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What Was It Like to Deliver Psychotherapy During the COVID-19 Pandemic? Understanding Therapists' Perspectives Using a Phenomenological Collaborative Writing Approach

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What Was It Like to Deliver Psychotherapy During the COVID-19 Pandemic? Understanding Therapists' Perspectives Using a Phenomenological Collaborative Writing Approach

Abstract

COVID-19 presented rapid challenges to usual practice within mental health services. Despite the suspension of face-to-face psychotherapy, as a group we felt compelled to adapt so that our relationships with patients could continue. This article documents some of the challenges and opportunities faced by our group. We use collaborative writing as a method of inquiry, informed by a phenomenological approach. Each of the six therapists in the group and the supervisor wrote a freestyle personal reflection; when these reflections were viewed together, noticeable themes emerged which bear relevance to future practice. We present here anonymised vignettes (excerpts from therapists' reflections) under thematic headings, to bring to life the collaboratively written discussions that follow. These include important moments related to the transition from face-to-face practice, and new perspectives on beginnings and endings in therapy. We highlight the power of holding onto hope for those that we work alongside, of advocating for the importance of these relationships, and of the vital role played by regular supervision meetings. The pandemic has prompted us to question our way of working and has shown us new ways to be flexible in the future. We invite others to reflect on whether they relate to our experiences or have different perspectives on the delivery of psychotherapy during such unpredictable times.

Keywords

psychotherapy, medical education, psychiatry, collaborative writing

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Introduction

Psychotherapy continues to be as important to patients as ever, and now in addition plays an essential role in helping to address the widespread psychological and behavioural health consequences of the COVID-19 pandemic (Swartz, 2020). Psychotherapy services around Europe faced significant disruption after the onset of the pandemic; in Italy, for example, one of the first European countries to be significantly affected, an online survey revealed an important undersupply of psychotherapy during lockdown, with psychotherapists reporting that over 40% of their treatments had been interrupted (Boldrini et al., 2020). Across all therapy modalities, concerns have been raised such as whether adequate working relationships can be established online (Connolly et al., 2020), or whether the analytic frame is

sufficiently maintained when working remotely (Scharff, 2013). Across the globe, further information is required about which delivery systems and supervision strategies best address the needs of our patients and communities (Swartz, 2020).

We present here the collective voice of our psychotherapy supervision group, which comprises six psychiatry trainees and one Consultant supervisor. We are a group of doctors working in psychiatry in the National Health Service (NHS). A valued aspect of our training, alongside our usual ward or community clinical work, is the opportunity to meet the same patient for several months, or even years, to offer weekly psychotherapy. This work is supported by a weekly supervision group with fellow trainees and an experienced supervisor.

We set out to answer the following research question: What was it like to deliver psychotherapy during the onset of the coronavirus disease 2019 (COVID-19) pandemic? By reflecting on how the transition was experienced by this group of therapists and patients, we hope to present our enhanced understanding of how therapeutic relationships between therapists and patients, and professional relationships between colleagues in a shared supervision group, can adapt in the face of crisis. Given this unprecedented global challenge, there is a need for teams internationally to share their experiences of how they were able to forge a way forward to keep connected to those often in desperate need of psychological support. This article carries the hope for inviting further connections with others who may wish to find similarities with and differences to our experiences and aims to document ideas for how therapists and patients can maintain hope and connection in the face of challenge. We have made efforts to preserve the anonymity of the people with whom we work and of the therapists mentioned in the section on supervision, but have opted to use the term “patient” to acknowledge the pain experienced by those who come to see us, and because we believe it important to recognise the power differentials inherent in the therapeutic relationship.

