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Attachment at Distance: Grief Therapy in the Virtual World

Robert A. Neimeyer and Gail Noppe-Brandon

PROLOGUE

This chapter arose from a unique opportunity afforded by the book's editors for two colleagues to reflect on our engagement in grief therapy in a relatively novel context for us both, namely, online videoconferencing and e-mailing as a stand-in for the face-to-face sessions to which we have long been accustomed. Although each of us functioned as “digital immigrants” who came of age in an era that preceded the use of computer technology in clinical practice, we both had naturally accommodated to life in this “brave new world” to a point that constructing web pages, designing online continuing education programs, distributing electronic syllabi, participating in online meetings, and of course, maintaining professional correspondence and connection through e-mail and other social media had become indispensable extensions of our work and personal lives. Nonetheless, the shift to conducting in-depth psychotherapy in the intimate terrain of loss and grief via online sessions—a shift necessitated by the thousand miles that separated us geographically—posed significant challenges to us as therapist and client, just as it afforded equally real advantages. This chapter represents our candid attempt to convey some of the “lessons learned” as a result of our creative use of this “cybertherapy” initiative, with a focus on the unique implications it carries for grief therapy more generally, rather than with a “case study” focus on the details of the therapy itself. Inevitably, however, this experiment bears the imprint of the particular client and therapist who engaged the work, and whose personal and professional predilections shaped our adaptation of technology to our therapeutic ends.

We therefore have chosen to write this chapter as a dialogue in two voices, beginning with an introduction to the players in this particular therapeutic drama

to suggest how our unique histories help configure our response to the virtual therapy that we constructed and reconstructed across our months of contact. In doing so, we make no pretense of addressing all of the complex technical, ethical, or regulative issues regarding online psychotherapy, which are covered more adequately elsewhere in this volume. Instead, we will concentrate on what was most vital and often surprising to us, as the medium in which we worked and interacted with the therapy it both supported and constrained. However, first, we begin with some introductions.



AN INTRODUCTION TO THE PLAYERS

Gail: Approximately 2 years ago, my mother was diagnosed with Alzheimer's. As harrowing as this is for any of us to confront, it was uniquely harrowing for me. I had lost my father in a sudden and violent manner (a car accident) manner when I was 4 years old, and having learned thusly that parental mortality was a very real possibility, like many other children of early parental loss, I have always lived in dread fear of losing the remaining one.



This terror was heightened by the fact that the family coping style was one of avoidance. My brother and I were not told the details of how and where our father had met his demise, for a long time we did not even know where or if he had been buried. We were also keenly aware that any discussion of his death, or his life for that matter, induced profound upset in our shocked and overburdened mother. I learned to cover my sorrow, pain, and confusion about this loss at a very young age and did whatever was necessary to ward off the dreaded eventuality of losing my mother, too.



When her mind went last year, I did lose her . . . almost as suddenly as my father had disappeared, and this second trauma invited the reappearance of the first, despite the fact that I thought I had dealt with it adequately during my analysis years earlier. For the first time in over 40 years, I found myself expressing grief, almost uncontrollably. My sister-in-law, a thanatologist, recognized the complicated grief that had so overtaken me and which I have addressed with so many of my own clients and suggested that I consult with her colleague, Dr. Robert Neimeyer. In addition to his expertise with bereavement, she felt that we would find in one another kindred spirits, that my 20-some odd years of work as a narrative coach and later as a therapist, helping people to articulate and revise their life stories (Noppe-Brandon, 2006, 2011), would be *simpatico* with his own therapeutic approach, as would our mutual love of visual art and words. In addition, he, too, had lost a parent as a child.

Although he was located in Memphis, Tennessee, and I in New York City, I sent him an e-mail one night, in which I introduced myself, relayed the story of my grief, and asked for his support. He wrote back a few hours later. With that immediate response began an exploration that changed my life, as well as my style of practice with my own clients. That exploration occurred via telephone calls, e-mails,

and eventually Skype. The grief work itself was creative and rich and healing, but it was the mutual challenge of alchemizing this long-distance, virtual relationship into one whose hallmark was intimacy, presence, and even permanence that was, ironically, the most healing aspect of all.

With every session, we dealt with potential loss in a vivid way, as we bumped up against the limits of an imperfect technology that often froze our images in midsentence or abruptly severed the connection entirely. Conversely, we also had a portable laboratory within which to explore the outer limits of attachment anxiety, as we worked together for many months before ever meeting in person. The lessons of this experiment are numerous and complex; that it has also been fruitful speaks to the willingness of two creative clinicians to coconstruct a cyber holding environment and exploit its assets while simultaneously acknowledging that it was a far cry from a human hug.

