

The Use of E-mail in the Therapy Process

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The therapeutic letter has a long history, with roots in psychoanalytic work and continuing application in family therapy. The advent of e-mail has allowed another form for therapeutic written communication which, while incorporating the benefits of therapeutic letters, adds to these. It has also opened up some potential risks. This article incorporates a brief review of the literature covering therapeutic written communication and offers a case example where e-mail was used as an adjunct in face-to-face therapy with a client who experienced attachment difficulties. This therapy was informed by systemic and psychoanalytic traditions. The authors explore a variety of technical matters including the timing and crafting of e-mail responses, the integration of written communication with face-to-face therapy, impact on the therapeutic relationship and management of crisis. Ethical issues such as confidentiality and duty of care are also considered.

The use of the therapeutic letter as part of the therapy process has been well documented in family therapy literature. The topic has also been explored by therapists working within other frameworks. When it occurs, whether initiated by therapist or client, this mode of communication becomes an integral part of the therapeutic process and the development of the therapeutic relationship.

The advent of e-mail has opened up another avenue of written communication between therapist and client. However, the small but growing literature on e-therapy primarily focuses on therapy which occurs wholly through the medium of e-mail and other forms of web communication such as chat rooms. In this article, we would like to reflect on the use of e-mail in the context of face-to-face therapy. Our interest in using e-mail this way came from, among other things, experience of using therapeutic letters (informed by strategic, Milan and narrative traditions) with individuals, couples and families. We will commence by examining some of the literature pertaining to therapeutic written communication and then specifically

consider e-mail's role as an aid when working with clients who have attachment difficulties and do not experience a solid sense of self. Our idea is to explore how a technique commonly used in family therapy can be adapted in a therapy which draws on self psychology as well as systemic and constructivist ideas.

The Clinical Use of Therapist–Client Correspondence

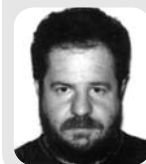
Although the use of e-mail as a mode of therapist–client communication is relatively recent and very few articles have explored its use in face-to-face therapy, Bailey, Yager & Jenson suggest that whatever new clinical uses therapists dream up for computers,

... we will put them to some very old uses. Furthermore, we can be guided in our decisions about what to do with computers and how to do it by what we have learnt from our past (2002: 1298).

Therefore, when looking at the uses of e-mail in face-to-face therapy, it is pertinent to examine the literature which considers therapist–client correspondence. The literature documenting therapists writing to clients with therapeutic intent has a long history. For example, Freud, replying to clients' letters, would openly refer to transference issues (Freud, 1961) and Adler wrote offering advice and interpretations (Ellenberger, 1966). Therapists have also encouraged their clients



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to write to them for therapeutic purposes and examples of this can be found since the early days of psychotherapy (e.g. Mayer, 1911). In addition, there is a small body of literature that focuses on written correspondence as the medium of therapy (Farber, 1953; Alston, 1957; Bastien & Jacobs, 1974; Ozturk, 1978; Hofling, 1979).

Therapist–client correspondence can serve numerous purposes and may be used to accomplish specific goals. It can be a vehicle to expand the therapeutic relationship, offer interpretations or hypotheses, empower clients, send messages about self-esteem, provide encouragement, or to strategise, and it acts to maximise the client’s sense of participation and collaboration in therapy (Ryle, 1983; Wojcik & Iverson, 1989; Epston, 1998).

Ingrassia (2003) discusses using letters to clients to foster engagement, manage missed sessions and manage termination in NHS psychotherapy. Coles (1995) outlines a pilot program using letters to enhance engagement of clients before the initial session. Hargens (2001) used letters to keep in touch with a client who frequently cancelled or missed sessions.

Many authors note that letters are often useful to sustain and consolidate the work of therapy, aiding the client’s ‘internalisation’ of the therapist, punctuating therapy by accentuating changes in direction and marking progress (English, 1968; Rampling, 1980; Ryle, 1983; Epston, 1998). In the narrative therapy of White and Epston (1990), writing to clients is an integral part of the therapy process and is used to ‘re-story’ the client’s existing narrative by externalising the presenting problem and highlighting alternative stories which have gone unnoticed.

