

Reaching across the divide

Andrew West shares what remote contact has taught him about the therapeutic process

Many see, in the coronavirus pandemic, an opportunity to establish remote working as the norm, and from an ecological perspective I am excited by this possibility. On the other hand, my experience of attempting coaching and clinical work over the last four months has left me troubled. When I attempted to approach this work as a form of 'Being With,' I did not expect to be so promptly and comprehensively challenged by events. I am deeply concerned at some of the assumptions being made in the context of remote working.

My indemnity provider commented that, as most of my work is done through talking, there would be few concerns about my transferring it online. The implication is that the task that confronts me in my work is one of information exchange, and I should not have been surprised. Evidence of this misunderstanding about therapeutic work has been building over decades; the increasing use of questionnaires in clinical practice carries the same implication.

There is general acknowledgment that remote working is tiring and that a day of remote consultations is a challenge, but how much do we understand about why this is such a challenge?

A question of timing

Timing is an aspect of interpersonal communication that is relatively concrete - by which I mean that it can be apprehended and quantified. Issues of

timing would alone be sufficient to explain how emotional work might be disrupted between people separated by large distance. If you have used video communication (and by now you almost certainly have), you will know that your voice continues at my end after you have stopped talking. As I listen to you and curate my response, doing all the work that that requires - overcoming resistance perhaps, choosing my words - you wait. Under normal circumstances, you might be encouraged by tiny non-verbal signals on my part, but these will also be delayed and may not be visible to you at all.

When you work online, you have a powerful co-worker in the shape of the video conferencing platform. Video conferencing platforms compress and choose. If the connection is unstable, they may hold a frozen frame for a while until speech resumes, and then put it together into something that resembles a normal utterance. The therapeutic algorithm (conscious and unconscious), which you use to decide when to help someone along with a facilitating interjection, may be overruled by the platform algorithm. This chooses what to let us both see and hear, doesn't understand therapy, and has its own agenda. For you, micro movements and micro silences will have a higher priority than they will for the technology on which your communication depends. It is a bit like having a highly talented, boundlessly enthusiastic, and emotionally clueless wizard in the therapy room, moderating the communication between us. The

wizard intercepts and blocks everything that happens in the room, leaving us both deaf, dumb and blind, and then releases to each of us edited chunks of what has been said and done, as perceived and evaluated through a binary lens.

My description here is not educational, but exploratory, with two ends in mind. I hope that we may be able to overcome these obstacles, though at this stage I am not at all confident. Some therapeutic approaches that focus on content rather than process may be less disrupted and therefore thrive, but others that rely on less concrete parameters are likely to experience this as a new version of the encroachments of empiricism, utilitarianism, and binary categorisation - the value set that has adopted the phrase 'evidence based'. Once again, the transcendent swims against the tide.

In the meantime, I can use these novel experiences as a chance laboratory in which to learn more about what I might mean by words like 'communication', 'content' and 'process', and what it is that I do in what I have come to call 'Developmental Conversations'.²

Sorting content from process

It strikes me that remote consultation favours content over process. Provided there is a reasonable connection, factual information can be transferred. Much straightforward social exchange has a similar bias: the process question, 'How are you?', is generally met with content about what has happened or is expected to happen. Perhaps this is the reason people need therapy; process is relatively neglected and yet carries the key to change and relatedness. Which is the content and which the process, for example, when a mother and baby look at one another?

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In therapy, we are interested in unconscious content, and I suggest that we often apprehend unconscious content through process. In therapy and supervision, different approaches focus on overt content, relationships and process.³ Process is important in understanding the relationships between and within the participants. It is therefore highly disruptive when process is dominated by technology and the algorithms that technology adopts. Therapists, coaches, and supervisors are used to being alert, even in peripheral vision, to process as an important source of material. Now, we have to screen much of the process out as irrelevant: a delay, for example, may say nothing about reticence, either in myself or in my client. At the same time, we need to maintain a greater level of acuity in picking up potentially relevant process cues: for example, how soon did a change of eye contact follow my question (bearing in mind the position of the other person's video camera, my image on their screen, and the latency in the platform)?