Bob: At the time Gail contacted me, I had already been practicing therapy for some 35 years in a variety of settings—mental health clinics, psychiatric hospitals, general hospitals, halfway houses, crisis intervention centers, but predominantly in private practice, complementing my ongoing work as an academic psychologist and researcher. Importantly, some of my earliest work with clients was in the context of suicide intervention carried out almost wholly over the telephone, supplemented in the most urgent cases by face-to-face “care team” meetings with the client accompanied by other crisis intervention staff (Neimeyer, 2000). As a consequence, I felt little reluctance to initiate therapy through telephone contacts, a practice I had often enough used over the years with clients who had moved to other cities and who wished to complete our work together or who benefited from the “bridging” of such sessions until they could orient to their new environment and find a new therapist. After several sessions of contact, however, I suggested to Gail that we shift to videoconferencing via Skype, a medium that had served me well in periodic meetings with professional colleagues around the world with whom I was engaged in various projects. In both phases of our work—the purely auditory and the audiovisual—we maximized Gail’s penchant for healing through journaling, by using e-mail correspondence to connect, consolidate, and sometimes catalyze our regular Skype sessions. These writing exercises, which we took turns initiating, provided for a narrative strand of the work that made its own distinctive contribution. This said, both e-mail and online sessions also posed their own distinctive limitations, several of which we will consider below.

To understand both the problems and prospects of online grief therapy, however, it could be useful to the reader to know something of my approach to working with loss in the more usual medium of face-to-face contact. As a constructivist psychologist, I find myself drawn to “intervening in meaning,” orienting instinctively to the passionate and deeply personal constructs with which we scaffold our experience, building and maintaining a sense of identity in a social world (Neimeyer, 2009). Such work naturally tacks back and forth between the sustaining assumptions, principles, and commitments that structure our lives and the concrete life experiences that validate or invalidate these very premises



(Kelly, 1955/1991), shaping and reshaping a *self-narrative* that is uniquely ours (Neimeyer, 2006a). In the context of bereavement, we commonly find ourselves dislodged from this structure by the loss of a cardinal attachment figure whose life story was woven together tightly with our own, and we struggle to reaffirm or reinvent strands of continuity that preserve or restore our assumptive world and that connect who we were, who we now are, and who we might become in some coherent fashion (Neimeyer, 2006b). Not surprisingly, then, the looming or literal death of a loved one can precipitate a “search for significance” in our loss and in our changed lives, as we struggle to reestablish a sense of secure attachment to relevant projects and people, including the loved one we have lost as a physical presence. A growing empirical literature accords with this “meaning reconstruction” approach to grief (Neimeyer, 2001), documenting the association between an inability to make sense of the loss and profound and protracted mourning (Neimeyer & Sands, 2011), as well as between successful sense making and long-term resilience (Coleman & Neimeyer, 2010). This same perspective fosters a therapeutic emphasis on intensely personal, experientially vivid, improvisational interactions between client and therapist (Neimeyer, Burke, Mackay, & Stringer, 2010), as both seek to symbolize, articulate, and renegotiate the core constructs on which the client has relied but which are in turn challenged by the loss (Neimeyer, 1995). Just how technologically mediated therapy facilitates and impedes such work will find expression in many of the reflections that follow.

EARLY MEMORIES AND EARLY SCENES

Gail: In that first e-mail exchange, in which I had recounted the effects of both my early loss and my current one, I concluded by inquiring as to whether Bob had a referral for me—someone based in New York City who might work in a fashion similar to his own. The reply, which was warm and empathic, stated that *no one* really worked in a similar mode, a mode that I recognized as a unique brew of constructivism, narrative therapy, coherence therapy, and grief work. This was terribly disappointing to me, but he then suggested that we engage in a telephone consultation and take it from there. I had worked over the telephone, as a client and a coach, when in-person meetings were impossible, but I had never imagined this to be a permanent solution. After the first call, however, the limits of my imaginings began to stretch. There is something both intimate and invisible about a voice on a phone; it is both in your ear and beyond your sight, and when the capacity to in-dwell another’s circumstance is great, the miles between receivers disappear. In both group and individual work that I have done, my own clients have often remarked that the quality of my vocal presence was a grounding wire. Bob’s voice had such an effect upon me. He attended to every utterance with remarkable acuity, and I quickly felt as though he could “see me.” In addition, because the particular complications of my complicated grief dictated that others not witness my sorrow, the privacy afforded to my suffering

in those early exchanges proved to be a safe space that allowed a greater sharing to build, as I grew more ready to share. This space encompassed a few weeks of telephone contacts, during which I was free, for the first time ever, to give voice to my newly resurfaced pain without the burden of registering the effect upon my listener. For someone who had grown up covering for the awkwardness that my fatherless status induced in **adults (others? kids too, no?)**, this was liberation that cannot be understated. Although I would come to learn that this particular listener shared much of my scar tissue—down to the same paternal death day—and was a deeply emotive human being, I would not yet have been comfortable with the tears that might have welled in his eyes on my behalf; nor would I have been comfortable with his witnessing my own. Despite my comfort in exploring grief with my clients, grieving for *me* was still a solitary activity, and one that was largely *verboten*. That, of course, was precisely the problem, but one that had to be respected as I healed.

