

# Webotherapy: Reading Web Resources for Problem Solving

Alireza Noruzi

University of Tehran, Department of Library and Information Science, Tehran, Iran

## Abstract

**Purpose** – The purpose of this paper is to indicate that when webotherapy is applied, it can be of benefit to clients in giving them insight into their problems, resulting in a change of behavior.

**Design/methodology/approach** – Webotherapy, which can be conducted with individuals or groups, refers to the use of web resources or other online reading material (e.g. e-books, e-journals) to assist clients (especially children and young adults) in their healing process. It may be defined as the use of web resources to help others gain additional insight and to help them cope with everyday life. Most people have probably read web resources to determine how others have approached a delicate issue.

**Findings** – This paper suggests that webotherapy is a potentially powerful method for psychologists, librarians, schoolteachers and counselors to use on many levels. It begins with a brief review of the history of webotherapy, continues with a discussion of some approaches to webotherapy (developmental, clinical, and interactive), then addresses the four basic stages of webotherapy (identification, selection, presentation, and follow-up), and finally discusses the benefits and limitations of webotherapy.

**Originality/value** – The paper discusses webotherapy and offers a review of literature on related fields.

**Keywords** Counselling, Mental health services, Worldwide web, Internet, Electronic media

**Paper type** Research paper

## Introduction

The internet, especially the web, is a means to provide ready access to mental health information and care to underserved populations and people who cannot otherwise seek or receive treatment (Glueckauf *et al.*, 2003; Gustafson *et al.*, 1999; Litz *et al.*, 2004). The web can be a wondrously rich source of information and support for clients (Zuckerman, 2003). The web also provides information that might serve a number of purposes for the psychiatrist or mental health professional in clinical practice. Information of use to the practitioner's clinical work and continuing education is available. This includes immediate access to information about drugs, side-effects and therapies; open access journal articles, e-books, recent newspaper reports; and professional websites. Clinicians can develop a portfolio of useful websites that provide information they consider of value for their patients. Clinicians with their own websites might post specific information for their patients (Christensen and Griffiths, 2000).

Websites can provide cognitive information to supplement treatment or provide instant peer support groups when people such as addicts need most help (Griffiths, 2005). Griffiths categorizes websites in terms of their primary function:

- information dissemination;
- peer-delivered therapeutic/support/advice (such as a self-help support group); and
- professionally delivered treatment.

Modern hospitals, especially mental hospitals, are already connected to the internet and patients have access to the internet. Patients' internet access can revolutionize patient care and patient communication. The internet and the web give all clients the opportunity for immediate communication to their therapists and provide an anonymity that is not possible in a face-to-face interaction with another person, regardless of geography, gender, race, religion, and in spite of many physical disabilities and illnesses.

Online therapy is growing and appears to be growing at exponential rates. Some therapists have claimed that internet therapy is an oxymoron, because psychotherapy is based upon both verbal and non-verbal communication (Griffiths, 2005; Segall, 2000). Online mental health service delivery is under way and is likely to expand in the future (Norcross *et al.*, 2002). Clients can connect to the world and find others like themselves. There are online self-help organizations, medical doctors, and self-help groups for alcohol and drug problems and sexual abuse throughout the world. Self-help organizations and non-profit websites (e.g. [www.mentalhealth.com](http://www.mentalhealth.com) and [www.metanoia.org](http://www.metanoia.org)) attempt to provide quality mental-health services via the web. As an example, Pehrsson and McMillen (2006a) seek to facilitate access to quality child and adolescent bibliotherapy literature by linking other book review sources in an online project which seeks to:

- evaluate materials for bibliotherapeutic work with children and adolescents;
- find evaluated books for certain age groups and issues; and
- learn more about the use of books in therapy.

The term “webotherapy” is derived from two words – web (i.e. worldwide web), and the Greek *therapeia* (healing, to serve or help medically, to attend medically) – and designates a form of supportive psychotherapy. It can be defined as the use of selected reading resources for therapeutic adjuvants or purposes in the treatment of mental and nervous disorders. Webotherapy is a mode of communication. Web resources, e-books and e-journals are media used to assist in establishing a means of communication and in reinforcing the therapeutic climate of treatment programs (Noruzi, 2006). In this paper, various definitions of webotherapy are examined.

Webotherapy is sharing web resources with the intent of helping the client deal with a personal problem. However simple this definition may seem to be, the practice of webotherapy is difficult to describe, defend, or debate. Webotherapy involves reading and processing online literature that the “webotherapist” (defined as any qualified professional who is using the web as a medium for practice) has carefully chosen to help the client understand the societal influences that impact his or her personal experiences and to grow in self-awareness. Clinical psychologists, mental health professionals, counselors, and librarians often assign literary resources to help individuals with psychological needs (Sullivan and Strang, 2003).

The point of webotherapy is to provide the clients with models for effective coping and problem-solving. For example, recommending appropriate web resources and e-books (fiction or non-fiction) for clients experiencing personal problems (e.g. drug abuse, addiction or bereavement) in the expectation that accounts of fictional character coping with similar situations and difficulties will help clients to find out an adequate solution. Thus, webotherapy is a guided reading approach, which helps clients gain insight, understanding of the self and environment, focus attention outside the self, provide relaxation and diversion, find solutions to problems, or learn from others.

