

Lessons from Month of Psychotherapy Teletherapy in COVID-19 Days

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I expected I would rather be at the office. But now I am changing my mind about that.

After forty-six years of doing psychotherapy, my felt-sense is that my office is a more appropriate setting. Clients entered my sanctum, my space, to experience that unique relationship. When I was still working there in mid-March, I set the chairs up so as to maintain “social distancing.” With disinfecting wipes and sprays, I kept my desk area, chairs, doors, and any surfaces touched by anyone so anti-septic that the odor of the cleaning products became emotionally comforting. I felt safe there. But as the number of COVID-19 cases in Milwaukee rose, the inevitability of yet another change in practice became as inexorable as the seasons.



Now we have yet another evolution in psychotherapy, namely, teletherapy. Researchers have studied it for years. They established the effectiveness of teletherapy and determined, for the most part, clients and therapists express satisfaction with the process. Now the country has turned to it en masse.

I sit in a second-floor room at a desk that is at a 90-degree angle to a bank of windows. Outside spring is magnetic – blooming bulbs, rich blue crocuses, a crush of yellow and white daffodils. Daylily leaves are a foot high this morning. Early tulips are in bud. The air is chilly. A morning cover of snow on the cars receded in the sunlight and disappeared by noon. Yet, after a day of sitting at two computers – one for watching my clients on video, the other for taking notes – I



enjoy tending the plants, marveling at the different varieties of the mid-April daffodils, some yellow, some creamy, some with an orange ring around the central flower petals, some with slender petals, probably jonquils.

I could not have done that at the office!

What else is different? At the office, between sessions I might walk a long hallway to the restroom and then to the waiting room. Stretch the legs, stop at open office doors to chat with my colleagues. Or I may stop in the kitchen for hot water for tea. The session

begins when I am ready to open one of the waiting room doors and signal to the client to follow to the office.

Teletherapy is not so easily tamed. After years of practice, we learn how to keep our functioning at a high level every hour. Transfer those patterns and routines to telehealth – get up between sessions, have my favorite tea, stop for a snack, video conference with a colleague each day.

Comfort: Three o'clock means three o'clock sharp. The client may have logged on and is waiting. So I sit in the chair for several hours in a row. I try to be right on time. My back stiffens. My home chair is an old oak chair clearly not designed for hours of sitting. I realize my chair at the office is padded, swivels, and rocks back. That black leather chair has arms at an adjustable height. I will have to order one of those.



My office is set up as an environment for psychotherapy and for my comfort. I realize I am present there more than any other single place in waking life. Telehealth, however, was set up with urgent expediency. One day in the third week, I realized this space needs to have the same qualities as the office – a consciously developed space for psychotherapy and comfort. After all, this process may not be a daffodil, a product of April and May, 2020; rather, like an evergreen, it may be a permanent part of the practice landscape. Set up the desk supplies, get the right chair, and set it all up for success.

Focus: In telehealth work, focus is continuous and intense. As a laptop camera would display me from below the level of my neck, at an upward angle, I do not use the laptop camera. I use a webcam mounted on a shelf at eye level. I have to remember to look up at it. My instinct is to make eye contact with the client on the screen. Of course, eye contact has to be with the camera. After over three weeks, it is still hard to remember that. The urge is to maintain eye contact; so I focus on the camera to my left and twist to my right to keep my fingers on the keyboard. Keeping up with note-taking is a challenge.



On my street, trucks from UPS, FedEx, and Amazon stop with surprising frequency. Unable to work, people are homebound. Walking is one of the few outdoor activities. Many walkers stroll by. Some pause at the sidewalk to converse with neighbors who remain on their porches. On another day, all this activity might be worth passive observation. But now I am drawn back to the video conference, to eye contact with clients on the screen, then up to the camera, to the intensity of connection even though we are miles apart and I am staring at the blue “on” light above a glass camera lens.

Relationship: We are all in crisis, filled with anxiety, perhaps with isolation. We start with checking in on one another's health. Many of my clients ask about me. They seek assurances I am taking precautions and will be available. That is a level of reality we need in order to proceed with the therapy. We are troubled by people who do not seem to take precautions seriously enough. The news broadcasts give no clarity as to when shelter-at-home precautions may truly lift. Health has become politicized! So let's use therapy to test truth. May 15 seems doubtful. May 25? June 1? We hear the SARS-CoV death count, the shortage of ventilators, the shortage of hospital beds. An infected man attended a funeral; ten people were infected by him and three died.

