A Solution Focused Consideration of Cyberchondria

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"…it's when rationality locks in, not when it drops out that every one of us is able to scrutinise all the bones in the affected area, every minute blood vessel and function of essential organs as our raising anxieties remind us that we'll probably be dead before we wake up to see the effects of the miracle…"
Paul comments on the miracle question

snake oil
…is a substance with no medicinal value and usually sold as a remedy for all diseases.

The Skeleton Keys (Miracles, Exceptions & Scales)
…an understanding of the problem is not necessary for a solution… these keys open any diagnostic lock

The authors recognise how life changing the digital space is for clients suffering from cyberchondria and it is with heavy hearts that we consider the dangers its technologically enabling effects have. It is the immediate and connected nature of the digital that tempts clients to compulsively check their healthcare status, suffer escalating anxiety, recheck their suspicions just to find themselves in out-of-control cycles, once the reserve of second year medical students. So, we repeat, the digital space is probably a beneficial thing, but for a growing few it represents a relationship with all things existentially health related. Using anonymised accounts from 3 of our clients (Paul, Simon and Tracy), we explore how our solution focused approach underpinned by theories and key philosophical concepts of Baudrillard, Latour and Actor-Network-Theory offers something different to the treatment of cyberchondria. Our task considers how both the literal and hypothetical ideals of solution focused practice offers new perspectives. In addition, and by way of analogy, the authors employ the metaphor of murder and snake-oil to suggest that the digital playground for all its usefulness is also a place where more and more are falling victim. In an age of unprecedented connection and information overload, cyberchondria operates effortlessly in the mass of fake news, spurious truth and a general collapse of authority. Its cycles assimilate logics of choice, rationality and neutrality that clients suffering from increasing anxiety about health concerns are easily recruited by technological advances and the associated claims made by such progress. In this chapter, the authors use clients' accounts to explore how, in the digital space of cyberchondria, rational people are broken down into nervous wrecks and subsequently require not logic, but rather hope to retake control of their post-cyberchondria recovery. By using solution focused skills including strange sounding things like 'the miracle question', 'exception seeking', 'problem free talk', 'detailing scales' and 'externalising', the authors share their experiences of the perfect murder and snake-oil that is cyberchondria.

Aims for this Chapter

Part 1: To introduce and define cyberchondria, solution focused practice and our theoretical position to suggest that 'difference' lies in the digital. We offer a semiotic exploration and positioning.
Part 2: To consider how digital disorders are organised and are self-referential to suggest how they operate in the consulting room. We offer an introduction to solution focused techniques.
Part 3: To bring theory and practice together to suggest a number of interventions for digital detectives to help self-monitor and stay safe. We offer some alternatives for negotiating our digital and off-line lives when struggling to overcome our health and personal concerns.

To achieve these aims, our chapter appreciates the increasing significance of cyberchondria and how its presence, like that of brute-facts, symptom checking and the rigor of professional expertise is experienced by most of us in our search for digital answers (alibi's).

Part 1: Introduction and Theoretical Background

The Cycle of Cyberchondria

The definition and recognition of cyberchondria is now more precise, necessary and prominent in an age of logic versus emotion, problems versus solutions, past versus future collide in ways unimagined just 30 years ago. The authors contribution starts a conversation about how a solution focused approach might be useful and offer something different now we are 30 years older and increasingly more aware of problem behaviours caused by our relationship with the 'digital space'. We have attempted to remain consistent by employing the term digital space as reference to how technology impacts both our online and offline selves in seemingly equal measure and blurs what was once two very different spheres of experience. In times gone by, we trusted our online lives a lot less, be it shopping, banking and even the sending of email attachments, but now it consumes our every action and for some, to a point of unparalleled distinction. For generations we will be remembering 2020 March, the first lockdown as a result of Covid-19, and how it changed further our relationship with the digital, pushing to the digital space even those who have resisted an online life. And this is where cyberchondria and its family of characteristics show themselves and it is expected to continue growing rapidly. About 10 years ago the authors assessed a middle-aged man called Paul in his forties who had classic symptoms of anxiety. He said at times he felt so bad that he "was in a panic state and hyper ventilating". After a number of sessions, we started to see how his behaviour represented what we would now call cyberchondria. Night after night he'd spend increasingly more and more time checking out his perceived symptoms online (at the time the web was less sophisticated and limited).

"I'd always have a specific symptom which increases in severity the more I found similar ones, it got so bad that I was like a detective" he said, "But it's like there's been a murder but by the time the police arrive, the evidence is gone." Likening cyberchondria to the perfect crime may appear farfetched, but metaphorically the internet has no material *per se* and like the vanished body and symptoms described by Paul during his initial sessions, it is perfectly suited to convincing, seducing and negotiating the compulsivity of cyberchondria in his life. The internet promotes repetitive behaviour which people like Paul put to use seeking reassurance, usually in a time-consuming cycle which ultimately cannot be soothed or reassured, leading to an escalation of anxiety. This cycle is flawlessly suited for the digital age because of ease of access, anonymity, lack of time lag and illusion of technological sophistication. It assumes the searcher is rational and therefore his actions logical and goal orientated. The answer to all Paul's problems at the touch of a button. From this point on, the authors started to notice how other clients knew certain phrases, disjointed theory of psychotherapy and forthright opinion as to how their sessions should be conducted. Thus, our initial experience and subsequent interest about cyberchondria concludes, it is best described as an assembly of compulsive behaviours, anxiety and always of an escalatory nature. When people who are experiencing vulnerable moments in their lives, such as a death, divorce or identity troubles start to digitally dabble, they are at additional risk of losing themselves and metaphorically their own body in the digital space. In this new wild west even the unlikeliest snake-oil appears to offer relief from the escalating anxiety.

