

5 Cybertherapeutic Theory and Techniques

John Suler

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A new and rather surprising door in the history of the mental health field has opened. Professionals have begun to explore methods for using online environments to help people. How do these methods compare to in-person interventions? Although face-to-face approaches may be advantageous in many cases, there are some advantages to computer-mediated and online interventions. One obvious and frequently cited benefit that applies to all forms of online work is the opportunity to reach people who are unable to visit the professional for geographical, physical, or lifestyle reasons. Computer-mediated work also may be an important initial step in the establishment of what could become an ongoing, in-person treatment. Other advantages, as I'll discuss later, are specific to particular types of online interventions.

In writing this chapter, I decided not to organize it around the concept of *psychotherapy*. After all, what do we mean by that term? If we assembled a group of psychotherapists to discuss this question, we would be lucky if they came to any agreement other than a very general definition about psychotherapy as a service in which a professional helps a person with a problem. That controversy exists even before we toss cyberspace into the debate. Whether we call it *psychotherapy* or not, there have been many approaches over the past 100 years for applying psychological principles to the delivery of mental health services. Now cyberspace offers even more possibilities – many never dreamed of in the past. Because there is easy access to people, information, and activities in cyberspace, some of these clinical possibilities involve an intersection of individual and group psychotherapy, community psychology, and a wide variety of educational and personal growth activities. In the future, we may choose not to define these forms of clinical work as “psychotherapy,” or we may modify our concepts about what psychotherapy is.

Psychotherapeutic processes can be conceptualized in at least three ways in cyberspace. We can think of computers as handy tools to be incorporated into preexisting theories of clinical work. The old ideas remain basically the same; we simply deliver them within cyberspace environments. In a second approach, we can define and develop a variety of new computer-mediated intervention systems, such as “e-mail therapy” and “chat therapy” in which we explore the unique therapeutic aspects of that particular communication pathway, without necessarily considering other online communication modalities.

In the third approach, which I will emphasize in this chapter, we can conceptualize online psychotherapeutic activities according to a framework that identifies the elemental components of online communication (Suler, 2000, 2006). These components can be controlled, combined, and modified in various ways to address the needs of different people as well as the changing needs of a particular person. Each component can facilitate certain types of psychotherapeutic change. Some of them may have been overlooked in more traditional forms of clinical work. In a sense, computer-mediated communication deconstructs the psychotherapeutic process (similar to how it deconstructs human “relationships”), not only revealing its elemental components but also offering the opportunity to understand and develop their potential for therapeutic change.

In this chapter, I will outline this conceptual framework, which I will call Cybertherapeutic Theory. I will use it to place into context the variety of online individual psychotherapies that are currently being conducted, as well as those that might be attempted in the future. I will apply the theory to understanding online group and community work. Lastly, I will use the theory as a springboard to propose a new type of online clinical work in which the professional serves as a consultant to a person’s online therapeutic activities, rather than as that individual’s personal “therapist” – a type of professional work that I have described previously in the eQuest project (Suler, 2005, 2006).

Cybertherapeutic Theory

Some people say that in psychotherapy it is the relationship between the professional and the client that heals. If this is true, then might cyberspace offer different types of therapeutic relationships based on the different types of communication it offers? As compared to in-person psychotherapy, online clinical work is unique in how it provides the opportunity to interact with clients via different pathways, each one having its unique pros and cons; each one being a slightly different type of relationship.

In the sections that follow, I will explore six components of the communication pathway between mental health professionals and clients within a cyberspace environment. Each of these components may be considered a dimension containing a gradient of differences in a particular quality. The five dimensions also overlap and interact. Any given communication modality can be classified on each of the six dimensions.

1. Synchronous/asynchronous

Unlike in-person encounters, cyberspace offers the choice of meeting in or out of “real time.” In synchronous communication, the client and professional are sitting at their computer at the same moment, interacting with each other in that

same time frame. Some examples include text-only and avatar chat, Internet telephoning, and videoconferencing. Technical factors, especially transmission speeds, will determine just how closely a synchronous meeting approaches the temporal pace of an in-person encounter. “Lag” may slow down conversation so that there are seconds, or even minutes, between exchanges.

In asynchronous meetings, the professional and client do not have to be sitting at their computers at the same time. Usually this means there is a disconnection of the time frames in which the interaction occurs. Examples of asynchronous encounters include e-mail, discussion boards, and delayed viewing of audio and video transmissions. However, some modalities typically classified as asynchronous (e.g., e-mail, discussions boards) could be used in a synchronous fashion. The distinction between synchronous and asynchronous communication should not be defined in terms of particular software or hardware tools but rather in terms of people’s experience of being in the same continuous time frame with each other. In particular, during synchronous communication the unit of time for interacting has a more distinct beginning and ending.

Some of the pros and cons of synchronous versus asynchronous communication revolve around this element of a distinct unit of time for meeting (i.e., an “appointment”). In asynchronous communication, there are no difficulties in scheduling or making an appointment, and being in different time zones is irrelevant. However, setting aside these convenience factors, there are several disadvantages associated with losing the practical and psychological significance of the boundaries implicit in an appointment. Because there are no widely accepted standards in our culture about interacting asynchronously with a professional, the professional must create them in a practical and effective way. Making the effort to be with a person for a specific meeting time also may be interpreted as a sign of commitment and dedication. There may even be some loss of the sense of commitment that “meeting with me right now” can create. Coming late to a session and no-shows are lost as a psychologically significant indices, although pacing and length of replies in asynchronous communication may serve as meaningful cues. In defense of asynchronous communication, some might claim that in the mind of the client “therapy” may become associated specifically with the appointment and be less perceived as an ongoing, daily process.

The psychological significance of “presence” must be considered when comparing synchronous and asynchronous styles. Some people may experience the in-the-moment or here-and-now connection to the professional as a higher degree of mutual presence, which may be a critical factor in therapies that emphasize the healing qualities of the professional relationship, as in humanistic theories and psychoanalytic self-psychology. Synchronous interactions may be more spontaneous, resulting in more revealing, uncensored disclosures by the client. Changes in the rhythm of the asynchronous exchange of messages may be psychologically meaningful, but unlike the

moment-by-moment presence of synchronous communication, subtle pauses in conversation go undetected. For people who have difficulty coping with the emotional or verbal demands of here-and-now interactions – as in severe social anxieties or cognitive disorders that impair verbal interaction – asynchronous communication may be the preferred modality.

