



COUPLE THERAPY IN THE ABSENCE OF PRESENCE: TRANSLATING THERAPEUTIC PRESENCE TO THE SCREEN

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Before I share my thoughts on this topic, here is some context about me and my work. Early in my career I treated a more socioeconomically and socio culturally diverse population doing home based family crisis intervention work. Currently most of my clients are lower to upper middle class with about 20 percent of my practice being brown, Black or queer. I supervise and teach people who serve more diverse and marginalized populations. My clients have generally fared better than many during the Covid-19 pandemic due to having access to material resources. My identities as a 60-year-old woman who is Jewish, Caucasian, heterosexual, cisgender and a widow are all relevant to my practice as a couple therapist. I had done little telehealth before the pandemic. Like most of us, I jumped into full time teletherapy without desire, forethought, or training.

A perennial optimist, initially I noticed what worked well with telehealth. Being physically distant from couples in conflict allowed me to be less easily pulled into their problem pattern. I felt their emotions less in my heart and body, allowing me to be more reflective and incisive with interventions. The screen gave me space to be more mindful. And one of my close colleagues finds being on the screen more intense than in person. She needs to look away from the screen in order to be able to think and intervene. Given that, much of what has worked for me will need to be filtered through who you are as a couple therapist, your setting, your clients, your cultural context. My hope in writing this is that you will resonate with some of my gleanings to help you work with couples on the screen.

After the relief that I could work pandemic safe on the screen, I noticed challenges. During one session, I felt relieved that I was able to connect with Gary more deeply than usual.

Prior to that moment, Sylvie was worried that I was spending too long talking with her, feared Gary was upset, wanted me to check in with him. As I connected with him, she became enraged, seemingly out of the blue, and promptly left the Zoom meeting without notice. I felt confused about what happened since, on the surface, I was responding to her request. In my office, I would have been able to acknowledge Sylvie with eye contact while listening to Gary so she could see that I saw her while I was seeing him. Prior to the short outburst before she left the meeting, I had not felt her anger surfacing as I would have in my office..

Linguistic anthropologist Ray Birdwhistell found that facial expression, gestures, posture, gait, and visible arm and body movements make up 65–70 percent of the social meaning of a conversation. This is partly why telehealth is often a less satisfying, more exhausting form of work. Radiating warmth, calm, hope, and confidence is more challenging through the ether. I feel less able to shift couples from fighting mode to reflecting mode with my usual moves. One time I was quietly deciding how to intervene and was interpreted as ridiculing Gary who was acting badly. He turned on me when he could not sense that I was feeling compassion toward him, despite his “bad behavior.” Without three-dimensional vision, I miss nonverbal and peripheral participation that helps me deeply know my clients and helps them feel seen and heard. Three dimensionality enhances my ability to establish trust, gain commitment, confirm understanding and consensus, and understand emotional states through a felt sense in the room.

With telehealth we often do not know where someone’s gaze is directed. They are looking at their screens, not us. Small glances are significant details. For example, one member of the couple raises their eyebrow a certain way then the other flips their lid. As sociologist Erving Goffman stated, “Each person can be seen to be seeing that they are being experienced in a certain way by others, and each person can see that they have been seen seeing this.” We use this data to stay connected, decide what to do next and even to predict someone’s future behavior. In person, this process has an elegant economy. It happens while we are paying attention to other things. To make up for all that is lacking, I am amplifying my use of language to access data.

Even as I find an increase in narrating what I am doing in the sessions to help with couples in teletherapy, words are limited. How does one describe the experience of having an orgasm or what it feels like to be in love? How does one enact the benevolent yet powerful facilitative presence of a couple therapist using language? I decided to be transparent more often and more overtly on the screen, naming my felt sense. I more frequently use words to communicate that I am moved, confused, worried, hopeful, feeling their pain, etc. In addition, I ask clients to name their experiences more often. One category is me being more transparent to co-create the therapeutic treatment space. The other is asking couples to be more transparent with me and each other so we have a more nuanced understanding of what is happening within and between them.

They had been more reactive and harder to help on the screen. I gracefully interrupted his rant by asking him if it was ok for me to check in with her. I said “I see that your head is down, are you tired? What is going on? Are you reacting to what he is saying?” She said she feels hopeless about the relationship. In my office I would not have needed to interrupt him to check in with her. I could have conveyed a connection with her while he was talking by using body language, turning toward her and creating eye contact that would tell her “I see you, I know you are here and that your voice is important, too.” This move would have sent a message to him that she is also in the room, a nonverbal nudge. We would see if he sees me seeing her and then is able to shift to take her into consideration. In this case, Gary hearing from Sylvie about her reaction to his speaking helped him notice her, and her needs at a time when he was only talking about himself. I find that explicitly unpacking these micro moments is more urgent when nonverbal communication is missing. Speaking the unspoken makes the implicit explicit potentially deepening understanding and intimacy between the couple. Or it can set off a bomb between them.