Letters from therapists may help resolve therapeutic impasses if present. A letter to clients can help salvage a bad session or assist when therapy is slow moving (English, 1968; Epston 1998). From a psychoanalytic viewpoint, where the client has expressed hostility, a written response allows the therapist to convey her continued availability and survival (Rampling, 1980, Ryle, 1983; Ingrassia, 2003). A letter can also act as a ‘good-enough’ therapist’s reaching hand to a client in distress, generating a sense of consistency and soothing like Winnicott’s transitional phenomena, and it has the ability to offer a reparative attachment experience (Ingrassia, 2003).

Letters, whether initiated by clients or therapists, convey multiple meanings. Rampling (1980) suggests that clients’ unsolicited written communications may represent transference messages, hysterical manoeuvres, integrative or secret writ-

ings, gifts, and appreciations and rejections. He notes that recognising the total meanings of such communications will allow the timing and nature of the therapist’s response to contribute to therapeutic aims. Morgenstern (1975) provides an example of a letter from a patient, written towards the end of a lengthy therapy, which serves multiple communicative functions, as a gift, a chastisement of the therapist, and both an abreaction and experiment in synthesis.

“For clients, the written word can be more expressive than the spoken (Ryle, 2003).”

Many authors outline the benefits of utilising therapist–client correspondence as part of the therapy process. For clients, the written word can be more expressive than the spoken (Ryle, 1983). Rampling (1980) claims this is particularly the case during the dependent and regressive stages of psychotherapy because writing is then relatively free of the influence of the super-ego.

Epston (1998) suggests that, in a way that is not available in a face-to-face situation, writing to clients allows the therapist space to think things through, to be his own ‘reflecting team’, and can enable communication to be more tolerable when difficult matters are raised. Rampling (1980) agrees with this latter point, commenting that

... the written word ... allows a degree of intimacy of communication which would otherwise be difficult for patient or therapist to tolerate (1980: 12).

Thus, the written word often provides opportunities for managing issues of closeness and distance.

Therapist–client correspondence is also available for repeated viewing and, for clients, the written word can stay with them in a way that the spoken word cannot (Ryle, 1983, Ingrassia, 2003). As therapy progresses, multiple meanings may emerge and clients’ stories can be put together in a different way (Epston, 1998; Goldberg, 2000). Writing to clients also enhances the transparency of the therapeutic process, allowing the therapist’s thinking about the client and the therapy to be clear (Epston, 1998; Ingrassia, 2003).

The therapist needs to pay careful attention to when and how to utilise correspondence as part of the therapeutic process. Letters from therapists can send powerful messages. Given this, many authors stress the importance of thinking through the content of any written communication, no matter how brief, and allowing time to reflect on the message before sending it, to ensure careful regard for its different levels of impact (Ryle, 1983; Rampling, 1980; Wojcik & Iverson, 1989; Ingrassia, 2003).

Issues of confidentiality may arise because others may have access to clients' mail. Pierides (1999) notes the importance of due safeguards to prevent a breach. Boundary issues also need to be considered. Rampling (1980) notes that therapists need to assess carefully the client's motives for writing to them before deciding on how to respond, and whether to respond to client correspondence outside the session or within it.

“E-mail communication may enable clients to express themselves more freely as they do not have to contend with the therapist's immediate response.”

The Clinical Use of E-mail

Because e-mail is a form of letter writing, the purposes, benefits and problems of its use in therapy are similar to those outlined above. However, there are also some particular issues regarding this form of letter writing. One is speed. E-mail communication can be almost instantaneous and increases the amount and frequency of therapist–client contact, which promotes a client's sense of being contained by their therapist. The speed of e-mail communication also allows its use to monitor progress on a very regular basis, and this can foster client awareness of particular patterns and behaviours (Hatcher, 2001; Bailey et al., 2002). This specific use of e-mail has been documented in the treatment of eating disorders (Yager, 2001).

Like letters, e-mail communication may enable clients to express themselves more freely as they do not have to contend with the therapist's immediate response. This may be seen as a parallel to traditional psychoanalysis where the analyst sits behind the client on the couch (Gedge, 2002). Bailey et al. (2002),

referring to findings by Zimmerman (1987) note, particularly for emotionally disturbed adolescents, computer-mediated communication may

... facilitate emotionally rich, relationship-oriented verbal interaction; more consistently evoke positive object relations stances that are more likely to be expressive affect-laden communications concerned with interpersonal relationships; and diminish certain traditional gender differences common in group communications (Bailey et al., 2002: 1300).

