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When a therapeutic relationship is online: Some reflections on Skype sessions

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This article aims to open a space of reflection on some issues dealing with online psychotherapy through Skype. Starting from the analysis of three clinical situations, I will question how presence changes when the relationship is online. I will analyse what happens in the therapeutic process when a new communication tool is used, i.e. videoconference, rather than opposing online to offline psychotherapy. Results show that a conversation's outcome depends more on the therapeutic relationship than on the tool.

Keywords: *constructivism, on-line psychotherapy, presence, relationship, videoconference*

New technologies are part of our everyday life. As Fenichel et al. (2002) said, “Humans are curious creatures. When faced with barriers, they find all sorts of creative ways to work around those barriers, especially when those barriers involve communication.” (p.486). Internet has overcome some of the barriers of the traditional media: we know and meet each other on the web, we cooperate or fight, we search for places, phone numbers and every kind of news, by accessing to a huge store of knowledge which is called the world wide web (www). We have all sorts of electronic devices: smartphone, tablet, e-reader and notebook are always in front of our eyes and in our hands. They often substitute eye and body contact, like during a journey when everybody is stick to the screen and does not look around.

As a psychotherapist I started to ask myself how I could include all these changes within my clinical practice. In fact, on one hand, new media may increase the distance between persons, by substituting themselves to the vis-à-vis meeting, on the other hand, they may increase proximity, by overcoming some barriers like geographical distance, time limitations, and the threat of physical contact. What can we do with a patient who comes from far away and who cannot come anymore or with continuity to our office? What can we do with a patient who has not time or is threatened by coming to our office? The reasons may be different (pregnancy, a moving, a new job or a psychological disorder), but the outcome remains the same. We must ask ourselves whether to propose an alternative that would allow us to continue the therapy or to interrupt it. I would like to clarify that I do not believe that psychotherapy must go on at all costs because I do not believe that it is the best solution for everybody, nor the best solution in

each condition. In line with the constructivist approach that I adopt, I think that we should look for the best solution for each person and I start from this premise for the following considerations.

As it may be inferred from the issues introduced up to now, in this article I shall deal with online psychotherapy as complementary to offline therapy and I shall focus on how the therapeutic relationship changes when it is online. Then, I shall briefly present the larger scenario of online interventions, by quickly reviewing some of the many studies on this topic.

Online psychotherapy

Online psychotherapy is an intervention offered by a mental health professional who uses texts, email, chat, forum, audio or videoconference. It may be synchronous or asynchronous, automatic or interpersonal, an individual or group therapy (Barak & Grohol, 2011; Suler, 2000).

At the moment the most studied and used medium is the email. It introduces some evident news into the therapeutic relationship. In fact, in the written communication non-verbal signals are absent, but the written text offers many possibilities in order to give a relational connotation to the text especially when oral codes and conventions are applied to the written text (Rivoltella, 2003). Punctuation becomes expressive by using exclamation points, question marks, or both in order to give a specific intonation to a sentence. Words may be written in capital letters or barred if angry or fear needs to be expressed. Accents, dialect and local idioms are used in order to emphasize a sentence within a conversation; informal language is used in order to create a more confidential and warm atmosphere (Paccagnella, 2000). More consecutive vowels (e.g. Hallooo!!!) are used especially by those who are more expert in mediated communication (Rivoltella, 2003). Emoticons (parentheses used to reproduce body language) or the sub-vocal components of dialogue (e.g. Sigh!); asterisks and apostrophes are used to communicate the emotion associated with the message.

As in narrative therapy, writing in a blog, after a traumatic experience, may be used to help people to define the hierarchy of their needs and to personalize the therapeutic process (Barak & Grohol, 2011). Mallen et al. (2005) suggested to compensate the absence of non-verbal signals of communication in the chat by explicitly expressing those emotional and empathic elements that make the patient feel the therapist's presence.