The distinct advantage of asynchronous modalities rests in the opportunity afforded by the “zone for reflection” (Suler, 2000). Choosing one’s time to respond is not only convenient, especially for those with busy lifestyles; it also creates an opportunity to think about the message received and more carefully compose a reply. For the client, this might have important implications for issues concerning impulsivity, stimulating an observing ego, and the process of working through. For the professional, interventions can be planned more precisely and effectively, including the opportunity to consult one’s colleagues and resources before responding, while countertransference reactions may be managed with more care. According to the “twenty-four-hour rule” in text communication such as e-mail, one can compose a reply immediately as an exercise in spontaneity and catharsis, then wait twenty-four hours to review and possibly modify the message before sending it (Suler, 2000). Such write-wait-revise exercises may therapeutically stimulate cognitive and emotional changes.

2. Text/sensory

Most of the interactions occurring on the Internet are typed text. Examples are instant messaging, chat, e-mail, discussion boards, and blogs. Currently, e-mail and chat are the methods frequently used by mental health professionals. Most reports in the literature focus on clinical interventions using text, even though these reports often refer to this work with such generic terms as “online counseling” and “Internet psychotherapy.” Other reports specifically identify the unique aspects of text-based clinical work and the therapeutic aspects of writing (Anthony, 2004; Chechele & Stofle, 2003; Childress, 1999; Goss & Anthony, 2004; Murphy & Mitchell, 1998; Stofle, 2002; Suler, 2004b; Wright, 2002).

Lacking sounds and images, text conversations are not robust sensory encounters. Internet telephoning and videoconferencing attempt to re-create the more sensory-rich sights and sounds of an in-person encounter. Some research has begun to explore the use and effectiveness of such online audiovisual interventions (Day & Schneider, 2002; Glueckauf et al., 2002; Manchanda & McLaren, 1998; Rees & Stone, 2005; Simpson, 2003). In this category of sensory-rich communication, we may also include the more imaginary multimedia environments in which the therapeutic process takes place in an artificially constructed scene or “virtual reality” – in some cases including visual icons called *avatars* that clients use to represent themselves within that environment (Gaggioli, Mantovani, Castelnuovo, Wiederhold, & Riva, 2003; Glantz,

Rizzo, & Graap, 2003; Riva, 2000, 2003; Schuemie, Van der Straaten, Krijn, & Van der Mast, 2001; Wiederhold & Wiederhold, 1998). These multimedia environments may simulate real situations, as in virtual reality (VR) treatments for phobias, or they may be purely imaginative and even fantasy-based scenes.

Even though I am distinguishing text from sensory communication, there indeed is a visual component to typed text conversations, for example, in the creative use of smileys, spacing, capital letters, punctuation marks, and ASCII art. Also, the tools for embedding graphics and sounds into e-mail and discussion boards are becoming more common.

Some of the advantages of text interventions are determined by technical factors. Multimedia communication, such as videoconferencing, requires extra equipment, more technical know-how, and fast connections to work smoothly. Because text files are small, it is much easier to save permanent records of the therapeutic encounter, which gives the professional as well as the client an opportunity to review and to evaluate their work together. At the same time, it creates complications concerning the confidentiality of those records. The entire therapeutic process as well as the relationship between the professional and client could be preserved. As multimedia tools become more widely used, and as storage and connection speed capabilities increase, the recording advantage of text communication will be less significant, although analyses of text interactions may still be more easily quantified and standardized than analyses of auditory or visual records.

A more enduring issue involves the differences between reading/writing and hearing/speaking, as well as individual differences in cognitive skills for these types of communication. Compared with reading and writing, hearing and speaking are usually more quick and efficient. Because of poor reading or writing skills, some people will have difficulty expressing themselves and understanding others via text communication. However, some people, because of cognitive or interpersonal style, may naturally communicate better through reading and writing. The process of writing may also tap therapeutic cognitive processes and encourage an observing ego, self-reflection, insight, working through, and the therapeutic construction of a personal narrative, as in journal writing and bibliotherapy. Some of these therapeutic effects will tend to be more pronounced in asynchronous, rather than synchronous, text communication.

Some of the advantages of text communication may be attributed to the effects of absent face-to-face cues, increased anonymity, and the Online Disinhibition Effect (Suler, 2004a). Some people who may balk at seeing a therapist in-person – because of anxiety about self-disclosure, the stigma of being a “patient,” and so – and may be more willing to seek text-based help because of the anonymity it offers. Clients may be less expressive when confronted with a face-to-face encounter or may feel more uncomfortable with too many visual/auditory cues. The absence of face-to-face contact may encourage them to be more honest and revealing.

However, in-person contact has some obvious advantages. Without face-to-face cues, a person's identity is not as easily determined, which may present complications concerning confidentiality. Multiple sensory cues provide valuable information for understanding the client, such as visual appearance, body language, and vocal expression.

For some clients, the feeling of the presence will be more powerful when meeting in-person, which can enhance the effect of the therapist's interventions, the therapist's self-object functions, the sense of intimacy, and the client's commitment to the therapy. Typed text may feel "formal" and lack a supportive, empathic tone. Rather than encouraging productive self-disclosures, the Online Disinhibition Effect might result in the client regressing or acting out in ways that disrupts the therapeutic process. Because text communication tends to be more ambiguous due to the lack of visual and auditory cues that confirm meaning, there will be a tendency for more misunderstandings, projections, and transference reactions. Although enhanced transference may be useful to psychoanalytic clinicians, it may pose unnecessary complications for other types of therapists.

One of the most important challenges in exploring psychotherapeutic processes in cyberspace will be our understanding people's preferences for auditory, text, and visual communication, how those preferences relate to cognitive and personality styles, and what combinations of these modalities are therapeutic for different people and problems. In this exploration, we may draw on clinical and empirical research concerning the differences between verbal and imagistic processes in psychotherapy (Suler, 1989).

