E-PSYCHOLOGY: BETWEEN CHARITY AND BUSINESS

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ABSTRACT

The convergence of electronic equipment and telecommunication facilities for exchange of audio, video, and/or text therapeutic communications has been termed e-psychology. It is used when face-to-face contact with licensed psychologist is impossible. This paper presents e-psychology consultations and their pros and cons as foreseen in an ongoing e-health project, aiming to employ remote networking technology to enable direct communication between experts and patients for virtual consultations, supervisions, psychological evaluations and continuous monitoring. Thus the projects will offer high quality psychological service via Internet.

Key words: e-psychology, virtual consultations, e-health, rural area

1. WHAT IS E-PSYCHOLOGY

During the last decade, Internet is used to provide psychological services to people all over the world. The utilization of information and communication technologies for online counselling and therapy is one of the most interesting and at the same time rather controversial areas emerging in contemporary psychological. The idea is not a new one. Discussions about utilization of the net for the needs of psychology began almost 35 years ago with the start of Internet's prototype, the project ARPANET. The later started operating in late 1969 and ended in 1989.

Often termed as e-, tele-, virtual or cyber-psychology, this new psychological area relies on convergence of available electronic equipment and telecommunication facilities for exchange of audio, video, and/or text for therapeutic communications. In general, e-psychology consists of short interventions and is used when face-to-face contact with licensed psychologist

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is impossible due to lack of transport, long distance, extreme situations, etc. Virtual psychological consultations are alternative, especially for people who cannot afford private consulting, or for those who are afraid to speak about their difficulties face to face to a counselor, or for shy people who want quick answers (Garcia et al. 2004). To put it briefly, thanks to the development of new information and communication technologies this service is available and it is an option for a rapid psychological counseling while at the same time expands the group of potential users of psychological help. However, e-psychology has its risks, especially for the psychologist, who lacks the possibility to check user background, or use non-verbal language necessary in any counseling and interviewing process.

Most often e-psychology is realized as exchanges of e-mails, chat or chat groups, videoconferences. As a whole it is very effective and patients highly evaluate Internet contacts with psychologists. Surveys revealed that users' satisfaction varies from 68% (Ainsworth, 2004 and Wildermuth, 2004) up to 88% (Lahad, 2004). That is why e-psychology musters up strength. Its applications have the potential to advance the fields of psychology in a multitude of ways. A few of possible e-psychology applications for patient care are assessment, psychotherapy, crisis intervention, patient education, etc. It is also applicable for the needs of psychology community. Teaching activities, vocational assessments and case management are few examples. However, e-psychology is so new that both technology and strategy are still under considerable development.

Another aspect of e-psychology and especially of Internet psychological consultations is that in many cases they are free of charge. Or at least, lots of web pages offering e-psychological services start as free consultations sites. Although this is very attractive it causes problems in the psychological community as it is difficult to define the exact boundary between psychological consultations offered as charity and business in psychological counselling. For users it is also often difficult to understand the difference, in particular when is necessary to switch between free services and paid treatments.

The purpose of this paper is to present e-psychology and its pros and cons as foreseen in the ongoing in Bulgarian telemedicine pilot project. It will

discuss only one aspect of e-psychology - virtual psychological consultations and how we are planning to manage between charity and business.