A solution to the lack of verbal cue and non-verbal communication in the email and in the chat is the use of videoconference. This method, which can be used thanks to Skype, an easy and cheap software, allows the patient and the therapist to see each other and to communicate simultaneously (Barak & Grohol, 2011). By overcoming the limits of written communication and allowing the temporal coexistence of the patient and the therapist, on Skype a therapeutic relationship may be maintained, similar to a *vis-a-vis* one (Mora et al., 2008). Reynolds et al. (2013) have shown how therapists and patients who interact online perceive their therapeutic alliance as equal or better than those who interact *vis-a-vis*. The elements that characterize the traditional therapeutic relationship (empathy, support, and the will of disclosure) are the same that allow an authentic relationship online (Cook & Doyle, 2002).

Barak and Grohol (2011) underlined that online psychotherapy does not aim to substitute the traditional therapy, but it may be a complement to it. An example is the use of texts in a behavioural-cognitive psychotherapy in order to give reinforcements, explanations, and other kinds of feedback in real time, out of the session and, maybe, in a difficult moment for the patient, e.g. immediately before or during a panic attack.

This example and the observations conducted until now about the therapeutic relationship, also derived by its comparison with the offline relationship, introduce the main question of how new technologies may enter into the therapeutic relationship. I do not consider this question obvious since I believe that the relationship is central in psychotherapy and that body and presence are central in the relationship (Cipolletta, 2012; 2013). It may be useful to spend some time on what I mean by presence before we see how it changes when the therapeutic relationship is online.

Presence in the therapeutic relationship

The concept of presence derives from different perspectives and various fields of intervention. Phenomenological thinkers like Husserl, Heidegger, Schultz and Merleau-Ponty are those who probably focused on presence more than anybody else. The central concept of *Dasein* stresses the centrality of "being-in-the-world". Merleau-Ponty (1945) suggests to substitute the Cartesian "I think" with "I can", namely what we can do with things. We are usually not aware of what we are doing, as we are not aware of our eyes watching the world until we focus our attention on them, because, for instance, an eye disease disturbs our sight.

The concept of presence is used in the studies on human-computer interaction to indicate the overall experience of being in a mediated environment, especially in a virtual one (Spagnolli et al., 2003). This view is in line with a situated action-based approach (Suchman, 1987), which considers presence as the ongoing result of the action performed in an environment.

Within a constructivist perspective, Maturana and Varela (1980) argue that living systems are cognitive systems, and the process of cognition is the actual acting or behaving in the domain of interactions. Action is not necessarily a reflexive process, but rather a sudden and oblivious organization, like the movement of a swarm of bees is. Varela (1999) refers to it as "enaction".

Kelly (1955) also points out that our psychological processes are channelized by the way we anticipate events and this anticipation is a "questioning act": "we know an event through our own act of approach to it. We ask questions about it, not merely academically, but also experimentally" (Kelly, 1979, p.26). We encounter the world practically and our constructs are trajectories of movement (Cipolletta, 2013). Thereby, it is possible to integrate personal construct psychology with theories and techniques more focused on embodiment (Cipolletta, 2006). McWilliams (2012) proposes to integrate mindfulness with constructivist psychotherapy and Leitner (2007) suggests to embed techniques originally developed within other theories into experiential personal construct psychotherapy, in an even more interesting integration between theory, technique and person. In particular, he states that "To the extent that my 'techniques' do not spontaneously arise from within me as genuine reactions to the encounter in the therapy room, therapy is shifted from a 'being with' to a 'doing to'." (p. 35) He focuses on the present inter-action this way.

As some constructivist thinkers underlined, this attention to the present moment originates from the Buddhist perspective, which highlights the emptiness (or vacuity) and impermanence of the phenomenal experience. Within this perspective we cannot isolate an essence or identity inherently existing because all the phenomena are impermanent and empty of a pre-defined nature (McWilliams, 2009; Varela, Thompson and Rosch, 1991). This implies that we cannot stick to our personal identity or to anything else as if it was something existing per se, but we can only consider ourselves and others (things or persons) as being transitory. This leads to the

practice of mindfulness as a way of being present through an attitude of acceptance, combining attention and the suspension of judgement.

Many authors (Cipolletta, 2012; Mahoney, 2003; Stern, 2004) underlined the centrality of presence within the therapeutic relationship. We can summarize the relational implications of a therapeutic approach founded on presence in three aspects: openness, honesty and co-responsibility.