When I teach family and couple therapy, I tell students to “slow down to go fast.” Asking people to narrate their nonverbal experiences reduces the pace of the conversation and invites them to unpack assumptions. This can help members of the couple take responsibility for the impact of micro behaviors such as a head down, eyebrow raised, angry tone of voice. I ask people to notice what they are doing, describe the effects of how they are acting on themselves, their partner, the relationship, and the couple therapy. This has had the effect of clarifying difficulties and opening paths to change for some couples.

We know the therapeutic alliance has to be strong enough to hold the work at any given time. Since the felt sense is less apparent, I ask about whether they each feel supported enough by me and whether they feel their relationship is being supported. I have habituated to more often explaining my thinking to help clients understand my intentions, stay in connection with me and accept the process of couple therapy. I share my hopes for raising an uncomfortable conversation. I tell clients when I am thinking of, asking one of two questions that would go in two different directions, requesting they discuss which they prefer. These meta conversations model a more intimate way of being in dialogue that many couples aspire to or would benefit from.

Another strategy I use more often is obtaining feedback from the couple about how they think the treatment is going with regard to meeting the goals they have for themselves. I use their feedback to guide the work. The approach is not asking them to evaluate me, but to evaluate whether they feel supported on the journey to an improved relationship. I ask couples to assess their progress toward their goals and to update their goals, keeping the responsibility for change in their court. I asked one couple to reflect on their sense of the differences between working live and working on the screen. Molly, someone who quickly and intensely “flips her lid”, said she was afraid I was not going to be able to “rein her in” on the screen. This led to a useful conversation about what triggers her, what she can do to rein herself in and how her partner, Meg, and I can support her efforts. When I am unsure, I ask for feedback about how the treatment is going in a

particular moment. For example, “How is what I said landing on you?”

I am using several practical interventions to manage teletherapy challenges. One is talking about whether the sessions would work better if each party is in a different room on their own screen. Most people’s default is being right next to each other. Being in different rooms works well with couples who are easily dysregulated by the other’s presence. It allows them to be more emotionally distant, more reflective about their partner and the process. I talk with new couples about the possibility of working this way to get off to a good start. Paradoxically, I have found that when I raise the possibility of separate screens, clients often ask about what would need to happen to avoid this, we discuss, then they may be able to manage intense emotions more reflectively when sitting together.

Another difference is managing transitions in and out of sessions. Without the commute to the office, there is often little time devoted to mentally preparing for the session. Most people jump in and out of work or parenting immediately before and after. As the meeting starts, I give couples some time to settle in and think about how they want to use the meeting. I use my “mindful start” exercise requesting they take a few moments to notice their breath, extending the exhale longer than the inhale if that is comfortable. Then I ask them to think about their purposes for being in the session. Next, I ask how they intend to be in the session to meet those purposes. What they share about their intentions for the meeting and how they plan to act to meet those intentions often grounds the session. This practice helps couples shift from focusing on the latest difficulty to the larger picture of increasing individual responsibility taking, cooperation, love and connection.

Knowing that couples are immediately jumping back into their work/life space, I am more thoughtful about ending sessions. We talk about how it makes sense to bring the meeting to a close, whether to save difficult conversations for our next discussion, what each person needs to do to take care of themselves and each other to manage the coming week. Seeing two faces looking directly at me on the screen highlights couples’ tendencies to passively wait for me to solve their problem. If a particular task has not developed during course of the meeting, I often ask them to reflect on our conversation, noticing what that reflection invites them to do to move their relationship forward. Then I ask them to define one small thing they will each commit to doing before we meet again.

Communication agreements make explicit the conditions needed for therapeutic, reflective, change making conversations. Wisdom and experience allowed me to hold agreements in my body so I could be more artful and indirect in implementing them. Working on the screen, making explicit agreements from the start helps me frame the work and expectations for the couple. Here are common agreements I invite: one person talks at a time; listener’s role is to try to understand more deeply where their partner is coming from; own one’s own perceptions rather than stating them as fact; talk about intense emotions rather than from them; allow me to interrupt so we can prevent problematic conversations from taking over. One mantra I employ is “what do you need to

say that is true for you and not unkind to your partner?”. If difficulties occur and recur in sessions, we co-create specific agreement to address the particular problem that arises.

Prevention is easier than intervention, especially on the screen. Therefore I have reinstated my “couple therapy speech” in first sessions. I talk about how challenging it is to be in couple therapy due to the fact that my role is to be on the side of the relationship, not a judge taking one person’s side. I acknowledge how frustrating that can be, especially for people who are used to being in individual therapies in which the clinician is there for them exclusively. I let them know my intention to help them work together to find ways to solve any problem that arises, not to provide an answer to individual difficulties.

As always, the demands of a crisis push us to innovate and adapt with creativity and flexibility to meet challenges. More will be revealed as we continue to practice our craft on screens. As it is safe to transition back to our offices in the post pandemic world, clients and couple therapists have significant decisions to make about location of the work. It appears that on screen work may impact efficacy for some couple therapists and clients. We will need to learn more through research and experience so we can discern when challenges doing couple therapy via telehealth override the many practical conveniences of on-screen work. As we move forward, I hope the silver lining is that we learn new ways of working and living that help us all improve quality of life, relationships, love, and connection.