use and outlook between older psychologists and their younger counterparts. The participant acknowledged that her exposure to social media and the Internet may be vastly different to a trainee in their early twenties, for example.

Participant 5 (31): *"I think that it's (guidelines) important...because maybe we're coming from the older school of understanding... most of us in training...we didn't even have lectures on social media when I think back. So it would be interesting to get exposed to the recently trained individuals and maybe weigh the pros and cons. It's easy for us to say that there are no pros at all, but it would be interesting for those who have grown up in the social media kind of society and see how they respond. People (psychologists) are Skyping as well, something I would not necessarily agree to, but it shows that life is evolving, so we have to evolve with it as well."*

The following participant believed that guidelines should be published in the HPCSA Ethics code and that training should commence even before the Master's year.

Participant 6 (31): *"I think we live in an age where the line between social media and reality and fantasy is very blurred. So I think we all just come to it from what we think is right or wrong. There are a lot of mix-ups that can happen. I think it's worth researching*

why clinicians actually want to look at it. Like the study that you are doing, but also on a larger scale so that there can be actual physical guidelines around that in our profession... and for it to be taught on Master's level or earlier even. There are no written guidelines. I know there are trainings and everything, but these need to be published in the ethics section on the HPCSA website. I think it really needs to be published."

Participant 7 (45): *"Yeah. Guidelines to regulate it for us to know when it is indicated. Like you can see I can't think of any reason why it would, where maybe if it came up, I wouldn't have my own sort of internalized guideline to know what to do."*

The participant below stated that people are engaging in PTG anyway, but with no understanding of what it means or the implications. Hence, the inclusion of guidelines will serve to regulate a practice that many are engaging in, but are not consciously aware of.

Participant 3 (32): *"I think it is. I think it's useful to think about it in terms of the work that we do...like with your research and your findings, what people are researching and what is coming out out there. I hold the strong view that it compromises the therapy space, but maybe there are more uses for it. Using their (client's) social media personas in therapy...I think there needs to be more of an awareness because for now people are going ahead and searching for people and there is no understanding of what it means, there is no thinking about what it's meant to do for therapy and the client."*

Summary of main findings

This study sought to explore the perceptions of registered South African Clinical and Counselling psychologists regarding PTG. The results suggest that while many participants engaged in some form of PTG, most were unaware of it being a topic of discussion and had not given it any thought until approached to participate in this research project. Although many had engaged in some form of PTG, their perception of the practice was negative and the thought of it made them nervous and uncomfortable. The participants provided a few

justifications for PTG, including safety (personal and client), use in forensic settings and parental/client request.

The objections to PTG included the belief that it was a boundary violation/invasion of privacy, that treatment would be impaired, that online information is unreliable and that it can be a form of non-professional interest or curiosity. Most participants stated that the motives behind their searches was client beneficence, however this claim was not sufficiently critically interrogated. The participants also indicated that they had not received any guidelines or training related to PTG and that they were in favour of PTG-related guidelines being included in Ethics codes and offered as training to both psychology professionals and students. The results outlined here will be discussed in the following chapter.

Chapter Six

Discussion

The aim of this study was to explore the perceptions of registered South African psychologists about the practice of Patient-Targeted Googling (PTG) and to determine whether they have engaged in the practice themselves. The researcher also sought to ascertain whether the psychologists received any guidelines or training about PTG and whether they believed it necessary to include PTG-related guidelines in the South African ethics code.

When asked about PTG, most participants reported that they had not heard of PTG or had not given it any thought. However, they also disclosed that they had engaged in some form of PTG. This may have involved a search for a patient via a search engine or took place in the form of information that they had stumbled upon online and chose to look at or engage with. Regardless, except for two participants, all had searched for patient information online and/or checked social media profiles even though they unanimously believed that it was either a grey area or outright unacceptable. These findings were consistent with a study conducted by DiLillo and Gale (2011) which found that 97.8% of the psychology doctoral students who were sampled had engaged in PTG even though most of them believed that it was an unacceptable practice.

It must be noted that none of the participants, whether they had searched for client information or not, had given the concept of PTG any thought. There seemed to be no awareness that this was an emerging topic of discussion locally, nor one that has been reported on internationally for the past decade (Chester et al., 2017; DiLillo & Gale, 2011; Eichenberg & Herzberg, 2016; Gershengoren, 2019; Thabrew et al., 2018). The participants who looked at social media profiles or searched their clients were surprised that this would require regulation and could possibly be a violation of ethics codes.

