When Writing Helps to Heal:

E-mail as Therapy

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Running Head: WHEN WRITING HELPS TO HEAL: E-MAIL AS THERAPY

Abstract

This article explores a new form of therapy developed by the authors for use in their internet based counselling service Therapy Online. This therapeutic approach, termed therap-e-mail is explained. Two major challenges that have been brought up by other professionals concerning online therapy are addressed and solutions to these challenges are proposed. Five significant advantages of therap-e-mail are discussed. The tremendous need for research and the implications for guidance and counselling are addressed.

When Writing Helps to Heal:

E-mail as Therapy

There are many counselling professionals who are now offering

advice, information, education and therapy services over the internet

(Cutter, 1996; Grohol, 1997; Kirk, 1996; Sampson, Kolodinsky, & Greeno,

1997). The opportunities for serving persons who would not otherwise

access therapeutic services are many. At the same time, many challenges

exist for those professionals wishing to venture out into this new high-tech

high-touch (Naisbitt, 1982) arena. As is noted elsewhere in this issue,

developing a set of ethics for such practices is of critical importance

(Bloom, 1998). Also critical is the development of a set of tools and techniques that will allow professionals to deliver quality therapeutic services via a text based medium. In this article the authors will present a form of text based therapy that they are developing and using at their site on the internet. This approach is called therap-e-mail.

What Therap-e-mail is

In this document, "therap-e-mail" is the term used to describe the practice of therapy by e-mail. The process begins when clients visit Therapy Online's site on the world wide web (http//www.therapyonline.ca) and submit a request for the Virtually Solve It worksheet (VSI).

The VSI is comprised of a series of questions that have been developed within the framework of narrative (White & Epston, 1990) and solution focused (de Shazer, 1994) therapies. A therapist receives VSI requests by e-mail and, provided clients consent to a series of conditions, warmly welcomes them and sends them the VSI via e-mail. Clients can then use the VSI off-line to begin the process of change.

The primary intention of the VSI is to help clients begin to externalize their problem(s) and to orient themselves for change. In fact, we have

often wondered whether the VSI might be, for some clients, a catalyst for change that may not require further therapeutic support. If clients choose to engage in therapy, they send back their completed (or partially completed) VSI to their therapist via e-mail.

The completed VSI provides the therapist with needed information about the client's life and how he or she is attempting to address the problem(s). With this, the therapist is amply equipped to provide a caring, professional therapeutic response, again via e-mail. From there, the process of therap-e-mail involves the exchange of intensely therapeutic e-mails between therapist and client. In the process, the entire transcript of therapy, co-authored by therapist and client, is documented verbatim.

The Challenges of Therap-e-mail

There are a variety of concerns being expressed about the development of counselling services over the internet (Ainsworth, 1996; Ingram, 1996; Kirk, 1996; Sleek, 1995). In this section we wish to address two that are specific to therap-e-mail. We will first address the issue of whether or not warmth, caring and compassion can be communicated via

text. Second, we will deal with the issue of the lack of non-verbal information in a text only medium.

Can You Tell That I Care?

Ingram (1996) relates comments that came out of a seminar at the 1996 California Psychological Association's Annual Convention. One comment suggested that "with only one (or possibly no) face-to-face contact, the therapeutic alliance is seriously altered, possibly destroyed" (p. 1). It is hard for us to know exactly what components make up the therapeutic alliance for the professionals in attendance. However, we imagine that we are not too far off in positing that some of those components would be a growing relaxation, informality, receptivity and trust.

In an experiment that compared the experiences of small groups of individuals assigned either to complete tasks while meeting face to face (FTF) or to complete tasks while meeting only through computer mediated e-mail communication (CMC), Walther and Burgoon (1992) found that the above listed qualities did "develop and evolve in relationally positive directions" (p. 76) in the CMC group. Furthermore, the researchers found

that "the effects of time were stronger than the effects of the medium in general" (p. 77) when comparing the FTF and CMC groups. They propose that "the medium may provide so little a difference, given enough time, that minor differences in some relational dimensions after the initial interactions become inconsequential across episodes" (p. 77). The authors conclude:

> At most, communicators overcame the ostensible stripping away of socioemotional content in CMC through adaptive relational communication performances. At worst, CMC did not impede the feeling of modest relational development over time. All things considered, although initial differences in relational communication between CMC and FTF may exist, they tend to be eliminated over time (p. 81).

