Psychotherapy in Cyberspace

A therapist comes face to face with the information frontier, but not with her on-line clients.

SPECIAL FEATURE

By
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Affordable Psychotherapy . . . was how my ad began in the now defunct *Seven Days* weekly magazine. Mine was the first of about 10 professional ads in that issue several years ago. The manager of an online bulletin board system (BBS), Thomas, saw the ad and called me. He asked if I'd like to provide therapeutic help online for the members of the BBS he managed. I had very little idea of what that meant or how it worked. We scheduled an interview.

First I learned that a BBS is like a club, except that the conversations and information are on screen. The messages and information are transmitted by a modem across telephone lines — which explains the source of "online" — and instead of a building or room, everyone's computer screen becomes the common territory. You join a BBS by paying dues for online time. You can then talk with many members at once, or confidentially with one at a time, and take advantage of any of the services offered. You can connect through the Internet to people or information all over the world. The number of people owning computers and modems using the Internet is growing.

Thomas offered me the one-to-two-hour-a-week job. He showed me a screen and keyboard and invited me to watch as he demonstrated what I would do. He typed in codes to get into the system. A welcome to the program appeared on screen and a list, or menu, of what was available. He typed in his name, as directed, and then chose "Chat" from the menu and a list of names appeared. Those were members who were also online at that moment. He typed a message to one of the people on the list, and sent it by pushing a key. A notice on the screen alerted him to a message and he pushed a key to read the incoming response. The next week I went online on the BBS.

On this particular

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BBS people use pseudonyms, familiarly called "pseudos," rather than their real names. Thus, for example, one might "talk" with Navajo, lizard, stockings, Sittin down, fox, Lost in LA, Today's in, or R. Some choose ordinary first names for their pseudos or names of fictional characters and celebrities whom they admire or identify with such as King Arthur, Mame, etc. regardless of whether the gender is the same as their own.

Beyond the pseudos, identification of the state or country from which the person is talking, and the soundless monochromatic words on screen, I am deprived of the usual data. There is no voice — sound, timbre, rhythm, or dynamics; no manner of dressing or indication of personal care; no eyes to connect with or avoid mine; no body language or direct perception of physical attributes. Further, since the encounter is a dialogue, I must respond to each message. I cannot nurture a silence waiting for something to be revealed by the client. Occasionally a member gets anxious if he/she feels I am not responding quickly enough. That can happen particularly if I am carrying on more than one conversation at once, as often occurs. The reaction is useful in understanding the developing transference.

The particular BBS on which I work is organized so that I must respond in the order in which messages appear. There is also a limit to the length of the message. All conversations are confidential and private. Further, although members use pseudonyms, they know my real name. In addition, they are provided with a brief bio including my accreditation. A legal disclaimer is added.

When I first started "talking" online, I was more formal and, I assume, somewhat stilted. One young paranoid woman from Sweden abruptly stopped talking with me. I sent a message asking her what happened. She accused me of sounding like a textbook (probably a bad one!). I paid attention and started to respond more conversationally.

One of my primary principles is to treat every inquiry or comment as if the person were presenting an actual problem and situation. I decided early on that I would rather risk someone having a good laugh at putting one over on the therapist than risk disbelieving a legitimate story and concern. I also thought that if someone were making up a story, it was likely to be a metaphor for more than the person was conscious of, so it might have some unconscious use even then.

One person, "Madame Ann," described and reported on a complex family and relational life that took me quite a while to begin to doubt. It was at first a fairly consistent, good story. Even then, in case there were any truth in any part of it, I simply said after about five weeks that I was a bit puzzled, that some of what I was hearing was a bit confusing. After an amusing dialogue, the saga ended and I never heard from Madame Ann, my pseudo for her pseudo, :-), again.*

Face-to-Face

Sometimes members are interested in sexual talk and stimulation. I usually disengage from those conversations. However, sometimes what seems like sexual provocation may be the entry to a legitimate issue. One man from Texas asked if I were interested in cunnilingus. With questioning and dialogue it turned out to be an important issue in his marriage and what it meant for him. Further, I learned that he was in therapy and had been embarrassed to talk about it with his female therapist. Our discussion broke the ice and, as I encouraged him to do, he was able then to bring it up in his therapy. One woman from Italy, after telling me a sexual secret of which she was deeply ashamed, sent me E-mail saying that simply telling me had given her the first relief she had had in years. She added that when she got up the courage, she would try to work with me face-to-face.

