

On virtual turf

Bridget McConnell discusses the ways she integrates Gestalt, embodiment and transpersonal perspectives into her creative online work with adolescents

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Since the pandemic, and the rapid move to online provision of therapy, attitudes and experiences towards blended approaches to counselling with young people, for many of us, have evolved. These have become the norm for many as we settle into this new virtual terrain. I often reflect on the haste involved in moving to online therapy provision and wonder what would have differed if I had undertaken this move and the training required, in more 'normal' times. Most likely, I wouldn't have considered working online at all, seeing it as too limiting and an inadequate replacement for the availability of attuned contact within face-to-face sessions. As a creative and embodied therapist, integrating Gestalt, attachment and transpersonal perspectives, the opportunity to adopt spontaneous use of creative interventions requires having appropriate materials and equipment to hand and feels vital to my approach; the screen barrier seemed corollary in obstructing this.

Through the necessity of moving into the virtual therapeutic world, I wondered how I might bridge this discrepancy, which has some equivalence to the idea of a transitional space – an intermediary between internal and external reality through which we move by successfully negating our developmental needs. This exploratory space contains the possibility of playful creativity, necessary for

maturity and growth.¹ I have also pondered on the greater risks for young people in navigating therapeutic virtual turf at a time when their prefrontal cortex is dealing with the neurodevelopmental imperatives of adolescence. Their thinking and social brain can easily disengage, leaving them more 'amygdala-driven' or prone to risk-taking and fight or flight reactions, with a greater propensity for dysregulation.² I wondered how I would be able to offer effective containment through a screen, should a young client become distressed or dysregulated online. When in a survival or trauma state, we desensitise aspects of our felt

experience; a brain-body disconnect to protect against unbearable sensory affect.³ Would I be as able to sense these subtle shifts in contact in the same way within a virtual space as I could in person?

Furthermore, identity management in cyberspace often involves varying levels of dissociation and integration, deconstructing and compartmentalising our multiple identities in order to embody a version of selfhood to suit a particular audience.⁴ This is a phenomenon common to encounters on social media that most young

people are familiar with, though not always consciously. I had concerns about working beneficently and establishing authentic therapeutic contact in the virtual world, and questioned how I would respond to these challenges without the familiar 'tools of my trade' and from a separate physical space. I felt apprehensive and ungrounded, yet needed to preserve a contained and authentic co-created space within this new and unfamiliar territory. However, I was also aware that the virtual world is well-trodden ground for the majority of adolescents, and that online synchronous and asynchronous text-based therapy has well documented potential – so necessity and hope spurred me on.⁵

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From the first moments, young people are checking out their therapy experience, discerning through visceral processes of neuroception and conscious deliberation whether I and the environment are 'safe enough'.⁶ When using a blended approach, I try to meet new clients in person for our first session. I explain the parameters of working online, including what is required in terms of environment and confidentiality, and suggest having some basic art materials to hand. Depending on the young person's age and wishes, I generally invite parents to attend part of this session too. This also offers the opportunity to create somatic markers – physiological feelings associated with emotions involved in decision making that become a reference for the shared embodied experience of being

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in the room together.³ Our senses, or contact functions,⁷ are employed differently in an online world – the opportunity to receive information equally through all our senses is altered, influencing our perceptions and the transferential relationship. Furthermore, the therapy environment is no longer curated solely by the therapist, and the client and counsellor exist in separate environments, communicating via a screen. As a result, the mediated self is more dependent on visual and audio cues, and there is a restricted awareness of body language. We are still embodied in cyberspace, what changes is our experience of our own embodiment, coupled with our perception of the other person's.⁸

Marla's bubble

Meeting with 'Marla' (age 14) online for the first time, I was met with the familiar sight of a cracked white ceiling, eyebrows and fringe – early lockdown life had many of us grappling with appropriate screen angles and self-views. Marla is a quiet and nervous teenage girl whom I had met a few times in person. She had shown a liking for the fidget toys in my room, favouring a Hoberman sphere, an expanding geometric puzzle ball that shrinks and expands between her hands. The ball is a distraction from the potential risk of eye contact, which I sense may feel excruciating for her, and allows her to pace herself and avoid feeling seen by me. It also tells me a story about her physicality and embodiment, with its rhythms in the tension of her hands as she plays, tugs and pulls with fast staccato or slow deliberate movements, entranced by its motion and colours.