Although this research looked at the experiences of small groups interacting while attempting to accomplish several tasks, it seems to us that the results are instructive. We feel this in particular because the subjects were not experts at developing relationships and yet were able to do so through e-mail alone. We believe that those of us who are expert at

relationship development will be able to accomplish this through therap-e-mail.

The work of Colon (1996) is also worth reviewing. She conducted two therapy groups via e-mail on a commercial online service. Participants were required to sign a confidentiality agreement and follow rules similar to those of a face to face group. Participants were required to post messages to the group at least three times a week. She reports that most posted an e-mail every day and notes that

> even though online group therapy is labor intensive, and Group Conference members had to connect through a medium that diminishes the sense, I sensed fewer emotional distractions in the online group than exist in off-line therapies. Group Conference members learned to trust each other and were willing to disclose more, making the therapy more in-depth. (p. 215)

We also feel encouraged by the responses of our clients. One of us (L.M.) has been working pro bono with a client in exchange for his participation as a co-researcher on the impact of therap-e-mail. After three

brief interactions which were prior to the client's completion of the VSI and

prior to our agreement concerning contribution to this article, he wrote:

> In just our brief exchange of messages you have left me with the
>
> sense that you are a caring, creative, helpful, hopeful soul. This is
>
> hard enough to achieve in person, let alone in the impersonal world of
>
> electronic communication. Your warmth and your humanity shine
>
> through the pixels on my screen, and come at a time when I need
>
> them most. For this I thank you and congratulate you. The irony is not
>
> lost on me that I find a True Person in the virtual void at the same time
>
> as a doctor in my own home county has given me short shrift.

> Three weeks later, following our agreement, this client went through

an extraordinary transformation. He confronted his demons, journeyed to

hell and back, and came through the experience stronger and more

committed than ever to health and happiness. In response to my therap-e-

mail concerning these events he wrote:

> I received your response to today's communiqué. As you have done
>
> in the past, you have managed to express across the impersonal e-
>
> mail connection an understanding, caring, and empathy that stands in

stark contrast to the other resources I have been able to, um, enjoy so far.

We also feel encouraged by other instances of text only communication. Good writers, for example, are able to communicate emotion in their works. Books can make us laugh, bring us to tears, or draw out our anger and indignation. Furthermore, it was not so long ago that the only way to communicate with someone at a distance was to write to them. Individuals in our grandparents' generation had intimate, long-term relationships sustained only through writing. We suspect that persons of that generation would be as perplexed by the suggestion that caring, trust and so on cannot develop through writing as they would be of the computer technology itself.

We believe that it is possible to communicate caring and compassion via text. There is research to support this belief, and there is growing anecdotal evidence to support it.

A Lack of Non-Verbal Cues

Colon (1996) notes that "the biggest challenges I face as a therapist working online are the lack of both face-to-face contact and the non-verbal

cues on which I ordinarily rely in an analogue setting" (p. 215). We have also found the lack of non-verbal cues a challenge, but it is a challenge that has proved fascinating.

One technique that we have used to overcome the lack of non-verbals is to include relevant emotional material in brackets. For example, we might write the following to a client: "it has been several weeks since I have heard from you John [concern, worry] and I would very much appreciate it if you could at least acknowledge this e-mail [feeling pushy, demanding]."

This gives John a better idea of the emotional context and intent of the e-mail. We call this technique emotional bracketing after the tradition in qualitative research in which one brackets one's own experiences that are relevant to the subject matter of the research (cf. Colaizzi, 1978). Emotional bracketing allows the client to hear the intended vocal tone in the words.

