heir wedding cake was a computer and a keyboard,” Kholoud al Feeli told Thomas Friedman, the New York Times foreign affairs columnist. “My brother just got married to a Kuwaiti woman he met on the Internet in a Kuwait chat room. They kept exchanging messages and finally met in person and it was love at first sight.” Citing this and other events taking place in the Middle East, such as use of web sites to file news stories and bid on commercial contracts, as examples of national and international connections made via the Internet, the writer asserted that technological and economic forces are breaking down the walls of isolation characteristic of the Arab world.

Certainly computer technology and the availability through the Internet of chatrooms, telemedicine, and computer-assisted psychiatry are breaking down the walls in our patients’ worlds. However, these cyberspace encounters do not always lead to real romance or necessarily ensure that everyone lives happily ever after.

The Problem

In the recent past, if you learned someone was spending hours at the computer, it would most likely bring to mind the image of someone “conscientious,” “diligent,” “industrious,” or “hardworking.” Today it is more likely to evoke concerned questions such as “obsessive?” “avoidant?” or “acting out?” Research on the psychological impact of computer technology is still in the early phases but articles expressing warnings in many different areas are emerging. These include concerns about computer addiction and the management of time; a case report of a 43-year-old homemaker who abused the Internet with significant impairment to her family life; on-line sexual addiction; and a frightening report about “cybersuicide” in which the authors describe interactive suicide notes followed by suicide fatalities. However, other writers cite examples of the computer as a catalyst for life enhancing experiences, as an aid in psychiatric treatment, and as a tool for conducting psychotherapy.

As psychotherapists, we need to be alert to the potential dangers of having a computer in the house, while at the same time appreciating that there are many interactive uses with the potential to promote psychological growth.

What Is Out There?

To get more firsthand information, I clicked on the Lycos web site. Its “Chat Community” included opportunities to explore “romance,” “general chat,” “life,” “arts and entertainment,” “news,” “sports,” and “investing”—something for everyone. “Parent Soup” states that it is a “community where parents can discuss and learn about parenting, kids, adoption and other family issues.” Their mental health chat room is a discussion group targeted to parents of children with attention deficit disorder. I also sent a message to the American Psychiatric Association’s member organization asking colleagues to let me know if they had patients who had experiences, good or bad, resulting from interactions in chat rooms. There was not a large response but a couple of reports were of particular interest.

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One told of a patient in his mid-30s, a man with a repressive and sexually inhibited adolescence who, in early adulthood, had married a woman with a similar background.
As he matured, he became dissatisfied with their lack of sexual and personal intimacy and was strongly tempted to have an affair; however, he neutralized these impulses as he recognized that he really loved his wife and wanted the marriage to work. With some reluctance, he eventually "confessed" to his psychiatrist that he was staying up late at night "talking with" different women he met in chat rooms. Fearing rejection or criticism from the psychiatrist, he had avoided telling him about this for several months.

There was the older woman who would talk about her children, work, and travels and give him motherly advice. There was the sexually provocative artist who lived in a community nearby and was continually urging him to meet for a drink. There was someone with whom he shared literary interests and someone else who shared his interest in sports. For a period of time he was so obsessed with these relationships that he was spending hours late at night at the computer (hours when his wife thought he was working).

Gradually, through continued computer contact and exploration in therapy of his desires and fantasies and the psychological conflicts they represented, his idealization of these relationships dimmed and his sexual fantasies diminished; some of the contacts were ended and others continued as computer friendships. The patient became more open and comfortable in his conversation with his wife. This gradually translated into assertiveness and pleasure in the bedroom. The psychiatrist attributed much of this change to the opportunity to have seemingly intimate relationships at a safe distance on the Internet—relationships that could be played out over time (this all took place over a couple of years), accompanied by exploration in therapy of the hidden wishes and fears that fueled the fantasies. Events of the past rose to the surface and were dusted off and looked at through the eyes of today, permitting a healthy resolution.

Another response to my request for information came from the parent of a patient with ADD. She is active in an ADD chat room sponsored by "Parent Soup," where she met parents dealing with similar issues. After about 6 months of participating in the room, she was asked by the host (another mother with ADD children) if she'd be interested in becoming a host herself. In preparation for this, she was provided with "on-line training" which included learning such rules as never make diagnoses or give medical advice and always tell parents to check with their doctor if they are concerned about their child's health. She described a sense of community and understanding in the chat room, in which they neither advocate nor disregard anyone's beliefs or choices about how to deal with their children's ADD and related issues. This is precisely why she felt comfortable going there each week and telling about her sometimes painful experiences. As she said, "It was comforting to know that I was not alone. It is one thing for your doctor to tell you that what you and your child are experiencing is 'normal,' and quite another for a parent to say 'Hey, my son did that too, and it's going to be OK.'" Similar positive outcomes have been reported with computer support systems for people with AIDS/HIV.

How Do We Respond to the Situation?

Given the world we live in, it makes sense to ask, "Is there a computer in your house?" And, if the answer is "yes," to follow up with a line of questioning that helps distinguish productive practical computer work from potentially life-disrupting or threatening obsessions and interactions. Appropriate questions include:

- What type and how many?
- Do you use your real name and do you reveal your address and telephone number?
- Have you met any of the people you have communicated with and/or do you plan to?

Questions such as these should be as commonplace in today's evaluation as questions about sleep patterns, appetite, and anxiety.

Next, consider your patient's personality, character style, and problems. Since the computer screen is in truth a "blank screen," the words written on it are a perfect vehicle for projections. People can and will read into the words whatever affect the computer user longs for or fears.

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Years ago, a friend who worked for a large computer think tank described what he considered to be an amazing phenomenon. His company was working on designing a computer simulation of a psychotherapy session. The patients would be able to type in a
phrase such as “I am worried” and the computer would send back a message such as “That’s too bad. Tell me about it.” My friend was surprised to learn that, during their lunch break, troubled employees (the ones who had ac-

Is your patient paranoid and given to acting out, or is the patient actually finding support in the safe distance of computer-generated relationships?

tually designed the program) would sometimes sneak into the computer room and talk with the computer about their problems. They found this soothing, even though they themselves had composed the reassuring sentences! One more example of mind over matter. Although this makes an amusing tale, we also know that such suggestibility can pose a dangerous threat to certain patients’ emotional stability.

Is your patient paranoid and given to acting out, or is the patient actually finding support in the safe distance of computer-generated relationships? As with so many other aspects of their lives, patients are often reluctant to tell of their adventures on the Internet. Guilt, shame, fear of criticism, and all the parental transferences and projections inhibit their ability to speak freely. Often the work done unraveling these inhibitions and this resistance is the primary work of therapy. Once patients understand the source of their inhibitions in telling the psychiatrist about their escapades on the Internet, they may no longer need the fantasized Internet relationship. If all goes well, they will go forward in their everyday lives to make connections and form intimate relationships with real people of flesh and blood.

The Internet, with its rich economic and interpersonal opportunities, is now part of our everyday world. It is increasingly a significant element in the environment that affects our lives. As psychotherapists, we must be sensitive to its use and abuse and familiarize ourselves with its many ramifications as a powerful force in today’s world.

References