DeeAnna Merz Nagel

Filling the Void in the Virtual Consultation Room

DEEANNA MERZ NAGEL, LPC, DCC is a psychotherapist, consultant and international expert regarding online counseling and the impact of technology on mental health. She specializes in text-based counseling and supervision via chat and email. DeeAnna's expertise extends to assisting individuals and families in understanding the impact of technology in their lives from normalizing the use of technology and social media to overcoming internet and cybersex addictions. Her presentations and publications include ethical considerations for the mental health practitioner with regard to online counseling, social networking, mixed reality and virtual world environments. DeeAnna is in private practice in Rumson, NJ and is also co-founder of the Online Therapy Institute. *da@deeannamerznagel.com*

HUNGER... HUNGER FOR UNDERSTANDING, hunger for acceptance, resulting in hunger for food...She could never fill the hunger, no matter how much she ate. She vacillated between diet and exercise to depression and food. She contacted me first via letter. She said she wanted psychotherapy. She saw my profile online. She was not comfortable online; her ability to use email and the internet was limited, she said. So I wrote her back. I acknowledged her need to feel anonymous; she stated she did not want to seek psychotherapy in her small town because she was a professional and everyone knows everyone. She said that she quit her last two therapists because she felt self-conscious about her weight. She saw my picture and I looked "nice" to her. I gave her very simple instructions for logging on to an encrypted email/chat program and encouraged her to get started.

She contacted me via email shortly after receiving the letter and we began. Over the next two years she would enter into and then back away from the therapeutic process several times. She would begin to feel good about herself, her weight loss, her discipline with exercise, her decision to leave her husband. And then she would contact me in despair, empty and hungry for food and for love. At one point, she contacted me and said she wanted to meet me. She knew where my office was located and she thought even though we were a few hundred miles apart that she could schedule a session with me on her vacation travels. I discouraged the meeting. My discouragement was based on a hunch—a hunch and my own sense that if we met, the therapeutic rapport would be lost and the acceptance she felt would be gone. She eventually entered into a new relationship and for quite some time she was motivated and seemingly content.

And so, what does this work "look like?" When psychotherapy is conducted online utilizing internet relay chat and without a video camera, the therapy room, as most therapists understand it, is not influential to the psychotherapy process. There exists no comfortable overstuffed sofa, no artwork to portray calm or that might be indicative of the psychotherapist's taste. There are no diplomas, licenses or certifications hanging on the wall. The shelves and tabletops do not display tokens of the psychotherapist's career or personal life and the proverbial box of tissues is not available.

Instead, the therapist and client log in to a chat room that the therapist maintains. The chat room decorum may be rather stark with a border and white space in which typed words will appear. These words may use different typefaces or colors to distinguish between client and therapist. The therapist and client are each seated in their own environment, sharing virtual chat room space.

Is the chat room as therapy room devoid of distraction, unable to conjure a sense of safety for the client or completely lacking evidence of the therapist's identity? Distractions that occur in an online therapy session are different from distractions that might occur in the face-to-face therapy session. Safety for the client may be achieved through multiple efforts and the therapist's sense of personal identity may be nuanced in multiple ways. If we ponder that the therapy room can pose a distraction, or make the client feel safe, or create a sense of identity for the therapist, then psychotherapy in a chat room can be assumed to do the same, but in much different ways.

With regard to distractions, the most often discussed is the "technology breakdown." This distraction occurs when either the client or the therapist's technology platform malfunctions (internet disconnect or chat room "freeze" as examples). Online therapists discuss how to handle these technology glitches before they occur. Other distractions can take place in either of the two physical environments. For instance, the client may be engaged in the therapy session from home and a roommate or significant other arrives after a day at work. The therapist may also be engaged in the session from home and a delivery arrives with a ring of the doorbell. A dog may bark, a baby may cry; often these types of distractions are less likely to occur in the confines of a traditional psychotherapy office.

If a psychotherapist creates a therapeutic environment that inspires a sense of safety, how then does one create the same online? Some online therapists post pictures of themselves or the actual therapy room on their websites in an effort to give the client a frame of reference. Other therapists might explain either via pre-therapy communication or through a post on the website how the client might create safety for oneself in preparation of the session. Is the client's environment free from as much outside distraction as possible? Does the client keep his or her computer safe from others through the use of passwords or better yet, encryption? In turn, the therapist might include in the informed consent process, an explanation of how therapeutic communication is kept safe and confidential from others. This reassurance adds to the client's comfort level as the session commences.

