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SOCIAL MEDIA AND ITS IMPACT ON THERAPEUTIC RELATIONSHIPS

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In the current age of social media, the boundaries between the online and the offline, the personal and the professional, have become blurred and ambiguous. This poses significant challenges to the practice of psychoanalysis, which for a long time has been thought of as a technology-free and private space. This paper compares how social media impacts therapeutic relationships in the broader field of psychotherapy and in psychoanalytic psychotherapy in particular. Direct breaches in therapist privacy were found to be more frequent with non-psychoanalytic psychotherapists due to therapists' higher online presence. Psychoanalytic psychotherapists, on the other hand, generally have a lesser online presence because of different views on therapeutic anonymity from other clinical orientations. The author suggests that this leads to different forms of virtual impingements: due to the absence of psychoanalytic therapists' online presence, patients seek to re-create therapists (and, by extension, therapeutic situations) on a virtual level rather than discover something that was already 'put out there' by therapists. Virtual manifestations of anonymity, splitting, and solipsistic introjection processes are discussed with reference to John Suler's concept of the online disinhibition effect. Further recommendations for research on social media impact are discussed.

KEYWORDS: PSYCHOANALYSIS, PSYCHOTHERAPY, SOCIAL MEDIA, THERAPEUTIC RELATIONSHIPS, THERAPEUTIC NEUTRALITY, THERAPEUTIC FRAME, ONLINE DISINHIBITION, SOLIPSISTIC INTROJECTION

INTRODUCTION

The rapidly growing popularity of social media and social networking has fundamentally reshaped our experiences of selfhood, relationships and privacy. According to the Global State of Digital, as of 2019, 57% of the world's population is now connected to the Internet, of which 45% (3.484 billion) are active social media users. Some of the most popular social media platforms include Facebook, Twitter, and Instagram. These platforms enable users to express themselves and share their lives by posting photos, sharing posts, as well as 'tweeting' and 'liking' other

people's content. In this way, each social media user constructs their own *digital narrative*: an online form of expression that contains personal thoughts and feelings, as well as the opportunity to express satisfaction or dissatisfaction at other people's content.

Research on social networking suggests that digital narratives are being increasingly used to share and cope with deeply personal anxieties, conflicts, and desires (Kruger & Johanssen, 2016). For this reason, social media users express opinions and beliefs on such potentially sensitive topics as politics, human rights, religion, mental health, etc., far more frequently than in real (offline) life.

Another layer of digital narratives involves our relationships: many social media users choose to 'broadcast' their offline relationships online through photos and posts. This is particularly true of romantic relationships: Facebook, for instance, has 11 different statuses to depict romantic relationship/status.

Lastly, even our most mundane forms of communication have been replaced by digital technologies: for example, e-mail and text communications have become a norm in both private and professional interactions. Although the latter forms of digitalism typically lack visual cues – and so our online experiences of the recipients are quite different than on social media platforms – there are nevertheless other ways by which we facilitate attributions and projections of various qualities onto one another (Gabbard, 2001). As a result, a new kind of digital culture emerges, in which our personal information online is often uncontained and accessible in ways that are difficult to foresee and control.

These digital developments bear immense consequences to the practice of psychoanalysis. Historically, psychotherapy has been intensely private: Freud (1912) often described the necessity of being opaque to patients and showing them nothing but their own thoughts and feelings. His daughter, Anna Freud, explicitly defined the concept of therapeutic neutrality in which the therapist 'takes his stand at a point equidistant from the id, the ego, and the superego' (1936, p. 28). Schafer (1983) later expanded on the definition of therapeutic neutrality by offering specific therapist characteristics: not taking sides in the considerations of the patient's conflicts; not imposing one's own values on the patient; and finally, subordinating one's personality to the therapeutic task. It is therefore clear that maintaining a sense of privacy was – and continues to be – integral to the ethos of psychoanalytic clinical practice.

Of course, the view of a 'blank screen' neutral therapist has changed since the emergence of relational and interpersonal psychoanalytic approaches (Aron, 2006; Renik, 1995). Increasingly, self-disclosure and self-revelation have been put forward as ideas that can be used for clinical advantage and a deeper understanding of *both* the patient's and the therapist's experiences in the consulting room. However, self-disclosures in relational psychoanalysis are not meant to remove the sense of privacy or the 'as if' quality of the analytic space in their entirety (Kantrowitz, 2009). The therapist who wishes to self-disclose will generally do so under certain circumstances and at their own volition, and the disclosed

information will be contained and used for the fostering of the therapeutic relationship rather than its dissolution.

It is unsurprising, then, that most therapists find social media to be intrusive and threatening to their clinical practice (Balick, 2012). Although posting information online is, for the most part, volitional, its accessibility to the public eye (including potential and current patients) can be difficult to control. This skews the idea of self-disclosure: the therapist may provide no self-disclosure or self-revelation in the session, but the patient can discover (accidentally or intentionally) information online that is deeply personal and uncontained. Balick (2014) called this a virtual impingement: the offline clinical encounter is impeded, modified and influenced by something happening in the online world.