Methods

For this piece, we have used collaborative writing as a method of inquiry, informed by a phenomenological approach. This approach was chosen to capture the lived experiences of therapists working at a unique time in history, with the idea that collaborative group reflection on the challenges and achievements of maintaining connection with patients during this difficult time might be useful to other teams hoping to preserve therapeutic relationships at times of upheaval. Collaborative writing is described as “an iterative and social process that involves a team focused on a common objective that negotiates, coordinates, and communicates during the creation of a common document” (Lingard, 2013, p. 163). Rather than simply a way of “writing up” research findings, collaborative writing has received recognition as a method of inquiry (Gale & Wyatt, 2016). Phenomenological methods were chosen because they are not prescribed nor procedural, but rather open ended, allowing for deeper reflection (Adams & van Manen, 2017). Phenomenology, simply stated, is an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it (Neubauer et al., 2019). By examining experiences as they are subjectively lived, new meanings and appreciations can be developed to inform how we understand or even re-orientate those experiences (Neubauer et al., 2019). We feel this to be especially relevant to the field of psychotherapy, in which the challenges posed by the pandemic forced us to reflect on our practice in a different light, and gain insights which will inform future work.

For this piece, the seven authors (therapists and supervisor) used an “all-in-parallel” collaborative writing method (5) individually to write a reflective piece according to the topic guide: “What was it like to deliver psychotherapy during the onset of the COVID-19 pandemic?” The question was collectively agreed by the group, and kept deliberately broad,

with no word limit nor other prescriptions. All patient identifiable data were anonymised at this early stage. The guiding phenomenological methodological principles are in keeping with those adhered to in our supervision group work and are thus felt to be appropriate for this piece: emphasising openness, questioning pre-understanding, and adopting a reflective attitude (Sundler et al., 2019). After each of us had documented our individual reflections, these were shared with the group. Author KH gathered reflections into a document and read the document thoroughly several times to develop an understanding of our shared experience. Salient phrases, statements and narrative extracts were gathered into themes as they emerged, and the grouping of themes was checked by authors AP and TT, with the shared aim of maintaining the underlying essence of each therapist's experience. All authors subsequently checked that the thematic analysis preserved the essence of their individual narrative. Themes were captured in separate headings, and each author chose an accompanying vignette (excerpts from the original reflective pieces) to bring the theme heading to life and elucidate the vignette with a summary from our collective reflective pieces. Author KH amalgamated and edited these separate sections into one flowing piece, with further editing from authors AP and TT. All other authors reviewed the document according to an "all-in-reaction" mode of collaborative writing, which is known to work well for small, non-hierarchical groups where all members feel safe to express their opinions (Lingard, 2013). As a group, we felt a curiosity about our own experiences, the experiences of our patients and the experiences of each other. We also share a commitment to maintaining connections between each other and our patients, and this agenda influences our work.

Results and Discussion

We present the themes that emerged from our collective reflective pieces as headings, each with an excerpt of the therapist's description of the patient's experience to bring the theme to life, followed by collaboratively written discussion. We hope that the content of these reflections will inspire ideas for continuing to work flexibly and responsively in the future in the field of psychotherapy.

Challenges of the Transition

Nothing is so painful to the human mind as a great and sudden change.
— Mary Shelley, *Frankenstein*

Annabelle's Experience

Annabelle and I had worked together for several months before lockdown. The aim of the work was to help with symptoms such as low mood and feelings of despair but had reached much more widely than this to encompass discussions of difficult past experiences of loss. We had worked hard to build trust from a starting point of mistrust of all professionals, which was the product of negative previous experiences with mental health teams.

The guidance to stop meeting face-to-face was abrupt and came at a time when other services were continuing to meet in person. This rapid shift led to a distressing conversation about how to find ways to continue. It had a significant impact on both of us, and, after some thought, Annabelle decided that it would be better if we stopped altogether. Although she understood that this was not

my choice, the situation echoed her previous experience of feeling disconnected from almost everyone in her life.

In the above vignette, a therapist reflects on her work with Annabelle, to illustrate the profound impact that the onset of the COVID-19 pandemic had on the therapeutic work. The vignette captures one example of the experience of transition from face-to-face to remote therapy and reflects feelings around the change that were felt by many. Due to the uncertainty around the wider public health strategy at the time, the likely course of events had been difficult to predict. As a result, many of us had only briefly discussed the options before switching to remote working. Practical uncertainties extended beyond how to deliver clinical care, and into patients' personal circumstances. One person was left stranded abroad caring for her sister; what was intended as a week-long visit to a close relative now had no foreseeable end date. Another grappled with the difficulty of finding a private space to have therapy in a home shared with her partner and her child, with only thin walls to separate them. This experience made us as therapists much more mindful of the obstacles that people face when connecting meaningfully with the therapeutic process; this includes digital poverty that deprives people from a reliable internet connection.