After a few weeks of this semianonymous kind of exchange, and as the trust between us grew, the balance began to shift. Suddenly, the embodied absence became more presently felt, and the risk of being seen grieving was not as great as the risk of not fully experiencing he who was helping me to heal. I had never intended my own grief therapy to be conducted within a long-distance relationship, but somehow, poetically, I found myself faced with the challenge of trusting the security of a caretaker that I could not see . . . the very same kind of challenge that I was facing in consolidating an attachment to a father I could not remember but who had nevertheless shaped my core self, and a mother who no longer remembered me but with whom I had shared a lifetime. Learning to trust the solidity of this virtual partner in healing, ironically, proved to be the work of the healing itself.

It was at this time that we switched to Skype-assisted videoconferencing, and the voice grew a face, and that face had reactions. The power of this shift cannot be overstated; suddenly, I had to “face up to” the discomfort of having my feeling state observed and having to observe his in return. This possibility evoked so much anxiety that I did not use my video feature for several sessions. We made the switch because Bob was soon to be traveling to Hong Kong for an extended visit, and the telephone sessions would be too costly to sustain. Conversely, a rupture in the contact at that delicate time in our growing alliance, and the growing crisis, was similarly untenable. I encountered my grief therapist, for the first time, on the other side of the world and at the opposite end of the day. If this highlighted the distance between us even more, it also took that same distance and vanquished it. Our ability to do this said something very visceral about the power of connection, something that could only have been said this literally in this century, and with current technology. In a very plastic way, it taught a lesson about the reach of our presence, the power of our collective imaginations, and the healing value of *intention*: It had been his intention to remain connected, even as he moved further away.

Bob: In a sense, I had met Gail twice before I met her at all—in the medium of our e-mail and in the additional medium of *Listening With Their Eyes*,



a documentary about her company, *Find Your Voice*. *Find Your Voice* is a unique narrative coaching program that uses playwriting to promote self-discovery across the lifespan.¹ I was fascinated by the work and by Gail, hearing in her compassionate but honest interactions with her clients the same acuity of perception and candor that I had read in her e-mail, where the focus of her reflection was the evolving drama of her own life. Our early weeks of telephone contact added depth and dimension to these preliminary portrayals, as the sometimes astonishing freshness of her imagery, the subtlety of her wordplay, invited novel symbolization of her emotional life: her heart a “monkey” in her rib cage, throwing itself against the bars to find freedom of expression for her grief, her self-censorship a “tiger” that silenced it harshly with a powerful swipe of its paw. As Gail suggested, the telephonic connection (which at least on my end was made with earphones), if anything, *intensified* the sense of presence in her voice, as if it were happening almost inside my head, or as a sustained and surprising conversation I was having with myself. Often, I found myself walking through my home, iPhone clipped to my belt, only vaguely aware of the familiar surroundings as we continued our peripatetic partnership, much as two friends might on a long walk through the park.

One particular sense I recall from these early contacts—refreshed by a more recent experience when Skype failed and we were forced back to the telephone for the first time in many months—was of the *sanctity and ambiguity* of the silences that would unfold at times, particularly at moments of deep emotion, *both mine and hers*. On the one hand, these seemed to call for simple presence or witnessing, rather than a hurried interpretation, reassurance, or inquiry. On the other hand, as 4 silent seconds turned to 8, I sometimes found myself attempting to discriminate between the possible meanings of muteness, whether Gail was engaged in profound processing of a particular aspect of her grief or whether I had somehow dropped the thread of our developing discourse (Levitt, 2001). In face-to-face therapy I find it easier to remain attuned to the significance of silences, whose function, after all, is usually easily discerned in the quiet tears, furrowed brow, or lost expression of our partner in dialogue. So, as reports of the blind sometimes suggest, being constrained to an auditory contact with another magnified one form of contact, but at a price.

It was in this sense that the shift to Skype felt both liberating and limiting in a different way, which was accentuated for me by the several weeks of sightless interaction. Imagine working for many intensive hours with someone on the deepest questions of their lives—and sometimes yours—blindfolded; and then one day, simultaneously, removing the masks. There, suddenly, was *Gail*, the face in the film, responding to my raised eyebrow, my smile. Even on the flat screens of our respective computers, the other took on *depth*, and—not incidentally—*context*, as we glimpsed a small part of one another’s worlds in the form of the walls of our respective studies as a backdrop: her framed print of a Diego Rivera

¹ An excerpt of the film airs on PBS, featuring an ethnically diverse group of inner city teens (*IntheMix@PBS.org*).



painting hinting at her artistry and her ethic of resistance against oppression, the anthropological *bric-a-brac* on the burgundy walls and walnut shelves of my study suggesting the anachronistic image of a displaced Victorian scholar blinking into the screen of his Macintosh laptop. So began a mutual journey of seeing and being seen, as we each peered into the misty history of sundered attachments that shrouded the landscape of Gail's loss and were oftentimes a mirror of my own.

