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Client-Clinician Texting: An Expansion of the Clinical Holding Environment

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Abstract

While there has been a surge in the texting literature related to the innovative uses of mobile technology in clinical social work practice, there is a dearth of knowledge related to the use of texting between clients and clinicians. Regardless of a clinician's individual preference for using texting, cultural paradigm shifts in communication and interpersonal expectations will require incorporation of texting technology to meet client demands. This two-part dissertation provides a critical review of the literature that chronicles the rapid diffusion of texting into American culture and identifies its current use in psychotherapy. It demonstrates a significant gap related to its impact on the therapeutic relationship, as well as the absence of theoretical evolution to guide practice. An accompanying article expands relational theory as a way to conceptualize texting and texting behaviors in order to make responsible and purposeful decisions when integrating this technology. Composite case vignettes will demonstrate how "theoretical knowing" can be translated into "clinical doing" to address this current gap between theory and practice.

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Client-Clinician Texting in Relational Psychotherapy: An Expansion of the Clinical Holding Environment

Author: Gina M. Innocente

A Two Part Dissertation

Part I: Literature Review: The Interpersonal and Clinical Implications of Mobile Texting

Part II: Article: Client-Clinician Texting in Relational Psychotherapy: An Expansion of the Clinical Holding Environment

ABSTRACT

While there has been a surge in the texting literature related to the innovative uses of mobile technology in clinical social work practice, there is a dearth of knowledge related to the use of texting between clients and clinicians. Regardless of a clinician's individual preference for using texting, cultural paradigm shifts in communication and interpersonal expectations will require incorporation of texting technology to meet client demands. This two-part dissertation provides a critical review of the literature that chronicles the rapid diffusion of texting into American culture and identifies its current use in psychotherapy. It demonstrates a significant gap related to its impact on the therapeutic relationship, as well as the absence of theoretical evolution to guide practice. An accompanying article expands relational theory as a way to conceptualize texting and texting behaviors in order to make responsible and purposeful decisions when integrating this technology. Composite case vignettes will demonstrate how "theoretical knowing" can be translated into "clinical doing" to address this current gap between theory and practice.

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Doctor of Social Work (DSW)

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John L. Jackson, Ph.D.

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Marcia L. Martin, Ph.D.

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Dedication

I dedicate this work to my loving father and my mentor, Professor Thomas J. Innocente, known to most as “Sarge.” I agree with Steinbeck about great teachers being like great artists—there are really only a few. You truly exemplify this sentiment. You have encouraged and inspired me when I have needed it, you have lifted me when I have been down, and you have loved me when I have not loved myself. I am forever grateful.

You also did a fabulous job picking the best mother in the world. I could not have asked for a better or stronger woman to raise, love, and guide me throughout life. She is my closest confidant and friend, and marrying her is, by far, your greatest achievement.

Dad, I also need to add this—you hate texting—you claim that it is “rude, ignorant, and one of the worst things that has happened to American culture.” You just might be onto something here. I have to admit, you may be right this *one* time.

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It is impossible for me to put my gratitude and love into words. You have supported me in ways that have been selfless and remarkable. I would never have been able to do this without you by my side. You stuck by me, bit your tongue, filled the void, and took care of me in ways we never imagined. Thank you for marrying me (twice) through this crazy process. The next leg of our journey together is the most exciting thing in the world to me—because it is with you. What more can I say to a person who knows me inside and out and yet still chooses to spend her life with me? (By the way, thank you for never pointing out that you are way out of my league). I will leave it at this:

*Natalie- for the rest of forever and through every thought in every moment of every day,
it is my great joy and greatest blessing to be accompanied by you.*

Table of Contents

Abstract.....	i
Dedication.....	ii
Acknowledgments.....	iii
Table of Contents.....	iv

The Interpersonal and Clinical Implications of Mobile Texting: A Literature Review

Abstract.....	2
The Interpersonal and Clinical Implications of Mobile Texting.....	3
Problem Statement.....	4
Method	7
Cultural Paradigm Shifts.....	9
Client-Clinician Texting.....	17
Therapeutic Alliance and Relational Theory.....	24
The Digital Revolution.....	34
Summary.....	49
References.....	54

Client-Clinician Texting: An Expansion of the Clinical Holding Environment: Article

Abstract.....	71
Client-Clinician Texting: An Expansion of the Clinical Holding Environment.....	72
Why Not Say, “I Don’t Text?”	74
Why Incorporate Texting into Practice?.....	75
Relational Theory: A Primer.....	76
Why Use Winnicott?.....	78
Expanding the Clinical Holding Environment	80
Handling and Micro-coordination.....	85

Transitional Mobile Objects.....	93
True Self vs. False Self.....	99
Virtual Enactments.....	103
Summary.....	107
References	109

The Interpersonal and Clinical Implications of Mobile Texting:

A Critical Review of the Literature

Gina M. Innocente

A DISSERTATION

in

Social Work

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in

Partial Fulfillment of the Requirement for the Degree of Doctor of Social Work

2015

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Abstract

This critical review of the interpersonal, communication, and psychotherapy literatures explores the diffusion of mobile technology in American culture and the clinical implications of texting in psychotherapy. There has been a surge in the literature related to the various innovative uses of mobile technology in psychotherapy. Empirical support for mobile-based or mobile-enhanced interventions, such as behavioral health mobile apps, automated appointment and medication reminders, and symptom tracking systems to improve healthy behaviors is growing, particularly in cognitive behavioral approaches to therapy. However, mobile texting, the most frequently used and popular mobile feature, and a preferred method of communication for many Americans, has not been adequately explored. This literature review demonstrates a dearth of knowledge related to client-clinician texting between sessions with respect to traditional psychotherapy practice. It demonstrates a significant gap in understanding the impact of the technology on the therapeutic relationship, as well as the absence of theoretical evolution to guide practice decisions. This review makes an informed argument for the need to explore texting and texting behaviors between clients and clinicians, and to modify practice to meet practice needs in the digital era.

The Interpersonal and Clinical Implications of Mobile Texting

The purpose of this dissertation is to add to the depth of dialogue on mobile technology in psychotherapy literature, with specific focus on client-clinician texting in private psychotherapy practice. Texting utilizes a Short Message Service (SMS) that immediately and inexpensively transmits brief messages from one mobile phone to another (Boschen & Casey, 2008). Based on rapidly changing norms related to communication and expectations of availability in personal and professional relationships, client-clinician texting between scheduled sessions is becoming an increasing expectation and inevitably becoming more common. Clinicians are using mobile phones to manage private practices and are communicating with clients through text to conveniently and quickly handle administrative tasks as well as to provide clinical interventions (McMinn, Bearse, Heyne, Smithberger, & Erb, 2011; Sude, 2013). However, texting can also lead to more frequent, informal, and complex out-of-session communication. Texting raises questions about how to use and manage texting, potential threats to the therapeutic relationship, and concerns regarding ethics, billing, boundaries, and privacy (Luxton, McCann, Bush, Mishkind, & Reger, 2011; McMinn, et al., 2011; Mishna, Bogo, Root, Sawyer, & Khoury-Kassabri, 2012). In contrast, text exchanges can also offer the potential to provide unprecedented opportunities to inform diagnoses, strengthen the therapeutic alliance, and create optimal growth-promoting clinical experiences (Furber et al., 2011; Klasnja & Pratt, 2012).

The absence of conceptual frameworks, professional consensus, and empirical research on the use of texting presents clinical, ethical, and legal challenges that leave clients and therapists vulnerable to complications in therapy (Barak et al., 2009; Fantus & Mishna, 2013; Mattison, 2012). There is a need to conceptualize the clinical implications of texting in order for clinicians to make purposeful decisions when using it with clients. This is particularly true for dyads working in private practice settings where structures such as written protocols, guidelines,

and access to peer or clinical supervision are not as common as they may be in agency settings (Sude, 2013).

The Code of Ethics established by the National Association of Social Workers (NASW, 2008) recognizes the critical role of the therapeutic alliance, embraces the person-in-environment perspective, and the importance of starting where the client is. Social workers are also committed to awareness and responsiveness to social, political, and cultural trends, and are expected to contribute to the knowledge base of the profession. It is therefore responsible practice to understand the changing culture resulting from technology and to consider clients' increasing reliance on, and in many cases, preference for, this mode of communication. Digital culture in America necessitates consideration of the incorporation of texting by social workers, regardless of their personal preferences or levels of comfort with the technology.

Problem Statement

Much of the literature related to texting in social work and related fields is included under the broader framework "technology in clinical practice" or "technology-assisted psychotherapy." While there are similarities with other forms of electronic communication such as email or instant messaging, mobile texting offers distinguishing features that set it apart from other technologies. The pervasiveness and ubiquity of texting, as well as the ability to have synchronous interactions that mimic verbal conversations (Reid & Reid, 2004), have created paradigm shifts related to expectations of accessibility, interpersonal communication and the management of professional, social, and family lives (Ling, 2012). These paradigm shifts, which will be addressed at length in the literature review, present new challenges that existing literature does not address. As texting is becoming a primary means of communication, clinicians must recognize that the therapeutic relationship and classic clinical environment are not immune to the

changing norms in the new digital culture (Balick, 2012; Boschen, 2009; Sude, 2013; Zilberstein, 2015).

The current paradigm in mental health favors short-term and problem-focused therapy, such as cognitive behavioral therapy (CBT), where symptoms are addressed through interventions focusing on the identification of irrational thoughts, directed behavioral changes, and emotional regulation. As such, much of the empirical evidence related to texting in psychotherapy is based on interventions geared toward symptom reduction and improving healthy behaviors (Aguilera & Muñoz, 2011; Boschen & Casey, 2008; Epstein & Bequette, 2013; Fjeldsoe, Marshall, & Miller, 2009; Wei, Hollin & Kachnowski, 2010).

Davies (2014) noted that Christine Grounds, the clinical director of the Psychoanalytic Training Institute for Mental Health in New York, addressed technology and its impact on psychotherapy. She asserted that all interactions between client and clinician are a component of the therapeutic process, and the parameters of the therapeutic relationship are maintained through meeting at the same time and at the same place, with as few variables as possible. According to Grounds, any exchanges that occur outside of session can change the dynamics of the relationship. Using this logic, each time a text exchange occurs, whether administrative or clinical in nature, it is an out-of-session clinical encounter and must be considered in order to assess potential meaning or impact on the therapeutic relationship. Reamer (2013) also asserts that when clinicians text with clients, the texting content and the act of texting itself can “broaden the boundaries of the social worker-client relationship far beyond what has been customary throughout the profession’s history” (p. 13). Clients may assume that new cultural norms extend to the therapeutic relationship, creating challenges in negotiating appropriate relational interactions within the parameters of the professional relationship.

Mental health practitioners, particularly those who are more psychodynamically oriented, have expressed concerns about how communication technologies could create clinical problems related to transference, countertransference, client distortions, and defensive perceptions. As Zilberstein (2015) suggests, texting presents unanticipated challenges; disclosures made via SMS, frequency of text messages soliciting support, and even text messages that request confirmation of appointment times could have clinical meaning. They must be examined within the context of the client's diagnosis and demographics, as well as the clinician's theoretical orientation and the practice setting. Perhaps most important, they need to be considered within the context of the client-clinician relationship.

The NASW and Association of Social Work Boards collaboratively published *Standards for Technology and Social Work Practice* (NASW & ASWB, 2005), which acknowledges that technology has changed and affected the "nature of professional social work practice in countless ways" (p. 6), noting that social workers should familiarize themselves with policies, review professional literature, and "adapt traditional practice protocols to ensure competent and ethical practice" (p. 6). However, this document, published a decade ago, offers mostly vague conceptual recommendations, providing social workers with few clear guidelines regarding client-clinician texting (Barak, Klein & Proudfoot, 2009; Mattison, 2012).

The current paradigm in mental health favors short-term and problem-focused therapy, such as CBT, where symptoms are addressed through interventions focusing on the identification of irrational thoughts, directed behavioral changes, and emotional regulation. As such, much of the empirical evidence related to texting in psychotherapy is based on interventions geared toward symptom reduction and improving healthy behaviors (Aguilera & Muñoz, 2011; Boschen & Casey, 2008; Epstein & Bequette, 2013; Fjeldsoe et al., 2009; Wei et al. 2010). Literature dedicated solely to texting in clinical practice has been slow to evolve. Only a few conceptual or

empirical research articles outside of those focusing on CBT have examined the ways in which this technology affects the therapeutic relationship and treatment outcomes (see Evans, Davidson & Sicafuse, 2013; Furber et al., 2011; Graham, 2013). Literature addressing the use of texting in private practice is even more scarce (see Neimark, 2009; Sude, 2013). Clients and clinicians who engage in relational therapy explore maladaptive and healthy ways of relating to others. The therapeutic relationship is considered a primary catalyst for change where the client and clinician seek to revise internal self and object (mother or other) representations through the therapeutic relationship. The clinical dyad allows the client to establish a new template for relationships where revised attachment experiences occur. As such, the therapeutic relationship helps the client develop necessary skills to sustain healthier relationships, manage emotions, and improve self-esteem (Aron, 1996; Balick, 2012; Benjamin, 1990; Borden, 2000; Goldstein, Miehl & Ringel, 2009; Mitchell, 1988). The use of texting between sessions can create more out-of-session encounters, thereby expanding the clinical environment in an unprecedented manner. The changing norms in relational and communication expectations in the digital era have occurred so rapidly that theoretical evolution and empirical research is lagging, creating a greater propensity for clinical disruptions. There are gaps calling for adaptation of theories, modification of interventions, and empirical research to determine the impact of texting.

Method

The literature review informs social workers of the salient themes identified in the general texting literature including expectations of availability and responsiveness, coordination of face-to-face encounters, and the impact on self-development and interpersonal relationships. It is important for all psychotherapists, even those who currently have no intention of incorporating texting into practice, to at least understand the impact mobile texting is having on our individual and collective psyche (Brottman, 2012). The review also examines the current

uses of texting in psychotherapy, where empirical support and conceptual frameworks focus mainly on mobile-based or mobile-enhanced CBT, and demonstrates gaps in knowledge regarding the impact on the therapeutic relationship. Following a brief review of the importance of the working alliance and a synopsis of relational theory, a final section presents various ways technologies of the digital era are being conceptualized and impacting the therapeutic relationship. This review serves to inform thinking on how texting, as a separate, complex, and distinct form of telecommunication, can be integrated into psychotherapy, with particular emphasis on the therapeutic relationship. It also lays the foundation for an accompanying article, *Client-Clinician Texting in Relational Psychotherapy: An Expansion of the Clinical Holding Environment*, which applies relational theory as a framework for interpreting texts and making practice decisions.

While empirical research and conceptual articles related to the use of other forms of technology in psychotherapy are abundant, conducting a critical literature review of client-clinician texting in psychotherapy was a challenging process because articles dedicated *solely* to the topic of texting, with the exception of CBT, are almost non-existent. The dearth of research available required extensive perusal of related literature in order to find information that dedicates even a few sentences or paragraphs to texting. Literature for this review has been gathered from peer-reviewed journals, doctoral dissertations, edited books, and research center databases deemed “reputable,” based on the rigor of the research methods. Searches were conducted through Google Scholar, PsycINFO, EBSCO, ProQuest Dissertation and Theses, and Social Work Abstracts. In addition, references used in the articles have been examined to ensure the inclusion of major works. In the U.S., the greatest surge in texting occurred between 2006 and 2008, coinciding with the introduction of the smartphone, where the number of sent text messages

increased 450% (Nielsonwire, 2008). Therefore, articles published after this surge have been a primary focus.

Cultural Paradigm Shifts

Mobile phone technology has been the most rapidly diffused technology in the history of the world (International Telecommunication Union, 2009; Ling, 2012), becoming almost universal while landlines are rapidly becoming obsolete (Boschen, 2009). There has been an explosion in the use of text messaging among all age groups in America in the last 10 years. In 1995, mobile phone users sent an average of four messages per month, increasing to 21 texts per month by 2005. As of 2013, the average user was sending 41.5 messages *per day*, and the average young adult was sending roughly 100 texts per day (Pew Research Center, 2013).

Texting is a relatively inexpensive, simple, and quick way to communicate and has become an integral aspect of American culture, as well as of other cultures across the globe (Pettigrew, 2009). While often conceived as a phenomenon among teenagers or young adults, research shows that approximately 90% of American adults and 80% of American youth own mobile devices. Eighty percent of cell phone users text, making texting one of the most popular and frequently used mobile features (Pew Research Center, 2014a).

Unlike other communication devices, mobile phones are small and portable; more often than not, they are held in one's hands, physically attached to the body, or placed in very close proximity to the owner. While the texting phenomenon has not existed long enough to fully understand the long-term implications, researchers are beginning to understand the socio-cultural impact. The technology has created paradigm shifts where there is much more frequent communication in relationships and where perpetual availability has become a reciprocal expectation. It has changed how coordination (or hyper-coordination) of social, familial, and professional lives occurs (Ling & Yttri, 2002).