One of the underlying assumptions of webotherapy is that the act of reading itself is a naturally interactive process. By placing himself or herself in the shoes of a story’s major characters, goes the notion, the client can extrapolate from their experiences and apply their ways of dealing with their fictional characters’ ups and downs to his or her own life. Maybe, maybe not – but sometimes the mere act of absorbing top-notch literature can have a positive effect. Anyone who reads good writing has experienced the feeling of uplift and reassurance that comes from consuming a delicious slice of prose (Bowen, 2000).

The idea of healing through books is not a new one – it can be traced far back in history, from the days of the first libraries in Greece. The use of books in healing, however, has been interpreted differently by classical scholars, physicians, psychologists, social workers, nurses, parents, teachers, librarians and counselors. There is, in fact, confusion in determining the

dividing line between reading guidance and bibliotherapy (Smith, 1989). And the vast amount of professional literature that is available on bibliotherapy naturally mirrors the point of view of the helping professional who wrote it and the field in which he or she is an expert (Aix, 1993).

The purpose of this paper is to indicate that when webotherapy is applied, it can be of benefit to clients in giving them insight into their problems, resulting in a change of behavior.

### **Definitions of webotherapy**

Webotherapy is the employment of web resources, e-books and e-journals and the reading of them in the treatment of mental and nervous diseases and disorders. Webotherapy or “internet therapy” is the modern alternative to bibliotherapy self-help treatments. “The term self-help is misleading. It implies that people are involved in an effort to help only themselves, where in fact a defining feature of self-help groups is that people help one another” (King and Moreggi, 1998). Self-help can frequently accelerate or enhance treatment outcome. Self-help can empower a client to greater problem-solving independence. Self-help materials can also enrich themes developed in psychotherapy by using complementary media such as the internet and books. The most contemporary and prolific source for self-help material is undoubtedly the internet, and especially the web (Scogin, 2003a). Literature has long been recognized as having therapeutic value, as in bibliotherapy, where reading is used as an adjunct to psychotherapy (Campbell, 1989).

Webotherapy developed out of the librarian tradition with its emphasis on recommended readings for particular problems or concerns. Here, reading material distributed via e-mail exchanges, online forums, discussion groups, chat rooms, instant messaging, audio-video connections, video-conference/video teleconferencing, websites, weblogs, online newspapers, and open-access journals on the web is used to help solve personal problems or for psychiatric therapy (the use of web resources to help children and adolescents cope with emotional problems or mental illness). Some psychologists and librarians may defend the practice of webotherapy as a rich and sensitive strategy for supporting the new Net generation of children through the difficult process of growing up.

Webotherapy is also the use of fiction and non-fiction web resources, e-books and e-journals to help people solve problems or adjust behavior (e.g. drug and alcohol abuse, smoking, autism, behavior disorders, substance abuse, communication disorders, dysgraphia, dyslexia, emotional disturbance, socio-emotional difficulties, grief and loss, obesity, anxiety and mood disorders, relationship or family problems, the death of a loved one, separation and divorce, social phobias, stress, agoraphobia, etc.). It is the process of dynamic interaction between the personality of the reader and literature as a psychological field which may be used for personality assessment, adjustment, growth, clinical and mental hygiene purposes.

Briefly, webotherapy is:

- healing through web resources;
- reading web resources, e-books and e-journals to solve and better understand personal problems; and
- mutual sharing of literature to structure interaction between a facilitator and a participant to facilitate personal development or problem resolution through web resources.

Multiple terms found in the literature virtually synonymous with the concept of webotherapy are web counseling, web guidance, web psychology, web therapeutics, e-therapy, internet therapy, online therapy, e-mail therapy, and cybertherapy. However, reading through several different articles about internet therapy (e-therapy), it is immediately evident that different authors use the same term to describe different activities with different kinds of clients.

## Literature review

The word “webotherapy” is derived from “bibliotherapy”, i.e. the use of books to help patients. Webotherapy is a recent development when contrasted with the long history of therapists delivering treatment via letters, telephone (e.g. Haas *et al.*, 1996; Padach, 1984; Wiederhold *et al.*, 2000), e-mail (Andersson and Kaldø, 2004; Carlbring and Andersson, 2006; Carlbring *et al.*, 2006; Eysenbach and Diepgen, 1998a; Murphy and Mitchell, 1998; Stofle, 2001; Strijm *et al.*, 2000) and bibliotherapy.

A review of the literature in medicine, mental health and education finds bibliotherapy applied therapeutically to an astounding range of problems and issues. These include aggressiveness, adoption/foster care, diversity awareness/valuation, addictions, chemical dependency, divorce, separation and loss, family dissolution, family violence, cultural awareness and ethnic identity, death and dying, giftedness, grief and loss, conflict resolution, child abuse/neglect, physical abuse and domestic trauma, dispute resolution, clinical depression, talented and gifted children, homelessness, nightmares, night terrors, obsessive-compulsive disorder and self-destructive behavior (Pehrsson and McMillen, 2005, 2006a, b).

