

Running Head: WORK WITH EMOTIONS IN THE TIME OF COVID-19

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Work with Emotions in Remote Psychotherapy in the Time of Covid-19: A Clinical
Experience

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Abstract

Objective: Face-to-face experiential work with emotions is effective, but it remains unclear what the feasibility of teletherapeutic work with emotions is. The current Covid-19 worldwide situation represents an opportunity for psychotherapists to test new ways of working with clients, including from an emotion-focused and emotionally focused perspective.

Methods: The present brief report describes a clinical experience based on six weeks, so far, of telepsychotherapeutic work focused on emotions via online tools, during the Covid-19 partial confinement in Switzerland.

Results: We found a certain feasibility of remote work with emotions in psychotherapy, for individual clients, and for couples. Specific challenges represent relationship and contextual factors (clear communication, using tone of voice, regular check ins, setting up a clear frame, technical aspects of communication, the Self of the therapist), accessing and deepening emotions and managing dysregulated experience and interpersonal escalation.

Discussion: Based on this initial clinical experience, we propose that integrative experiential practice partially delivered via a computer screen be studied in controlled settings by psychotherapy research in the future.

Key-Words: Emotion; Psychotherapy Integration; Covid-19; Teletherapy; Emotionally-Focused Therapy; Emotion-Focused Therapy

Introduction

Accessing, expressing, describing, regulating, accepting and transforming emotion are described as central processes for outcome in psychotherapy (Peluso & Freund, 2018). Beyond the general consensus that emotion is important in psychotherapy, there is a growing acceptance that the in-session *experience*, within a warm and prizing therapeutic relationship, is key for successful processes and outcome (Auszra et al., 2013; Greenberg, 2019; Fosha, 2000). Experiential-humanistic therapy approaches have revised and refined their tasks and techniques over the past five decades, moving towards specific, and more and more differentiated, steps of productively working with emotions from an integrative perspective (Elliott et al., 2013; Greenberg, 2019; Johnson et al., 1988; Pascual-Leone, 2018). The current Covid-19 situation challenges experiential practice in psychotherapy to some extent, and poses the challenge of transiently working remotely, via teletherapy, in effective ways with emotions in psychotherapy, assuming that there will be a time of face-to-face meetings again in the future. However, in light of the fact that it is not clear how long the pandemic will be around for, but also of the large percentage of clients who do not have access to experiential therapists, this situation also provides an opportunity to ask ourselves whether one can do experiential therapy remotely, for the entirety of the treatment. Our experience so far is conclusive.

Since the 1980ies, experiential couple's therapies, developed initially by Greenberg and Johnson (1988) as an integration of experiential, Person-Centered and Gestalt therapy, have differentiated today into several models of psychotherapy, including emotion-focused therapy for couples (Greenberg & Goldman, 2008; Greenberg & Woldarsky Meneses, 2020) and emotionally focused couple therapy (Johnson, 2019a/b). Emotionally focused couple therapy (EFCT; Johnson, 2019a) focuses on attachment-related emotions triggered in partner interactions and understands their dysfunctional dynamic in terms of a fundamental

separation distress. The emotions that ensue – fear, panic, sadness, anger – are understood as secondary defensive or protective reactions, rather than a primary emotion that aims to reach out to each other from a vulnerable place and asking for needs to be met in a clear, non-threatening manner. EFCT helps partners access their more vulnerable emotions and attachment-related needs, and fosters, through enactments, the creation of a new dynamic in which vulnerability is possible, safety is restored, and needs are clearly expressed and responded to within the couple's relationship.

Emotion-focused approaches differentiate in their assessment between primary adaptive, maladaptive and secondary emotional experiences (Greenberg, 2019). In the current context of Covid-19, primary adaptive fear is core to many clients' experience ("I am afraid of being infected/unwillingly infect others, and death will ensue") which orients the person's decisions, actions and cognitions. While fear has been discussed as a cognitive coping strategy with the current crisis (Schimmenti et al., 2020), from a differentiated perspective focused on emotion, primary adaptive fear is a freshly experienced core emotion that has a high adaptive value (i.e., the social distancing serves survival), thus needs to be differentiated from singular experiences of primary maladaptive fear (i.e., "I am afraid of remaining lonely and disconnected amid the pandemic") and from secondary fear (i.e., "I am afraid of being overwhelmed by too much information related with the pandemic"). From an emotion-focused viewpoint, while the primary adaptive experiences need to be acknowledged, deepened and completed, primary maladaptive and secondary fear experiences call for specific experiential interventions (Greenberg, 2019) requiring in addition emotion transformation. Similar elaborations may be proposed for helplessness, loneliness, anger and shame, all possible human emotional responses to a pandemic.

