

# Hanging on the telephone



When her therapist had an accident that rendered her unable to work face to face, **Tamar Posner** continued her therapy over the phone. Despite initial anxiety, she discovered the experience had some unexpected benefits

**E**arly one morning, after we had been working together for a number of years, my therapist telephoned to say she had had an accident. While she was otherwise 'fine', she would be unable to attend our session scheduled for that afternoon. For reasons beyond the scope of this article, our work then was in a particularly delicate phase and it was doubtless her appreciation of this that prompted her to offer, despite the fact that she does not normally work that way, the option of sustaining my therapy via telephone. Perhaps I would like to think about it?

I don't like phoning people. Placing a call evokes childhood memories of being compelled against my will to do so and I shrink from the implacable rejection that, unconsciously, I anticipate will be the recipient's inevitable response. As I struggled to absorb the news, an icy coldness signalling the onset of shock, I knew that in a short space of time my thinking capacity would have all but deserted me. Unable to contemplate calling back, I therefore quickly replied, without any idea of what I was letting myself in for, or whether it could work, that I was willing to try. And so we embarked, over a period of weeks, on a series of what would turn out to be 11 telephone sessions, during the course of which certain aspects of what therapy entails were highlighted in ways that I do not believe either of us fully anticipated at the outset.

What transpired was undeniably heightened by my already labile emotional state and coloured by my personal transference and countertransference. Nevertheless, it is my belief that

therapy by telephone raises issues associated with the environmental, visual and auditory aspects of the process that impact both therapist and client whatever the circumstances – and especially when instigated as an alternative to a pre-existing face-to-face therapeutic relationship. With the aim of bringing some of these issues into awareness, I offer the following account of my experience.

#### **A place to be**

During the eight or so hours that had elapsed since agreeing to what was about to become our first telephone session, I had, with as much calm deliberation as I could muster, gone about such other tasks as had been scheduled for the day. Now, with the start time approaching, the restless snakes of my anxiety raised their heads and prepared to strike; I needed to create a safe environment, fast.

As an integrative psychotherapist in private practice, I see the majority of my clients at a location some distance from where I live, but there are one or two who come to my home. This now paid dividends as, without thinking, I arranged the room as if to receive a client. Consequently, the first conscious decision I faced was where to sit. Briefly, I contemplated the sofa, usually my clients' position, and, as an image of myself facing an empty chair flashed across my mind, I quickly dismissed it. Superficially, the choice appeared to be simple (there are only two seating options in that room) but, at a deeper

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level on the edge of my awareness, another factor was in play: I do not comfortably inhabit the role of client and the thought of endeavouring to do so in an environment I would not be leaving once the session had ended, was frightening to entertain. I responded to an instinctive need to secure for myself what I perceived to be an added degree of safety and opted for 'the therapist's chair' – a position from which I am accustomed to evaluating events as they emerge.

During the weeks that followed I leaned heavily on my choice. Apart from anything else it enabled me to engage my competence sufficiently to place the calls. However, the extent to which the nature of some of my responses revealed that choice, fascinates me still. I can recall being asked after a few sessions whether I was sitting in 'the therapist's chair' and responding unquestioningly in the affirmative. Weeks later, once we had resumed meeting in her consulting room and I was reflecting on my telephone therapy experience, my therapist shared some of her own experience, commenting: 'That explains why I sometimes felt you were trying to be my therapist, or my supervisor.' And that has led me to wonder what difference might it have made had I chosen to occupy the sofa, perhaps even put my feet up as I usually do, and consciously or unconsciously assumed the posture of an analysand?

#### The inward eye

*I am eight years old, standing in the pitch dark in the middle of the room, my eyes covered by a scarf tied at the back of my head. Having been spun around several times, I am totally disorientated and frantically trying to locate, by sound and touch, the companions I can no longer see.*

The above is, of course, a description of the game of blind man's bluff, chosen because it closely resembles my experience of telephone therapy and the sense of disorientation that went with it. I did not consciously close my eyes for our sessions and only when I was asked quite early on, 'Are your eyes open or closed?' did I become aware that they were indeed shut. Why was this, and what impact did it have on my therapy?

The answer to the first part of the question emerged gradually over the course of ensuing sessions. It had to do with the setting, which, I came to realise, crucially affected my ability to talk about issues that I had never before articulated. Now, while on the phone, I was visualising in my mind's eye the room in which we usually sit, my therapist in her chair and me in mine. I was 'seeing' her as I had last seen her in reality and watching a silent movie of her facial expressions and bodily movements while I groped for words.



As to the impact on my therapy, having my eyes closed served both to enhance the process and, at times, gravely to threaten it. The very fact that we were not face to face introduced an element of privacy that liberated me to say things that otherwise would have gone unsaid. Having my eyes shut additionally enabled me to speak from, rather than about, my inner world and to continue to learn that there is an alternative to the at best uncomprehending, at worst dismissive and rejecting type of response I unconsciously anticipate. Thus telephone therapy further impelled the erosion of my habit of seeking answers with my eyes instead of asking potentially informative questions, and placing excessive reliance on my therapist's facial expressions to elicit hoped-for responses to my unstated needs.

On the other hand, the immediacy of finding myself in my own surroundings when I opened my eyes at the end of a session, left me reeling. And then there was the occasion when I looked at the clock after putting down the receiver and discovered that the session had been ended (quite inadvertently I later discovered) 10 minutes early. Instantly I reverted to being the child, convinced beyond a shadow of a doubt, that I was entitled to attention only for as long as it suited the need or convenience of she who was giving it. The familiar sense of having been 'dropped' invoked an infantile rage that was barely containable.