Carlbring and Andersson (2006) argue that there now seems to have been a shift toward using the web (Zuckerman, 2003) to inexpensively administer self-help treatment instructions, in combination with some sort of text-based human interaction (e.g. e-mail). Carlbring and Andersson (2006) state that internet therapy (“interapy”) can be divided into four categories:

- (1) self-administered therapy or pure self-help;
- (2) predominantly self-help (i.e. therapist assesses and provides initial rationale, and teaches how to use the self-help tool);
- (3) minimal contact therapy (i.e. active involvement of a therapist, though to a lesser degree than traditional therapy); and
- (4) predominantly therapist-administered therapy (i.e. regular contact with therapist for a number of sessions, but in conjunction with self-help material; Scogin, 2003b).

The results of a current study (Carlbring *et al.*, 2006) indicate that internet-based self-help plus minimal therapist contact via e-mail is a promising new treatment approach for people suffering from *social phobia*. Specifically, the treated participants achieved significant improvement on measures of social anxiety, fear, avoidance, depression and general anxiety.

Tate and Zabinski (2004) argue that “the constant availability of online support may decrease some clients’ interest in face-to-face psychotherapy, as ease of use and accessibility of the Internet may become a more attractive alternative to more traditional methods of support”.

However, Wantland *et al.* (2004) conclude that “there is substantial evidence that use of web-based interventions improve behavioral change outcomes. These outcomes included increased exercise time, increased knowledge of nutritional status, increased knowledge of asthma treatment, increased participation in healthcare, slower health decline, improved body shape perception, and 18-month weight loss maintenance”.

The use of internet self-help therapy as a means to treat tinnitus is reviewed by Andersson and Kaldø (2004). They note that there are very few psychotherapists who know how to treat tinnitus, and thus dissemination of therapy for this disorder is particularly important. They conclude that “Internet-based self-help treatment does not suit all patients, and we could present cases for which the treatment did not work as well”. In their work, Christensen *et al.* (2002) have shown that “web sites are a practical and promising means of delivering cognitive behavioral interventions for preventing depression and anxiety to the general public”.

Study participants who received the internet-based treatment reduced their tinnitus-related symptoms – including depression, anxiety, distress and annoyance – to a greater extent than

the control group (Andersson *et al.*, 2002). However the results were not dramatic: less than a third of the participants treated achieved substantial improvement in their symptoms (50 percent). But even without substantial improvement, “our impression from e-mails is that a majority of completers found the treatment to be beneficial” (Andersson *et al.*, 2002). They suggest that “in order to be able to determine if the Internet can be used more regularly, there is a need to compare Internet treatment with ordinary treatment within the same study”.

Kelly *et al.* (2002), in a study focused on Usenet groups, argued that newsgroups may be used by non-professionals and offer a forum for the exchange of experiences, advice and opinions from fellow patients with diabetes, their relatives or indeed anyone interested enough to visit the group. But there is a risk that patients may take a short cut to use websites rather than obtaining professional advice from medical practitioners. However, such risks should not be overstated, as there is little evidence to suggest that patients use the internet as an alternative to consultation with medical practitioners. Finally, they argue that these concerns may be matched by the positive benefits identified from the newsgroup, which include encouragement that other patients have coped with a similar problem, and the ability to share humour and express frustration at the perceived inadequacy of professional advice. These researchers conclude that, while it is clear that there is a need for mutual support and sharing of information between patients, it is important that this information is accurate and sensible (Eysenbach and Diepgen, 1998b).

An advantage of webotherapy is the ability to use the power of the internet to feed relevant supplementary material to clients quickly and easily. Links to informational web resources, video clips, documents, and assessment tools are readily supplied via all online therapy modalities. Whereas traditional therapy takes place in the therapist’s office, limiting the therapist to whatever resources he or she has on the bookshelf, online therapy always takes place in a context with limitless resources (Grohol, 2000; Rochlen *et al.*, 2004).

While an increasing body of research suggests that the field of e-therapy shows promise, many practitioners are sceptical or at least unconvinced of its potential benefits (Cottrell, 2005). In a survey of 329 therapists accredited with the British Association of Behavioural and Cognitive Psychotherapists, only 1 percent said they used e-therapy as an alternative to patient-therapist contact, two principal obstacles being the need to find out more about treatments, and to receive training in their use (Whitfield and Williams, 2004). In another study, Strom *et al.* (2004) conclude that the internet has the potential to serve as a medium for psychological treatment of insomnia.

On the other hand, Castelnuovo *et al.* (2003) state that “in e-therapy the focus of the treatment does not shift into technology but remains on the traditional process of psychotherapy. The traditional setting could move into a virtual or synthetic environment without affecting the basic principles and phases of treatment”. They also argue that “although the main problem for the success of e-therapy is organizational rather than technical, there are technological limitations that need to be considered, such as insufficient image quality, low framing rate, flickering and delays that make working in front of a video terminal unattractive, and fatigue. However, the quality of technology in this area is increasing while costs are falling. [ . . . ] For the success of e-therapy applications, widespread access to the Internet is also required”.

Zabinski *et al.* (2003) listed advantages, disadvantages, and safeguards for internet interventions. They state that “the Internet provides the unique possibility of an anonymous and confidential forum for participants to be able to examine and discuss weight and shape concerns, explore difficult emotions and seek support from others on-line, without the appearance-related pressure and self-consciousness typically associated with face-to-face interactions”, and conclude that “the advantages of computerized programmes and their positive results make the Internet a promising approach for eating disorder prevention”.

