Online Intervention within Unifying Experiential Psychotherapy during Lockdown and COVID-19 pandemic. A Short Communication

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Abstract

Introduction: *Telehealth refers to health care information that is delivered through a variety of media rather than through face-to-face meetings between patients and providers. In light of the recent worldwide COVID-19 pandemic, counseling and therapy have been profoundly and irrevocably affected by social distancing and isolation. This led to challenging therapists to find creative ways of intervention, especially in the humanistic-experiential methods.*

Objectives: *The objective of this paper is to highlight an optimal way of therapeutic work in an experiential-unifying manner during the COVID-19 pandemic and lockdown.*

Methods: *The main methods used are online counseling and the experiential-unifying psychotherapeutic approach. Thus, we adapted the experiential method to online work, in which the therapist and client were connected only through the screens in front of them.*

Results: *Two case studies reveal the effectiveness of experiential work (including gestalt techniques or symbolic and expressive creative techniques) in telehealth conditions. Thus, online counseling offers the possibility to create an adequate therapeutic framework in which the therapeutic relationship is not affected.*

Conclusions: *Through telehealth, similar results with face-to-face work can be obtained. Future implications and ways of optimization are also mentioned.*

Keywords: telehealth, telepsychology, coronavirus, psychotherapy, humanistic online counseling, expressive and creative techniques, therapeutic space

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I. Introduction

Telehealth

According to Durland et al. (2014), telehealth refers to health care information that is delivered through a variety of media (e.g., email, web-based interactive platforms, telephone calls, self-help books), rather than through face-to-face meetings between patients and providers. A systematic literature shows the effectiveness of telehealth, used in an increased way within the last 16 years (Shigekawa et al., 2018). Telehealth is employed to connect a patient in one location with a provider in a separate location. This can include linking a rural clinic with an urban medical center. It can also include linking a patient in their home (via telephone or videoconferencing) to a provider, which is referred to as "telehealth-to-home" (Durland et al., 2014). Also, other meta-analyses show that face to face counseling and telehealth consultations have the same results in creating a strong therapeutic alliance and within the development of the process, but in the online counseling are often addressed problems such as career development, well-being or maintaining self-care (Mallen et al., 2005). Since then, it seems that telehealth psychotherapy field developed a lot. Thus, some researchers tried to observe which are the directions/ areas where telehealth is more effective and where it is not and if it is possible to work with deep trauma or with severe problems even if the patient is not physically present, but connected with the therapist through a screen. Thus, several studies are revealing that telepsychology is efficient in decreasing anxiety (Brenes et al., 2012; Varker et al., 2018; Linton et al., 2014), in reducing depression symptoms (Choi et al., 2014; Fairchild et al., 2020; Salisbury et al., 2016), but can also be used in working with patients with eating disorders (Anderson et al., 2017), OCD (Gehrman et al., 2016), or even PTSD (Acierno et al., 2016).

The need to use means during social distancing

In light of the recent worldwide COVID-19 pandemic, counseling and therapy have been profoundly and irrevocably affected by social distancing, restrictions, and isolation. Clinicians are forced to immediately learn basic protocols and procedures for ethical telehealth. In the process, they are desensitizing themselves to technology and realizing the potential benefits of online counseling. This is a growing edge for many sitting in the client and therapist chairs on multiple levels (Botaitis & Southern, 2020).

II. Method

As an experiential therapist, until the beginning of the pandemic, I used to work face to face, but the increased spread of coronavirus and the long-term quarantine, led me to start providing online consultations. Especially because the clients I already saw in therapy at the beginning of the pandemic did not want to stop the process and, moreover, it was even necessary to continue exploring, both because of the possible side effects of isolation, and also because we were in important stages of the therapeutic labor and its cessation could have led to the destruction of everything we had rebuilt until then. As such, I have taken all measures to provide consultations by telehealth and I have moved the entire activity online. The purpose of this paper is to highlight a humanistic-experiential work model through telehealth, based on my own experience, but also to reveal the results with two of the clients.

Elements of preparation of the therapeutic framework

According to the principles of humanistic psychotherapy (Angus et al., 2015), before starting the online consultations, I sought to create a framework as close as possible to the one in the office, for face-to-face meetings. In experiential-humanistic psychotherapies the emphasis is on experiencing the process together, on mutual growth, development and equality (Rogers, 1951). For this reason, one of my biggest fears was that the screen through which the relationship is carried out would affect it. Thus, I thought of a reconceptualization of the therapeutic framework in telehealth, so that the emotional distance generated by the monitor seems smaller.