Most participants, however, felt uncomfortable and unsure about the process, which could stem from the fact that they had not thought about it until approached to be a participant for this project. It is important to note that the participants who believed that it was wrong, but still searched for client information, believed that it was motivated by beneficence towards the client. They were either concerned for the client's well-being or conducted a search at a client's or parents request. Only two participants mentioned curiosity about the client's online representation as a motive. However, as noted in the results section earlier, the participants could have been responding in a socially desirable way.

The initial response to PTG appeared to be generally negative and this may form the basis for an argument against guidelines, which may be perceived as normalising an ambiguous practice. However, it would be foolhardy to assume that an absence of guidelines means an absence of the practice. As suggested by the interviews, a distaste for the practice or ambivalence towards it did not serve as a deterrent to the practice. Psychologists engaged in PTG without considering that it might be construed as a boundary violation or a failure of respect for persons (CPA, 2017), that they could be held accountable for it, and without any guidance to assist in their decision-making.

This is especially pertinent in the present day with South Africa and other countries moving towards the Fourth Industrial Revolution (Schwab, 2017), a revolution which embodies a significant difference in the way we not only live, but relate to each other. The extraordinary technological advances driving this transformation are expanding exponentially and blurring the divide between different worlds, including the physical, digital and biological worlds (Schwab, 2017).

As of 2020, approximately 3.6 billion people are active on social media, with a projected increase to nearly 4.41 billion within the next 5 years (Statista, 2020). This comes as no surprise as social media remains one of the popular activities on the internet. With almost half of the global population, 40% as of January 2020 (Statista, 2020), on social media in some form or the other, it poses questions for the practice of psychology.

What does this mean for professionals who will inevitably be confronted with client information through their own increasing use of the internet and social media? What does it mean for professionals who understand a simple search could possibly provide them with a treasure trove of information that may take them several sessions to explore or not be privy to at all? The reader is reminded of the participant who searched for client information online as the psychotherapy was 'stuck'. Did the psychologist decide to search for information to 'expedite' the treatment process and, as another participant mentioned, fail to use clinical skills to work through the perceived impasse in treatment? On this occasion, the psychologist infringed the first and most important principle of the CPA code (2017), namely "respect for the dignity of persons and peoples" (p. 11) by violating the client's privacy and denying them their autonomy.

Several participants mentioned not actively searching for information, but encountering it coincidentally via social media. They said that they came across client information in the form of recommended/suggested contacts, the 'people you may know' function on Facebook, among others. It goes without saying that the interpersonal and ethical implications for unintentionally finding information versus intentionally searching for client information are fairly distinctive, with intention and impact playing a vital role in decision-making (Asay & Lal, 2014). Although some participants did not actively seek the information, the mere presence of the information did make them curious and occasionally presented them with a different picture of the client compared to the one in the psychotherapeutic space.

According to Schwab (2017), the Fourth Industrial Revolution is expected to change who we are. It will impact our identity, our notion of privacy and proprietorship and our relationships. Perhaps the main individual challenge would be the threat to or compromise of privacy, depending on how one chooses to look at it. There are already critical conversations about how new information technologies are increasingly resulting in people losing control of their data. While people intuitively understand the inevitability and increasingly indispensable nature of modern connectivity, information tracking and sharing

is a debate that will continue to intensify and require us to adjust boundaries, both ethical and moral (Schwab, 2017).

This debate is likely to flow into the practice of psychology. Although there are several ways that the practice of psychology is expected to be impacted, our focus in this discussion is about the online searching for client information by psychologists. The psychologists interviewed discussed their perceptions of PTG and the ways in which they had encountered client information, following up with describing various situations in which they believed PTG would be justified and those in which it would not. The responses have been interpreted with reference to the CPA code of ethics (CPA, 2017) which has been used to assess and identify the motives and goals of the participants.

The participant psychologists, although having engaged in PTG, were generally negative in their perceptions of the practice. One of the major issues mentioned and a dominating sub-theme was the anticipated impairment of psychotherapy and the psychotherapeutic alliance. Psychologists rely on their diagnostic interview skills and expertise to form their own judgments and facilitate the unpacking of the client's difficulties. If psychologists had access to information beforehand, especially information that was not provided by the client and information that could possibly be inaccurate, the very foundation of the psychotherapeutic alliance could be contaminated.