3. Imaginary/realistic

One of the most fascinating and potentially powerful aspects of cyberspace is its flexibility for recreating reality-oriented experiences as well as those that are highly imaginative. Cyberspace is filled with fantasy-based communities, some purely textual and others more graphic. Although some people prefer the flight of pure imagination that is activated by text-only encounters in role-playing scenarios, others prefer imaginary visual and multimedia environments. When designing mental health interventions, professionals can consider the therapeutic potentials of experiences for clients that are lifelike versus those that are more inventive. The imaginary environment could be provided by the professional, or the client might be encouraged to seek out one that already exists online.

There are a wide variety of possible therapeutic applications of imaginary environments. A client's interpersonal experimentation in an imaginary online community may provide very valuable material to be discussed with a mental health professional. Well-known techniques such as interpersonal role-playing, psychodrama, implosion, the development of relaxation scenes, generating imaginative intrapsychic resources, and the exploration of dreams, fantasies,

and childhood memories could thrive in imaginary environments designed with the help of a mental health professional. In the case of multimedia scenarios, these therapeutic experiences might involve the use of avatars, which are imaginative visual representations of oneself, often within an imaginative visual scene. Avatar psychotherapy might involve both the client and psychotherapist experimenting with various visual representations of themselves to help clients explore their self-concepts, as well as understand transference and countertransference dynamics.

The disadvantages of imaginary scenarios must be considered when planning therapeutic experiences for clients. Some forms of psychopathology may not respond well to imaginary environments or may be exacerbated by them, as in psychotic conditions. An excessive focus on imaginary encounters and identities could become a form of defense and acting out, a diversion from true psychotherapeutic work, or it may destructively magnify projections and transference reactions. Although some clients may be more anxious and less expressive when dealing with a realistic face-to-face situation, others will feel more comfortable in that situation and in being who they “really” are. The client’s sense of the therapist’s presence may be more grounded when the therapist appears real, which can enhance the impact of the therapist’s interventions, the therapist’s selfobject functions, the sense of intimacy, and the client’s commitment to the therapy.

4. Automated/interpersonal

The basic purpose of the computer is to automate tasks we cannot do, do not want to do, or would take much longer to do. In mental health interventions, the computer could automate specific tasks or even conduct interventions by itself with varying degrees of supervision by a human professional. Programs such as Eliza have simulated a fully automated psychotherapy (Suler, 1987).

There are a variety of advantages and applications of automation. Computer programs may be efficient, objective, and accurate tools in the assessment, testing, and diagnostic phases of treatment (Barak & Buchanan, 2004; Epstein & Klinkenberg, 2001). They may work well in helping clients make decisions about entering psychotherapy and what type of psychotherapy. Some people may at first be more comfortable and expressive with a nonhuman therapist. In turn, computers do not have feelings and can be programmed to minimize countertransference reactions, making them potentially much more objective and neutral in their work. Diagnostic as well as treatment protocols that are very specific and programmatic may be particularly amenable to automation, resulting in a cost-effective treatment. Computers, in some respects, possess a superior memory than humans and may be better at detecting thematic patterns that surface in the dialogue with a client. They might even be capable of detecting changes in voice and body language, as they are capable of detecting

psychophysiological changes, such as heart rate, skin conductance, and blood pressure – biological cues that therapists usually cannot perceive.

Of course, completely eliminating the professional's human presence from any intervention will be a mistake in many cases. The complexities and subtleties of some mental health interventions may be impossible to re-create in a computer program. Computer programs do not reason or learn nearly as well as humans and therefore may be very limited in their ability to adapt to changing, complex, or unique psychotherapeutic situations. Some clients will not feel comfortable or expressive with a nonhuman relationship. Those who believe "it's the relationship that heals" in psychotherapy may question whether such a relationship is even possible with a machine. Can the curative power of empathy be simulated by a computer program? Does a machine's elimination of emotion and countertransference eliminate the opportunity to use these personal reactions as tools for understanding and better helping the client?

Despite their advantages, computers mostly will be inferior to human professionals in understanding and therefore discussing and working with, the human condition. Nevertheless, the goal is not to eliminate automation but to decide when it is appropriate, with whom, and with how much interpersonal involvement by the professional.

5. Invisible/present

The potential invisibility of the professional afforded by computers overlaps with the automated/interpersonal dimension. If a mental health intervention with clients is automated, then it is possible for human professionals to watch over the machine's work. They can adjust programs or, if necessary, step in to intervene themselves. Other variations of invisibility might include a professional unobtrusively observing a client's behavior in some therapeutic online environment, or "listening in" on a colleague's individual or group work, for example, silently overseeing an e-mail list, perhaps to supervise or back-up the colleague through private communications. It is also possible for clients to be invisible. They can observe others in individual or group sessions or in an online community, either with or without the knowledge of the professional and the other participants, resulting in vicarious learning and therapeutic gains.

There are several benefits of invisibility. Some clients may be more comfortable and expressive when they believe a professional is not present. Some invisible clients may greatly prefer and benefit significantly from a vicarious learning experience. Being an invisible client also can reduce or eliminate the cultural stigma of undergoing mental health treatment.

However, there are a variety of disadvantages. The curative effects of a healing human relationship are lost when either the client or therapist are not present. The client's or therapist's commitment to the therapy may be greatly reduced when his or her counterpart is not present. Obviously, the client's

unawareness that a professional is listening or secretly intervening raises an ethical red flag. With informed consent, the invisible professional then becomes more present in the mind of the client. Over time, some clients will forget that there is someone observing, allowing the professional to slip more into invisibility. Other clients may never feel comfortable in what becomes a self-conscious, even paranoid, environment. However, the idea of being completely invisible also could lull a therapist or client into a false sense of security. With enough technical know-how, an outsider can detect or observe one's participation in any type of online meeting.

A useful aspect of computer-mediated communication is that the degree of presence of the professional or client can be regulated. In text-based groups, one can lurk, periodically communicate, or maintain an ongoing participation. The presence of the client or therapist can be maximized when the communication is synchronous and sensory. Here and now, seeing and hearing the actual person – as in videoconferencing – will make that person feel more real, alive, and present for many people. Although the “interpersonal” and “present” factors overlap, it is possible to have an interpersonal intervention that lacks a present professional (e.g., a professional pretending to be an automated system), as well as an automated intervention with a present professional (e.g., a client working with a computer program while knowing that a professional is silently observing).

6. Individual/group

As in other types of mental health interventions, cyberspace offers opportunities for both a one-on-one relationship between the professional and client and group experiences. With group activities, the professional might play a variety of roles: provide information to clients about online group opportunities, advise clients about their group experiences, offer consultation to online groups and communities, or design and facilitate online groups and communities.