Virtual impingements of this kind have been well documented in the broader field of psychotherapy. In a study by Kolmes and Taube (2016), out of 349 surveyed psychotherapy patients, 332 confirmed that they searched and found personal information about their therapists online. This behaviour is reflected more generally across online search engines: for instance, searching for 'I googled my therapist' on Google lands a staggering 551,000 results. These results include patients' reported discoveries about their therapists on a variety of mental health and news platforms, such as *The Guardian*, *Well Doing*, *Psychology Today*, and *Huffington Post*. Whilst there is no consensus regarding googling one's therapist, these reports show that patients often feel conflicted and/or confused over their online actions, so much so that they are driven to share their experiences online, but not with their therapists.

This paper seeks to address the current gap in literature on social media and therapeutic relationships. It will first consider how social media affects therapist privacy, and with it, the concepts of therapeutic frame and anonymity. Currently, it is much clearer how social media and digitalism affect the broader field of psychotherapy in which therapists usually have a much higher online presence (Kolmes, 2012). Psychoanalytic psychotherapists, on the other hand, generally have different views on therapeutic anonymity from other clinical orientations (Reinik, 1995), which is likely to contribute to a lesser online presence. Therefore, the so-called 'pervasiveness' of the online world may present itself quite differently in psychoanalytic and psychotherapy settings.

Furthermore, the paper seeks to 'fill in' over patient silence about virtual impingements by exploring some of the reports in which psychotherapy patients relay their experiences of researching therapists online. Three broad motivations were identified for researching therapists: curiosity, safety concerns, and a desire to internalize therapists and keep them 'alive' outside of the consulting room. These motivations are considered from the perspective of the online disinhibition effect (Suler, 2004). I discuss the need to remain anonymous in the online space, the split between the online and the offline psyche, and the function of solipsistic introjection in transference. Finally, I provide some recommendations for future research that would enable a greater understanding of social media impact on psychotherapy and therapeutic relationships.

For purposes of clarity, the use of the term 'therapeutic relationship' throughout the paper includes all forms of psychotherapy, including psychoanalytic. 'Psychotherapy' is used to denote a wide range of non-psychoanalytic forms of treatment (e.g. relational, humanist, person centred, and other approaches). 'Psychoanalytic psychotherapy' is used to refer to those psychoanalytic approaches that place high emphasis on the concept of therapeutic neutrality (e.g. classical Freudian). In some cases, the paper refers to other psychoanalytic approaches with contrasting views on therapeutic neutrality (e.g. relational psychoanalysis) – this is specified. The term 'therapist' is generally specified (i.e. psychotherapist or psychoanalytic therapist); otherwise, it is used to describe therapists of all modalities.

'ANALYTIC ANONYMITY IS DEAD' – BUT HOW ARE WE AFFECTED BY THIS?

During an international panel on virtual reality, Glenn Gabbard powerfully declared that the classic view of psychoanalytic anonymity is dead (Lemma & Caparrotta, 2013). The statement in itself is not a controversial one: the concept of analytic neutrality, as initially envisioned by Freud, has evolved in a few important ways. For instance, even though this paper cites Schafer's (1983) characteristics for a therapeutically neutral position, in the same article Schafer acknowledges that Freud's advocacy for total opaqueness is 'impossible to achieve and, owing to its artificiality, technically undesirable as a goal' (p. 23). As such, Schafer's guidelines for therapeutic neutrality are prescriptive rather than fundamental: therapists should be able to *moderate* between their real personality, emotions and beliefs, and their professional attitude. The challenge lies in knowing when to respond to the patient in a seemingly de-personified manner, and when to remind the patient that the therapist is not a judgmental authority or, to put it in Lacanian terms, not a *sujet suppose savoir* (the one who is supposed to know).

Where Gabbard's declaration may be considered controversial is the context in which this statement was given. The looming death of psychoanalytic anonymity, as Gabbard tells us, is not solely down to conceptual or technical developments in our clinical theory and practice. Gabbard's message is, rather, about the painstakingly short lifespan of our privacy and anonymity in the context of digitalism, cyberspace, and social media. The implications of this are two-fold: firstly, the boundaries of therapeutic frame are threatened by virtual impingements coming from the online world and technological apps. I have already noted e-mail communications as one form of digital change in therapeutic relationships: patients often use e-mails to form transference relationships with their therapists and to maintain the analytic space even when the sessions are over (Gabbard, 2001). As text messages are becoming the primary means of communication for adults and adolescents, many mental health services utilize them to maintain contact between the clinic and the patient. This creates a similar virtual impingement to e-mails: texts are immediate, informal, and often used to convey defences and projections onto others (Lemma & Caparrotta, 2013).