For some patients, speaking on the phone represented an important struggle. Continued exploration of deeply personal issues, which had begun within the safety of the therapy room, now felt impossible without the restorative distance between that space and where they lived. It has been highlighted that patients may perceive communication as more impinging when their personal space is seen, making them feel exposed and ashamed (Svenson, 2020). Annabelle found this particularly challenging; making the calls from home left her feeling that the therapy had invaded her only safe space. She was concerned that "switching off" after the sessions would be rendered impossible.

Patients and therapists have been finding creative ways to stay connected with each other, not only by telephone and video calls, but also with therapeutic letter-writing exchanges. Despite the rapidity of the change, a combination of technology and commitment has often enabled ongoing contact, and it has been important to negotiate how best to continue the therapy with each patient. The experience of Annabelle reminds us of how external world events may bring back a person's past difficulties; if the connection between therapist and patient can be maintained, these situations may allow for rich exploration within the therapy.

Opportunities in the Transition

So, all a man could win in the conflict between plague and life was knowledge and memories.

— Albert Camus, *The Plague*

Yusuf's Hope

I felt a sense a dread when services began closing their doors for "non-essential" services. Yusuf's long-awaited detox was due to start days after lockdown. For many months he had been pinning his hopes on this being the only way to stop the addiction that was making it harder and harder to function, or to feel he had a life that was worth living. When, finally, the confirmation came that there was to be no detox, I and the other professionals working with Yusuf shared a sense of fear about what the consequences of this loss would be. To my surprise and joy, this fear was unfounded as Yusuf developed his own detox plan and stuck to it with a determination and a hope for change that had seemed impossible for

such a long time. This allowed the therapy sessions to continue and for him to make the most of our time together.

This vignette captures how some patients found themselves using this new and for many frightening world to bring about changes to their lives, which had felt impossible in “normal” times. For the person in the above example, addiction became a problem to be solved with a newfound determination and strength that enabled a previously unthinkable step.

For some, the situation triggered a sense of resentment and intensified an emotional pain as they realised that there would not be much to look forward to or many people to re-connect with, when the lockdown eased; that life was not too different before the enforced lockdown. Other patients were able to relate to others’ lives around them changing and to collective accounts of widespread anxiety and fears about safety; this felt like a relief and offered a sense of connection. By appreciating the enormity of the shift in patients’ lives, therapists are uniquely poised to support people during the times of challenge, but also remain open-minded about the surprising opportunities that such shifts may yield and the impact of those changes on themselves.

Beginnings and Endings During the Pandemic

“Since when,” he asked, “Are the first line and last line of any poem. Where the poem begins and ends?”

— Seamus Heaney

Sarah: Negotiating Beginnings

When the pandemic began to take hold, Sarah and I had only met face to face on two occasions. Our first contacts were tentative, and I was left with the impression that we would need some time together to establish the safety of the sessions and find a rhythm. I was worried about what the new situation may mean for our work together. She had previously shared that she rarely speaks on the phone even for short periods of time, and only to people whom she knows well. My worries turned out to be unfounded and since the lockdown we have been speaking weekly. She recently told me that these meetings give her a sense of routine and predictability during a time of so much uncertainty.

Given that it is no longer possible to be physically near each other, Sarah and I have dedicated much time talking about how we can make the therapy feel safe. I’ve shared with her my difficulties of not having non-verbal feedback from her. She has become skilled at describing how she is feeling during our sessions. She may say, “I’m feeling dizzy”; “my heart is racing”; “I’m crying,” which has helped us to come back to safety as often as needed.

This vignette illustrates how we traditionally rely on face-to-face contact with people to form a therapeutic alliance, establishing safety within the room and being perceptive to subtleties of body language. The process of beginning therapy in the context of remote sessions required adaptation and close, collaborative work between patient and therapist.