As for face-to-face, only two people have ever come in to see me and only one continued as a client. Pseudos give people the freedom to reveal, in the safety of being unknown and unseen, problems they have not talked about with anyone else. In a way, I am pure self-object, with unlimited possibility for fantasy. However, because the safety of the transitional space of the screen allows people to reveal secrets about their inner and private lives early on, they get to some issues more quickly than is often the case in person. In consequence, they do not want to see me or, rather, be seen by me. The reality of the meeting can feel threatening. On screen they have much more control. Further, choosing a therapist introduces a more socialized selection process, rather than simply discovering and talking with an unknown therapist online. Early on, quite a few people — primarily from New York but also one each from France and Italy— made appointments for in-person therapy for which they did not show up. Only once did someone manage actually to call to cancel. Thus,

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> *I "smiled" in that sentence. Turn the page to see it. It's called an emoticon. Online: the :-(indicates a frown, a wink shows up as ;-) and surprise as :-o. I was once given a rose, ----'----,---@ and another time a tulip, ---'---,---C.

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now when anyone suggests they might want to see me, I let them know I'd be pleased to work with them and would be happy to explore the possibility. I also tell them that the transition from talking online to being present in person can be difficult and explain why. We talk about it and I encourage them to think about it before making an appointment, and offer to discuss it with them in a telephone conversation. I let them know that I will be glad to continue talking with them online or see them in person, as they choose. Then, in the most likely case that they decide against in-person psychotherapy, they feel freer to continue talking online without any embarrassment or hostility.

I have referred people to other psychotherapists and clinics, as well as simply suggesting and encouraging psychotherapy when it appears appropriate. However, few follow up that I know of and those who say they have found psychotherapists on their own. Only a few let me know when they find someone. Once, inadvertently, I learned when one person called a clinic to which I had referred her. In another instance, a woman was in therapy with the same therapist as her husband and her stepchildren. She gradually let me know she felt uncomfortable about it. I urged her to bring it up with her therapist. She did, and still felt uncomfortable. We explored her concern and she finally decided to terminate with that therapist. She found someone else on her own.

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Crisis Intervention

Crisis intervention seems to be effective online. One woman was having difficulty making love to her husband after she gave birth to their first child. We dealt with that, exploring her feelings and what sexual behavior meant for her under those circumstances. We "talked" for about four online sessions. Months later she came back online to thank me and let me know that with my help she had gotten past being stuck and she and her husband were doing well together. Another woman was struggling with whether and how to reveal a physical disability in a budding online relationship.

The bulk of the presenting issues concern relationships. However, other issues and personality disorders that appear include depression, paranoia, sexual fetishes, gender confusion, and work— in general, whatever one finds in working with clients in person. One deeply paranoid young woman talked with me over a period of three months. I do not know if it was useful

to her beyond the conversations themselves. Our online dialogues ended about a year ago. The longest I have worked online with someone has been over a year and a half. The person was a woman who had had a long-time satisfying therapy experience years before. That helped her make good use of our conversations. As we continued to talk and she felt safe, she told me her real name and other identifying information.

Is It Psychotherapy?

The question most asked by both colleagues and people on the BBS, of course, is whether work online is psychotherapy. It would be unwise to underestimate the importance of what one learns in person that one cannot learn online with the limitations of the screen and the anonymity. The dynamics of the in-person interactive process itself are missing. But what online work can accomplish is to enable people to begin to explore their own thoughts and feelings without being judged. They can then begin to look at their behavior and explore around it as one does a sculpture, giving distance for self-observation.

Online I use customary techniques: mirroring, questioning from a not-knowing place, active listening, clarification, education, occasional interpretation and confrontation and, sometimes, practical suggestions. Because I encounter words on screen only, my sensitivity to style as a communication itself and subtle changes in patterns of "speaking" has been heightened. It has enhanced my awareness in my in-person work as well. Knowing what a word means to the "speaker" is particularly crucial where the communication is words on screen only. As a result, I tend to ask about the meaning of more words than I might in person. Also, I explain what I am doing whenever it seems appropriate.

There is a small but growing group of psychotherapists who use the Internet to talk with each other and clients by E-mail, as well as through the immediacy of a BBS. Research is being conducted on the uses of E-mail in psychotherapy. I believe that there is unquestionably a useful and important role, though limited, for psychotherapeutic work on the computer, whether E-mail or bulletin boards. It can open a door for people who would not ordinarily reach out for help. It can also introduce the process to some so that they will be more likely to make use of psychotherapy in the future.■

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