Whether the information is withheld or shared with the client, it seems likely to undermine a process that would otherwise be unadulterated and relatively objective. Although it is more likely for psychoanalytically- oriented psychologists to object to PTG than their cognitive-behavioural counterparts (de Araujo Reinert & Kowacs, 2019), the emphasis here is on the client's right to privacy, autonomy and moral equality (CPA, 2017).

The issue of consent, based on "Principle 1: Respect for the dignity of Persons and Peoples" of the CPA code (2017, p. 12) is also of fundamental importance. One participant mentioned that she would never tell her client that she had searched her as she wouldn't

want her psychologist to be searching her if she was the client. Can PTG therefore be justified without the consent of the client? A study (Taylor et al., 2010) including a sample of both graduate students and psychologists found that participants reported virtually never discussing online activities with their clients while another study found that clients were reported, for the most part, as being aware of the searches. However, it was not clear if this was before or after a search was conducted (DiLillo & Gale, 2011).

It is highly probable that most clients would feel that their psychologist had violated their privacy and entered a space that they were not invited into. How does a psychologist then deal with the consequences of a breach of trust and an obvious boundary violation? There is also the issue of the information that has been procured likely being inaccurate and unreliable as Internet users, to some degree, can control their online self-presentation (Enli & Thumim, 2012), and it may be one that is far removed from their actual persona.

Both accurate and inaccurate online information pose ethical and professional challenges for the psychologist, depending on the client's presentation in the professional space. If the online presentation differs from the psychotherapeutic presentation, do psychologists address this in psychotherapy? If not, what implication does this have for the professional relationship and the effectiveness of psychotherapy? If the psychologist chooses to disclose this information, what implications will this have especially regarding the client's notion and reasonable expectation of privacy and psychotherapeutic boundaries as per the standard service delivery contract with the psychologist.

The issues raised regarding the negative impact of PTG seem clear and the arguments convincing. However, these do not specify the motive behind the searches. A very likely motive and one discussed by the psychologists was 'pure' curiosity. The differences between the results of this research and others done before it (Kolmes & Taube, 2014; Thabrew et al., 2018; Tunick et al., 2011) is that there was a generally negative response towards searching out of curiosity, with one psychologist using the term 'voyeurism' when discussing this motive. While there were instances in which psychologists searched for information in a non-emergency situation that didn't pose a safety risk to anyone, namely

searching for information when psychotherapy was ‘stuck’, the motive was always described as or justified by client beneficence.

This theme was also predominant in the discussion of instances in which PTG was perceived as justified. The participants’ three main reasons that justified PTG broadly revolved around themes of safety and parental/client request. Regarding safety, participants discussed the risk of ignoring a potentially suicidal client and the natural concern that would lead to a search of the client, if only to satisfy themselves that the individual was alive and well.

As indicated in the Findings chapter above, one participant stated that she would search for a client in an emergency situation such as a high-risk suicide, but also went on to say that she did not know what purpose that would serve as she would not know what or how to act on information that indicated the client was not well. It can be argued, then, that if the psychologist does not know or does not intend to act on the information that they obtain, the purpose of the search would simply be to satisfy themselves or moderate possible guilt about failed service delivery.

Can a concern-related search be judged in the same way that a curiosity-led search would be judged? In the former, the psychologist is motivated by beneficence while the latter is simply an example of giving into base instincts with no client beneficence in mind. However, this distinction becomes unclear if the psychologist is unable, as it happens, to benefit the client in any away.

6.1 Application of the CPA principles

The conceptual framework outlined earlier (theoretical framework, Chapter 3), namely the CPA ethics code (2017), proves useful in attempting to understand participants’ motives and opinions. When participants discussed the possible negative consequences of PTG on both the client and the professional relationship, which included boundary violations and

invasion of privacy, they were endorsing Principle 1 which is "Respect for the dignity of persons and peoples" (CPA, 2017, p. 11). It was an acknowledgement that regardless of the obvious power dynamic within the professional relationship, all clients have an innate worth and that psychologists have a responsibility to treat them with dignity and respect (CPA,2017).

It is evident from the participants' beliefs surrounding the impact that PTG could have on the professional relationship by reducing objectivity and compromising the effectiveness/goals of therapy, that they are practicing Principle 2 which is "responsible caring". This also applies to their statements regarding the possible inaccuracy and irrelevancy of online information. By acknowledging that PTG and the resultant inaccurate information would negatively impact the goals and value of the psychotherapeutic process, psychologists are being mindful of not undermining their client's ability to make decisions for themselves and also minimizing harm (CPA, 2017).

