

Are you here?

**Psychotherapists' Experiences of Embodied Relating in
Teletherapy with Children During COVID-19
A Hermeneutic Literature Review**

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Abstract

In response to the Sars-CoV-2 virus (COVID-19) pandemic, a significant and rapid increase in child teletherapy occurred. A compelling concern regarding teletherapy has been that access to implicit and nonverbal communications in teletherapy is altered or significantly reduced in comparison to face-to-face settings. However, research into psychotherapists' subjective experiences of teletherapy is limited and further exploration has been widely recommended. In this hermeneutic literature review, I reviewed writing by psychotherapists in psychoanalytic and psychodynamic literature describing their experiences of teletherapy with children. I explored the research question: How did psychotherapists experience embodied relating in child teletherapy during COVID-19? Findings revealed that psychotherapists' experiences of embodied relating were altered in the teletherapy setting in comparison to therapeutic settings with psychotherapists and children in the same physical location. These alterations were associated with a perceived loss by psychotherapists of their own vitality and of vitality in their relationships with children. Active efforts by psychotherapists were found to re-establish a sense of psychotherapists' own embodied (including mind and body) awareness, and a restored sense of vitality and pleasure. Experiential training in embodied self-awareness in psychotherapeutic training programmes, in relation to the potential effects of teletherapy, would support practitioners in their clinical work in online contexts.

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Attestation of Authorship

This submission is my work. To the best of my knowledge and belief, it contains no material previously published or written by another person except where explicitly defined in acknowledgments, nor any material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Michelle Hudson

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Chapter One: Introduction

The COVID-19 Context and Teletherapy

Sars-Cov-2 coronavirus (COVID-19) first made global headlines in December 2019 (Deguara, 2020); and by February 2020, the World Health Organization (2020) had officially declared it as a pandemic. One of the impacts of COVID-19 on contemporary healthcare in many countries was the implementation of social restrictions; and here, in Aotearoa New Zealand, we entered our first level four 'lockdown' in March 2020 (Deguara, 2020). For most psychotherapists around the world, lockdowns and confinements in various forms led to a rapid and often overwhelming shift. Many psychotherapists who had been working from in-person settings (with client and psychotherapist in the same physical location) shifted to teletherapy (with client and psychotherapist in different physical locations and using real-time interactive technology). This shift had a significant influence on my own practice as a trainee child psychotherapist. In particular, I became increasingly curious about my embodied experiences of relating with children in teletherapy.

In this chapter, I begin by introducing the broader context within which this hermeneutic literature review arose, then trace how the research question emerged. I start with an outline of my background and my interest in this research topic. I then discuss the COVID-19 context and teletherapy, and discuss background literature. Definitions of key terms are provided, and I conclude with a chapter summary and guide to the following chapters.

The Beginnings of an Interest in this Topic

My earliest, most vivid memories are almost all of physically moving, and are mostly outdoors. After becoming a parent, I trained as an early childhood teacher, working with children predominantly aged under 3-years. Working with infants and very young children undoubtedly had the most significant influence on my understanding of nonverbal and implicit communication. These experiences also inspired my decision to begin training as a child and adolescent psychotherapist.

Before COVID-19, I had been working as a psychotherapy student with children in the physically co-shared or face-to-face psychotherapy setting (in-person) at my placement in a low-decile area of Tāmaki Makaurau (Auckland). In this setting I largely took for granted a sense of confidence in my own embodiment, as I also did in teaching. I felt at home in the playroom. I trusted that children's patterns of moving their bodies, particularly as they arrived and left; their gestures; their use of space; their breath, smell, and use of touch, all held significance. Lockdowns meant that all my connections with children and whānau, including

psychotherapy sessions, were either by phone or through videoconferencing platforms. These teletherapy sessions became a source of both worry and fascination for me. I wondered how present I really was with children and with myself. The question: "Are you here?" felt apt and became the title of this inquiry when I discovered it to also be a child's question to their psychotherapist which was included in clinical material in an article by Engelhard and Furlager (2021).

Strong memories of these experiences particularly stand out for me, including moments during sessions with children where I felt my vision tunnelling as though I was trying to view them through a kaleidoscope. I felt something had altered, and as though I had lost touch with a sense of my body and my physical environment. These experiences felt unsettling and disquieting, and I longed for my clinical supervision to be in a co-shared physical space in order to help me make sense of my responses. However, I also recognised my hesitation to talk about my own bodily responses which felt intensely personal. Through supervision, I could recognise the possibility that these responses might offer insight from my own experiences into children's trauma and longings for bodily connection and holding. However, some elements of my response seemed strongly related to the setting itself. I wondered whether, and how, these experiences might have been different in the playroom. Would I have been able to experience the intensity of these experiences and the longing that I felt without being separated physically? I recognised that these experiences held potential meaning for children, and for me.

In teletherapy sessions with children, I continued to experience many other unexpectedly meaningful connections. I was invited into digital games and play spaces, and became aware of dimensions of their lives I would not have otherwise known. I became increasingly intent on understanding more about my own and other psychotherapists' experiences of teletherapy. My initial approach was to explore psychotherapists' somatic experiences in face-to-face settings. I was also curious to understand more about the implicit interpersonal bodily processes involved in working with children, that had now been altered in teletherapy. Smythe and Spence (2012) suggested that literature reviews should start with the researcher, so I have offered the above to give some background into my interest in this inquiry.

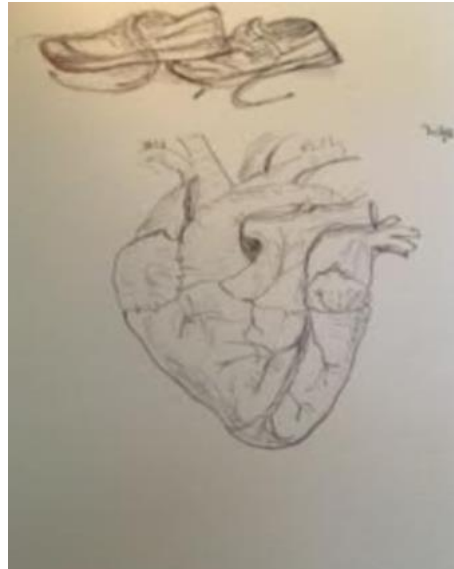
The Initial Research Process

To gain a sense of context in this inquiry, I began with preliminary readings of a wide range of literature related to psychotherapists' bodily experiences. I also began journaling and sketching, including a series of images reflecting my experiences of teletherapy, human hearts

and my fascination with the novel *Frankenstein* by Mary Shelley (1831). An example follows (see Fig. 1). As with all the images included in this dissertation, it is my own work.

Figure 1

Discarded Running Shoes and a Disconnected Heart



Reflecting on these sketches, I began recognising associations with my fascination with Shelley's (1831) story of Frankenstein and his capacity to bestow "animation on lifeless matter" (p. 38). I became particularly curious about what might be contributing to my sense of teletherapy not feeling as alive or embodied as in-person therapy. Embodiment is a term that recognises the interconnection of body and mind, and is referred to throughout this inquiry.