One very important feature of the Internet is its ability to bring together people who are experiencing similar problems – people who are geographically distant as well as those who struggle with unusual issues. Thousands of online support groups address many social and mental health topics. These groups may serve as valuable adjuncts to clients in psychotherapy or as stand-alone therapeutic experiences. Similarly, there are thousands of online communities of all shapes and sizes. A client's lifestyle in one or more of them may be the perfect social microcosm for exploring psychological issues. Given the nature of the client's problems, a professional might recommend a particular community or a behavioral assignment within a community. The online community might then serve as a setting for the development of new interpersonal skills and psychotherapeutic change.

Even psychotherapists who are not actively involved in online clinical work will benefit greatly from understanding what online resources are available

for their clients. In this age of the Internet, all mental health professionals need at least a basic knowledge of online behavior, relationships, communities, and especially support groups (Chang, 2005; Davison, Pennebaker, & Dickerson, 2000; Finn, 1995; Godin, Trushel, & Singh, 2005; Hsiung, 2000; King & Moreggi, 1998; Madara, 1997; Tichon & Shapiro, 2003; Weinberg, 2001; Zuckerman, 2003). Professionals who expressly focus on online activities when working with clients, or who consult with, design, and manage online groups, will need to cultivate a specialized knowledge of relationships and group dynamics in cyberspace.

Some of the factors in deciding whether a client might benefit from individual and group experiences in cyberspace overlap with those in evaluating the pros and cons of in-person individual and group work. However, online group experiences may raise some unique issues. How will clients cope with text and synchronous versus asynchronous communication? How will they manage their online identities in the group, and how might they respond to how other members manage and “experiment” with their identities? How might they need to integrate the lifestyle they develop online with their in-person lifestyle?

Professionals who consult with, design, and manage online groups will need to address the same questions, as well as consider a variety of other issues: the group’s membership, purpose, value system, rules of conduct, leadership structure, and communication infrastructure. This work involves a mixture of concepts and techniques from traditional group therapy, community psychology, and organizational psychology, as well as ideas unique to online communities (Kim, 2000; Rheingold, 2000). Maximizing the well-being of an online group also involves more than just remedial interventions. Following the principles of secondary and primary prevention in community psychology, it requires an early detection of small problems before they escalate into big ones, as well as a sensible design of the community so that some problems can be avoided from the start. Some of these interventions will be aimed at the purely psychological and social dimensions of the group, while others will involve software changes in the media for communicating and interacting.

The boundaries, structure, and definition of “group” can be quite different online than in-person. Various combinations of the five previously discussed dimensions of online communication will significantly alter group dynamics, thereby providing a variety of potentially therapeutic experiences for clients. Clinicians have begun to explore traditional communication options for synchronous and asynchronous work with couples, families, and groups (Bellafiore, Colón, & Rosenberg, 2004; Jencius & Sager, 2001; King, Engi, & Poulos, 1998; Ouellette & Sells, 2001; Pollock, 2006; Sander, 1999; Weinberg, 2001).

However, a wide range of other options might be explored. Using layered interactions a group could function at two different levels using two different channels of communication, with one channel perhaps functioning as a

meta-discussion of the other. For example, a group could meet via synchronous text or videoconferencing. Then, using a saved transcript or recording of this meeting as a reference, the group discusses this session via e-mail. Essentially, this is a computer-mediated enhancement of the “self-reflective loop” in group psychotherapy, as described by Yalom (1995). The group process becomes layered, with a core, spontaneous, synchronous experience and a superimposed meta-discussion. Such layered interactions may be especially useful when the core experience involves role-plays with a reality-oriented meta-discussion.

Other interesting possibilities arise from the use of invisibility. In a nested group, people could communicate with one another while also being able to invisibly communicate with one or more people within that group. Although such private messaging could create subgrouping and conflict, it also could be useful in enabling group members, as well as the professional, to offer hidden coaching and support that ultimately enhances the whole group. In overlapping groups, individuals or subgroups within one group can communicate with individuals or subgroups from a sibling group, which enables a comparison of experiences across groups. Professionals also might create a meta-group that silently observes the interaction of a second group and then offer its feedback to that group, or privately to individual members, either during or after the online meeting.

Group strategies may involve environments that are one-to-many, many-to-one, and many-to-many. In a webpage or blog, a person may therapeutically express himself to a group of people. If the group can provide feedback to that person, those replies might also be beneficial. Communities of weblogs and social network systems enable people to find and communicate with other people who share similar backgrounds and interests. Innovative mental health professionals will find ways to assist clients in exploring and optimally benefiting from these opportunities.

Clinical Implications of Cybertherapeutic Theory

Psychotherapists from different perspectives may evaluate these dimensions of Cybertherapeutic Theory quite differently. Those who rely more on specific procedures and protocols – as in some behavioral and cognitive approaches – may find automated interventions very useful. Psychoanalytic and behavioral clinicians who work with fantasy-based material (dream work, exposure, flooding, implosion) or invented role-plays may be enticed by the imaginary dimension of computer-mediated therapy. Asynchronous text communication may be useful to psychotherapists who emphasize the construction of a personal narrative, as in some psychoanalytic therapies and bibliotherapies. Some psychoanalytic workers also will be intrigued by the heightened transference and countertransference that occurs in text-based interactions.

However, those therapists – especially humanistic thinkers – who uphold the therapeutic power of a face-to-face, authentic relationship may reject any type of computer-mediated intervention. They will likely prefer a fully present interpersonal encounter. Surely, clinicians who work closely with body cues and body contact (e.g., Thought Field Therapy, Somatic Experiencing Therapy, Eye Movement Desensitisation and Reprocessing [EMDR]) will find cyberspace very limiting.

From a practical standpoint, however, it's hard to imagine any clinician who wouldn't find e-mail useful as a way to maintain contact with the client, just as telephone calls have become routine. In Cybertherapeutic Theory, such communications would be conceptualized as features of a multimodality clinical intervention, and therefore subject to analysis according to the six dimensions of the theory.