Spiritual and therapeutic parallels

Now, let me jump to the spiritual context and consider the challenges faced by Quakers in the 17th century. I choose Quakers because silent worship might be the most provocative practice for anyone who argues that if something is not measurable, it doesn't exist. Early Quakers had to cover distances over poor roads and on foot. Many had to overcome persecution. They laboured over these obstacles and met 'in gathered silence' and discovered something of value within and between the people present. Silence and stillness retain a definite meaning for modern-day Quakers; but when meeting is through video conferencing, what is the significance of a silence achieved, not by personal control or relaxation, but by means of a 'mute' button? And how much togetherness can be achieved without actual physical proximity?

There are parallels between the therapeutic and the spiritual enterprise. Those in the psychotherapy world are convinced that something of profound value can happen between people under the right conditions, but often struggle to convince those of a more sceptical persuasion. The religious or spiritually minded are similarly convinced and have

similar difficulty phrasing their argument in terms that persuade, rather than alienate, those outside their mindset. These are divisions of belief and ideology.

Managing division

Managing division is the idea that draws all of this together: the ideological, emotional or geographical separation between and within individuals. A friend reported the work of her marine biologist son building 'habitat bridges' to enable corals to colonise new areas of ocean floor,⁴ and it struck me that everything I have written about here involves reaching across a divide. The idea of habitat bridges appeals because it introduces the idea that what moves between one place and another – one person and another – needs to be kept alive throughout. It is not uprooted matter. Nor is it simply information or energy. It is information with living energy – I shall call it *animus*, neither in the sense of animosity, nor the Jungian gendered sense, but closer to the original Latin and that which *animates*.⁵ The motivation behind the act that generates the auditory or visual information needs to travel and arrive synchronously with it, or at least with only that tiny degree of asynchrony that our brains, evolved over millennia, are accustomed to integrating. The 'bridge' has to be 'habitable'. It must, itself, be a hospitable environment so that the living process can make the journey.

Accommodating the absence of sensory information

Whether it is across time, space, or mindset, the function of communication is to transfer, not simply facts, but something more alive. To my mind, an idea is a declarative statement (for example), with its animus in lockstep. The technology, through its quantisation and limited bandwidth, not only disrupts spontaneity and flow, but also separates information from animus. Without additional sensory information, no doubt itself of likely importance, each person in the conversation has to reconstruct the original 'concrete' information from asynchronous visual and auditory data, but they also have to infer the animus belonging to each 'statement', construct an equivalent and reattach it. It is little wonder that a) much is lost or mistaken and, b) what is achieved is at huge cost in terms of emotional and cognitive energy.

Seeing and hearing our loved ones in fragmented form, without the accompanying animus, must be akin to perceiving the face or voice of a deceased relative, or seeing one's new-born through Perspex: being reminded of them, but simultaneously reminded of their distance and the impossibility of touching them. Further emotional effort will go into absorbing and soothing this grief.

Trust, too, depends on what we can pick up of the genuineness of the other; and for this, we require not just timing but also information, such as direction of gaze (potentially misleading in video conference), and a wide range of non-verbal (and not just facial or even visual) cues to assess the trustworthiness of others.

In *Being With and Saying Goodbye*, I wrote about the importance of non-clinical treatment taking place 'between the lines', and my hope that the ghost in the therapeutic 'machine' could be kept alive through adverse circumstances.¹ The analogy of the machine seems now to have been almost premonitory. Our recent reliance on machines to keep us 'in touch,' and the effort required of us in compensating for the disruptive limitations of the technology, have helped me to understand better the nature of this ghost that I am now calling *animus* and that requires living process and a habitat bridge to move between people.

Biography



Andrew West is a child and adolescent psychiatrist with over 25 years' experience in the NHS. Now semi-retired, he consults to a school in Berkshire and coaches and mentors health professionals in the Thames Valley. *Being With*

and *saying Goodbye* was published by Karnac in 2016.

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