Thus, the computer can act as a transitional object and enhance a client's transition from social isolation to improved social functioning.

Using e-mail as an adjunct to face-to-face meetings may empower clients from minority or traditionally oppressed groups because ideas can be transmitted in a clear and uninterrupted way; for others, particularly adolescents, e-mail is a familiar form of communication. It can be done in a familiar environment; it evens out some of the disparity of power and can avoid some problems with spoken language (Hatcher, 2001; Manhal-Baugus, 2001). However, Smith and Reynolds (2002) warn that e-mail users can miss cultural nuances.

Using e-mail as part of the therapy process can greatly assist work with clients who do not experience a solid sense of self and who have difficulties managing connection with, and separation from, significant others. Because these clients can often experience sensations of disintegrating and have difficulty 'keeping the therapist in mind', e-mail can help with maintaining a holding environment and developing evocative memory. As Bailey et al. note (2002), it can act as a type of 'demand feeding'. Because it is there when the therapist is not, it can be used as a transitional object. E-mail can also assist the development of an alternative narrative, which can strengthen a sense of self.

Although the use of e-mail can strengthen the therapeutic relationship, boundary issues may emerge. Bailey et al. (2002) note that e-mail inherently encourages spontaneity and familiarity and may lead to excessive dependency and misunderstanding about the nature of the relationship. As with other such misunderstandings, it is important to talk this through with the client. In addition, like ordinary letters, e-mail also leaves the therapist with decisions about when or if to respond in kind, whether to deal with the correspondence in or out of session and questions as to whether it is used as a defence, with emotion being discharged in the e-mail and sessions left devoid of feeling (Hatcher, 2001).

Confidentiality and risk management particularly need to be considered when e-mail is part of a standard

face-to-face therapy. E-mail may be only as secure as a postcard and is not necessarily instantaneous (relying on the recipient to download and open it). Therapists may misinterpret or downplay messages (e.g. clients signalling crisis) which require a more active response, such as a telephone call or face-to-face meeting, than an e-mail can provide.

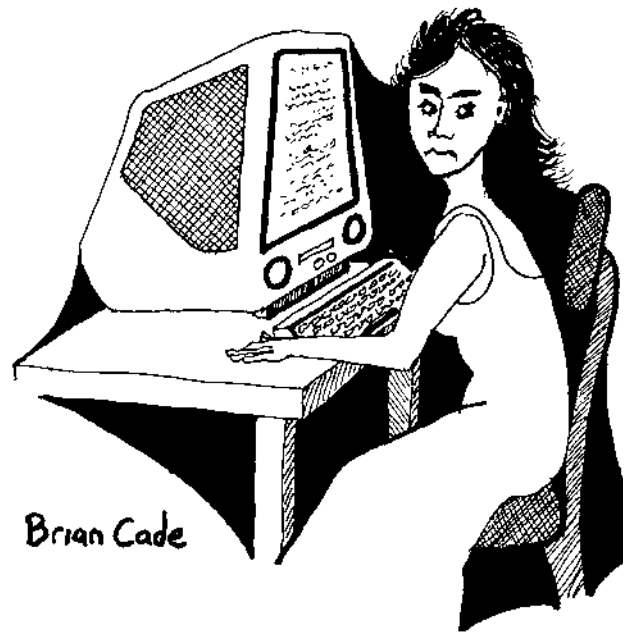
Numerous articles discuss the ethical and legal questions regarding e-therapy (e.g. Shapiro & Schulman, 1996; Griffiths, M., 2001; Manhal-Baugus, 2001; Smith & Reynolds, 2002). These articles cover areas such as confidentiality, informed consent, record keeping, risk management, standard operating procedures, indemnity insurance, accountability and possibility of violations to licensing requirements. Guidelines for the practice of e-therapy have been issued by a number of professional organisations (e.g. the Australian Psychological Society and the American Counseling Association). The American Medical Informatics Association Internet Working Group has published guidelines for the clinical use of e-mail with patients (see Kane & Sands, 1998).