I recognised that my experiences of teletherapy could not be separated from my experience of the pandemic. However, I also wondered how teletherapy might be contributing towards my sense of not feeling as confident and at home in my own body during sessions. How might teletherapy be affecting my capacities for tuning into and being present with children in the ways they might need? Might this exploration be useful to me and potentially others? I began shifting my inquiry closer to exploring other psychotherapists' experiences of teletherapy with children; particularly, the bodily intersubjective processes that occur in therapeutic relationships. I decided to review psychotherapists' descriptions of child teletherapy from within psychoanalytic and psychodynamic literature only, as this related to my area of interest and my own psychotherapy training background. I also chose to review psychotherapists' experiences of child teletherapy since the beginning of the COVID-19 pandemic, which reflected my own engagement with this topic and the rapid shift to child teletherapy during this time.

Background Exploration of Research on Teletherapy

I began with an initial engagement with literature on teletherapy and found that until COVID-19, teleanalysis and teletherapy with children and adolescents had rarely been offered; and limited theoretical literature was available on this topic (Pozzi Monzo & Micotti, 2020; Sehon, 2015). Research into child teletherapy during COVID-19 was also limited, though important contributions were beginning to be made (Hoffnung et al., 2021; Wolpe, 2020). Generally, positive outcomes have been reported for teletherapy with children, particularly by parents (Fonagy et al., 2020; Hoffnung et al., 2021). Parents have reported that teletherapy with children offers significant benefits including flexibility of options, increased access, and continuation of treatment and support for children and families when in-person therapy is not possible (Fonagy et al., 2020; Hoffnung et al., 2021). However, providers have generally been found to feel consistently less positive than parents about the outcomes of child teletherapy and have consistently reported discomfort and fatigue (Fonagy et al., 2020; Hoffnung et al., 2021).

I was particularly interested in bodily dimensions of psychotherapists' experiences and noted that a compelling concern reported by psychotherapists regarding teletherapy, with people of all ages, related to interpersonal bodily communications and the role of the setting. These concerns included that access to implicit and nonverbal communications in teletherapy is either significantly altered or reduced in comparison to face-to-face settings (Fréchette, 2021; García et al., 2022; Geller, 2020; Pozzi Monzo & Micotti, 2020; Rolnick & Ehrenreich, 2020). Downing et al. (2021) studied Australian psychologists' experiences of beginning teletherapy with adult clients during COVID-19 and found concerns about the absence of a defined safe therapeutic holding space.

A consistent recommendation in available research on teletherapy for clients of all ages was for further inquiries exploring the nuances of psychotherapists' subjective experiences of teletherapy, which was considered to represent a significant gap in literature (Aafjes-van Doorn et al., 2020; Geller, 2020; Hoffnung et al., 2021; Mitchell, 2020; Snyder, 2021; Woods et al., 2021). My review of background literature suggested that an inquiry into child psychotherapists' experiences of embodied relating in teletherapy could contribute useful insights for supporting the wellbeing of psychotherapists and their clients, and aid in the delivery of online therapies. The next step was a review of background literature on embodied experiences of child psychotherapists to provide a brief theoretical context for this inquiry.

The Significance of Child Psychotherapists' Embodied Experiences

Interpersonal bodily interactions with significant others have increasingly become recognised as fundamental to an infant's developing subjective sense of themselves as a person (Fotopolou & Tsakiris, 2017; Steele et al., 2017). Research and observation of parent-infant relationships have also consistently highlighted the significance of proximal and sufficiently attuned bodily interactions to the infant's optimal development (Bowlby, 2005; Fonagy & Campbell, 2017; Schore, 2021; Shai & Fonagy, 2014; Steele, et al., 2017; Trevarthen & Fresquez, 2015). These processes are particularly significant during infancy and early childhood but remain foundational throughout life within significant interpersonal relationships such as psychotherapy (Anzieu-Premmereur, 2017; Bloom, 2006; Stern et al., 1998; Totton, 2018).

According to Stern et al. (1998), the domain of implicit knowledge is where changes necessarily occur in nonverbal infants and where the predominance of therapeutic change occurs throughout life. Implicit communication occurs very rapidly, and often beneath conscious awareness, as both therapeutic partners respond to each other based on patterns they have established from past relationships. These processes underscore the importance of right brain implicit processes for psychotherapeutic growth and change (Schore, 2011, 2016, 2021). In the absence of a co-shared physical space, the teletherapy setting may have direct relevance for psychotherapists' experiences of their own bodies in therapeutic relationships with children.

Psychotherapists' capacity to attend to their whole experience, including their non-verbal somatic state, is a key element in therapeutic change processes (Quatman, 2015). In psychoanalysis, psychotherapists' physical reactions and bodily-felt experiences may be referred to as embodied or somatic countertransference, particularly where these responses potentially reflect unconscious processes of the client (Dosamantes-Beaudry, 1997). Transference and countertransference are considered central tenets of psychoanalysis because of their potential to offer essential information about unconscious processes occurring between the client and psychotherapist. Unconscious aspects of a client's psyche may be picked up as physical cues in the body of the psychotherapist (Margarian, 2017). Recognising embodied countertransference has been found to be significant in supporting psychotherapists' wellbeing and avoiding burnout (Margarian, 2017). Recognising and acknowledging psychotherapists' own bodily contribution to such interpersonal processes is not an easy task and generally requires experiential training which is not included in most psychotherapy programmes (Gennaro et al., 2019). These processes may be further complicated in teletherapy by the altered sensory affordances of the setting compared to working face-to-face (Geller, 2020; Rolnick & Ehrenreich, 2020). Access to reverie or a

psychotherapist's internal state may be more difficult in teletherapy (Isaacs Russell, 2020; Turkle, 2017). Online settings may also encourage a quality of primitive omnipotence and tend to result in more fantasy by clients; reduced defences; and intensified splitting, transference, and countertransference dynamics (Agar, 2019; Agosta, 2019; McDonald et al., 2020).

The Research Question and Rationale

Literature indicates the importance of psychotherapists' experiences of embodied relating in psychotherapy, including how these experiences may alter in teletherapy. Findings from exploring writings by psychotherapists about their experiences of child teletherapy during COVID-19 may support our understanding of the interpersonal embodied processes in teletherapy. The question which emerged from the initial research inquiry was: How did psychotherapists experience embodied relating in child teletherapy during COVID-19?

Definitions

Children

Consistent with the definition given by the United Nations Convention on the Rights of the Child, in this inquiry, children are referred to as including people aged up to 18-years (Unicef, n. d.).

Teletherapy

Teletherapy is defined, in this inquiry, as psychotherapy which takes place when the client and psychotherapist (also referred to as therapist) are at different physical locations through bidirectional communication technology supporting real-time interactivity (Kaplan, 1997). I chose to limit the scope of this research to videoconference-based psychotherapy and psychotherapy via telephone, since these mediums were most closely aligned to my interests and experience. Videoconference based telepsychotherapy is defined as therapy that uses software to enable interaction between client and therapist via "synchronous audio and visual communication" (Classen et al., 2021, p. 2). Examples of videoconference-based platforms include Skype and Zoom. Further inclusions and exclusions to the scope of this research are provided in the following chapter.