Defining online therapy (e-therapy) as “a new type of psychotherapy”, Grohol (2001) notes that “it is simply not psychotherapy transplanted online no more than telephone interventions are simply psychotherapy transplanted to the telephone, crisis intervention is psychotherapy done quickly, or play therapy is psychotherapy done with toys. [. . .] Online therapy uses the *richness of language* to help bring about change in the client’s life. Language, whether it be written or oral, is the core component of communication. [. . .] Online therapy *reaches out to the majority of people who would never seek professional mental health services*”. Grohol (2001) goes on to posit that “online therapy is *potentially more secure, confidential, and private* than traditional face-to-face therapy. Because of the unique qualities of the e-therapy, therapeutic change can take place in an anonymous or pseudonymous context. [. . .] Online therapy can be a *more powerful, quicker change agent than traditional psychotherapy*”.

An earlier study by Zabinski further supports internet-based interventions, which can be feasibly delivered and can achieve improvements in unhealthy attitudes regarding body shape and weight. Given that the intervention can be easily and inexpensively disseminated, it may be an appropriate first line of treatment in a stepped-care approach for the large number of women with body image concerns (Zabinski *et al.*, 2001). Web resources and educational information which therapists have either located or actually created on the web can be shared directly with clients. Clients with hearing impairments can participate in text-based chat counselling sessions, and blind clients who might not otherwise get services can use audio applications (Kirk, 1997).

The results of a survey ( $n = 52$ ) of people who used online self-help groups seems to support the hypothesis that people are using these groups as an adjunct to their efforts in recovery from various disorders. Because, it makes another great “opportunity to share experiences with others” with “the convenience of being in your own home”. Nearly half the sample cited “the variety of the participants” as being one of the most beneficial values gained from being involved the group (Dubin *et al.*, 1998).

The purposes of webotherapy like bibliotherapy are diverse:

- to rebuild thought structures;
- to impart information;
- to refocus the emotions;
- to provide insight;
- to stimulate discussions about problems;
- to redirect the will;
- to communicate new attitudes and values;
- to teach new solutions to problems;
- to enhance self-esteem; and
- to furnish relaxation and diversion (Cronje, 1993).

Bibliotherapy, though, as a type of brief intervention in which patients receive written materials on the harmful effects of alcohol and guidelines for reducing drinking, has been found to reduce alcohol consumption and associated problems according to Sanchez-Craig *et al.* (1989). These interventions represent a potentially powerful and cost-effective tool for the early treatment of heavy drinkers identified in a variety of settings. Therefore, webotherapy can effectively play the role of bibliotherapy. In fact, the first documented use of bibliotherapy as an intervention technique was recorded in 1840 (Afolayan, 1992). And in 1916, the term “bibliotherapy” was used in a published article in *The Atlantic Monthly* to describe the process of presenting books to medical patients who needed help understanding their problems (Crothers, 1916).

The main difference between the present study and the previous studies cited above is that this study suggests the web as an adjunct or the modern alternative to bibliotherapy, while the previous studies consider the internet as an alternative to traditional psychotherapy.

## **The purposes of webotherapy**

Many of us may use web resources and webotherapy for various reasons:

- to help us make important personal decisions;
- to provide information about problems, diseases, etc.;
- to provide insight into problems and stimulate discussion about possible solutions;
- to create an awareness that there are alternatives and to take advantage of the ways that others have dealt with similar problems;
- to find an online family counselor; or
- to consult an online psychologist.

Webotherapeutic intervention may also be undertaken for many reasons:

- to develop an individual's self-concept;
- to increase an individual's understanding of human behavior or motivations;
- to foster an individual's honest self-appraisal;
- to provide a way for a person to find interests outside of self;
- to relieve emotional or mental pressure;
- to show an individual that he or she is not the first or only person to encounter such a problem;
- to show an individual that there is more than one solution to a problem;
- to help a person discuss a problem more freely;
- to help an individual plan a constructive course of action to solve a problem (Aiex, 1993);
- to develop personal and social judgment;
- to improve tolerance for ambiguity and accuracy in perceiving self and others;
- to identify and overcome overpowering emotions;
- to increase coping skills and adaptive functions;
- to reduce negative emotions, such as anxiety, stress and loneliness;
- to develop self-esteem, self-expression and self-understanding;
- to strengthen interpersonal communication skills; and
- to help an individual to reduce the fear of something (e.g. public speaking fear).

Therapists and counselors can prescribe webotherapy, through stories of life transformation, to their clients as a way of coping with problems, understanding that others have overcome similar life situations (disorders or problems), and learning new skills. Web resources can educate the client about the problem or disorder itself or be used to increase the client's understanding and acceptance of a proposed treatment and to promote a stronger sense of personal responsibility for health care.

## **Benefits of webotherapy and bibliotherapy**

Webotherapy may help the client to develop insight into his or her problems and it encourages the verbalization of problems. It serves as an indirect communication channel between the client and the webotherapist. If the client realizes that his or her problems are not unique, it may reduce his or her feelings of isolation. Webotherapy has many practical advantages; among these are easy access to a wide variety of online resources, flexibility in application to various settings, and use with a range of problems and clients (Pehrsson and McMillen, 2006b; see Pehrsson and McMillen, 2005, for a more complete review of the literature on beneficial therapeutics), convenience and increased access for both clients and therapists (Rochlen *et al.*, 2004).