In certain cases, the new way of working remotely represented the progression of the therapy at a pace which felt more comfortable. Some felt freer to verbalise certain thoughts and feelings when talking on the phone. It is not uncommon that people who have become sensitive to shame through past experiences could feel scrutinised and silently struggle with sitting in a

small room with cold, generic clinic furniture and the eyes of a professional upon them, no matter how kind and gentle that gaze might be. They might also reluctantly comply with these arrangements for fear of having the offer of therapy taken away in the context of the limited NHS resources. Indeed, the distance created by so-called “tele-therapy” can be experienced as advantageous; the physical distance can, for severely traumatised patients for example, lead to an increased sense of safety and allow otherwise unmanageable emotional intensity in the therapy (Mirkin, 2011).

Grace: Negotiating Endings

We had two more months of therapy scheduled before we were due to end after several months of working together. We had started making plans to say goodbye with the hope of going some way to repairing the hurt left by earlier endings and losses in Grace’s life. In the meantime, though, the coronavirus pandemic threw her involuntarily back into self-isolation. I positioned myself on the side of therapy continuing, reaching out a hand to pull her back into connecting with me and the work. As the lockdown continued, I felt my grip weakening as she moved further into the cave of isolation.

The ending of therapy is carefully thought about and discussed between the therapist and patient. Whilst many have found ways of continuing to work towards a desirable ending, for some patients the idea of remote sessions felt impossible, and therapy ended prematurely in the midst of the lockdown. This abrupt ending, after many months of hard work from both sides, has felt unfair to many. For the patients, the unplanned ending may have echoed previous experiences of feeling rejected, stealing the opportunity to say goodbye. The therapist may be left wondering whether the gains made thus far in therapy will survive the crisis, and Grace’s therapist described a feeling of lost opportunity and sadness at the end of their work. This therapist managed the situation by extending several letters to Grace until the agreed ending of the therapy, gently reminding her periodically that she was being held in mind. Even if the therapy does not progress to the hoped for ending, these seemingly small acts can be powerful displays of care to someone feeling vulnerable and alone, and a way of resisting the imposed disconnection from the therapeutic relationship and the therapy.

Emerging Themes in Therapy: Fear, Isolation, and Hope

From inside the box, it is curious suddenly seeing the unboxed people learning what it’s like to be stuck in a box. It’s not that we want anyone boxed up.
— Katrina Plumb

David’s Fears and Hopes

Even before “self-isolation” became a worldwide phenomenon, this was one of David’s ways of coping. He battled with the dilemma of wishing to retreat into the safety of isolation and taking the risk of engaging with the world. He shared with me how “humanising” it has been for others to share in the experience of also living as a recluse, and that he has in fact found sanctuary in the empty streets of lockdown which had previously seemed overwhelming. Many patients have also been moved by the acts of kindness within the community, prompting explorations from patients about their own values of kindness, warmth, and concern for others.

A complex interface between fears, hopes and new possibilities in the face of isolation is demonstrated in the above vignette. The lockdown and wider fears of the virus have sharply introduced into the therapy themes of loneliness, isolation and a lack of choice and autonomy. For some patients, this shared experience of isolation with others around them allowed them to feel less alone and contact with people, albeit infrequent, had represented a sustaining antidote to complete disconnection. Others lost the little contact they had before the lockdown which intensified a sense of painful alienation.

Indeed, the pandemic has expanded and sharpened our very conceptualisation of “isolation”: that it is not an individual pathology or symptom carrying individual responsibility for change, nor a sign of “illness.” It could be argued that it is a symptom of another epidemic spreading through the Western world: that of loneliness, the individualisation of society, and the privatisation of public troubles (Hall & O’Shea, 2013). As a group, we felt that one possible antidote to this sense of isolation and loneliness was therapists sharing with patients how much their working relationship meant to them as professionals, which addresses the power dynamic between therapist and patient and can allow the patient to feel that they are not alone but valued as a person with agency who exerts an impact upon others. This phenomenon is further illustrated in the vignette below.