Another technique that we have developed involves providing the client with images that will give them a context for understanding our words. In a sense, we provide them with the important non-verbal cues.

We call this technique textual visualization or descriptive immediacy. For example, we might write the following to a client:

> If you were standing beside me as I write this Tanya, you would notice me stopping often, falling back against the back of my chair saying "that's incredible" to myself. Your recent successes against guilt are so wonderful that even now I find myself (right now!) stopping in the middle of the sentence, my hands towards the computer screen, my mouth wide open as if to say "this is amazing. How did she defeat guilt?"

There are also many literary techniques that face to face therapists have been using therapeutically for decades and that we believe will prove useful in therap-e-mail. Examples of such techniques are simile, metaphor, story telling, and poetry, to name a few. Literary techniques are the nonverbal   communication of therap-e-mail. Online therapists can use literary techniques to convey quality and intensity of emotion, as well as to broaden levels of meaning. We believe that these techniques will prove to be important contributors to effective therap-e-mail.

Although it is certainly the case that therap-e-mail by its very nature lacks what we normally think of as non-verbal cues, we believe that there are ways to compensate for this lack. The techniques cited above bring a level of contextualisation and meaning enhancement that we believe can rival that of   face-to-face non-verbal cues.

<div align="center">The Potential of Therap-e-mail</div>

Many authors also point to the various advantages of internet based therapy (Grohol, 1997; Ingram, 1996; Kirk, 1996; Sampson et al., 1997). Some of these advantages apply to any form of internet based therapy. For example, there is the hope that individuals in remote communities who do not have access to qualified helping professionals could benefit greatly from the access that the internet can provide. In this section we wish to address advantages that are particular to therap-e-mail.

<u>A Permanent Record</u>

One of the beauties of therap-e-mail is that the entire text of therapy is available to both the client and the therapist. There are a variety of advantages that we are aware of that this has for both client and therapist. There are no doubt many more that have not yet shown themselves.

First, in our work with clients face to face, we often write letters that summarize sessions (cf. White & Epston, 1990). These clients report that these letters are of tremendous value to them, primarily because they can read them over again and again. Clearly, the same can be done with therap-e-mails.

The rereading is valuable in many ways. Clients can see how much they've changed and how far they've come. This is particularly important for individuals who may have trouble patting themselves on the back as it were. Clients can look at techniques and approaches that they used in overcoming a previous problem and so aid themselves in overcoming a later one. This would be significant in treating addictions, for example, where the addict in recovery can review in writing the techniques he or she used for overcoming cravings in the past. The same addict can review, again in writing, what the positive consequences were for themselves of not using in the past.

Clients can review the positive and encouraging comments that their therapist made about them and their behaviour, particularly when they are feeling down. White and Epston (1990) talk about clients coming to

therapy telling a problem-saturated story about themselves. Their approach involves countering this story, as does ours. Thus, in the body of our therap-e-mails are noted the exceptions to this story. Clients can read these exceptions when they are feeling the tug of the old story, and this will help to maintain changes that they have made.

An example of this comes from White and Epston's (1990) seminal work, Narrative Means to Therapeutic Ends. A client wrote them to tell them about an experience she had had with a letter that had been written in therapy a year previous. She wrote:

Once I was sitting on the beach and I got [the letter] out. Just reading it, I stopped crying. I had found out that Tom had lost another job...I didn't realize I felt responsible until after I read the letter....So I looked at the contents of the letter - what was it about? I wasn't responsible for Tom. The letter had served its purpose before, and then I put it in a side of my mind, thinking that its purpose had been served so it could be forgotten. (p.94)

Second, with the entire therapy existing as a text, the task of supervision is made easier. As Mearns (1995) notes, "we should not

continue to harbour the illusion that indirect supervision tells us anything about the client's reality...Let us not presume that supervision tells us anything about the missing client" (p. 427). In supervision of therap-e-mail, this is not an issue. When the authors supervise one another, we send each other the entire text of what the client has written, and what the therapist has responded. Thus, the client is no longer missing. The client is as present for the supervisor as they were for the therapist. Because of this each of us, as supervisor, has an opportunity to experience first hand the words of the client. We can take the position of being the therapist, and unencumbered by the therapist's responses, we can offer our own responses. This is an advantage that even videotaping does not present, for in a video tape we are forced to be external to the client's words and we cannot help but be aware of the therapist's choices.