With regard to the first of these issues, my therapist soon took to encouraging me to open my eyes and re-orientate myself before the end of each session. As for 'the lost 10 minutes', over the telephone I was able to be much more directly in touch with and openly expressive of my anger than would otherwise have been the case. However, many more weeks, and the rebuilding of confidence in the resumption of regular face-to-face sessions, were required before a rapprochement could be, and was, achieved.



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#### Who goes there?

Of all our senses, hearing is the one over which we have least control. We cannot avert our ears from sounds as, sometimes even in advance, we can our eyes from sights. Nor can we refrain from hearing as we can from tasting or touching, or bypass that sense altogether as we can our sense of smell. Little wonder then that the sound of someone's voice can be of immense significance in our experience of them – especially in therapy, 'the talking cure'.

Over the years, on the very rare occasions that had necessitated telephone communication between us, my therapist had made the call. The issues had been practical – a delayed or non-running train – the conversations brief. Now it was down to me to call and, as I fought to overcome my reluctance to invade her personal space, I was consumed by the fear that her mellifluous voice – the first attribute I had trusted – would sound so altered over the phone as to be unrecognisable. It was, fortunately, a fear that proved to be groundless, but it was very powerful while it lasted.

And what of extraneous intrusive sounds? With one notable exception that had ultimately caused us to alter our regular face-to-face session time in order to avoid it, such sounds had been, for me, relatively minor irritations. I had generally been able to talk over them and place my reliance on the closed consulting room door at my back to prevent the people and activities with which they were associated from bursting in on us. Over the telephone I could give myself no such assurances.

For the most part, I detected little in the way of distracting background noise but, during one telephone session, I did hear the sound of running water as somewhere a tap was turned on. The realisation that I had unconsciously assumed my therapist's diligence regarding 'the frame' would remain unaffected by the change in circumstance, hit me hard. It was not so much that I was bothered about being overheard – whoever might have been in earshot would have had no idea who I was – it was the image of my words, a flock of fledglings fluttering out the door, through the window and into the garden while my therapist looked on with detached curiosity, that disturbed me.

At the next session I asked whether the room in which the call was being taken had a door and, if so, whether the door was open or shut. A direct answer was not forthcoming. Instead, we embarked upon an exploration of why I wanted to know, and from this emerged the fact that, benign and fantastical as my fledglings image was, it was also all too closely allied with recalled 'real life' images of talking while the eyes and attention of the person I was addressing roamed the room.

At the time, the absence of a simple answer to my question threatened serious rupture to the therapeutic relationship but, with nowhere else to turn, I hung in there and, on reflection, can now recognise that the exploration served to bring into clearer focus for both of us some of the trauma of my past experience and add further meaning to the extent of my dependence on visual clues to tell me 'how to be'.

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## On reflection

It goes without saying that any unplanned interruption of the therapeutic process is to be avoided if at all possible, irrespective of whether it is at the instigation of therapist or client. It is also inevitable that when the cause is an accident befalling the therapist, the effect on the client is likely to be profoundly shocking. However, the potential for such happenings is a fact of life and endeavouring to offset the impact by substituting face-to-face encounters with telephone sessions should not be lightly dismissed. It is, however, worth thinking about some of the likely implications.

There are undoubtedly gains to be had, for, in the absence of visual contact, telephone sessions can hasten the therapeutic process. In my own case, for example, overt expression of anger was ultimately, albeit accidentally, facilitated – and the fact that it provoked neither retaliation nor collapse strengthened my trust in the therapeutic relationship.

Nonetheless, the very absence of visual clues does, I suggest, place an onus on the therapist to be especially mindful of what, for the client, constitutes a 'safe' space. Some of my anxiety could have been alleviated had I somehow received assurance that the space was, at least for the duration, dedicated exclusively to the session. I would have preferred to know, rather than hope, that my therapist's attention was not likely to be distracted and, with hindsight, I think I would have benefited from an earlier conscious appreciation of the fact that the setting and the ending of each session needed proactively to be managed.

That said, I am immeasurably grateful that my therapist offered therapy by telephone as an alternative to what would otherwise have been a break of indeterminate length. Nor do I have any regrets – despite my difficulties coming to terms with the environment and the switch from visual to auditory dependence – about having accepted her offer. My therapy was not simply sustained, it moved forward and it deepened – and, I now realise, I am no longer quite so afraid of the telephone!

*I sense the disturbance in the air a split second before its rushing 'swoosh' causes my eyes to flick up to a giant bald-headed eagle preparing to alight, legs extended, talons spread. I feel my chest accommodate his weight and his grip as he clutches my heart.*



*For three months he has been circling high above me, a speck in the sky. He began his descent a few days ago when the realisation dawned that, despite her accident, not for one moment had it ever been my therapist's intention to let me down or abandon me. The fact that, unintentionally, she occasionally did (or I perceived that she did) was just that – unintentional. Now, face-to-face with her once more, I own that realisation and painfully take back my projections. The eagle has landed. ■*

**Tamar Posner** is a UKCP registered integrative psychotherapist with a private practice in London. She is a visiting lecturer at the University of Hertfordshire, production editor of the e-journal *Contemporary Psychotherapy* and a Trustee of The Minster Centre, London.

## Do you have a story to tell?

If you have a story you'd like to share with readers, we'd love to hear from you. It could be the story of what led you into the therapy profession, an account of an event or experience which has been a turning point in your life, or your reflections on the way you work. Email your story to [privatepractice.editorial@bacp.co.uk](mailto:privatepractice.editorial@bacp.co.uk)

## Your thoughts please

If you have any responses to the issues raised in Tamar's story, please write a letter or respond with an article or story of your own. Email [privatepractice.editorial@bacp.co.uk](mailto:privatepractice.editorial@bacp.co.uk)