Therapists’ Isolation

When a patient recently thanked me for the support which I am offering them during these challenging times, I felt compelled to reflect with them on how important these connections are for my own life, and how they help to combat my own sense of isolation during these times.

This vignette from a therapist captures how the pandemic has offered opportunities in the relationship, both making efforts to connect meaningfully with one another. Furthermore, we had connected with each other in the supervision group through a common sense of purpose and responsibility to offer patients a firm and healing connection. These demonstrations of connectedness and empathy have helped patients, therapists, and supervisors to feel that “we are not so finally alone” (Kohut, 1985). Therapists often commented on how their experience of prolonged restriction of their social lives offered them a valuable lens through which to experience the limitations faced by the patients in their lives. It also allowed them to appreciate afresh the resourcefulness and creativity of patients who have managed to re-build their lives, despite past struggles.

Supervision

Nothing truly valuable can be achieved except by the unselfish cooperation of many individuals.

— Albert Einstein

Trainees’ Perspectives

Seeing each other’s faces for the first time over Skype was almost overwhelming. It immediately began to connect me with a role and a professional sphere that has been such a constant and rewarding experience in my training to date. Listening to and sharing experiences with people I trust who are in a similar position took on a renewed sense of meaning. Hearing

others' dilemmas and perspectives on how we could do the best for the patients not only offered useful practical solutions to my initial difficulties making contact, but also helped me to hold onto hope for the continuation of the therapy.

A Supervisor's Perspective

Anna, one of the therapists, regularly attends the supervision group and does her best to be useful to Jennie, the patient she sees for therapy. Jennie had been convinced by her past experiences that human connections are risky and troublesome. Anna shared in the supervision group that her own experiences of isolation from friends and colleagues during the pandemic brought closer similar convictions and feelings of hopelessness. Anna's colleagues invited her to take a step away from those feelings and from the thoughts that trying to connect with Jennie was pointless. Anna was asked to connect instead with Yusuf's (mentioned above) newly found energy for life and the steps he has taken towards hope. Anna was able to appreciate her colleagues' efforts and suggestions and returned to the next session with Jennie with new ideas.

As a supervisor I carry a sense of pride for this group and for other groups that have managed to continue despite the challenges. Supervisees often underestimate how important their presence is for the continuation and functioning of a supervision group, and there is a tendency to project these abilities to their supervisor. This is in keeping with psychoanalytic ideas which accept the supervisor as occupying a central position in the supervisor-therapist relationship. But this experience has proven to me how much the group relies on its members and how important it is that it continues to be what it is called: a group, that has the power to "hold" and support its members, resist organisational pressures and anxiety-driven demands, and safeguard patient care.

These vignettes highlight the importance of connection with each other; weekly supervision provided a partial antidote to the isolation and represented a continuity in our practice that perhaps we had not appreciated before. Supervision enabled us to notice our common struggles, share ideas about how best to support each other and maintain a momentum by uniting in holding onto hope for each other's work. This is in keeping with Reynolds's description of a "Solidarity group" which prioritises collective sustainability; a moving away from dealing with the specific problems of each therapist and an emphasis on relational ethics, where the "community of therapists is the resource, not necessarily the supervisor" (Reynolds, 2010).

Charon (2001) reminds us that patients yearn for professionals who can show 'courage in the face of danger'. The group shared novel challenges when therapy was endangered: ending an eighteen-month piece of work without any direct contact, or a therapist hearing a patient's stories of trauma in her new place of work – her bedroom. Working from home is fraught with emotional vulnerability for both therapists and patients (Svenson, 2020), a dimension which requires consideration in the supervision group. The new professional realities that we were facing as trainees and therapists bore with them a mutual respect and understanding for each other, and the shared witnessing of each other's experiences only strengthened the trust and respect between us.

Professional Identity and Commitment

I am made and remade continually. Different people draw different words from me.