Openness means to accept into one's own horizon the other's in a hermeneutic perspective (Gadamer, 1960), but also to practise "maternal reverie" (Bion, 1961), the capacity to sense (and to make sense of) what is going on with the infant, similar to Winnicott's maternal preoccupation. This does not mean to relegate patients to an infant position of passivity, but to accompany them in their journey as a mother accompanies her children in their growth. This implies the conversion of cure into care; by care we mean to be interested in, to be fond of somebody. Care is the paradigm of love as love means to share, support and promote another person's life projects. Fried (1983) said: "It is what it is." Love means to accept another person for what they are rather than for what we would like them to be or to do. On the contrary, my patients have often learned to do what another person expected they did because they thought they would have been loved this way. Therefore, they are surprised by my love that goes farther what they do to please me, that accepts them for who they are and which understands their choices, even if they may be harmful, as the most viable for them. For instance, one of my patients tried all ways (irony, devaluation, and offence) to avoid to get in touch with me because he anticipated that he would have been a burden for me and that he would have had to do something to receive love: I answered with an understanding of how difficult was for him to be part of a relationship and that was an invitation to do something different together.

Understanding is placed at the centre of the therapeutic process. It is not meant as a cognitive explanation of the patient's experience, but refers to subsuming the other person's system under one's own one (Kelly, 1955). This process may be represented as embracing someone. It is a corporal, intuitive process first rather than a rational one. It consists in putting yourself in a position to be taught by, to be affected and changed, to "stand under", as in Mair's words (Mair, 1989) This position requires practising humility, which allows us to consider ourselves only as a part of an integral world (Bateson, 1972; Leitner, 2011). I prefer to recall this aspect honesty.

Honesty refers to the phenomenological acceptance of being present as being thrown into the world (Heidegger, 1927) and not-judgement of mindfulness (Childs, 2007), which allows us to experience emptiness and irrelevance. This implies interacting with the other on the basis of one's own incompleteness, considering it as a constitutional feature of existence. Jaspers (1986) talked about the "injured therapist" indicating the possibility to get more readily in touch with the patients through one's own fault. One day a patient told me about how much he felt ill and that nobody understood it because his behaving like a clown deceived everybody. I felt a sharp pain in the stomach that climbed up and brought me almost to tears. I told him that I could imagine how he could feel and he said: "I see." He could feel what I was feeling and he recognized that I was expressing what he could not express.

By bringing into play one's own humanity, the therapist poses himself at the same level of the patient, he or she abandons the position of "the subject supposed to know" (Lacan, 1966). Then a therapeutic relationship really begins to be a collaborative enterprise, which is founded on co-responsibility. Both the participants are responsible for what is happening in the relationship. For example, it sometimes happens in my experience that at the beginning of a session patients say that they do not know what they should talk about and they expect that I ask some questions or lead the conversation. On the contrary, I usually throw the ball back to them: I move on the chair and go forward them showing my interest and sometimes I also say that the

fact that they do not know what they would like to talk about does not mean that they have nothing to tell me. In these sessions we often end up exploring very important topics, which go further everyday matters and that would have been remained in the shadow if we had followed a pre-determined direction.

Now we can ask ourselves if these premises are still valid when the relationship is online or if in this case they change. Finally we may ask ourselves how these premises change. We may ask ourselves: How can we be present and use this presence when the relationship is mediated by a screen?

Online therapeutic sessions

I would like to present three situations that are emblematic of how Skype allowed the emergence of some relational properties that characterized the three corresponding therapeutic processes. I shall avoid entering into the specificity of each case presentation in order to guarantee the patients' privacy and because it is not useful to the discussion that I want to carry forward to depart from the situations presented.

The first situation is derived by one of the first Skype sessions with a person – we may call her Giovanna – who could not come to my office anymore due to the geographic distance and work commitments. This is a frequent situation that poses the question: why a person who could come into our office until now, cannot come anymore? The more immediate answer, the one that the person usually gives, as Giovanna actually did, is that they cannot come anymore, that schedules have increased and the car ride to the studio becomes unsustainable for the time spent and the cost. These are all understandable reasons, but they do not answer the question why it was different before. In this case, my hypothesis was that continuing the psychotherapy implied letting new aspects enter our relationship so the person preferred to keep them out, at a certain distance. It is a distance that I already felt in the therapy room when I had the sensation that Giovanna could only get to a certain point: the limit she wanted to reach, even if she complained of feeling blocked and she declared she wanted to be in movement.

