

## Zoom-Therapy: Online Clinical Setting - Compromise or an Opportunity?

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### Abstract

The Covid - 19 pandemic has brought extreme changes which forced many adaptations from all of us in almost every domain of our daily lives, both at homes and in our workplaces. Social physical distancing was one of the greatest challenging changes human population was directed to adjust to, in a very short time. Psychotherapy is one of the professional fields which is based upon and anchored in the great impact that open and trusting relationships has on the psychological well being of an individual. In psychotherapy, this relationship is created in a safe space provided by the therapist, to enable the therapeutic relationship to evolve and grow. The profession which is based on a face to face interaction in a safe space that the clinical setting provided, was challenged by the world pandemic. Therapists were forced to quickly decide how to continue providing psychological help in a time in which it was needed more than ever. They were offered to do this in a different setting which was provided by technology, and differed greatly from what traditional psychotherapy was meant to be. Almost a year since the pandemic intruded our lives and minds, understandings gathered from the transition of the therapeutic encounter from the face to face to the "zoom" video setting of the therapeutic encounter are offered.

**Key Words:** Psychotherapy; Therapeutic Setting; Mental Covid-19; Online Therapy; Zoom Therapy

Human individuals evolved in social groups and their development is based on human interaction, communication and contact. Physical contact and closeness with the significant other, is essential in the process of development of an individual's mind and psyche, before and after birth, providing the source of basic trust and relationship needed for survival and growth of the human individual. We are prone to spend our lives in close relationships with others, in order to organize our inner selves, as well as recognize ourselves in comparison with our peer group, and to learn the skills needed to be with others and to create with a group of others. We are encouraged from childhood to be helpful and compassionate to others around us, to develop friendships and further romantic relationships, to trust and cooperate with others, to seek help if needed and avoid selfishness and avoidance from needs of others close to us. March 2020 and in some countries even before that, had forced strict "pause" on most of those. Being in a state of sudden fear from the unknown virus, attacked aggressively most of the world's geographical spaces, social distancing was ordered. Social group as a vehicle of mental survival and wellbeing for the individual, became a space of danger for individual health.

Human interpersonal physical contact, which was until then the source of wellbeing, became risky for the individual's life and

health, and was forbidden. People all over the world encounter the impossible truth, if they hug their loved ones they might cause them illness or in some cases even death. People had to distance themselves from their older family members in order to keep them safe and avoid virus contamination, at the same time were told to stay in quarantine with their family of origins without being able to go to work and to other daily activities and the distance of free mobility was limited. As mental help was needed to be continued for those who have been in psychotherapeutic processes before Covid-19 hit, it was now nonetheless required by people who have never attended therapy nor counselling before. Due to the great impact the covid situation has on the human individual's mental life, the requirement for mental health services grew and still is growing.

While therapists were challenged by the obvious need and almost no other choice to transfer the clinical setting to online video meetings, the patients reported their worries regarding the fate of their therapeutic process in the new reality of life. The ambivalence between the need to be there for our patients in those challenging times, while therapists are dealing with the same objective boundaries and limitations was predominant. We as therapists for the first time in our profession were in similar objective difficulties

as our patients, with the same amount of uncertainty and fear as with worries for our loved ones without the possibility to be close to them as the day before. Moreover, we also could not provide the safe space for our patients in our clinics, since neither we or them could in many cases even drive to, due to limitations of distance during the lock ups. Adjusting to the new reality of life was crucial in a very short time. As professionals we had to adjust not only to our personal new daily routines but also to re adjust our professional state of mind to virtual therapeutic settings and interpersonal therapeutic encounters. The initial widespread experience of psychotherapists related to online therapy was that it is more distanced, more defensive by the means of the computer display which is divided between you and your patients. The space from which both parties of the encounter were doing the session varied and changed along with the situation forced by the covid-19 which became the compass directing the therapeutic situation instead of the therapist who was until then responsible for. The therapist was in some way castrated by the virus which was the contaminating factor therapeutic situation was never prepared for. The safe space was intruded by objective real participants which none of the involved could ignore or avoid. The rules were changed, the level of control over the situation was challenged, and we needed to engage “zoom” as a new member of our process. Inclusion of new members involves inclusion of change, which brings about the issues of loss and grief, adjustments and inconvenience with loss of control and helplessness among others. The process of loss and departure with grief and separation anxieties was required from all of us when Covid-19 entered our lives. Everything we all knew till then was not relevant anymore, and we had no time to process loss, since we had to adjust to rapid changes on a daily basis. In some way what we as therapists had to overcome with change of setting, involved all parts of what everybody had to overcome with change of reality in daily lives. Loss of the known, the “safe”, inclusion of change and a lot of unknown yet to come. Uncertainty was the only certainty.

