Contemporary Media Forum

Psychotherapy and Clinical Work in Cyberspace

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Is it possible to do psychotherapy in cyberspace? Let me address that question by telling a joke. And this is one I made up myself: How many psychologists does it take to do computer-mediated psychotherapy? . . . None. The computer can do it all by itself.

The reason why that joke is (or is not) funny is important. Maybe, like many jokes, it reveals something we are a bit anxious about. Are computers and the internet taking over our lives? Are human relationships being infiltrated and dehumanized by machines? Will really poor computer-mediated psychotherapy replace the tried and true methods of traditional psychotherapy? We could certainly make those arguments and we should be on the lookout for those possibilities. On the other hand, computers and the internet do offer many new, enriching forms of human interaction. Perhaps that includes new and enriching forms of that special kind of human interaction called psychotherapy. On the road to reaching that possibility, we must grapple with some rather complex issues.

First of all, is it ethical to attempt psychotherapy in cyberspace? If the therapist is communicating with the client through typed text (as in e-mail, chat, and message boards), all sorts of valuable information—like physical appearance, body language, and tone of voice—are missing. That easily could pose problems in making an accurate diagnosis and evaluating the treatment, which often rely on f2f behavioral cues. Without f2f cues, the therapist also may not be able to verify the identity of the client. Is the person really who he or she claims to be? Is this particular message really from the client or from someone else pretending to be that client? Confidentiality—an absolutely essential feature of psychotherapy—easily could be violated by this difficulty in validating identity, as well as by the fact that

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outsiders could listen in on the psychotherapy discussion by intercepting transmissions or gaining access to saved messages. Fortunately, these problems have some viable technical solutions, such as creating secure networks and using encryption and user verification software. Video conferencing, which is an important tool in the TeleHealth movement, also can supply many of those valuable f2f cues that are missing in pure text communication.

Technological solutions do not work as well for the legal and political dilemmas of online clinical work. If a therapist in Kansas is working with a client from Japan in a chat room located on a server in France, where is the therapy taking place? To some onliners, those geographical questions may seem moot because the whole point of the internet is that geographical boundaries disappear. However, the question is not moot for health care companies and professional regulatory organizations that need to know where the psychotherapy practice is located. To whom the psychotherapist is accountable boils down to a matter of geography. In fact, licenses and certification to conduct psychotherapy almost always are determined by where the clinician practices. Is it legal when a professional clinician licensed to practice in New Jersey does online therapy with someone in California, or India? Do the national organizations for psychologists, psychiatrists, and social workers have any jurisdiction over clinicians who work online with clients who live in other countries? If clinicians act unprofessional or unethical in this online work, who will be there to evaluate and correct them?

These questions also lead to issues about training and credentials. Is psychotherapy in cyberspace so different from traditional f2f psychotherapy that it requires special training and certification? From the standpoint of clinical theory and technique, this is an important question. It is possible that clinical work in cyberspace is but an extension or a supplement to the more familiar styles of psychotherapy. Or it is possible that entirely unique theories and techniques will evolve within this new communication medium.

This issue raises one last critical question: What do we mean by "psychotherapy?" Put a bunch of professional psychotherapists together to discuss this matter and you will be very lucky indeed if they come to any agreement at all, other than a very general definition about psychotherapy being a service in which a professional helps a person with a problem. And that controversy exists even before we toss cyberspace into the debate. Whether we call it "psychotherapy" or not, there have been many ways over the past 100 years to apply psychological principles to helping people. Now, in the new millennium, cyberspace offers even MORE possibilities— many never dreamed of just a few years ago. 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.

Information and resources regarding online psychotherapy rapidly are becoming abundant, including: (1) articles for professionals about the history, theory, technique, and ethics of clinical work via the internet, (2) information for consumers who are interested in online services, and, (3) online clinical centers that offer clinicians secure "space" (e-mail systems, chat rooms, message boards) for conducting individual therapy, group therapy, and support/educational groups that address mental health issues. Often those centers also serve as a place where consumers can search for clinicians and groups that address their particular needs.

For a gateway into these resources and information, visit the section of my online book *The Psychology of Cyberspace* that is devoted to psychotherapy and clinical work in cyberspace. The introduction and table of contents for this section is located at *www.rider.edu/users/suler/psycyber/ therintro.html.*