As such, I tried to recreate a frame as similar as possible to the one in the therapy room: the image the client saw was of my entire appearance, from head to toe, in the armchair, in front of a wall on which there were only decorative elements specific to a professional area (a painting and a poster). I eliminated any possibility for homie elements to appear in the frame, so that the therapeutic space retained its authenticity and value. I also asked clients to proceed in a similar way: to choose a space in the house, which they considered suitable enough, without personal elements (TV, various personal photos, etc.), and to make sure during the sessions that I could see their whole body. Several experiential humanistic methods, such as gestalt therapy, unification experiential psychotherapy (UEP), body therapies use the client's body condition, posture or other body elements to facilitate insight and even work with blockages or traumatic events (Mitrofan,

2008). Therefore, I considered it essential in the online therapy to have full visibility, and that is different from the already classical online meetings, where only the upper part of the body of the interlocutor can be seen. Moreover, such contact also leads to a responsibility of the client for his therapy, which is also essential in the humanistic process (Mitrofan, 2008), for example by choosing appropriate clothing (in meetings where only the face of the interlocutor is visible on screen they can wear a T-shirt, while sporting pajama pants). Moreover, we started from the hypothesis that this type of framework will help the client to separate the space called home from the therapeutic framework, even if they cannot leave the house. Other things I asked them to bring in the room were colored crayons, watercolors, sheets of paper, since humanistic therapies work with symbols or elements from art therapy (Constantin, Mitrofan, 2018), I wanted to make sure that clients have these materials at their disposal for the eventuality in which we will work in this way.

III. Results

Next, I will present two case studies that reveal the experiential humanistic way of working adapted to the principles of telehealth and how the adjustments made to the intervention facilitate the continuity of the therapeutic process in the COVID-19 pandemic.

Case study 1

C. is 34 years old, and at the beginning of the pandemic she was in therapy for 3 months. She was in process of divorce and separation from her husband, but she had just gone through the loss of her parents, a year before, due to a car accident in which they both died. She came to therapy with a high level of anxiety, but also with psychosomatic symptoms, such as lumps in the throat, muscle tension, very intense migraines. After 3 online sessions, in which I re-established the framework and in which I readjusted the therapeutic relationship, C.'s feedback was a positive one, she confessed to me that she felt safe even in such framework and that she felt that she could address the issues that concerned her. Due to this fact, I set out to work a little more in an experiential way, to challenge the client to be present in the moment, be more aware of body reactions and work with these situations. As such, in the next session, C. started by telling me that she felt extremely tensed, that she had slept very badly and that she always felt a lump in her stomach. I then chose to apply some gestalt techniques of amplification and diminution (Perls, 1994) and help her get in touch with her body. So, I invited her to show me exactly where she felt that knot, to point out that pain in her body and to depict it in as much detail as possible. Then, C. started to describe it: *"I feel that it is just above my stomach, it's like a thorn that still tends to grow and sting me inside. And no matter how hard I try to make it disappear, it continues to grow, as if inadvertently it makes it worse".* "What do you think of it when you make contact with this knot, C.?", I asked her. *"I am thinking about all the difficulties I have, the problems with my husband, the fact that I don't know what to do with the child, the death of my parents. About all these things that are like a thorn in my body."* "And how do you feel about these thoughts?" *"I feel angry. And disappointed. And very sad."* "What would you need?" *"I would need to get rid of this thorn."* "I understand. Then imagine that its intensity is five times lower. How is it for you?" *"It's better, like I can breathe."* "Okay, now make it 10 times smaller. How is it?" *"It doesn't even seem to hurt anymore. It's very well."* "Make it 50 times smaller. How is it now?" *"I can breathe, I can move."* "Great. Would you like to do that right now? Take a walk around the room, but make sure I can still see you on the screen." After a few moments in which she moved around the room, the client sat down in front of the computer. "What do you understand about yourself now?" *"I think it's up to me to make that thorn more acceptable. In fact, those thorns, whether it's the relationship with my husband or the loss of my parents... I'm sure they would be happier for me if I could breathe and move, than be stuck in this state."* Spontaneously, the client activated her internal resources that opened the way for autonomy, personal maturation and the re-significance of the events she went through. Subsequent sessions focused on reducing somatic symptoms, integrating the divorce event, and separating labor from her parents.