Clinical Example

It should be noted, although the clinical example presented here involves therapy with an individual client, e-mail can be used for similar purposes in therapy with couples or families. For example, at the time of writing, one of the authors is working with separated parents and an adolescent recently diagnosed with schizophrenia. One parent has a long history of attachment difficulties. E-mail is playing a useful role in developing the containment this parent requires in order to manage the stress related to closer contact with the ex-partner, and the adolescent's illness.

Due to ethical considerations, the following clinical example is a composite case which draws on work with a number of clients. The e-mails from the therapist used for illustration are actual responses. However, identifying information has been altered.

Mary, 38, presented for therapy after a relationship break-up with her boyfriend of four months. In the first session she identified other stressors in addition to the relationship break-up. She had stalled in her efforts to complete a vocational course, she had been unemployed for the previous six months and she was involved in her parents' marital difficulties, with her mother requesting companionship and support. She noted that her boyfriend leaving was 'the straw that broke the camel's back' and she was feeling extremely depressed and anxious.



"Along with her therapist's recent response had come an advertisement for breast enlargement, an offer from a Nigerian bank, two blind-dates, and an invitation to download a video by somebody called Gloria Lovesit. Eleanor was becoming increasingly concerned about her confidentiality."

She expressed suicidal thoughts and a fear that she was 'falling apart'.

Mary was aware that she had longstanding difficulties with relating to people and expressed a wish to work on this. She also had a long history of parasuicidal behaviour and misuse of substances. Initial discussion indicated trauma in infancy when Mary had experienced physical abuse and neglect in a foster placement. This came about when her mother contracted a serious illness and was unable to care for Mary for an eighteen-month period.

Mary has been attending therapy for two years and, at the time of writing, we are in the termination phase. Work with her is underpinned by a variety of theoretical ideas ranging from the psychoanalytic perspectives of Kohut and Winnicott to the family therapy informed approaches of Bowen and White. Some examples are given below to illustrate specific uses of email in the therapy process.

Crisis Management

Because Mary's suicidal ideation was severe, the first sessions focused on crisis management. At this time, apart from her suicidal ideation, Mary was experiencing

extreme mood swings, panic and rage, bouts of paranoia and feeling 'crazy'.

As well as initiating a no-suicide contract with Mary and organising a medical assessment, the therapist suggested that Mary scale her suicidality, mood swings, panic, rage, paranoia and 'craziness' and e-mail her scores on a daily basis for a few weeks. Privacy was discussed and agreement reached about how emails would be exchanged. The therapist also outlined what the client could expect in terms of response times.

Example Exchange

Dear Chris,

Thanks for your reply. In fact, I had been looking forward to it!

Scores:

- Panic 4–5
- Paranoia (flashes only) 3
- Craziness 0 today
- Suicidality 2
- Rage 4 this morning, it's about 1 now.

I started the medication yesterday. I hope it cuts down the feelings of craziness. There's part of me that just wants it all to stop. Jumping off a bridge would obliterate all feelings!

I remember what you said about planning my time. I know I feel most like jumping off a bridge when the weekend stretches out in front of me. I'm worried about that but I've been invited to a party on Saturday and there'll be a lot of stuff available if I need some pain relief!

I averted possible danger yesterday by organising to go and see a movie with a friend and I did a few tasks at home, which I broke up with a walk.

Although the feelings of craziness have been there, today I have a definite idea that I'm starting to get back 'in touch' with certain feelings about things. Seeing you twice a week and e-mailing you daily about how I feel is helping with this because (a) it's forcing me not to pretend that I feel X about something when really I feel Y about it, and (b) I'm on the verge of exploding if left to wait a whole week because too much happens over such a long period. The daily contact helps me feel more settled.

Mary

Hi Mary,

Thanks for letting me know your scores. I'm glad the emails and frequent sessions are helping you feel more settled. It sounds like you came up with some useful strategies for dealing with yesterday. What did you observe about their impact? Did they keep your mood more stable and decrease the influence of craziness?

I am interested that you have a definite idea that you are getting back in touch with how you're feeling. That's a good sign. It may come and go a bit over the next little while. Can you keep observing this and let me know what happens?