The participants' generally negative response towards searching out of curiosity, even though some of them had done so, is indicative of their awareness of the dignity and moral justice their clients are entitled to. It must be noted that these considerations overlap with Principle 3 which calls for "Integrity in all relationships". The psychologists have demonstrated the importance of being cognizant of how their own activities, in this case PTG, may lead to an impairment in judgement and therefore an impairment in the professional relationship. Principle three also asks psychologists to be aware of conflicts of interest which the participants unanimously identified by correctly stating that searching for client information implies a dual relationship or a non-professional interest (CPA, 2017).

While there were certainly misgivings about the practice of PTG, there were instances in which participants believed the practice to be justified. One of the most dominant themes was safety. While most participants cited client safety over personal safety (in a non-forensic setting), one participant felt that her concerns for her own safety would supersede the concerns she would have for client safety. Both concerns can be explained as falling

under Principle 4 which is “responsibility to society” overlapping with CPA Principle 1, which allows for exceptions to be made in situations that pose danger to individuals (CPA, 2017).

Participants mentioned being concerned for clients who they believed were suicide risks and stated that they were likely to use PTG whenever they believed that a client was at risk of harm. They also mentioned the likelihood of engaging in PTG if they believed that a client was possibly homicidal and posed a threat to others. This overlaps with the theme outlining the opinions of participants regarding forensic cases, with most believing that PTG in forensic settings was not only justified, but often necessary even though many of them acknowledged the unreliability of online information. They cited the importance of verifying information to write reports for parole as they did not want to be responsible for recommending the release of a potentially dangerous individual. They also raised the issue of checking for client information if they felt threatened by the client in any way.

One participant stated that her colleagues in forensic settings would often search clients and that she had also done so when she worked in a forensic setting. Because Principle 4 stipulates that knowledge should be used for just and beneficial purposes, the psychologists have indicated that any knowledge they sought and procured was motivated by and used for safety of self and others. This overlaps with Principle 1 which allows for exceptions to its directives if there is danger of harm to an identifiable individual as well Principle 4 which outlines the psychologist’s responsibility to society (CPA, 2017).

Another situation in which participants believed that PTG was justified was when a client (in the case of children, parents) requests the psychologist to do so. Several participants mentioned that parents often want them to see how their children present themselves on social media and confirm or disconfirm any concerns they may have. Parents of adolescent/child clients would reportedly ‘often’ ask psychologists to view some sort of online activity because they reportedly believed that it could better explain something that the client was struggling to explain to the psychologist. It is important to note here that this

is a search that is conducted without the client's (namely, the child's) knowledge and permission. As mentioned in the Findings section earlier, the researcher (with more experience) could have probed and challenged these responses as there was no mention of obtaining the adolescent/child's assent and no apparent concern for how this might impact the integrity of the professional/psychotherapeutic relationship. However, a participant did mention involving the child/adolescent client in understanding their social media activity and using it in treatment with their consent or assent, depending on their age (Strode et al., 2020).

The decision of the psychologist to agree or refuse to search for the client online would likely be determined by the impact that an agreement or refusal would have on the client and the professional relationship. It also presents an opportunity for the psychologist to learn about the client's dynamics and explore their feelings around the request that they have made of their psychologist. Based on the motives that may come into play when conducting a search of this nature, Principle 2 of the CPA code (2017) can be used as a frame of reference, namely "responsible caring".

By agreeing to an adult client or child (of consenting age) client (Strode et al., 2020) request of this nature, the psychologist will likely be attempting to maximise benefits and minimise harm. A refusal may potentially be interpreted as a rejection. In a similar vein, by requesting permission from a child who is unable to consent due to their age (Strode et al., 2020) following a parent/guardian request to search for or check online information, the psychologist will likely preserve the integrity of the professional relationship while also attempting to maximise benefit and minimise harm (CPA, 2017).

In the following chapter, the discussion will be concluded, the limitations of the study will be addressed, along with some implications for possible future research on this topic.

Chapter Seven

Conclusion

The aims of this study were to explore the perceptions of registered South African Clinical and Counselling Psychologists of PTG and whether they had engaged in the practice, to explore the perceived implications of PTG on the psychotherapeutic process, to identify whether the psychologists received any professional education about PTG and to explore whether a revision of guidelines to include PTG-related guidance was deemed necessary. The findings suggest that most of the psychologists that were interviewed had engaged in PTG, mostly without knowledge of the concept of PTG nor of the international calls to regulate the practice (Cole, 2016; Eichenberg & Herzberg, 2016), and most certainly without knowledge of the potential consequences.