Smartphones are mobile phones that offer Internet connectivity, which allows for email, chat, and video reception, and include accessories such as calculators, alarm clocks, cameras, and global positioning systems (GPS). They feature calendars capable of synchronizing to home and office computers, helping to avoid scheduling conflicts. They are capable of running mobile applications or “apps” downloaded to the phone for easy access to specific programs or websites (Epstein & Bequette, 2013). Graham (2013) argues that smartphones have become part of the psyche, keeping individuals or groups constantly available and embedded in interactions. In addition to providing mobility of entertainment, social networking, perpetual connection, and immediate access to information, they also offer the opportunity to work from anywhere and at any time. They have therefore also been embraced in the workforce, restructuring communication with employers, colleagues, and consumers (Adkins & Premeaux, 2014; Ling, 2012). Because they conveniently serve so many functions, smartphones increasingly offer the ability to centralize coordination of activities and interactions in personal and professional lives (Ling, 2012). This is especially true for “digital natives,” or those who were born after 1980, who depend on technology to manage their daily lives (Palfrey & Gasser, 2008). In fact, the Pew Research Center (2012) utilized a tracking survey method to gather data from adults ($N = 2,254$) in order to determine the extent of this dependence. Approximately 60% of Americans between 18 and 34 years of age sleep with their phones next to them, and almost 70% check their phones for messages even when they do not ring or vibrate, just to make sure a call, alert, or text is not missed. This research lends credence to Graham’s notion of the mobile phone being a part of the psyche. For younger clients and a new generation of social workers just entering the profession, many of whom text over 100 times per day (Pew Research Center, 2013), texting in the clinical environment may seem very natural and comfortable.

Laptop computers offer the ability to do almost everything a mobile phone does, including text; however, smartphones are distinct due to their small size, offering greater portability and more privacy in communication, and result in their omnipresence. This offers the ability to communicate while literally moving physically throughout the day, to connect with others between and during activities, and even to simultaneously interact with various people at once, or while in the presence of others. The personal nature of this technology that accompanies individuals, even into the restroom or while on a date, for instance, makes the mobile phone a cultural artifact that knows no bounds and is a very personalized extension of the self (Campbell & Park, 2008; Gant & Kiesler, 2002).

Restructuring Communication and Coordination

Ling (2012) describes a new logic and structure behind coordination and interpersonal interactions emerging in American society. Exchanging landlines with mobile phones has changed the process of calling a location to directly calling or texting a person. Because smartphones serve so many functions, they are centralizing the management and coordination of personal, social, and family lives. Mobile phones are also customized to meet individual needs, often containing a great deal of personal and private content such as phone numbers, financial information, photographs, private text messages, and calendars. Smartphones are used to seek information on the Internet or to interact personally and professionally with others. As a result, they have become integral and essential parts of our lives (Klasnja & Pratt, 2012; Ling, 2012).

Katz and Aakhus (2002) were among the early authors to recognize that the mobile phone has created changes in traditional relational dynamics and interactions. The portable and omnipresent phone encourages perpetual contact and micro-coordination, leaving face-to-face meetings vague and schedules “softened,” progressively becoming more refined and adjusted based on events (e.g., getting stuck late at work, heavy traffic, or last minute requests by

children). Changing and revising plans occur more frequently, and last-minute changes or cancellations of scheduled engagements are becoming more socially acceptable (Ling, 2012). Ling and Yttri (2002) note that such constant revisions can lead to excessive texting, or micro-coordination, since arrangements to meet are becoming more based on moment-to-moment circumstance than on pre-determined time and physical location. Such behavior can lead to increased stress and uncertainty; however, attempts to limit mobile phone attachment in a mobile-dependent society can create even greater anxiety. Smartphones have become so central that for many individuals, having separate phones for work and personal life is inconvenient, expensive, confusing, and contrary to the logic of centralized management of life. As a result, many people have adopted a universal phone for both work and personal life management (Adkins & Premeaux, 2014).

Reciprocal Expectation of Use

When first introduced to the public, most people had no real need for mobile phones since telecommunication still occurred mostly on landlines. By 2000, cellular phones became more pervasive in American culture, reaching a 50% ownership rate. While becoming more common, it was not until the introduction of the smartphone that ownership sharply rose to almost 80% (Pew Research Center, 2014b). As Ling (2012) argues, the use of smartphone technology rearranged the “social landscape of communication” (p. 155), quickly reaching a point of reciprocal expectation where members of society have come to expect non-users to adopt the technology. An individual’s refusal to carry a mobile phone or conform to new communication expectations, such as perpetual availability, is regarded negatively. Such behavior has become indicative of an individual’s status as not modern enough, or, in some cases, even eccentric.

Communication technologies in general have integrated home and professional spheres, offering the advantage of flexibility in work schedules and locations. However, this flexibility can also be a gateway to disadvantages as well, including intrusiveness and higher expectations by employers and consumers. Expectations to work when outside of the office and beyond business hours have become informal norms in many work environments, thus creating boundary issues in employment relationships (Adkins & Premeaux, 2014).

Mobile texting has also changed communication and coordination in families. Partners or children are contacted directly through text as a means for keeping track of comings and goings, planning meal times, making arrangements for picking up and dropping off children, or letting other family members know of changes in location or last-minute adjustments to plans. Possession of a mobile device has become so essential that not using one can put a person outside the circle of major events not only at school, work, and with friends, but also within the family (Ling, 2012).

Constant Connectedness and Boundaries

According to a dialectical framework, relationships consist of naturally occurring, ongoing negotiations, and collaborations in finding balance between contradictory desires. For example, within the dependence-independence dialectic, increased relationship dependence is in conflict with a desire to be free of obligation. Typical tensions and ongoing negotiations keep relationships challenging and vibrant (Baxter & Braithwaite, 2007). Hall and Baym (2012) recruited 247 participants from a public university to complete an online survey to examine the impact texting has on dialectical tensions and negotiation processes. Findings suggest that the use of texting for routine maintenance of friendships can lead to stronger connectedness, attachment, and dependence or, conversely, lead to feelings of overdependence, dissatisfaction, and entrapment. Other research suggests that the ubiquitous nature of texting is viewed as an

advantage in the maintenance of relationships, yet the “24/7 connectedness” often feels simultaneously intrusive. While texting allows users to feel a stronger sense of connectedness, it also can create a sense of being on a “mobile leash,” with a reduced sense of autonomy and separateness (Pettigrew, 2009).

Before the explosion of mobile technology, when a call to someone resulted in an inability to connect, typically one would try to call back later, leave a message with a family member or co-worker, or leave a voicemail message, expecting a return call at the receiver’s earliest convenience. However, with mobile phones, which are typically always turned on and carried or within close proximity to the owner, an immediate response to a text message is a common expectation (Coyne, Stockdale, Busby, Iverson, & Grant, 2011).

Matusik and Mickel (2011) refer to the expectation of checking all messages and responding no matter the time or day as “accessibility-responsiveness pressure” (p. 102). While recruitment methods are not reported in the study, 54 chief executive officers, senior vice-presidents, directors, consultants, and managers from various U.S. cities participated in semi-structured qualitative interviews that examined experiences and reactions to this pressure. Almost 80% reported that, unlike email or landline phone calls, it was unacceptable to respond to mobile calls or texts outside of a one to two hour window. One participant reported that owning a smartphone was synonymous with being “on call” at all times. However, most participants identified themselves as the source of these expectations, checking their phones, even before getting out of bed in the morning, for any potential messages that warrant an immediate response. They reported that this pressure ultimately helps to manage workload, ease anxieties, and conduct business quickly and efficiently.

Privacy and Informal Communication

Bryant, Sanders-Jackson, and Smallwood (2006) note that texting decreases privacy and loosens social boundaries. Texting often occurs in real time while managing day-to-day activities. As such, more information is revealed while other texters virtually “accompany” individuals throughout the day by remaining in continuous interaction, inadvertently divulging movements and activities. For example, texting behaviors, such as frequency, whether texting takes place in the presence of others, and the degree to which one allows work-related messaging to intrude upon personal time, can reveal aspects of personality or personal life. If a parent texts with a friend while sitting at a child’s baseball game, it may appear to others that the parent is indifferent to the child’s activities. The potential for drawing erroneous conclusions based on perceived behaviors is tremendous.

Texting also tends to increase the frequency and pace of small talk. Rapid fire and fast-paced, witty bantering often occurs through text communication. This is viewed as a benefit to many people, particularly teenagers, when getting to know each other. Research shows that some individuals find it easier to get to know someone via text, where both parties seem to experience more comfort without worrying about awkward pauses or social discomfort. Texting is also viewed as a much more informal type of communication (Bryant et al., 2006).

True-Self Revelation and Disinhibition

Bryant et al. (2006) found that 42% of adolescents who answered a questionnaire about their various uses of technology said they would text something that they could not say in person. Reid and Reid (2004) also explored the personality differences, underlying motivation, gains, and patterns of communication between individuals who preferred texting and individuals who preferred live voice calls. Based on the results of a 143-question online questionnaire given to men and women, ages 12 to 67 ($N = 1073$), participants were identified as either “texters” or

“talkers. Texters were found to be lonelier and more socially anxious; they also sent double the number of texts and made half the number of voice calls as talkers. Therefore, texting could serve a significant purpose in managing isolation and loneliness among those individuals who prefer texting. Respondents were asked several questions related to what they considered their “real-me.” Texters reported that they present their real self and real feelings better through texting than through face-to-face interactions. Texters spent more time editing and rewording, indicating careful attention to presentation of self. They relied upon texting to develop new relationships and deepen intimate social contact in existing ones; they reported saying things through text that they would not feel comfortable saying face-to-face. The researchers concluded that texters present a different self via text than the self that is familiar to friends and family. The authors concluded that something about texting allows certain people to translate loneliness into productive relationships where they are free to be themselves; this sense of freedom could be related to the social anxiety. The lack of visual and auditory senses in text messaging could create a higher level of comfort and diminish inhibitions. This reality points to the need to further understand the potential opportunity of using texting for real self expression, as well as to understand the impact on treatment outcomes.

Suler (2004) discusses the notion of the “online disinhibition effect,” where people disclose deeper and more intimate details about emotions, fears, and hopes, while communicating online or in non-traditional clinical settings where visual contact is absent. He also notes that invisibility and anonymity intensify disinhibition, allowing individuals to minimize the impact of judgment by another, thus reducing chances of rejection or disapproval. It has yet to be determined whether certain individuals are more drawn to digital communication or whether disclosures via digital communication are easier for the general population.

Client-Clinician Texting

Text messaging systems have the potential to be a worldwide, universally accessible method of delivering health interventions. Automated text message systems have been used in health interventions for over a decade (Klasnja & Pratt, 2012). In a systematic review of studies published between 1990 and 2008, Fjeldsoe et al. (2009) assessed changes in health behaviors that used SMS as the primary intervention. The authors found that interventions delivered via text had significant and positive results in 13 out of 14 interventions. Studies have shown improvement in behaviors related to weight loss (Patrick et al., 2009), obesity (Kim & Kim, 2008), and drinking (Campbell & Kelley, 2008).

Clients are increasingly seeking technology-based services to augment or even replace traditional face-to-face therapy (Barak et al., 2009; Mishna et al., 2012). Cognitive behavioral therapists are embracing mobile technology, thus leading the mental health profession in research and practical designs of text-based or text-enhanced behavioral interventions (Boschen & Casey, 2008; Fjeldsoe et al., 2009; Zilberstein, 2015). Texting in “real time” can more accurately track symptoms, rather than relying on clients’ retrospective verbal accounts (Luxton et al., 2011). It can also be used to remind clients of homework tasks, medication, or appointments, and, based on the sophistication of software, provide clients with in-situ automated feedback about how to utilize coping skills (Boschen, 2009).

Mobile texting allows clinicians and clients to quickly and conveniently handle administrative tasks such as scheduling, rescheduling, and cancelling appointments without engaging in time-consuming phone conversations. It allows clients to electronically track moods, thoughts, or degree of symptoms; text messages can also be used to remind clients of upcoming appointments and homework assignments, or to support medication compliance (Epstein & Bequette, 2013).

Two quasi-experimental mental health studies examined the effects of text message reminders. In 2009, four community mental health centers (CMHC) in London explored the feasibility and efficacy of text message reminders to improve attendance. They experienced a 28% reduction in missed appointments when compared to a control group that received no reminders; the same CMHCs repeated the experiment a year later and found similar results (Sims et al., 2012). Branson, Clemmey, and Mukherjee (2013) employed a similar system with a small sample ($N = 48$) of low-income adolescents attending an outpatient therapy program. Attendance increased by 16% when compared to a historic control group. These preliminary findings demonstrate the need for further inquiry. In follow-up interviews, several adolescents anecdotally expressed a desire to be able to have two-way communication with therapists, and almost all participants expressed enthusiasm about the project. While texts were deemed helpful in improving attendance rates, it is possible that the text reminders also increased attendance because clients experienced a greater sense of being cared about by their therapists between sessions, demonstrating concern about whether they attended their next session.

Aguilera and Muñoz (2011) also conducted a feasibility study ($N = 12$) involving automated text messages as an adjunct to CBT for depressed low-income clients. The texts were specifically geared to increase homework completion, improve self-awareness and self-efficacy, track progress, and strengthen the therapeutic alliance. The text messages were designed to correspond with the overall goals of the standardized CBT program; texts were sent inquiring about mood, thoughts, activities, contacts, and physical activity. The 65% response rate and positive feedback from the participants create further justification for investigating the potential use of this cost-effective intervention as a way to improve treatment outcomes.

Current research into mobile phone use in psychotherapy is beginning to demonstrate that this technology can be effectively used as a tool for assessing and treating some mental health

issues in sample populations (Boschen, 2009; Epstein & Bequette, 2013). However, many of the studies are symptom-targeted CBT interventions that require the use of expensive and sophisticated software systems. Such studies may be less applicable to individuals in private practice. Klasnja and Pratt (2012) do, however, suggest that there is value in reviewing studies about the use of mobile technology in healthcare, regardless of theoretical orientation, in order to examine possibilities for incorporating parts of existing interventions, generate innovative interventions, and review legal and ethical issues identified in the literature.

Wei et al. (2010) conducted a meta-analysis on the use of texting in healthy behavioral change interventions. Their search for articles that used texting as a sole intervention, published in peer-reviewed journals between January 2000 and December 2009, resulted in an examination of 24 studies, 16 of which were randomized control trials (RCTs). Studies related to text interventions in diabetes management, medication adherence, smoking cessation, and weight loss were among the behavioral changes assessed. Ten of the 16 RCTs reported significant changes, and the remaining six demonstrated probable changes. Overall, the remaining studies demonstrated enough efficacy regarding texting as an intervention tool to warrant further investigation.

Outside of CBT interventions, a pilot crisis line—introduced as the Text Today System—allowing the capacity to accept text messages was offered to teenagers in an attempt to increase help-seeking behaviors among study participants. The results of this study were examined by an independent multi-method evaluation of the program to determine its effectiveness. Teens were offered the opportunity to engage in support-directed synchronous text communication, a communication medium preferred by many teens. The service increased youth help-seeking behavior; teens sought support for such issues as interpersonal problems, mental health, substance abuse, assault, violence, and sexual identity. Teens reported that the option to text, as

opposed to talk, increased the likelihood that they, or others, might reach out for support when in crisis (Evans et al., 2013). Carlton County, Minnesota, adopted a similar texting system, known as TXT 4 Life. Prior to utilizing a texting system, the Carlton County Center received approximately three calls per month from teens; however, following the institution of the system, over 160 young adults texted, averaging three texts per day (Hollingsworth, 2012).

Youthlink, a youth outreach mental health program in Australia, has allowed clients direct access to their therapists via call or text over the past eight years. Furber et al. (2011) attempted to study the appropriateness of the texted interactions between sessions in this program by collecting and analyzing text messages over a seven-month period. Categories of content and frequency were created through coding over 900 messages from 80 text conversations. Furber et al. found that approximately 75% of the conversations initiated by clinicians were related to the coordination of appointments, 10% were related to information about treatment and services or actions taken by the clinician, and another 10% were identified as “generic conversation (e.g., well wishes, check-ins, congratulations)” (p. 114). Comparatively, 60% of the conversations initiated by clients were related to appointments, while 15% shared personal information such as current feelings or situations; generic conversation comprised another 15%, and the remaining messages were broken down into small, miscellaneous categories (e.g., formal introductions, non-appointment related queries, expression of empathy). Of all the texts, only 2% of client-initiated contact was considered “inappropriate,” falling outside of the contracted parameters of use (i.e., texts threatening self-harm and texts sent by clients when under the influence of drugs or alcohol). Despite concern about the inappropriateness of increased accessibility, the use of texting, according to the therapists in the Furber et al. study, “helped to improve initial engagement and retention, provided a less confrontational way to monitor clients between contacts, and is particularly useful for scheduling

contacts such as telephone calls, home visits, and appointments” (p. 114). The scheduling of appointments could also be a reflection of micro-coordination. As such, traditional methods of arranging appointments may be changing, resulting in increased cancellations and modifications to appointments, the elimination of standing appointments, and excessive contact between sessions.