There are numerous ways the various dimensional elements can be combined and sequenced to design a therapeutic encounter that addresses the needs of clients. People who can benefit from in-depth psychotherapeutic work (e.g., those who are higher functioning, educated, or artistically inclined) may fare well in rich imaginary scenarios, coordinated with a text-based evaluation of the experience. Trauma that needs to be mastered gradually can begin with text-based explorations, then slowly incorporate actual sensory re-creations to assist in the assimilation of the trauma. Some therapies (e.g., EMDR) also may invent imaginary text or sensory resources to counteract the trauma. Developing the social skills needed to mastering specific difficult interpersonal situations can progress from imaginary/automated/asynchronous scripted role-plays with minimal sensory cues (and perhaps an invisible therapist to evaluate and coach) to more challenging spontaneous role-plays that are synchronous, interpersonal, and sensory enriched. To grapple with issues concerning intimacy and interpersonal anxiety, schizoid and socially phobic clients may benefit from a therapeutic program that begins with encounters that are text based, asynchronous, and perhaps even automated and then moving toward more synchronous, sensory, present, and ultimately in-person encounters.

An important aspect of Cybertherapeutic Theory is that we are evaluating mental health interventions based on the types of communication pathways between clients and professionals. This approach differs from the more traditional method of defining a psychotherapeutic intervention, which is more closely linked to one's theory of psychopathological causes. It is even possible that our understanding of how different communication pathways affect the therapeutic process may lead to new frameworks for conceptualizing psychological problems. Psychological health may be assessed according to the person's ability to move among as well as integrate the dimensional features of computer-mediated and in-person communication.

As the technology of cyberspace advances, the methods for computer-mediated interventions will also change. A critical component of this change will be a careful evaluation – and perhaps reinterpretation – of the ethical

issues associated with the practice of psychotherapy. The foremost concern in the clinician's mind should always be the welfare and rights of the client as outlined by the evolution of professional guidelines.

Cybertherapeutic Activities and Programs

There is a trend nowadays to think of the Internet as a place where we can take a particular style of individual psychotherapy and translate it into an online mode, as in a chat or e-mail version of a psychodynamic or cognitive therapy. However, relying on Cybertherapeutic Theory, professionals also can begin exploring ways to shape the wide variety of therapeutic activities in cyberspace into new interventions that aren't necessarily an online adaptation of preexisting clinical theories or techniques. Such personal growth and psycho-educational activities in cyberspace can serve as supplements to individual psychotherapy or as stand-alone activities.

They also can be integrated into a comprehensive and integrated program, such as "eQuest" (Suler, 2005). A person enters the program with some specific personal issue in mind that is related to mental health. Almost any issue can be explored and possibly resolved in the program (divorce, anxiety attacks, eating disorders, etc.). In the form of a website, the program consists of instructions that guide the person through a variety of online activities and exercises that address the personal issue. The program's philosophy advocates the merit of developing one's online skills, activities, and relationships as assets to resolve life difficulties. It emphasizes the importance of experimenting with different types of online activities and communication modalities, exploring personal expression and identity in cyberspace, and developing an online lifestyle that can be effectively integrated with one's in-person lifestyle. The person's specific goal is to address the personal problem or issue that he or she brings to the program, but the more encompassing goal is to become a knowledgeable user of online resources and to develop an online lifestyle as a psycho-educational, therapeutic process. These two goals go hand-in-hand.

When designing, prescribing, and implementing these online therapeutic activities – especially in comprehensive programs – the professional may not play the same central role in the transformative process as they do in traditional psychotherapies. Instead, the professional may empower clients by guiding them through their own process of educational and personal growth, by acting as a consultant in that process rather than a psychotherapist per se. Although clients might benefit from undertaking such cybertherapeutically designed activities and programs on their own, the outcomes no doubt will be more effective when the professional serves in this consulting role. In the sections that follow, I will describe some of the components that might be integrated into a cybertherapeutic program, as well as the possible

functions of the professional consultant. However, because we live in an age when many psychotherapy clients are online, even traditional psychotherapists could benefit from understanding these features of cybertherapeutic endeavors.

1. Goal Setting and Assessment

Before clients attempt a cybertherapeutic activity or program, the professional should help them clarify the specific issue or goal they have in mind. What exactly do they hope to learn or resolve? In developing eQuest (Suler, 2005), I encourage participants to pick an issue that is personally meaningful, an issue that is important in the person's life. Although some have difficulty in deciding which of several possible goals to choose, they rarely if ever are unable to identify an issue they wish to explore. Sometimes they need help in focusing an otherwise vague or broad goal. Sometimes they choose one that appears to be, at first glance, abstract and academic rather than personal. However, even a cursory discussion usually clarifies the personal significance of the issue they selected.

The professional should assess the person's computer abilities. Strategies for such an assessment could be adapted from those created by the ISMHO Clinical Case Study Group (2001) for determining a person's suitability for online psychotherapy, including such issues as writing and keyboarding skills, knowledge about computers and the Internet, and prior experience with online activities. Basic skills in web browsing and e-mail would probably be necessary but a well-designed activity or program should be effective even for people with intermediate and advanced knowledge of cyberspace, particularly in the feedback offered by the consultant.

In this assessment stage, the consultant should take care to assess any contraindicated vulnerabilities in personality, as well as the possibility that a particular person might choose an issue to explore that is too emotionally charged or inappropriate in some way. For example, because of the possibility of acting out and intense transference reactions in online relationships, people with severe personality disorders, impulse disorders, and psychotic conditions might not benefit from online social activities or might require detailed consultation. Some issues – like online sexual perversions and crime – might be explored via readings but perhaps should not be investigated via social contacts.

The consultant might develop structured tools for assessment purposes. In the eQuest program (Suler, 2005), an Assessment Profile and Interview is used to conduct pre- and postassessments, as well as to track participants through the program. During a preassessment interview with the participant, the consultant uses rating scales and checklists to assess a person's self-reported computer and Internet skills, prior online activities, knowledge and experience concerning the personal issue being explored in the program, and social/cognitive preferences

related to online activities. Ratings of these social/cognitive preferences are based on the six dimensions of Cybertherapeutic Theory, that is, preferences for text, visuals, synchronous versus asynchronous communication, and so on. A graphical profile, which visually summarizes these aspects of the person, is used by the professional as a reference for consulting the person during the cybertherapeutic activities. After the participant completes the program, the assessment tool is used to obtain a self-reported evaluation of progress made within the program.