Embodied Relating

In this inquiry embodied relating is defined as feelings, physiological responses, breathing patterns, movements, sensations, words, and images which dynamically express and shape the interactions between therapist and client. It also includes happenings within the world and the physical qualities of the setting, including light, sound, smell, perspective, and space. This term is based on Carroll's (2021) definition of embodied intersubjectivity.

A Guide to the Following Chapters

In Chapter Two, I discuss methodology and methods, including the ontological and epistemological underpinnings for this research, and the methods and processes followed. In each of the subsequent three chapters I explore a theme that emerged from this inquiry. In Chapter Three, I describe the first finding—Falling: on not feeling at home in teletherapy. In Chapter Four, I explore the second finding—Losing a sense of grounding. In Chapter Five, I explore the third finding—Discovering vitality and pleasure in child teletherapy. In Chapter Six, I discuss each of the three findings, and offer a critique of the research process, implications for practice, and considerations for future research.

Chapter Summary

In this chapter, I have described the experiences which prompted my interest in this inquiry and offered insights into my own positionality as the researcher and my own beliefs and values. Background literature relating to telepsychotherapy during COVID-19 and embodied relating with children were offered to provide context for the research, and key terms were defined. I concluded by offering the rationale for this research, the question which emerged, and a guide to the following chapters.

Chapter Two: Method and Methodology

This research aimed to explore psychotherapists' experiences of embodied relating in teletherapy with children during COVID-19. I chose a hermeneutic literature review as the methodology for this research because I wanted to explore what has been written about this topic and how it has been experienced and understood by therapists. This methodology was well-aligned with the rapidly evolving nature of the topic because it supported my ability to explore possible connections between psychotherapists' subjective experiences and potentially relevant information from other domains. In this chapter, I outline the hermeneutic literature methodology, the research design, and the epistemological foundations and methods of conducting the review. I also discuss phenomenology and hermeneutics as these are the philosophical and epistemological foundations for this methodological approach.

Epistemological Framework

The first known use of the word hermeneutic was in 1737 (Merriam-Webster, n. d.c). Originally hermeneutics referred to interpreting religious texts, its aim being to get as close as possible to a 'correct' translation (Orange, 2011). However, the meaning of hermeneutics has since shifted towards understanding that multiple possible interpretations of meaning exist within and across differing contexts (Boell & Cecez-Kecmanovic, 2014). From religious texts, hermeneutics has become a philosophy of human understanding in general (Boell & Cecez-Kecmanovic, 2014). This philosophical approach to understanding has particular relevance to explorations of how people experience and make meanings of their lives.

Van Manen (1997) described phenomenology as the attentive practice of thoughtfulness. Hermeneutics is distinct within phenomenology as it emphasises the role of interpretation rather than description. According to Suddick et al. (2020), Husserl proposed phenomenology as a descriptive endeavour, through bracketing off the observer/researcher's inevitable subjectivity. However, hermeneutics sees subjectivity and interpretation as inextricably interwoven and potentially valuable in exploring how people make meaning of phenomena. This interpretive emphasis recognises that understandings are already embedded within us, having already been acquired from our previous experiences, and are inextricably interwoven with our history and culture (Smythe & Spence, 2012).

As a philosophical foundation underlying this research, hermeneutics sees understanding as framed by a person's unique horizon and created through evolving and dynamic relationships with other. Both the researcher and the texts are seen as experientially embedded within the phenomenon. The epistemological assumptions underlying this research

are consistent with both hermeneutic phenomenology and psychotherapy. In both psychotherapy and hermeneutics, meaning is understood to be co-created, contextual, and dialogic.

A hermeneutic methodology has both strengths and weaknesses, depending on whether it is viewed from a positivist or a qualitative lens (Mitchell, 2020). From a positivist perspective, this methodology is subjective and does not seek scientific objectivity. From a qualitative paradigm, a hermeneutic methodology relies more on co-creative interpretation and intuition, seeking to capture embodied description, to yield relevant, resonant findings, and to provoke further thought (Mitchell, 2020). Yardley (2017) wrote that a key advantage of qualitative research is that it supports in exploring and understanding the effects of context. A qualitative framework is appropriate for this research since it explores a subjective phenomenon and involves interpretation by therapist and researcher. Consistent with hermeneutics, the assumptions underlying this research process are that understanding is open ended and circular (Boell & Cecez-Kecmanovic, 2014), and involve a dynamic search for the meanings of lived experience.

In this inquiry, several aspects of the phenomenon being explored—including the COVID-19 pandemic, the use of technology and people’s engagement with it—were evolving quickly. The use of language was also rapidly evolving in response to these experiences. Through their writing, psychotherapists were, in turn, also contributing to this evolution. Hermeneutics recognises that language carries meanings that are often hidden and invisible from within the interpreter’s horizon (Romanyshyn, 2020; Smythe & Spence, 2012). A hermeneutic literature review was well aligned with these rapid shifts because it offered the opportunity to consider how therapists expressed themselves through language, and to reflect on what may have remained hidden, or difficult to describe, and why.

Suddick et al. (2020) described a hermeneutic bodily way of being-in-the-world—being-with-others; a “sensing, feeling, awakening attitude, so as to explore its possibilities” (p. 4). This philosophical stance was particularly relevant for the research process because it acknowledges the researcher’s subjective engagement with texts and emotional responses. Hermeneutics, itself, is considered an embodied process (Schuster, 2013; Suddick et al., 2020). This methodology aligned well with the research topic since possible meanings and interpretations of texts are understood to include the researcher’s own embodied responses, including feelings, images physiological reactions, and thoughts as they arise.

Other qualitative methodologies may also have been appropriate, such as qualitative interviews with participants and the use of interpretive phenomenological analysis to analyse transcripts. Because the topic of this research was embodied relating, interviewing participants may have offered a more direct opportunity to experience interpersonal embodied responses.

However, a literature review offered the opportunity to understand how a wide range of psychotherapists had written about the phenomena in question rather than a small sample of therapists in interviews sharing their thoughts. Engaging with written texts also reflected my hope that I could access a greater geographical distribution which reflected the nature of teletherapy which occurs at a distance.

Merleau-Ponty's (1964/2012) philosophy also informs this research. Merleau-Ponty saw being in the world as essentially bodily (Carman, 2012). He proposed that body and world are inseparably co-created through our intentions and engagements within it, but the world is also already existing (Merleau-Ponty, 1964/2012). According to Merleau-Ponty (1964/2012), "the body is the vehicle of being in the world" (p. 84). His perspective is particularly useful in understanding embodied experience, and the significance of people's engagement with technology and the environment (Richardson & Harper, 2002).

Methods of Collecting Data

I conducted a hermeneutic literature review for this study. A hermeneutic literature review sits within a phenomenological framework through its aim of exploring the essence of lived experience. In this inquiry, psychotherapists' experiences are understood as contextually situated and doubly interpreted, since therapists translate their experiences into language which is interpreted again via the researcher's engagement with their writing.