Through interviews and focus group discussions with 15 direct-practice social workers, Mishna et al. (2012) more recently explored the perceived implications of electronic communication in clinical practice. Every contributor possessed an MSW degree and worked directly with agency clients or in private practice. The majority of participants worked in social service agencies. A considerable number of clinicians also had a small private practice, and a slight sector practiced exclusively in private practice. Fields of practice for the participants included child and family service, education, health and mental health arenas. A number of the participants also supported the social work practice principle of “starting where a client is” as a motivation to pursue client-driven utilization of telecommunication. Mishna et al. (2012) assert that technology has “crept” into social work practice, and that the use of online communication with traditional face-to-face clients has inevitably become part of the therapeutic alliance. They emphasize that telecommunication has “dramatically impacted traditional social work practice in clinical, practical, ethical, and legal ways...it’s not realistic for a practitioner, an agency, or anybody to say ‘we’re not going to do it’” (p. 280). Respondents reported that therapy has become more client-driven, with clients more frequently initiating contact between sessions. Other clinicians noted that the use of email and texting has been like opening a Pandora’s box, leading to blurred boundaries, unexpected challenges, and ethical grey zones. Using email for scheduling appointments has altered the tradition of client-clinician interactions occurring only during fixed appointment times. Clinicians stated that while the intended purpose of the emails

was to simply arrange appointments, they were not prepared for the complex situations that arose, such as expressions of suicidal ideation communicated through email. Participants also reported that once they responded to electronic communication, it was difficult to go back and re-establish boundaries that excluded this type of interaction, if the therapist determined it was not clinically appropriate. Ultimately, this study demonstrates how unprepared many clinicians feel when faced with technology in practice and the dire need for clear standards of ethics and practice relating to cyber communication. Concern over absent organizational policies and a social work code of ethics regarding managing professional cyber communication behavior and boundaries, confidentiality and disclosure, and maintenance of records (i.e., tracking cyber communications and text messaging) was observed and identified by participants of this study. While the researchers focused more on email communication, similar issues also exist with regard to text communication. In fact, given the ubiquity and rapid diffusion of texting, it is likely to have an even more significant impact on the therapeutic relationship and treatment outcomes than email.

A similar study focusing on the use of email communication, surveyed direct practice social workers from 28 human service agencies in Pennsylvania (Finn, 2006). Using convenience sampling, Likert-style questionnaires were distributed to 500 social workers by MSW students and interns working at the participating agencies. The resulting sample included 384 participants. Whether the participants used agency email accounts versus private email addresses is unclear; however, of the respondents who did use email, almost 76% of the social workers reported that they used email at work, and approximately 25% of those stated they used their home email for work-related purposes. Of those who accessed email at work, about 90% had used their own agency email address while the others used a general agency address. Approximately 60% of the participants believed it was ethical to use email communication, 50%

believed email addresses should be given to clients, and approximately 30% had used email to provide information or handle administrative issues with clients. Forty-percent reported that clients responded more openly through email exchanges; however, 60% thought email communication added to their workload. It is important to note that less than one third of the Finn study participants had received any training on emailing in practice. This study addresses email rather than texting; however, it suggests that electronic communication may increase workload for therapists, that there is a lack of professional consensus on what is considered ethical or appropriate, and guidance in the field has been grossly neglected.

It seems that many practitioners have resigned themselves to—if not embraced—the reality, whether they like it or not, that the clinical environment is not immune to the changing culture of the digital era and that incorporation on some level is necessary to remain current. In discussing implications of technology in clinical social work practice, Mishna et al. (2012) remark, “There has been a significant increase in the use of cyber-communication.... [yet] there is a dearth of research on online communication such as texting or email entering or ‘creeping’ into traditional face-to-face social work clinical practice” (p. 278). There are also ongoing debates about which clients can benefit from various types of technology-based interventions and with which client populations such interventions may be contraindicated (Zilberstein, 2015).

The Therapeutic Alliance and Relational Theory

The first two sections of this literature review presented information on the changing norms and expectations resulting from text communication and mobile phone features, as well as the research on the use of texting in clinical practice. However, the empirical research has focused mostly on the use of texting as an adjunctive tool to CBT and other symptom-reduction interventions. The absence of literature focusing on the effect of texting in the therapeutic alliance is evident. This section begins with a discussion about the importance of the

relationship in psychotherapy and provides a brief overview of the most salient literature related to the various elements of the working alliance. After a brief overview of the major constructs of relational theory is presented, an argument for using a relational framework to examine texting in the therapeutic alliance is made.

Importance of the Working Alliance

Research has consistently provided evidence that a strong working alliance between the client and therapist is a powerful predictor of treatment outcomes (Cooper, 2004; Flückiger, Wampold, Symonds, & Horvath, 2012; Horvath, Del Re, Flückiger, & Symonds, 2011; Martin, Garske & Davis, 2000; Norcross & Lambert, 2011). Thousands of studies have shown that most patients who enter therapy show positive outcomes (Norcross & Lambert, 2011), regardless of disorders and treatment modalities. Research suggests that multiple factors account for success, including the client's motivation, the treatment modality, the psychotherapist's skill, and the relationship between the therapist and the client (Norcross & Lambert, 2011; Flückiger et al., 2012). According to the findings of meta-analysis research by Norcross and Wampold (2011), a strong working alliance, empathy, goal agreement, collection of client feedback, genuineness, ability to repair therapeutic ruptures, and the management of countertransference are strong or at least promising predictors.

A task force of the American Psychological Association Division of Psychotherapy conducted one of the largest reviews examining the therapeutic relationship (Norcross, 2002). The 400-page report concluded that the quality and strength of the working alliance makes a “substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment...[and] efforts to promulgate practice guidelines or evidence-based lists of effective psychotherapy without including the therapy relationship are seriously incomplete and potentially misleading on both clinical and empirical grounds” (Norcross, 2002, p. 441). A

curious finding, however, was that the correlation between the treatment outcome and strength of the alliance was as strong in non-relational approaches to therapy (i.e., CBT and solution focused therapy) as in relational therapy. This finding suggests that relational therapy does not necessarily create a stronger working alliance; rather specific variables in the therapeutic relationship including empathy, genuineness, agreement on goals, subjectivity, consistency, and the ability to repair ruptures account for treatment success or failure (Cooper, 2004; Norcross & Lambert, 2011). Relational therapists place great emphasis on the working alliance. Research related to the working alliance demonstrates that it may not necessarily be the principles and constructs of therapy that make it successful or unsuccessful, but rather how well the therapist practices the principles of relational therapy. The research also lends credence to Horowitz's (1998) assertion that social work has been ahead of its time for the last 80 years by placing such great emphasis on the working alliance.

Relational Theory

According to Mitchell (1988), contemporary relational theory is not necessarily a single theory, but rather a psychoanalytic evolution and merger of object relations and interpersonal theories, with influences from self-psychology. While relational therapies have not formally integrated into one theory, and each has distinct features, they share in the fundamental principle that the therapeutic relationship is a primary catalyst for change and share the assumption that a developmental predisposition to form attachments reaches far beyond physical and evolutionary survival. Innate needs for touch, love, interaction, and responsiveness exist at birth (Bowlby, 1988; Brandell & Ringel, 2004). Neuropsychology and developmental research on attachment and infancy have also provided empirical support for the notion that the first relationship with a primary caretaker lays the foundation for the development of the self. Early attachment experiences have a critical and lifelong impact on developmental issues such as inner object and

self-representations, cohesiveness of identity, ability to regulate affective states, and future relational expectations (Beebe & Lachmann, 2003; Fonagy, 2001; Schore, 2012; Tronick, 1989). As such, the self is co-constructed within a matrix of intersubjective experiences, patterns of relational interactions, and social and cultural influences that can form life-long models for relating to others (Aron, 1996; Benjamin, 1990; Borden, 2000; Goldstein, Miehl & Ringel, 2009; Mitchell, 1988). Relational concepts, including the co-construction of self, Winnicott's holding environment, the transitional object, subjectivity and mutuality, and transference, countertransference and enactments are presented below.

Co-constructed self. Object relations and attachment theorists such as Winnicott, Klein, Abrams, Fairbairn, and Bowlby, along with the interpersonal perspectives of Sullivan, Horney, and Fromm, were among the first to identify the potential for self-development through early attachment experiences with the mother (the object). Mahler also presented her separation-individuation model, suggesting that the mother and child are in a symbiotic attached state from which the self evolves. However, more recent studies from infancy research suggest that a rudimentary sense of self exists at birth (Brandell & Ringel, 2004). The development of self is experience-dependent and will continue to evolve and emerge as an outcome of attuned attachment to the caretaker. Developmental theories are increasingly supporting the notion of self-with-other development, where the self is co-constructed through interactions and relational attachment experiences (Goldstein et al., 2009).

Self-representations and object-representations are formed when an infant takes in or internalizes experiences with others that then become structures through which individuals come to view themselves and others (Goldstein et al., 2009). Chaos, trauma, or neglect during early childhood caregiving can lead to the internalization of partial representations, where distorted

views of self and others develop and become the source of many psychological disorders (Borden, 2000; Deyoung, 2015; Mitchell, 1988).

Attachment. Neuroscience has informed developmental theories, providing scientific support for the recognition of the powerful impact of early attachment experiences. Schore and Schore (2008) note, “the essential task of the first year of human life is the creation of a secure attachment bond of emotional communication between the infant and the primary caregiver” (p. 11). Affective communications occur when a psycho-biologically attuned mother can appraise the infant’s positive and negative states through nonverbal cues such as facial expressions, shifts in posture, gestures, and noises (Schore, 2012). When she can accurately assess the infant’s emotional needs, she can enter into a dyadic co-regulation of the developing nervous system (Schore & Schore, 2008). During these moments of interactive attunement, evidence shows that neurons fire and trigger the release of various pleasurable hormones and neurotransmitters such as oxytocin, serotonin, or endorphins in response to emotional expression in the mother’s face or tone of voice, which in turn, create similar neural responses in the mother’s brain. The co-regulatory process of affect regulation, synchronous attunement, neural reactivity, and interactive repair form the basis for attachment and provide a template for future relationships (Beebe & Lachmann, 2003; Schore, 2012; Stern, 2004). The quality of these early attachment experiences significantly influences development, as predicted by theorists for over a century (Freud, 1914/1957). With advances in technology that allow for neuroimaging, there is greater ability to develop and expand understanding of the physiology of attachment during early childhood when the brain is at peak neuroplasticity. Relational and environmental experiences build neural networks and pathways that allow for the child’s ability to comprehend and regulate affects, cognitions, and behaviors, and ultimately form an integrated sense of self (Schore, 2012).

Subjectivity and self-disclosure. Therapist subjectivity involves real emotional reactions and the inability to hide true thoughts, feelings, and opinions within the therapeutic alliance. As such, self-disclosure of subjective experiences can be an extremely valuable tool in therapy; in fact, a failure to reveal true reactions could be troublesome in certain situations where there is inconsistency between a therapist's verbal remarks and nonverbal cues, especially for clients who already struggle with trust or distortions. However, such disclosures must be painstakingly considered, preferably discussed with colleagues or supervisors, carefully executed, and used only when there is a strong likelihood of value to the client (Aron, 1996; Goldstein et al., 2009).

Transference, countertransference and enactments. The therapeutic alliance in psychotherapy involves two psyches that are always interacting and mutually influencing each other. Therefore, the client alone is not the unit of study, but rather, the therapeutic relationship itself, and how each member of the dyad is affecting the other (Berzoff, Flanagan, & Hertz, 2011). As a result, transference and countertransference cannot be understood separately, but must be mutually understood and in a constant interactional dance, making relational enactments inevitable. The client does not just project representations onto an objective *tabula rasa*, as considered the case in early analytic work. While these projections are present, the therapist's subjectivity, experiences, and modes of interacting create unique relational dynamics. Impingements or ruptures within the therapeutic relationship occur continuously. Such ruptures can provide growth-promoting opportunities to help construct new and transformative patterns of relating to others and offer powerful reparative relational experiences (Goldstein et al., 2009).

In psychotherapy, clients often unconsciously interact in ways that recreate these early templates, repeatedly eliciting responses from others that reinforce maladaptive distortions and subsequent behaviors that partially perpetuate the object representations (Goldstein et al., 2009;

Mitchell, 1988). Great emphasis is placed on transference, counter-transference, and enactments in relational psychotherapy to help create whole object relations and integrated views of the self and others (Balick, 2012; Borden, 2000; Deyoung, 2015).

Winnicottian Constructs

British object relations theorist Donald Winnicott coined the term “true self” to identify the “inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and personal body scheme” (Winnicott, 1960b, p. 46). A true self is one who is authentic, able to identify and express needs, and control impulses while feeling alive and able to connect with others in a mutually gratifying way. He proposed that when the infant’s needs are not met or the environment is overwhelming, threatening, or under stimulating, the child often becomes attuned to the mother, finding ways to gratify her in order to gain her love and avoid her rejection, rather than the mother being attuned to the child. Such failures to meet the child’s needs result in the development of defenses by the child to create protection from the emotional pain of these interpersonal experiences. Part of this defensive system could be the adaptive development of a “false self,” where true development is hindered, lacking spontaneity, often becoming socially compliant and unable to feel alive, playful, or creative (Applegate & Bonovitz, 1995; Winnicott, 1960b). One of the most critical goals in therapy is to create a therapeutic relationship that can provide reparative experiences that will allow the repressed true self to emerge from the unconscious through empathic attunement to the client’s needs (Flanagan, 2011).

Winnicott, along with his contemporaries in the 1940s, 1950s, and 1960s, created a bridge between intra-psychic self-development and early caregiving experiences (Borden, 2000) and can be considered one of the early contributors to what has evolved into a relational perspective. He made invaluable contributions to psychotherapy when he introduced his concept

of the “holding environment” (Applegate, 1997, 2000). Through psychological and physical holding, the “good-enough mother” is highly attuned to the infant, attending to all physical and emotional discomfort. He suggested that this attunement begins when a mother becomes intensely preoccupied and blissfully attached to her child (Winnicott, 1956). Winnicott (1971) used the term “handling” to describe the physical micro-interactions that help regulate a child’s affective and physical states, providing protection from environmental and interpersonal impingements.

In this early maternal holding environment, optimally, the mother’s responsiveness to the infant’s needs is immediate and gratifying. When hungry, the infant is immediately presented with a breast or bottle; when a diaper is wet, it is immediately changed. However, with her child’s increased self-sufficiency, the mother becomes less readily available, and the child experiences frustrations. Healthy attachment forms through a balance of maternal gratification experiences and maternal “failures.” Such failures gradually help the child to build tolerance for frustration with the mother who is less responsive, able to set limits, and ultimately allowing for the internalization of these interactions, thereby creating stable mental self and object representations that lay the foundation for an integrated self (Winnicott, 1960b). These failures also push the child toward independence and allow for rudimentary experiences with mutual recognition that the child and mother are two separate individuals, each with individual needs and wants (Benjamin, 1995).

Holding. Winnicott applied these concepts to psychotherapy, where the “good enough” therapist acts as an optimal catalyst for change in the clinical holding environment. Clinical holding begins when the therapist becomes preoccupied with the client, thoroughly assessing the physical, interpersonal, and intra-psychic dimensions of the client’s world while building trust through empathy, attunement, and attentiveness. Particular attention is paid to how the client

relates and responds to the clinician (Applegate & Bonovitz, 1995). Empathy, rapport, mutuality, and the establishment of a safe clinical environment have always been defining features of social workers; the “co-creation of the attachment relationship between the empathic social worker and client has also been seen as the *sine qua non* of clinical practice, and respect for the individual is, and always has been, paramount” (Schore & Schore, 2008, p. 10).

Applegate and Bonovitz (1995) noted that Winnicott was concerned with well-intentioned social workers oversimplifying his theory, assuming the role of parent, and diminishing the importance of self-determination. He argued that clients who have experienced significant childhood deprivation are in need of therapists who are well trained, have a strong ability to identify transference and countertransference and can tolerate clients who induce intense feelings in them without retaliating.