— Virginia Woolf, *The Waves*

Changing Identities

During the first telephone and video sessions with patients following the announcement of lockdown, I had fleetingly wondered whether to still wear my NHS badge. Do I normally wear this for the benefit of patients, to identify myself to them as a professional, or for myself as a kind of constant uniform carried with me no matter where I end up working? It could serve simply to swipe through the locked doors of the hospital, but with no such locks and codes in the comfort of my own home, the badge lies dormant in a drawer. Perhaps keeping it company is a changing fragment of my professional identity as a doctor; a doctor who now consults with patients in a curious work-clothes/slippers combination.

Protecting the Work

Unease was rising rapidly in the UK following the declaration of the pandemic. Two patients had actually anticipated the shift to remote working prior to any official guidance and asked whether we could continue the therapy by phone or video calls if the situation worsened. I never doubted that we would continue the therapy in some form or other. I later learnt though that this possibility had come under threat in the intervening days, amidst news stories of heroic Italian psychiatrists being re-deployed to the frontline to save lives. What is less publicly conspicuous than frontline lifesaving, but which we know from working in the field of psychiatry, is that psychotherapy itself represents a lifeline for many people, in the quite literal sense.

Changes to working patterns had rippling effects on therapists' professional identities. Despite uncertainty about new ways of working, the supervision group in which we participated positioned itself on the side of continuing with therapy. The Royal College of Psychiatrists (2020) recognised during these anxious times that 'keeping up with psychotherapy training requirements may feel like an additional burden for trainees' (Royal College of Psychiatrists, 2020). However, this supervision group felt that the importance of trainees' work in psychotherapy, both to them and to patients, ought not to be underestimated, and as such therapists felt that they needed to protest against feeling burdened by the psychotherapeutic work.

There have been many examples during this crisis of patients being forced into disadvantaged positions, no longer deemed a priority, and either being offered a lower standard of care or denied care altogether. In our experience, patients have often commented on how the weekly psychotherapy sessions offered them a sense of predictability and stability. It was strongly felt that developing our psychotherapy competencies continued to remain "essential": not only during the crisis, but also when anticipating the extreme challenges that would arise in the aftermath of the pandemic.

Furthermore, continuing the therapeutic relationships and the supervision group is in keeping with maintaining high standards of professionalism; to 'make the care of their patients

their first concern' (General Medical Council, 2013). This perseverance with the work could also be viewed as an act of 'morally appropriate' advocacy for patients (Schwartz, 2002) and recognises the value of psychotherapy as a potent healing agent. The commitment to the work, and resistance of its denigration during this transition, has ultimately acted to mobilise and enhance a sense of professional identity.

Conclusion

By noticing themes emerging from the personal reflections of therapists continuing to deliver psychotherapy during the COVID-19 pandemic, we hope that the ideas for future practice which also emerged may be of benefit to others working in this field. Writing this piece collaboratively as a group led us to the following reflections and recommendations. Firstly, we learnt how a sudden shift in the therapy, such as that caused by the COVID-19 pandemic, can sharply introduce themes of rejection and separation into the therapy which touch on patients' past experiences, but that these can provide opportunities for rich exploration if the connection can be maintained. We understood that, despite previous concerns about so-called teletherapy, remote therapy offered some patients an enhanced sense of safety and control which in fact facilitated the therapeutic encounters. For some, when teletherapy did not feel possible, we recommend exploring creative alternative approaches to maintaining a connection between patient and therapist, such as therapeutic letter-writing. Through the challenges of the pandemic, we as a group found ourselves adapting the way we interact with patients, for example sharing more openly what their connection meant to us during such an isolating time, which we felt in turn had powerful healing effects. We felt collectively that these renewed evaluations of and adaptations to our practice were only made possible through continued, regular online supervision. Our commitment to the work, and resistance of its denigration during this transition, allowed our patients to feel prioritised and heard, and enhanced our own sense of professional identity. In summary, although the pandemic has represented significant challenges to providing uninterrupted patient care, maintaining connections has often been made possible by championing the importance of the work, being persistent in our demonstrations of care and commitment to patients, and supporting each other through regular online supervision.

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We are a group of psychiatry trainee doctors along with our supervising consultant who participate in a psychotherapy supervision group. We have worked together through the pandemic to deliver psychotherapy to patients with a range of mental health difficulties.

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