An appeal of this method was that poetry, literature, and art forms, including music and dance, are all recognised as forms of expression that reflect lived experience and can richly enhance thinking (Van Manen, 2014). A hermeneutic literature review was also aligned with the research topic since the arts and metaphors are closely linked to embodied processes and can express experiences that are otherwise ineffable in words (Leavy, 2017; Snowber, 2017; Van Manen, 2014). Smythe and Spence (2012) suggested that texts, such as art and philosophy, are considered enriching through their capacity to 'play' with inherent tensions and provoke thought. They provide opportunities to think again, think afresh, and around, and a way of 'viewing' that can extend horizons (Gadamer, 1982, as cited in Smythe & Spence, 2012).

The literature review process was guided by the hermeneutic circle framework proposed by Boell and Cecez-Kecmanovic (2014). A hermeneutic circle describes the attentive, ongoing, circular process of moving between part and whole (Gadamer, 1988, as cited in Suddick et al., 2020) which occurs as understandings are developed. The research question that was the focus of this hermeneutic process was: How did psychotherapists experience embodied relating in child teletherapy during the COVID-19 pandemic? My engagement with

the hermeneutic circle began with a search in psychoanalytic and psychodynamic peer-reviewed journals for psychotherapists' descriptions of their experiences.

Initial searches of Psychinfo, Psycharticles, and PEP databases were for key terms related to, and including, 'child*' 'embodi*' and 'telepsychother*'. These searches often yielded several hundred articles, so I further refined the searches by adding exclusions for dates prior to 30 January 2020 which was when the COVID-19 pandemic was declared (World Health Organization, 2020). I chose to exclude articles prior to 2020 as the COVID-19 pandemic experience was inextricably interwoven with psychotherapists' experiences of teletherapy during that period. However, I only had to exclude two articles, since almost all descriptive literature by psychotherapists describing their experiences of teletherapy had been written since 2020 (Pozzi Monzo & Micotti, 2020).

My initial search process involved scanning titles and abstracts, and often reading further through articles. In doing so, I became increasingly familiar with the range of data potentially available. I made decisions as I processed the articles about further exclusions and gained a general familiarity with the data. Further searches through Google Scholar yielded useful information and further articles; as well as a more thorough understanding of the often overlapping, complex, and broad array of terms and approaches related to telepsychotherapy (Classen et al., 2021; Mitchell, 2020).

This process was not designed to be exhaustive or systematic (Boell & Cecez-Kecmanovic, 2014). The flexibility of a hermeneutic literature cycle meant that search parameters and the research question did not have to be completely fixed before beginning. They could continue to evolve as my understandings of the body of literature and the quickly evolving search terms grew. However, beyond the initial exploratory process referred to in Chapter One, which focused the inquiry specifically on teletherapy, the research question remained stable which allowed findings to emerge and deepen over time (Boell & Cecez-Kecmanovic, 2014).

Settling Upon What Would be Included

The scope of the texts by psychotherapists included peer-reviewed English language journals with publication dates from January 2020. Other inclusions for key text searches were articles written by psychoanalytic and psychodynamic psychotherapists. I decided to only include articles which had descriptions of therapists' experiences of embodied dimensions of relating in individual sessions with children. I felt these inclusions would yield potentially richer data and closer accounts of therapists' bodily experiences than general theoretical discussions

of teletherapy. I also chose to focus on literature related to children aged between 4 and 17-years, since I was interested in accounts of therapists with children rather than infants.

Regarding types of telepsychotherapy, articles describing the use of mediums other than videoconferencing platforms or phone were not included (e.g., therapy offered via messaging services, live chat, or emails). A further exclusion was material specifically related to providing physical safety in children's environments which was beyond the scope of this inquiry.

Data Analysis

The articles gathered from this search offered data representing psychotherapists' descriptions of their experiences of embodied dimensions of relating in teletherapy with children during COVID-19. In reading each article in depth, I allowed myself time to notice my embodied responses to texts. I wondered about how writers had interpreted and made meanings through their use of language. I also considered the possibility that texts may be evocative of psychotherapists' pre-reflective experiences. I hoped that elements of these experiences might be elicited through my own forms of reverie which I attended to through practices including drawing, movement, and reflective journaling. Since the phenomenon I was exploring was embodied, engaging in arts and movement-based reflections, as an integral dimension of my methods, offered the possibility of glimpses into otherwise potentially ineffable experiences (Leavy, 2017; Snowber, 2017; Van Manen, 2014).

My engagement with the hermeneutic circle included many circles of identifying further texts, including therapists' articles that had not been yielded through the specific search terms initially applied. I followed these threads in the spirit of the hermeneutic process. These wanderings led to several significant moments of being inclined towards particular texts or concepts which shifted my understandings of the whole phenomenon. As my interpretation of sources revealed themes and further questions, these were considered in relation to the body of literature and understandings gathered to date, and individual texts. Searching and analytic cycles were interwoven. This research was also informed by my personal experiences of telepsychotherapy as a client and as a student practitioner. The analytic process included writing and re-writing descriptions and pieces of text that stood out. I pondered what might be missing and why, and thought about the way each psychotherapist had written, and their unique context.

Through 'play' between my own evolving understandings and the meanings within texts, new understandings of the phenomenon emerged (Gadamer, 2008, as cited in Suddick et al., 2020). Part of the hermeneutic process involved engagement with texts and following

threads of interest that arose in the process of reading and analysis. This led me to explore related sources, including novels and dance performances. These sources allowed me to more fully immerse myself in the topic, and enabled deeper and richer interpretation of the key texts. These forms of immersion all offered me an embodied 'fusion of horizons' (Gadamer, 2008, as cited in Suddick et al., 2020). Playing with sources that offered different sensory experiences also extended my capacity to think about psychotherapists' own experiences, their writing and context, and their embodied relating. Allowing myself the freedom to engage with ideas and experiences from a range of sources extended my previous understandings and offered new ways of thinking about the phenomenon. These processes helped patterns and themes in the data begin to surface, as did drawing and using colour. I used large pieces of paper to handwrite words and phrases used by each writer that seemed evocative of their experiences. I also used paper with phrases on them and moved them in relation to each other according to how they seemed to group together. These arts-based practices offered the possibility that enhanced understandings of the research phenomenon or understandings inaccessible through other forms of inquiry might be revealed (Leavy, 2017; Snowber, 2017; Van Manen, 2014).

Through interwoven cycles of searching and analysis, three themes emerged in relation to psychotherapists' experiences. I continued to reflect and discussed these potential findings with colleagues and in supervision. These discussions were valuable in adding further insights and links with theory. I critically considered the findings and refined them as I continued cycles of thinking, discussing, reflectively journaling, reading, and drawing. Through these dialogues and reflective practices, the evolving findings became more robust. Further connections with theories and data fleshed out the findings and enhanced validity, as did my sustained, immersive engagement with this topic (Yardley, 2017).

As I began writing, further insights and questions continued to emerge. However, I began to feel that I was reaching a feeling of saturation, and that I was ready to leave the hermeneutic circle (Boell & Cecez-Kecmanovic, 2014). The themes that had emerged became increasingly coherent and robust. Throughout this research, I chose to include excerpts from articles written by the psychotherapists who had described their experiences of child teletherapy during COVID-19 to reflect the voices of the psychotherapists. These excerpts are also included to enliven the research, strengthen validity, and invite readers to gather and make their own meanings from the data (Kenny, 2012). They also provided a way of staying close to the phenomenon as they were gathered and used in analysing and interpreting data.