Handling. Another aspect of the holding environment that Winnicott (1956) introduced is “handling.” Handling of an infant involves the physical touching and manipulating of the infant’s body. It includes the bathing, changing, dressing, and cradling of the external infant’s body, allowing the child to experience the limits of his own physical functioning and to acquire a sense of the physical self. Applegate and Bonovitz (1995) discussed the clinical application of handling, where the boundaries of the therapeutic relationship are contained in the holding environment. Handling involves clear understandings of policies, fees, and expectations of the relationship. Reliable attendance, timeliness for appointments, and respect for the therapeutic hour provide structures that help maintain continuity and consistency in the relationship. Clinicians should pay attention to cancellations, lateness, boundary violations, or any other changes in the established parameters, as these behaviors could carry meaning. For example, a client’s cancellation of an appointment could be an attempt to test the strength and durability of the therapeutic relationship. In contrast, it could be a reflection of the increased social

acceptance of modifications and cancellations of scheduled engagements. Therapists must understand and keep pace with rapidly changing norms of the digital revolution and find a balance between flexibility and boundaries when handling the parameters of the clinical relationship.

The transitional object. Winnicott's concept of the "transitional object" and phenomena may be one of the most well-known contributions to psychoanalytic theory (Applegate & Bonovitz, 1995). As the child develops and begins transitioning from complete dependency to a sense of oneness, a recognition of the gap between the "me" and the "not-me" develops, creating the potential for feelings of loneliness, stress, or anxiety throughout the transition (Winnicott, 1953). Winnicott (1971) offered the notion of the infant's creative and selective use of a transitional object, such as a favorite blanket or teddy bear that the child adopts and embraces to help soothe frustration and anxiety over not having needs met instantly by a periodically absent caregiver. The transitional object demonstrates the child's ability to create a mental representation of a gratifying mother that enables the child to tolerate the absence of the mother while still maintaining a sense of security and attachment to her. He explained, "The [transitional] object represents the infant's transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and separate" (Winnicott, 1971, pp. 14-15).

Clients often find ways to connect to the therapist by using transitional objects in a variety of concrete and symbolic ways throughout various phases in therapy. Metaphorical holding during times of separation is sometimes needed between sessions. In the process of internalizing the therapeutic relationship, the transitional object can be a useful clinical tool. Prior to the digital era, this process sometimes involved client behaviors such as calling an answering machine in order to hear the therapist's voice, driving past the therapist's office, or

borrowing a book from the therapist's shelf. In the information technology era, Internet searches and texting could be utilized to make the clinical relationship a part of a client's internal world.

The potential space. Winnicott (1971) identified the concept of a co-created relational space—an intermediate, transitional, “potential space” of being in a relationship where the intersubjective constructed inner world and the reality of real relationships and the environment meet; he also identified it as the location of cultural experience. Brahmam (2014) explains it as a space “that both joins and separates the mother and child, the client and therapist, a space that is neither outside nor inside, neither objective nor subjective, a playful space where relationships are nourished and where culture begins” (p. 169). Brahman goes on to acknowledge Thomas Ogden's expansion of this idea in what Ogden identified as the “analytic third.” The analytic third is where the dynamics within the therapeutic relationship come alive, as a creation of the subjectivity of both the therapist and the client; it is the space where enactments, projective identification, transference and countertransference occur (Ogden, 2004).

The Digital Revolution

Texting has challenged, influenced, and changed psychotherapy and the parameters of the therapeutic relationship alliance. However, the dearth of literature dealing directly with texting is problematic. In order to adapt a clinical theory to address a specific problem, population, or cultural change—in this case, exploring the use of text messaging and its impact on the therapeutic relationship in relational practice, it is important to examine how other technologies are being absorbed and conceptualized. This exploration identifies concepts and propositions that can inform thinking when incorporating the use of texting in practice. Zilberstein (2015) asserts that it is imperative for clinicians to understand how today's technology, including the Internet, social media, emails, and other artifacts impact reality, identity, relationships,

communication, and self-development. She states that social media, telecommunication, and other technologically-driven objects may:

...best exemplify the ethos of less authoritative and more democratic and accessible relationships and the existence of multiply constructed selves. In this respect, the pertinent question is not whether or not technology erodes the self or close relationships, but rather how the self and relationships are expressed in technological society and in what ways psychotherapy can respond so as to be relevant to and understanding of that cultural shift (Zilberstein, 2015, p. 7).

There is no question that advancements in technology have created changes in the way individuals communicate, interact, and organize lives; the availability of knowledge and access to platforms for entertainment and socializing are seemingly endless. These cultural changes resulting from technological evolution have led to seemingly infinite inquiries by researchers and scholars. The breadth of this inquiry is made evident by the philosophical discussions, debates, and empirical research found in literature, on LISTSERVs, and even in popular magazines across various disciplines. Concurrently, there have been increasing queries on the topic of the influence of social media and communications technologies on the therapeutic relationship (Lehavot, Barnett, & Powers, 2010).

The digital revolution can be traced to the 1970s with the invention of the computer, and subsequently, the Internet. However, prior to the widespread diffusion of the Internet, there were several other technological advances. The answering machine, which seems almost antiquated now, was revolutionary as businesses and private citizens made themselves available in a new way (Recording history, n.d.). It is not difficult to imagine an answering machine in a therapist's office as an important part of the holding environment, where a message recorded in a therapist's voice could provide comfort and connection between sessions, and clients were able to provide

information in that frame which could be germane, but forgotten by them, by the time the next session arrived. Pagers were another telecommunication device that became a deeply entrenched part of American culture (Donnelly, Park, Reimmer & Wood, n.d.). Mental health professionals carried pagers for clients to contact them in the case of an emergency. This mode of communication presented challenges as to what defined “emergencies,” similar to the challenges faced today by texting, but the process of paging a therapist was longer and probably not done as impulsively. The response was also much more delayed, where the therapist had to get to a phone, perhaps a payphone if the therapist was not home, which often involved needing to collect change to make the call. American culture was also different, where expectations of perpetual availability had not yet become the norm.

The first truly viable handheld cell phone that became commercially available in the 1990s reached meteoric explosion by the new millennium (Sevier, 2011). Mobile phones have become increasingly sophisticated, offering more advanced features with each new model. As of 2013, there was at least one cell phone or smartphone in use for every person in the United States (Central Intelligence Agency, 2013). Smartphones, with their large touchscreen and direct finger input design, paved the way to make texting the most inexpensive and time-efficient method of communication for people around the world (Sevier, 2011).

With increasing capability in the 1980s and 1990s, the widespread diffusion of the Internet in many homes, schools, and offices revolutionized communication, relational interactions, and expectations. By the mid-1990s, the Internet had become a cultural artifact, so embedded that it became invisible, with individuals not noticing its presence until experiencing its absence. Mobile phones followed this process of diffusion; however, the evolution and adoption has been faster, and theories to the phenomenon are struggling to match the pace (Ling, 2012).

All of these technologies have in effect shrunk the world. People today are connected more than ever before, and in more ways. There are positives and negatives to this reality, particularly when it comes to psychotherapy. Client access to a therapist is faster and easier, and these technologies create opportunities for new types of service delivery. The “holding environment” has expanded dramatically, and any of these devices can be viewed as a transitional object. As Balick (2014) states when discussing the ubiquitous nature of technology and the ways it has changed and impacted psychotherapy:

Psychotherapists no doubt privilege live face-to-face communication and value the nature of building authentic attachments with their clients in the real world. Because of this, our collective response to the tsunami of technological development has in many ways been suspicious and in many ways distant. Ubiquitous technology, however, is here, and particularly for younger people, it is not something that is consciously separated from everyday life, *it is everyday life*. Our digital world is a non-neutral extension of our psychological lives, and we need to deal with it as such (p. 7).

Cognitive behavioral theorists recognized the potential for incorporation of mobile technology by the turn of the 21st century. Perhaps incorporating technology simply fits easily into this practice model, where evidence based practice is given more attention in the training of a new generation of social workers, most of whom are digital natives and already using mobile technology to the greatest extent possible. This fact sits in comparison to those social workers who are more analytically-oriented and suspicious of the diffusion of digital technology entering into the therapeutic environment. However, many analysts have not ignored the impact of technology of the digital era and have been discussing the topic since the late 1990s. For example, Chechele began conducting cyber therapy in 1997, identifying the ways online therapy can create a “better holding environment” (online LISTSERV communication, August 18, 1999,

archived at <http://www.ismho.org/forum.htm>). Murdoch and Conner-Green (2000) have also been using email as an adjunct to traditional psychotherapy, reporting that email improves engagement and increases disclosure for some clients. The virtual environment, the e-third, virtual potential space, online therapy, and narcissistic accelerator—all these phrases, which will be discussed in more depth shortly, are being tossed about in research and literature. However, a gap still exists in the next step of technological evolution: mobile texting.

Telephones were once a major focus of concern and apprehension for some clinicians (Brahnam, 2014). Fears about privacy, phone outages, and loss of hearing made psychotherapists nervous about using this technology as a way to communicate with clients between sessions. Other medical professionals, however, embraced the use of telephones to communicate with patients. In the 1960s and 1970s, medical professionals began to routinely use “telemedicine” and other technologies to assist in diagnosis, treatment, education, research, and prevention in healthcare, particularly in more rural populations (Recording History, n.d.; World Health Organization, 2010). As the digital era continues to evolve, the Internet and other technologies have enhanced opportunities for patient-provider communication, allowing for the exchange of medical information and records, leaving patients more informed, and with greater opportunities to seek information and support anonymously.

Experimental mental health-related Internet interventions began emerging in the early 1990s; most notable was the East Coast Hang Out (ECHO) online service offering fee-for-service therapy conducted by email (Tsalavouta, 2013). Use of the Internet for therapy increased in the late 1990s and early 2000s, with over 5,000 online counselors in 2004 (Dubois, 2004), growing to 50,000 by 2012 (Hanley, 2012). By the early 2000s, online therapy (often referred to in the literature as e-therapy, e-counseling, or cyber-therapy), as a replacement for face-to-face therapy, had become more firmly established, with certification programs,

evidence based approaches, and resources for counselors interested in providing online counseling. Licensure dilemmas pose concerns to clinicians seeking to modernize their practice due to regulation variations from state to state. The American Telemedicine Association is petitioning for a federal license for all health professionals due to ethical dilemmas that may arise from licensing discrepancies between states (Scharff, 2013). The Telemental Health Institute (<http://telehealth.org>) also offers certificate information, free webinars, and courses specifically designed for online counseling. Sude (2013) offers one of the only articles specifically devoted to the use of texting in private practice. He proposes suggestions on issues such as liability insurance, choice of personal or business phone use, consent policies, and informed consent of client expectation.

The majority of licensed practitioners did not initially embrace such forms of therapy (Brottman, 2012; Peterson & Beck, 2003). Psychoanalysts in particular have been reluctant to incorporate communication technology even though the need for this adaptation has been addressed for at least 10 years during psychoanalytic meetings (Scharff, 2013). Regardless of philosophical stance, client demands for home-based and anonymous services were on the rise (Childress, 1999; DuBois, 2004). At the same time many clinicians began to use email with clients for administrative tasks and software for client records and documentation. While use of technology had been occurring in hospitals and larger mental health agencies for some time, it was not until the late 1990s that affordable encryption software and security features made this technology feasible for the private practitioner. Clinicians also started recommending online self-help group involvement and began encouraging clients to peruse specific websites to gain knowledge about mental health and substance abuse. There is a great deal of information related to online counseling, including several meta-analyses related to the various costs and benefits (Barak et al., 2008; Boschen & Casey, 2008; Fjeldsoe et al., 2009; Bryant et al., 2013; Suler,

2004). While much of the research supports the use of online counseling and technology, much of the focus is still related to symptom resolution with interventions that appear to be modeled after CBT and solution-focused modalities. However, some of this stream of the literature does focus on the therapeutic alliance. The notion of self-with-other and the therapeutic relationship, where treatment focuses on revising subjective experiences and internal mental representations, has been examined in a limited manner in technology-based treatment.

The Virtual Holding Environment

Graham (2013) proposes the use of the term “digital object,” to reference the psychoanalytic concept of object as desire or drive. He categorizes three basic types of these digital objects: (a) devices such as smartphones, tablets, or laptops, (b) social networking platforms, such as Facebook, Instagram, or Twitter, and (c) the content itself, often expressed in emails and text messages. While this list is not exhaustive, a case can be made for each to serve as a digital object. For example, Graham (2013) finds it “striking” (p. 273) how digital natives use real-time photographs as a means to share experiences and make connections, and do so with great intimacy. These digital objects allow for the construction of an individual universe where safe, meaningful connections can be made, fostered, and governed to create a sense of a more individualized self while maintaining close relationships with others. This individual universe can easily be characterized as a holding environment, where the potential space of self-individuation and development can occur. In fact, Fletcher, Comer, and Dunlap (2014) coined this the “virtual holding environment” and maintain that such environments can be consciously and purposefully constructed, utilizing technology to develop and enhance supportive relationships in the same way that therapists construct safe and nurturing environments for clients in traditional face-to-face therapy. Childress (1999) also states that online therapeutic encounters may foster a sense that the therapist is “always out there” and available to the client;

this sense could unconsciously trigger earlier experiences, representations, and narcissistic desires for an ideal mother and perfect holding environment.

Social workers have always acknowledged some form of a holding environment where active use of the therapeutic relationship has been embraced as a catalyst for change. The emergence of telecommunication has provided newer opportunities to expand the holding environment and the clinical relationship. For example, research has demonstrated that traditional face-to-face therapy can be extended through the exchange of emails between sessions, enhancing client involvement in treatment, encouraging completion of therapeutic tasks, and positively affecting treatment outcomes (Murdoch & Connor-Green, 2000). Childress (1999) also notes that access to clinicians between sessions carries the potential to create timelier and more effective treatment outcomes, increasing client perceptions of the depth of the working alliance, and feelings that clinicians are concerned and care for the client.

The most recent and perhaps the most powerful of all the technological advances of the digital era occurred with the introduction of the smartphone. The iPhone, released in 2007, was a metaphorical game changer. It has since become the bridge connecting all of the other technologies and components of the virtual holding environment. It can be used for traditional phone calls, texting, instant messaging, email, GPS, connection to the Internet, taking and sending photographs, video chatting, storing tremendous amounts of information such as music, pictures, and videos. It also can be used as a powerful search engine with access to an infinite amount of information within seconds. Approximately two thirds of Americans and 85% of Americans under 35 years old own a smartphone (Smith, 2015). Its power cannot be underestimated, creating cultural transformations never deemed possible (Graham, 2013).

All digital objects promote connectedness in powerful ways. For instance, Graham (2013) states that the smartphone transcends the ability to keep people perpetually embedded in

interactions with others as well as connected to media, news, and information. The device actually becomes part of the psyche, described as a secondary ego. This secondary ego can strengthen the functions of the ego. Using the smartphone to connect to the Internet allows individuals to find immediate information, which could help to minimize mild distortion, improve judgment, and test reality under stressful conditions. Social networking, gaming, and texting could also help to regulate affective states, reducing feelings of loneliness, boredom, and aggression. Online friendships, the recognition received through social networking sites, and the perpetual sense of connectedness through texting could provide opportunities for reparative relational experiences. In applying these ideas to the therapeutic relationship, mobile texting has the potential to expand the clinical holding environment. This expansion creates an opportunity to build a stronger working alliance; however, it also creates a greater likelihood of clinical rupture if the text does not receive the desired response.

The E-third

Stadter (2013) coined the term “e-third” to recognize the presence of an electronic object between the self and another. The e-third should not be confused with Ogden’s analytic third, where the therapist and client create a third space. While the e-third promotes reflection and curiosity in much the same way, Stadter points out that communication technologies have the potential to create fragmented self and object states and accelerate narcissistic tendencies while being distracted with surface level interactions. For example, he describes a client who began therapy at his wife’s insistence due to his over-involvement in an online football website that blogged about teams. Despite it being the source of many arguments, “Barry” could not stop using the site, reporting that he needed his “daily dose” in order to feel good about himself. In fact, he reported that it was the only place he felt he could truly *be* himself. Online, he was a man of great importance, who had online followers from around the country who sought his

advice; he gave those who disagreed online lashings and beatings that made him feel like “a man.” In his real life, he was a man with little sense of worth, who felt inept at work, in his marriage, and as a father. His online world was simple, made up of good objects, his supports, and bad objects, those who had dissenting opinions. In this example, Barry’s use of an e-third between himself and others created fragmentations of his internal representational system.

In psychotherapy, clients often turn off their phones when entering the office, creating a space for reflection and connection that rarely exist anymore for individuals. The constant co-presence of an electronic device and the expectation of availability make it difficult to create this type of technology-free space. As such, these devices—particularly the mobile phone—can inadvertently act as moderators of intimacy, conflict, and awareness.

Stadter (2013) recognizes that various self-experiences, including fragmented, multiple, and unified states, are acknowledged by psychoanalytic theorists, thus making a well-integrated self one of the primary goals of psychotherapy. However, he notes that in the virtual world, the perfect self and the perfect other can be found, created, changed, and destroyed; the Internet even allows for the creation of multiple selves, thus, in some ways, making the online experience even more desirable than real life. Additionally, digital culture favors self-states that are hurried, shallow, distracted, and fragmented, and identities that evade interpersonal and intrapsychic conflicts with the simple ability to hit buttons that delete, erase, remove, or discontinue interactions. This type of thinking is in direct opposition to the thinking necessary in psychotherapy, which encourages reflection, patience, not knowing, and tolerance of uncomfortable affective states. Furthermore, it makes relationally-oriented work more valuable and necessary than ever. Stadter (2013) also notes that identity issues, like those presented in the case of Barry, are not created by technology, but rather intensified by the ability to create and

play with identities and to demonstrate parts of the self, or multiple selves, in social media and other virtual activities.