In the context of work with couples, EFCT is an evidence-based approach, supported by a number of outcome and process studies (e.g., Cloutier, Manion, Gordon Walker,

&Johnson, 2002; Halchuk, Makinen, & Johnson, 2010, Bradley & Furrow, 2004; Couture-Lalande, Greenman, Naaman & Johnson, 2007; Johnson & Greenberg, 1988), and providing a clear map of the therapeutic processes of change.

At the time of writing this paper (May, 14th, 2020; source: corona-data.ch), Switzerland presents with one of the highest formally reported numbers of infections per capita, with 30 364 nominally reported infected cases and 1870 fatalities in a small country of approximately 8.57 millions inhabitants (as of 2019). Yet, emotion-focused work is intensively practiced in Switzerland, mostly by psychotherapists in private practice, in particular in the context of a currently ongoing national practitioners-researchers network study (PRN; Castonguay et al., 2013; Kramer & Woldarsky Meneses, 2019). The question whether working remotely with emotions is feasible, and effective, given the current Covid-19 situation, has arisen among this network of clinicians. Similarly, the current situation also raises the question whether there is a “good-enough” level of depth of emotional processing which can be achieved via teletherapy. While from a larger perspective we can conclude that teletherapy was demonstrated to be effective according to a recent meta-analysis (Varker et al., 2019), the more differentiated work with emotions remains a clinical challenge in the current context.

There has been conversations in the past among practicing clinicians whether experiential approaches are compatible with teletherapeutic work, whether it is possible to access emotions in a good-enough manner, or as deeply as in the face-to-face interactions one has in their private practice office, whether enactments are as powerful when done through a computer screen, and whether couple interactions are manageable when the therapist is not in the same room. The current brief paper offers a subjective experience of work with emotions, from an emotionally focused work with couple’s perspective, and suggests that, under certain circumstances, such work is feasible.

From our experience across the past weeks of therapeutic work in the context of Covid-19 situation, we offer here principles of an effective and safe teletherapeutic process focused on emotion. While these principles stem from EFCT, we think that they may hold true for many integrative therapists interested to evoke, describe and deepen, support and foster adaptive emotional experiences when working with clients via teletherapy in the context of Covid-19. We need to note that all experiences crystallized in the present paper are transient and based on real clinical material with clients that had consulted in face-to-face meetings before, as well as during the current situation. We do not know if these experiences hold true in therapies conducted exclusively via teletherapy, or in other contexts of confinement, but we may speculate that they may be relevant in the broader context of experiential therapy delivered remotely.

The main challenges, from our perspective, are bundled into three categories: a) relationship and contextual factors, b) accessing and deepening emotions, and c) managing dysregulated experience and interpersonal escalation. We will speak to these one by one in the present account.

Relationship and contextual factors

A core task of emotion focused work in psychotherapy concerns the building of a therapeutic alliance, using empathic stance and techniques, and creating an in-session safety space by a therapist's presence in the here and now (Elliott et al., 2018; Geller et al., 2012). Face-to-face sessions allow therapists to communicate warmth and safety through many different sensory channels: direct eye contact, tone of voice, open posture, body movements, synchrony and attunement, all of which are much harder to coordinate via a screen, but not impossible.

Clear communication. Informed consent about the risks, benefits and differences of teletherapy is important. Clients need to be informed about how therapists maintain safety

and confidentiality, which encrypted platform we use online (different options like zoom business account, doxy.me, doctolib and such seem to offer secure options). We think therapists may communicate with clients about what they cannot see during the session, such as the fact that when the therapist looks down to his/her right, it may be that he/she is taking notes. It may also be important to render explicit that the therapist is in a closed room, all alone, so that privacy is maintained. Addressing what to do if the internet connection fails is also essential.

Using tone of voice. Direct eye contact is slightly compromised, because looking at the person on the screen will make the therapist look slightly down from the camera. Hence, the client does not necessarily know the therapist is looking at him/her. When working with couples, it is important to say the first name of each partner when addressing them and to let them know that we are looking at them. Tone of voice, as the polyvagal theory suggested (Porges, 2011), may be an unequivocal signal of safety communicated to the brain. This channel becomes a potential asset during online sessions, and is part of the process of emotional attunement.

Regular check ins. Making process inquiries may be familiar to many process-oriented psychotherapists. With teletherapy work, these inquiries are emphasized through making sure the client is comfortable, asking him/her how this experience is going and checking in at the end of the session to see how the session felt.