Since Paul, the authors started to notice more and more how clients fitted into an emerging pattern which starts off with sensible self-help and checking out symptoms online. Sometimes, this is where it stops. However, the nature of the digital space, its seductive claims of offering increasing certainty coupled with human nature can easily lead to intensifying cycles of searching, checking, increased anxiety and eventual mistrust in offline professional advice. Thus, the authors working definition of cyberchondria emphasises its escalating modes of anxiety, a loss of self-confidence and an increasing sense of compulsion to have one more search and check. People like Paul experience escalating anxiety as they compulsively sift through websites, opinions, questionnaires and downloads in a never-ending unsatisfactory relationship. When considered logically, most of us feel able to negotiate when enough is enough to differentiate truth and the not so true, but as emotional creatures, it also fair to claim that our ability to desire and believe in the elixir promised by the snake-oil is an additional characteristic pertinent to cyberchondria and its impact. To put the issue of cyberchondria in perspective, it seems that being liberated and let lose into the digital space is the equivalent of an ever-expanding medical college library where at least 1 book in every 5 is out-of-date, poorly researched and seductively wrong. It also means that the authors growing number of clients and the associated new digital diseases is an inevitable emergent effect.

It is fair to say that not everyone falls victim to cyberchondria but there is evidence to suggest that an increasing number of us do and this has certainly been noticed in the authors solution focused practice. There is also a growing explanation that cyberchondria originally looked like a quirky algorithm, which is not quite an epidemic yet, but watch this space. What we are experiencing is a bleak future where opinion and belief has as much significance as traditional truth claims. Regardless of how intelligent and tech-savvy we are, it is difficult to tell truth and fact from one post to another. Our main point being that logic or should we say its value relies on a new set of apparatus when concerning the digital. As Paul will testify, "Hits of dopamine and disappointment play havoc." The associations and exchange of signs is not the same as usefulness, truth or expert opinion and

constitutes an arena whereby what appears real now no longer has to be true or factual in the traditional, pre-digital sense. “In fact,” said Paul, “I have two degrees, but my intelligence never saved me from the lure of the online answer.” In short, the solution focused approach recognises that a person’s relative experience, all be it feeling logical, is easily tricked by the trap of cyberchondria. Even the most intelligent can fall victim to the murder of reality, significations and associations of signs, symbolic exchange and mix of anxiety which strips out the confidence and motivation of even the most conscientious. The authors will expand on this during the course of this chapter.

Introducing Solution Focused Practice

Solution focused practice (sometimes referred to as Solution Focused Therapy) has a number of defining ideas which help clients make sense of their experiences. Like the name suggests, the approach concerns exploring solutions far more than understanding problems which is the traditional logic of most psychotherapy. In addition (and as we will go into more detail) solution focused approaches appreciate that everyone has strengths and resources which, when connected with actors like hope, can be realised. It is a collaborative approach which trusts the client, expects them to co-author solutions and recognises that clients are the expert in their own lives. The approach is future focused and starts by requiring clients to imagine future hopes, formulate goals and through the use of skeleton keys such as scaling techniques, strange miracle questions and exception seeking, eventually work towards turning one of their imagined hopes into a small and achievable end of session task. As such, the approach is more about pragmatic change rather than cognitively thinking our way out of situations or understanding ourselves through privileging emotions. The role of the therapist is thus, to set up conditions where conversations rather than consultations encourage an atmosphere of expectation. This milieu disrupts problem thinking and allows the client to keep metaphorically one step ahead with an occasional nudge or tap on the shoulder from the therapist as they (the client) expertly find their way. The approach is founded on a social constructionist philosophy and developed further by the authors based on contemporary philosophy, mostly Derrida, Baudrillard and Latour. Being one of the youngest in psychotherapy, solution focused approach has its advantage of being born just before the digital age.

In terms of therapy, solution focused practice is now an established approach in many health, social care and educational settings. It is used by teachers, social workers, nurses and service users who employ its tactics including brief intervention, acceptance and narrative strategies to all parts of their daily living. The core values comprise of notions like small change in one arena of someone’s life leads to other changes. Change is central to the work of Steve de Shazer (1991, 1994), Selekman (1997), Dolan (1998), O’Hanlon (1999), Sharry (2001), O’Connell and Palmer (2003), McDonalds (2011) and Lines (2011). Each of these authors cover a wide range of theory and technique for the curious. These theorists and practitioners acknowledge how getting a client to envisage a future event (even if it’s unachievable) and then detailing confidence and motivation in relation to it so that a small change can be set up is better than spending an hour’s session discussing the implications of the problem. The authors will now go on to explore some of the philosophy underpinning this in relation to cyberchondria and its impact on recovering sufferers like Paul, “It became a guessing game which webpage to believe. I soon learnt that medical opinion is just that, opinion. It meant that I started to resent my own doctor when he didn’t appear to take my complaints seriously.”

“And what’s different now?”

“I started noticing more and recognising how Dr Google in not the new Surgeon General,” Paul laughed.

In this section the authors intend to do 3 things. First, introduce how emerging a 25-year long interest in solution focused practice (suspiciously the same time the authors have emerged digitally) helped negotiate our second and third observations as a means to understanding how cyberchondria has become something that all of those years ago didn’t exist (see Figure 1 which lists the primary theoretical focus of the solution focused approach). Second, and as already suggested, offer the notion of cyberchondria as analogy for the perfect murder (or crime). Then third how, the digital space operates just like the snake-oil confidence tricks of the past. These 3 things (perfect motive, perfect pathology and perfect context) are metaphors for explaining how people make the online and offline choices they do. Furthermore, to argue that the digital space has many useful characteristics, but also a range of illusion akin to any trickster from the wild west. It is one thing being responsible for one’s own health, but another when the tools used to do it are perfectly sharpened to exacerbate escalation.