Moving therapy online following the announcement of the first lockdown, I anticipated Marla's need to find new ways to avoid my gaze and dampen the intensity of the now increased visual stimulus, so my forehead and ceiling view isn't entirely unexpected. Marla lives at home with her mum and dad and is an only child. Her mum is seriously ill and her dad is preoccupied with caring for his wife, and is understandably on a shorter fuse than usual. In her few words, Marla has shared feeling like a burden to them. Her dad made the therapy referral and told me that Marla was self-harming, and I got the sense he was relieved to share some of his sense of responsibility through employing my care. Both her mum's ill-health and her own self-harm are too difficult

for Marla to speak of, but I gently enquire and let her know I can hear her when she feels able to share. I sense her deep fear and loneliness, and want to convey that I can bear what she is bringing, both spoken and unspoken.

I feared for Marla through the move online and wouldn't ordinarily recommend this therapy medium in her case. I take a risk and share my own struggles with the mismatched eye contact in virtual sessions, and she warms a little, perhaps humoured by my apparent ineptitude with the tech, and helps me by suggesting a box to raise the height of my computer to create the illusion of eye contact. As we adjust our screens, it seems that our eyes meet, but from her reaction, this feels less intense than during our in-person meetings; the screen barrier shielding rather than intensifying the visual contact, as I had feared.

In a later session, I invite Marla's reflections on our shared online environment. She describes it as a 'bubble in which we both existed', consisting of a colourful expansive membrane. I am minded of the Hoberman sphere in my therapy room and my sense is that our sessions have become a secure base, or safe enough virtual turf. Through our shared felt sense of the intersubjective space between us, it feels as if we have arrived somewhere together. 'Landing and locating ourselves in virtual space means finding ways to feel the ground [or turf] that holds us and inhabit the space in ways that allow the embodiment of our intersubjectivity.'⁹

Virtual tools

Lombard and Ditton speak of the organisation of psychological and physiological processes required to create the experience of mediated presence.¹⁰ Through our screen adjustments, Marla and I had attended to the concept of realism, endeavouring to create an accurate representation of a 'real' encounter. The relational way in which we did this contained an intimacy and warmth which added a social richness. Marla's 'bubble' conveyed the sense of a shared space beyond the physical – the concept of transportation bringing us together. The screen that I feared may inhibit Marla's ability to engage created a greater sense of safety for her, and a helpful disinhibition that allowed her to be more comfortable in the liminal space.

As my confidence and familiarity working on virtual turf grew, I discovered a wider range of creative tools that can be used

online, such as shared white boards and the Oaklander online sand tray, which creates a virtual 'third' in which to explore the client's world beyond words. What the virtual sand tray loses in the sensory feeling of real sand, it gains in versatility. There are opportunities to create multiple copies of objects that can become swarms, armies, teams, flocks or identical family members; objects can be resized and layered up interchangeably. The Oaklander model,¹¹ founded upon Gestalt theory, invites clients to project themselves onto objects within their trays. Marla explored becoming part of a herd of deer who were seen as helpful, protective allies, empowering her through the experience of an inner community of support. Putting young people in touch with soothing resources in the absence of a therapist's

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physical presence is a vital aspect of working well online. Using energy psychotherapy, such as acupoint tapping and bilateral holding postures,¹² worked as somatic touchstones in the absence of human presence, offering Marla self-regulation strategies when things got overwhelming. Matching and mirroring by tapping along with her helped Marla to feel less self-conscious when

trying out these new methods, which provided opportunities for attunement and connection. Integrating these resources relationally by encouraging Marla's autonomous choice over these activities bridged the transitional space between us. I observed a growth in her congruence, ability to self-regulate and maturation.

Marla's urges to self-harm persist, but are more manageable and rarely result in her acting them out. I am grateful to have witnessed the repair and growth in her self-worth and a growing resilience

that has mirrored the restoration of my own faith in the potential available in offering creative and embodied therapy online. I am glad to discover that there is a fertile soil available beneath the virtual turf, one which removes geographical obstacles and allows young people to benefit from support that is creative, and considers all aspects of their experience. ■

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