A CHANGE OF SCENE

Gail: The experience of “meeting” Bob for the first time in Hong Kong, with a world in between us, was one that would be repeated many times in the months to come, as he was on the road a good 20% of the time. As familiar as the burgundy walls of his study were to become, I was to experience the comforting image of his face against the backdrop of countless hotel rooms around the globe, sometimes having to schedule meetings at the crack of dawn or at the close of day to find the 1 hour we might comfortably share in our respective hemispheres. With the security of a more animated respondent, came the constant specter of loss. Would the often-fragile signal sustain, or would we lose it at a delicate moment? If we did—as all too often happened—would we be able to reconnect, and if we could not, how would we seek, find, and signal closure? As I began to accept clients-at-a-distance in to my own practice, I learned well what it was like to be on both sides of that nerve-racking equation; often resorting to the telephone as a stopgap to back up the Internet, if only long enough to say a proper goodbye.

I think it is fair to say that we spoke to one another in several voices, even that of telegraphic texting on our mobile phones when appointments were delayed by technical problems, and had to learn to “read one another” in a variety of languages (Noppe-Brandon, 2011). Thus, one form of electronic contact began to layer on to the next as we patched in and out across the miles. The early telephone calls were marked by a particular kind of “visual” intensity; the intensity of exploring the terrain of preverbal attachment anxiety and forgotten early childhood traumatic loss. It involved a good deal of imaginal work, with Bob pitching the provocative questions directly in to my ear and the emotional landscape of my brain: “*Where do you notice the pain in your body? If it had a shape, a form, what would it be?*” *There is a hole in my chest. Sometimes it houses a chimpanzee, jumping wildly to the anxious pounding of my heart.* “*Look at the monkey. Why is it jumping, what does it need?*” *It is in a cage . . . my rib cage. It needs to feel calm.* “*What will calm it?*” *Soon, a tiger prowling by will swipe it hard with its paw, and knock it to the ground. Then the jumping about will cease.* A painful realization came of the way in which the agony of early parental loss was silenced, without being soothed or healed, a realization followed by the release of quiet tears. Softly, after a pause: “*What is the monkey doing now?*” The concerned voice of a clinician, connected across countless miles only by cyberspace and

trust. *The monkey has turned in to a child, is lying down, and is going to sleep.* Another layer of agony is excavated and survived, together.

Moments after the telephone session ends, an e-mail dings to signal its arrival on my laptop. An image flashes on the screen as I open the attachment. It is a photograph of a full-grown chimp, tenderly holding a tiny albino tiger cub. These are the first characters in what Bob, who is an avid photographer, would dub my “inner jungle book.” And here they were, the visible symbols of my inconsolable child-self, grown to a solid and gentle creature, the ferocious parental censor now reduced to a frightened kitten in its arms. *Click:* the representation is enlarged. *Click:* it is minimized. An abstract idea made concrete, at will. It becomes an image I would many times glance at on my tiny Blackberry screen, following the increasingly frequent telephone calls from the nursing facility where my mother now resided. These calls announced in slow motion the event I had dreaded for a lifetime, the loss of my remaining parent: now my mother can’t read, now she can’t write, now she has stopped walking, now she is on oxygen, now she is angry . . . wants to go home. Home? Another abstraction. A place she is determined to find, with no address and no map. Railing at me for imprisoning her thusly, for mistaking her for someone who is old and demented and dying, is the formerly fierce jungle cat who had promised she would live forever . . . for me. *Click:* there is my representative image, my secular prayer card, called up on my various screens as needed. She is a kitten now; I can hold her lovingly in my arms, and I can grieve. It is safe. It is permissible.

The Skype calls had a different kind of visual intensity entirely. Although equipped with a human presence bearing compassionate eyes, a necessary witness to the incredible pain we were unearthing, there were times when connection was so poor that I would find myself interacting at great length with a still shot of the very person whose lively voice was continuing beyond the moment in the picture. At other times, there were delays in delivery that rendered us perpetually out of synch and forever interrupting one another. Often, I would hear my own thought literally ricochet back to me, leaving Bob’s responses somewhere under the waters between our computers. Periodically, I encountered a pixelated version of the face I’d come to know, or the sound would drop out entirely. Though we both favored a constructivist approach to clinical work, these mutations begged the question of how many ways one could rearrange a trusted figure and still recognize in him, or her, the object permanence that was yearned for. Occasionally, the entire system crashed in midsession, leaving me vulnerably regressed and palpably reexperiencing the “sudden disappearance” of an attachment figure and the “no one to process it with” phenomenon that had built the complicated grief the first time around. I would then resort to writing, journaling the sensations and the memories as they wove a braid from past to present, forwarding this to Bob as a kind of therapeutic monologue. And then I would wait for the response to arrive . . . sometimes, when the Internet was particularly uncooperative—as in a German monastery or the Australian outback—for days. Eventually, the journal was received, read, deeply felt, and witnessed. I knew well the healing power of writing and of having that writing shared and responded to