2. THE PROJECT IN BRIEF

The project is co-funded by Bulgaria and International Telecommunication Union (ITU), started on October 1st, 2003 and will continue for two years. It was developed in conjunction with the Valetta Action Plan (http://www.itu.int/ITU-D/univ_access/program3.html) that sought to promote universal access to basic telecommunications, broadcasting and Internet as tools of development in rural and remote areas. The project focuses it efforts towards introducing e-health in rural and semi-mountainous region in Bulgaria. It has to develop, test and evaluate the effectiveness of a local, packet-based wireless access infrastructure relying mainly on 2.4 GHz frequency band and optic connections in rural area, building and equipping public tele-centres in 10 villages and connecting them in a network. In addition, the network is connected to local Emergency medical centre and specialized tele-server at Bulgarian Academy of Science. Thus the project has to provide a platform for the wide introduction of multimedia services such as telemedicine (especially telecardiology), telepsychology, teleeducation, etc. Project partners are: from Switzerland ITU and from Bulgaria - Ministry of Transport and Communication, national Telecommunication Company, the Association of Telecenters, Septemvri Community (the region where the project takes place) and Solar-Terrestrial Influences Laboratory at Bulgarian Academy of Sciences (STIL-BAS). STIL-BAS is responsible for the e-health part of the project, including e-psychology.

Project's target region is a small semi-mountainous region, Septemvri community. The reason to direct attention to a rural area is that 31.6% of Bulgarian population lives in remote villages. If the percent of citizens from small towns is added, more that half of the Bulgarians live in rural areas. People in rural areas are in unfavourable conditions when access to IP-based technologies is considered.

So, one of the project's aims is to develop and offer a virtual high quality psychological service to people from remote areas that had no possibility to

consult a professional. Text, color images, short-segment video and audio clips will be transmitted during the course of the project. Thus the project employs state-of-the-art remote networking technology to enable experts to communicate directly with patients and to perform remote consultations, supervision, psychological evaluations and continuous monitoring as well as to advise rural psychologists and health workers.

3. WHY E-PSYCHOLOGY WAS INCLUDED IN THE PROJECT?

FIGURE 1: LOCAL VIRTUAL PSYCHOLOGICAL SITES OFFERING 0N-
AND OFF-LINE CONSULTATIONS

Photo collage created by the author

The main reasons are:

• The means to offer e-psychological consultations are available. Experience of other countries revealed the importance of e-psychology and its effectiveness. But foreign expertise is not applicable if there are not accurate conditions to introduce it and if this expertise is not adjusted to local characteristics and requirements.

- In Bulgaria there is a demand of such service. Although computers and Internet are not available in every household, about 1% of Internet visitors are looking for psychological information and support. What are users looking for? The answer is simple. Many people know how they should live healthier (food, weight, exercise, etc.) but are not able to adjust their life to this knowledge. Internet users are very much looking for such information. In addition, they are looking for psycho logical advice and counseling in lots of areas covering life-style problems, loneliness, melancholy, jealousy, marital problems, alcohol and drag dependence, bulimia, etc. All of these may be just a part of everyday life, or may be serious mental illnesses, or anything in-between. Even less serious problems are often a cause of misery and lack of capacity for productive work and healthier life. Several web sites already exist offering exclusively or as part of their services virtual psychological consultations (Fig. 1). Some are free and some require a small fee. The users contact these sites usually from home. In the project's target region home computers and Internet access from home are rear. Development of local public free of charge tele-centres, as realized in this project, is a solution offering a bigger proportion of population access to virtual psychology consultations.

- In addition, traditionally, psychological help has been treated as the Cinderella of health services despite its importance. World Health Organization estimates that nowadays almost 1 500 million people suffer from psychological problems and need help. Despite this fact, psychological consulting, with some exceptions, is not covered by insurance funds. E-psychology offers relatively cheap solution which may satisfy patients and will not put enormous burden on health care budget.

4. REALIZATION

Enthusiastic licensed psychologists are involved in virtual psychological consultations, including representatives of the Institute of Psychology at the Bulgarian Academy of Sciences (IP-BAS). This is the most appropriate decision as IP-BAS is the largest national center for fundamental psychological

research and transfer of scientific achievements in different branches of psychology and technology. Thus the project employs state-of-the-art remote networking technology to enable experts from the IP-BAS to communicate directly with patients and to perform remote counselling and supervision.