The second implication brought upon by the death of analytic anonymity is directly concerned with therapist privacy. Most patients are curious about their therapists: we know from Freud (1912) that transference dynamics are built up entirely from imaginary 'what if' thoughts and feelings toward therapists, and, when brought to surface, they can lead to rich analytic material. But here is the problem: *when brought to surface* by patients or *observed* by therapists, this curiosity can be contained and productively 'worked through'. The very premise of the Internet and social media, however, is that curiosity can be satisfied rapidly, with no disclosure, and without ever having to enter the consulting room. As will be seen from the research cited further, very few patients admit to their therapists that they found personal information online. Therefore, unlike the virtual impingements created by e-mails and texts, it is much more difficult to tell whether therapist privacy has been compromised by something that was discovered online.

Even from a brief review, answering the question of *who* is affected by the death of analytic anonymity is not difficult: it is safe to assume that everyone practicing and everyone seeing practitioners in the field of psychotherapy are (or will be) affected. As Lemma and Carparrotta (2013) put it, 'No doubt [cyberspace] has inevitably intermingled in our lives as psychoanalytic practitioners and has posed a challenge to a number of our psychoanalytic assumptions, most importantly in relation to the analytic setting and frame' (p. 18). However, the question of *how* we are affected by the death of analytic anonymity is less clear, particularly because the nature and the degree of virtual impingements are likely to differ across different forms of psychotherapies.

This is an important point: because there are inherent differences in the principles of therapeutic anonymity, most notably between psychotherapists more broadly (from relational, humanist, person-centred, and other approaches) and psychoanalytic psychotherapists in particular, it is likely that these differences extend to the online world and digital presence. To be clear, no comparative research yet has been conducted to account for the differences in online presence between relational (as an example) and classical psychoanalytic therapists. However, as will be seen from the sources cited further, therapists who engage with social media more openly are usually not psychoanalytic. It can therefore be assumed that, since the role and position of psychoanalytic psychotherapists is still maintained to be more neutral and anonymous than that of relational or interpersonal psychotherapists, the nature of virtual impingements in the two clinical contexts will also differ. As such, it is important to unpack the impact of social media within different layers of clinical practice.

VIRTUAL IMPINGEMENTS ON THERAPEUTIC FRAME AND THERAPIST PRIVACY

In the broader field of psychotherapy, the impact of social media has been documented far more explicitly than in psychoanalytic psychotherapy. In a research article by Kolmes and Taube (2016), strong conclusions were drawn in support of

patients' need to obtain personal information about their therapists online. The researchers found that most of the surveyed patients searched for their therapists online, and that, in particular instances, the discovered information had a strong effect on the offline clinical situation. This confirmed Kolmes and Taube's original assertion that psychotherapists have 'lost control over disclosures of personal information online', which subsequently contributed to their 'inability to confine these disclosures as one might do when making a deliberate disclosure that is carefully considered in terms of clinical impact on a specific client' (p. 151).

The overall effects of finding personal information about therapists ranged from negative, neutral and positive across 41 psychotherapy dimensions. Positive effects involved improved ability to identify with the therapist and increased confidence in the therapeutic relationship, whilst negative effects involved patients' decreased comfort level and increased distress. Interestingly, the positive effects were found to be associated with 'feelings of connection', 'soothing' and 'object permanence', whilst negative effects involved 'feelings of guilt' and 'difficulty "letting go" of their connection to their psychotherapist' (Kolmes & Taube, 2016, p. 151). Some of these qualitative responses will be addressed again as they also re-emerge in patients' online reports.

Kolmes and Taube (2016) also addressed the accessibility of psychotherapist (non-specified orientation, likely US population) personal information: they note that, upon looking up their own names, practicing professionals and graduate psychology students were 'surprised or distressed by the range of personal, sensitive data that can be found on People Finder sides' (Kolmes & Taube, 2016, p. 148). Family information was the most common type of information discovered by patients online. This means that most psychotherapists (as well as trainee/graduate students) in the survey maintained their real name online, explicitly connected with their family members on social media, and/or disclosed personal information involving extended family members. In at least two instances, this led to discoveries of very personal material: one patient reported being obsessed with looking up the therapist's children, whilst another learnt about the therapist's husband's drunk driving. Such uncontained discoveries can be attributed to the fact that there are no clear guidelines around psychotherapist online presence, and therefore some therapists may be less perceptive about the nuances of sharing their personal information online.