Theoretically Rethinking: Murder and Cyberchondria

The perfect crime like the perfect illness is one which leaves no sign except for an ever-increasing fear that it must end with something terrible. It is one the internet starts and the internet user finishes. How does cyberchondria look like the perfect crime? One which, when applying Baudrillard (2002) has no victim, no motive, no criminal and no primal scene, ‘but at every moment we experience its prolongation and its expiation’. Well, it looks like anxiety out of control. Cyberchondria rarely knows the victim, operates like an innocent by-stander and

always has an alibi. It is never at fault, always helpfully directive and substantiated by a community of comments. It's like the victim (if they are ever (self) diagnosed) did it to themselves with a wrong search, a curious wandering or frantic misunderstanding of technicalities. It is a murder whereby they are dissolved first by the initial complaint, say an anxious tingling which escalates and results in a realisation that theirs is an itch than can never be scratched as one assembly of information gives way to another. A slow revealing that information is endless, contradictory and cheap. That illness is the effect of apparent universal health and social care signs that through their connections with other information, sites, adverts compose anxiety for the user. That is how the original symptoms and physical issues (if they were there at the first place and not triggered by the digital itself) has vanished. How all those questionnaires, researches, blogs and case-studies replicate and sustain apparent signs and images of diseases as if they were real or as serious as they appear. Yet, expensive for someone now embarrassed by their own behaviour, compulsion and inability to either accept or 'sort it for themselves'. Such is cyberchondria's lure of significance on the everyday lives of people seeking solace at the click and scroll of a mouse that it has become the mainstay in a crime with incalculable consequences.

1. **Future focused potential and capacity** (all acts of overcoming cyberchondria will occur in the future. Creating capacity for success is dynamically connected and contextual, best served through identifying hopes, goals and the recognition of previous achievements).
2. **The mundane and detailed** (ways forward and out of cyberchondria requires degrees of certainty and believability therefore, establishing the simplest of detail is a useful strategy. We use questions like 'what else?' to achieve this.)
3. **Descriptive and noticed** (rather than seek the depth of explanation, people are encouraged to describe their preferred futures, their strengths and notice the things that are 'going well', that they 'would not want to change'.
4. **Confidence and motivation** (these are the main drivers that when connected with hopes and futures make the next thing happen, they are the building blocks of solutions).
5. **Sovereign responsibility** (healing is founded on a sense of autonomy, self-respect, self-identity and notions of duty, reputation and simple acts of overcoming struggle).
6. **Goal setting and outcome orientation** (overcoming struggle is the human condition, so the solution focused approach is less about minimising obstacles and more about setting goals and smashing through them).
7. **Pragmatic emergence** (rather than searching for the depth advocated by approaches favouring emotion and cognition, solution focus approach privileges small changes that are present in the apparent problem and which are both feasible and sustainable).
8. **Contextuality and connectivity** (the solution focused approach to cyberchondria is not just about strengthening helpful and beneficial qualities but also noticing support systems, resources and connections already existing in the apparent problem and wider context).
9. **The imagined and believable** (the distinction between fact and fiction is established only to frame future actions. That which might happen usually turns into can happen).
10. **It is not reflecting, it is reflexive** (the solution focused approach to cyberchondria requires all the above because of its reflexive nature. People as well as all the other actors in the digital space respond, adapt and establish themselves.

Figure 1: Guiding Principles of SF (Adapted from Holyoake (2019)

The purpose of such theoretical exploration, like that in Figure 1 has helped the authors summarise how the metaphor of the perfect murder fits into an extensive line of semiotic theory (how signs operate and enable meaning making in language) which most would recognise as metaphor, simile and analogy. In short, how 'things stand in for other things' and not necessarily for so-called facts and truth emerged from complex networks of information, data, charts and pictures. Such analogy might represent a strange theoretical approach for considering something as serious as cyberchondria, but our solution focused approach is one founded on ideas of observation and noticing of what signs if not things are mostly seen? It is not the authors intention to labour the technicalities of (material) semiotic analysis, lest to suggest that the digital space as well as the solution is well suited to an examination of how 'things appear'. How signs and things relate, contrast and enable a world of binaries and algorithms to operate. Afterall, most of the comments and conditions given by the authors' clients such as Paul, are those formulated around what they have seen, read and subsequently understood as being relevant to their increasing health related anxieties. A theoretical space which starts with a noticing, escalates to witnessing and concludes with a collapse of distinction which the authors theorise impacts on at least 5 contested speculative spaces:

1. **the chronological personal:** this is loosely defined as the histography of the person and usually referred to as biography because cyberchondria requires a temporal sense of self (existing in time), a continual sense of linearity (there is a causative connection between past and present) and order (making sense from abundance of information) with which cyberchondria commits its perfect crime. To have a personal history is to be referential, real and project oneself into futures. The future focused ideals of solution focused semiotics build on this.
2. **the mediated context:** cyberchondria is storying (chronicling) flawlessly formed by its digital DNA. Theoretically we are all confronted by digital mediation which informs us that we 'lack' be it health, history, lifestyle, or other consumables. Through digital mediation, cyberchondria achieves its proliferation and escalation, the hyperreality of both communication and meaning. Basically, more and more information with less and less relevance to the health issues the client escalates. Where all of those digital information eventually become more real than our actual symptoms, body or the recent lab results. Hence the solution focused 'end of session task' focuses on the importance of witnessable change.
3. **the proliferated and excessive:** cyberchondria as digitally constituting and mediated belongs to a moment when reproduction by models (blogs, advice, forms and questionnaires) and their ability to

simulate objects of distinction (between diseases, seriousness of conditions, cures) is readily blurred. The digital draws meaning from all registers and possible sites, from disordered excess and from mass consumption unseen 2 decades ago. Each of us has the equivalent of an expanding world in our pocket and in terms of cyberchondria, none of it with a semiotic original (our health). What matters now is the nature of how meaning makes sense beyond the point of symbolic exchange between the client, the therapist and the digital. Thus, the solution focused approach is always a conversation, not consultation.

