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ONLINE PSYCHOTHERAPY AND ITS IMPACT ON THE BODY APPROACH

ABSTRACT

Information and communication technologies (ICTs), which are digital, networked and available to shorten distances and optimize time, are entering the therapeutic setting. The body in the era of liquid modernity (Bauman 2000) is inserted in a context where machines have become an extension of the self. These second nature relationships can be positive or negative. There has currently been a whole controversy on this subject. Garcia (2016) says that everything depends on how the articulation between humans and machines take place. For the creator of the term "Cyberspace" (Gibson,2003), this is a place where one goes with the mind, catapulted by technology, while the body is left behind. Do bioenergetic analysts know how to make this articulation and keep the body present in the techno Sphere? We receive "uncompleted subjects" in our clinics. We could raise several hypotheses for this phenomenon, but our focus here is on how to approach these subjects, whose main character trait is the absence of a protective armor to confront the outside world. Are they battling themselves? Are they hiding behind a computer screen? Faced with the increasing number of people communicating virtually and participating in activities that occur in this virtual space, it becomes urgent to discuss new ways of looking at this body and dealing with it through these new technologies. Recent research about the effectiveness of online psychological interventions is mainly done in cognitive behavioral therapy (Sethi et al. 2010). As several authors are dedicated to studying the online territory and its impacts on identity and behavior, Cyber psychology was created to explain its risks and constraints. Questions become unavoidable: should mobile devices be excluded from psychological treatment? Can online therapy be included in the reality of Bioenergetic Analysis? The present study describes a combination of online and onsite interventions and discusses them through the lens of the body approach.

DIAGNOSIS

Patient is a 23-year-old female, the youngest of a family consisting of father, mother and two daughters. She is an undergraduate student and an entertainment and advertising trainee. For privacy reason, we will call her AC. She is an introverted type of schizoid character (Kernberg 1991, 2008), exhibiting impulsive ruptures due to a rigid superego understood as an isolated, non-efficient superego (Reich, 2009). She presents emotional instability and psychic disorganization when facing relational demands. With a high degree of mistrustfulness when interacting with others, she is afraid of being attacked and to destroy the objects she loves. She rivals female figures and feels abandoned by father, but also, paradoxically, feels that the possibility of being saved depends upon him. She doubts any other can supply her needs for motivation and protection and always feels in danger. That is possibly, why she “closes” herself to external contact by entering deprivation of contact and in a certain melancholic state. The main defense triggered by frustrations with the external environment is social isolation. She suffers by excess of anxiety. Her high degree of resentment makes her more susceptible to conflicts in social interactions. She lives in a state of chronic tension on both psychic and physical levels, produced by dissatisfaction, excessive worry and expectation that something bad may happen in a surprising and threatening way. She yearns to become a desiring subject and differentiate herself from the familiar environment but it produces a paralyzing fear when she faces external demands. Her distress state was increased by post-traumatic stress triggered by her father's suicide when she was 15 years old. The main areas of conflict are feelings of exclusion and a sense of not belonging.

PSYCHOTHERAPEUTIC PROCESS

AC's treatment was initiated by imposition of her mother when she was 14 years old. The main problem was the relationships with her older sister and friendships. Her mother defined AC as a spoiled and tyrannical girl, demanding

a lot from her. Both mother and daughter had a fusional relationship. The mother was an alcoholic in the past but has been abstinent for two years. AC's parents divorced when she was two years old. AC has not been fed with solids until the age of four, and still has many alimentary difficulties, resembling Orthorexia disorder. She worries too much about eating only very healthy foods.

I recommended individual psychotherapy after evaluation¹ with another professional, but the bond was not established with her. AC found her therapist to be similar to her father's second wife, whom she considered false and unreliable. She did not like her stepmother and could not hear her voice. This information was brought to my attention as it leads to thinking about pre-verbal communication through which the voice, its timbre and intonation has a primordial role in relational interaction. I realized that it was something very delicate and subtle.

I start treatment onsite. Weekly psychoanalytic therapy sessions were initially scheduled, but absences were constant and this could be interpreted as difficulty of contact. When she felt too close, she would not stand this. She missed therapy the following week. AC has never talked about her father's death in sessions.