In 1969 Kubler - Ross described five stages of grief, popularly referred to as DABDA [1]. The stages include:denial, anger, bargaining, depression, and acceptance. One of the major critiques upon Kubler's stages was based upon the notion that people studying her model have mistakenly believed the model based on the specific order in which people grieve, starting from denial, and in the proposed order till the acceptance stage. Moreover, her students tend to believe that all individuals go through all the stages. Those critiques directed Kübler-Ross to explore her model and now it is presented as less strict, and she notes that the stages are not linear and some people may not experience any of them. Yet and still, other people might only undergo two stages rather than all five, one stage, three stages, etc. It is now more readily known that Kobler's five stages of grief are the most commonly observed experiences by the grieving population.

While we do not often refer to vague situations as loss as we do to the death of a person or an end of relationship, processes of grief and mourning are psychic mechanisms, when facing loss of any kind and with various meanings. Loss of daily routines which provide a sense of stability and safety as well as confidence for the human individual cause mental turbulence and stress.

An individual's tendency to gain a sense of control over his life as well as mental state undergoes stages of mourning and grief. The defensive mechanism of denial provides an individual a sense that nothing is changing and by that to maintain the sense of control he had before the inevitable change. In relation to therapeutic settings during the outburst of covid-19 we could see the illustration of this mechanism in therapist's experiences of “we soon going to be back to the regular schedule” or continuing scheduling the patient's sessions in the same order as the day before. Patients expressed denial of the change by asking if we are “meeting as usual next week” at the first days of lockdowns. Denial could not prolong since the limitations grew on a daily basis and in fact neither they or their therapist in Israel could not distance themselves further than 200 metres a few weeks into March 2020. Bargaining stage was profound shortly by many of the patients in an effort to avoid the inevitable and asking whether it will be possible to postpone the process and defer the sessions to the next weeks hoping the covid-19 will disappear as it appeared, one day all of a sudden. The therapist on their side presented the bargain stage by offering to try the zoom technology and proceed with the processes, believing it is just a phase that will not become the permanent setting for the next year or so. Anger was illustrated by both of the parties while trying to adjust to the technical difficulties with the online sessions, with an attempt to find the appropriate space in their homes to establish the professional communication with their patients while their children were also transferring to home-schooling accompanied by zoom technology for their lessons on a daily basis. Same was happening in homes of patients. The stage of depression in the process of grief is usually profound when the individual is not being able to hold on to the “artificial” sense of control as the reality is showing he has lost it a while ago and what he imagined that might be happening that would change the inevitable is not going to happen. Often the stage of depression is in some sense helping the person to deal with loss of control which in turn throws him to deep sadness and sorrow. In some those of us who were willing to deal with the reality, in which we are not going to be back into our clinics any time soon, those who were sad about it, and began to adjust ourselves to the online setting for the next few months at least, were ready in a short time to start to see the advantages of the “new setting” for our process and by that moved to the acceptance stage.

A year after working in the new therapeutic setting I can report about the advantages zoom offered the therapeutic setting and how it influenced the processes. A lot was reported during the last year regarding the challenges and disadvantages of an online therapeutic setting and processes [2, 3].

Although the challenges and difficulties of online communication exist and influence the quality of the interpersonal communication, less has been discussed regarding the advantages of an online interaction. It is believed that location in the same physical space as the patient provides the therapist with information crucial to the therapy process, which is perceived from the patient's body language and behavior which accompanies his narrative and the moments when he listens to the therapist's queries and insights. I suggest to consider that while the therapist is located in a different space and the patient is conducting his therapeutic session by zoom video, the choice of the patient where to locate himself of-

fers unconscious information which can be discussed and elaborated during the meeting. Moreover, what the patient chose to “show” the therapist through the location of his camera, nonetheless can be viewed and elaborated on, as part of the patient's unconscious content. The sense of control is given to the patient by online session to end the session by pushing a bottom, and the way this possibility influences the therapeutic encounter is also provided for discussion in session. The fact that the patient is free from driving to and from session at times of lockdowns and restrictions of distance one can go to during covid-19 and can proceed with his therapy without waiting weeks till he can drive again to clinic is crucial for the continuation of process and provides sense of stability which is needed more at times of crisis. If we consider intimacy of the encounter, we can find that although separated by screen the patient and therapist are actually closer one to another, when online. Video meetings are one time that we see the face of the other closer than before, and this offers to see the micro expressions of the other and to feel closer.

In addition, one aspect is crucial to note related to zoom therapeutic meetings, if we look closer we can find that the zoom is structured in a way that the therapist for the first time “sees” himself (on

the screen) at the same time he “sees” the patient. We as therapists are not familiar with this concrete situation, since we are obligated to introspect during the sessions for the benefit of the therapeutic process, but for the first time we see ourselves the way the patient sees us in physical way, we become conscious to how we look when we speak and our facial expressions as presented to the other.

It is my assumption that some therapists are unconsciously and others may even consciously find challenge in “meeting” not only with the other by video but also with their own selves.

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