4. **the consumptive symbolic exchange:** for want of a word, cyberchondria represents digital consumption of health and disease *par excellence.* The sufferer conditioned, seduced and able to distinguish the value exchange offered by the digital space as any number of logics be they ideas, promises, claims that pass from the virtual to the material. From the mother diagnosing her child's rash or the lonely researcher searching internet dating sites for 'the right one'. It is consumption and exchange that renders cyberchondria so very real and illusively collusive. So perfect for digitally unlocking the logic of a new real. Detailing and describing as solution focused techniques do not distinguish between real and unreal but create a space to arrive from the big and virtual to some small and material.
5. **the illusive simulated:** cyberchondria is chronological, mediated, excessive and collusive ironically resulting in diagnosis that under any other circumstance would be termed simulation. Simulation is the ultimate highpoint for semiotic representation, where something not real stands in for something attempting to appear (or at least feel) real. Cyberchondria is a perfect motif of what it means to represent something which no longer has a connection with the original problem or reason of searching the web. As a source of escalation which has no body and health to discover. Therefore, skeleton keys in solution focused practice are some of the most well-known techniques to achieve goals that range between the miraculous and the hard facts of reality.

Notwithstanding that all this metaphysics are enough to put anyone off reading more, the authors recognise just how outrageous such claims may appear to be. Yet having acknowledged this, it is still the case that both semiotics and solution focused practice draw upon these ideals, and the authors will endeavour to be more pragmatic from here on. That said, one last point before we introduce 2 more clients named Simon and Tracy to help inform how this theorising of cyberchondria quite rightly should be scrutinised, discussed and in some cases reconsidered, especially in these early days of investigating what is becoming a serious diagnosis. The main question being why now? How come, taking into account any number of theories, be they metaphysical as above or more explanative, cyberchondria showed up in the early part of the millennium (see below for a brief genealogical account)? Likewise, at what point did the authors' clients and their other research informants state 'they started to believe that they could find cure online', or likewise, 'lose trust in real doctors' as a result of their access to digital doctors. The answer is, of course, the ability of the internet to mediate and charm much the same way peddlers of snake-oil used to when information was not so semiotically excessive, exchanged or cheap.

Theoretically Rethinking: Snake-Oil and Cyberchondria

It was noted earlier how some medical students can start acquiring the illnesses they treat (sometimes referred to as Nosophobia). The author (DDH) had a similar experience when working in a newly set up Asperger's clinic in the mid 1990's. He noticed how many of the traits exhibited by the young clients seemed pertinent to his own life. Of course, this being an age just before internet he was safe but could of at any time since fallen prey to a cyberchondriac moment. The snake-oil at this time was still firmly bottled and its seductive potential safely stored for a few more years. It's not that medical students are stupid nor the average user is curious to discover a herbal remedy for their headache. It is the 'one size fits all' and the infinite universalism postured by digital delivery that seemingly pipe any number of professional's 'it could be this' straight into our scrolling hands and potentially frenetic imaginations. This is because cyberchondria has many elements akin to the 'confidence trick' at the core of snake-oil.

Likewise, the authors reflect on how the digital space is the perfect medium for the operation of simulation of all that is apparently real and in this respect the euphemism of murder and snake-oil, a respectful retelling of how sufferers of cyberchondria are not fools or at fault *per se*. They are in fact victims of something that could only have been let out of the bottle in or post 2000 (just enough years for the murder scene and the deceptive maze of health relayed connection to take shape). So, to round up, snake-oil comes in many forms but usually with a universal voice of authority, threat or suggestion that everyone who doesn't want to miss out needs to take on board. It is the audience who is activated and for some, this leads to an ever-increasing dopamine fuelled escalation for relief which will never be realised. Only digital and associated technology could have enabled this and allowed it to proliferate to a point where unscrupulous vendors, modern day hawkers and sophisticated peddlers, offering dubious substances muddy the water, blur exchange and make money in much the same way that conmen always have. It's just that cyberchondria sufferers now not only have to worry about the nature of the product (the information, the falsity of diagnosis, the convincing veneer of herbal remedies) but also the means of delivery which is now-a-days more potent, inescapable and seductive than days gone by. Even the shill (a

member in the crowd planted to be healed) akin to the comment board, rave review, recommendation and multi-layered platforms (fake YouTube and Amazon stars to name two) operate to convince even the most sophisticated and educated victim. Even people who escape the crutches of an escalating preoccupation and compulsivity with their health will, with their hard-earned money, find themselves purchasing alternative remedies for suggested ailments, chew dietary supplements to relieve an imaginary fatty liver and generally relieve the increasing nagging that exposure to such magnitude of suggestion does to the human condition.

Summary

If murder is symbolic of how cyberchondria represents the escalating nature of health anxiety and all that this entails, such as time consuming searching, checking, suspicion of instructions then, snake-oil is the perfect remedy for its delivery. A cure straight from the bottle just like your Great Great Great Grandfather enjoyed it, or would have given the chance. A semiotic theorising of cyberchondria points up how this newest of diagnosis shows itself as representative of our recent digital landscape that is not only more full of signs and information but able to deliver it beyond any barriers at any time of the day or night. At least in the wild west the conman had left by the morning and did not return for a while!