2. Utilizing Online Information

Any cybertherapeutic program should encourage clients to take advantage of the vast amount of information online about mental health issues. However, current research recognizes the varying quality of such information and the importance of educating people in the assessment of it (Casteel, 2003; Griffiths & Christensen, 2000; Morahan-Martin, 2000; Morahan-Martin & Anderson, 2000; Palmiter & Renjilian, 2003). Guidelines for helping clients use online information should include criteria for objectively evaluating the quality of that information; that is, what are the credentials of the person who wrote that web article, is it a reputable organization that created the website, what do reviews of that site say about it, how many and what other sites link to that information. The consultant also should encourage the client to explore the subjectively experienced validity of the resource. Why does the information feel or not feel “right” to the person? How can the person make sense out of that information and apply it to his or her situation? In eQuest (Suler, 2005), participants evaluate an online resource with a seven-point rating system based on such objective and subjective criteria.

Among the many online resources are the professionally created sites intended for people who are looking for help with a variety of behavioral and mental health problems, such as smoking, alcoholism, depression, post-traumatic stress disorder, eating disorders, self-injurious behaviors, and social phobias. These sites may offer information about the causes, symptoms, and professional treatments for these problems, as well as self-help and self-management strategies that people can try on their own. Such sites are the most widely used mental health resources in cyberspace.

Given all the information that a client might discover, it can be very helpful to understand why a particular piece of information catches a person’s eye. Conscious as well as unconscious needs may be reflected in the information people choose to examine. For every webpage that presents some idea or “fact,” there will be another page that proposes contrary ideas and “facts.” The consultant must encourage the client to be aware of the tendency to seek out information that confirms one’s preexisting beliefs about some social or mental health issue and to understand the psychological and emotional underpinnings of that bias.

3. Participating in Online Groups

As the size and social complexity of cyberspace has expanded tremendously, it is hard to imagine any social or mental health issue that is not being addressed by an online group. Some may be small and casual discussion groups, but others, including a wide variety of self-help organizations, offer sophisticated psychotherapeutic and psychoeducational support (King & Moreggi, 1998; Madara, 1997; Salem, Bogat, & Reid, 1997). Gathering useful information, learning vicariously from observing people interacting, sharing, and seeking advice from others, and providing assistance to others – as the “helper therapy principle” suggests (Riessman, 1965) – can all enhance the process of personal growth.

However, there is a learning curve in understanding the culture of online groups and knowing how to participate in them effectively. When consulting with clients and designing cybertherapeutic programs, the professional can offer practical suggestions about how to find and join online groups, what to say or not to say when creating a personal profile, the importance of observing the group’s culture before participating, how to introduce oneself, and what to expect as a newcomer. Because some groups are something less than useful and benign, even hurtful or blatantly pathological, a cybertherapeutic program should contain a set of guidelines about how to evaluate whether a group is helpful; for example, how active is the group; how do members react to newcomers; what are the conversations like; how does the group handle disagreement and conflict; what are the components of the groups ideology concerning the issue it addresses; is this ideology amenable to the client’s belief system, and how might the ideology be therapeutically beneficial to the participant, perhaps even serving as a “cognitive antidote” for the participant’s maladaptive beliefs (Suler, 1984). Recognizing universality – that your problem isn’t unusual and you aren’t alone in having to deal with it – is a powerful therapeutic aspect of a group experience. Because cyberspace enables people with even rare problems to join together, it excels in its opportunity to offer group camaraderie and mutual understanding.

As in eQuest (Suler, 2005), a client may be encouraged to read the literature about the pros and cons of online groups and social relationships. Of special interest are the ways that a person might behave in online groups compared with in-person groups, including how one might react to online disinhibition. The consultant’s attempts to help the client understand such reactions can lead to important insights into the client’s personality as well as the issue being addressed in the cybertherapeutic program.

4. One-on-One Relationships

Although many people form relationships with others they meet on the Internet, they may not be as familiar with the pros and cons of online relationships

as they need to be. The professional can assist them in this goal. In a cybertherapeutic program where clients are exploring some specific personal issue, the professional may encourage and guide them in establishing relationships with people who share that issue or are knowledgeable about it. The relationship that forms may involve mentoring or peer help and support, in some cases evolving into a friendship. Clients might privately contact a few people they encounter in the online groups they have joined, people with whom they sense the possibility of a rewarding relationship.

Because online text-based relationships can be quite unique compared with in-person relationships, the eQuest program offers suggestions, readings, and exercises to assist the participant in maximizing the benefits of these relationships while avoiding the pitfalls of miscommunication with text. In an exercise involving expressive keyboarding techniques, such as the use of caps, parenthetical expressions, trailers, rich text, and emoticons (Suler, 2006), the participant composes a practice text message to a real or imaginary person online using as many keyboarding techniques as possible. Transference reactions due to the ambiguity of text conversations is a common problem in cyberspace, so the program also includes an exercise in which a person mentally imagines the online companion and then compares that mental representation to images of significant others in the person's life. Another exercise involves reading out loud one's text message, using different vocal tones and speech patterns, to evoke the various meanings and emotions that the online companion might perceive in the message. To get a "big picture" of what a relationship has been like – and to understand the development of that relationship over time – another exercise encourages the person to scan the titles of e-mail messages in the archive for that relationship, and then reread some of those past e-mails.

As part of their education in online relationships, the consultant might encourage clients to explore how they perceive and react to the consultant via online communication. If the consultant and client interact face-to-face as well as online, then comparing these two modes of communication can be especially helpful in clients realizing how they react and behave differently in cyberspace versus in-person. The relationship between the client and the consultant can become a safe place for people to openly discuss self-expression, distortions in interpersonal perceptions, the disinhibition effect, and transference reactions. Clients sometimes perceive and react to the professional very differently online than in-person. Understanding that discrepancy can lead them to important insights into the nature of online communication, and into their own personality dynamics.

5. Online Tests and Interactive Programs

Although online people can sample a variety of personality tests, aptitude tests, interest inventories, and other types of interactive programs. Whatever the issue a person brings to psychotherapy or a cybertherapeutic program, there is almost

always some online test or questionnaire related to it. In eQuest, participants are encouraged to browse through websites that offer such resources and complete any tests that look useful or interesting to them. Sometimes they select tests that are obviously related to their personal issue, but often they try a test simply because it catches their eye. They are encouraged to discuss the results of these tests with the consultant.