Furthermore, because therap-e-mail is asynchronous, a therapist can create a therap-e-mail response and then send it to his or her supervisor before sending it to the client. In this way, the expertise of both parties can be brought to bare on the case after the client has presented their issues, but before the therapist has responded.

The potential for consultation is enormous. Professionals from different disciplines, or from different therapeutic approaches could consult before any contact has been made by a therapist, but after contact has been made by the client. Such a response would have the potential to be balanced and informative in a way that would not be possible in a face to face encounter without all of the professionals being in the room at once (which creates a rather amusing image, the Adlerians arguing with the Behaviourists while the Rogerians empathize with everyone, and all in front of the client).

The nature of e-mail also makes the process of consulting easier. I send out a single e-mail to my several colleagues wherever they are and they respond. There are no long distance charges, no phone messages, no huge time commitment on my part as the case manager. This in and of itself will change the way that we as professionals consult on cases.

It will also change the way that we employ our clients as consultants. Consulting with clients is a process in which the therapist asks the client how they did what they did in overcoming their problems. This has a benefit for the client in that it underscores their successes (White &

Epston, 1990). It also provides us with something that can help other

clients who have similar problems. This can help new clients and it also

gives the client as consultant the experience of being helpful towards

others. This process is built into therap-e-mail since at the end of therapy

we have a document, co-constructed by the therapist and client, that is the

entire course of therapy. Other clients "with similar problems might benefit

from reading such transcripts" (King, 1996).

Third, the written document retained puts a huge measure of

responsibility on the therapist to say the right thing and it allows the client

to be able to point to actual written words that she or he objects to rather

than trying to remember what exactly was said in a session weeks,

perhaps months, ago. It means that a client can ask for specific

clarification of terms or phrases that they do not understand. It puts an

onus on the therapist to write in a language that is accessible to the client,

an onus that is not present in an unmonitored face to face encounter. It

demands a level of ethical behaviour that is beyond reproach.

A therapist might, for example, make an inappropriate sexual

comment in a face to face interview with a client. Only an idiot of epic

proportions would write the same comment down and send it to their

client. In a very real sense, the written document retained forces upon us

impeccable ethics.

Fourth, a client can keep on their person, if they so choose, any or all

of their therap-e-mails. Michael White (White & Epston, 1990) talks of

some of the clients for whom he has written letters as being

socially isolated. These persons have a great deal of difficulty

identifying who they are and have a tenuous existence - so tenuous

that it always seems at risk...For these persons simply receiving mail

addressed to them by name constitutes a major acknowledgment of

their presence in the world. I have known persons who, so confirming

do they find this of their lives, principally validate themselves by

carrying with them, at all times, one or two letters that they have

received in their own name. (p. 108)

This impact is felt by White's clients as a result of letters that may

contain no more than a few words or acknowledgments. Consider the

potency for clients of being able to carry with them a full record of their

therapeutic change process.

Typing as an Externalizing Mechanism

White and Epston (1990) write about problem externalization as "an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive" (p. 38). This process allows clients to develop some distance from their problems and to see themselves and their relationships as distinct from the problem itself. This in turn

> decreases unproductive conflict between persons,...undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it,...paves the way for persons to...unite in a struggle against the problem...[and] opens up new possibilities for persons to take action. (p. 39)

The very process of writing a therap-e-mail externalizes the client's problems. As they type, the written representation of their issues appears before them on the computer screen. We believe that this process can enhance the externalization of problems , and therefore promote therapeutic change.