Part 2: A Semiotic and Solution Focused Rethinking

What is it that Cyberchondria Makes Us Do?

In the last section the authors introduced how solution focused practice is founded on ideas of collaborative conversation which encourages clients to locate their best hopes with an eventual aim of committing to one slight change. In this section we introduce you to Simon and Tracy and some small conversations to show how they used skeleton keys to help unlock their cyberchondria and work towards making a small change in their relationship with digital diagnosis.

If cyberchondria is the result of digital connectivity, then it brings the very human responses to stimuli to what the authors see in their practice as a panacea of what it means to experience hyperreality. As already stated, cyberchondria when analysed semiotically presents as a deceptively relevant assembly of technologically derived conditions about which some people experience an escalating and compulsive set of behaviours. At their simplest, these are akin to constant phone checking, an increasing social withdrawal and almost certainly anxiety driven. In addition, some people experience increased depression, restlessness and disturbed sleep. In the authors experience, their clients arrive for solution focused counselling with any number of these symptoms and recount how they've had increasing engagement with their digital selves whilst also acknowledging no relief. By that they often refer to an inability to feel any calmer and an increasing suspicion that information is mistaken, is in the wrong place and simply needs finding. This cycle and spiral of compulsion manifests in a physiological as well as psychological drive to logically take control of all aspects of their lives digitally. Although health concerns are a key point of cyberchondria, the authors have commonly found that clients and informants also experience similar symptoms of compulsion, escalation and suspicion in their other online antics including internet dating sites, gambling, and social media, trying to make sense of their sexuality and other identity issues. Both the perfect crime and snake-oil bring to the fore effects like cyberchondria what at any other moment in mankind's development would not be problematic.

Categorising Cyberchondria and Solution Focused Practice

The aim of every solution focused session is the end of session task. In an age of many new digital diseases (e-disease and iDisorders) it would be easy to lose hope, confidence and motivation, but perhaps one slight change might be realisable. By way of summary the authors make note of Dashevsky (2013) who like others had started to notice how the internet was bringing us new possibilities for mental illnesses such as 'Phantom Ringing Syndrome' (when you think your phone is buzzing but not), 'Nomophobia (as it sounds a fear of having no mobile phone and to be disconnected), 'Cybersickness' (a real physical sickness caused by disorientating digital environments), 'Facebook Depression' (depressive symptoms caused by too much or not enough of online social interaction), The Google Effect (no need to remember anything because it's at the click of a mouse). And then there's addictive illnesses akin to online gambling and compulsive disorders such as Communication Addiction Disorder (compulsive talking) and a wide range of associated Internet Addiction Disorder (IAD). These all constitute an addiction to virtual reality, their physical manifestation and real pragmatic consequences for youngster's

1. Establishing future goals
2. Exploring best future hopes
3. Encouraging imagery, visualisation and disruption
4. Expecting and collaborating
5. Extracting detail
6. Exacting description
7. Emerging possibilities
8. Eliminating distraction for motivation
9. Entrusting and earmarking levels of confidence, sovereignty
10. Experimenting and ending with a task

Figure 2: Each Encounter (10 E's to Enact) Route-Map (Adapted from Holyoake (2019))

multiplayer gaming until the small hours, housewives gambling with online bingo, lonely researchers streaming pornography and young couples wasting away complete weekends in a restless binge soap series session. In some way or another, we are all touched by the capacities of cyberchondria and its associated assemblages. Like traditional dual diagnosis, cyberchondria rarely presents on its own, but like all crime there is always a victim like Paul, Simon and Tracy aided by search engine self-diagnosis.

Solution focused practice is anti-pathological in that it focuses on solution and change rather than symptomatic problems. That is not to say that it does not trust the client when they complain that they feel out of control and unable to free themselves from cyberchondria and associated pathology. On the contrary, solution focused practice starts from a position of 'trusting the client', 'emphasising they are the expert in their own life' and 'reinforcing how they have strengths' which will help them 'change'. This cluster of beliefs when combined in a 'collaborative conversation' rather than a formal consultation helps suggest a 'can do' attitude and is the first stage of instilling hope and goals rather than logic and regression.

To help us explain our solution focused process with regards to cyberchondria, the authors have devised an organising route map founded upon the theory discussed in part 1. It can be seen in Figure 2 that this 10-stage process starts with establishing *best hopes,* moves towards *visualising them* somewhere in the future and always aims to finish with a *witnessable task*. The idea being that the client actually does 'something different' or 'more of the same that worked' to enact change that they or others can see. In this respect the approach expects that people like Paul, Simon and Tracy not just 'think their way out', but 'act their change and appreciate it'. This issue of thinking and being logical seems to be the basis of some anxiety too, as noted in a final word by Paul, "Making sense of all the information up there," he said pointing upwards towards the sky, "Isn't easy, it's certainly not cost effective in the long term." Paul expresses the sentiments of Doherty-Torstrick *et al* (2016) and the fact that cyberchondria operates under the pretence of logic whilst all the time requiring the chaos of mass implosion and the other theoretics of appearance and representation previously noted. It is a condition that operates in a number of ways to entice, motivate and subsequently leave the sufferer suspicious of everything and unable to make distinction between signs and information. As such, one of our first tasks with people like Paul is to set a scene which suggests that there are always exceptions, they just need to be noticed and there's a few reasons why they generally are missed.