Every client wants to talk about the crisis. Flow with that. As a therapist, my role is to empathize with the anxiety, frustration, annoyance, aloneness, boredom, and sadness, while presenting a sense of adaptability, stability, and authority. What is normal must be validated and accepted. My own reactions to the pandemic allow me to understand others. Where someone's reaction comes from misinformation, I intervene. Where someone's reaction reflects generalization of some underlying dysfunctional thinking or trauma, I intervene. When my own reactions find an echo in the client's observations, I am tempted to self-disclose and have to curb that.



I have eight to ten hours of work every day. My days pass quickly. They are filled with deep concern for others and a sense of accomplishment. I feel intensely worried about my clients who are alone, isolated in their apartments. I hope this forty or fifty or sixty minutes is valuable for each. I make space to visit twice a week with the most isolated and troubled.

Clients participate by laptop, tablet, or smart phone. Some keep the source in a lap, the camera looking up. Some keep it on a desk, the camera just below chin level. A few who keep it on a desk must own a big desk; they seem at a distance. Some only find a place of privacy by logging on from the car. I think about that phone held in someone's hand with me on the screen, an odd thought, yet somehow it also reflects something very personal.

Overall, the video-conferenced relationship feels normal. The clients have a sense of presence for me. I hope they experience that from me.

Connection: I find this hard to describe. Compared to when a person sits at the side of my desk, I feel my empathic comments are not as rich with overtones and emotional harmonies. Yet, despite the miles and the two-dimensionality of this medium, they feel accurate. My interventions have a slightly more objective, cerebral quality in this medium. But also, I think the distance, the observational nature of this setting, lead me to see patterns more clearly than I might in the more emotionally intense bi-personal field at the office.

I asked some of my colleagues about that. One felt exactly the opposite, that she felt more involved emotionally. Another starts her sessions with a mindfulness body scan exercise in order to demark that the client, while sitting at home, has moved into a special relational space in which the focus is on therapy, a small universe separated from the rest of life for the duration of our time together. This coming week, I plan to pay more attention to the emotional quality of the connection.

Effectiveness: The work is feeling helpful to my clients. Many of them report feeling significantly helped by the opportunity to share worries, get grounded, reality test their impressions of this new and awkward social reality, share thoughts about our local and national leadership. Others experienced that their trauma is triggered by the isolation, the blows delivered by the news, their reactions to leaders, the uncertainty of the near future, the helplessness, the vulnerability of each of us in this world of an invisible danger. All are relieved at having someone to tell without fearing criticism for their reactions. A few are truly in deep states of depression or crisis due to being laid off, running out of money, fearing this is an end-of-the-world scenario. Falling back on old patterns, some feel hurt, self-reproachful, alone, suspicious, vulnerable. I will contain their emotions, understand them, and find their resonance in my understanding. The work is helpful indeed.

A few are energized. They find themselves using this “free” time to do long-delayed projects, to spend more time with the kids, to go for walks with a family member, to play games. They are excited to share, to receive support. Despite their positive take, they too have many reactions to



this pandemic and much to share. For all, I need to be centered in self-awareness of my own reactions, a seeker for accurate news, an example of the precautions we are all advised to follow, and calmly adaptable to whatever may come.

Others lament being unable to visit with loved ones. Having had to cancel two trips to see family, trips that fell in April and May, I understand.

Along with the increasing casualness of dressing-for-comfort and for personal style in our contemporary world, we now know psychotherapy is effective for most people. That is known widely enough that the work itself -- and the integrity and sincerity with which we go about it -- speaks for us.

Among other methods, I practice EMDR – eye movement desensitization and reprocessing – an evidence-based method for treating trauma. At first, I wondered how I could help the policeman traumatized by some horrific scenes or the young man whose distressed customers calling in to his company help desk elicited traumatic memories of bullying back in high school 15 years earlier. The literature suggests EMDR can be done by video; so I tried. I have the clients tap knees or upper arms in alternating rhythm while, with closed eyes, they swung their eyes in the direction of each tap. Twenty, thirty, forty repetitions. Heads swayed with the movements of hands and eyes. Memories desensitized. Distress waned. It worked.

I remember hearing over fifty years ago “The medium is the message,” words by the philosopher of media Marshall McLuhan. We need him today. I wonder how that idea applies to this medium. I have no doubt this medium of teletherapy shapes us, the client and the therapist. That will be my project, to keep observing how this medium affects us, our expectations, our reactions, what we share, how we connect.