In an earlier paper, Kolmes (2012) argues that many psychotherapists use online modes of expression to create a professional presence: 'Many psychologists are establishing a professional presence on their own websites and social media sides as a means of directly marketing their practices. They are blogging and using Twitter, Facebook, LinkedIn, and other sides to get their message about the services they provide and network with other clinicians' (Kolmes, 2012, p. 607). For this reason, it is not uncommon for patients to find their therapists online by browsing therapist catalogues or websites. It is typical that such websites will provide professional but also some personal information for prospective patients. Additionally, psychotherapy services can be enlisted on such review sites as *Yelp*

and *Healthgrades*. However, because these websites generate automatic business data from search engines, they often create listings of psychotherapy providers without their approval. In this particular instance, therapist privacy and confidentiality are in jeopardy, as reviews are not monitored and can be accessed by anyone in public:

> When clients leave a review of a clinician on one of these sites, it will also affect the Google search rankings for the practitioner, and clinicians may remain unaware that their practice is getting attention on the Internet (Kolmes, 2012, p. 608).

It is crucial to note that such digital openness does not necessarily entail a negative effect on the practice of psychotherapy. For example, many patients seek out information to validate therapist credentials, qualifications, and experiences prior to the initial meeting. As will be seen from patient reports, safety concerns are also an important matter, particularly to patients who have had difficult therapy experiences in the past or belong to vulnerable patient groups.

But it would be naïve to discard the challenges created by digital openness to the offline therapeutic relationship. Balick (2014) makes an important point about this: although our online identities and digital narratives are likely to be quite different from how we behave and appear in real life, the online and the offline are overlapped in the pursuit of discovering 'the whole person'. As such, patients coming into the consulting room will form reactions and unconscious thoughts not only about the therapeutic relationship in the here-and-now, but also about therapist representations on Google, Facebook, Twitter, etc. This means that psychotherapists who are more openly present and engaged with social media must consider additional questions in their clinical practice: How does this virtual impingement affect the transference? What was the unconscious or conscious motivation that led this patient to look me up online? How is our therapeutic relationship impacted by our virtual communications outside of the consulting room?

In addition to the consideration of these and similar questions, psychotherapists should also be wary that not all patients will admit to their online actions. This is supported by Kolmes and Taube's (2016) survey, in which only 27.6% (64 out of 332) of patients revealed their online discoveries to their psychotherapists. Furthermore, out of the three patient reports used further in this paper, not one patient decided to disclose their online discoveries to their therapists at the time of writing. As a result, the 'working through' of the online material may be difficult or impossible. For this reason, I concur with Balick (2014) and argue that psychotherapists who are connected and active online are likely to be significantly affected (in both positive and negative ways) by virtual impingements in today's clinical practice. This is particularly clear when it comes to therapist privacy: since the control over patients' knowledge acquisition online is severely limited, therapists will have a difficult time maintaining anonymity or providing effective self-disclosures as we know them in traditional (technology-free) relational and interpersonal therapies.

Literature on psychoanalytic practice deals with somewhat different questions of social media and digitalism. For example, whilst Lemma and Caparrotta (2013) refer to the resignation of privacy as we knew it pre-Internet, this concern remains to be less focused on the online presence of psychoanalytic therapists. Instead, their point is that the phenomena of digitalism and cyberspace are creating internal changes to the analytic setting as a whole:

> Special circumstances may warrant a modification and incorporation of new technologies in the analytic setting … we may have to be flexible and adapt our way of working according to the needs of our patients (p. 17).

For example, the previously mentioned virtual impingements – e-mails and texts – are relatively new to the practice of psychoanalytic psychotherapy, and therefore they are still considered as technological *deviations* from the traditional setting. However, as time goes on, these virtual impingements will become inherent to the analytic setting, since the analytic setting itself will have to be modified in order to reflect the broader communication changes of our society.

There may be several reasons to account for this difference in literature. One key difference mentioned earlier was the role of therapeutic anonymity in psychoanalysis. Whilst we can often see psychologists and psychotherapists from other orientations engaging with social media actively and openly (Kolmes, 2012), this is usually not the case with psychoanalytic psychotherapists. In fact, most of the literature that draws connections between psychoanalytic practice and social media elicits an implicit concern for maintaining a degree of invisibility in the digital realm. Balick (2014), for example, offers a helpful analogy on the fast moving world of digitalism, in which the classic practice of psychodynamic psychotherapy functions as a 'slow food' antidote:

> I see the old-fashioned practice of longer-term psychodynamic psychotherapy as a sort of antidote to the fast moving world of technology that can frequently drive us to distraction. In this sense, psychodynamic psychotherapy can be seen in the same light as the slow food movement.

Balick's point is that many of our interactions online manifest similarly to the consumption of 'fast food': it is immediate, easily accessible, and convenient. Psychoanalytic practice will surely have to adapt to some aspects of such 'fast food' digitalism (e.g. allowing e-mail communications). But the 'working through' of patients' problems is rarely immediate, accessible or convenient, and therefore, the therapeutic relationship requires a set of entirely different dynamics than those inherent to the virtual world. A degree of therapeutic anonymity is one such seemingly inconvenient but essential dynamic: the non-gratifying and non-interfering element of anonymity allows the therapist to be assimilated into the representational configurations of the patient's subjective world. Equally, the ambiguity of the therapist promotes the development of transference. This does not mean that psychoanalytic psychotherapists become assimilated into patients' representational structures

more easily than therapists from other orientations; however, as Stolorow, Atwood and Ross (1978) argue:

> neutrality and anonymity doubtlessly enhance the ease with which the patient's own representational structures are discernible and demonstrable to the patient as recurrent forms and modalities which dominate his experience of the transference relationship (p. 247).

