

COVID-19 and Its Implications for the Practice of Psychotherapy on Zoom during the Pandemic

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If the origin of the word ‘patient’ was linked in Greek to the word ‘suffering’, we are all patients now, regardless of whether or not we have the virus.

After the publication of my latest book in 2018, I developed writer’s block and did not intend to write again. Not until COVID descended, and I re-read Defoe’s *Journal of the Plague Year*, which inspired me to write and publish my own journal on Kindle: *In the Consulting Zoom: The Daily Journal of a Psychotherapist*. Suddenly, I felt the compulsion to write was essential. Symbolically, I was writing with my lifeblood, like the pelican. The journal was a daily blend, or sometimes a curdling of my domestic, professional and ‘political’ life. Unlike Defoe who was new-born at the start of the plague and wrote retrospectively, I was compelled to write every evening after I finished my Zoom clinic.

A fugitive from COVID-19 and my peaceful consulting room in Marylebone since last March, I have been working within a home office surrounded by the chaos of a multi-generational home where Zoom cannot blank out the sounds of doorbells, dogs barking and ‘multi-media’ effects.

Wednesday 8 April 2020, Passover

It is the eve of Passover which is exactly what all the medics are doing right now in Intensive Care. Passing bodies in their care over and over again. I slept less than usual last night. Who could not after watching the untranslatable experience of attempts at life-saving procedures going on in ICU at University College Hospital? Never has the Hippocratic Oath felt so relevant.

Bodies lost in bandaged shrouds are being passed over. And over, by exhausted clinicians eight times a day, in an attempt to protect lungs from sepsis. A falling Inferno of COVID.

In addition to my daily entries during lockdown, of which the ‘Eve of Passover’ is the entry for 8 April, I kept – with my patients’ written permissions and an invitation to edit individual clinical vignettes – an account which explored at greater length some of the clinical issues confronting me. Working face to face was less intense, the eyes were more relaxed but Zoom-bodies are still everywhere, except you rarely see a full torso. Footwear, which can express so much about the wearer, is no longer available for scrutiny. Whatever the disadvantages of Zoom, my practice is busier than ever.

Clinical Vignette

This vignette is an illustration of some new therapeutic challenges when working via Zoom during a session with a challenging intellectual and entrepreneur, in late middle age, who has experienced a disappointed emotional life. Only after his father’s deathbed conversation last autumn did he overcome scepticism to seek out a therapist, motivated by his father’s final breath. To begin with he treated me as I imagine he treats a vintage wine. I felt he was sniffing my psychic aromas and wanting to find them corked. Excessively polite. Excessively aloof. I knew his pass-bar would be high. He was not at all happy about Zoom meetings but accepted them as the better alternative to ending his therapy.

I opened our first Zoom meeting to find him reclining on his bed. (An explanation for which appears later.) He was keen to show me the room furnishings, the paintings and a pile of books. He must use his iPhone for our sessions as whenever immersed in thought he drops the phone and his image hurtles through the ether. Doorbells announcing deliveries, whether mine or a patient’s, have become another frequent intrusion into Zoom sessions. While I would not interrupt any session to open the door, most of my patients do!

His bell rang. He requested I accompany him downstairs. Hitherto, the only time anyone left my physical consulting room, and often with an unnecessary flurry of apologies, was to visit the loo. All things change! It might sound incredulous but alongside the superficial phenomena we achieved, after he returned to bed, some insightful work on his cast of adversarial internal ancestors. Work which was mutually affecting. Zoom or not, interruptions included, we are still excavating deeper and deeper into the hinterlands of his psyche. *And that is all that matters.*

One of the consequences to my practice as a result of Zoom sessions is what I call 'the democratisation of therapy'. While I still have ultimate control, or responsibility for the ethics of the relationship, its boundaries, and for maintaining a consistent backdrop for myself, I no longer know where I will be received. The patient decides not only in which room they will conduct therapy but to what degree they will allow the session to be interrupted by external events. I nearly laughed out loud when someone's response was: 'Hold on one tick.'

Zoom Technique

COVID has introduced therapists and patients to hitherto unthought dimensions and boundaries of online therapy. I have moved forward with the flow of COVID-change whether I will, or no. Several of my colleagues, whether psychiatrists or therapists, are already muttering that the end of bricks and mortar consulting rooms may be approaching. In my practice it is the men who are most discombobulated by Zoom and concerned to resume face-to-face work. Their homes feel archetypally female territory. Men often find it more challenging to talk about abstract emotions and inner imaginative lives. Some welcomed the ritual of their journey, often from a sequestered office, to and from therapy with the promise of an interlude of intimate connection. Despite a societal antipathy to gender distinctions, I find men feel more frustrated by lockdown with the loss of independence, status and routine opportunity for outdoor activities. Those with partners may feel they are under daily scrutiny. They are now expected to multi-task. I was speaking to someone today who explained how hard he found the period of lockdown because small daily rituals, like

choosing tomorrow's clothes, had gone out of the window. Instead, he was peering, in mock-mourning, into his wardrobe at unused bespoke suits and couture shoes, not knowing what his dress code should be. As it happens, dress conduct during lockdown has become a much-discussed topic both on social media and in therapy, along with the lethargy or anxieties that many people feel about maintaining their appearance. In a personal communication with the consultant psychiatrist Dr James Arkell about advice to avoid becoming depressed during lockdown, he offered the following:

Make sure you punctuate your day with something that anchors you to the outdoor environment and connects you to someone else – a daily shared errand at an agreed time. This is especially important for those working from home to prevent the daily grind bleeding into the evening. In a household make an event out of the everyday – dress up for dinner once a week.