AC did not make new friendships but began dating. She did not leave her room, and she and her boyfriend locked themselves together, despite all advice I had given to AC's mother. The absences in sessions increased and AC interrupted therapy. When her two-year relationship ended, she retook sessions requesting help to decide to apply for Higher Education Entrance Examination.

Her mother exerted a lot of pressure for AC to apply to the top rank universities in the world. AC should would need very high grades and be fluent in English. It would demand much effort. AC remained locked in her room, now taking refuge on the pretext of studying and entering college. She spoke about the threat of failure every day.

¹ A projective psychological test was applied: TAT-Thematic Apperception Test

Supported by therapy, AC was able to confront her mother and older sister by pursuing her desire to study cinema abroad. According to them, cinema was not a career, and she would never make any money this way.

Because of her herculean effort, her physical exhaustion was inevitable. Some of her severe symptoms included migraines; earaches; tonsillitis; anemia, constant flus and colds, persistent lower back pain, which was later diagnosed as spinal cord disease and appendicitis with need for surgical intervention.

We have been working on the grounding of the eyes to support the reality she was willing to conquer. Through my presence, look, voice and understanding I would validate her efforts. Absences would still occur frequently and without warning. I interpret them as a thermometer, which indicated the possible level of approximation with this fragile person who is determined to achieve her goals. Pressure and stiffness have become her life mates.

AC succeeded entering the third college of her list and moved to the US. Since then, everything has changed.

INNOVATIVE CLINICAL EXPERIENCE

The distance resulted in an adaptation process to keep the contact and support for AC to live alone. We identified increase in her productivity and deep therapeutic advances during our online sessions.

In my country, the psychologist must have to make a registration in his regional and federal council for a permission in a certain number of online orientation.²

Finally, after five years AC was able to cry over her father's passing during her entire therapeutic session. We start to work on her relationship with men. Such as her need to betray her boyfriend to discharge the excitement produced by proximity and the use of alcohol and drugs for the same purpose. In addition, we worked on her skills social, her self-criticism, perfectionism and all her fears and anguish at failing to be judged, abandoned or despised.

² RESOLUTION CFP N.º 011/2012 – Regulates psychological services performed by technological means of distance communication, psychotherapeutic care on an experimental basis and revokes Resolution CPF No. 12/2005 CPF N.º12/2005

What would have been the factor that allowed such closeness between us even though the physical distance? I realized that computer screen could serve as a protective barrier between us.

At the beginning of therapy she had thought that to conquer the life she wanted, she had need only intelligence and creativity. Nowadays, she is aware of her emotional frailties and courageously deals with them.

Contact mediated by "machine-envelope -skin". The body protected by the screen-skin of computer like the metaphor "The Skin-Ego" (Anzieu, 1988). Tonella (2000, 2009, 2012) developed and expanded this concept as a tonic envelope.

We are weaving this bodily pre-ego despite the communication at a distance, or rather, through it. The meanings are transmitting also in a non-verbal form, including the vocal intonation and a living and active face demonstrating the interest and the presence of the therapist.

In cases with insufficiencies in the limits of the Self without a constituted tonic envelope or with the torn envelope ³ may be on the computer screen an assurance of its existence. The meeting of intersubjectivities in cyberspace seems do not offer threats.

VALIDITY

Distance and machines as protecting elements form a psychic and corporeal armor that certain patients do not possess, expressing themselves without risks.

The continuous review and constant questioning on clinical management leads us to rethink symbolic equivalents of touching.

³Reich (2010) described ego as "torn envelope" in impulsive patients or borderlines. The term "torn envelope" was use during in classes in the Extension Course: The Clinic of Compulsions and Consumers Abusive, by IABSP

If touching is not possible, the online therapist should weave a web of words that produce this sensation and calm the pain. (Durski and Safra, 2016).Containing function (Bion 2004) needs to be present even and mainly online.

The new online therapy setting is what appears on the computer screen. Concern for the framework is necessary. The therapist should position the webcam at the same angle in all sessions and avoid sound or image interference. Skype status should be “do not disturb” in order to avoid interruptions.

Careful preparation must be done to allow confidentiality. Office luminosity ought to be controlled (neither too bright nor too dark), creating a warm, cozy and intimate environment. The same criteria for onsite therapy should be followed, even more rigorously.