In this way, the therapist's ambiguity allows for a clearer demarcation between the patient's recurrent transference patterns and the real relationship with the therapist.

It is therefore unsurprising that most of the psychoanalytic literature focuses on virtual manifestations of transference, projections and defensive mechanisms rather than discoveries of online identities on Facebook or Twitter. Gabbard's (2001) article is exemplary of this: he describes clinical situations in which patients *re-created* the therapist (and, by extension, the therapeutic situation) on a virtual level rather than discovered something that was already 'put out there' by the therapist. Gabbard presented the case of Rachel, in which he demonstrated how e-mail communications turned into a powerful form of transference. Whilst Rachel had a speech taboo – particularly when it came to sexual topics – this taboo would disappear in e-mails:

> I regularly received e-mail messages from Rachel in between her sessions. Much of the content involved her passionate sexual desire toward me and her inability to talk about this directly in the sessions … The intensity of the erotic feelings seemed to increase prior to my absences, and especially during my absences (Gabbard, 2001, p. 724).

Herein, the concern over therapist privacy is quite different from the one described earlier. The patient did not discover something uncontained about the therapist; rather, she fantasized about acting out in an uncontained way. Although this fantasy was central to Rachel's transference, it did not manifest within the confines of the analytic space but developed exclusively via virtual communications. The patient herself observed that such communication is like a 'direct line [to Gabbard] – *always* – wherever [he] is' and that it seemed 'more private' (p. 725) than a phone conversation, where she might be overheard by Gabbard's wife or kids. This creates some serious challenges to maintaining therapeutic anonymity (with its ambiguous 'as if' qualities) as well as working within the therapeutic frame. Gabbard (2001) acknowledges this in his comments on countertransference, in which he discusses how Rachel's 'Internet transference' created a threat to his role as a therapist:

> I would feel a pressing need to delete her e-mails from my computer system as soon as possible, in order to avoid discovery, partly in the name of preserving the patient's confidentiality, but partly to deal with my own sense of shame at deriving a special form of secret excitement from reading them (p. 729).

Although I differentiated the kinds of virtual impingements that are likely to happen in the broader field of psychotherapy and psychoanalytic psychotherapy, there is no reason to assume that these impingements cannot happen in any form of psychotherapy or counselling. In fact, one can expect all forms of virtual impingements to be experienced more intensely by the newer generation of all practicing and trainee therapists. This is because the newer generation of therapists (of all modalities) will be composed of what Prensky (2011) calls the generation of 'digital natives': people who were born during or after the introduction of digital technology. 'Digital natives' are the native speakers of the digital language that is used in social media, apps, and other technological interventions; as such, they have a high presence and engagement with social media networks. Whilst psychotherapy (and with it, the notions of therapeutic frame, neutrality, and anonymity) will be a new experience for 'digital native' therapists, the use of digital narratives and online spaces will be intrinsic to them. As a result, there will be a significantly higher chance of patients discovering personal (rather than strictly professional) information about 'digital native' therapists, whether they are from a relational or a classical psychoanalytic orientation. Similarly, one can expect virtual forms of communication to become more frequent and normative to the practice of psychotherapy in the future, which will result in an increase of virtual manifestations of transference, projections and defensive mechanisms.

ON LOOKING UP: ONLINE DISINHIBITION, SAFETY CONCERNS, AND KEEPING THERAPISTS 'ALIVE'

The above research suggests that there is a good likelihood of our patients researching us – but why do they do it? The first, and perhaps most obvious, reason is *curiosity*. Although the concept of therapeutic neutrality has evolved and many therapists utilize self-disclosures in order to build therapeutic alliance (Hill & Knox, 2001), patients are nevertheless intrigued by the 'non-therapeutic' persona. This is especially evident now, at a time of great political and social divisions: patients want to know therapist opinions on Brexit, Trump, religion, abortion, marriage, and so on (Chunn, 2017). And whilst it may be difficult to openly ask your therapist about their religious beliefs or marital status, it is not difficult to research this information online because *social media removes the necessity to ask*. Such curiosity-driven online research was described by Snyder (2015) in an article on *The Wired*:

> When I first met my shrink, I wasn't so sure about him. He's handsome, fit, not much taller than me, reticent. I couldn't tell if his reticence was disapproval and judgment or if he was just doing his job: staying quiet, staying neutral. I'm new to therapy, and, frankly, had wanted a woman therapist, but here I was with this silent, unreadable man and I didn't know how to feel comfy about it.