(Noppe-Brandon, 2004). I was learning anew a trust that from out of the seeming void of expressed grief a caring response would come; not always immediate, but reliable. A new kind of reliable: caretakers can disappear accidentally, temporarily . . . and then return.

Bob: As Gail implies, the visual aspect of our work in words began before Skype opened the door to literal eye-to-eye contact. Buoyed by a common fascination with metaphor, she and I seemed naturally to steer toward vaguely discerned islands of meaning, ultimately breaking onto some new shore of possibility that offered a sustaining image that we carried forward when we then launched out toward other destinations. One such arose in an early session in which Gail had traced a loss-related feeling of abandonment and panic to a childhood memory: She stood, perhaps all of 4 years old, surrounded by tall, foreboding hedges, lost beyond the backyard of a temporary abode following the death of her father, frozen in terror. Entering the scene in my mind's eye, I encouraged her to turn slowly and to describe the space around her. The shift in perspective proved pivotal; seemingly instantly, the spell of stasis was broken, and she discerned a path around the enclosing walls of vegetation, the path home. Months later, faced with a similar feeling of entrapment and powerlessness in anticipation of a visit to her confused and raging mother, we again found ourselves in session, but this time with Skype contact. Impulsively, I suggested we "go for a walk" and unplugged and picked up my laptop, swiveling first in my desk chair toward the window of my study, her visual field shifting from the familiar dark therapeutic backdrop to the verdant world of a Memphis spring, the great maple on the ivy-covered lawn adorned with fresh growth. Standing, I then took her on a walk through the living room, dining room, study, pausing briefly to peer out each window as we continued our conversation. The effect of this simple intervention was striking, triggering a *pivot into agency* akin to that experienced earlier with the hedges. Suddenly, movement was restored, options opened, childhood trauma was mobilized into adult healing. And just as suddenly, videoconferencing became more than just a convenient stand-in for in-office contact.

As Gail implies, however, not every step on this garden path offered secure footing. Too often, at a crucial juncture, I found myself speaking to an image of her familiar face now rendered by Monet, now by Picasso. One need only conjure a comparably hallucinatory experience in a face-to-face session with a client to imagine the potentially unsettling effect on therapeutic process! But as time went by, partly as a function of our strengthening security with each other and partly through simple habituation, the occasional disruptions became easier to take in stride. The advantages, after all, were palpable: the limitation of geographic proximity as a criterion for matching of client and therapist fell away; some level of consistency in connection was assured across state lines and international frontiers, and with flexibility on the part of both client and therapist, sessions could be arranged before or after office hours, anticipating or responding to sudden upsurges of grief occasioned by decisions about Gail's mother, difficult family discussions, and more. Gradually, the Internet became a safety net, and the high-wire balancing act required to move forward with a long-frozen mourning could be undertaken together with less fear.

REVISING AND REROLEING

Gail: The reappearances after the sudden ruptures, and the unexpected contacts, began to forge a healing strand unique to this kind of virtual alliance. The morning that Bob left for that first departure to Hong Kong, I had e-mailed what I thought would be a final meditation before what was to be our first Skype session, from across the globe, scheduled for some time later. I had composed a monologue that reflected back on our fruitful first weeks of work and the shaky attachment that was beginning to form between myself and the human being behind the voice to whom I was whispering my painful feelings. It was a brave goodbye to a sense of support that had grown floor beneath my feet, as I took my first tentative steps toward obtaining power of attorney for the woman who had been head of household, who served as both my parents, and who could no longer sign her own name. I hit “send” with the forlorn sensation that I would be talking to myself for some time to come. A few hours later, seemingly from midair, Bob’s response flashed in; he was in the VIP lounge at an airport, laptop open, availing himself of Wi-Fi before boarding. He encouraged me to respond in-kind, promising to compose further on the plane with the plan of hitting “send” as soon as he landed. Like breadcrumbs on the ocean, we coconstructed a bridge of words on thin air, and each back-and-forth advanced the project. Even our “subject” headings came to be deep-going forms of meaning making, as I signaled feeling states in my communiqués and Bob reframed them in his own, (*hiding/seeking, all ripped up/a stitch in time, wrecking ball/renovation, etc.*). We riffed off of one another’s metaphorical headings like jazz musicians who can tell an entire story in the punctuation of a single note . . . and then revise it. Often, the mutual writing and sharing stretched out into such exercises as letters to our respective fathers to mark their shared death day, reciprocal commissions of existential poetry, and the exchange of familial images. Sometimes, the sessions bordered on supervision, as we examined my work with a demented client, and the ways in which the lessons of that work might amplify my attempts at communication with my mother, or the ways in which writing and imaginal exercises with my own grieving clients paralleled my own experience. The therapy played out like a continuous movie across my various screens, punctuated with appearances by the artists behind the scenes, each offering reparation for lost continuity in the past, and the model of a bond that could continue into the future. We used the communication technology like a newfangled classroom “smart board” that provided a ground on which to rereole and revise a lifetime of attachments, bringing the dead to life when needed and traveling back in time when appropriate. Between sessions, we sent letters to one another in the voices of our inner 8-year-olds, our inner summercampers, our inner college students . . . all of whom had a special role to play in the healing.