Webotherapy also has the potential to serve people with limited mobility, physical disability, time restrictions, and limited access to mental health services (Rochlen *et al.*, 2004). Patients living in remote areas, physically disabled patients with restricted mobility, or patients who are reluctant to seek face-to-face therapy because of anxiety or fear of stigmatization may be reached through the web (Lange *et al.*, 2003).

Pehrsson and McMillen (2006b) list the benefits of bibliotherapy that are most frequently mentioned by experienced therapists, which are really the benefits of webotherapy:

- provides a window – increases awareness of and empathetic understanding for other cultures, lifestyles and lived experiences;
- provides a mirror – increases appreciation of, pride in and identification with one's own ethnic/cultural identity;
- promotes coping skills;
- provides information and alternatives;
- stimulates discussion of feelings and ideas;
- increases enjoyment of literature and reading; and
- enhances insight and integration.

Webotherapy can also be examined as a low-cost option for people with both depressive and anxiety disorders. Its effects can be enhanced with re-enforcement and support by clinicians (practitioners). It is a client-friendly, high-tech, low-cost, easy to use, inexpensive, self-implemented and non-invasive technique to heal the emotional wounds of illness.

### **Stages of webotherapy**

Webotherapy is an adjunct to other therapies, consisting of four stages:

- (1) Identification of the client's needs, emotions and issues.
- (2) Selection of appropriate web resources that directly address the client's socio-emotional difficulties, that allow the client to identify personally with the source's main character, and that provide correct information about a presenting problem (the therapist should read the resource before recommending it to a client; the therapist should be aware of the complexity and length of the resource and should take into account the client's age, gender, background, reading level, and interests). The selection process takes skill and insight, as the web resources must provide correct information about a problem while not imparting a false sense of hope.
- (3) Presentation of web resources carefully and strategically so that the client is able to see similarities between himself or herself and the characters in the selected resources, and applying the technique through developmentally appropriate strategies by holding discussions with the client by asking the following questions:
  - What is the story about?
  - How does the story make you feel?
  - Who is the main character?
  - What problem did the main character encounter?
  - How did the main character solve the problem?
  - If you faced a similar problem, what might you do? (Sullivan and Strang, 2003).

These discussions provide therapists with the opportunity to determine whether the client adequately understands the selection's message; and

- (4) Follow-up of the client after reading the resources (e.g. retelling of the story, analyzing decisions of characters, role-playing, creative problem-solving, discussing right and wrong, morals, the strong and weak points of the main character, resolving the story in a different way), encouraging the client to think about how he or she relates to the self. Each of these stages must be carefully considered by the therapist.



The main criteria to select a web resource are as follows:

- the web resource should offer useful content on the problem area covered;
- the web resource should focus on one or more of the clinical or psychological topics covered in the work; and
- the web resource should be clearly appropriate to the implementation of the webtherapeutic process.

As an alternative to traditional medication, doctors can refer patients who are struggling through bouts of stress, depression and anxiety to a webtherapist at a hospital library, at a public library, or an online webtherapist. The webtherapist will then scan the web to create a customized course of web resources designed to cure each client's particular problem. The goal is to pair patients with web resources that will serve as an inspiration for them to get better or at least cheer them up. The assumption is that reading particular web resources can cheer patients up. The idea is that webtherapists should talk to clients, find out what kind of things they normally like to read, why they are stressed or ill, and then prescribe them an individual list of web resources. Webtherapists should maintain lists of web resources that they think might help people in different situations. The goal for webtherapists is to know this material in case someone comes in and wants it.

### **Types of webotherapy**

Based on the types of bibliotherapy, there are three types of webotherapy. Whichever approach it involves, webotherapy requires careful planning.

#### *Developmental*

Developmental webotherapy involves helping clients in their normal health and development. It focuses on helping clients cope with developmental needs rather than relying on a clinical or individualized approach. The advantage of this approach is that therapists can identify the concerns of their clients and address the issues before problems arise. It is defined as the use of literature and facilitative processes by skilled helpers to assist individuals in dealing with life transitional and normal developmental issues (Pehrsson and McMillen, 2006b).

#### *Clinical*

In clinical webotherapy, skilled practitioners use webtherapeutic methods to help individuals experiencing serious emotional and behavioral problems. It is defined as the use of literature and facilitative processes by skilled mental health or medical clinicians in meeting a deliberate therapeutic goal for the purpose of assisting individuals in dealing with severe disorders and traumatic life experiences (Pehrsson and McMillen, 2006b).

#### *Interactive*

In interactive webotherapy, participants engage in activities that help them reflect on what they read, such as group discussion and dialogue journal writing (Palmer *et al.*, 1997; Anderson and MacCurdy, 2000; Morawski and Gilbert, 2000; Hayati Abdullah, 2002). The reader becomes part of the unfolding intellectual and emotional process of the story, and in struggling to understand what is being communicated at the deepest levels, the reader responds by making a positive alternation or modification in behavior or attitude (Myers, 1998).

