

Psychotherapy sessions on the telephone

One of the many difficult and disturbing things about this current crisis is the speed at which it has caught up with us. One week I was telling my patients and supervisees that I had sanitising hand gel for them in the waiting area, that I was wiping door and handles between each patient and that they could use paper towels I'd placed in the cloakroom, rather than the usual hand towels. The very next week they were being told by me that they would not be able to come in person to their sessions, but would be using the telephone instead.

Unlike some psychotherapists, I decided all sessions would be on the telephone, rather than using visual modes such as Face Time, Skype or Zoom. This is mainly because the reception where I live is not that reliable and previously, when I have tried sessions on Skype, it has been disconcerting both for myself and my patients to have it cut out or distort our faces from time to time.

I was able to alert them in advance about the importance of finding a quiet, confidential and comfortable place where they could have their sessions and to use this space each time they were having sessions on the telephone. Of course not everyone felt happy about this change. Indeed, there were a couple of patients who were adamant that they would rather stop altogether than use the telephone. This needed some discussion, but I felt it was important to respect their decision, on the understanding that when the ban lifted their sessions would still be available for them if they wished and that they were welcome to email me if they felt the need to do so – and I would always respond. Most however, some more reluctantly than others, were willing to move to telephone sessions. "It's better than nothing," was a common response.

For myself, I was reminded of Winnicott's 'good enough mother'. This is what sessions on the telephone would need to be; a reflective space that would hold and contain my patients during this time of great anxiety.

I have found that a number of themes have arisen in this different way of working and been of interest to think about. For myself, I find using the telephone is definitely more tiring than the usual in-person sessions. On the telephone the main mode is the listening one since the visual and kinaesthetic modes are not available. I find myself having to acutely concentrate on what I am receiving via the earpiece, while at the same time trying to process whatever non-verbal signals I can pick up. This is very different from the kind of 'free floating attention' that Freud advocates. It may be that this is partly due to my anxiety to be as available and attentive to my patient as I would normally expect and hope to be. I had thought that I might be able to take notes during sessions, rather than post-session write-ups. This turns out not to be the case. I might scribble something right at the beginning, but I almost immediately become so absorbed in the process that note-taking feels like an unwanted intrusion and a complete distraction.

For my patients, they talk of course about their fears to do with the world outside the consulting room and how this impacts on their inner world and their history of experiences and relationships. Some have expressed anxieties about my survival – either openly or at a more covert level. For some patients it has been less easy to bring feelings, for others rather easier to do so when there is not the presence in person of the other. All of this is food for thought. There have been more dreams, frequently vivid ones about being trapped, or

chased by monsters or terrorists. In this way, the virus has become an internal reality that needs to be dealt with not just at an actual and conscious level, but importantly at an unconscious level too. They have also talked of the loss of the journey to their sessions. The drive through the countryside with all its changing seasons. Opening the gate and coming through the garden and then into the warmth of the consulting room, with its seasonal vase of flowers and the smell of the scented diffuser in the hallway. As important is the loss of the leaving, the drive back home or to work and the chance on the journey to reflect on what has taken place, to process it and slowly come back to ordinary reality. For patients who were sent to boarding school, this has a particularly poignant resonance, which has opened up important memories, feelings and experiences that were long forgotten.

While it may not be as good as ‘in the room’ work, clearly therapeutic work on the telephone is quite definitely better than nothing.

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