> So I Googled him. I found his Facebook page, saw that he might be a band geek (like me), that he seems generally empathetic and that he has a cute dog that sometimes wears clothes.
>
> That's how I got comfortable.

Resorting to social media instead of engaging in face-to-face questions is far more common than one may think. In fact, the divide between real life (offline) behaviour and online activity has been well documented by psychologist John Suler in his now classic article 'The online disinhibition effect' (2004). Suler argues that social media (and, more generally, the Internet) has created what he calls *online disinhibition*: a disparity between face-to-face and online interactions. Since there is no authority judging us for our actions online, and because the people we look up are bodily absent and cannot respond to us, we feel loosened up and free to act out our desires. Interestingly, Suler (2004) compares the online disinhibition effect to the classic notion of therapeutic neutrality in psychoanalysis:

> According to traditional psychoanalytic theory, the analyst sits behind the patient in order to remain a physically ambiguous figure, revealing no body language or facial expression, so that the patient has free range to discuss whatever he or she wants without feeling inhibited by how the analyst is physically reacting (p. 322).

From this point of view, the Internet and the psychoanalytic session are both spaces in which people say or do things that they would not ordinarily say or do in real life. The traditional psychoanalytic setting allows this by removing the face-to-face contact: this enables patients to discuss a range of deeply personal topics without feeling judged or shamed. Similarly, our actions online are invisible to other people's eyes, since most social media platforms require some form of activity (in the form of private messages, comments, or posts) to denote one's online presence. But this is where the similarities between neutrality in psychoanalytic setting and online disinhibition end: the psychoanalyst who sits behind the patient and remains physically ambiguous does so to 'work through' the patient's resistance and get to the core of deeply personal and often unconscious material. The online disinhibition effect, on the other hand, is all about *remaining* anonymous and invisible. In other words, the disinhibition allows us to look at others without them knowing they are being looked at.

As a result, users online are able to efficiently separate their online actions from their offline life, relationships, and identities; this creates a convenient split between two realities. For example, if a patient feels guilty about researching therapists online, they can discard it as if it never happened:

> The person can avert responsibility for those behaviours, *almost as if superego restrictions and moral cognitive processes have been temporarily suspended from the online psyche*. In fact, people might even convince themselves that those online behaviours 'aren't me at all' (Suler, 2004, p. 322, emphasis added).

I will return to the split between the online and the offline psyche in more detail below.

But there is, of course, more than mere curiosity when it comes to patients seeking out information about their therapists. In an article entitled 'Why you should google your therapist', Pollock (2017) argues that patients often look up their therapists for *safety* reasons. She draws attention to therapists who may be unethical, abusive, or exploitative and still practicing:

> Checking out a potential therapist's attitude isn't for many about idle curiosity but ensuring they will be safe to work with … For some clients getting a sense of their therapist's values is vital.

Pollock refers to sensitive client groups (victims of sexual abuse, individuals with gender dysphoria, and sexual minorities) that have had previous negative experiences of psychotherapy, particularly with conversion therapy. As a result, these patients will often want therapists to possess a certain attitude or value system that would enable their understanding of issues and problems specific to vulnerable patient groups.

For this reason, Pollock encourages therapists to have websites that include not just brief biographies and qualifications, but also information that reflects their therapeutic values. In particular, she highlights the importance of having professional blogs, in which both personal and professional qualities can be transmitted to patients. From this point of view, digital narratives do not always have to function as threats or impingements to the therapeutic relationship. Instead, they can demonstrate therapists' congruence and authenticity, both of which potential patients should be allowed to experience because they are, as Pollock (2017) reminds us, able to 'pick and choose who provides [psychotherapy] service'.

Pollock's point about safety is an important one and continues to be listed by patients as one of the key reasons behind researching therapists online. It is interesting to observe, however, that not all patients start off the online search with a conscious concern over safety; they may be curious about their therapist initially, but end up discovering something that unsettles them or makes them feel unsafe. In the latter cases, the invisibility inherent to the online disinhibition effect rapidly disappears: patients become suddenly aware that the online material permeates the offline therapeutic relationship, rendering the online–offline split into non-existence. An article published in *The Atlantic* called 'Dear therapist: I google-stalked my therapist' (Gottlieb, 2018) is exemplary of this: it describes a story of a same-sex couple that decided to google their therapist only to find something completely unexpected and potentially contradictory to their therapeutic aims:

> My same-sex partner and I have been seeing the same therapist both individually and as a couple. Over the past year, we both feel that she has fundamentally changed our lives … One day, regrettably, we were feeling a bit nosy and decided to see if we could find our therapist on Facebook. We

> ended up falling down a rabbit hole and discovered something concerning; our therapist's father is a prominent public figure in our state who has taken many hard-line stances against LGTBQ community. We were shocked by this.