Yardley (2017) proposed that enhancing, evaluating, and demonstrating the quality of qualitative research broadly includes four key dimensions. These dimensions include sensitivity to context; rigour and commitment; coherence and transparency; and impact and importance

(Yardley, 2000, 2008, as cited in Yardley, 2017). In this study, care was taken to attend closely and sensitively to the context of texts, particularly acknowledging the impact of COVID-19 and the unique situatedness of each text. Internal coherence was provided through processes including a gathered accumulation of meaning-making across the experiences of different contributing writers and the researcher. Coherence and rigour were attended to through sustained engagement with a range of data collection sources and domains. Impact and importance were reflected in the potential relevance of insights from this research to the increasing use of telepsychotherapy, and possibilities for contributing towards improved wellbeing and practice for both psychotherapists and children.

Ethics

Ethical considerations for this research included sensitivity and respect for the authors whose work contributed to this research and who were often describing very difficult experiences. Van Manen (2014) wrote that “in the act of naming and gaining knowledge, we cannot help but rob the things that we name of their existential richness” (p. 21). I aimed to attend with care to writers’ willingness to share their experiences, and to my words and interpretations. A further ethical consideration related to the multidimensional demands on the researcher of a reflexive research methodology (Etherington, 2017; Sultan, 2019), and the use of drawings and poems to strengthen transparency, commitment, and coherence within this study.

Chapter Summary

This chapter has outlined the phenomenological and hermeneutic foundations of this research and described the methods which have guided this research process.

Chapter Three: Falling: On Not Feeling at Home in Teletherapy

This chapter explores findings from my review related to the theme of falling, which refers to therapists' experiences of not feeling at home in teletherapy. This theme captured how therapists experienced a disrupted sense of familiarity which resulted in a sense of not feeling at home in teletherapy with children. In this inquiry, a sense of being at home referred to a sense of feeling settled, accepted, and at ease in the therapeutic setting. During COVID-19, therapists were often literally working from home or from within the familiar environment of their usual therapeutic space. However, in my review, I found that therapists did not feel as at home in teletherapy during COVID-19 as they had within their usual in-person setting. This chapter explores the context of the disruptions, therapists' perceptions of the teletherapy setting, and their experiences of the uncanny impact of teletherapy on embodied relating with children.

Disruption of Feeling at Home in the World

The impact of the pandemic meant that for most psychotherapists and their child clients, their usual practices, rhythms, and ways of being in the world were abruptly disrupted. For many therapists, these experiences had a pervasive impact (Bate & Malberg, 2020; Bomba et al., 2021; Engelhard & Furlager, 2021; Sehon, 2021; Trub, 2021; Zaharia & Anagnostaki, 2020). The impact was described as both collective and cumulative (Bomba et al., 2021). Kohon (2020) wrote that the pandemic radically altered, and in some ways collapsed, the structure of everyone's lives, at least to some extent. Descriptions by some therapists were particularly vivid. Bomba et al. (2021) conjured images of funeral processes and destruction as if from the end of the world— "The pandemic sends back to us its cortège of death anguishes, real deaths, threats, and anguishes of destruction" (p. 175).

There seemed an almost desperate need by some therapists to mark the depth and breadth of the disruption in many spheres of their lives and its multidimensional impacts. Weinstein (2021), for example, evoked a sense of displacement with her descriptions of the transition to teletherapy. She wrote that teletherapy and the pandemic were "paradoxically forcing me to reconsider the basic tenets of analysis, to wonder about the nature of its intimacy and to question anew the sources of its efficacy" (Weinstein, 2021, p. 111). But what exactly had been lost? I wondered about the 'nature of its intimacy'. Weinstein's words had conveyed that something essential to therapists' experiences of their practice had been disrupted and made unfamiliar, and new questions had arisen.

Engaging with therapists' descriptions of teletherapy with children, I became increasingly aware of references to falling and words associated with falling. These included a collapse of space (Shulman & Saroff, 2020) and collapses of personality development (Bomba et al., 2021). Other references included collapses of imaginative and movement space (Engelhard & Furlager, 2021), physical collapse (Bate & Malberg, 2020), and references to dropped internet connections (Holloway et al., 2021; Sehon, 2021; Trub, 2021).

Disconnection from the Familiar Playroom

The impact of the pandemic included an abrupt halt to normal routines for many therapists, including a requirement to shift their practice from in-person settings to teletherapy. Some therapists described reluctance in shifting to teletherapy; while others were more forcefully resistant. Trub's (2021) writing, for example, evoked a sense of militance with her description of the "sudden and forced mass adoption" (p. 209) of technology in child teletherapy. Her words were disturbing and surreal, particularly because they referred to relationships with children. Images of authoritarian decrees forcing human care to be replaced by increasingly impersonal robots in family homes came to mind.

For almost every therapist child teletherapy was a new experience, and this newness was reflected in metaphors of being lost or navigating through new and uninhabitable territories. These included descriptions of teletherapy as an intrepid adventure and a journey into the unknown (Bomba et al., 2021; Sehon, 2021; Webster, 2020). Webster (2020) wrote of "migrating" (p. 291) to remote therapy, as if to another land; and Borenstein (2022) referred to losing the sanctuary of the shared physical office space with children while helping them transition to teletherapy. Bomba et al.'s (2021) writing conjured a feeling of riding the rapids along with the words; exhilarating but potentially dangerous, heading through uncharted territory. "We plunged into the water along with our patients, not knowing in advance where this adventure could lead us. Our elders had never experienced such a situation before. Our findings in the literature were scarce" (Bomba et al., 2021, p. 160).

Findings from my review in relation to this shift included concerns from some therapists related to children's need for a physical playroom and a physically present therapist. Wolpe (2020), for example, suggested that few therapists had previously offered child teletherapy because "we, as psychoanalysts, use our immediate sensations to understand what young children, some of whom cannot yet speak, wish to convey to us" (p. 349). I became curious about the sense of urgency I felt when reading Wolpe's words, and recalled a sketch I had done of a mother and infant while reflecting on his writing (Fig. 2). I noticed that I had not drawn the mother's legs, nor any connection to the ground. The image seemed to

float, unlocated, as if only part of the pair existed rather than the whole, which I realised was similar to what might be visible through a screen.

Figure 2

Mother and Infant



Retrieving the image, I recalled an emergency hospital admission, years earlier, with my 6-day-old child and an insistence that staff needed to take him to another ward. The same urgent concrete fears of my son being separated and lost had been evoked by some of the therapists' descriptions of their experiences of teletherapy. I had felt disconnected and dislocated. As I noticed I had drawn the mother without legs or connection to the ground, I reflected on the significance of *tūrangawaewae* (*tūranga/standing place; waewae/feet*) as the place of belonging from where you draw your strength, your standing place (Cain et al., 2021). Along with my standing, the picture represented that I had also lost my voice and my sense of agency. My associations to this memory had also included my sense of being just an NHI number in an efficient but mostly impersonal environment. Technology was necessary for survival but separated me from my child. I increasingly noticed that many metaphors therapists had used to describe teletherapy were body-related and were associated with physical survival.