Gabbard (2001) points to the similarities between virtual reality and potential space, noting that both exist between external reality and internal worlds. While virtual space is not truly an internal space, it does raise the question about what is real and what is not; while sitting at a computer, one is simultaneously able to be real and not real. Morento (as cited in Stadter, 2013) points to the very language “virtual reality” and notes that the word is an oxymoron illustrating the duplicity of dimensions that exist when interacting in virtual space.

Digital Transitional Objects

In Winnicott’s conception, transitional objects serve as mediators to the stress of the child’s separation from the mother and individuation into a unique self by offering a sense of connectedness, reassurance, and security during the process. In the therapeutic relationship, clients often use transitional objects as a way to stay connected to their therapist, attempting to assure safety and security during various phases of therapy as they attempt to integrate new experiences. Sometimes, clients need this holding during times of separation between sessions, thus making use of a transitional object invaluable. With the plethora of digital objects that almost any client can now access, this connection becomes both easier, and more problematic, than ever imagined. The access to personal information about therapists, or pictures that are readily available to be viewed, literally can be found on the Internet within seconds. This material can at times be used intentionally by the therapist to help enhance the holding environment, but it can also be accessed indiscriminately just as easily, which can lead to an array of negative, and possibly dangerous, clinical outcomes (Balick, 2012). In a brief letter to the editor in the *American Journal of Psychiatry*, Geoff Neimark (2009) discusses the clinical implications of doctor-patient texting. He identifies three ways that texting is identified in the

literature: (a) to facilitate administrative tasks (e.g., appointment reminders), (b) as a form of pathology (e.g., overuse), and (c) as a means to improve healthcare interventions (e.g., smoking cessation). Neimark believes a clinician must attend not only to the content of the text but also to the dynamics of text messaging behavior. He illustrates this approach in a vignette where he identifies a woman's difficulty with object constancy and boundaries, stating "texting allows her to remain intimately connected to her therapist in a concrete way, much like a transitional object" (p. 1299). In most cases of client texting, Neimark indicates that he responds to an initial text with a phone call to inform the patient that he received the text and is interested in discussing it at the next session. He also reminds the client of the parameters and boundaries of his availability, states that he will read but not respond to future texts, and that emergencies need to be addressed via phone calls, rather than through texts. He argues that texting needs to be handled just as any other between-session encounters are handled, by confining clinical discussions to the clinical setting.

The transitional object can also be used within sessions themselves. By reflecting on the treatment of a woman who was struggling with intimacy in her marriage, a therapist discusses the client's use of her mobile phone as a transitional object while in sessions. "Marilyn" regularly answered calls or looked at her phone when it vibrated during sessions; doing so reminded the client of the tangible connection to others during sessions. She was only able to distance herself physically from her phone after the therapist, an anxiety-producing object, became more known to her, and trust was established as therapy progressed (Stadter, 2013). Many practitioners agree that the mobile phone often remains turned on during sessions, where clients frequently look at or respond to texts or calls. Such behavior needs to be addressed in the current context of cultural norms, as well as in the context of a third object entering into the treatment dynamic (Dubus, 2015).

Ribak (2009) proffers that mobile phones can serve as transitional objects both physically and through the virtual holding environment. Ribak's work focuses on teenagers and their relationships with parents as they occur through the mobile phone. The mobile phone is considered in terms of its importance in conveying the possibility of communication, rather than the actual communication that occurs. The device is described as a transitional object that provides a bridge between the parent's concern and the teen's desire for autonomy, balancing the relationship and keeping this possibility open at all times. The device helps to ensure the child's safety and makes it easier for the parent to assist, despite geographic distance, in the resolution of any potential physical or emotional impingements that might be experienced when away from the holding environment of the family. This same concept can be applied to the use of a digital transitional object in psychotherapy, where a client's ability to reach the therapist creates a greater sense of security within the relationship, without the need for an actual contact in the relationship.

Electronic Transference and Countertransference

Suler (2004) speculates that certain aspects of electronic-communication weaken psychological barriers, creating opportunities for the suspension of superego constraints. Hidden needs and feelings can temporarily be revealed without the interference of transference reactions that inhibit the client, such as a therapist's glance away, that become perceived as disinterest. Conversely, using technology as a barrier can also lead to compartmentalization, where the client's self-revelations of deviant or unhealthy behaviors do not become incorporated into accurate and whole self-representations because growth-promoting anxiety or guilt can easily be averted. Similar to the process of dissociation, a person can dismiss, diminish, or even deny poor behavior and choices through a fantasized vision of the therapist's response. Through non-existent verbal and visual cues, the therapist's silence could be misconstrued to conveniently

assume “approval,” particularly for clients who lack the ability to integrate “good” and “bad” representations of themselves and others.

Clients could also have intense transference reactions based on information discovered on the Internet about the therapist such as political or religious affiliations, marital status, sexual orientation, or socio-economic status. While it is nearly impossible to be invisible on the Internet because many websites freely offer personal information, social workers have an obligation to monitor and regulate their online identities as much as possible and be cognizant of the inadvertent self-disclosures that could affect the therapeutic relationship. Privacy has been compromised by the Internet and requires practitioners, as well as the social work profession, to reconsider ethics of self-disclosure and to adapt theories to conceptualize, understand, and handle the way in which this new reality affects the therapeutic relationship (Reamer, 2013).

In the changing paradigm of psychotherapy, where privacy can no longer be as relied upon as in the past, technology may be contributing to transference and countertransference in new ways. More frequent feelings of intrusiveness will certainly make provocative and boundary-violating behaviors more difficult for the therapist to tolerate. Countertransference reactions are more likely to occur, causing impingements within the relationship, especially when the contact requires immediate and involved attention such as an email or text threatening self-harm, that impede on the therapist’s personal time (Balick, 2012). Examining and interpreting the content and behavior of out-of-session encounters can help inform diagnosis, reveal enactments, and create new opportunities for reparative experiences. Texting can create opportunities for both growth-promoting gratification and frustration experiences and can lead to the strengthening or disruption of the therapeutic alliance.

Virtual Enactments

To illustrate how enactments can occur as a result of technology, Balick (2012) uses a humorous personal encounter that he had with a gigantic and venomous centipede, which he found and turned over to an entomologist at the Natural History Museum. Because of its rare appearance in the U.K., a museum press secretary published the story in the museum's monthly magazine about the centipede. Within 24 hours, the story was picked up by tabloids in over a dozen countries, identifying "psychologist, Aaron Balick as the man who captured this monstrous creature." The Internet did an excellent job of constructing an identity of the psychologist in which his professional achievements were the least important facet of his being and furthermore in a way over which Balick had no control. He recounts this story in the context of an illustration of his client, who, while experiencing increased stress and insomnia, Googled Balick's name one night. Much to the client's surprise, he did not find the anticipated professional information about his therapist Aaron Balick, who had earned his trust and demonstrated his capacity for empathy and understanding, but he found a story about a man known by tens of thousands of people, across at least 12 different nations, as the individual who saved the U.K. from the tyranny of a deadly pre-historic nine-inch centipede. Outside of the therapeutic setting, this "virtual impingement" evoked feelings of rejection. The client, who had revealed his innermost thoughts, feelings, and fantasies, had been excluded from, according to Google, his therapist's most defining moment. The impingement was so offensive and severe that the client called Balick, enraged and threatened to terminate treatment. Balick and his client processed the disappointment, anger, and constant threat to leave therapy, for months.

Balick acknowledges that it was difficult not to participate in the enactment of repetition compulsion and not to become the abandoning object the client was expecting him to be during these months. This story can demonstrate how the simple act of not responding to a text could quickly overwhelm a client and transform the therapist into an old object. A client could begin

to send more texts, possibly during late night hours or make inappropriate requests, thus recreating rejection experiences by overwhelming the therapist with behavior for which there are no guidelines for handling.

Summary

Psychotherapists have been increasingly incorporating technology into practice over the last decade, utilizing software that has been designed to assist in transcription, treatment planning, electronic billing, and record-keeping. While once considered taboo, online counseling through instant message, email or live audio and video has also become more common. Clinicians are increasingly using the Internet to advertise, coordinate services, and email with clients between sessions for administrative and clinical reasons. Many private practitioners currently use smartphone technology to manage their practices inexpensively and efficiently (Sude, 2013). Access to features such as calendars, automated appointment reminder and practice management systems, texting, email, client contact information, and hardware for accepting electronic payments allows practitioners to handle administrative tasks with great ease and convenience. Using mobile apps such as the DSM-5™ Diagnostic Criteria Mobile App (American Psychiatric Association, 2014) saves time by granting immediate access to *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013) criteria and codes through pressing a simple icon on a screen.

Mobile texting has rapidly penetrated the therapeutic environment in clinical social work practice. As the most popular and frequently used mobile feature, texting creates more permeability in the boundaries between professional and work lives. The increasing use of a universal smartphone centralizes the management, scheduling and coordination of work, personal, social, and family lives. Psychotherapists can text clients to arrange appointments at

their convenience and at any location. Clients can also just as conveniently attempt to access therapists at any time and whenever they desire or deem it necessary.

In clinical practice, texting grants immediate and concise communication between clients and therapists. In addition to using this feature to schedule or adjust appointments, texting offers unprecedented opportunities to implement innovative intervention strategies, strengthen the therapeutic alliance, and inform diagnosis. However, in attempting to navigate through this technological gateway, ethical and clinical challenges arise. The smartphone has evolved to meet the increasing expectation of its omnipresence where, through the touch of a screen, the potential for perpetual connectedness and unlimited access to information literally exists in the palm of one's hand. As such, new relational norms with respect to increased expectations of accessibility and rapid responsiveness have emerged. Clinicians are not immune to these new expectations as more out-of-session text interactions are occurring in the therapeutic relationship.

This in-depth literature review has provided an overview of texting and cultural paradigm changes in the digital era. It has explored the impact of other forms of telecommunication, access to the therapist's private life through Internet searches, social media as it relates to the therapeutic relationship, and the complications that are arising in the digital era. It has identified texting as a valuable tool in psychotherapy, primarily in CBT interventions, but also demonstrates significant gaps in the literature, where the impact of client-clinician texting on the therapeutic relationship has not been given the attention that it needs. Practitioners are attempting to adapt to client demand for use of texting in the evolving digital culture; however, theories have not evolved, the texting phenomena has not been widely researched, and specific guidelines have not been offered by professional associations and licensing boards, therefore limiting the depth of the discourse necessary to face this challenge. This review makes an

informed argument for the need to conceptualize texting and texting behaviors, particularly as they relate to the impact on the therapeutic relationship.

Texting is one of the most popular forms of communicating, making it a relational artifact reflecting the cultural evolution of American society. Therapists must be mindful of the fact that all interactions occurring between the client and clinician—whether face-to-face, in the office, via phone, email, or text—are clinical encounters. Text exchanges need to be examined as any other clinical encounter, that is, as part of the therapeutic relationship and the clinical process. Continued exploration of texting can be beneficial for therapists who are using the technology as well as for those who are avoiding the inevitable need for incorporation into practice.

With cultural evolution come debates related to how applicable clinical theories are to contemporary life. Theory is influenced by societal change, and the social work profession has always modified practice to meet the needs that are created from cultural paradigm shifts. Social work values require workers to remain active and at the frontlines of change. The response to the unprecedented advancements in telecommunication will soon make the response, “I don’t text with clients,” antiquated. The assumption that texting can be ignored in today’s current therapeutic environment is a disservice to clients, clinicians, and the therapeutic relationship. Social workers have the distinct obligation to consider texting, purposefully and thoughtfully, in order to decide how and with whom to utilize it in practice. Just as social workers have always been on the front lines, acknowledging societal change and the obligation to meet the evolving needs of clients and society, it is incumbent upon social workers to act as forerunners in the new digital frontier. Social work ethics further require ongoing contributions to the knowledge base within the profession through research and more dialogue related to emerging societal and practice issues or concerns.

It is also important to add that, while this issue is starting to become addressed, the rapid advancements in technology create the distinct possibility that by the time this review sits in a reader's hand or onscreen, the research related to texting usage will have already become obsolete. However, texting will be a longstanding cultural artifact as it continues to become further embedded into the fabric of daily living, making the need for conceptualization of texting in practice a necessity. This exploration has inspired the notion that social workers can make inimitable use of relational theory to inform the use of texting in psychotherapy. An accompanying article to this review, *Client-Clinician Texting in Relational Psychotherapy: An Expansion of the Clinical Holding Environment*, expands relational theory to absorb texting to help practitioners interpret and conceptualize texting and texting behaviors. By utilizing this theoretical framework, clinicians can understand the challenges of texting and make purposeful decisions when using the technology in private practice settings.

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**Client-Clinician Texting in Relational Psychotherapy: An Expansion of the
Clinical Holding Environment**

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Technology is anything that wasn't around when you were born.

– Alan Kay

Abstract

This article adds to the depth of the dialogue in the social work literature related to the use of text messaging, as a distinct—and ubiquitous—technology. While many therapists may be wary of using texting, it is becoming an increasing expectation among clients. The delays in theoretical evolution, empirical research, professional consensus, and professional guidelines have left social workers unprepared for using this texting, leaving the client-clinician dyad vulnerable to therapeutic disruptions. This article demonstrates the ways in which relational theory can be expanded and utilized in practice to help guide clinical decisions to meet the challenges of the digital era. Composite case vignettes demonstrate how “theoretical knowing” can be translated into “clinical doing” to address this current gap between theory and practice.

Client-Clinician Texting in Relational Psychotherapy: An Expansion of the Clinical Holding Environment

Society has adopted mobile technology at an unprecedented rate, making it the most widespread and rapidly diffused technology in history (International Telecommunication Union, 2009; Ling, 2012). Mobile texting is one of the most frequently used mobile features (Pew Research Center, 2014) and for many people, particularly among the millennial generation, it is a preferred method of communication (Skierkowski & Wood, 2012). Texting keeps individuals perpetually embedded in interactions with others, transcending distance, activities, and circumstances (Graham, 2013; Katz & Aakhus, 2002; Ling, 2012). It is used for coordinating activities and face-to-face meetings, developing and enhancing relationships, giving and receiving immediate responses to questions, as well as for emotional and self-expression (Ling, 2012; Ling & Yrtti, 2002; Pettigrew, 2009). The technology has created paradigm shifts in our culture, leading to greater expectations of immediate accessibility in relationships (Matusik & Mickel, 2011). It has also blurred the boundaries between work and personal life, creating more flexibility in work schedules but inviting more after-hours communication in professional relationships (Adkins & Premeaux, 2014; Matusik & Mickel, 2011). The social work profession has not been immune to these cultural changes. Many psychotherapists have incorporated texting into practice to quickly and conveniently schedule appointments, provide information and updates, provide clinical interventions or offer brief support during crises (Barak & Grohol, 2011; Lopez, 2015; Mishna, Bogo, Root, Sawyer & Khoury-Kassabri, 2012; Reamer, 2015; Sude, 2013).

British object relations psychoanalyst Donald Winnicott (1971) identified the concept of a co-created relational space as an intermediate, transitional, “potential space” of *being* in a relationship. In its application to psychotherapy, the potential space is where the client’s inner

world and the reality of the environment and the therapist's subjectivity meet. Ogden (2004) expanded on this idea by identifying it as a "third space," where relational dynamics come alive. In applying the notion of potential space to current relational dynamics and expectations, one could say that the mobile phone has laid the foundation for what, in several short years, has become a paradigm change in human existence—one where individuals have come to exist in a state of perpetual potential space, constantly connectedness and embedded in interaction (Pettigrew, 2009). This space is literally unprecedented, always available in the palm of our hands. As one of the most popular forms of communication, texting has become a relational artifact that knows no bounds, reflecting the cultural evolution of society.

With cultural evolution come debates related to how applicable clinical theories are to current life. Theory is influenced by social changes, and the social work profession has always modified practice to meet the needs that are created from cultural paradigm shifts (Cushman, 1995). However, the delays in theoretical evolution, professional consensus, and specific guidelines related to texting have left social workers unprepared for using this technology in practice (Mattison, 2012). As such, using texting in psychotherapy is not without risk. A well-intentioned, eager effort to demonstrate concern by responding to a client's text could quickly turn into ongoing expectations of responsiveness. Engaging in too much digital communication with clients can blur the boundaries that have historically defined the working alliance (Reamer, 2013). Such communication creates greater potential for overdependence and more complex dynamics in the therapeutic relationship (Luxton, McCann, Bush, Mishkind, & Reger, 2011). Texting has the potential to become a feeding ground for clinical enactments, where, by virtue of the frequency and intrusiveness of the technology, clinicians can feel frustrated by the impingement on their personal time. Texting could also result in clinicians' over-involvement in their clients' crises, obliterating relational boundaries, exacerbating countertransference, and

resulting in attempts to rescue clients.