FIGURE 2: WORKING PLACE FOR VIRTUAL PSYCHOLOGICAL CONSULTATIONS
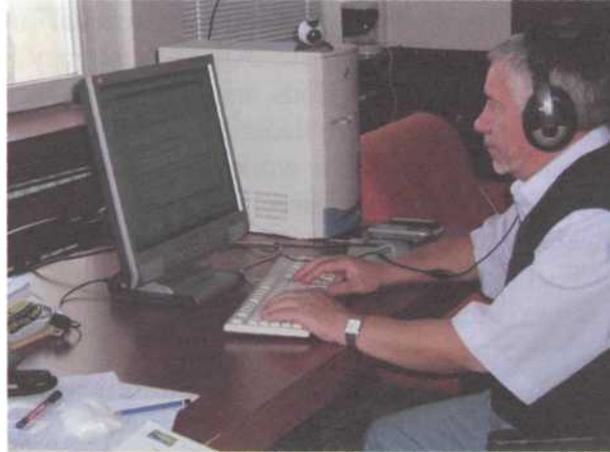
Potential patients/ users have to visit local telecenters where specialized, hidden from view and sound proof places for psychological consultations are equipped. Thus if and when necessary, users rely on technical advice and on the help of tele-centre staff. The technical staff will not attend tele-sessions. Direct connection is organized between local tele-centres and a server at STIL-BAS. The latter is used as an actual working place for virtual psychological consultations (Fig. 2). In order to make e-psychological contact as easier as possible, 3 models of contacts are foreseen:

Exchange of text messages, i.e. e-mails;
Internet telephony and Video connection.

Both on-line and off-line sessions are planned. Off-line sessions rely entirely on text messages. Visual contact will be used only in case of necessity and after preliminary agreement between the user and the psychologist. It is

essential to be underlined that the project does not focus on treatment of severe mental conditions. It is not oriented towards the serious illnesses, which may require hospitalization. E-psychology, as foreseen in the project, is targeted at those many people, from all age groups, who are suffering in silence, who do not seek a doctor or psychiatrist but who can be aided in achieving a better and more productive life by psychological advice.

5. OUR PREFERENCES

In a word, we prefer and put the stress on text-messages as main communication source of e-psychological counseling. Reasons to prefer e-mail contacts are:

E-mails are easy to use, familiar to many potential patients and very similar to writing letters, minus the annoyances of addressing envelopes, licking stamps, and looking for a mail box. In addition, e-mails provide a non-visual and non-auditory, private and reliable way of communication and create a psychological space in which pairs of people interact.

E-mails create a text talk as John Suler (2004) brilliantly explains. For those who love to write, e-mail is heaven. Lots of people feel that they can express themselves better in writing. A skillful writer is able to communicate considerable depth and subtlety in the deceptively simple written words. Writing may involve different mental mechanisms than in-person talk. Written dialogues reflect a distinct cognitive style that enables some people to be more expressive, subtle, organized, or creative in the way they communicate. Written texts often reveal personal characteristic, which is of significant help during virtual consultations. For example, compulsive people may construct highly organized, intellectualized messages with little emotional revelation. Histrionics may show less concern about organization and much more for the emotions they express. Narcissists may write extremely long, rambling blocks of paragraphs, while schizoids may produce very short but penetrating messages.

E-mails may be anonymous. If users want, they may use a pseudonym, not real names. The only requirement is to keep the same pseudonym during the

entire duration of e-psychological contacts. In addition, e-mail contains some general addresses, which also enhances the feeling of anonymity and protection. Average Internet users are not aware how to track down the origin and identity of the message. If someone is determined to remain hidden, he / she may do so. This potential for anonymity in e-mailing and the lack of face-to-face cues disinhibits some people, which is very important in small patriarchal communities as those engaged in the project. Thus people feel free to say things they wouldn't ordinarily say, encourages them to be more open, honest, and affectionate.