A further association with the sketch was to the medicalisation of the experiences described by therapists. For example, Garcia (2020) wrote "perhaps this could be compared to a parent and infant who have been separated by hospital plexiglass in the neonatal intensive care unit – unable to truly be with each other" (p. 342). His descriptions evoked sadness, and a longing for connection. The dash in his text perhaps denoted a separation and also a link, as if the technology sustained physical life but meant a disconnection, and a longing to bring the infant to true aliveness through relationship.

Winnicott (1957) similarly described a mother's holding as offering a form of sanctuary or shelter for personalisation, in which an infant's psyche, the imaginative elaboration of their bodily being, is able to indwell in their soma. This physical emotional holding offered a form of shelter for an infant's psyche to settle into and feel at home within the body (Bonaminio, 2010). The importance of holding included an environmental provision of reliability that was not mechanical but empathetic, and the physiological protection of an infant's body that responded to their sensitivity to touch, sound, vision, and the effect of gravity (Winnicott, 1960). Therapists' references to falling in their descriptions of teletherapy elicited through metaphor the felt significance of the loss of physically available, personal, and adaptive holding experienced in infancy. For an infant, falling is catastrophic, and is associated with physical falling, and also falling from a parent's heart and mind. These sensations may have been elicited by anxieties relating to loss of the co-shared physical therapeutic setting and its effects on both therapists' and children's experiences of embodied safety and connection. For therapists, the teletherapy setting appeared to be associated with a reduced sense of being environmentally held themselves, and also with being able to provide secure holding for children.

Uncanny Connections

A significant finding that was emerging from my inquiry was the coalescence of metaphors and images used by therapists that related to pregnancy and premature birth (Engelhard & Furlager, 2021; Garcia, 2020; Sehon, 2021; Zuppari, 2020). Both Zuppari (2020) and Sehon (2021) referred to a digital umbilical connection, conveying a sense that the containing fleshy body-mind of the therapists had perhaps been replaced by a hybrid human-machine. These images of machines and technology seemed to reflect that in teletherapy therapists' perceptions of their bodily connections with children had been altered. Some therapists described bodily connections in teletherapy as partially digital or mechanical. These images also evoked a sense that survival of the embodied connection in teletherapy was more fragile than in the physical room. I found these descriptions uncanny. I wondered whose body had been altered by technology and began sketching in-utero images (see Fig. 3 below) to understand more fully the experiences that the therapists were conveying. Were they conveying a sense that the therapist's bodily self was the creative home for the neonate-client? Were they describing the body of the playroom? By drawing the images, I grappled with the felt, eerie impact of deliberately attempting to replace an umbilical cord with a digital link, and with how I could draw a neonate without bodily containment or connection.

Figure 3*Neonate*

I noticed that in therapists' digital umbilical cord metaphors, therapists' own bodies were portrayed in the relationship with children as the setting itself, since the unborn infant was still contained within the therapist's body. The digital umbilical connection represented the connecting link between mother/therapist and infant/child. An article by Steele et al. (2017) resonated with this finding. They proposed that the mother's awareness of her own embodied experience (her physical sensations and emotional awareness) represented the fundamental setting for the mother-infant relationship itself (Steele et al., 2017). I recalled Webster (2020) writing that people could only say about teletherapy that "it's just different" (p. 292) but were not able to put into words what felt different.

A central element of relating before birth is that embodiment is co-embodiment. Embodied relating before birth is direct, co-regulatory, co-homeostatic; and the mother's body is literally the fundamental setting for the relationship itself (Ciaunica et al., 2021b). Before birth, rhythmic, kinaesthetic, and tactile experiences are all intertwined, and possibly represent the most basic human awareness of pulsating life (Maiello, 2003). Embodiment before birth occurs within the enveloping maternal environment, and includes primarily touch, movement, sounds, rhythm, and prosody (Maiello, 2003). Throughout life, bodily communicating continues to be felt, but is primarily non-worded and silent (McGilchrist, 2019). I reflected that my sketches of neonates in their original in-person setting also reflected the term 'in-person' to describe therapy in physically co-shared settings. The loss of a felt sense of bodily containment and communication established in infancy would be challenging to put words to. This finding was reflected in the use of metaphors relating to pre-birth and

prematurity, and descriptions by therapists of difficulty finding words for the difference experienced in teletherapy.

Unheimlichkeit

I reflected that my original intention had been to attend to therapists' experiences of embodied relating directly with children. However, a disrupted sense of feeling at home had emerged clearly and persistently in therapists' descriptions as being inextricably interwoven with their perceptions of embodied relating. These differences seemed to have shifted something which seemed core to therapists' experiences of their own embodied experiences and in embodied dimensions of their therapeutic relationships with children.

Freud (1919) described the uncanny (the *Unheimlich*) as a sense that what had previously been experienced as familiar had become not only unfamiliar but had also disturbed something that had been repressed. He referred to the question of "whether a lifeless object might not be in fact animate" (Freud, 1919, p. 226), as a good instance of the uncanny. The German *Unheimlichkeit* is literally translated as "not-at-home-ness" (Margulies, 2020, p. 1128). Descriptions of teletherapy by some therapists suggested that the animate, body home of the mother containing the therapeutic relationships had either been prematurely lost, or the connecting link between child and therapist had been replaced by something inanimate, uncanny, and digital. These disturbing images reminded me of descriptions of infantile anxieties, including those of being a collection of unrelated parts rather than an animate whole (Bick, 1986). According to Merriam-Webster Dictionaries (n.d.a), the word animate is derived from the Latin word *anima*, meaning breath or soul. Animate, meaning alive is also related to the word animal, a characteristic of which is their ability to move (Merriam-Webster, n.d.a).

A similar finding by Brahnam et al. (2014) was that psychotherapy via technology, particularly over video-conferencing platforms, commonly provoked the uncanny, potentially because it infuses the familiar with the unfamiliar. While therapists and children experience similarities between teletherapy and in-person therapy sessions, they also experience differences, particularly in relation to bodily dimensions of relating, which may not be able to be articulated. These effects may also intensify unresolved losses and relational dynamics and introduce additional artefacts, such as lags, glitches, and disconnections (Brahnam et al., 2014). These artefacts may exacerbate unconscious links to early experiences of loss of connectedness in infancy. For example, the effect of a parent's still face has been found to elicit distress in infants (Tronick et al., 1978; Weinberg & Tronick, 1996). I reflected on my interest in this inquiry and potential links with my own experiences.