In order to help practitioners navigate the uncharted territory of texting, I offer relational theory, with a heavy emphasis on Winnicott's constructs of the holding environment, the transitional object, and the true self, as a framework for conceptualizing, interpreting, and purposefully utilizing client-clinician texting. Composite case vignettes will illustrate the application of theory to practice, demonstrating how "theoretical knowing" can be translated into "clinical doing" while using texting between traditional psychotherapy sessions.

Why Not Say, "I Don't Text"?

Many clinicians, wary of potential complications, have avoided the incorporation of texting and other technologies into practice (McMinn, Bearnse, Heyne, Smithberger, & Erb, 2011; Zillberstein, 2015). However, texting has reached a tipping point of reciprocal expectation in our culture, where the reluctance to accept and incorporate it is an inconvenience to the majority of Americans who have adopted it (Ling, 2012). In private psychotherapy practice, the refusal to use texting may soon be unrealistic. Because texting is part of the fabric of daily life, clients or potential clients may believe the therapist will not be able to relate well if they do not use modern technology; some clients may opt instead to work with a practitioner who they think is "with the times." Ultimately, attempting to navigate the technological world in the clinical setting without thoroughly understanding implications or the ability to conceptualize text interactions could be a grave error.

Clinicians have reported that using electronic communication, such as email, leads to more contact between sessions (Bradley, Hendricks, Lock, Whiting, & Parr, 2011; Finn, 2006). Even when the intended use is scheduling appointments, clients often initiate contact to ask clinical questions, access support, or inform therapists about what is occurring in the moment

(Barak & Grohol, 2011; Finn, 2006; Lopez, 2015; Mishna, et al., 2012).. Some clinicians limit texting with clients by obtaining a separate mobile phone for work. Others establish firm boundaries, where they use texting only for administrative purposes or at specific hours; however, clients will certainly test these boundaries. Clinicians need to develop the ability to anticipate and manage the inevitable intrusiveness and complexities the technology invites.

Why Incorporate Texting into Practice?

For a clinician in private practice, texting provides an inexpensive and convenient way to handle administrative tasks. A therapist can text a client to schedule an appointment while waiting in line at Starbucks, riding home on the train, or lying on the couch watching the latest episode of *Modern Family*. Texting also offers a degree of synchronous interaction, allowing the therapist to provide an immediate response to a client. Messages sent by the client to the therapist can help inform diagnosis and offer insight into the client's psychological struggles (e.g., insecure attachments, separation anxiety, or poor boundaries).

The perpetual sense of connectedness that texting affords can provide opportunities for a greater sense of security in relationships (Pettigrew, 2009). When applying this idea to the therapeutic relationship, texting has the potential to expand the secure interpersonal space between the clinician and the therapist. Winnicott (1960b) refers to this relational space as the clinical holding environment. This expanded holding environment can create greater opportunities for healthy attachment, healing, and true self-development. However, using texting in practice can also cause clinical disruption in the therapeutic relationship. If a client sends a text outside of the agreed parameters, the clinician must decide whether or how to respond, requiring consideration of the client outside of the therapeutic setting. In such a case, the therapist may be frustrated or distracted by other activities, thereby leaving the clinical work

more vulnerable to poor decision-making. Conversely, a client may be inconvenienced if trying to reschedule an appointment during work hours if the therapist does not text. In order to be discreet, the client may feel compelled to physically leave the workspace to make a call to the therapist's office. However, in current culture, stepping outside to make a call may actually draw more attention, thereby making scheduling more complicated for clients.

While texting presents more complicated clinical challenges than previous communication technologies, clinicians may not want to hastily regard the challenges as a negative artifact of the digital revolution. If texting is understood and used purposefully and within specified parameters, it could provide unparalleled opportunities to inform diagnoses, strengthen the therapeutic alliance, and create growth-promoting clinical interventions (Furber et al., 2011; Klasnja & Pratt, 2012). The rejection or adoption of any innovative idea, invention, or discovery is dependent on a society's readiness for it; texting was rapidly diffused and instantly popular because it fit into society's dominant ideals, worldviews, and norms (Zilberstein, 2015). As such, in a profession that is preoccupied of late with empirical research and standardized treatment modalities, one might speculate that the mere emergence of discussion around the incorporation of client-clinician texting is a reflection of a broader paradigm shift in psychotherapy—representing an increasing return to what clinicians have historically defined as the most critical feature of all social work functions—the working alliance.

Relational Theory: A Primer

Modern relational theory is not necessarily a single theory, but rather an integrative philosophy based on a collection of psychoanalytic theories that share several unifying assumptions (Mitchell, 1988). Exploration of the discourse by object relations, intersubjective, attachment, and interpersonal theorists demonstrates the depth of consideration that has led to

various mergers and divergences among the theories, each offering different interpretations of relational approaches to psychotherapy (Berman, 1997; Borden, 2000; Mitchell & Aron, 1999). Many scholars have identified the basic propositions that run through the various relational schools (see Berman, 1997; Borden, 2000; Deyoung, 2015; Goldstein, Miehl, & Ringel, 2009; Mitchell, 1988; Mitchell & Aron, 1999; Tosone, 2004). Developmentally, relational theorists agree that individuals have a predisposition to form attachments that reach far beyond physical and evolutionary survival where innate needs for touch, love, interaction, and responsiveness exist at birth (Applegate & Bonovitz, 1995; Bowlby, 1988; Brandell & Ringel, 2004). Clinically, the therapeutic relationship is viewed as a primary catalyst for change. As such, the client alone is not the unit of study, but rather the internalized and actualized object relations within the therapeutic relationship serve as focal points in assessment and intervention (Berman, 1997; Borden, 2000; Tosone, 2004). In social work, relational approaches to treatment also include environmental macro-system structures in the intersubjective client-clinician matrix (Horowitz, 1998; Tosone, 2004). The incorporation of texting into the therapeutic environment reflects such structural changes in communication and coordination.

Relationally oriented treatment focuses on changing maladaptive behaviors and problematic ways of relating to others as they exist in the present moment; the clinician makes selective use of interpretations and references to the past (Deyoung, 2015; Goldstein et al., 2012). Relational theory recognizes and appreciates therapist subjectivity, acknowledging clinicians' feelings and reactions to clients as internal tools for guiding assessment and using the therapeutic relationship as an impetus for insight and change. The client practices new patterns of relating with the clinician and, when executed carefully, well-timed self-disclosures allow clients to gain deeper self-awareness and to build insight into how their behaviors and ways of interacting may affect their other relationships (Aron, 1996; Borden, 2000).

Why Use Winnicott?

Donald Winnicott has earned a place in history as perhaps one of the greatest theoretical forerunners to relational theory (Borden, 2000). Applegate (1999) identifies him as “the quintessential relational theorist” (p. 205), who recognized the power of the therapeutic alliance when he introduced his theory of the holding environment. It is easy to locate Winnicottian constructs in clinical practice theories, where many of his ideas have been expanded, revised, and renamed by modern scholars and researchers. For example, Winnicott (1958) recognized the paradox of ego-relatedness, where the infant develops the capacity to be alone through the simultaneous experience of being with the mother. Ogden (1990) expanded this idea in his exploration of the psychological dialectic, “the infant and mother are one, and the infant and mother are two” (p. 212) and Benjamin (1995) furthered this dialogue by acknowledging the tension between recognition and denial of separateness as critical to developing the capacity to connect and love.

Social workers have historically worked with individuals, families, groups, and communities that have suffered greatly because of social problems including racism, sexism, and hetero-centrism. The nature of social work has strengthened the conviction in the person-in-environment perspective and deepened awareness of the restorative power of the working alliance, making social work practice inherently relational (Horowitz, 1998). As such, social workers have always embraced some form of a holding environment, in both the maternal and clinical spheres, as it reflects what we know by virtue of our work (Applegate, 2000).

Applegate (1999, 2000) makes note of how Winnicott and his object relation contemporaries set a precedent for working within a relational field in the dawn of the post-modern era of psychotherapy. Reviewing Winnicott’s work, including his case studies, reveals

the ability he had to be intensely present with his clients, focusing more on *being* with them than *analyzing* them, and then retrospectively describing these experiences in theoretical terms. However, applying theory in hindsight did not mean that he was random or careless in his decision-making. Instead, his reflections on cases demonstrate a vast knowledge base (see Khan, 1965; Winnicott, 1953, 1956, 1971). He described his development of theory as being a process, stating, “[I] settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what” (Winnicott, 1945, p. 145). Likewise, the ways in which social workers are struggling with how to handle texting can be seen as a process. In Winnicottian fashion, I employ his hindsight reflection on the use of texting in terms of what is already theoretically known. Future in-depth discussion needs theory and theoretical language to further this dialogue.

Winnicott claimed to be “suspicious of the over intellectualized pedantry of orthodox psychoanalytic theory, believing that it blunted therapeutic spontaneity and creativity” (Applegate & Bonovitz, 1995, p. 17). He had an uncanny ability to capture, expand, and introduce or re-introduce complex ideas without losing anything in the translation. While there are many divergences in the various relational schools, Winnicott’s approachable language and ability to express his withstanding notions of the holding environment, transitional object, and true self with creative and accessible language could not provide a better voice for this endeavor to explore texting in clinical practice.

Expanding the Clinical Holding Environment

Winnicott made invaluable contributions to psychotherapy through his theory of the holding environment creating a bridge between intra-psychic development and the outside

environment (Applegate, 1997). Developmentally, through psychological and physical holding, the “good-enough mother” is highly attuned to the infant, attending to all physical and emotional discomfort. However, with the child’s increased self-sufficiency, the mother is able to focus some of her attention on herself or perhaps another child, becoming less readily available (Tronick, 1989). Winnicott believed that healthy attachment occurs through the right balance of maternal gratification experiences and maternal failures. Such failures gradually help the child to build tolerance for frustration with the mother who is less responsive, able to set limits, and deliver consequences. The child internalizes these interactions, creating mental representations; the quality of these early attachment experiences lays the foundation for mental self and object representations, creating templates for future relationships (Applegate & Bonovitz, 1995).

Winnicott applied these concepts to psychotherapy, where the “good-enough therapist” acts as an optimal catalyst for change. Relational approaches to psychotherapy stress the importance of co-constructing the clinical holding environment, where both members of the clinical dyad establish the course and nature of treatment. Trust is established early in the relationship, when the therapist becomes empathically attuned to the client, assessing the intrapsychic, interpersonal, and environmental dimensions of the client’s world, paying particular attention to how the client relates and responds to the clinician (Applegate & Bonovitz, 1995).

Telecommunication has provided newer opportunities to expand the clinical holding environment. Access to clinicians between sessions can increase client perceptions of the depth of the working alliance and feelings that clinicians are concerned and care (Childress, 1999; Murdoch & Conner-Green, 2000). Like other forms of communication, texting can act as a digital transitional object, creating an opportunity to expand the clinical holding environment (Fletcher, Comer, and Dunlap, 2014; Graham, 2013). Fletcher et al. (2014) coined the phrase

“virtual holding environment” and maintained that such environments can be consciously and purposefully constructed to develop and enhance supportive relationships. This virtual holding can be done in the same way that safe and nurturing environments can be created between clinicians and clients in psychotherapy.

Vignette¹ on Expanding the Holding Environment

About 15 years ago, I began a small private practice using a colleague’s office and my mobile number as an office line. While some therapists used mobile phones to communicate with clients, texting was not yet embedded into American culture. However, clients did occasionally text to arrange appointments. One afternoon, I received a text from my client, Matt, saying, “I need to cancel my appointment for tomorrow. I’m done with therapy. Thanks for all of your help.” I was immediately concerned because this perfunctory tone was so out of character for him. I also had no idea how to respond.

Matt began therapy with an addiction to painkillers and unresolved grief over his mother, who had abruptly abandoned him when he was a young boy. This abandonment was addressed only once in the family, when his father informed him and his brother that their mother had decided to leave. His father removed all reminders of her from the home. Matt always thought of his father as very loving, providing his sons with a great deal of attention and a sense of

¹ *I have used composite case studies, collapsing and assembling two or more clients into single case examples. I have done this to protect identities confidentiality.*

security. As Matt grew into his teenage years, he admired his father for being both “a mom and a dad.” While he had many feelings and questions about his mother, he honored his father’s unspoken rule of not mentioning her.

However, when Matt was 15-years-old, he discovered that before his mother left, she had suffered from severe depression, had attempted suicide, and had resided in a psychiatric hospital for several months. Upon discharge, she continued with therapy, maintained a steady job, and rented a two-bedroom apartment, expecting to reconnect with her sons and, eventually, move them in with her. When she came back to claim her sons, Matt’s father did not allow it. She attempted to telephone her sons, but Matt’s father changed the home number and intercepted letters that she mailed. Matt’s mother sought help through the courts, but she was denied legal visitation; her abandonment had cost her all parental rights. After a five-year legal battle, visitation was granted. When Matt discovered all that had happened, his grief and anger overwhelmed him. At this point, he began drinking and using drugs. The unresolved abandonment by his mother and betrayal by his father manifested in outbursts of rage, where he frequently broke things, punched holes in walls, and, on several occasions, ended up in bar room brawls. In our first six months of working together, Matt became involved in a 12-step program, abstained from all drugs and alcohol, and worked on his ongoing fears of abandonment and rage related to his father’s lies. He was extremely motivated, never missed appointments, and frequently acknowledged how much therapy and his recovery program had changed his life. As such, his abrupt termination, sent through a text message, did not make sense.

I phoned Matt after receiving the ominous text, but he did not answer. I tried several more times over the course of an hour but received no response. Finally, he texted again: “I can’t talk. I’m about to lose it. My wife just told me she is having an affair. I feel like taking a

baseball bat and destroying everything in this house.” I knew that Matt’s rage had never escalated to violence against his wife, but I was still concerned, since the betrayal was so extreme and so similar to the pain he carried from his experience of abandonment and betrayal as a young boy. While I thought it premature to contact the police, and I was not sure if that would be a violation of Matt’s privacy, I was uncertain about my ethical and legal obligations in this situation. Was the text message a therapeutic disclosure, bound by laws and social work ethics? Was it part of the therapeutic encounter? He was a fire fighter in the town where he lived, so calling 911 could have led to complications for him at his job. I also knew that involving the authorities would create an irreparable clinical rupture. I kept thinking, “If only he would pick up the phone!”

Although Matt was in his home experiencing an emotional crisis, his fear, anger, and abandonment did not remain contained inside him. He composed a text message on his phone and indiscriminately hit “send.” His crisis traveled several miles through a mobile operating system until it found its way to my house, where it arrived as an uninvited visitor requiring my immediate attention. Whether I liked it or not, the clinical holding environment had expanded. I was in it, and I was at a loss. Feeling as if I had no other options, I texted him back and began what turned into an hour-long “session” through texting. Matt calmed down, apologized for “acting like an idiot,” and asked if he could come to his face-to-face appointment in the morning.

The interaction made me feel less concerned about his current stability and ability to control his emotions. I was surprised by how easily the conversation materialized and flowed. The theory of social presence can be useful for examining our encounter (Lopez, 2015). Social presence involves creating a sensation of being together while using technology-mediated communication, without actually being in the same physical space. Matt and I co-constructed a

mobile holding environment, allowing for the in-depth expression of his emotions. By holding him, literally in the palm of my hand, and metaphorically with my willingness to be with him through his crisis and meet him where he was—in a virtual holding environment—a powerful reparative relational experience occurred that had a significant impact on our therapeutic relationship.

Through reflections on this interaction in subsequent therapy sessions, we were able to process this experience to understand what it meant and how it affected our relationship. To maintain a consistent and reliable holding environment, the roles, expectations, and agreements about the course of treatment must be explicit (Tosone, 2004). This out-of-session encounter necessitated renegotiation and clarification about those aspects of the holding environment. I knew I would not be able to provide that level of support on an ongoing basis; doing so would leave me feeling on-call at all hours. More importantly, providing a therapeutic relationship without boundaries or limits could foster unhealthy attachment and dependency, which, in turn, could lead to disappointment and rejection that could ultimately intensify his fears and experiences of abandonment. If Matt needed that level of care in an ongoing way, it would have been appropriate to refer him to treatment that was more intensive.

This texting experience also affected me as a therapist, where I cautiously developed a more open stance toward the potential value of this technology in psychotherapy. I have avoided establishing a universal policy regarding texting, as I use it differentially with each client based on the diagnosis, demographics, and preference for communication. I do establish parameters around the technology, however I delay the establishment of them for the first few sessions. In a sense, I use texting as an auxiliary assessment tool where the content of the texts (e.g., revealing personal information not shared in session and asking for support between appointments) and the

texting behaviors (e.g., time, frequency, response, and persistency) deepen my understanding of the client. For example, a 16-year-old client recently sent me a text after our first session:

“Thank you so much! You are definitely the best therapist I’ve seen! See you next week.”