E-mail contacts usually are off-line and do not occur in real time. They do not create simultaneous conversations. This is essential for users / patients as it gives to them time to think, evaluate and compose their messages in the most appropriate way. The same applies for licensed psychologists, who are not pressed to respond on-the-spot and if necessary may take advantage of this and dedicate more time on considering every particular case. In addition, the asynchronous character of e-mail exchange gives chance to adjust the speed of virtual counseling according to the needs of the users. Interactive time can be shortened or stretched, as needed.

Last but not least, e-mails exchange enables us to record the interactions by saving the typed-text messages.

Of course, usage of e-mails has negative sites too:

Some people may not be attracted to e-mails because they involve typing. Everyone knows how to talk but not everyone feels comfortable in typing. We expect that some potential users may not be able to express themselves through e-mail. Definitely, the typing/writing barrier will filter some users.

E-mail anonymity is not fundamentally a "good" thing. It may turn out to be "bad" as well. It cuts both ways.

Spam is another negative aspect of e-mailing. All e-mail users are subjected to junk mails aimed to sell something. This may be a serious problem, as people subjectively experience e-mail as a personal space. Receiving spam may beat back some users.

Foreseen solution is available Internet telephony and pre-scheduled sessions with licensed psychologist for those who are not willing or ready to rely on e-mail contacts.

6. PROBLEMS

Project partners are realistic in their expectations and prepared to face significant problems during the realization of e-psychology application. Some of these problems are already a reality, others are still latent. Few of the problems that we are overcoming are:

1. Negative attitude or at least suspicion towards e-psychology applications and especially to distant consultations as compared to face-to-face service. This is a problem we already have and are trying to beat down. Both psychologists and potential users are suspicions. This attitude has changed very slowly and with lots of efforts. Examples of international surveys as well as of prosperous local websites are discussed. Potential patients / users more easily change their mind. They are ready to switch from total rejection to the position "Let's try and see the result". Once partially satisfied they are ready to keep on going. Resistance of licensed psychologists is a serious difficulty, especially when older psychologists are concerned. They have enormous experience and attracting them to the idea of e-counseling is of benefit for the users. Opposition to e-consultations is due to:

   a) Fears for career threats. They may not be real as not a single technology is expected to take the place of experienced professionals to man the battlements. But the worries are real and they can be a cause of serious resistance to change, which in turn make entertaining new ideas and implementing much-needed technologies difficult, if not impossible. Leadership is important in alleviating much of the stress.

   b) Fears of velocity of technology changes. Internet time is fast. The pace astonishes even people who work for and with Internet companies. Speed is of the essence in order to keep up with

technological changes as keeping inline with technology is vital to keep potential patients / users especially from younger age groups.

c) Fears of loosing profits. These are the main fears as for the moment adequate reimbursement policy does not exist. Health insurance funds do not cover virtual consultations. Or again, this is the problem to separate charity and business. But these fears are not well-founded either. It is recognized that traditional psychology consultations serve only fraction of the population who really need it. To many people Internet seems more private, and this perceived privacy helps them cross the barrier of stigma to seek help through e-counseling. Internet is providing a bridge across one of the barriers that keeps people from getting the help they need. Thus e-psychology expands the group of potential patients and reaches people that in most cases will never meet psychologist face-to-face. About 60% of virtual psychology patients consult licensed psychologist for the first time in their life. What is more, over 65% of e-psychology patients undertake the next step toward face-to-face consultations and treatment (Jordanova 2004). Thus, simple estimations revealed that even when virtual psychology consultations are free of charge, even when they are offered as charity, the result is an increase of paid face-to-face consultations. Put in other words, efforts dedicated to e-psychological charity at the end received reward. In the case of virtual psychology, charity enhances business.

2. The lack of technical experience of some users and licensed psychologists also is a problem. For the moment two are the ways to overcome this obstacle: (1) training courses for licensed psychologists to use and become familiar with Internet technology and (2) Technical support of users in local telecenters.