The therapist might also convey a sense of personal identity in the design of a website, or as mentioned above, in the pictures (or lack of) chosen to display on the website. The psychotherapist's style may be reflective in the form of communication utilized during the chat. Is the therapist's chat style casual or formal? Does the therapist use emoticons to enhance statements and convey a particular

meaning to the client or does the therapist allow the client to set the pace and style of the session? Perhaps the chat room offers the use of an avatar. An avatar is an image that is used to represent self. If the chat room offers the use of avatars, does the therapist encourage or disable this feature?

Without the use of visual cues, dress for both the client and the therapist may be more casual than one might anticipate in a face-to-face session. One might imagine that the way a person is dressed might impact his or her comfort level while communicating. If the therapist is dressed more casually than when anticipating a face-to-face meeting, is the communication style of the therapist effected? As another example, without the visual or auditory cues available in face-to-face sessions, the client might feel free to "grab a cup of coffee" during the chat, unbeknownst to the therapist. Does this casual attitude enhance or hinder the therapeutic process? A client might also be less inhibited to cry or express true emotion during a session without the fear of being judged by the therapist. While the therapist may not be aware of the emotional release, does this necessarily impact the session in a negative way? In the same vein, will a therapist who is free to emote without restraint, take advantage of the possibility? What harm, if any, will come?

All of these components help conceptualize the chat room as therapy room. The therapy room that exists during a virtual psychotherapy session is a room that is co-created by client and therapist, each in their own space yet conjoined by the chat process. Each person can reach out and touch items from his or her own environment yet, with the stroke of a few keys, enter into a shared space. It might be suggested that in such a shared yet separate space, each person can remain grounded and true to the process without distraction of what the therapist and client might perceive as a contrived world.

After conducting hundreds of sessions online, I find that the ability to "move about freely" in my own space as a therapist allows me to be even more present in the space I share online with my client. I am able to provide a much more value-free environment than the therapy room at my office. As broad a brush as I may use to create a safe and neutral office, my style, my art, my clutter and my colors come through in the face-to-face consultation room. When I only use words through text, I am much clearer and precise about what I convey. While my external environment might consist of papers cluttered on the desk and pictures of family members on the wall, the internal environment of the chat room remains clutter-free. The space is filled instead with explanations and exclamations through text between therapist and client.

Prior to beginning online psychotherapy, I take the time to convey my goal of providing the best standard of care for my clients. This involves informed consent that is explained and understood, including the pros and cons of communicating online. I offer alternative ways to contact me should we not be able to connect. I review HIPAA standards and stress that our communication is secure and encrypted. These steps help create a safe therapeutic space to conduct therapy.

I choose to keep the online environment clear of outside influences. I do not utilize avatars. While avatars are popular with many online therapists, I tend to keep the online chat session free of auditory and visual cues. Therapy that utilizes audio and/or visual enhancements is a viable process but different from a process that is text-focused. I use a basic array of emoticons and encourage clients to express through text in ways that are comfortable and familiar. For most of my clients, the use of emoticons is standard.

While psychotherapy conducted online may seem very different from traditional face-to-face psychotherapy, the virtual space shared in a chat room can be just as sacred to both the client and the therapist as a consultation room. This very concept is what I feared would be lost if I had met the aforementioned client face-to-face. We had worked hard within the framework of online counseling using chat and email. All of the nuances were present—the lack of cues, the technology glitches—yet we built a firm therapeutic relationship that allowed her to feel accepted and whole. Her hunger had subsided. Enter therapist, real, flesh, present, breathing, body...and perhaps that sense of acceptance she felt would have dissipated. Sure, this might have been an opportunity for growth, or material for future therapy sessions. Mixing face-to-face sessions with online sessions is certainly reasonable, but sometimes the purity of the online experience IS the rich experience that fills the void.

COMMENTARY

I should begin by saying that there are many aspects of this paper that frankly baffle me. I am not a Luddite: I use email and other features of the Internet fairly extensively. Yet I am inexperienced in utilizing email for psychotherapy, and the few times I have tried it, I have found it less than satisfactory. Granted that I don't have the writer's experience in finding ways to make it work; nevertheless, I am most skeptical.