I have always believed in the efficacy of “the writing cure” (Noppe-Brandon, 2011); in this medium, it became a dialogue. These were not dead pieces of paper brought into a session but a living conversation that was as infinite, and

as infinitely malleable, as the space left between two people who are separated for life. Clinician and client became cyber pen pals whose letters occasionally morphed into the speaking faces of the writers. Together, we cultivated these possibilities in the soil of fertile imagination, often forgetting that we had never even shaken hands yet, had never even met as physical beings. In some ways, our alliance was as disembodied as the parental figures we had each been severed from early in life; and in my weaker moments, I thought I was leaning on air. In my stronger moments, I sensed that our connection was a richer and more keenly felt presence than ordinarily exists in the confines of a session room, in the limitations of “talk.”

So it was a seismic shift, yet again, when a psychotherapy conference in Washington, DC, afforded us the geographic opportunity to finally meet in person. If morphing from voice to face was disorienting after a few weeks, it goes without saying that encountering the whole person, after knowing only a talking head, was completely mind-blowing. When I had this experience with a client of my own recently, meeting in person after months of Skyping across the country, his face seemed oddly shrunken from the 12 × 17 image that I encountered on my desk. I sensed that he, too, was struggling to accommodate the three-dimensional presence that radiated heat and wore cologne, had feet and sported shoes, got up and shook his hand, then held him in a painful goodbye. Separation anxiety is palpably physical and the stuff that grief is made of; it is heightened even further by the flesh and blood connection and disconnection that in-person presence affords. Although we were both eager for this event, it also engendered enormous anxiety. Oddly, it was the reverse of the anxiety I had always lived with—the ghostly presence was about to come to life. And while embracing and walking and eating and sitting with this ghost felt both oddly familiar and not surprisingly strange, it was the departure at the end of the visit that shook the grief work, and the people involved in the work, to their core selves. Suddenly, the real and solid others had to go back into their respective computer boxes, and the actual people were virtual once again.

Bob: Reading Gail’s account of our Washington encounter followed by the predictable “dematerializing” as we returned to our usual residence on one another’s desktop, I am reminded of countless scenes from the old TV series, *Star Trek*, as Kirk steps onto the transporter and Scotty beams him down to some alien world and the rest of the crew looks on anxiously. With the radiance of a thousand fireflies, the column of light sparkles, and the substantial becomes insubstantial, to reappear magically—if technology does not fail—on another planet. So it was as Gail boarded the train at Union Station, and I turned, already nostalgic, toward the conference and scheduled reconnection in the far thinner atmosphere of cyberspace.

But, like Gail, I sensed that the medium contained a message: that continuing bonds were possible in a nonmaterial form and that these became more elastic even as they stretched across the miles and continents. This conviction, stressed but also strengthened with each coming and going, seemed to have unique relevance in the context of grief therapy, where the need to reorganize an attachment

with a physically lost other stands at the core of the work. What our cyberdance demonstrated better than any theory was that a *portable secure base* could be built that could allow both parties to move without threatening a sense of connection. By analogy, at least, this seemed to carry implications for the construction of a durable bond with loved ones that might even survive their ultimate transition—from life to death. The narrative practices that wove naturally through our work, such as writing unsent letters to Gail's parents, corresponding with earlier selves who embodied their own strengths and vulnerabilities, and scripting dramatic dialogues that bravely confronted the specter of (looming) loss, helped (re-) consolidate these relationships, promoting the integration of life experiences in the service of greater wholeness. As the work progressed, I came to recognize that I too had begun to reconstruct some of the meaning of my own childhood loss of my father, as well as the adult loss of my mother, underscoring the reality that full engagement in constructivist therapy offers invitations to growth to the therapist no less than the client (Neimeyer, 2009).