I imagine the times when paranoia and craziness barge in might be a bit scary. However, it looks like you are managing to get through these times and not getting lost in them. This is another good sign. I also get the impression that over the past five days you have been less influenced by craziness than a week or two ago and you are feeling less suicidal. I assume this is your preferred option given your goals. Therefore, I guess it will be useful to consider what kinds of activity, thoughts or choices might help you stand up to invitations issued by that part of you that just wants everything to be obliterated so that you don't exist. As you say, these invitations will probably be most likely to occur on weekends.

I wonder if doing more of what you have already found useful might be helpful; things like arranging to have a coffee with your sister, doing chores and going for a swim. If you rely on watching television, it could be useful to break it up with a walk, answering e-mails, lunch etc. With regards to the party, the part of you that's determined to beat craziness might choose to think through what would keep you safer from impulsive action that might provide short-term relief but long-term undermining of how you'd prefer to be.

Warm regards,

Chris

E-mail was particularly useful at this time as it served a containing function, kept the therapist in the client's mind and allowed daily monitoring by both client and therapist. It also provided a 'base line' over time by which to measure change. However, at times it was important for the therapist to be aware when e-mail contact was not appropriate for crisis management. For example, later in her therapy, Mary sent the following e-mail at 5 p.m. one Friday.

Hi Chris,

I just don't want to be around any more.

Mary

The therapist responded with a phone call and discussed a safety plan for the weekend.

Developing the Therapeutic Relationship

During subsequent sessions, Mary's longstanding difficulties with managing separation and connection and establishing a self-identity emerged. Mary frequently experienced abandonment anxiety and

was emotionally volatile. She oscillated between idealising and denigrating significant others and often engaged in inappropriate self-soothing (drug and alcohol misuse).

It was predictable that Mary's difficulties with connection would be played out with the therapist. Polite and compliant in session, Mary was able to use e-mail to voice concerns. Later, she indicated that e-mail was useful at this time because it was 'less personal', and that being able to bring up things in this way early in the piece built her trust in the therapist.

From the therapist's point of view, using e-mail as an adjunct to discussion in session was especially helpful because it provided space to think and make sense of the subtext of the client's communications, which allowed a more responsive reply. It also allowed frequent contact by the client which was not as demanding on the therapist and, because the therapist could choose when to reply, facilitated more effective boundary management than the same number of phone calls.

Example Exchange

Dear Chris,

What's the point of counselling? Now that I'm back to earth, I don't know what I'm supposed to be doing with you. What is the true nature of this relationship? I don't understand my position.

Mary

Dear Mary,

I'm glad that you let me know what's happening for you. I agree it is important that you know what your position is and that you can experience the therapy space as safe and respectful. I'm sure we can manage to get through this and we'll probably revisit this place again. Let's talk this through in our next session.

Warm regards,

Chris

During the following session, which focused on her concerns, Mary noted she often felt that no matter what she did, it was never good enough. In particular, she thought she had disappointed her mother who continually told her she was not what she expected a daughter to be. A day after the session, Mary e-mailed:

Dear Chris,

I want to know how I compare with your other clients. Am I different or the same? What is your experience of me?

Mary

The therapist responded:

Dear Mary,

Here is a guess which I hope is not too clumsy. I wonder if you unconsciously worry if you are too much for me, not the client I was expecting. I wonder if you fear I might let you down (or you might let me down) if you allow me get to know you better – in other words, that I might compare you with other clients and find you wanting or prefer them to you.

I understand that sometimes what we talk about is hard. It's not the usual grist for conversation and can often be unsettling. I also understand you need to know that you are important to me, and that I can appreciate your uniqueness (without seeing you as 'beyond the pale'). I am happy to talk more about this with you face-to-face.

Warm regards,

Chris

Attending to Negative Transference

About a year after the commencement of therapy, Mary began to be able to express her negative feelings towards the therapist, a sign of healthy differentiation. This came at a time when she was making progress towards some employment and relationship goals she had set early in therapy and she was feeling more positive about herself. Given the space from immediate response that e-mail provides, it is not surprising she first did this through this medium and very cautiously at the start. The direct expression of her feelings took an exchange of four e-mails over eight days.

Exchange 1

Hi Chris,

I have a dilemma and I don't know how to resolve it.