In her response to these questions, Gottlieb (the psychotherapist responding to issues raised in *The Atlantic* advice section) helpfully resonates with the couple's concerns by recounting her own experience of googling her therapist. She states that, even though she did not find anything significant about her therapist, she could not '*un-know*' it:

> As innocuous as it seemed, my newfound knowledge haunted me and clouded our sessions. I worried, for instance, that talking about my close relationship with my aging father would make my therapist feel bad because, according to Google, his father had died suddenly at a young age.

Herein, it is interesting to draw parallels between what Suler (2004) identified as a split between our online and offline actions, and Balick's (2014) argument about technologically mediated relationships. As identified earlier, one of the key elements of the online disinhibition effect is *dissociative anonymity*: our online self is a dissociated self, *so long as it is convenient for us*. For example, in Snyder's (2015) article, it is clear that she sought to discover some personal information about her therapist to make herself feel comfortable – in which she succeeded – however, she did not disclose this to her therapist. After all, the therapist's reaction may be that of discomfort or shock. It is therefore convenient for the patient to evade the responsibility of facing these reactions by suspending their online superego. In this sense, the split between the online and the offline is fully intact: the offline psyche acknowledges the risks associated with researching one's therapist online, whilst the online psyche can conveniently ignore this.

However, the couple from Gottlieb's (2018) article is struggling with maintaining this split because the information found online permeated the therapeutic relationship in a potentially negative way. In Balick's (2014) terms, the virtual impingement has been experienced as an 'intrusion' on the self: What if the therapist in question is actually discriminatory of the LGBTQ issues that are crucial to these patients and their identities? It is in this instance that the convenient split between the online and the offline, which is simultaneously a split between the online self and the offline self, disappears.

The virtual impingement in Gottlieb's (2018) article had an immediate effect on the offline therapeutic situation: the couple became unsure of their therapist's identity and their therapeutic reality. As such, the patients resorted to writing about it in an online space rather than talking it through with their own therapist. Gottlieb's advice to the same-sex couple is, in a sense, quite Kleinian: the patients will have to 'work through' feelings of guilt and shame associated with their online actions before a reparation of the therapeutic relationship can be achieved. This would require the patients to acknowledge that, in clinical practice, the therapist has been sensitive and appreciative of LGBTQ issues thus far (as reported by the patients

themselves). The second step would involve integrating the fragmented representations: the therapist in the online space (along with her father's political activity) and the therapist in the session would need to be brought together into a whole object. As Gottlieb suggests, this can only be done if patients' online discoveries are brought up and 'worked through' with the therapist offline (in the session). Although the result would likely lead to a more complex and painful view of reality, this would also allow for reparation, reflection, and potential connection between the therapist and the patients (Gottlieb, 2018):

> Given [the therapist's] upbringing, her views might be complicated. She may be all for same-sex marriage, but would she wrestle with her feelings if her own child were gay? Maybe she wouldn't give it a second thought—but maybe she would … She may have mixed feelings about her father and what he stands for, just as [the patients] might about [their] conservative parents.

Finally, even if therapeutic relationships are experienced as safe and open, patients may still feel the need to use online search engines. A story published on an independent therapy network *Well Doing* suggests that, for some patients, looking up their therapists provides a *therapeutic value*:

> I found that I googled my therapist when things were not going well in therapy; during therapy breaks when I missed her and felt excluded from her life; and during times when I felt disconnected and found it hard to retain a sense of reality (Bridges, 2017).

In all of these instances, the patient sought to discover the 'authentic' version of her therapist in contexts different from the clinical setting. In one example, the patient describes the experience of finding a foreword her therapist had written for a publication (*ibid*):

> Though brief, it was striking the degree to which 'her voice' – the one I was familiar in session – came through so strongly in her written words. Reading it gave me a powerful sense of her presence … I think there was a pleasure in knowing that, though I only experienced her in a particular setting, the 'version' of her that I see may be limited in scope but it's very real – it's 'authentically her'.

Bridges' (2017) experiences of wanting to discover the 'authentic' version of her therapist corresponds with the qualitative responses obtained by Kolmes and Taube (2016). For example, one participant in their survey wrote:

> I tend to search for [my therapist] (online) when I am having a hard time. Even though the same stuff mostly keeps coming up, it is comforting. Like, 'oh, he's still there.' Object permanence (p. 151).

This suggests that patients research their therapists not only because they want to know about their personal lives, but also because they want to comfort themselves by keeping the therapist 'alive' outside of the consulting room.

Suler (2004) argues that this behaviour, which he conceptualized as *solipsistic introjection*, is also driven by the online disinhibition effect. The term 'solipsistic' derives from Latin and means 'alone', 'self', or '*within one's mind*'. Suler uses this term in the context of online communication: since there are usually no face-to-face cues, the online space allows us to experience the other person as 'a voice within one's head, as if that person's psychological presence has been internalized or introjected into one's psyche' (p. 323).