CLOSING ACTS

Gail: I suppose there is a certain sadness in the move toward virtual presence that this very book implies; and it is surely indicative of a broader evolutionary shift. As I traverse the streets of my Greenwich Village neighborhood, I notice that the bookstores are disappearing; you can download and read stories on a device. Gone too are the video stores, for the same reason. The quaint cafes of yesteryear have been replaced by their cyber counterparts, and people seen deep in conversation are often seated alone. At least in New York City, the general food stores, too, are endangered by the growing use of groceries online, and half of my clients met their current or future spouses that way. Perhaps, it is the inevitable extension of the airplane and the telephone, both of which connected us to loved ones far away. I know children who have only met certain relatives via Skype, and rare are the families with several generations in the same city. My brother, a tenured professor, now prefers to teach online, and the growing numbers of home-schooled children telegraph the fact that we do not have to sit together to learn together. It is challenging indeed, particularly for someone like myself—who has facilitated the skills of person-to-person engagement for decades and who has battled posttraumatic separation anxiety for an adult lifetime—to embrace this dematerializing world. In another sense, however, I have always known in my very bone marrow that which the Buddhists teach: that attachment is an illusory thing. That we come in alone and go out alone, and that any positive contact we make with other humans along the journey, in whatever form it comes, is something to be cherished. That even the end of a life does not signal the end of the relationship.

During my work with Bob, my mother deteriorated from being ambulatory in an assisted living unit, to being wheelchair bound and then bedridden in a



nursing home; from slowed thinking and poor memory to an almost total lack of recognition and a rejection of all medications. During that same time, I moved from a stance of life review and reminiscence with her, to giving her permission to go when she was ready. And between those hard positions came dozens of imaginary letters written via e-mail and scenes role-played via Skype, preparing me to make this inevitable shift and to face this inevitable loss. This was deep-going and agonizing work, work that allowed the adult that I am, and the traumatized child that I was, to face mortality and loss with meaning, heart and courage . . . and without a loss of self.

When my family headed out for a recent vacation, I got the call that my mother was in congestive heart failure, requiring constant oxygen and declining rapidly. A grueling family decision was made to bring in hospice and to add a do not hospitalize order to the existing do not resuscitate. Although pneumonia was a real and constant threat, that is what she would have wanted, and we all recognized that there was no quality of life ahead. Given that there was no Wi-Fi and little cell service at this most remote end of the Long Island shore, I felt suddenly engulfed in panic. When my children were settled in with my husband to watch a movie, I slipped out of the room for a hastily scheduled cell phone session with Bob, climbing a ladder to the roof of the dining room to establish connection. I stood there, under the evening sky, gazing out at the blackness of the sea and orienting to the existential soundscape of perpetually rising and crashing waves. All I could see was the moon, and a single lonely ship on the horizon. And then, connection . . . here was the voice that had seen me through this turbulent time and would be there—I knew—until the end. We both wept as I relayed the latest news. Following our call I sat on the roof for a long while and stared out at the sea . . . alone, but, finally, not feeling alone.

As I continue the work of healing those confronted with loss (of self or other) in my own practice, I see that work not within the confines of a particular room, on a particular day, but as something that can be shaped and reshaped in infinite ways . . . as infinite as the imaginations of the two human beings who have come together to explore and master the mystery of attachment that is unique to our species.

Bob: Gail's allusion to a Buddhist perspective on loss reminds me of a fundamental truth underlying the welter of constructed meanings: We are wired for attachment in a world of impermanence. Given that fundamental conundrum of human existence, is it any wonder that we as a species keep inventing and reinventing new means of connecting, new ways of bridging our subjective world with that of another, new forms of constructing in discourse a relational reality in which we can find orientation? Viewed in this light, cybertherapy is simply the latest extrapolation of a more basic need to relate, albeit one with its own drawbacks, advantages, and uncertainties. Let me therefore close with some personal reflections on each.

First, I easily resonate to the sadness Gail describes in the shift toward therapy at distance: at least for those of us who are digital immigrants rather than "digital natives," cyberconnection almost inherently seems like a pallid surrogate

for “real” contact with another human being who walks into the room with us, perhaps with hesitation, accepts or declines a proffered cup of coffee or tea, sits and arranges his or her body in a chair across from ours or at right angle to ours, leans toward or away from us, fidgets with one foot during a protracted silence, or extends a hand or asks for a hug following a moving session. For those of us marinated in the practice of physical presence, this elaborate language of gesture, of movement, of proxemics, of ritual, and of embodiment speaks volumes, and all of it is lost or greatly compromised when presence is shrunken to what is revealed on even the most generous and high-definition video monitor or efficient exchange of e-mail or “chat.” And some form of grief is perhaps appropriate in the face of this loss, and the parallel thinning of community that results when groups of grieving people no longer gather, with or without a therapist, to share a space, a story, and perhaps a snack in the presence of the “grieving bodies” of others.