Setting up a clear frame. Transparency about the therapist's work, how difficult moments, crisis, or interpersonal escalation will be handled, why therapist may use enactments, why the therapist may interrupt the process at specific moments, will ensure not only a safer process, but also a smoother one.

For example, a couple's therapist may say: "I am not interrupting you to be rude, I am interrupting you because I can see you are starting to spin into your typical

interpersonal cycle right now, and since I am not in the room with you, I have no other way than to stop you from getting taken into this destructive pattern. So when I see this is starting to happen, I will stop you, we will slow down the process, and we will zoom in on what is happening in the moment so we can gain understanding and control over this pattern. Does that make sense?”.

In particular in emotion-focused work, the therapist takes a humble position, adopts and models an authentic curiosity for the other's experience and suffering (Buber, 1958), and in couple's therapy, shows interest in understanding the inner world of *both* partners. Transparency is an important part of that humble stance in particular when working remotely.

Technical aspects of communication. Having a good online connection and a good microphone, proper lighting, setting up the camera at eye level to maximize the precision of eye contact, logging out of other programs on the computer, turning off all notifications so as to avoid distractions, having everything the therapist needs during the session only a few inches away and dressing up professionally are key in conducting a successful teletherapy session.

The Self of the therapist. Relationship and affective attunement in session is central for working with emotions. It was suggested that self-awareness, in the sense of therapist presence, is important in order to do good-quality work and remain truly open-minded and welcoming to the ongoing process (Geller et al., 2012; Zeytinoglu-Saydam & Niño, 2018). Doing remote work may require even more than usual self-awareness on part of the therapist. Staying attuned to one's energy level, need for breaks and time between sessions, as well as time before sessions to ground oneself in the moment and review progress notes from previous sessions will help therapists be ready to use all their senses and skills to connect to their clients. Remote sessions seem to require more focus for many therapists and having to rely more heavily on the use of one's voice, as mentioned above, can be tiring. However, it

can also be extremely rewarding when the use of interventions such as leaning in, mirroring, validating, empathic-evocative responding and enactments create comparable processes than can be observed face-to-face.

Accessing and deepening emotions

Experiencing emotion is key to productive work in psychotherapy (Pascual-Leone et al., 2016; Johnson & Greenberg, 1988): it does go further than just “talking about the emotion”, but it involves a bodily felt sense that informs the person about what he/she needs and what their innermost goals are. Change in therapy was linked with the depth of experiencing of emotions in session (Johnson and Greenberg, 1988), therefore, it makes sense that therapists may be reluctant to use online tools when working with emotion, based on a fear that emotions cannot be accessed at a deep enough level. In the context of EFT for couples, reflecting the moment-by-moment process, along with the secondary reactive emotions expressed in the interpersonal dynamics, and slowing down and zooming in on each partner’s experience of the dynamic, in order to access more vulnerable attachment-related emotions underlying the defensive posture each one takes in the cycle may be indicated. From our experience, this requires a good reading of non-verbal cues so they can be noted and explored, and a sharp attunement to the inner world of each partner.

One could argue that a lot of information is lost when trying to do that via a screen. Our experience is that emotions can still be accessed at a deep level, even through a screen, at least to a certain extent. It can even, at times, be more powerful. Part of the powerfulness might come from the fact that a large part of the world population currently lives in a climate of fear and uncertainty, locked into their homes and doing their best to cope with these exceptional circumstances. This can definitely bring to a boil, not only secondary reactive emotions of irritation, frustration and impatience, but also more vulnerable emotions such as fear, sadness, loneliness, and isolation. Therefore, the current Covid-19 situation may be an

opportunity to sharpen the therapist competencies in deepening and transforming emotions in therapy, in order to be able to help clients access, process and interpersonally disclose these emotions with their loved ones with whom they currently share a limited space.

We observe that it is important, more than ever, to slow down the process, and create a space where we can stop and feel. The therapist may have to choreograph that moment with precise directives.

He/she may say: “Can we slow down here? You just talked about your sadness and the loneliness you feel when she doesn’t hear you and seems stuck on her tracks, moving on without you. And yet as you talk about this sadness, you are still pretty energetic in your voice and the pace of your words. Can we slow down here and just see if you can feel the sadness? In your body, right now, if we stop here, how does the sadness feel? (silence, give time to answer). What would the sadness say, if it could talk?”.