Teaching your client about these rules is important for the online communication space in a way that is different from other contacts. We guide them to prepare the environment to optimize the quality of their therapy experience.

This adaptation may be much faster for some than others. It is essential the therapist be patient with the client’s rhythm for him/her understand and accept this kind of grounding, a “environment grounding”. The client needs to learn to focus his/her attention and organize him/herself. Improving his/her self-perception and helping to create an environment, which is propitious for relaxation.

The therapist should do as a mother does when she preparing the baby's room for him/her to sleep. Our client will not sleep, but will get in touch with his awareness. The “environment grounding” would be one of external organization that facilitates the contact with him/herself and with another.

There are several types of grounding (Weigand, 2005) and in online therapy we can work with at least three of them: internal grounding, holding and grounding of the eyes.

In order to work with online therapy, it is necessary an adaptation in the virtual environment and an internal readjustment. For example to refine perception and create fine-tuning for minimal bodily signals behind the screen, beyond skin!

The therapist will make the same vocal, postural and gestural micro-adjustments with his/her client as a mother does with her baby (Stern,1985).

These rhythmic patterns, which are present in the therapist's voice melody, breathing, gaze and emotional echoes, play the role of development organizers, helping the client's self-regulation.

All of this in addition to the perception of the client's physiology such as change in his/her skin tone, pallor or redness, pupil dilation, etc. compose the "dynamic narrative envelopes" (Tonella,2014)

The "slow, variable and cyclic emotional communications are necessary for the development of self-awareness and the awareness of the other."

The therapist interprets and translates the client's mental states with their emotional (often toxic and invasive) effects, from reading all non-verbal signals associated with verbal communication. The professional avoids and minimizes destructive subjective experiences.

The screen is a distance between two bodies that do not occupy the same space but are there in communication and proximity, making these dynamic narrative envelopes.

Everything is closer, in a certain sense.

This attunement forms a tissue or an envelope from the intersubjective aspects. The therapist's response may not be the wait or silence in the paradigm of Cyber psychology.

Recognizing the human, more than the machine becomes imperative in this universe.

CLINICAL CONTRIBUTIONS TO BIOENERGETICS

We have been living restless lives in great urban centers, running out of time and losing mobility. All of us have been trained to be fast and efficient.

Online therapy represents an important part of the labor market, composed of people who want to experience the process of self-development, but cannot commit to a weekly and onsite appointment. National and international business trips, leading job positions and mobility difficulties in large city centers prevent people from having a stable and predictable schedule.

Constant changes in job opportunities and desires for global experiences have been affecting people's lifestyles. The internet brings distances together. We need to be up to date in face of those ongoing needs.

Could we work on the body from a distance as an interface with corporal subjectivity? Is online therapy practice possible for bioenergetics analysts?

The machine is an extension of the body itself in the present world. Mobile devices can be considered as the other self, or the extension of the self in that person, as Martha Berlin would say: [1] "the cell phone cannot be left out of the session. I would give it a seat, a chair for it to participate in the session, as it is an entity for teenagers". Probably it is not solely with teenagers as we are connected at all times and places. We establish conversation with those who are here or those who are virtually present. We feel closer whether here or on the other side of the world. As always, it will depend on the "quality of presence" which is not defined by broadband, computer access, nor the Wi-Fi reception, but by our possibilities to create internal grounding.

Accomplishing an adjustment in our paradigms and thinking about a renewal of Bioenergetics Analysis models in this 21st century (Tonella, 2008) would mean to rethink our performance beyond a physical clinic and to incorporate cyberspace as a dimension of the Body behind the machine.

Bodies do not feel only physically touched. Devices or things are a prolongation of the body, revealing one's being in the world (Merleau-Ponty, 2004)

This new subject cannot be seen as a thing. There is no automatization of humans with machines, but a new configuration of human beings. Machines can be instruments and tools to understand and act in the world.

We are in another historical formation, entering the world of the techno Sphere. It is up to us professionals of human sciences to humanize this relationship with

machines and integrate body and mind into the discoveries of this new universe.

Bioenergetics analysts can be the precursors to this task.

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