Beyond this general and perhaps endemic loss entailed by the certain emergence of online therapy, I confess to encountering—partly in the presently available technology and partly in myself—other constraints to the sort of grief therapy I more typically practice. Drawing on my online work with not only Gail but also others—a widow in the northeastern United States, an Argentine family contending with the long-term aftermath of the suicide of a husband/father—I find myself needing to construct creative “work-arounds” when the therapeutic formats or strategies I would prefer seem unworkable for technical reasons. For example, although individual therapy seems feasible to me in an online environment, I balk at the idea of attempting couples or family sessions in this medium, not merely because it would require participants to crowd around a small camera to be within my range of vision, but more significantly because the very substantial reality of the family members’ tangible relationships to one another—usually within their own home—easily trumps the level of connection they are likely to feel with me. As a result, I sense that I would have less relational “capital” to guide them into and through difficult but necessary conversations about what are often life-and-death matters. Similarly, some forms of experiential interventions, such as facilitated imaginal conversations with the deceased that I frequently employ in practice (Neimeyer et al., 2010), seem harder to choreograph when I am frozen on the other side of a small virtual window, as I ask the client to shift chairs and voices in a profound and often perturbing encounter with the internalized other. Online grief therapy therefore challenges me to access my own creativity and that of the client to pursue these goals through other means (e.g., “homework” conversations with various family members, “corresponding” with the deceased), though not always with the same effect.

These losses and limitations notwithstanding, the advantages of virtual grief therapy are equally real. As Gail and I have discussed or implied throughout this chapter, the ability to connect with a uniquely relevant therapy irrespective of geographical location is a remarkable benefit, even for someone situated in a city as rich in therapeutic options as New York. For individuals living in rural isolation, access to relevant services at distance is all the more important. Beyond these matters of convenience, the ability to create and sustain connection

beyond the usual hour per week of outpatient practice in a fixed location has clear advantages when client needs dictate more frequent or off-hour consultation. Likewise, access to at least head-and-shoulders visual contact with the other adds immeasurably to the capacity of each to orient to the other in an expressive vocabulary that complements and sometimes qualifies the spoken word. Perhaps most fundamentally in the context of grief therapy, virtual partnerships may provide a kind of model of what the bereaved seek: the establishment of a nonmaterial relationship with a significant other through the construction of a continuing bond that is durable and resilient to practical challenges of all kinds. As Gail and I discovered, the achievement of this was no easy feat, but as our cyberattachment consolidated, it became not only the *container* for our work but also a direct *analogue* of desired outcomes as well.

Finally, and perhaps most personally, I have to acknowledge some **ambiguity** stirred up in me by conducting something as intimate as experientially intense grief therapy in the mediated environment of online practice. For example, I sometimes noticed in my work with Gail my more muted response to her tears or other strong displays of emotion, when in face-to-face sessions with grieving clients tears would almost certainly have been welling in my eyes in response to theirs. At such times, I would find myself wondering whether my greater degree of emotional control represented (a) an appropriate “read” of Gail’s need for me to maintain composure to allow her to feel secure in exploring the troubling feelings whose expression had so upset her original caretaker, (b) a simple function of the greater emotional distance introduced by the medium of videoconferencing, which prevented me from even handing her a tissue, or (c) an overextension of my own defensive response of emotional self-control following my own father’s early death, triggered in some fashion by Gail’s parallel experience. Conversely, at other times I would find myself sharing in our e-mail exchanges more of my own responses to early and recent loss than I typically would with most clients. In such moments I would ask myself whether this reflected (a) a blurring of therapeutic boundaries partly arising from reliance on a communication medium commonly reserved for more ordinary personal and professional relationships; (b) a normative pull to mirror the depth of Gail’s disclosures in a written medium that militated against the use of the eye contact, head nods, “umm hmm’s,” and brief reflections that would be more common in face-to-face conversation; or (c) a natural inclination to “level the playing field” and establish a person-to-person relationship with a liked and admired peer who was quickly becoming a colleague and one with whom mutual disclosure coconstructed a situation that was healing for us both. Such questions have no easy answers under any circumstances, but the additional complexity introduced by the medium of virtual connection called for still further reflection to sort out contributions to a therapeutic process made by the circumstantial and relational factors shaping our interaction.

Perhaps, it is appropriate at this early juncture in the exploration of online grief therapy to conclude the report of our experience with open questions rather than definitive answers. As a therapeutic team, Gail and I would agree that the media through which we pursued our work was often challenging, occasionally



frustrating, but ultimately indispensable in permitting us to develop a profoundly personal and constructively collaborative partnership in moving through grief to growth. We are hopeful that many other therapists will join us in more fully realizing, researching, and refining the promise of these technologies in the service of companioning others through loss.

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Q1: Should “adult” be changed to “others” and the parenthetical be deleted?