It starts with the numbing and stimulating effect of anxiety. As a collection of anxiety related happenings assembled by way of the mass of information, support groups, opinions, as well as deliberate attempts to corral surfers, trigger 'what if' unproven treatments, algorithmic misdirection and a general space of deception. The context of Paul's cyberchondria is perfect for increasing anxiety, making people like him hyper-aware of their discomfort, hypersensitive of their potential fate, inflated pathogenic genesis and the probable bad end. All of which increase not only physiological and psychological systems, but also physical niggles which further reinforce the victims' initial complaints. These stress related symptoms including headaches, muscle fatigue, increased blood pressure and weakened immunity escalate into patterns of poor sleep, eating and general poor self-care. Such is the power of chaotic digital persuasion that people also feel they are not good enough lovers, unable to enjoy normal and healthy relationships with others or themselves. When left to their own device's humans have been all together compromised by cyberchondria and its capacity to undermine a general sense of hope and confidence. It is with these that the authors always start exploring each murder scene.

Future Goals and Best Hopes

Hypothetically, the best hopes for the cyberchondriac would include being free from constant feelings of anxiety, an improved ability to trust professional advice, acute rather than chronic sense of doom, normal living routines rather than one desperately tied to finding answers, no more fear of dying, free from the allure of the internet and feeling that even though your family think you're foolish, you'll show them. Just trying to remember what it feels like to 'be normal' is a good enough hope for many because cyberchondria is rarely something that can be helped by simply turning off the internet. As previously theorised, it is etched into what it means to be alive in the 21st Century and impossible to escape. Future hopes need to be personal, relevant and turned into session goals through a process of trusting the client to know what to do for the best. This might sound simple, but many victims of cyberchondria note how 'they feel stupid', 'judged' and 'unable to stop checking' even though they know it's bad for them. Simon, a 32-year-old teacher developed what he termed a fixation on having a brain tumour which not only kept him isolated for over 12 months but as he said, "Totally wrecked my life, I started to realise how the internet is the perfect pyramid scheme for those of us susceptible to anxiety and dopamine." In days gone by we'd call him neurotic, hysterical, hyper this or that and we'd have given him a prescription, a behavioural regime and a cognitive plan. In our solution focused approach, we forgo all of this and simply start by trusting people like Simon and Paul to seek solutions (probably very small ones witnessable by an end of session task). Solutions which always start with 'best hopes' and which turned into a session goal.

Establishing solution focused goals for someone suffering from cyberchondria must take into account how for years they have probably been aware of how their behaviour appears. They have little trust in themselves and likewise little trust in the professional trying to help. They are more than aware of how 'bias' and 'judgement' operate and have more than enough ability to calculate how excess availability, likelihood of algorithmic events and probability impact on search engines and their sense of confirmation. It would be easy to use sessions to assess this, but the authors have found that instilling a sense of self-trust is more useful. We suggest taking an unusual approach of congratulating the client on the skills they have acquired and we designed the 5R to start you off having collaborative conversations (see Figure 3). Our work with Simon is an example of this, "So you had some good reasons for doing hours of searching?" and rewarding the weight of his burden, "Boy, that must have been pretty scary and exhausting?" and reinforcing strengths, "But something was giving you the strength to know things had to change?" Then into more problem free notions of researching details "What's different now?", refining exceptions to the problem, "So there were times when you tried something different?" and describing goals, "So what needs to happen here today so that you can really know it has been different?" These types of questions are those which clients start to recognise as framed in a way that does not blame them for their condition and they fit the aim of allowing conversation to be more problem free as with Simon.

1. Research for best hopes
2. Refine the goals
3. Reinforce resources
4. Reward small successes
5. Repeat the process

Figure 3: 5R actions for SF conversations

"It wasn't until the second session that I realised the one night I purposefully acknowledged my anxiousness and wrote down a list and I thought, that having a goal might help because small changes helped me realise another change would obviously follow."

Problem Free Talk: Imagery, Expectation and Collaboration

Tracy is a young woman working her first job in a bank, "Initially, it was hard, but I soon found myself looking around at the others and wondering why they were better than me, so I started searching stuff like self-help and before I knew it was convinced that I had personality issues."

Cyberchondria suffers are experts at acknowledging how sites place terms such as liver disease next to pages concerning diet and other professional comments, "It gets to a point where even though I knew I would not find something new to help I'd look anyway." Tracy and Simon note how they started to book more and more appointments with their GP's and each time felt disappointed with the response, "In the end it was as though they weren't listening and that's why they sent me to see you."

"So, we could explore what you think needs to happen here, but perhaps we could start with something called problem free talk?"

Apart from the cost of cyberchondria on both service provision and the victims, there is growing evidence to suggest that the effects are predicted to spiral in coming years (White & Horvitz, 2010; Donnelly, 2017). Yet, 5 minutes of problem free talk at the start of a session which has usually been experienced as discussing the problem can come as a revelation and possibly start to disrupt old ideas people like Tracy have about themselves. It is during these early moments of emerging hopes and goals that the solution focused practitioner starts to instil a new sense of expectation that something '*new can be started as opposed to something old having to stop*'.

"So there have been times when you feel more relaxed, but then there's still those times when you're unable to stop yourself checking?"

Solution focused collaboration is a conversation which recognises that where there is a problem there is also a solution and it is usually best to seek the latter rather than concentrate totally on the former. In the authors experience people suffering from cyberchondria have rarely had the opportunity not to talk about the problem. They are usually overwhelmed by its significance in their lives and so it must be noted that attempting to be 'problem free' in no way attempts to diminish the seriousness of this, but it does attempt to help people like Tracy, Simon and Paul *start something new* (even if this is to start noticing times when things are different to the problem saturated moments dominating their life). That is, start imagining life or at least one small part of it without cyberchondria, or just maybe a little less of it. So, the authors would never dismiss clients' valid reasons or their explanations regarding symptoms, rationales and fears. These are real, but we would, in the aim of fixing a goal start something new by employing some skeleton keys in a framework of expectation and collaboration.