Seeing Ourselves in Print

Writing is a recursive act. That is, as we write we are typically reading what we are writing. This in turn has the potential to impact on ourselves as we write and so impact on what we write next. This is even more the case with e-mail where one can return to previous statements and edit them so that the whole makes sense without the receiver being aware of said editing. And in contrast to a verbal exchange, one has the opportunity reflect on what one has written and allow every part to impact on every other part; in a word, to make it consistent. We suspect that research will show that it is less likely that a client will contradict themselves in the body of a therap-e-mail than they would in a face to face session. We suspect that the recursive nature of writing will lead clients to try to make sense of themselves and their story about themselves in a way that is not demanded of them in face-to-face therapy. They will see contradictions without the need for a therapist's observation and intervention. We suspect that this will save clients both time and money.

Another way that the recursive nature of writing has the power to effect change in and of itself is exemplified by what one of our (L.M.) face

to face clients said recently. This person had written down on paper information about a number of unhealthy choices the client had made, and the feelings that accompanied those choices. When I asked what impact the writing of this information had, my client responded by saying "I've always known that I was doing this and feeling this, but now I know I know". In other words, by writing about the choices and the feelings the client made themselves aware of themselves. As King (1996) notes in discussing the use of writing assignments in family therapy,

> One of the justifications for giving writing assignments to a client is that it helps the person to clarify and become more conscious of their inner dialogue. Writing is a much slower, more thoughtful process than speaking. Family members that write out their thoughts to each other this way may experience a deeper feeling of connection to the emotions inherent in their words. (p. 5)

The impact of this writing was significant for my client. Having written this information down, the client was able to refuse to make the same unhealthy choice the next time an opportunity arose. This change in behaviour happened before my client showed me what they had written.

This brings up another issue in the area of therapeutic change. Several therapists (Lawson, 1994; Weiner-Davis, de Shazer & Gingerich, 1987) have noted that clients often experience change between the time that they book a session and the time that they attend the first session. That is, significant numbers of clients experience pre-treatment change. We suspect that the experience of writing a therap-e-mail to an online therapist for the first time will intensify the pre-treatment effect. Indeed we suspect that, as a consequence of having to write to their therapist, a percentage of clients who seek therapy online will find themselves solving their problems more quickly than they would were they accessing a face to face therapist.

Addressing Power Imbalances Within the Therapeutic System

We believe that it is important for therapists to address power imbalances within the therapeutic system. We believe that, both practically and ethically, those therapeutic approaches that invite the clients to develop and share their expertise and that downplay the position of therapist as expert are the superior therapies. We believe that of the contemporary therapies, the narrative (White & Epston, 1990) and the

solution focused (de Shazer, 1994) approaches best exemplify this kind of leveling of power between therapist and client. Narrative therapy in particular has at its core the belief that therapeutic change is more likely and more potent when the client's voice is heard, when the client's story has an opportunity to be told.

Interestingly, the modes of communication on the internet in general, and e-mail in particular, support and intensify this leveling. All one need do is to join any listserv, or drop into any newsgroup and one will find individuals of most educational and socioeconomic levels interacting. We have been contacted by numerous young men and women researching online therapy, therap-e-mail, the ethics of counselling on the internet, and a host of other topics. Some have been working on doctoral dissertations, while others are in first year university psychology courses. Would these individuals, particularly the young undergraduates, drop by our offices to talk with us? Perhaps. But in talking with others online we have found that the general experience is that individuals are willing to write to, and ask for, information that they would not otherwise solicit. There appears, therefore, to be something about the nature of e-mail that acts to level the

power differences between individuals at least to the extent that
individuals at lower educational and socioeconomic strata appear to be
more bold in their behaviour. If this is the case in regular e-mail then we
suspect that this is also true in therap-e-mail. The process of interacting
through e-mail will act to bring more of a balance in power between client
and therapist.