### **Discussion**

An advantage of webotherapy materials is their accessibility. They can be delivered and distributed through the e-mail, discussion groups, web pages and weblogs. The web, especially the weblog, is one of the means used to purge emotions, heal or comfort each other,

writer (blogger) and reader alike. As an example, a patient blogger can give perspective, hope and determination to other potential patients diagnosed with the same problems (e.g. drug and alcohol abuse, communication disorders, socio-emotional difficulties, grief and loss, relationship or family problems, death of a loved one, separation and divorce, social phobias, etc.). A patient blogger can recommend and share his or her experiences with people who fall ill. Thus, the weblog offers a forum for the exchange of experiences, advice and opinions from fellow patients, their relatives or indeed anyone interested enough to visit his or her weblog. In fact, weblog is a writing therapy technique. As a patient blogger writes, she or he is typically reading what she or he is writing. This in turn has the potential to impact on himself or herself as she or he writes, and so impact on what she or he writes next. Therefore, blogging is a *literary mirror and an externalizing mechanism* for patient bloggers to see themselves in print. There they are, looking at themselves. This process allows bloggers to develop some distance from their problems and to see themselves and their relationships as distinct from the problem itself.

Webotherapy can be used as an adjunct to individual or group therapy and is a form of self-administered treatment in which web resources provide a means of self-improvement or help to alleviate distress, to increase awareness and enhance lifestyle changes.

### **Conclusion**

Webotherapy is a suitable way to learn new skills in problem-solving, coping and troubleshooting. It promotes spirituality and self-help and leads to mutual help. It is worth noting that a single webotherapeutic session is not sufficient to effect real change in clients. Therefore, a variety of follow-up activities can be used to help clients bridge the gap between their readings and personal application to their own lives. Webotherapists can establish online discussion groups and newsgroups to be used by clients with mental disorders, providing access for clients to state their questions or comments and receive replies from other clients or health care professionals.

Webotherapy has a broad range of applications with individuals of all ages, and is used for health maintenance, and among populations requiring treatment for various situations (addicts, adolescents, families with problems, the learning disabled, the elderly, the physically challenged, and survivors of violence, abuse and incest). However, since webotherapy cannot be used with all clients, for all purposes, or in all settings, practitioners must be selective in its use. The therapist must be aware of the limitations of the webotherapeutic approach. Inevitably, responses to webotherapy differ from client to client. Consequently, every user needs his or her web resource.

In addition, future studies need to compare webotherapy interventions with traditional generally face-to-face bibliotherapeutic approaches in order to determine whether webotherapy approaches could replace bibliotherapy, or whether it should be viewed as an adjunct to bibliotherapy.

### **Acknowledgments**

The author wishes to thank Mrs. Marjorie Sweetko for her helpful comments in producing the paper.

### **References**

- Afolayan, J.A. (1992), "Documentary perspective of bibliotherapy in education", *Reading Horizons*, Vol. 33 No. 2, pp. 137-48.
- Aiex, N.K. (1993), "Bibliotherapy", Report No. EDO-CS-93-05, Office of Educational Research and Improvement, Indiana University, Bloomington, IN, ERIC No. ED357333, available at: <http://reading.indiana.edu/ieo/digests/d82.html>