Esther Bick's writing reflected similar descriptions to those conveyed in some psychotherapists' accounts of teletherapy with children. Bick (1986) described the most

primitive parts of the personality as having no binding force amongst themselves and likened an unheld-together infant to an astronaut floating in space without a spacesuit. Her writing reminded me of the images I had sketched of infants in-utero, and particularly the relationship between the neonate and their environment. I became aware of further associations in psychotherapists' writing to collapses of space and loss of oxygen (Wolpe, 2020). De Varela (2015) described cyberspace as unrepresentable and likened the experience of teletherapists' digital connections to an astronaut attached to the umbilical oxygen cord link. De Varela suggested that physical surroundings offer a sense of being held within the safety of a good environmental mother and without this support therapists may feel disconnected, and "on the verge of death anxiety" (p. 236). This effect may have been particularly pronounced in working with children considering their often more movement, whole body, and sensory based expressions than adults, and the intense anxieties elicited when working with children (Blake, 2011; Joseph, 1998).

The Place and Non-Place of Teletherapy

I recalled Frankenstein's compulsion to follow his creature till his death through the arctic oceans and ice floes. I began noticing that many therapists had associated teletherapy with oceans and outer space, and losses of senses, oxygen, gravity, and pressure. For example, Wolpe (2020) referred to being without air, Kohon (2020) and Sehon (2021) both metaphorically associated teletherapy with experiences of being blind, and Garcia (2020) referred to floating heads in a "sea of trapezoids" (p. 342). Such environments are referred to as atopia, or non-places (Carroll, 2019). Metaphorical references to atopia represent experiences of being in environments that are perceived as inaccessible, impersonal, unsurvivable by humans in the long term, and uninhabitable (Carroll, 2019).

Another element of how therapists felt about belonging in their environment was offering a place for children. For example, Webster (2020) wrote "the children had lost their place. As they were now not in the room, I often felt I had lost my place too" (p. 291). According to Durban (2017), disruptions to a sense of at-home-ness relate to very early processes of development and result in intense anxieties-of-being. He suggested that this is why even actions that may be beneficial, like moving house, building, or renovating tend to elicit intense anxieties and often aggression and breakdown. A sense of being able to offer a home for children was conveyed as integrally linked to therapists' sense of feeling at home themselves and in their experiences of embodied relating with children. The additional anxieties associated with the pandemic exacerbated the intensity of the impact on therapists and children. Core, invisible elements of our bodily selves, including our breath and touch

could be infectious and potentially life endangering, so the threat was often experienced as nowhere and everywhere at once. Intense anxieties were commonly experienced jointly by therapists and children during the pandemic and were difficult to avoid or contain (Durban, 2021; Holloway et al., 2021).

Findings suggested that the shift to teletherapy included loss of a sense of physical and emotional holding experienced in the physically co-shared setting. This loss accompanied a perceived alteration in therapists' capacity for embodied relating and reflected the significance of the setting for therapists' capacity for freedom of thinking in their work with children (Joseph, 1998). Brahnam et al. (2014) wrote that through receptivity and inwardly attending to their own experience, the therapists' body becomes sensitively attuned to the self, the client, and the relationship. In comparison to teletherapy, in-person physical settings had offered greater safety and freedom, which potentially supported therapists' bodily awareness and their capacities for sensing and responding to their own and their client's experience (Brahnam et al., 2014; Milner, 1987).

With the dislocation of shared place in teletherapy sessions, the significance of time became particularly important. Therapists noted that the timing of sessions continued to provide a sense of rhythm and was significant in maintaining the therapeutic frame for embodied relating with many children (Bate & Malberg, 2020; Engelhard & Furlager, 2021; Garcia, 2020; Sehon, 2021; Shillito, 2020; Snyder, 2021; Trub, 2021; Wolpe, 2020; Zaharia & Anagnostaki, 2020; Zuppari, 2020). This continuity may have been particularly important for therapists and their clients in maintaining a sense of structure and therapeutic frame, particularly with the many other disruptions occurring in the world around them.

Chapter Summary

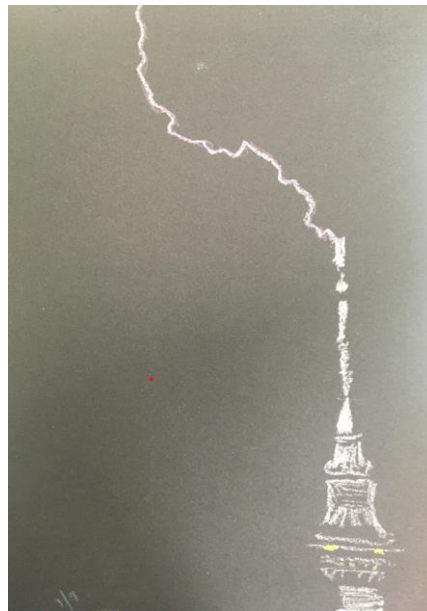
Disruptions related to both teletherapy and the pandemic had significant effects on psychotherapists' experiences of bodily dimensions of relating. A theme apparent in my review of the literature was that an embodied sense of feeling at home in the shared therapy setting had been disrupted by teletherapy, and had altered therapists' experiences of being with children. Connections with children were more likely to feel fragile and uncanny. Therapists metaphorically described their experiences of teletherapy as navigating new, uncharted territory or uninhabitable, unsurvivable non-places. The next chapter explores the loss of a sense of grounding, which reflects therapists' own embodiment and their experiences of embodied relating in child teletherapy during COVID-19.

Chapter Four: Losing a Sense of Grounding

The second finding explores therapists' experiences of losing a sense of grounding in their own sensory experiences of teletherapy with children. I identified this theme from therapists' descriptions of their embodied responses to teletherapy with children. The word 'ground' refers to the surface of the earth (Merriam-Webster, n.d.b). Grounding is commonly associated with body and dance movement psychotherapies, and refers to practices which support a person's experiences of being aware, regulated, and connected with their physical and psychological reality (De Tord & Bräuninger, 2015; Pitluk et al., 2021). Shared sensory experiences are important for feeling sane, grounded, in touch with reality in a literal way (Ogden, 1992). In teletherapy, these experiences were significantly limited or altered (Rolnick & Ehrenreich, 2020). Grounding is a term also associated with connecting electrical systems so that excess energy can be discharged safely into the earth (Csanyi, 2019). The naming of this theme emerged from a series of sketches relating to lightning strikes, which I had drawn in response to therapists' descriptions in key texts of storminess in their experiences of embodied responses in teletherapy (see, for example, Fig. 4).

Figure 4

Lightning Grounded by Sky Tower



Loss of Grounding: Psychotherapists' Descriptions

Descriptions of therapists' embodied experiences of teletherapy ranged from expressions of weary exhaustion, confusion, disorientation, and burnout; through to delight, pleasure, creativity, and curiosity. However, therapists generally conveyed exhaustion and that their sense of vitality and aliveness had been disrupted or dulled by teletherapy. Garcia's (2020) description of teletherapy, for example, evoked weary heaviness; "I noticed a period of disorientation and despair along the lines of 'is it really you?' 'what's the use' and 'what is our way now?'" (p. 342). He described confusion and boredom as having set in like a low fog, interspersed by moments of clarity. This description resonated with my own experience of teletherapy. It invoked the disorienting numbing of my skin and clouding of my vision and sound as I walked my dog through low lying areas of the park on a cold, foggy winter's night. Webster's (2020) description of teletherapy also evoked weariness. She began her article with the English nursery rhyme ending 'Atishoo Atishoo we all fall down'. I became aware of a newly jarring, irritating contrast between the cheery familiarity and rhythm of the childhood nursery rhyme and the death and pandemic realities they contained. She described teletherapy as having profoundly disorganising effects, which had led to many psychotherapists feeling they were falling, but able to get up again (Webster, 2020). I became curious about her references to experiences of burnout in teletherapy, which she described as temporary. The repetitive nature of the 'falling down' troubled me and new questions emerged. What might be contributing to the repetitive sense of disorientation; of falling over and getting up only to fall again? I found that references by therapists to grounding, or related concepts, included feeling unmoored and needing to grasp on to something concrete to stay grounded (Trub, 2021), metaphorically falling to the ground (Webster, 2020), attempts to transform digital space into safe playgrounds (Engelhard & Furlager, 2021), and anchoring in relationships that had been established in-person prior to teletherapy (Sehon, 2021).