Professionals should advise clients about how most of these tests are not valid psychometric instruments, that the results should be viewed with some healthy skepticism. This alone is a significant lesson in cyberspace, where such tests proliferate as commercial endeavors or simple entertainment. Nevertheless, it also can be a valuable learning experience to experiment with these tests and determine for oneself whether they are accurate. In the eQuest guidelines – and especially in the discussions with the consultant – participants are encouraged to use these questionnaires as springboards for thinking about themselves and the personal issue being explored. It can be very valuable to see which particular tests or programs people choose, to understand why the person wanted to experiment with them. The choice often reflects underlying concerns, wishes, and needs that may be related to the personal issue being explored in the program.

6. Free-Form Browsing

When people go online, often they are searching for specific resources or intending to go to a specific place. The destination is predetermined. That mental set tends to narrow one's field of view. It can prevent people from discovering other resources that they did not know existed in cyberspace. Sometimes that agenda even imposes a kind of linear intention into one's movement through cyberspace that defeats the purpose and beauty of the hypertext, associational structure of the World Wide Web.

The free-form browsing component of eQuest attempts to reverse that mental set, to get people to explore more freely, to revive the playful and creative attitude of discovery that arises from divergent thinking. Several types of free-form browsing exercises are within the program, but they all encourage the person to devote a few online sessions to simply wandering around cyberspace with no specific agenda. People might use a random link generator that launches them onto a webpage somewhere on the Internet, as an arbitrary starting point to begin their wandering. Or, they may start their journey on a familiar page, then begin clicking on links, sometimes choosing those links randomly and sometimes clicking ones that catch their eye. The exercise works best when people do not rely on a conscious analysis or evaluation of where they are going but instead rely on intuition and "gut feeling."

For some people, the process involves a contemplative form of free association. It becomes a fascinating kind of projective test in which people allow unconscious needs and feelings to direct their path. How the person experiences

the process of free-form browsing, as well as what the person discovers online, are both revealing. For people with compulsive tendencies or rigid lifestyle patterns, free-form browsing can be a therapeutic challenge. Although many people do not, at first, realize the psychological significance of how they undertake and experience free-form browsing, the consultant often can provide feedback that stimulates such insights.

7. Creating an Online Presence

Many online environments and communities offer people the opportunity to create a personal profile or webpage in which people present information about their background and interests. Blogs and photography sharing communities have become a popular way to express oneself. The professional can help the client engage these tasks as a valuable therapeutic, self-reflective exercise. Many important questions can be considered: What do you think is important about you and your life? What do you want others to know about you? What might be the reactions of others to how you present yourself? How people choose to present and in a sense create their online identity is an intriguing aspect of life in cyberspace. That identity may not correspond exactly to one's in-person behavior.

In eQuest, the guidelines for creating a personal webpage suggest that people say something about their lives, personalities, backgrounds, and interests as well as describe what they have learned about the personal issues they are exploring in the program and hence about themselves. With the help of the consultant, they are encouraged to experiment with fonts, backgrounds, colors, graphics, and photographs, to be as creative and self-expressive as they wish. Links to online indexes of thousands of personal webpages, as well as pages of previous eQuest participants, gives them the opportunity to examine how other people decided to present themselves.

Because self-awareness and personal identity revolve around how others perceive us, the consultant and cybertherapeutic program can encourage the client to think about "audience." How might clients create their webpage, profile, or blog differently, depending on who read it: friends, family, coworkers, people who are familiar with their issue being explored in the cybertherapeutic program, or almost anyone online? Clients might be instructed to ask family or friends for their feedback on their webpage or profile. After experimenting with different versions, the client can decide which would be most appropriate to upload to their particular online groups.

8. Assisting With Media Transitions, Anxiety, and Mental Set

Because the philosophy of a cybertherapeutic program maintains that people can benefit therapeutically from experimenting with different communication modalities, the program will encourage and guide people to become involved

in a various online environments that include text, visuals, audio, synchronous and asynchronous communication, imaginary versus real environments, and varying degrees of invisibility and presence. The theory behind this multiple modality emphasis is that a communication environment shapes the expression of personal identity and social interaction. Because each environment can offer a different form of expression, exploring new ones may enhance interpersonal learning as well as the cohesion and development of one's identity.

However, when seeking computer-mediated help, people will tend to try those services that operate via communication modalities with which they are already familiar and comfortable. Those particular services and modalities may not necessarily be the best option. The person may need to explore new environments, to make a *media transition*. In some cases, the change might be a small one, while in other situations, the transition might be quite dramatic. One function of the online mental health professional would be to help a person make such transitions.

Confronting the possibility of change stirs apprehension. In the case of moving to a new type of communication modality, we may call this *media transition anxiety*. Although the degree of that anxiety will vary depending on one's personality and the magnitude of the change required, several factors generally contribute to it in most people. Some may feel stressed by the amount of time and energy they must devote to mastering a different modality. To avoid feelings of incompetence and possible failure, people may wish to remain in an old environment that they have mastered rather than make the challenging transition to a new one that they may not understand. A fear of the unknown may prove to be an obstacle, especially in new social environments where one must figure out how the social system works, how to behave appropriately within it, and how to present one's identity. It is always possible that others might be critical or rejecting. For some people, the anxiety arises from the fear that installing new software or entering a new environment might result in problems with one's computer. Trying to make things a little better can sometimes make what you already had a lot worse, so a "If it ain't broke, don't fix it" philosophy prevails. The consultant might consider exploring the psychological issues that possibly underlie these attitudes of the client.

Resistance to exploring new environments also may be the result of *media mental set*, a narrow and rigid pattern of thinking about communication modalities that fails to consider new information or perspectives. People can become so accustomed and loyal to one type of communication environment that they refuse to consider others. They approach issues, including psychological and social ones, strictly in terms of that particular environment, while failing to see alternative solutions offered by other types of environments. Their thinking gets mentally stuck within that media. Personal limitations in imagination, curiosity, or learning and problem-solving abilities may result in a media mental set,

but even people without such limitations can slip into such a state of mind. They idealize their particular modality. Their self-esteem and identity are invested in it. They harbor nostalgic memories about being there. They may feel the need to protect those feelings, memories, and identity, which can lead to a rationalized defense of their media that resembles territorial behavior. Sometimes media mental set becomes the norm for an entire online community, so a person's status within it can become jeopardized if a change to another modality is undertaken or even considered. To avoid cognitive dissonance, people devalue other modalities that might indeed appear valuable, but which they are not trying.