There is one other way in which our ability to empower the client is
enhanced by this approach. As noted above, together with the client we
both figuratively and literally reauthor the client's life story. With the entire
process in writing, we suspect that it will be much more difficult for clients
to attribute all of the change to our good work. Our experience has been
that clients who tell themselves a story about themselves that is saturated
with failure benefit greatly from seeing in print evidence of their successes.
The record of the changes that they made and the steps that they took is
there in black and white, and often in their own words. At the end of the
therapeutic encounter clients have a story of their success that is rife with
their participation in their own healing. We believe that this will prove

empowering for clients and will serve to help maintain changes after

therapy is terminated.

<u>The Feelings are Now</u>

In discussing uses of the internet in helping clients during learning

events, Sampson et al. (1997) note that "counsellor intervention 'in the

moment' provides access to a client's perceptions and behavior as the

occur, as opposed to subsequently discussing a client's reconstruction of

a learning event that may have occurred days or weeks earlier" (p. 207).

We believe that this is a significant advantage of therap-e-mail as well.

A client can arise in the middle of the night feeling those familiar feelings

and write their therapist in the moment. We have often had the experience

of clients in crisis booking face to face appointments, only to arrive in our

office several days later unsure why they were so upset. This is less likely

to be the case in therap-e-mail since the client can write a detailed

explanation of their feelings whenever they arise. The client may later be

surprised by what they have written, but it will at least be there for them to

review. This is in contrast to the face to face client who may have

genuinely forgotten why they were feeling the way that they were and has nothing to review to help them to understand themselves better.

There is also something here that is even more powerful in terms of therapeutic change. When our imaginary client arises in the middle of the night and sends us a therap-e-mail they are taking action against their problem. By writing to their therapist they have acted in their own best interests against the problem. We believe that when clients take this kind of action it will have a positive therapeutic impact.

<div align="center">Implications For Research</div>

The fact that internet based therapy is so new means that any and all research questions are fair game. At this point, we would simply like to draw attention to four areas that we feel are essential in establishing therap-e-mail as a viable alternative to face-to-face therapy.

First, we need research into the impact and effectiveness of the techniques explained in this article. This is work in which we are already engaged.

Second, we need to do comparative studies looking at the application of narrative and solution focused approaches in face-to-face therapy and in therap-e-mail.

Third, a variety of studies need to be carried out hat look at the impact that writing itself has on clients who are involved in therap-e-mail. Both the recursive nature of writing and the impact that writing has on problem solving need to be explored. This is work that we are beginning.

Fourth, work needs to be done to look at what was referred to above as the pre-treatment effects of writing to a therapist.

Our hope is that we can develop a body of work that will help therapists to know how to provide the best possible service to members of the online community.

Implications For Guidance and Counselling Practice

The implications of this new form of therapy are broad to say the least. The potential exists to offer quality, dependable therapeutic services to individuals the world over, whether they have access to local professionals or not. This will change the way that we do business as well as the way that clients access our services.

A second aspect of these new services bears discussing. One of our hopes is that by discussing the challenges of therap-e-mail and the solutions that come from such discussions we will take these discoveries back to thinking about face-to-face therapy. For example, the discussion of the lack of non-verbal cues in therap-e-mail should lead us back to a discussion of their presence in face-to-face therapy. To what degree do we rely on these cues when we ought to be asking questions? To what degree do the contextual cues lead us to leave out certain assessment questions, or lead us to make assumptions? How often do we encounter a client of the same race and cultural background as ourselves and therefore think that we know that client's background? Perhaps by highlighting the missing pieces in therap-e-mail we can learn more about the ways that we do face-to-face therapy.

Finally, it is our hope that this work will lead to a renewed appreciation of writing in general, and letter writing particularly, as a tool in therapy.

Conclusion

This is a new and challenging area for helping professionals. Therap-e-mail offers an opportunity for us to use our skills to help people who

might not otherwise be able or willing to access our services. This article

has addressed two of the major concerns that have been brought up by

professionals when discussing online therapy. It has also focused on five

significant advantages of therap-e-mail. The newness of this area

demands that we approach it with tentativeness and with humility. We

must be sure that our ethics come before all other concerns. We hope that

this article helps to open up space for a discussion of the possibility of

genuine, ethical, impactful therapy being done online.

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