- Anderson, C.M. and MacCurdy, M.M. (2000), *Writing and Healing: Toward an Informed Practice*, National Council of Teachers of English, Urbana, IL.
- Andersson, G. and Kaldø, V. (2004), "Internet-based cognitive behavioral therapy for tinnitus", *Journal of Clinical Psychology*, Vol. 60 No. 2, pp. 171-8.
- Andersson, G., Strömngren, T., Ström, L. and Lyttkens, L. (2002), "Randomized controlled trial of Internet-based cognitive behavior therapy for distress associated with tinnitus", *Psychosomatic Medicine*, Vol. 64 No. 5, pp. 810-6.
- Bowen, J. (2000), "A spoonful of Dickens", available at: <http://archive.salon.com/books/feature/2000/08/08/bibliotherapy/>
- Campbell, R. (1989), *Psychiatric Dictionary*, 6th ed., Oxford University Press, New York, NY.
- Carlbring, P. and Andersson, G. (2006), "Internet and psychological treatment. How well can they be combined?", *Computers in Human Behavior*, Vol. 22 No. 3, pp. 545-53.
- Carlbring, P., Furmark, T., Steczko, J., Ekselius, L. and Andersson, G. (2006), "An open study of Internet-based bibliotherapy with minimal therapist contact via email for social phobia", *Clinical Psychologist*, Vol. 10 No. 1, pp. 30-8.
- Castelnuovo, G., Gaggioli, A., Mantovani, F. and Riva, G. (2003), "New and old tools in psychotherapy: the use of technology for the integration of traditional clinical treatments", *Psychotherapy: Theory, Research, Practice, Training*, Vol. 40 Nos 1/2, pp. 33-44.
- Christensen, H. and Griffiths, K. (2000), "The Internet and mental health literacy", *Australian and New Zealand Journal of Psychiatry*, Vol. 34 No. 6, pp. 975-9.
- Christensen, H., Griffiths, K.M. and Korten, A. (2002), "Web-based cognitive behavior therapy: analysis of site usage and changes in depression and anxiety scores", *Journal of Medical Internet Research*, Vol. 4 No. 1, e3, available at: <http://www.jmir.org/2002/1/e3/>
- Cottrell, S. (2005), "E-therapy: the future?", *Healthcare Counselling & Psychotherapy Journal*, Vol. 5 No. 1, pp. 18-21.
- Cronje, K.B. (1993), "Bibliotherapy in Seventh-Day Adventist education using the information media for character development", *International Faith and Learning Seminar*, Helderberg College, Somerset West, November/December, available at: [http://www.aiias.edu/ict/vol\\_12/12cc\\_049-066.htm](http://www.aiias.edu/ict/vol_12/12cc_049-066.htm)
- Crothers, S. (1916), "A literary clinic", *Atlantic Monthly*, Vol. 118, September, pp. 291-302.
- Dubin, J., Simon, V. and Orem, J. (1998), "Analysis of survey results", paper presented for the New York University School of Social Work, New York, NY (cited in King and Moreggi, 1998).
- Eysenbach, G. and Diepgen, T.L. (1998a), "Responses to unsolicited patient email requests for medical advice on the world wide web", *Journal of the American Medical Association*, Vol. 280, pp. 1333-5.
- Eysenbach, C. and Diepgen, T. (1998b), "Towards quality management of medical information on the internet: evaluation, labelling, and filtering of information", *British Medical Journal*, Vol. 317 No. 7171, pp. 1496-502, available at: <http://bmj.bmjournals.com/cgi/content/full/317/7171/1496>
- Glueckauf, R.L., Pickett, T.C., Ketterson, T.U., Loomis, J.S. and Rozensky, R.H. (2003), "Preparation for the delivery of telehealth services: a self-study framework for expansion of practice", *Professional Psychology: Research and Practice*, Vol. 34 No. 2, pp. 159-63.
- Griffiths, M. (2005), "Online therapy for addictive behaviors", *Cyberpsychology & Behavior*, Vol. 8 No. 6, pp. 555-61.
- Grohol, J.M. (2000), *The Insider's Guide to Mental Health Resources Online*, Guilford Press, New York, NY.
- Grohol, J.M. (2001), "Best practices in e-therapy: clarifying the definition of e-therapy", May 2, last reviewed 16 January 2005, available at: <http://psychcentral.com/best/best5.htm>

- Gustafson, D.H., Hawkins, R.P., Boberg, E., Pingree, S., Serlin, R.C., Graziano, F. and Chan, C.L. (1999), "Impact of a patient-centered, computer-based health information/support system", *American Journal of Preventative Medicine*, Vol. 16 No. 1, pp. 1-9.
- Haas, L.J., Benedict, J.G. and Kobos, J.C. (1996), "Psychotherapy by telephone: risks and benefits for psychologists and consumers", *Professional Psychology: Research and Practice*, Vol. 27 No. 2, pp. 154-60.
- Hayati Abdullah, M. (2002), "Bibliotherapy", Digest Number 177, ERIC Digests (073), available at: <http://www.indiana.edu/~reading/ieo/digests/d177.html>
- Kelly, W., Connolly, V., Bilous, R., Stewart, A., Nag, S., Bowes, D., Loader, B. and Muncer, S. (2002), "Reader beware: diabetes advice on the web", *Practical Diabetes International*, Vol. 19 No. 4, pp. 108-10.
- King, S.A. and Moreggi, D. (1998), "Internet therapy and self help groups – the pros and cons", in Gackenbach, J. (Ed.), *Psychology and the Internet: Intrapersonal, Interpersonal and Transpersonal Implications*, Academic Press, San Diego, CA, pp. 77-109, available at: <http://webpages.charter.net/stormking/Chapter5/index.html>
- Kirk, M.A. (1997), "Current perceptions of counseling and counselor education in cyberspace", *Counseling Today*, Vol. 39 No. 7, pp. 17-18.
- Lange, A., Rietdijk, D., Hudcovicova, M., van de Ven, J.P., Schrieken, B. and Emmelkamp, P.M.G. (2003), "Interapy: a controlled randomized trial of the standardized treatment of posttraumatic stress through the Internet", *Journal of Consulting and Clinical Psychology*, Vol. 71 No. 5, pp. 901-9.
- Litz, B.T., Williams, L., Wang, J., Bryant, R. and Engel, C.C. Jr (2004), "A therapist-assisted internet self-help program for traumatic stress", *Professional Psychology: Research and Practice*, Vol. 35 No. 6, pp. 628-34.
- Morawski, C.M. and Gilbert, J.N. (2000), "Developmental interactive bibliotherapy", *College Teaching*, Vol. 48 No. 3, pp. 108-14.
- Murphy, L.J. and Mitchell, D.L. (1998), "When writing helps to heal: e-mail as therapy", *British Journal of Guidance & Counselling*, Vol. 26 No. 1, pp. 21-32.
- Myers, J.E. (1998), "Bibliotherapy and DCT: co-constructing the therapeutic metaphor", *Journal of Counseling and Development*, Vol. 76 No. 3, pp. 243-50.
- Norcross, J.C., Hedges, M. and Prochaska, J.O. (2002), "The face of 2010. A Delphi poll on the future of psychotherapy", *Professional Psychology: Research and Practice*, Vol. 33 No. 3, pp. 316-22.
- Noruzi, A. (2006), "Webotherapy and beyond", *Webology*, Vol. 3 No. 3, Editorial 9, available at: <http://www.webology.ir/2006/v3n3/editorial9.html>
- Padach, K.M. (1984), *Long-term Telephone Psychotherapy*, Haworth Press, New York, NY.
- Palmer, B.C., Biller, D.L., Rancourt, R.E. and Teets, K.A. (1997), "Interactive bibliotherapy: an effective method for healing and empowering emotionally-abused women", *Journal of Poetry Therapy*, Vol. 11 No. 1, pp. 3-15.
- Pehrsson, D.E. and McMillen, P. (2005), "A bibliotherapy evaluation tool: grounding counsellors in the therapeutic use of literature", *The Arts in Psychotherapy*, Vol. 32 No. 1, pp. 47-59.
- Pehrsson, D.E. and McMillen, P. (2006a), "Bibliotherapy Education Project", January 18, available at: <http://bibliotherapy.library.oregonstate.edu>
- Pehrsson, D.E. and McMillen, P. (2006b), "Competent bibliotherapy: preparing counselors who use literature to be culturally responsive", *VISTAS Online 2006*, American Counseling Association, Montreal, Canada, April 2, available at: <http://counselingoutfitters.com/Pehrsson.htm>