Mary

Hi Mary,

Would you like to tell me about your dilemma?

Warm regards,

Chris

Exchange 2

Two days later Mary replied 'The dilemma concerns you'. The following e-mail was sent in response.

I would very much like to hear about your dilemma even if it concerns me. Perhaps we could talk about this in our next session.

Exchange 3

The therapist's response appeared to give Mary the permission she needed to go further.

Mary's reply began:

How can you find out who you truly are if you can't admit the truth to yourself or others? I don't talk frankly how I really feel about anything. The dilemma I had was I want to tell you to get stuffed but of course I could never do it. I don't know why I feel this way.

Additional content in Mary's third e-mail indicated a link between anger at the therapist and anger with her parents. She referred to being angry as an adolescent when listening to her parents' constant violent fighting, feeling they did not care about her. She noted this was the first time she'd been able to put these feelings into words.

The therapist replied:

Dear Mary,

Thank you for your very clear e-mail. I am glad you were able to let me know you were angry with me. It is important that you can tell me how you feel even if you are not sure why. It doesn't harm the relationship that we have, in fact it strengthens it. I may sometimes do or say things that annoy, irritate or anger you and knowing how you feel and being able to be responsive to that allows us to have a workable relationship. If you figure out why you wanted to tell me to get stuffed please let me know even if you think it's not important.

It sounds as if you have had to sit on your anger with your parents for a very long time. Perhaps you have feared that they were unable to bear it or that, if you expressed it, it would destroy the connection you had with them. I would like to talk more about this with you. This e-mail (as well as past ones) indicates you can and do talk about things frankly. Do you think you are finding out more about what makes you Mary?

Warm regards,
Chris

Exchange 4

[Dear Chris]: I think I worked out why I wanted to tell you to get stuffed the other day. What I dislike is when you try to tell me what I feel like. For example you were saying I looked angry, when I wasn't.

[Dear Mary]: Thanks for letting me know. It sounds like I might not have to do so much guessing for you. You may be becoming clearer about how you feel. Congratulations.

This exchange of e-mails set the scene for a discussion in the next few sessions about Mary's anger and the fact that it does not have to be destructive in relationships.

E-mail facilitated Mary's ability to express anger with the therapist. In the subsequent session, she noted that she found it easier to write things down than to talk about them. Mary's expression of anger and her experience of having it acknowledged without it damaging the relationship was a turning point in therapy and heralded a greater ability both within and outside sessions to talk about her feelings rather than acting them out.

Managing the Merger-Separation Dilemma

As Mary's therapy progressed, the exchange of e-mails declined: Mary increased her ability to contain her feelings and self-soothe in appropriate ways. However, there have been times when her anxiety increases dramatically (usually when her parents' conflict intensifies and her mother harms herself). During these times, Mary regresses, feeling both persecuted and abandoned by her parents, her mother in particular. This dynamic is played out with the therapist through the medium of e-mail. A flurry of e-mails over a short time ensues. The content of these can be prosaic (e.g. appointment making) or obscure (e.g. fragments of poetry). At such a time, a series of e-mails do not refer to what is actually happening but inevitably conclude with one stating her withdrawal from therapy. Over time, the therapist has learnt the importance of noticing the pattern and putting this into context.

The following response by the therapist was to three e-mails which Mary sent in the space of an hour. These e-mails included a query regarding her account; a copy of an e-mail to her from a family member outlining how she should respond to her mother, and a statement that she would be ceasing therapy forthwith.

Dear Mary,

I have taken some time to reflect on your three e-mails to me last night. I thought it was a good idea to think about what they all meant when looked at as one message. I think you are trying to let me know how Mum's attempted suicide and subsequent hospitalisation makes you feel rejected, hurt, angry and wanting to give up the connection because it's really hard going. It makes a lot of sense that you might feel this way.

My guess is that you are also feeling very unsupported and possibly attacked by other family

members. I suspect you found the 'helpful' e-mail intrusive and insensitive.

I also understand how important it is for you to feel like you can stand on your own two feet and be independent. We have recently been talking about how you are already beginning to do this. At times like this, it is very easy to forget the good work you've done.