While tempted to take the compliment at face value, I wondered how many other therapists she had seen and why their relationships ended. I used the text to guide my assessment, where I paid particular attention to the details of her past treatment experiences.

Handling and Micro-coordination

The Logic of Micro-coordination

Ling (2012) described a new logic behind coordination and a restructuring of how people interact with others emerging in American society. The replacement of landlines with mobile phones has caused people to move telecommunication away from calling a location, such as a home or workplace, to calling an individual person, wherever that person may be. Katz and Aakhus (2002) note ways the mobile phone has created changes in traditional relational dynamics and the way people coordinate interactions. The portable and omnipresent phone encourages ongoing connectedness and excessive texting. Ling and Yttri (2002) acknowledge that such behavior can lead to hyper- (or micro-) coordination, where face-to-face meetings are left vague, and specific time and place agreements are “softened,” less well established, and progressively becoming more refined and adjusted in real time. Changes, revisions, and cancellations to plans occur more frequently (Ling, 2012). The therapeutic relationship is not immune to changing norms related to the micro-coordination phenomenon.

Handling

Winnicott’s (1960b) concept of the holding environment includes the notion of “handling.” In developmental terms, handling includes the many daily activities that allow a

child to experience the limits of her or his own physical functions and to acquire a sense of a physical self through the bathing, changing, dressing, and cradling of the external infant. Applegate and Bonovitz (1995) discussed the clinical application of handling, where the boundaries of the therapeutic relationship are contained in the holding environment. Handling in the clinical setting involves clear understandings of policies, fees, and expectations of the relationship. Reliable attendance, timeliness for appointments, and respect for the therapeutic hour provide structures that help maintain continuity and consistency in the relationship. Clinicians should pay attention to cancellations of appointments, lateness, violations of boundaries, or any other changes in the established parameters made by the client as these behaviors could carry meaning. A client's change or cancellation of an appointment could be an attempt to test the strength and durability of the therapeutic relationship. Clinicians must also explore their own behaviors that compromise the therapeutic parameters. For example, a therapist's tolerance of inconsistency could be a reenactment of early experiences where the client lacked structure in a chaotic upbringing.

In the digital culture, handling of the boundaries in the therapeutic relationship is more difficult, yet more critical, than in previous eras. Today's therapist must maintain balance between flexibility and boundaries regarding appointments and between-session communication based on new norms. In a potential space of perpetual availability that currently exists in American culture, the containment of the therapeutic relationship to 50 minutes of weekly—or less—face-to-face contact may produce anxiety for clients who are dependent on the constant sense of connectedness that texting offers in relationships. Rapid responses, lack of response, or inconsistency in responses to text messages could recreate familiar feelings of rejection or chaos for a client. This may be particularly true for adolescents or adults who struggle with attachment

insecurities. However, creating too much flexibility and availability can create burnout and feelings of intrusiveness for the therapist. Patterns of policy violations and abuses of the technology could easily lead to a clinician's frustration with the client. As such, the handling of agreements regarding the frequency and content of contact outside of the therapeutic setting, which may be different for each client, must be established.

One of the most troubling complications that can arise when using technology between sessions is a client's disclosure of suicidal ideation or intention via email or text. Such a situation is disconcerting for all clinicians regardless of how experienced they are, especially since issues of client safety, therapist liability, and therapist responsibility are not yet defined clearly (Sude, 2013). Additionally, once such a situation is resolved, the therapist may experience residual anger or fear regarding the client, resulting in extreme boundaries or even a desire to terminate treatment with the client. Firm policies regarding such disclosures via electronic communication are necessary to protect both the client and the therapist from these types of clinical disruptions.

I have found that clients often leave without scheduling their next session, stating that they will text me when they know their schedules, as they routinely do in many other aspects of their lives. This process of scheduling can make the structure and consistency of treatment more difficult to maintain. The following vignette illustrates the moment that I realized that texting and my willing flexibility with clients were creating unanticipated problems.

Vignette on Handling and Micro-coordination

A message alert notified me that I had received a new text message on my iPhone. I unlocked the phone to see that my client Joe had sent me a text message:

Hi Gina. Is it possible for me to come in a half hour later? I am swamped with work but I don't want to miss our appointment.

I knew Joe was under a great deal of pressure at work and thought I should try to be flexible. I responded:

Let me see if I can switch things around.
I'll get back to you. ~ Gina

I switched over to the calendar on my iPhone to see if I could fit Joe in later, but my schedule was extremely tight. I wondered if another client might be able to switch appointment times. I thought, "Helen is home from college and her summer job does not start for another week. I wondered if I could move her appointment to 4:30." I texted her:

Hi Helen. Is it possible for you to come in at 4:30 instead of 4:00 today? ~ Gina

She quickly responded:

Sure. Actually, do you mind if I come at 6? I have a few things to do ~ Helen

I thought, "Ugh. I do not feel like staying at work all night. Now I won't get home until 7:15. Maybe Joe just needs to figure it out or not come. What can I say to Helen? 'Sorry, I changed my mind'? I guess I can say...." A chime interrupted my inner debate, indicating that Mikaela, my next client, arrived. I thought, "I don't have time to figure this out. I'll just stay late. Let me text Helen and Joe back. I also need to send a text home saying 'I'll be late'." While walking down the hall to the lobby I quickly typed the three messages:

Hi Helen. 6:00 pm works. Thank you.
See you then ~ Gina

Hi Joe- 3:30 is fine . I will see you then.
~ Gina

Hey. Miss you ☹ - hope your day is going well- I have to work a little late but should be home by 7:15. Love you. ~ G

I was not expecting the response I received:

7:15? Ugh- seriously?? I guess I'll just start dinner without you. ~ N

I quickly wrote back:

Are you mad? I think I've been good about getting out of work on time lately. Why are you giving me a hard time? ~ G

Annoyed and miffed, I greeted Mikaela as we walked into my office. We exchanged a few casual pleasantries, sat down and started. As the session began, I found myself becoming preoccupied with my little spat at home. As Mikaela told me about her week, my mind continued to wander into thoughts about Helen and Joe. I thought about Helen—a bright 20-year-old college student I had been seeing weekly for six years. She grew up being shuffled back and forth between her mother and her father, both chronic alcoholics. Through the chaos of divorces, remarriages, bankruptcies, rehabilitation facilities, court hearings, and stepparents in and out of her life, Helen moved 15 times in seven years. The only stable attachment figure she had was her grandmother; her grandmother was the person who contacted me to initiate therapy when Helen was a teenager. Because Helen was unable to rely on her parents, she left school every Tuesday, stopped at her grandmother's house to get a check, and then rode her bicycle to my office for her weekly sessions at 4:00 p.m. When Helen went away to college, she continued

this pattern, driving home each week for therapy. She even tried to arrange her classes around her 4:00 p.m. time slot, telling me once that even though it was “silly” she felt comfortable with the consistency of “Our Thing on Tuesdays,” as she called it. The weekly appointment helped her through her difficult adolescent years. The consistency of it took on a symbolic meaning to her—representing security, trust, stability and belief in another person—everything that she should have experienced in the holding environment of her family. Obviously, I had not been able to meet with Helen on every Tuesday at 4:00 p.m. for six years without fail. I was certainly not going to tell her that I simply gave her appointment time away, but I was surprised that I had been so careless. In my haste, I did not even think about her feelings and the importance of consistency in our work. The value she placed in “Our Thing on Tuesdays” had not even occurred to me. As I entered deeper into my reverie, I could feel my anxiety growing. My thoughts wandered to Joe. I considered how he struggled to maintain relationships because of his difficulty recognizing and understanding the needs of others. I considered his sense of entitlement, arrogance and how he thrived on power and control. In spite of his relational struggles, I really liked Joe and our sessions because he worked hard on himself, motivated by his desire for more fulfilling relationships. However, I felt baffled by my immediate responsiveness to his needs and my willingness to inconvenience myself and other clients for him. As I sat unconsciously musing, I suddenly realized that I had drifted far away from Mikaela for far too long. I was barely listening to her. Mikaela grew up as the middle child in a family of eight, where very few of her own needs were met. She often struggled with feeling unimportant and unheard. I quickly tried to put together what she was saying so that I could be emotionally present in her session. A quick glance at the clock revealed that we had been sitting together for about 10 minutes and that I had been completely preoccupied for most of it.

After Mikaela left, I had a chance to sit and really reflect. Inadvertently, through texting, I inconvenienced others to over-gratify Joe, a client whose primary goal in therapy was to understand and recognize the needs of others. I unconsciously colluded with him to make the needs of others insignificant, reinforcing his narcissistic entitlement. I also failed to think before arbitrarily asking a client to alter a six-year tradition—a fixed appointment time that symbolized, in the most profound manner, the only consistency that had ever existed in her life. Finally, I had been utterly preoccupied for the first part of the session with Mikaela, a client whose treatment centered on the basic premise of maintaining a highly attuned therapeutic relationship.

Suler (2004) speculates that the use of electronic communication can weaken psychological barriers, creating opportunities for the suspension of superego constraints. When applied to therapy, the removal of subtle or overt physical and verbal reactions by therapists can reduce client inhibitions, allowing clients more freedom to express parts of themselves that they may not typically show. Regarding the act of typing emails, Gabbard (2001) remarks:

[T]he physical use of the fingers is closely related to the discharge of impulses. . . .

[m]any people regret having hit the “send” button on their computers too soon, wishing that they had delayed the impulse with greater thought and anticipation of consequences.”

(p. 733)

While I would have liked to believe that my clinical lapses with Joe, Helen and Mikaela were a reflection of the downside of using technology in practice, a deeper exploration of these rapid-fire texts revealed countertransference feelings, especially as they related to Helen. My oversight, a virtual Freudian slip (Brottman, 2012), helped me to identify my ambivalent feelings about her continued therapy with me. I recognized that I was unconsciously pulling away from her. We had worked together for six years, and she was doing very well. I wondered if parts of her college experience were being sacrificed to come home every week for our sessions and if

she needed to be metaphorically thrown out of the nest a bit. However, I was hesitant to initiate this conversation with her for fear that she would experience it as a rejection. Relational theory recognizes the mutual impact of the clinical encounter (Aron, 1996). I realized that I was also actually fearful of losing *her* as a client. While I was aware that my maternal feelings toward Helen required ongoing monitoring to restrain myself from being overly indulgent, I had not thought enough about the impact she had made on *my* life. At the time our work began, I had unresolved feelings of failure and inadequacy as a result of a 14-year-old adolescent who had committed suicide two hours after leaving my office. His suicide was a devastating blow to my confidence; the guilt overwhelmed me, and for two years, I pondered whether to continue working as a therapist. Helen was the first adolescent client I worked with following the client's suicide. The success of the collaborative work with Helen helped to restore my confidence and ultimately to let go of the blame I had placed on myself. Watching her grow up and mature into a well-adjusted young woman had been a remarkable healing experience for me. I needed to reconsider how much of my fear of her dependency on me was really a projection of my reliance on her.

Transitional Mobile Objects

Texting as a Digital Object

The design of the smartphone has evolved to meet the increasing expectations of its omnipresence in daily life. Simple observation of people using smartphones demonstrates contemporary society's dependence on and preoccupation with smartphones. They are often held or placed in immediate proximity, where an individual remains highly attuned and responsive to the various sounds and images, regardless of what the individual is doing or whether the venue is public or private. Smartphones are customized to meet individual needs and contain private content, such as photographs, text and email messages, financial information, selected music, and apps to gratify desires and needs through the touch of a screen. This individualized nature makes them personalized symbols and extensions of the self (Campbell & Park, 2008; Ling & Yttri, 2002). The mobile phone is also a gateway to all other objects, promoting connectedness in powerful ways, keeping individuals perpetually connected with others as well as to media, news, and other forms of information (Katz & Aakhus (2002).

In Winnicott's conception, the infant's creative and selective use of a "transitional object," such as a favorite blanket or teddy bear that the child adopts, serves as a moderator to the stress related to the child's separation from the mother and individuation into a unique self (Winnicott, 1953). In therapy, clients often find ways to connect to the therapist by using transitional objects in a variety of concrete and symbolic ways throughout various phases of therapy. Metaphorical holding during times of separation is sometimes needed between sessions. In the process of internalizing the holding environment, the transitional object can be a useful clinical tool. Prior to the digital era, this process sometimes involved client behaviors such as calling an answering machine to hear the therapist's voice, driving past the therapist's office, or

borrowing a magazine from the therapist's lobby. In the information technology era, using the Internet to find personal information about or even a picture of one's therapist could help make the clinical relationship a part of a client's internal world.

The mobile phone and text messaging can also act as transitional objects. In certain cases, a client's ability to text the therapist can create a greater sense of security within the relationship (Zilberstein, 2015). Ribak (2009) considered the mobile phone in terms of its importance in conveying the potential for communication, open at all times, in addition to the actual communication that occurs. From this perspective, a client may feel more secure knowing that the possibility of connection exists. Mishna, Bogo, and Sawyer (2015) also identified the value of being able to reread conversations to allow deeper reflection and greater internalization of the therapeutic relationship. Matt, the client who first introduced me to the possibility of holding a therapy "session" via text message, acknowledged that when he was feeling particularly anxious or angry, he reread our text exchange from that night. Reading the stored messages was a self-soothing act that served to reinforce and internalize the holding environment, reflecting his growing ability to regulate his emotions. Such communication could serve as a representation of the relationship that reminds the client of the therapist's concern (Lopez, 2015).

Vignette on Transitional Object

Andrea inadvertently began to see me for therapy in the context of her daughter who had a serious addiction to heroin. After an initial assessment of her daughter, and an interview with Andrea, I immediately recommended long-term inpatient treatment for her daughter. Andrea contacted me through text message several times after her daughter was hospitalized to provide me with updates. Given the short-term involvement with her daughter, I was unsure of why Andrea continued to contact me several months later. After the third or fourth text update, I

responded with a text back asking if she wanted to come in for a session. She replied, “If it will help my daughter, I guess I should.” From that point forward, Andrea had a standing appointment each week for two years. Although she was very bright and had excellent insight, she was uncomfortable discussing her emotions. Our work focused on goal attainment and prioritizing some of her own needs, rather than focusing on the needs of her daughter. I found it frustrating to work in what I perceived as a limited capacity. It felt unsettling to see a client for so long, yet have such little insight into her emotional psyche.

After the initial updates about her daughter several years prior, Andrea did not use texting with me, even for rescheduling appointments. As such, I was surprised to receive a text from her early one Saturday night to confirm her appointment time on Monday. I found the text odd but responded with a confirmation of the day and time. I addressed this text in our next session, certain that there was more meaning to her contact. She explained that her daughter overdosed and almost died over the weekend; she texted me when she returned home from the hospital and found herself in unbearable emotional pain. She said that she did not want to talk, but simply wanted to connect with me to know I was “still there.” This was the first time that I interpreted the use of texting as a transitional object. The brief exchange of what can be perceived as benign content, actually offered her a degree of reassurance and security that she needed in that moment. Andrea had lost her mother five years earlier and felt as though she had not yet recovered. That loss, coupled with the near death experience of her daughter, left Andrea feeling exceptionally vulnerable.

Given the magnitude of the crisis, I reassured Andrea that it would have been perfectly appropriate for her to call me. However, she said she would never feel comfortable with that, feeling as if it would have been very intrusive of her to impose on me. When I pressed further,

she admitted that the possibility of being perceived as weak or needy by making such contact with me would create too much anxiety for her to tolerate. I was surprised because after two years of working together, “needy” was the last word I would have used to describe Andrea. I wondered about the discrepancy between her inner fears of being viewed as needy and her outward expression of fierce independence. Her fear of being viewed as weak was the first new piece of information she had disclosed, or, at least, the first information that I had gleaned from her in well over three months. I had been struggling with what seemed like a therapeutic impasse that would not budge. Andrea’s disclosure and vulnerability gave me a new sense of promise in our work. My interest and genuine concern kept me, as Winnicott encourages, “preoccupied” with my client during this reassessment, in much the same way that a mother preoccupies herself with her infant during early weeks of life (Winnicott, 1956). I listened, attempting to submerge myself into her world, as I never had before, paying attention to the smallest of details—her body movements, inflections in her voice, and eye movement—as well as to her responses to me. I also listened deeply to my own feelings and countertransference reactions in all that she revealed. After two years, Andrea was ready to let me listen to a completely new side of her, a more real side, to which she did not allow others access.