Case study 2

A. is a 22-year-old art history student. At the beginning of the pandemic, she lived with her parents and had been in therapy for 4 months. The client came in therapy with deep problems related to family dynamics. *"I feel like I'm not connected to my parents. They are emotionally absent and it seems that something is constantly bothering them."* When the quarantine began, A.'s panic increased as she felt the need for psychological assistance, but did not know exactly how to proceed. *"I'm afraid they'll listen to what I'm talking to you and I don't want that to happen."* Given this, in the first online sessions we reset the therapeutic framework and we looked together for strategies to

ensure better privacy during the session. Thus, I guided A. to tell her parents not to bother her during the session, then she created a therapeutic corner – a place in the room quite far from the door, to make sure no one was listening, and she also came up with the idea of using headphones, so she had to speak in lower volume, without being afraid that I could not hear her on the other side of the monitor. An important moment in A.'s labor was when I used on-line the technique of art-genogram (Mitrofan & Petre, 2013), in which natural symbols (stones, leaves, flowers, fruits, seeds, etc.) are used in representing the members of a person's family. Thus, by symbolic reinvestment of family members and relationships through natural materials, the art genogram offers to the individual the possibility to associate natural elements with identity symbols, unconscious trans-generational transmissions, family repetitions, identifications or counter-identifications. I invited the client to prepare natural elements from those described above – either she had various natural decorations around the house, or she could go out a little in the garden of her building, from where she could gather some leaves or twigs, hard-shell fruits, etc.

During the meeting, she symbolically represented the members of her family, using some of these elements. In the end, I invited her to photograph the art genogram and send me the photo. In addition to representing her parents and her brother, she chose to add a small, red candle. *"This is my unborn brother."* "What do you mean? You haven't told me about this before." *"It didn't seem important to me. Before I was born, about three years before, it seems that my mother was four months pregnant, some complications appeared and she lost the baby. Then I was born."* "When did you find out?" *"As a teenager, my mother told me."* "And how did this news make you feel?" *"Pretty sad. I always thought that if he had been born, I wouldn't be alive."* "I wonder how this thought affects you." *"That's probably why I feel so alienated from them. As if I wasn't wanted. As if I appeared rather to make up for his loss."* Later, during the session, as well as in other meetings, we continued to explore this aspect that overshadowed her life experience. Through experiential therapeutic work, A. understood that her birth was desired, even if her parents suffered enormously after the unborn child. We also managed to re-signify the relationship with her family, which, thus, improved considerably. They started to communicate more, to express their emotions and needs, and A. started to find it easier to feel less estranged in her family.

IV. Conclusions

Far from being a validated and standardized model, what is reported above reveals a personal experience of adapting to the online therapeutic work in a period that challenged all of us to adapt and find ways to continue psychological assistance of our clients. Although online intervention modalities still have gaps, such as difficulties in establishing the therapeutic framework, limitations or privacy considerations (Garfan et al., 2021), it seems that this modality is the handiest in the context of social distancing. Thus, it is necessary to find the most appropriate framework for psychological assistance, in which case telehealth seems to be the most suitable. Over time, studies have focused more on telehealth optimization in cognitive-behavioral interventions (Strachan et al., 2012), the humanistic psychotherapies receiving less attention in this direction. Thus, no strategies were developed concerning the relationship, therapeutic presence, and deep exploration of various psychological aspects; these were not included in the development studies of online interventions. However, there are studies that attest the effectiveness of telehealth art-therapeutic and expressive-creative techniques (Levy et al., 2018; Spooner et al., 2019). All of this can be starting points in validating an experiential therapy online program. Moreover, the aspects presented above were from the perspective of my own experience in the virtual office, and although they cannot be generalized, may represent founding ideas in facilitating and implementing a validated way to carry out experiential therapy online. Although there are shortcomings in face-to-face contact, as not observing certain physiological features that are difficult to see on the screen, or managing the process towards deeper aspects of the client's experience, which may interfere with the process itself, they are surpassed by process continuity and the chance for a client to receive help even in pandemic conditions.

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