I am interested in your wish to 'cease sessions'. We have talked about how this cutting off is common when you feel that others have treated you badly or not been there for you. I wonder if you are doing to me what you feel your mother is doing to you? My guess is that you are feeling so open to hurt that you are using your old defences to protect yourself. I am aware that these patterns may be repeated unconsciously in therapy. You have worked very hard and shown lots of courage in therapy. I wonder if ceasing sessions now and, in such circumstances, is the most useful thing to do. It seems to be a going back to old ways of behaving that hinders independence rather than doing something that is more helpful.

Of course, it is your decision to decide how you want to use therapy. I will respect this and my door will remain open to you no matter what you decide. I will keep your next week's appointment in my diary unless you tell me to cancel it.

Warm regards,

Chris

Mary subsequently cancelled the next appointment but also booked in another for the following week.

Discussion

The excerpts and clinical material presented here show how e-mail can be used to complement and enhance the work done in face-to-face therapy. This 'new technology' may prove particularly helpful with clients that have 'disorders of self' and are prone to crises, have difficulties holding onto the therapeutic relationship and struggle with oscillating feelings of abandonment and intrusiveness in relationships, including the therapeutic relationship. The discussion will focus on these matters and raise some of the potential advantages and problems of adjunctive use of e-mail in psychotherapy.

It is often difficult for clients with disorders of self to invoke the calmness of the therapist between sessions. The clinical case shows that email enabled the client to communicate with the therapist while in a state of crisis or acute distress at times when the therapist was not available for face-to-face meetings. The

therapist's response provided an affirmation that the client remained in her mind and was not simply dropped and abandoned at the end of each session. In addition, the concrete words on the screen provided a means to internalise the therapist's calming influence.

The effectiveness of e-mail in this function may be understood through reference to the psychoanalytic constructs of 'containment' and 'holding', (Bion, 1977; Winnicott, 1965) which posit that the therapist is metaphorically 'holding' the patient, as the mother holds the new born child. Containment and holding are thought to be both soothing and enhancing of the developing self because they promote confidence in the continuity and safety of the relationship and, in particular, of the capacity of the mother to absorb the baby's anxiety, accepting it rather than rejecting or avoiding it.

Communication by e-mail provided some immediate relief to the client and potentially averted the need for more intense crisis management or hospitalisation. However, a potential problem in the use of e-mail for crisis work was seen in the excerpt where the client signalled greater distress than words on a screen could contain. The therapist in this instance abandoned the e-mail and followed up with telephone and face-to-face interventions. This implies that when using e-mail successfully as an adjunct in crisis work, the therapist needs to develop another level of assessment to determine whether the e-mail would be a strong enough intervention. These are skills that have not been taught and there is no 'body of knowledge' to draw upon. It may even be possible that there are strong individual differences in clients' receptivity to the written communication no matter how eloquent or frequent.

Another arena in which the e-mail appeared to be valuable in the clinical example was in the management of often-ubiquitous issues of connectedness and separation. People with a very brittle sense of self-worth are prone to strong oscillations between feeling abandoned and controlled in relationships, as Winnicott (1965), Margaret Mahler et al. (1975) and Kohut (1971) have extensively explored. Family therapists are also keenly aware of connectedness and separation dilemmas from many different theoretical perspectives (e.g. Bowenian and structural approaches). In Bowenian terms, people who do not present with a solid sense of differentiation of self may become strongly emotionally reactive to any perceived abandonment or intrusion (Bowen, 1978). This emotional reactivity is often replicated in the therapeutic relationship and poses a strong threat to the therapeutic

alliance. The management of these issues provides the client an opportunity for an important 'corrective emotional experience'.

In the vignette, both sides of this dilemma for the client were enacted in the e-mail communication. However, the e-mail structure appeared to contain the resultant intensity of affect, and to help the client and the therapist navigate this often vexed therapeutic passage. It also facilitated an ease of communication or loss of inhibition that could make this process of therapy safer and more comfortable for the client. It is notable that the client used the e-mail to introduce issues that she was unable to introduce in face-to-face sessions. At the same time, e-mail enabled the thera-

“The client used the e-mail to introduce issues that she was unable to introduce in face-to-face sessions.”

pist to provide measured, thoughtful responses that are not always available to us when we experience negative transference in face-to-face encounters. Each e-mail communication in some way punctuated both connectedness and separateness. To put it psychodynamically, the client could repeatedly experience the therapist as being connected but not intrusive.

In addition, the very nature of the communication, the careful choosing of words for the expression of affect, is in some ways akin to the Bowenian concept of differentiation of self. Bowen (1978) notes that one feature of differentiation of self is the ability to bring cognition to bear on the affective process in the face of anxiety or emotionally charged situations. The process of writing an e-mail is cognitive, thus providing an opportunity to temper emotion.

Although e-mail can provide the transitional space needed to manage the separateness-relatedness dialectic more easily than in face-to-face communication, it is potentially negative if the e-mail process colludes with the difficulties of managing this issue in face-to-face contact. This can result in a split therapy process with the e-mail communication providing a gratifying 'good' therapy and the face-to-face communication becoming a lifeless or frustrating 'bad' therapy. In the case presented, the problem of potential splits was avoided by active linking of e-mail communications to therapy sessions. The therapist constantly advised the client to bring matters that were introduced in e-

mail to the following session to ensure that the therapy did not develop parallel but separate tracks. It is likely that the success of e-mail in managing relationship struggles will depend both on the therapist's skill in linking the two therapy processes and the client's commitment to a therapy process that is integrated even at the cost of some possible gratification to herself.

Two potential problems of using e-mail in therapy relate to the age-old clinical concerns of 'creating dependency' and 'boundary violations'. Contrary to fears that e-mail communication might become a gratifying and dependency-promoting process that would accelerate and become untenable, the client described above used this form of communication appropriately and with reducing frequency as crisis or need subsided. In writing the e-mails, as in good face-to-face therapeutic practice, the therapist was careful to provide support for the client's autonomy through her phrasing. The e-mail responses contributed to the developing sense of self, which was the primary work of the therapy.

Similarly, with regard to boundary issues, the e-mail process needed the therapist's active management and thoughtfulness. Much has been written in the psychoanalytic literature about problems when deviating from the therapeutic frame (e.g. Langs, 1975). In our vignette, very clear boundaries were set around the use of e-mail and became an explicitly negotiated part of the therapeutic frame. Nevertheless, the potential for e-mail misuse adds an additional dimension to possible boundary violations and this requires extensive thought and management by the therapist. Technically, such boundary violations become easier to perpetrate in e-mail therapy.

Finally, it may be thought that telephone communication between sessions would have a similar beneficial effect to e-mail communication. However, both clinical experience and theoretical considerations persuade us that this is not the case. E-mail communication has very specific advantages over telephone contact that make it simultaneously less gratifying and more containing. It lacks the immediacy of the telephone. The client must compose and then send a message. It is our experience that clients will often read over messages before transmitting. This process provides space in which the client can think about the communication and clarify or vary it and is very different from the 'dumping' that can sometimes occur in telephone communication. Equally, if not more important is the space afforded to the therapist. The telephone call makes an immediate demand. Even

when the caller leaves a message and is phoned back, the therapist is in an interpersonal 'hot spot' and must think on her feet without the structure and framework of a standard therapy session. By contrast, when responding to e-mail, the therapist can consider the response and review it prior to dispatch. This provides an opportunity for containment and to communicate to the client a message that is relatively free of the anxieties, irritations or ambivalence that might be associated with a telephone communication. Moreover, as the case illustrates, e-mail provides the client with the freedom to open up issues that would too difficult to attempt in a telephone communication.


“E-mail communication has very specific advantages over telephone contact.”

Conclusion

Whether we like it or not, e-mail processes will impinge upon our clinical work in the new millennium. Notwithstanding any of the potential problems mentioned above, we believe that e-mail as an adjunct to face-to-face therapy may produce considerable benefits in the management of people who experience a very brittle sense of self and who are prone to crises, have difficulties holding onto the therapeutic relationship and struggle with oscillating feelings of abandonment and intrusiveness in relationships, including the therapeutic relationship. The e-mail process helps to provide transitional holding in crises, breaks down the inhibition in the expression of relationship struggles and allows for a calm reflection on material that is often too affect laden for both face-to-face or telephone management. It is timely however to think through and discuss the therapeutic guidelines that will make this process valuable and quarantine potential harm.

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