3. Another serious problem is uneven assess to Internet. The profile of Internet users in the country reveals that (a) Internet usage in small villages is times smaller than in the capital or big cities; (b) There is a significant age and sex differences in Internet usage too - with the increase of mean age the percent of Internet users drops and reaches 3.1% in the age group >50 yrs. In addition, men access Internet almost times more than women (ABC Design & Communication 2003 a & b;

Petrova 2000). This problem is not easy to overcome. Partial solution is the development of free community telecenters, which is a strategic goal of the project. Advertisements and active involvement of local administrative and medical authorities also help. In some cases general practitioners are those who have to push people to use virtual consultations.

4. Human face and body language are rich in meaning and emotions. The biggest disadvantage of virtual communication, especially when it consists of e-mails exchange, is the lack of nonverbal communication channels. These account both for psychologists and for patients. When one cannot see other people's faces or hear them speak he is loosing all subtle voice and body language cues. Thus assessing the nuances of communicating is very difficult. The lack of face-to-face cues may result in ambiguity. This enhances the tendency to project someone's expectations, wishes, anxieties and fears into what the other person wrote, unto the somewhat shadowy figure sitting at the other end of the Internet. Psychotherapists call this a "transference reaction" or "projection". It is unconscious and could lead to misunderstandings as people do not realize how it is steering their behavior. As usual, the coin has two sites, i.e. the position of some psychologists is just the opposite. They claim that the exchanges of text messages carry us "past the distracting superficial aspects of a person's existence and connects us more directly to their mind and personality". For them seeing is equal to believing. They are advocates of video channels. In an attempt to minimize this problem, the project gives a possibility to add video connection if and when necessary. This will be done only after preliminary agreement of users. Under discussion is a possibility to "project" a photo of psychologist leading virtual consultations. Hopefully this has to decrease the transference reactions.

5. Ensuring technical security and confidentiality of virtual consultations may also be a problem as despite numerous technical solutions, the possibility for un-authorized access to e-psychology information cannot be totally neglected.

6. Highly educated and informed users, especially the "21st century health care consumers" also known as the 3 "C's" consumers (cash, college and computers) may cause problems (Mittman & Cain, 2001). The attitude toward them has to be slightly different as their expectations are for free choice and high level of service but at the same time they lack "healthcare culture", expect to achieve results with almost magic speed, which is not realistic in the field of psychology, and easily give up.

Despite the above mentioned problems, partners believe that expected outcomes will compensate all difficulties. Predictable results at project's end are: improved quality of psychological support due to easily, cheap, fast, private, at any time and from anywhere contact between licensed psychologists and users; avoidance of inconvenience of traveling; cost and time saving and increased psychological comfort. In addition, we hope to find the precise border line between charity and business. The initial idea is to offer free service till the end of the project. After a two years period the project has to become self-supported. This will be done as keeping many services free of charge but at the same time introducing some pre-paid services, too. An idea that will be checked is to ask small fee when e-consultations exceed a given pre-defined number. Thus both users and psychologists will be protected - those users who need short term treatment will continue to receive free advices, while at the same time payment will be ensured for professionals.

7. CONCLUSION

Newly developed IT solutions and especially Internet with its low-cost, ease of use, distance insensitivity and increasing functionality, created many opportunities in the field of psychology for expanding the way that knowledge and services have traditionally been disseminated. In the field of psychology, people have to harness these resources for ensuring psychological care and professional growth. On the other hand, the utilization of these resources can have both positive and negative effects upon psychology and potential users. In order to accentuate the benefit of this technology and minimize the pitfalls a lot has to be done. Based on the achieved expertise, guidelines should be developed to help structure the manner in which WWW have to be used for e-counseling. Through this project, exploiting new technology, we hope to

illuminate the potential for virtual psychological counseling, and to share our evolving understanding of what is truly possible, despite the prevalent myths, which shape our thinking about e-psychology.

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