- Rochlen, A.B., Zack, J.S. and Speyer, C. (2004), "Online therapy: review of relevant definitions, debates, and current empirical support", *Journal of Clinical Psychology*, Vol. 60 No. 3, pp. 269-83.
- Sanchez-Craig, M., Leigh, G., Spivak, K. and Lei, H. (1989), "Superior outcome of females over males after brief treatment for the reduction of heavy drinking", *British Journal of Addiction*, Vol. 84 No. 4, pp. 395-404.
- Scogin, F.R. (2003a), "Introduction: integrating self-help into psychotherapy", *Psychotherapy in Practice*, Vol. 59 No. 2, pp. 175-6.
- Scogin, F.R. (2003b), "Introduction: the status of self-administered treatments", *Journal of Clinical Psychology*, Vol. 59 No. 3, pp. 247-9.
- Segall, R. (2000), "Online shrinks: the inside story", *Psychology Today*, May/June, pp. 38-43.
- Smith, A.G. (1989), "Will the real bibliotherapist please stand up?", *Journal of Youth Services in Libraries*, Vol. 2 No. 3, pp. 241-9.
- Stofle, G.S. (2001), *Choosing an Online Therapist*, White Hat Communications, Harrisburg, PA.
- Strijm, L., Pettersson, R. and Andersson, G. (2000), "A controlled trial of self-help treatment of recurrent headache conducted via the internet", *Journal of Consulting and Clinical Psychology*, Vol. 68 No. 4, pp. 722-7.
- Strom, L., Pettersson, R. and Andersson, G. (2004), "Internet-based treatment for insomnia: a controlled evaluation", *Journal of Consulting and Clinical Psychology*, Vol. 72 No. 1, pp. 113-20.
- Sullivan, A.K. and Strang, H.R. (2003), "Bibliotherapy in the classroom: using literature to promote the development of emotional intelligence", *Childhood Education*, Vol. 79 No. 2, pp. 74-80.
- Tate, D.F. and Zabinski, M.F. (2004), "Computer and internet applications for psychological treatment: update for clinicians", *Journal of Clinical Psychology*, Vol. 60 No. 2, pp. 209-20.
- Wantland, D.J., Portillo, C.J., Holzemer, W.L., Slaughter, R. and McGhee, E.M. (2004), "The effectiveness of web-based vs. non-web-based interventions: a meta-analysis of behavioural change outcomes", *Journal of Medical Internet Research*, Vol. 6 No. 4, e40, available at: <http://www.jmir.org/2004/4/e40/>
- Whitfield, G. and Williams, C. (2004), "If the evidence is so good – why doesn't anyone use them? A national survey of the use of computerised cognitive behavioural therapy", *Behavioural Cognitive Psychotherapy*, Vol. 32 No. 1, pp. 57-65.
- Wiederhold, B.K., Wiederhold, M.D., Jang, D.P. and Kim, S.I. (2000), "Use of cellular telephone therapy for fear of driving", *CyberPsychology and Behavior*, Vol. 3 No. 6, pp. 1031-9.
- Zabinski, M.F., Celio, A.A., Jacobs, M.J., Manwaring, J. and Wilfley, D.E. (2003), "Internet-based prevention of eating disorders", *European Eating Disorders Review*, Vol. 11 No. 3, pp. 183-97.
- Zabinski, M.F., Pung, M.A., Wilfley, D.E., Eppstein, D.L., Winzelberg, A.J., Celio, A. and Taylor, C.B. (2001), "Reducing risk factors for eating disorders: targeting at-risk women with a computerized psychoeducational program", *International Journal of Eating Disorders*, Vol. 29 No. 4, pp. 401-8.
- Zuckerman, E. (2003), "Finding, evaluating, and incorporating Internet self-help resources into psychotherapy practice", *Journal of Clinical Psychology*, Vol. 59 No. 2, pp. 217-25.