Solipsistic introjection is particularly powerful in shaping transference experiences: as we get used to merging fantasy with reality, our role play with a person online becomes increasingly more disinhibited. In this way, Bridges (2017) used solipsistic introjection to experience her therapist's voice in a way that was different from the therapeutic sessions, specifically in the sense that it was experienced as more 'real' and 'authentic'. In a previously discussed case by Gabbard (2001), his patient, Rachel, used e-mail communications to enact a fantasized and uncontained form of transference relationship, in which she felt disinhibited enough to be sexual. One could argue that even Snyder's (2015) article presented an element of solipsistic introjection, by which she was able to play out a certain image ('band geek', 'empathetic', 'owns a cute dog', etc.) of her otherwise neutral and blank therapist. As such, solipsistic introjection serves a two-fold function: it keeps the therapist 'alive' outside of the consulting room (by providing a direct access to the therapist) and creates a safe intrapsychic world in which fantasy role plays can be enacted with considerable disinhibition.

It is important to note that, although this paper draws all three reasons for researching therapists to Suler's concept of online disinhibition, these behaviours have been manifesting before the emergence of digitalism and social media. For example, looking up therapists to keep them 'alive' outside of the consulting room is not a new or exclusively digital concept. Singer and Pope (1978) wrote about patients adopting assimilated versions of their therapists as imaginary companions who teach about self-examination and self-awareness in a non-digital context. Therefore, the process of internal assimilations has always existed through patients' use of daydreaming and fantasy. My point is, rather, that with the emergence of digitalism and social media, inhibitions around curiosity, safety concerns and wanting to internalize therapists have become significantly weakened or dissolved altogether. This means that, as psychotherapists, whatever our orientation, we will have to start considering additional questions regarding virtual impingements to our therapeutic relationships, some of which I already outlined in this paper.

CONCLUSION

The topic of therapeutic relationships and social media is still largely under development. This is understandable: the vast openness and pace of digitalism is not easily translatable into a field that, for a good portion of its existence, maintained a strict view on anonymity, privacy, and confidentiality. Perhaps even more importantly, there is considerable amount of anxiety over the negative effects of social media

onto clinical practice. This may contribute to the avoidance of the topic altogether: the Internet and social media just seem to add more unending layers to the issues of privacy, intimacy, and communication in the clinical practice. But as Balick (2014) helpfully points out, social media and digitalism are neither good, nor bad: they transport information from one point to another. The challenge is that this is happening at a far quicker speed than anything we have ever experienced before in human relationships. This will *inevitably* affect our clinical practice, and as such, we should want to investigate the unconscious motivations in these rapid data exchanges and extractions.

In this paper, I sought to provide a beginning step in assessing how social media impacts therapeutic relationships in the broader field of psychotherapy and in psychoanalytic psychotherapy in particular. In doing so, I was able to distinguish between different kinds of virtual impingements. Whilst I noted that direct breaches in therapist privacy (i.e. patients discovering deeply personal and uncontained information about therapists online) are more likely to be experienced by psychotherapists, I proposed that psychoanalytic therapists face a somewhat different set of issues given their lesser engagement with social media. Indeed, it is perhaps because patients cannot find personal information about psychoanalytic psychotherapists that they re-create the therapeutic situation on a virtual, and largely disinhibited, level. This could be seen from Gabbard's (2001) case of Rachel, in which she re-created an intensified form of transference through e-mail communications. Disinhibitions in online behaviour could also be seen in patient reports (Snyder, 2015; Gottlieb, 2018; Bridges, 2017): patients reported feeling disinhibited enough to research their therapists out of curiosity, safety concerns (which is particularly important for victims of sexual abuse, individuals with gender dysphoria, and sexual minorities), and a need to keep therapists 'alive' outside of the consulting room.

Although I have argued that virtual impingements manifest differently across different forms of psychotherapies on the basis of existing research and patients' anecdotal reports, this argument requires more research. One future direction would therefore be to conduct a comparative study, which would compare levels of online engagement between psychoanalytic and other kinds of psychotherapists. This would allow us to scope out concrete differences in the principles of therapeutic anonymity and social media policies across many psychotherapies.

Another important line of research would concern the newer generation of psychoanalytic psychotherapists who are simultaneously 'digital natives' (Prensky, 2001). It is likely that such 'digital native' therapists will experience (or are beginning to experience) a therapeutic privacy and frame in a way that is very different from their original (technology-free) origins. Clinical material depicting therapeutic relationships between 'digital native' therapists and patients will certainly be of immense importance to the future practice of psychoanalytic psychotherapy.

Finally, much of the current literature on social media impact comes from the broader fields of psychotherapy and psychology, with practicing clinicians and trainees from unspecified orientations that are not likely to be psychoanalytic. It would be useful to conduct research into patients' and therapists' online behaviours

specifically within the field of psychoanalysis to determine how applicable findings from Kolmes and Taube (2016) and similar lines of research are to the psychoanalytic setting. These three research areas would allow us to not only to explore, but also effectively utilize virtual impingements for the analytic task.

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