Would I suggest a Skype therapy in a situation like this? I would say "no" because one of the main problems with Giovanna was to "enter in contact" and I do not believe that videoconference is the best means to achieve it. Nevertheless, if this person can stay in a relationship only with a certain safety distance, I cannot exclude this possibility. That's why we took into consideration the possibility to use Skype and we have started to use it. How did it go? We have felt a distance between us, the same that we felt in the office, maybe it became more evident due to the presence of the screen: the conversation was more controlled, Giovanna told me the progressions she made, but she did not accept to be perturbed by me; she dismissed my questions without taking into consideration their meaning and she did not stand the silence between us diminished my thoughts. Did it depend on Skype? I do not think so. Maybe this tool had amplified a distance which was already present but denied, considering all the efforts she did to come to therapy. Once we understood that the difficulty did not depend on the use of the computer, as well as the difficulty to come to my office did not derive from any other reason than the difficulty to be in relationship in therapy, we could start to elaborate the need to keep a distance.

I decided to present the previous case since it highlights a central aspect of the communication mediated by the computer; in my opinion this is an example of how a tool could help emerge bounds already existing in a relationship. I would like to analyse now a situation in which the same medium allowed the overcoming of a bound. This is the case of a first Skype

session with a person I had been seeing in my office for almost one year. The person lives far away from my office and we had contemplated the possibility of using Skype since the very beginning of the therapy. Until that moment both of us preferred to meet in person. We felt that the relationship was still being built and that it would have been easier to do it *vis-a-vis*. How were we doing it? In this case, the person did not pull back: she explored every territory she met in front of her and she did it spontaneously; she came to all the sessions, also overcoming big obstacles, and I could recognize her sufferance, but I was missing something: I could not feel through her pain, or her joy. She told me about these feelings, but it was as though she did not live them and, as a consequence, I could not feel them. In that first Skype session she cried as she never cried before and she said that maybe the presence of the screen between us allowed her to do it. It is as though the screen had a disinhibiting effect. Suler (2004) refers to "online disinhibition effect" stating that anonymity and invisibility may give users the courage to do things that otherwise they would not do: people feel less constrained and they express themselves more freely because they feel more released from social bonds and rules. This may be due to anonymity or to the knowledge that the interlocutor is at a huge distance (Baker & Ray, 2011). In the case I am presenting the screen had assumed a protective and facilitating function: it allowed the person to express her emotions, limiting the risks that this might imply for her.

The last situation I would like to present is the case of a person with whom an online relationship was not considered at the beginning of the therapy, but, contrary to the first case, also the geographic distance was not brought up as an immediate issue. In this situation new technologies gave us the opportunity to keep a continuity that we would have lost otherwise and that we both thought was important to keep. When we considered the possibility continue our sessions on Skype, I was a bit worried because I anticipated that the screen would have increased Anna's (fictional name) difficulty to feel comfortable in the relationship. I had already verified this difficulty in my office. In fact, it was often hard for her to start the session: she was clumsy, she could hardly speak and she looked for something to say that could be ok for me. It was like she had someone else in front of her, someone who was ready to judge her and who would have made her feel wrong. Every time it took a little time to allow her to realise that I was not there for that purpose and she should start to feel welcome. Then she started to feel more confortable. It is difficult to describe in words how this could happen; it is a process which develops through facial expressions, voice intonation and sight. That welcoming sight that once a patient told me was the biggest gift she received in therapy. And I agree: what is more therapeutic than the experience I do within the therapeutic relationship? Which experiment is more important? How could I do this experiment with Anna if the very acceptance that I have been trying hard to communicate to her had to pass through a screen?

I would lie if I said that I was confident that we would have been able to do it online and I would lie if I said that it has been easy. It has been hard, very hard, and even harder because at the beginning Anna was more comfortable behind the screen because she felt safe in that protected place where she felt sheltered from each risk because she played her old role of "troublemaker child". I could now experience another way to stay with Anna, which allowed her to shelter from the threat of failure, but preventing her from making new experiences. At the beginning she did not understand my perplexities about using Skype with her and she told me that, on the contrary, she felt comfortable with it. But, once we met in my office again, she told me: "For sure, here is different" and we both knew what she meant. It was like we had found once again our way to be in a relationship, in which she might feel more hesitant and frightened, but that fostered the construction of different roles which allowed her to be more confident and competent in her relationships.