One could use the image of stopping the car one is currently driving, getting off the car, and choosing a spot to observe it, take in the view, breathe in the air, seeing how it feels to be stopped here, outside of the car, to have turned the engine off and just take it all in. From our experience, it might happen a bit less organically than in a face-to-face session, but with the therapist gentle direction, repetition, use of images, soft voice, slow pace, and using the clients’ words, clients will follow into that space and allow themselves to access what is bubbling under the surface. Surprisingly, we find that being “forced” to be more directive via teletherapy may contribute to potentially positive results. The remote therapist will need to be more determined to stay away from content, because specific content may contribute to unmanageable experience and interpersonal escalation. More frequent interruptions seem to be necessary, while making the implicit explicit to the clients and letting them know why we are stopping them.

The therapist may say: ‘I’m sorry, I need to stop you because I see you going back into your head right now, and we are getting lost in examples, and that is exactly what happens, isn’t it? When you get into your typical interpersonal cycle, it becomes about who’s right and who’s wrong, and you guys start spinning in circles, so I am going to stop you right here. I would like to go back to what you said a moment ago, because it was really important. You said...’.

As therapists, we take here an assertive position of leading the session and interrupting clients. When such interruptions are done from a stance of emotional attunement unconditional positive regard and responsiveness (Bozarth, 2013), clients tend to be grateful and the process may become smooth.

Managing dysregulated experience and interpersonal escalation

Momentary dysregulated experience may be specifically related with finding oneself in quarantine, or semi-quarantine, as it is the case in the current Covid-19 situation in many places in the world. Clients may present with heightened levels of expressed emotions in the sessions, and may feel the need to have a downregulating experience while talking to a therapist. While in certain cases, it may be advised to activate resourceful coping strategies to downregulate emotion in the telehealth session - because the therapist has less control of the session and is not physically present to provide support and help regulate the client - we point out to the underlying ethical dilemma when working with emotion: by proposing coping strategies in the face of apparent momentary dysregulated experience, the therapist may fail to acknowledge the underlying pain and deeper emotional vulnerability present in the moment (Kramer & Elliott, 2019). Such focus on coping may therefore contribute to the invalidating experience many clients have had in their personal history with regard to primary adaptive experiences. By focusing on downregulating, the therapist may potentially undermine a productive therapeutic process. During teletherapy, the therapist may consider

reflecting on this process, but also he/she may aim at “meeting” the client on an interpersonally deeper level, by offering empathic reflections and prizing, thus opening a space of shared experience via the screen. From our experience, this may also be feasible in the context of teletherapy.

In couple’s therapy, it may be the case that partners engage in unproductive cycles in front of the camera. By interrupting such interpersonal cycles, the therapist maintains safety in the session. This is particularly important for teletherapy, given that the therapist cannot use the body to interrupt the couple’s cycle, such as by getting up, moving closer or sitting between them. For example, therapists can prepare their couples at the beginning of the session, by setting some ground rules and explaining how such instances will be managed.

The therapist may say:

- “We all need to make an effort to listen to each other. Since I am not in the same room, if you start talking over each other, I cannot hear anything and will quickly get lost. Therefore, I will have to interrupt you right away if you start doing that.”
- “If one of you starts feeling triggered, please let me know. If one of you leaves the room, we will interrupt the session until that person comes back.”
- “We will end all sessions together, no matter what happens during the session. Your commitment to letting me bring closure to the session in a peaceful manner is extremely important.”

If despite these instructions, couples still escalate, the therapist can use his or her voice to help regulate them, calling them by their first name, asking them to redirect their attention onto the therapist, and validating their reactive emotions so as to make them feel heard and seen, which may contribute to calming their nervous system. Later, the therapist can reframe what happened in terms of attachment and separation distress, highlighting the cycle they just got into, and normalizing how hard it is not to get into it, given how much is at

stakes, how important this relationship is, and how much additional stress it is under, in this season of confinement.

Conclusions

Though doing experiential work remotely as psychotherapists may not have been what brought us into this profession in the first place, we can cautiously encourage mental health professionals to make their services available via an online platform, and try it out, and learn from the process. Health care needs for effective remote therapeutic work focused on emotion will most likely increase, and we believe that though some information is lost via an interposed screen, there are possibly ways of working around it, that still allow for emotions to be accessed, processed and transformed in powerful ways. The future will tell what psychotherapists may learn from this experience of confined work context, as well as their clients, that could be formulated in more precise recommendations on how to work with emotions in teletherapy. In the future, it may be useful to formulate specific research questions that can solidify our knowledge on the effectiveness, the relevance, and the specific conditions for therapeutic success in emotion and emotionally-focused work partly delivered via teletherapy. Both couple's teletherapy and individual teletherapy should be studied, helping to enlarge the evidence base of experiential work in a great variety of human interactions.

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