Part 3: Skeleton Keys – key solution focused actions

Extract Detail, Exact Description, Emerge Possibilities

"So not always assuming the worst is something you'd like to have more control over?"

There's only one thing that solution focused goals need to do and that's be pragmatic. The ultimate aim as seen in the authors route-map is that by the 'end of the session' Tracy has turned her hope into something she will physically do. Sounds simple, but this involves a whole bunch of change to do with 'confidence', 'motivation'

and ‘acceptance’ which has to take into account that people like Tracy and Simon don’t trust professionals like the authors. In fact, they also don’t trust the snake-oil or the pretense of the perfect murder by now. However, they are usually so broken by the chronic nature of their cyberchondria that with the right conditions these clients might just be prepared to take a leap of faith and imagine that a miracle can occur.

“Here’s a strange question, one that takes some imagination. Suppose that when you go home tonight and go to bed and sleep a miracle happens and the thing making you assume the worse stops. Then you wake up, but because you’ve been sleeping you don’t know the miracle has occurred. So you get up and start your day, what would be the first thing that would make you say, ‘Hmmmm, that’s strange, a miracle must have happened?’ This is the miracle question and it takes some getting used to, but it allows clients to imagine and start talking about possibilities and times they are problem free. This is not to downplay their real anxieties but disrupt their problem thinking as well as remain future focused. This unusual question certainly helped Tracy start visualising some goals and hopes for what she would rather want, “At first it was the assuming the worst and then I noticed that I was constantly seeking reassurance but was never satisfied. It was like I always needed a second opinion and then exaggerating my symptoms.” This version of the miracle question is not for everyone, but it is one way the authors attempt to allow people like Tracy to experience problem free thinking and start to see glimpses of a problem free future. As a skeleton key (a key designed to open many locks and therefore semantically relevant to the solution focused approach because we do not need to know the problem to talk about solutions) the miracle question bolts on to others such as scaling and exception seeking.

Scaling, Exceptions and a Move Towards a Task

Even the most intelligent can fall foul in a few clicks, scrolls and swipes. The use of skeleton keys such as scaling questions help people like Tracy start to gauge their confidence levels that in the future they can make things different. Scaling like all Skeleton Keys are easily added-on to the others because the questions and reasoning are future focused. Imagine how the following scaling example can be tacked onto the previous miracle question and its attempts to help people visualise possibilities and ‘what needs to happen’.

“So on a scale of zero to ten where ten means that one night a week you’ll go out instead of surfing and then zero means you won’t go out, where do you see the following week?”

“Hmmm, I’m not sure, about a five,” said Tracy.

“Wow, how come?”

“Well, it’s a fifty-fifty and I might change my mind.”

“Sure, but there’s something in a five that means your fairly confident that it’s doable. What’s the difference between a five and a six?”

Scales like miracle questions do not focus on the problem. They are tools which allow Tracy to explore their confidence and willingness to see future change. This is a significant distinction for the solution focused approach and if we remember back to the previous retheorising we can see how issues of chronology, excess and exchange show themselves in the mediation process at work. In short, what actually happens is not the same as what the client sees themselves doing and *vice versa*. In the same way that cyberchondria alludes to illness and escalation, then miracles, scaling and a search for exceptions do the same but in terms of ‘doing change’.

“Imagine that part of the miracle [goal / personal aim / thing that brought you here today] is a ten and the moment [place, person, relationship difficulty] you were first referred to us is just the worst at a zero, where on that scale are you now?”

In a space where people like Tracy and Simon live more than 50% of their lives online, where love is hunted digitally, where the intimate and sensitive issues of sexual desire and morality have emerged towards the ever expected extreme and where the assemblage of new online humanity is transitioning, it should come as no surprise that health concerns easily assimilate and fit the same process of signification. The fact that we are rational and conscious creatures only goes to substantiate how vulnerable we are to issues of hope, desire and lack. The digital has turned the once tap into a waterfall of self-loathing and missing out so it is not surprising that Tracy and Simon scale themselves as having low confidence and motivation.

“How come a three? What would we see you doing at a three compared to a two? I mean, what would it take to move up to a four?”

“Hmmmm, I’m not sure I could, not too quickly anyway, I suppose slow would work though, I’d like to get to a seven and be able to go a few days at a time without going online.”

“Sounds like a plan, a big jump, what’s already working to get you there in that direction?”

These future focused, can-do and exception seeking keys are the concepts that we, as solution focused practitioners, focus on to help people move from visualised hopes such as ‘being more in control’ and ‘stopping always assuming the worst’ towards real-life moments when a small part of their imagining or, as in the case of exceptions, the things that are already happening but rarely noticed might happen. So scaling, miracles and exception seeking focus on confidence and motivation rather than the problem *per se and concern things the client*

is already doing or able to contemplate themselves doing. They are designed to help the client feel hopeful and start noticing the times, certainly in the case of 'exceptions' when the problem could have occurred but didn't.

"How come?"

"What? How come that one night you didn't go online?"

Tracy had been forced by office colleagues to go out for drinks, "It was funny because all the time I was preoccupied with getting home to check on my gall bladder diagnosis," she laughs, "I mean."

Initially Tracy had noticed her usual tendency to playdown her cyberchondria and it would have been tempting to be distracted and return to focusing on getting her to stop old behaviours rather than starting something new, but after several sessions she was happy to invent her own scales as well as recognise how her future focused rethinking as opposed to her problem thinking had moved on.

"I used to go through a number of phases as I frantically typed in gall bladder. Mostly that I'd find something new but I see hundreds before me have already done enough to leave a dropdown search scroll which has additional terms such as 'gall bladder pain', 'gall bladder symptoms', gall bladder removal procedure'. It means I click on gall bladder illness preparing to eventually go through them all. Seems strange now that I hoped I could save myself a trip to the doctors in my hasty scroll to self-diagnose."