Loss of Grounding and Psychotherapy as Painting by Numbers

I noticed that therapists described accessing their internal state as more difficult in teletherapy, particularly using videoconferencing platforms. Therapists attributed this difficulty to focusing intently on their video screen and to the numerous distractions available on the screen, including the image of the therapist's own face (Trub, 2021; Weinstein, 2021). Hart (2020) wrote that video-mediated sessions meant that "painting by numbers" (p. 371) was more difficult to avoid, suggesting that it was easier to become distracted and pulled towards a technically or mechanically mediated, reproducible process. Pondering the idea of painting by numbers, I reflected that this metaphor suggested a technical process. Such a process might

produce facsimiles, but it seemed far removed from an engagement with children in which the colours of the developing artwork might emerge as a uniquely creative relational process or as a metaphor for reverie. This finding was consistent with descriptions by therapists that teletherapy during COVID-19 required a more explicit approach in the absence of the bodily cues available implicitly in face-to-face settings (Bate & Malberg, 2020; Engelhard & Furlager, 2021). It also suggested the possibility that in teletherapy, therapists' awareness of their own bodily experience may be different, and often more difficult, though certainly not impossible. In literature by therapists, this difficulty was associated with reduced access to states of reverie while using video-conference platforms (Hart, 2020). McGilchrist (2019) suggested that an increasing shift in society towards primarily left-brained functioning may be linked to understandings which are experienced as technical, narrowly focussed, at their extreme ultimately lifeless, empty, or mechanical. Perhaps the falling and getting back up again might relate to experiences of losing and regaining access to a more open and bodily, rather than parts-focused or technical, awareness in teletherapy?

Thought-provoking contrasts were offered in descriptions by therapists of teletherapy via telephone or with the video function turned off or away. These descriptions suggested that therapy by phone supported therapists' capacity to be open and present to their unconscious perceptions and emotions and to access useful imagery (Cohen, 2020; Paiva, 2020). From research potentially reflecting this finding, I found that focusing on video screens can shift someone's focus towards exteroceptive stimuli (e.g., sight), and away from interoceptive stimuli such as proprioception, kinaesthetic perception, olfactory and tactile experiencing (Ciaunica et al., 2021a; Ciaunica et al., 2022; Connell et al., 2018; Lynott et al., 2020). This shift can lead to an imbalance between 'in here' and 'out there' sensing, and more feelings of living in one's head (Ciaunica et al., 2021c).

The term interoception is closely related to 'in here' experiencing. Interoception is an ambiguous concept, but generally refers to a person's capacity to sense the internal state and experience of their body, including their sensations and emotions (Ciaunica et al., 2021a; Pass Erickson, 2021). This capacity is also closely linked to the concept of embodied self-awareness (Fogel, 2013) which refers to a person's awareness of their own primarily bodily, rather than conceptual, experience. A capacity for inner bodily awareness is closely linked to the stability, coherence, and resilience of a person's sense of identity (Monti et al., 2021). Background feelings (including sensations and emotions) that represent a person's embodied experience can be so transparent, blended, fundamental, and pervasive that they can remain unrecognised and invisible until their transparency is disrupted or intensified (Ciaunica et al., 2021a, Damasio, 2019; Fogel, 2013). However, some aspects of a person's normally transparent background experience can be attended to deliberately (Ciaunica et al., 2021a).

The transparency itself can become altered, intensified, or disrupted in teletherapy, including by the altered affordances of videoconferencing platforms (Ciaunica et al., 2021c).

In reflecting on these findings, I recalled the experiences that had prompted this inquiry. The image of a kaleidoscope with its fragments of coloured glass seemed to reflect my experience that my sensory experience had been altered. Kaleidoscopes also seemed to represent that something transparent had become altered, along with my capacity to tune into children. I reflected on the similarities of this metaphor with attuning—a central concept in psychotherapy that is closely associated with therapists' awareness of their own embodied experiences (Gennaro et al., 2019). Further associations included that tuning in is associated with the harmony of sound, and adjusting resonance (Merriam-Webster, n.d.d). I noticed that therapists described needing to tune in more deliberately to their own bodily experience in teletherapy (Hart, 2020; Paiva, 2020).

Loss of Grounding: A Personal Reflection

A rough sketch (Fig. 5) I had drawn while reflecting on therapists' descriptions and my own experiences resonated with these ideas. I sketched the sensation of my face and body being distorted as I and the objects in the room around me were drawn into the screen, as if it were a vortex, while I struggled to hold myself on the ground and away from the black hole of the screen.

Figure 5

Vortex



Reflecting on the sketch, I noticed the faintness of the image. I saw the keys of the keyboard disappearing into the screen, the lamp being pulled closer, and the pens and pencils all being drawn towards the event horizon of the black hole/screen. My associations to the keys were to piano keys and my struggle to put words to my experience or feel in tune. I felt myself to be an instrument that was losing the capacity for playing or attuning to others with any sense of communicative musicality (Trevarthen & Fresquez, 2015). Including these and other personal embodied experiences in this inquiry reflected their potential relevance to the inquiry and the choice of a methodology that allowed me to use my own interpretive lens. They also reflected Kohon's (2020) suggestion that therapists may tend to avoid revealing their own bodily responses due to revealing personal or professional vulnerabilities. In his account of child teletherapy, Kohon described anecdotal evidence that therapists' experiences of embodied countertransference may be more common than is generally disclosed.

Loss of Grounding: Disembodiment

Two articles directly referred to experiences of relating in teletherapy as disembodied. One of the references was made by Paiva (2020), who described her experiences of telepsychotherapy in India with adolescents: "Everyone became one-dimensional, disembodied, and digital. We were lucky if sentences came through clearly, without interruptions or lags" (p. 356). Paiva's language, again, evoked a sense of uncanniness. She conveyed that suddenly everyone was somehow altered, losing their humanness, and 'becoming' one-dimensional, disembodied, and digital. Her words conveyed frustration, and a sense that temporality itself was interrupted and lagging. Weinstein (2021), a child psychotherapist in New York, also wrote about disembodiment: "They show me their bedrooms, their stuffed animals, take me on tours of their houses, force me to leave my chair and dance. I am less disembodied. Even so, they too feel the loss" (p. 112). Reading her words, I felt carried along through space, then suddenly more awake as she declared 'I am less disembodied'. