

Agnieszka Ogonowska

**(CYBER)PSYCHOLOGICAL AND MEDIA DETERMINANTS OF ONLINE  
INDIVIDUAL PSYCHOTHERAPY**

Pedagogical University KEN in Krakow, Center for Media Research

**online psychotherapy**

**electronic psychotherapy**

**hybrid psychotherapy**

**Summary**

The aim of the article is to show the determinants of online psychotherapy in the context of contemporary research in the field of media psychology, cyber psychology, and communication. It draws attention to the possibilities and limitations of this form of psychotherapy, based on miniaturized electronic communication, virtual environment, friendly interfaces, and artificial intelligence. An important role in the effectiveness of this form of psychotherapy is also played by the attitudes, experience, and biological age of therapists and the level of their media and digital competence. In relation to clients/patients, it is also important to have experience with the network's environment and the type of expectations that they associate with this form of psychological and psychotherapeutic services. These phenomena are the aftermath of civilization changes related to the dynamic development of digital media (interactive, hypertext, virtual) that enable online communication in real time.

Attributes of contemporary media civilization also influence the forms and strategies of therapeutic interactions and the expectations of clients/patients. Describing the specificity of electronic communication in psychotherapy, the author of the article also used references to media archeology. This made it possible to show in a synthetic summary the predecessor of „online psychotherapy” that influenced contemporary forms of media communication, present in psychological therapy.

**Introduction**

Individual psychotherapy is a dynamic process of exchange of emotions, feelings, and judgments between the therapist and the client/patient – its aim is to achieve the desired change. The essence of the latter is to improve the functioning of the client/patient, in accordance with the assumptions of a specific orientation and therapeutic method [1, 2]. Their selection is adapted to the needs of people applying for psychological help and knowledge, skills, competences, and – generally, features of the therapist. In the author's opinion, this change should also become a therapist's part, e.g. in the form of a new experience, an essential component of his/her further professional and personal development; an important element of meta-analysis and topics subjected to supervision. The psychotherapist, therefore, plays a dual

role in this process, as a "catalyst" and "accoucheur of changes" in another human being, and as someone who makes such a change the object of his/her own experience.

In the new civilization context, the psychotherapist also has to perform a careful observation of contemporary cultural trends. These are expressed in the behavior and expectations of patients/clients. In many cases – in response to these trends – it becomes necessary for the therapist to develop new competences: communication, media and digital, in order to meet these needs. New skills related to digital media and online electronic communication have an influence on their professional work and its effectiveness. It is also important to reflect to what extent and scope new technologies can be used within specific therapeutic orientations. The psychotherapist must also be honest with himself/herself, refer to his/her attitudes towards the possibility of using new media in their professional practice. If he/she has a skeptical attitude towards them, this will surely translate into the quality of their professional work with the use of new technologies.

It should also be emphasized that a psychotherapist who has developed a specific repertoire of procedures and therapeutic methods in the offline space must re-develop and improve his/her technique to adapt mentally, technically and substantively to the specifics of the new online reality. As a British research on the attitude of psychotherapists towards online psychotherapy showed, among decisive determinants are the biological age of the respondents (the younger, the more positive their attitude) and the general attitude towards new media (the more positive, the more ready to apply them in their own professional work) [3].

The dynamics of psychotherapy as a process stems from a series of micro-events present in interpersonal contact, which is conditioned by the time-space context (time and place of a single session, time and place of psychotherapy). The temporal-spatial dimension of this process is important because it places the patient/client physically and mentally in a new social reality (e.g. a hospital, a private office) serving the healing process. These institutional conditions also allow creating the necessary distance to the context of everyday life, both for the patient and the therapist. Both sides of interaction enter the context assigned to their roles: "healed" and "healing". Moreover, as research shows, using the network in the home space, we are more susceptible to environmental distractors, including performing many activities at the same time (media, intermedia, inter-environmental multitasking), also within cyber-reality and online communication [4]. This, in turn, is not conducive to concentration on the task, communication, self-reflection, or mindfulness [5, pp. 90-91].

Patients/clients using new media, also for non-therapeutic purposes, may have unrealistic expectations towards the therapist. This is due to the network attribute of being able

to communicate online in real time 24 hours a day. Lack of response from a specialist to an e-initiated contact may be interpreted as lack of good will or commitment. In this context, there is an expectation towards the therapist that he/she will be flexible and available in the network "on demand" (by analogy to other on-demand services), even if the previous arrangements (e.g. from the therapeutic contract) precisely regulate this matter [6, 7]. According to Suler, this problem concerns especially patients who have problems with separation anxiety, exhibit the characteristics of a dependent personality, or show borderline personality disorders [8, p. 388].

Non-specific features of most therapies include direct interaction based on the "here and now" contact. It uses linguistic and non-verbal communication to manifest three basic elements of attitude: authenticity, acceptance, and empathy. Direct communication, which takes place with the participation of both parties, in a physically and socially specific institutional space, is an important factor influencing the building of a therapeutic alliance, the quality of relationships, and ultimately the success of psychotherapy.

As shown in 2006 by the study of Slater et al. on the influence of communication media on social behavior, whether we use only text or use images and sounds and the face of an avatar in the virtual version of the classic Milgram experiment, translates into the level of empathy for a person playing the role of the student and – as a result, also on the readiness of "teachers" to punish. This experiment clearly shows that the type of communication and the media used in it have a significant impact on the actions of real people [9, p. 115].

### **Online psychotherapy: an overview of selected subject literature**

The emergence of new interactive media in the 1990s and their dissemination enables communication (textual or audiovisual) in real time (e.g. using Skype, GG) or with deferred feedback (e.g. e-mail). The tendency to apply mediated communication is also observed in relation to various psychological or psychotherapeutic services. However, there are questions about whether the change of the environment, form, channel of communication significantly affects the quality and efficiency of this process or the attitudes and level of commitment of both parties. Is online psychotherapy a specific type of psychotherapy or does it only meet the conditions of consultation, psychological counseling about educational, therapeutic and intervention values? How to investigate the effectiveness of these activities and issues of professional secrecy? What features/dispositions, social competences, language and communication skills and media (digital) should both sides of this process have to participate effectively in it and achieve positive results?

As noted by J.R. Suler, the subject literature presents conceptualizations of online

psychotherapy showing its similarities to traditional psychotherapy. However, they raise many doubts, because – in practice, is a chat room actually the equivalent of a specialized psychological office in the scale of 1: 1? [8, p. 381]. Is cyberrealm really a "place" in which you can make an "adaptation" of traditional psychotherapeutic methods? These issues are subject to the reflection of the British clinical psychologist and cybepsychologist.

It is worth referring to some of these doubts. Certainly, online psychotherapy functions as a separate form of new-medial electronic communication (CMC – computer-mediated communication) or – as an element of psychotherapeutic activities – as part of blended therapies, hybrid therapies. In the latter case, both parties have experience in online and offline therapy, and can – if possible – use them, continuing therapy at its individual stages. Mixed therapy is usually proposed when the patient/client has a problem with getting to the therapist's office (e.g. he/she is temporarily away from the place of residence or suffers from health problems that make it impossible).

When psychological help is provided only in an online form, it automatically deprives both sides of the possibility of using many important non-verbal messages related to both the specific behavior and the physical environment in which it takes place [10]. It is also very difficult to determine to what extent a certain level of digital competence affects the quality of therapeutic contact. When this level is insufficient, the patient/client may experience frustration resulting from the lack of specific media skills, which in turn translates into their attitude towards the psychotherapist, the psychotherapy, and the motivation to continue it.

Virtual reality also creates very concrete barriers to the constitution of a therapeutic alliance, based on the "first impression", trust, empathic relationship. Media brokering disrupts this traditional relationship, even when we use technologies of the highest technical quality, enabling online audio-visual communication in real time. Studies of media psychologists and technology determinists show that technology is not only a neutral intermediary in communication; they also undermine the naive idea of their "transparent" character. Friendly interfaces trigger specific postures, emotions, and feelings in users. Hence the phenomenon of personification, animation of particular technologies, which are conceptualized just like living organisms, despite the knowledge, declarations, and judgments – on a rational level, that they do not belong to them [11].

Thus, the issue of the persuasiveness of the media as a tool of social communication arises. This issue in relation to medical, psychotherapeutic, and psychological services is currently the subject of interest of the team of B. J. Fogg, who as part of the Stanford Technology Laboratory (Stanford Persuasive Technology Lab) conducts research on the so-

called "Captology" (from *capturing*, or *computers as persuasive technologies*) [9, pp. 119-120]. Research in this area has shown that there are plenty of advanced technologies based on avatars and virtual reality. They are used by specialists from the mentioned branches to motivate patients and clients to change their behaviors to more adaptive ones, in line with a pre-established psychological therapy program or medical treatment.

The number of services based on artificial intelligence (AI) and programs using natural language programs is also growing [7, pp. 12, 17]. The main purpose of these forms of multi-mediated communication, in which a computer program examines the structure and content of statements, mainly written by the client/patient, is to encourage him/her to self-analysis (thoughts, attitudes, emotions, and feelings), which is usually useful in solving specific health problems. Contacts with intelligent technology can, however, not replace communication with the therapist; they can be used as an accompanying method of traditional therapy or as part of the so-called hybrid therapy.

The human being is evolutionarily adapted to contact with other human beings because our brain – as a biosocial system – is focused on achieving "mental convergence" and exchanging information with others as intentional beings [13, 14]. "Psychological convergence" defines the state of compassion, the ability to understand the intentions of other persons. Research on the development of the theory of mind argues that to achieve this state, it is necessary to have a direct presence of another human being, who can be observed, imitated, to give meanings to his/her actions, to anticipate his/her intentions, using for this purpose a series of (multi)sensory messages [15]. Some intentions are, moreover, communicated on the principle of intermodal coding, for example through gestures, smell and words, which is extremely important when we communicate about emotions, feelings, expectations or mental states with others. It is also worth remembering that individuals differ in their preferred communication system, level of competence and language-communication skills, and social competences [16]. The mentioned factors have a significant influence on the way of formulating statements, verbalizing information about oneself and one's psychophysical state, on the ability to undertake intrapsychic communication. The latter entails the need for self-reflexivity and self-analysis.

Building a good relationship in the therapeutic process is also used for the synchronization of behaviors, which is most fully implemented in direct contact [17]. Communication "face to face" also excludes many misinterpretations of behavior, e.g. silence is a lack of verbal communication, with the simultaneous presence of non-verbal messages. In the case of online contact, silence may result from technical reasons, not from the dynamics of

the interaction, which can often be seen only after some time, and not during the particular process in real time. Delayed feedback, however, often brings immediate and adverse effects to a specific interpersonal relationship.

This new electronic network form of therapeutic communication also requires, in the conditions of digital civilization, new media (digital) competences. They include, from the therapist's side, among others ensuring continuity of communication in the digital environment, according to arrangements from the therapeutic contract, a certain degree of confidentiality of the transmitted information, establishing alternative forms of communication when there is a hardware failure. An important distractor on the side of the patient/client may be the fact that he/she tries to "fit" his/her current actions into a behavior scenario known to him/her from fictional media messages, such as films about psychotherapeutic relationships or other media containing such motives. It is worth remembering that today, media, mainly social media, function as dominant educational institutions (post-traditional educational institutions, non-formal education) [18]. The dynamic development of the so-called transformational tales successively strengthens their influence [19]. Transformational tales are narratives about changes, usually in the appearance or surroundings (e.g. the household) of the chosen hero.

In the face of these civilizational conditions, the behavior of the client/patient may be consistent with the fictitious image of the patient/client and not with his/her objective psychophysical condition and social situation confirmed by research and interview. The need to look for alternative messages and behavioral scenarios in the new virtual reality opens the field for "interpersonal games" [20]. They do not serve the achievement of the desired change, and can even consolidate problematic behaviors (e.g. shyness, tendency to confabulation, hidden forms of aggression and auto-aggression, emotional lability). The network – in many cases – triggers or enhances the patient's/client's slowing down of their behavior or the need to construct alternative forms of e-identity. These trends are indicated by the so-called cybereffect [21]. The human being does so to test their attractiveness, effectiveness, and social impact in a safe, virtual space that gives a sense of relative anonymity and security. Virtual identity projects, most often associated with the avatar figure and social media, enable the individual to test himself/herself in various alternative scenes [20, 22]. Online communication also allows the user to get feedback from a specialist, which has to be based primarily on information provided by the patient/client electronically.

It is also worth noting that contemporary media civilization prefers immediate availability of services and ready-made transformation programs, which certainly does not serve subtle, often long-term and multilevel changes, inscribed in the essence of the therapeutic

process. The attitude towards immediacy, the spectacular character of transformations is intensified by the mentioned transformation tales, present both in traditional media and new media. They create inaccurate ideas about the effects and goals of psychotherapy and the methods of achieving them by potential patients/clients. When confronted with real experience, these expectations may cause frustration in a patient/client, and even in people from his/her environment, and – in the first group – a relatively fast "falling out" of the therapy. A positive change – in line with the ideology promoted by these media narratives – is fast, spectacular, lasting, depending only on the goodwill, commitment and efforts of the client/patient and the specialist who works with him/her.

In addition, the lack of having to leave the home for a therapeutic session often causes that contact with the psychotherapist is perceived "on the rights" of other social contacts, initiated and processed online. In the opinion of many clients/patients who also use other e-services, they require less attention, commitment, and compliance compared to offline therapies [7]. Media surveys based on Internet usage strategies and dedicated to multitasking [4] also point to the phenomenon of distraction. In face-to-face communication, both parties feel a specific type of obligation, they feel obliged to focus on tasks and behaviors resulting from the provisions of the social role.

The patient/client, during an online session, in a physical and mental sense, is "anchored" in social reality, which is often the context, the stage or even the cause of her/his problems. Thus, there is a situation in which the client/patient together with the therapist is online "lonely (but) together", "temporarily involved, but not obliged to make changes", "entangled in a contract that does not require systematic work" and even telling the truth [23, p. 18]. Lack of physical contact in favor of media-mediated communication also causes an "overlap" of various social roles and levels of life – home, social on the therapeutic interaction, which is not conducive to focusing on the pursued goals, and ultimately – obtaining the desired improvement.

It is also worth mentioning that the development of new media has contributed to the dynamic evolution of e-services (e.g. in the educational, banking, insurance, health sectors), which trigger a specific type of attitude among Internet users – the client attitude. Users of new media instrumentalize interpersonal contacts online, reducing their purpose to obtain specific, often very personalized and sophisticated services, in a specific time and for a specific amount. Placing psychotherapy in a new media context may result in transferring such habits, experiences, and attitudes to the expectations formulated in relation to online psychotherapy.

There is also, in the latter context, a doubt about the level of responsibility and

involvement of the client/patient in the therapeutic process itself. Adoption of a consumerist, clientelist, claiming attitude means that all responsibility is "redirected", "assigned" to the psychotherapist, who, in the opinion of a new media patient/client, should demonstrate effectiveness, and propose attractive, effective and relatively fast solutions.

### **Therapeutic communication in new media**

As mentioned earlier, online psychotherapy uses various forms of electronic communication. The analysis of their specificity is necessary due to their practical dimension, adapted to the objectives and effects of the entire process. The basic differences between these forms concern the code, communication channel, feedback loop, and senses/receptors to which the message is addressed [5, 24].

**Table 1. Text communication (delayed feedback) vs online communication in real time (immediate feedback)**

Text communication (delayed feedback)	Online audio-visual communication in real time (immediate feedback)
Analysis of the style (form) and content of the speech based on the written text; there is no certainty that the (only) author of the message is the patient/client; there may be a problem of a false (faked) or stolen identity (e.g. a relative is impersonating the potential patient/client to get the opinion of a specialist).	Analysis of behavior (including statements) based on verbal and some non-verbal messages; all communication can be assigned to a specific real client/patient or to a person who – as part of this interaction – "plays" certain symptoms, communicates about problems of "third parties" as their own to get the opinion of a specialist.
No possibility of direct communication and examination of the interlocutor's reaction during its duration.	Ability to respond immediately to the behavior of interlocutors (on both sides).
No non-verbal messages.	Presence of such non-verbal messages as vocal features of the voice (e.g. loudness, tempo of speech, timbre, modulation), kinesics (facial expressions, gestures, poses), self-presentation (clothing, hairstyle, body decorations), body structure (height, weight, proportions), some proxemic elements (related to the organization of space) and chronemic elements (related to the temporal dimension).
Lack of control over the time and place of receipt and sending a message.	Control over the duration of message exchange.

Own elaboration

A separate case worth considering is online text communication in real time (e.g. via instant messengers). This form of mediated interaction enables an immediate reaction of both parties to previously received messages but deprives the interlocutors of the possibility of using non-verbal information (except for iconic characters, e.g. emoticons, which are a schematic, impoverished representation of experienced emotions or attitudes). The psychotherapist may, however, base on the assessment of the general and specific language and communication skills of the client/patient, or on the time of his/her response to particular communication sequences. Moments of "silence" and the suspension of communication can often not be assessed

unambiguously. They can be caused not only by the absence of intentional response of the client/patient to an earlier statement of the therapist but also by environmental factors (e.g. another person/event in the home environment distracting the interlocutor's attention) or technological factors (e.g. a temporary lack of connection). There is also a danger (as a distractor) that the client/patient does not tell the truth about the reasons for the communication delay, or consults with third parties during the online session (beyond the therapist's knowledge) to “make a better impression in therapy”. Not infrequently, people who participate in a session with a therapist during this interaction use alternative sources of information to respond better – in their opinion – to real-time questions. This is connected with the process of creating an alternative (virtual) identity [20].

The final effects of the therapeutic process, thus, depend on different groups of factors. The above-mentioned language and communication skills of the participants play an important role in this case.

They include the ability to build sentences and narratives in a given language and to adapt them to specific situational contexts. These skills are, therefore, based on language, communication, and socio-cultural competences. Specific efficiency in this area refers to the level of these skills in relation to various thematic fields (e.g. verbalizing emotions and feelings, describing the external life situation, the impact of third party activities) and two basic forms of language communication: written and oral [13, 14].

It seems obvious that an important aspect in assessing the effectiveness of psychotherapy based on electronic communication is to determine the initial level of language and communication skills of the client/patient and their ability to build narration (free narrative, narrative on a given topic) [27]. This issue becomes visible in the wider media and cultural context when we reach for the so-called media archeology, combining selected facts from media history with contemporary methods of psychotherapy. This optics also shows the influence of civilization conditions on the forms of psychological treatment and therapeutic communication.

### **Media archeology and contemporary forms of online psychotherapy**

The predecessors of new media text communication include letters to the editor, and in the case of precursors of mediated communication in real time – helplines and radio programs with the participation of psychotherapists, psychologists, and radio listeners. Radio listeners can call the radio studio during the broadcast (and therefore in real time) with a request for advice, commentary. In the latter case, i.e. communication in the form of a dialogue or polylog, the consultation with a specialist is of media and public nature, takes place on the forum and

forms part of the radio show convention. Other random people have access to the statements of both parties and can refer to them in their subsequent radio appearances. Therefore, there is a basic doubt as to whether the mediated public communication, in this case, meets the criteria of the psychotherapeutic process, or if it is only a type of counseling, consultation, psychological education, or even – pop-psychology, pop-psychotherapy, or pop-medicine, and therefore a kind of fake specialist help included in the sector of "new-mediated" health services (fake medical services)?

Media forms of psychological counseling are also books and articles in specialist journals, and thus "materials written for a specific reader".

A separate method, accompanying the therapy, is writing a diary [27], in accordance with the psychotherapist's recommendations. This form, however, has a more personal and intimate character and is part of the "written for yourself" formula, to document and organize your own experience and give meaning to life (see the assumption of logotherapy).

The oral or written narrative is an intentional form of expression of beliefs, emotions, and feelings. It allows the individual to categorize phenomena, organize experiences, interpret them and present an individual point of view. Binding narrative with the category of the subject and forms of electronic communication also allows reflection on their therapeutic application. This point of view, meaning the emphasis on the meaning of the "first-person story" is clearly present in analyzes representing the so-called narrative turn in humanities and social sciences, and the introduction of the category *homo narrator* raised the rank of individual experience in scientific research [27, 28].

On the other hand, the lack of the ability to use language and build narratives results negatively for social relations and individual identity. Creating auto-narration in spoken or written language plays an important role in the prevention and therapy of (psycho)somatic and mental diseases. This idea, present in the concepts of Breuer and Freud, known as talking cure, is reflected today (among others) in therapy through writing [29]. The first article about it was created in 1986. It has been pointed out that the creation of "some" form of narrative enables the individual to understand and re-confront, e.g. with a traumatic experience, understanding her/his own feelings and emotions or experience the meaning and purpose of his/her own life through language (its structure and lexical resources). All these activities allow us to organize the past and regain a sense of control over the temporal existence (by organizing experiences, giving them meaning and drawing conclusions for the future). The human as a narrator solves, usually with the help of a specialist, mental conflicts and effectively copes with stress. This, in turn, causes, among others the improvement of the functionality of the immune system, helps

to prevent or mitigate many diseases. At the same time, the spokespersons of expressive writing say: "An unsuccessful attempt or inability to translate a traumatic experience into words is one of the probable causes of disorders after traumatic stress" [29, p. 189].

Traditional and electronic media impose specific conventions, schemes, structures, genres, and formats that are formulated within their narratives. Specialists enable these messages to be included in psychotherapeutic practices, which we are currently experiencing on an increasing scale. In this process of the mediatization of personal experience, the disciplining and ordering function of the dominant culture is expressed, which – through the media – enforces specific strategies of self-expression. Nowadays, the psychotherapist faces another challenge: how to effectively apply new media forms of communication in the treatment process, in order to meet specific civilization challenges of a digitized society, and at the same time not to lose the goals and meaning of psychotherapy itself?

The synetic analysis of these traditionalised (diary) and new media forms (e-mail, blog) described below in the form of a table allows assessing the therapeutic potential of each of them.

**Table 2: E-mail, diary and blog as text forms of therapeutic communication**

Forms of therapeutic communication	E-mail	Diary	Blog
Basic characteristics	A form of electronic text communication addressed to a specific recipient. May contain attachments with additional information (e.g., movies, photos, text files.)	A form of text communication in the traditional form or using a text editor as a kind of intrapsychic communication and/or addressed to a specific recipient/reading circle (e.g. a therapist, family member, anonymous readers.)	A form of electronic communication based on written language or in a hybrid form (e.g. language and imagery, language and audiovisual) addressed to a wide range of Internet users or a narrow group of Web users (closed groups.)
Frequency	Single communication or a sequence of messages related to the subject, the sender and recipient.	Linguistic narrative ordered in chronological order encompassing an individual relationship and an original interpretation of events and experiences.	Linguistic or hybrid narrative arranged in chronological order, including an individual relationship and an original interpretation of events and experiences.
Type of feedback	Feedback online, from the recipient.	Feedback, mostly in offline mode, from the reader.	Feedback, usually online, from Internet users
Goal	Establishing communication, presenting the matter.	Organizing individual experiences.	Presentation of individual experiences in the new media context.

Own elaboration

Communication using e-mail can function as an additional form of psychotherapy, supporting activities undertaken, for example, during traditional therapeutic sessions. With

regard to this form of communication, it is important to specify in the contract precisely the frequency with which the client/patient will send information, what their average volume will be, and at what time and at what level of detail and complexity the therapist will answer him/her.

It is also important to clearly underline that the subject of these e-mails ought not to go beyond the arrangements of the therapeutic contract. This additional, supporting form of communication may contribute to the intensification of desired changes in a relatively shorter time. However, there is no simple relationship between the frequency of contact and the acceleration of a positive effect [6]. Not always the client/patient fully understands the goals of such activities; he/she may also have problems with formulating the content of an e-mail that would be representative of their current psychological and health situation [6, 8, pp. 385-386].

With regard to forms of therapeutic communication, which are based on written text (e-mail, diary, blog), an important criterion for assessing the level of the patient's functioning, as mentioned earlier, is their language-communication efficiency (general and specific). Moreover, in relation to exclusively new forms of psychological contact, it is very difficult, if possible at all, to assess to what extent the presented description of the situation, the relationship from life, presents the actual state.

Also worth raising is the issue of self-censorship. This issue can be considered in various communication, psychological and social contexts. Self-censorship results from the fact that the patient may not want to reveal certain issues, either to others or to himself/herself. As Kirvan notes: "We can honestly discover our intimate thoughts and feelings in front of different readers. However, we change the definition of the word >intimate<, depending on the recipient of our text" [6, p. 173]. In relation to others, including the psychotherapist, patients/clients do so for fear of lack of acceptance or even rejection. Multi-mediated communication often stiffens the client/patient in behaviors that can mask the real source of their problem.

The universal functions of self-censorship in all these cases (direct/mediated communication) include (auto)creation of the image for others (see reflected self in Cooley's theory) [30, pp. 42-43]. An important advantage of offline psychotherapy is that one can directly observe the time and manner of the patient's/client's reaction to individual phases/microevents, as well as "tune in" or subtly model the desired verbal and non-verbal behaviors.

In virtual reality, however, there are several phenomena that can affect the effectiveness of psychotherapy. On the one hand, as mentioned earlier, clients/patients select information so that they are consistent with their image of themselves (positive or negative) and the life situation in which they are. On the other hand, they share personal information in an uncontrolled manner in the online environment, despite being aware that they may be used in

the future by other Internet users, including those acting in bad intentions (e.g. cybercriminals). This phenomenon is known as "knowing-doing gap" [31, p. 125]. Communication in virtual environments paradoxically motivates the disclosure and construction of information signed with the author's "I", not necessarily truthful. Virtual reality also leads to a slowdown of behavior, which translates, among others, into the compulsive need for systematic disclosure (e.g. in social media) of various personal and intimate information using written texts, iconic materials, and audio-visual messages. There is a significant shift of the border between the private and public spheres, which often leads to media exhibitionism, which is devoid of self-reflection and focused on creating an attractive (for a certain audience) e-personality.

### Conclusions

The conditions of civilization certainly have a significant impact on the forms of therapeutic work and the expectations of clients/patients associated with this area of social practices [32]. Without denying the possibility of using new technologies in health and psychotherapeutic services, we must constantly reflect on the advantages and limitations of this form of social communication [8, p. 388].

One should always have in mind specialist competences (digital, information, media) the possession and systematic development of which determines the effectiveness of the treatment process [33]. In the state-of-the-art and literature used in this work, we can see that there is a lack of a unified opinion on the effectiveness of online therapy, as well as an unambiguous evaluation of its advantages and disadvantages. In the author's opinion, it is justified to accept the position that the decision to take such a form of communication and work with the patient/client should be adapted each time to the possibilities, competences, skills of the participants of the therapeutic process. The availability of offline therapies should also be considered. When this latter is possible, it is worth considering the motives for the patient/client to prefer online therapy.

When designing and implementing technologies used in therapeutic work, the cultural and media experiences of modern generations of users of new technologies should be taken into account, which influence the type of expectations expressed towards specialists [24]. The contemporary media civilization sets out a macro-context of current psychotherapeutic practices and interactions, for which new media are, in turn, a micro-context for various types of mediated communication between a client/patient and their therapist. However, the therapist cannot just follow the fashion and uncritically adapt to the modern market of therapeutic services, more broadly: medical, without recognizing the possibilities and limitations of the

participants of this process.

The experience of clients/patients and their competences related to the use of new technologies, as mentioned earlier, affects the level of verbal and non-verbal implementations. The latter are related to general and specific language and communication skills. In practice, these competences are connected with a general ability to build statements and more complex narratives. They concern the social world and personal experience, including the emotions and feelings of the patient/client. The modern system of school and academic education, subordinated to the acquisition of specialist knowledge ("teaching for a test"), is not conducive to the development of self-reflection and the acquisition of conceptual equipment dedicated to the emotional sphere, useful in the analysis of attitudes and causes of the behavior of oneself and other participants of social life. Therefore, there is a lack of systematic and methodically organized activities aimed at developing critical thinking and self-reflection [33]. These institutional conditions, often exacerbated by deficits in communication in the family on the above-mentioned spheres, make it possible to develop an adequate communication language only in the direct interpersonal contact of the therapist-patient/client. According to the author, it is only in such offline communication that it is possible to create a therapeutic space, an authentic space for joint meeting and dialogue, serving a positive and satisfying change.

The systematically increasing number of publications in the field of cyber-psychology, media psychology, and communication as well as modern communication can be an important source of inspiration for therapists conducting their professional activities in the virtual space. There is also a need for them to systematically develop their digital and media skills, which in the case of online psychotherapy play a key role in assessing the resources and expectations of the potential client/patient.

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E-mail address: agaogonowska@poczta.onet.pl