As is evident from the data obtained from the interviews, most participants who had undertaken PTG in some form or the other were unaware of this being an ethical issue or that this might justify some sort of ethics guidance. It is therefore speculated that many psychologists may engage in PTG as a seemingly harmless practice. The psychologists interviewed generally felt uncomfortable about the idea of PTG (even though most of them had engaged in the practice) and provided several objections to the practice, including the argument that it constituted a boundary violation, that online information is unreliable and that it can be motivated by curiosity, inquisitiveness or non-professional interest.

The participants also spoke about the impact on the psychotherapeutic relationship, stating that PTG could have a negative impact and that it also represented a failure of clinical skills. Apart from one participant who was vehemently against the idea of PTG in any circumstance, the remaining participants all provided potential justifications for engaging in PTG in certain situations. These included personal and client safety, use in forensic settings and parental/client request. The participants revealed that they did not receive any guidelines or training related to PTG. All participants, including the participant who was

completely against the practice, stated that they were in favour of and would appreciate PTG-related guidelines being included in ethics codes and offered as training to both psychology professionals and students. This may be rooted in concerns about client beneficence, but possibly more so from fear of possible litigation in the absence of clear guidelines.

If anything, these responses seem to support an argument in favour of guidelines, bearing in mind that these guidelines are not meant to normalise or encourage the practice of PTG, but to ensure that mental health professionals have sound reason and can justify their reasons for undertaking a client search and be held accountable for their actions. The growing concern internationally around the practice of PTG eventually prompted the publishing of a resource document (Dike, 2019) which includes the most recent guidelines and seemingly the only PTG-related guidelines published on behalf of an ethics committee. The earliest guidelines were provided by Clinton et al. (2010) a decade ago.

While it can be argued that there is sufficient guidance implicit in the principles of the Canadian code (2017), the data suggest that the topic of PTG necessitates, at the very least, a mention in the South African (HPCSA) ethics code. As Clinton et al. (2010) argue, "an awareness of PTG and its potential consequences may thus prompt both clinicians and patients to use the Internet more carefully and, more generally, may lead to a more careful and cautious assessment of the role of the Internet in psychotherapeutic relationships, especially regarding the use of online searches as a means of gathering information about patients" (p. 111).

The motives, desired outcomes and beliefs around the acceptability of PTG may differ, but it is happening and is likely to increase in frequency as a result of globalisation and an increasingly technology savvy population. Hence, psychologists and other mental health professionals in South Africa may benefit from either explicit guidelines on PTG or an acknowledgement of the practice in order for South African psychologists to be aware of

the phenomenon and that the same ethical principles, ethical decision-making, self-reflection and client beneficence that apply to other ethical dilemmas also apply to PTG.

Specific evidence-based and principled ethics guidelines could regulate and reduce potential harm caused by this inevitable practice by compelling mental health professionals to honestly and sincerely appraise their motives before undertaking any search. The complex nature of problems related to PTG should be introduced into codes of ethics and discussion of PTG should become part of psychologists' education and training.

Limitations and Implications for Future Research

The researcher encountered several limitations during the research process. The first being that PTG has not been researched in South Africa and therefore, this project can only be thought of as a first explorative study to improve understanding and encourage further study. Secondly, the findings are not generalisable due to the limited number (n=7) of participants. However, as the research was of an exploratory nature, generalisability was not an aim. Thirdly, there was a gender imbalance as the sample was exclusively female. As mentioned in the research methodology section earlier, recruiting male participants was a challenge. Although gender was not a factor in the analysis, a slightly more balanced distribution may have produced a different result.

Another limitation was that the psychologists were not a representative sample of Internet-using psychologists as younger participants (those in their twenties and in training) may have yielded different results. A major limitation of this research was the manner in which the interviews were conducted. The researcher, due to inexperience, did not challenge or probe the participants sufficiently. As the topic was concerned with the ethics of their profession and the interviewer/researcher was a fellow psychologist (albeit in training), the participants may have been inclined/motivated to respond in a socially desirable manner.

The researcher was also perhaps hesitant to challenge participants who were also her seniors in the profession. There may have been a different outcome had the researcher probed and challenged topics like the motives behind searches, the exclusion of informed consent in the psychologists' discussions of forensic and child clients, the unexamined contradictions between feeling distaste towards the practice but nevertheless engaging in it, among others. The information gained from such questioning may have led to improved accuracy and validity in the results.