The professional working with an online client may need to address media transition anxiety and media mental set on several levels. To stimulate cognitive development, they may assist clients in realizing how they previously made communication manageable and predictable by relying on familiar assumptions and in then making the leap into assimilating alternative methods of communication. The professional may need to help the client understand the personality and attitudinal factors that contribute to media transition anxiety and mental set, which often turns out to be psychotherapeutic work that overlaps with other issues in the client's life, including the issue the person brings to the cybertherapeutic program. The professional also can stimulate media transition motivation by inspiring the clients' sense of necessity, accomplishment, pride, delight, and even adventure in making a change. That motivation can be conceptualized in terms of Maslow's hierarchy of needs, including the needs to acquire information, establish social bonds, acquire mastery and self-esteem, and self-actualize through creative self-expression.

When assisting clients in media transitions, the professional can offer practical suggestions. Minimize cost and maximize benefits by only attempting big changes when they are necessary. Expect a period of adaptation when entering a new online environment. Depending on how different the modality is, anticipate a learning curve in which new perceptual, motor, cognitive, and interpersonal skills will need to be developed. Accept confusion, the necessity of making small steps, and the fact that even excellent media have some design flaws. Sometimes confusion and frustration is justified. In a new social environment, you will need to learn the software first before you can fully attend to the people there. Try to understand the norms of the group – what is considered acceptable and unacceptable behavior – before you start to participate. Accept the role of newbie, seek out the advice of those who are familiar with the environment but also recognize and leave a hostile community. Investigate the new modality while recognizing that mental sets developed from a previous one might prevent you from realizing some of the resources in this new environment. Recognize when it is a good idea to stretch your particular set of cognitive, perceptual, and social skills by engaging a new environment, and when an environment simply does not match your skills and interests.

9. Integration

In a cybertherapeutic program, the consultant must help the client integrate the various activities and experiences generated by the program. Rather than allowing the program to become a miscellaneous collection of things to do online, the consultant assists the client in developing a “big picture” by identifying significant themes and patterns in how the client progresses through the program. The client’s experiences are like pieces of a puzzle that need to be compared, contrasted, and assembled to arrive at that bigger picture. Because the overarching goal of the program is to help clients understand the factual information concerning the personal issue being explored, the subjective effect of that issue in their lives, and what it means to develop a lifestyle in cyberspace, the consultant encourages them to realize that these three learning objectives are not separate, but intertwined. Even advanced Internet users, who already may be familiar with the basic cyberspace information provided in the program, can benefit from this more psychologically sophisticated integrative process that requires the objective assistance of a professional consultant.

Dissociating online and offline activities – immersing oneself in cyberspace as an experience isolated from the rest of one’s life – can be a problem for some people. It is one of the classic features of Internet addiction (Greenfield, 1999; Suler, 1999; Young, 1998). Therefore, one of the integrative functions of a cybertherapeutic program and its consultant is to help people bring their online and in-person living together. In eQuest, the suggestions are deceptively simple: discuss your offline life with your online companions; contact online companions on the phone or in-person; talk with family and friends about online experiences; interact online with the people you know in-person. As simple as they seem, these activities are essential for gaining new perspectives, preventing misperceptions of online experiences, and discovering different dimensions of the client’s lifestyle and personality.

Although online, people also tend to dissociate from their body. Cyberspace is a sedentary activity that easily becomes a disembodied experience. Although some advocates of online living praise the value of minds connecting directly without the “distraction” of physical presence, it is a mistake to think that our bodies play no role in our sense of self or in our online encounters. Using felt-sense exercises (Gendlin, 1982), eQuest encourages people to become aware of body sensations while online and to understand how those sensations inform our experience of what we encounter in cyberspace. Aching backs and necks are common symptoms of excessive and perhaps compulsive computing – a bodily warning that it’s probably time to stop – but much more subtle sensations reveal underlying emotional reactions to online activities, especially concerning online relationships. Often these reactions are unconscious. The consultant can further enhance such explorations into unconscious responses to cyberspace by encouraging clients to remember and understand their dreams about computers and the Internet. In fact, many of the consultant’s attempts

at integration – at reading between the lines to detect hidden patterns and themes – are explorations of the unconscious not unlike the interventions of the psychodynamic psychotherapist.

The context of Cybertherapeutic Theory

The effectiveness of Cybertherapeutic Theory will be determined by the professional and political context in which it develops. A widespread implementation of the theory will require the interdisciplinary efforts of such fields as clinical and cognitive psychology, communications, human-computer interaction, and Internet technology. The software and hardware possibilities, the psychological research on the six factors underlying Cybertherapeutic Theory, and the clinical implications of such possibilities and factors must develop hand-in-hand. The most effective model for a cybertherapy program might involve an interdisciplinary team that helps decide what psychotherapeutic approach, with which clinician, in what type of online environment, would work best for a particular client. A cybertherapeutic program for a client might involve a package of several types of online activities, with the package designed and conducted by the interdisciplinary team. Although assessments based on Cybertherapeutic Theory would serve as the overarching structure for designing interventions, the wide variety of possible interventions would require the development of specializations in online clinical work, training programs, and perhaps even certifications.

For cybertherapeutic systems to succeed, the complex ethical, professional, and legal issues related to online clinical work that are currently being debated must be resolved (Anthony & Goss, 2003; Barnett & Scheetz, 2003; Hsiung, 2002; Kraus, 2004; Ragusea & VandeCreek, 2003). These issues include the development of standards for specialized training, verification of the client's identity, the insurance of privacy, and clinical work across political boundaries.

A successful and widespread implementation of Cybertherapeutic Theory would require the development of online networks that integrate consumer information, referral systems, assessment strategies, the interdisciplinary teams, and the cybertherapeutic environments. One important feature of these networks will be linking online and in-person services, as well as providing consultation to clients on how to navigate them. Ideally, the result will be networked services in which technicians, researchers, cybertherapeutic consultants, and clinicians work together to empower clients in making effective decisions about optimizing mental health.

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