Being inexpert, I will pose my objections primarily in the form of explorations. I begin with the nature of psychotherapy itself.

For the sake of clarity, let me make a distinction between psychotherapy and counseling. I don't mean this to be hierarchical, merely descriptive. To counsel means to give advice, to teach or direct. Counseling is a cognitive, educative, linear and problem-solving endeavor. I teach someone how to operate in a bureaucratic system, propose strategies for dealing with an intrusive mother-in-law, or suggest ways to acquire new skills. These are useful things to do, and email is a reasonable and effective way to do them.

Psychotherapy, on the other hand, is an intimate relationship. It involves the entirety of the persons involved (cognitive, emotional, intuitive, physical, spiritual), and is focused on inner subjectivity and interpersonal experience. Almost all of our personal pathology is a result of relational experiences, and healing those wounds can occur only through new relational experiences. For me at least, experience through text alone is attenuated and less than fully personal. Email is a nice way to keep in touch or to conduct various transactions; I have never been able to experience it as intimate or deeply communicative. (Even Facebook seems to me a simulation of intimacy.)

This is because words are never just words. Their meaning depends on context—tone and timbre of voice, facial expression, gesture, posture, timing, physical appearance, and whatever movement or activity the speaker is engaged in at the time. This works both ways—from therapist to client and from client to therapist. They are equally handicapped without this crucial conscious and unconscious communication.

Take, for example, the statements, "That went well," and "I'm really enjoying this." They sound positive. Now repeat the same words with a sarcastic inflection; the tone of voice actually reverses the meaning.

If I write, "I don't know what to do about this," am I expressing mere puzzlement, trying to solve a problem, asking for advice, or dissolving in tears of despair? Often the client is betraying emotions that are incongruent with his/her words. As my therapist, don't you need to know this?

I have other questions. How subtle (or sincere) is the information conveyed by emoticons? Is this really a "shared space" or simply an anonymous place entered from two different vantage points? How do time delay, editing and revision affect the authenticity of the exchange?

The author states, "I am able to provide a much more value-free environment than the therapy room at my office." Is this necessarily a good thing? Psychotherapy is not a disinterested investigation; it is an attempt to heal. We conduct ourselves very much within a frame of values, including compassion, integrity, generosity, responsibility, and above all, loving acceptance. Any other approach would be discourteous at best.

In psychotherapy we hope to teach people to love themselves better. *Only through the experience of being loved do we learn that we are lovable.* We can help people discover their worthiness only through our willingness to value their worth. How do I convey that loving acceptance to a wounded person through text alone? Whom does he experience as offering the acceptance?

I readily see the usefulness of email text for what I have called counseling endeavors. I remain deeply skeptical of it as a medium of authentic psychotherapy.

—Stephen Howard

+ + +

This piece is a reductionist defense of online psychotherapy. By comparing aspects of two kinds of space—virtual online and actual in-the-room—the author simplifies too many questions about the legitimacy, efficacy, and ethicality of online therapy to an issue of location. Nevertheless, the realities of the internet and the open market mean online therapy is happening and likely will continue; if it's here, we'd better talk about it. Fundamentally, the piece stirs the existential pot, raising philosophical questions about what—at minimum—constitutes therapy, the therapeutic relationship, and therapeutic experience.

In the author's case example, the client seems unable to cope in person because of shame about her weight. The author believes that the virtual shared space allowed the client to progress in therapy. The "purity of the online experience," the author claims, is just what allowed the client to "fill the void." It's that purity that worries me. That a client "might be less inhibited to cry or express true emotion…without fear of being judged by the therapist" gets at just the part of this where reduction goes too far. Certainly, there are many styles and theories of psychotherapy; each in some way circumscribes certain behaviors in the pursuit of change (cognitive-behavioral is not so much about emoting, e.g.). Yet at base, psychotherapy seems to depend on a core experience: the relationship between the therapist and the patient. Online therapy seems inherently to limit certain, important kinds of transference. While, like classic analysis, it may provide a blank slate, it ultimately leaves the patient alone, connected to the therapist only by a stream of electronic data.

Since we now do all kinds of business on the internet, doing therapy online may be an unavoidable—even lucrative—reality. It may even be better than no therapy. But for the real deal, it takes a live, messy human in person, not an avatar in purity.

— Kristin Staroba