This study is the researcher's first attempt at conducting a thematic analysis and she does not claim that the process of analysis or write up is without flaw. However, the researcher did attempt to ensure that the analysis has merit and can display validity. The write up of the analysis is clear and logical and provides adequate evidence of the prevalence of the themes within the data. The extracts are rich and can easily be identified as examples of the theme/issue/problem. They, mostly, capture the essence of the theme and the argument.

This is a potential direction for future research wherein a through exploration of the psychologist' motives and perceptions are explored in a more rigorous manner with a more gender balanced and age balanced sample. Future research could include a more in-depth exploration of the impact of PTG on the professional relationship, the possible differences of perception towards PTG between psychoanalytically and behaviourally trained psychologists and the exploration of countertransference and transference in relation to PTG. The exploration of client's perceptions about being searched by their psychologists could also be considered as a future research question.

Conflicts of interest

None declared.

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Appendices

Appendix A – Informed Consent

Information Sheet and Consent to Participate in Research

Date: _____

Dear Sir/Madam,

My name is Shahida Noor Mohamed. I am currently completing my Masters Degree in Clinical Psychology at the UKZN Howard College.

You are being invited to consider participating in a research study. The aim and purpose of this research is to explore the perceptions of registered psychologists about the phenomenon of Patient-Targeted Googling or PTG.

The study is expected to enrol approximately eight registered psychologists. It will involve answering questions in the form of an interview. The duration of your participation, if you choose to participate in the study, is expected to be approximately 45 minutes. Your participation is entirely voluntary and you are free to withdraw from the study at any stage without consequence.

We think this is a minimal risk study. However, if the research causes any discomfort, please approach the researcher for more information. We hope that the study will become a possible source of information for future researchers and students. All information obtained will remain confidential. The information from the interviews will be used for a thesis and research papers only. Participants' identities will not be revealed, and will remain anonymous in any papers resulting from this project.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSS/0464/019M).

In the event of any problems, or concerns/questions you may make further contact with the researcher at murree4@gmail.com or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION Research Office, Westville Campus Govan Mbeki Building Private Bag X 54001 Durban 4000 KwaZulu-Natal, SOUTH AFRICA Tel: 27 31 2604557- Fax: 27 31 2604609 Email: HSSREC@ukzn.ac.za

My Supervisor is Prof D R Wassenaar wassenaar@ukzn.ac.za
Consent

I have been informed about the study being conducted by Shahida Noor Mohamed. I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without any consequences.

I understand that all information obtained will be stored safely and securely.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION Research Office, Westville Campus Govan Mbeki Building Private Bag X 54001 Durban 4000 KwaZulu-Natal, SOUTH AFRICA Tel: 27 31 2604557 - Fax: 27 31 2604609 Email: HSSREC@ukzn.ac.za

_____
Signature of Participant Date:

_____
Signature of Witness (Where applicable) Date:

_____
Signature of Translator (Where applicable) Date:

I agree to audio-recording of the interviews for research purposes. Audios will be destroyed after transcription.

_____
Signature of Participant Date:

Appendix B – Interview Schedule

Definition:

"Patient-targeted Googling (PTG) refers to the seeking of information about patients on the Internet by healthcare professionals with or without their consent (Thabrew, 2018)" This research is interested in studying this practice among local psychologists.

Demographic Information

Name:
Age:
Gender:
Designation:
Years in Practice:

Questions:

1.Have you ever searched for a patient/client online?
2.(If yes) Why did you search for your patient online?
3.How do you feel about patient- targeted googling?
4.Do you believe that is is justified?
5.(If yes) When is it justified?
6.(If no) Why is not justified?
7.Have you ever received any professional education about searching for patients online?
8.Do you believe that professional education about searching for patients online is required?

Appendix C – Ethics Approval Letter

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

09 December 2019

Ms Shahida Noor Mohamed (218064755)
School of Applied Human Sciences – Psychology
Pietermaritzburg Campus

Dear Ms Noor Mohamed,

Protocol reference number: HSS/0464/019M
Project title: Patient-Targeted Googling (PTG): An exploratory study of the perceptions of registered South African Psychologists

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 03 May 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year until 09 December 2020.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,

[redacted]

Professor Urmilla Bob
University Dean of Research

/ms