From that moment on, we had a better experience on Skype: we also brought in those aspects that were kept out before, sometimes more, sometimes less, but we both recognise what is happening and we can do something with it. This is enough to keep on having new experiences.

Open questions

The aim of this article was not to answer questions dealing with online therapy, but rather stimulating interrogatives. As Kelly (1979) said: "The best answer to a question is two better ones." (p.22) For this reason the title refers to "reflections": notes that represent the beginning of a journey of knowledge in a territory which is still new for me and that I consider to be still relatively unexplored.

In fact, despite all of the wide diffusion of new technologies, also in the field of psychology, the Italian context (and not only Italian) is still in a growing state. From a normative point of view, until the recent publication (October 2nd 2013) of the "Recommendations of the National Association of Psychologists on the online services" and the modifications (April-June 2013) of three articles of "The Deontological Code of Italian Psychologists" after a referendum proposed by The Association of Psychologists, the only official document on online counselling was represented by "The guidelines for Internet and distance services" provided by the Regional Orders after 2002. In all these documents it is affirmed that ethical and deontological principles that regulate the psychological profession apply also to online services. This may suggest that online psychotherapy should be considered according to the same principles that are applied to offline therapy, and it also indicates that some aspects specific of online psychotherapy should be taken into consideration. As a neophyte, I believe that these questions are essential.

From a survey conducted by psychologists from the Veneto Region it seems that I am not alone. Those who use new technologies for counselling and psychotherapy are still few, but most of those who do not use them, believe that it would be useful to deepen ethical and deontological aspects, and issues related to the therapeutic relationship (Cipolletta & Mocellin, 2015). I have introduced only some of these issues here, but many more are still open. For example, I focused on using Skype as a complement to *vis-à-vis* psychotherapy, but what happens when other media are used? And what occurs when they are the only media used in therapy? Or when the choice is not due only to geographic reasons? With whom and in what case it may represent the most useful choice? And why? How much does the answer depend on the therapeutic approach? How much does it depend on the kind of person the therapist is?

From the analysis of Skype sessions of two strategically-cognitively oriented therapists (Cipolletta & Frassoni, 2015) we have found conversational sequences that are very different from those we would have found from the analysis of the sessions I referred to in this article. The definition of the problem, conversational shifts, silence, the way of managing the interruptions due to technological problems, are only a few of the possible differences. I think that all of them may be understood in the light of the different presence in the relationship. As previously explained, my presence is characterized by openness, honesty and co-responsibility. By contrast, in the other two therapists' sessions, presence was more centred on the therapist who leads the conversation by suggesting the directions of action, offering behavioural models and solutions to the patient's problem.

The first suggestion that may be derived from these observations is that to different therapists (not only for the therapeutic approach, but also as persons) need specific ways to use new

technologies. In order to verify this affirmation, online and offline sessions of different psychotherapists should be compared. At the moment it is enough to outline how differences in using a tool refer to the different epistemological premises of each therapist. These premises derive from the (inter)personal system of constructs within which the therapist and the patient operate. The therapist's action is led by their personal and professional system of constructs and the patient interacts with the therapist on the basis of their meanings. In this complex network of interactions one's horizon embraces another one's horizon trying to understand it, but never fully succeeding in doing so.

It is in the endless tension toward understanding another person that conversation is kept alive and a relationship emerges. Communication media are tools used to facilitate this process. If we go even further, in this distinction that recalls the one between aim and means, a technological medium cannot be distincted from the kind of relationship where it is inserted. The choice of using a certain TOOL in a certain way, derives from the hypotheses about how it will combine with the relationship and where it might lead. It may highlight some aspects of the relationship and then it may elaborate them, as in the first case presented, or it could allow to share some aspects that would otherwise be kept apart, like in the second case, or it could let a relationship continue instead of being interrupted, like in the third case. Many other possibilities may be imagined since many are the cases where a new technology is used. In each case, Skype or another tool may contribute to the transformative process which happens within a therapeutic relationship.

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