The collaborative style of consultation, the gentle coaxing of confidence and curious wondering helped Tracy make one small change when she decided to stay offline for just 1 night. From here, she started to recognise and notice that she could do it and maybe try 2 nights in a row leading to her eventual self-imposed decision to refute rather than confirm health related information, "It's strange because I came to the conclusion myself, whereas for months before I was suspicious of every GP who was telling me the same thing."

But that's the thing about cyberchondria in that one insight from someone like Tracy, Paul and Simon is worth a thousand consultations in which professionals attempt to explain and as such perpetuate the cycle. Like the reading of online semantics, at which Tracy is expert we succeeded in our task of turning those skills into noticing and changing her relationship with online healthcare semiotics.

The End of Session Task

It is usually the case that clients and their families want 'the whole lot' sorted in a session and even though the authors never rule this out, they may spend moments convincing clients to settle for 'one small part of the problem' to be 'changed'. Afterall, change is the aim. It is the thing that means Simon is doing something different and the end of session task takes his hopes and session goals as well as his subsequent assessment of confidence and motivation to a point where he can imagine a small part of the miracle happening. The end of session task is where the client takes their imagining and makes it real.

Before we begin to sum up, the authors want to make note of how there are many other useful treatment regimens for treating cyberchondria or at least aspects of them that clients might consider as part of their task including *medication* (often anti-depressants), *life skills* (coping strategies) and *digital detox* (a period of online abstinence). It is usually the case that people recovering from cyberchondria respond well to the rigours of *12 step type programmes* (those similar to Alcoholics Anonymous) which advocate a system of *routine*, *self-appraisal* and *peer support* because giving up your online life, as explained by Tracy, "Always leaves you with hours of time to fill."

"What did you do instead?"

"I started to notice just how much unreliable information there is in the world, be it the news or online. So my first goal of not assuming the worse stared to change into noticing how ill-informed I've been. Not an easy thing when you feel ill all the time."

"So what was different?"

"I'm working on the idea that healthy concern is a good thing and not the same as unhealthy anxiety," she laughed.

The authors have found that it takes time for clients to start trusting both themselves and their doctors, in our experience usually over 6 months. The important thing is for them to recognise if a relapse is happening. We started this chapter explaining how solution focused practice, like the internet is all about recognising connections between signs and images. How things represent and how this translates into helping clients start to notice difference, exceptions and scale what this might mean for them to make change. As such, the end of session task pulls together much of the literature regarding their recovery which should always include setting regular check-ups and repairing relationships with professionals and stopping old habits of second-guessing GP's, committing to a balanced lifestyle taking into account physical, psychological, social, spiritual and sexual health.

So what is the end of session task? This is the thing the client works towards and principally takes the clients hopes and goal and turns it into a small behavioural task. That is something that 'has to happen'. This can include many of the assumed treatments that clients generally know are good for them such as learning time management strategies, sensing and recognising internet danger, being mindful of triggers and impulsive binges, physical training and fitness combined with relaxation strategies and noticing alternative activities.

The end of session task can be thought of the chance for the client to try out something new in the form of a self-experiment or maybe just stop the problem getting any worse. This idea of harm reduction or simply noticing when the problem is less can be the start of a new relationship with cyberchondria. In an age when people can find answers at the touch of button, we should not be too surprised when they so often do. So it is not the doing *per se*, but rather the results that warrant their attention. The authors usually employ one of two end of session tasks. The first is called the 'observational task' and invites the client 'to start noticing the times when the problem behaviour is not present', or 'observe the moments when it should have been but wasn't', or 'start to notice all of the things that are going well and you would not want to change about your life'. These are strange questions to be asking someone who is suspicious of professionals, losing all sense of hope and hitting anxiety levels which are unreassurable, but all big change starts with a small change. And besides, there's no convincing someone who knows every health-related webpage except if they are encouraged to recognise something new. To do something new which leads us to the authors second favourite task called the 'action task'. This takes the semantics of the observation and asks the client to enact a small part of it and simply 'see what happens'. So like Tracy forcing herself to miss one night of internet browsing and then doing something different. This was the start of her new relationship with cyberchondria. She had been in a million conversations shaming her, informing her and chastising her, but none of them useful until she gave herself permission to 'do something different'. The simplest of tasks in anyone's eyes, but leading to bigger and better future things. Likewise for Simon, his task of taking up more sports and fitness helped alleviate excess time and rebuild a sense of mastery and offline health that hours of searching never could. Then for Paul, who experimented by pretending that the miracle had happened for the first hour of every day for a week and noticed that even though he was still preoccupied with cancer he was having more what he describes as 'normal conversations with normal people', "I also stopped thinking of myself as unlucky," he said, "All thanks to a miracle eh!"

Summary

And so what about the authors? Well, they are continuing to consider how their solution focused practice can help sufferers of cyberchondria and the professionals who care about such things. To help with this, the authors have provided the 12 key solution focused actions and conclude that snake-oil will always be present on the internet and likewise, crimes be they murder or not, but starting of something new with change in mind offers an alternative to people like Paul, Simon and Tracy to forge new relationship with their online self.

12 key solution focused actions

1. Motivate small CHANGE
2. Focus on STRENGTHS AND RESOURCES
3. Talk about the FUTURE
4. Encourage BEST HOPES
5. Aim for PRAGMATIC outcomes
6. Trust CLIENTS' EXPERTISE
7. CO-AUTHOR sessions
8. Reinforce and reward SMALL SUCCESSES
9. Start SOMETHING NEW each session
10. Envision GOALS
11. Scale CONFIDENCE AND MOTIVATION
12. End with a TASK

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