Over the next few months Andrea became more open, still refraining from emotional expression, but more open through her willingness to focus on her own life experiences. She ultimately revealed a painful memory of sexual abuse when she was 11-years-old. The trauma was magnified by her mother’s reactions when Andrea told her. Her mother became distraught, finding it too overwhelming. After a series of suicidal and homicidal threats and an emotional breakdown, her mother was briefly hospitalized. Andrea blamed herself for her mother’s crisis and resolved to act like she was “over it,” never wanting to be the source of that kind of pain to

anyone again. I also intuited she never wanted to put herself through such a painful rejection of her needs again. From that point, she did not let others witness her grief or sorrow, thus never allowing herself to be comforted, validated or supported. Her fierce independence was a disguised effort to avoid negative perceptions and vulnerability. Through a simple text exchange, the message served as a safe bridge between her need for support and her simultaneous need to maintain protection from getting hurt. The text acted as a soothing transitional object, requiring very little effort on my part, during a critical moment in her life. While I did not recognize it at the time, I realize now that the text also did more than serve as a transitional object between us. It symbolized her entrance into a new space between us, a *potential space*, where she took a small step toward allowing herself to experience a sense of connectedness, rather than being alone and maintaining a silent, separate disconnection during her moment of intense suffering.

It is important for the therapist to understand that text messages are clinical encounters, necessitating interpretation of the content and behavior. Texts can provide insight into the client, helping to inform the therapist's understanding of the client, and the inherent client-clinician relationship. The text message from Andrea, and more importantly, the exploration of the text's meaning during our subsequent session, changed the course of therapy. In this sense, texting can be a valuable assessment tool and should not be dismissed, even when the message seems relatively benign.

One final facet of this story is important to mention. Andrea finally reached a point of wanting to learn to share her emotions, yet she had no experience communicating her feelings. She was learning to feel her emotions more frequently and although she was not a frequent texter, we discussed the option of her texting me *in vivo* when she felt emotionally overwhelmed.

We made a very specific agreement to use texting as a tool in our work for this purpose. We agreed that I would not respond to the content of her texts, but I would acknowledge that I received them and that we would discuss at the next session. Our initial trial was one week, which we extended to a month when we found it to be so helpful to her. After a month, she began to express her feeling to others though texting. Texting with me allowed Andrea to practice expressing her feelings with others, which eventually resulted in an ability to express those feelings face-to-face with others.

This experimental use of texting as an intervention was not something that we did spontaneously. Andrea and I discussed the potential complications and benefits and set explicit limits regarding how long we would use texting; we specified the purpose, goal and intended outcome of its use. Although using theory in hindsight to understand a clinical encounter is responsible practice, intentionally incorporating its use requires thoughtful and careful planning, particularly since there is a lack of research and discussion in the literature. I have also utilized texting as an intervention with several other clients in similarly structured ways and as a way to foster trust and connection in the relationship. Responding to a client's text message in a reasonable and consistent manner (as long as the client is not overusing the technology) can create a stronger sense of connectedness. Contrastingly, texting can also be used to intentionally simulate separation and create a certain degree of growth-promoting anxiety or frustration by purposely delaying responses to client texts. In such ways, texting can be used as a relational tool to create optimal gratification and frustration experiences. I reiterate, however, that therapists need to be very aware of a client's boundaries, attachments, ability to control impulses, accept limits, and tolerate frustration, and have a sense of a client's propensity for abuse of the technology. If the therapist wishes to use texting to intentionally create distance or closeness, the therapist must be prepared for the enactments that will ensue.

True Self vs. False Self

Winnicott (1960b) defined the term “true self” as the “inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality” (p. 45). The true self is authentic, able to identify and express needs, control impulses, feel alive, and connect with others in mutually gratifying ways. Winnicott postulated that when the infant’s needs are not met, a “false self” develops in order to gain recognition and love in a way that is acceptable to the mother (Applegate & Bonovitz, 1995; Winnicott, 1960a). While some degree of false self is appropriate to maintain socially acceptable behavior, it is problematic when true self-development is actually hindered by the false self, making the person overly eager to please others to gain their affection. An undeveloped true self can lack spontaneity, creativity, and aliveness (Winnicott, 1960b). Therefore, according to Winnicott, one of the critical goals in psychotherapy is to establish a reparative therapeutic relationship that allows the repressed true self to emerge (Winnicott, 1960a). This approach often requires a great deal of patience and restraint on the part of the therapist. Sometimes the therapist must refrain from giving advice or providing interpretation, therefore allowing creativity to emerge in the form of problem-solving, self-analysis, and unconscious interpretations (Applegate & Bonovitz, 1995).

Stadter (2013) recognized that the presence of an electronic object between the self and other has the potential to activate, support, and present partial and fragmented versions of the self. Balick (2013) applied psychoanalytic constructs to social media, such as Facebook. Social media platforms allow members to be selective about which pictures, life events, or accomplishments to share, thereby allowing them to present complete or partial identities. Balick continued to explore how partial or false presentation may receive recognition and validation through comments or “likes” by others, leading one to believe that the false self is

more socially desirable than the true self. Altered pictures or highlights of exaggerated achievements can be displayed at the expense of presenting one's true self to the world, perhaps pushing the true self further out of public, and potentially personal, awareness. Therefore, the public presentation can be a *construction* rather than a *reflection* of the self.

Texting can similarly be conceived of as representing or developing the true and false self. While texting with another person or group, individuals can be selective about how they present themselves. Texting can be synchronous, where the texting simulates a verbal conversation, or it can also be considered asynchronous, where there is an extra moment to carefully construct messages that have the propensity to elicit favorable responses from the recipient. Within this frame, the false self could take over and dominate the text conversation. As Suler (2004) states, "text communication offers a built in opportunity to keep one's eyes averted" (p. 322). Without verbal and visual sensory cues, the true self can be more easily concealed, revealing nothing that the false self does not want exposed. Just as this ideal self can be *presented*, so too can an ideal self be *perceived*.

Suler (2004) proposes that online communication can have a "disinhibition effect," allowing people to disclose deeper and more intimate details about emotions, concerns, fears, and hopes. Studies have shown that people often say things through text that they would not say in person (Bryant, Sanders-Jackson, & Smallwood, 2006; Reid & Reid, 2004). Many individuals who prefer texting over talking have reported that they can express their true feelings and thoughts much better through texting than talking face-to-face, as the absence of visual and auditory cues helps create a sense of freedom to experience greater comfort and diminished inhibition (Reid & Reid, 2004; Suler, 2004).

In the holding environment, the true self is often revealed in spontaneous reactions, play, and the emergence or strengthening of creative endeavors (Winnicott, 1960b). Texting tends to

increase the frequency and pace of small talk. Impulsive, rapid-fire and fast-paced witty banter often occurs through text communication. This pace is viewed as a benefit to many people, particularly teenagers, when getting to know each other. Research has shown that some people find it easier to get to know someone via text, where both parties seem to experience more comfort without worrying about awkward pauses or social anxiety (Bryant et al., 2006). As such, the true self is sometimes easily identifiable in spontaneous texting interactions with others.

Vignette on True Self

Tommy had been depressed for the better part of his adult life. He came to therapy after his wife said she was growing tired of his inability to express his feelings and felt bored because he was “not fun,” lacked motivation for anything except work, and did not meet her sexual needs. He reported that while he had a good time in college, drinking and hanging out with his fraternity brothers, he has felt bored and uninterested in most activities since that time. He grew up with a father who was extremely rigid and incapable of tolerating Tommy being different from his father. Tommy was very smart. He loved reading, writing, and drawing. His true self took a backseat, hidden because attempts to demonstrate individual endeavors resulted in insults by his father for being “flighty” and “filled with dreams.” Tommy was told that if he continued to keep his nose in his books and hang out inside, people would start to think that he was a sissy. Eventually, he stopped doing the things that he enjoyed and, instead, played football and other sports that his father found appropriate for boys. In his second semester at college, however, he joined a theater group, where he met his future wife. Their deep and meaningful conversations and mutual interest in literature and the arts made Tommy feel more alive than ever. They planned to backpack through Europe together after college and then enter graduate school.

However, an unexpected pregnancy halted their plans. They married, bought a home, and started to expand their family. At this time, Tommy stopped paying attention to his own feelings and needs; he complied, without hesitation, with the demands of his wife and boss. In therapy, through encouraging expression of his old interests, Tommy's true self connection became reactivated. He eventually became eager to explore his relationship with his father and then with his own children, using his mind to intellectually "play" with self-reflection and exploration. He began expressing his feelings to his wife again, and, as she reported, "he really lightened up."

One weekend, Tommy spontaneously sent me a picture through text. It was a picture of himself, his wife, and their two daughters at a local outdoor festival. He was wearing face make-up, dressed in women's clothes and a wig, with a sash that said, "Winner." He and his family looked as though they were having a great time. Apparently, Tommy had volunteered to be a participant in an *impromptu* comedy stage show at the festival, where he was given a role to play, requiring him to act like a woman. Below the picture he wrote, "Hey! What do you think my dad would think of this? I bet he would need to start seeing a shrink if he saw what a goofball I can be. Maybe I should send it to him. I bet he would need a shrink then too!! LOL." I had to admit I got a kick out of his text. I saw his playfulness and willingness to be spontaneous as an expression of his true self. At our next appointment, I asked Tommy why he sent me the picture, and he said he was not sure at the time, that he just did it. However, he continued to examine his reason. He realized that he wanted to show me that he was having fun, able to laugh, and enjoying his wife and children. He felt that his text was an internal sign to him that he had achieved what he needed to achieve in our work. Tommy shared that he thought his text was an unconscious revelation that he was ready to terminate therapy, but that he was looking for my approval of this decision. His reflection on his text message to me made him realize that he did

not need to know what I thought about it his decision because he felt confident that he no longer needed me to help him to grow. I could not have agreed more.

Virtual Enactments

Balick (2012) refers to the concept of “virtual impingements,” where ruptures within the therapeutic relationship occur through communication technologies. A virtual impingement is defined as “any event that happens in relation to a person by way of the virtual world, which is experienced as an intrusion on the self” (p. 25). The simple act of not responding to a text could quickly overwhelm a client and turn the therapist into an old object. A client could begin to send more texts, possibly during late night hours or make inappropriate requests, thus eliciting rejection by overwhelming the therapist with behaviors for which there are few guidelines. It may be difficult for a therapist not to participate in the enactment. Texting, and the accessibility it offers, introduces more susceptibility either to over gratify, frustrate, or reject clients. The absence of the verbal and visual sensory cues also allows for distortions and misinterpretations, permitting the receivers to “see” only what they want to see. As such, fragmented or partial internal object representations can become easily activated through technology in the clinical relationship (Balick, 2012; Stadter, 2013).

The notion of texting and partial representations lends itself to discussion of my work with a young man being treated for an eating disorder. Patrick frequently texted me during the week to request appointment changes, often texting several times in one week. I suspected that he had other reasons for texting me and when I addressed it, he sheepishly admitted that he texted in order to feel connected to me between sessions. This revelation provided a window into Patrick’s significant attachment insecurities. After he revealed his true motivations for texting me, his texts began to increase, reaching a point of intrusiveness. I attempted to establish

boundaries, however he continuously violated them, resulting in my refusal to respond to any of his texts. However, this created an even further escalation where he sent angry messages expressing his feelings of rejection and disappointment in me; these texts were often followed by texts apologizing and pleading with me to respond to let him know that I was not angry with him. My refusal to respond felt punitive but I did not believe responding would serve a healthy clinical purpose. Honestly, I was also extremely frustrated and angry with him for his invasion of my personal boundaries. I even considered transferring him to another therapist. However, I eventually realized I was participating in an enactment, recreating rejection experiences. My angry reactions and desire to transfer him to another therapist made me the old abandoning object that he was expecting me to be.

I ultimately used a relational approach that involved self-disclosure of my reactions to address the issue. I asked him what he imagined I was doing or feeling when I received his texts. His answer was surprisingly quick and simple. He imagined me sitting on my sofa in my home. He continued, without prompting, to expound upon his fantasy. He imagined that I watched television while sitting with my dogs, played on my computer, and read books about psychotherapy. As we continued to explore his fantasy, I asked who he thought I may be with when he texted me. He was confused by my question and reiterated that he imagined me with my dogs. I very gently reminded him of his feelings and struggles with our therapeutic relationship after he told me he found my wedding pictures on the Internet when he searched my name the previous year. He was unable to respond to my question. Clearly, he struggled with a whole representation of me, viewing me through a fragmented lens that reflected his own life, where he spent most of his personal time watching television and reading while on the couch with his dog. He imagined, despite my repeated discussions about the boundaries of texting, that I enjoyed hearing from him. The texting in our relationship was actually supporting his distorted

object representations. Over the next few months, I carefully used self-disclosure of some of my real feelings about his texts and continued to explore his fantasies about others and their reactions to him, slowly allowing him to develop greater insight, more realistic self and object representations, and more appropriate relational skills.

Summary

Many private practitioners are currently using mobile technology to manage their practices inexpensively and efficiently. The increasing use of a universal smartphone centralizes the management, scheduling and coordination of work, personal, social, and family lives. Access to features such as calendars, automated appointment reminder, practice management systems, texting, email, client contact information, and hardware for accepting electronic payments allows practitioners to handle administrative tasks with great ease and convenience. Using mobile apps designed for practice such as the DSM-5™ Diagnostic Criteria Mobile App (American Psychiatric Association [APA], 2014) saves time by granting immediate access to *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed., APA, 2013) criteria and codes through pressing a simple icon on a screen.

Mobile texting as a distinct—and ubiquitous—technology has rapidly penetrated the therapeutic environment in clinical practice. As the most popular and frequently used mobile feature, texting creates more permeability in the boundaries between professional and work lives. Psychotherapists can text clients to arrange appointments at their convenience. Clients call also just as conveniently attempt to access therapists at any time and whenever they desire or deem it necessary.

Texting is one of the most popular forms of communicating, making it a relational artifact reflecting the cultural evolution of American society. It grants immediate and concise communication between clients and therapists. In addition to using it to schedule or adjust

appointments, texting offers unprecedented opportunities to implement innovative intervention strategies, strengthen the therapeutic alliance, and inform diagnosis. However, in attempting to navigate through this technological gateway, ethical and clinical challenges arise. The omnipresent smartphone has created the potential for perpetual connectedness creating new relational norms with respect to increased expectations of accessibility and rapid responsiveness. Clinicians are not immune to these new expectations as more out-of-session text interactions are occurring in the therapeutic relationship.

This article has provided a brief overview of texting and cultural paradigm changes in the digital era. It has explored the impact of telecommunication, access to the therapist's private life through Internet searches, social media as it relates to the therapeutic relationship, and the complications that are arising in the digital era. It has identified texting as a valuable tool in psychotherapy but also explores its complications and the significant gaps in the literature, where the impact of client-clinician texting on the therapeutic relationship has not been given the attention that it needs. Practitioners are attempting to adapt to client demand for use of texting in the evolving digital culture; however, theories have not evolved, the texting phenomena has not been widely researched, and specific guidelines have not been offered by professional associations and licensing boards, therefore limiting the depth of the discourse necessary to face this challenge.

It is important for therapists to understand that text messages between the client and clinician are clinical encounters. Text exchanges need to be examined as any other clinical encounter, that is, as part of the therapeutic relationship and the clinical process. Continued exploration of texting can be beneficial for therapists who are using the technology as well as for those who are avoiding the inevitable need for incorporation into practice.

With cultural evolution come debates related to how applicable clinical theories are to contemporary life. Theory is influenced by societal change, and the social work profession has always modified practice to meet the needs that are created from cultural paradigm shifts. Social work values require workers to remain active and at the frontlines of change. The response to the unprecedented advancements in telecommunication will soon make the response, “I don’t text with clients,” antiquated. The assumption that texting can be ignored in today’s current therapeutic environment is a disservice to clients, clinicians, and the therapeutic relationship. Social workers have the distinct obligation to consider texting, purposefully and thoughtfully, in order to decide how and with whom to utilize it in practice. Just as social workers have always been on the front lines, acknowledging societal change and the obligation to meet the evolving needs of clients and society, it is incumbent upon social workers to act as forerunners in the new digital frontier. Social work ethics further require ongoing contributions to the knowledge base within the profession through research and more dialogue related to emerging societal and practice issues or concerns.

It is also important to add that, while this issue is starting to become addressed, the rapid advancements in technology create the distinct possibility that by the time this article sits in a reader’s hand, the research related to texting usage will have already become obsolete. However, texting will be a longstanding cultural artifact as it continues to become further embedded into the fabric of daily living, making the need for conceptualization of texting in practice a necessity.

This article has demonstrated that social workers can make inimitable use of relational theory, expanding it to inform the use of texting in psychotherapy. This article has demonstrated the ways in which relational theory, and the use of Donald Winnicott’s constructs of holding, handling, potential space, the transitional object, and true and false self, can help practitioners

interpret and conceptualize texting and texting behaviors. By utilizing this theoretical framework, clinicians can understand the challenges of texting and make purposeful decisions when using the technology in clinical practice.

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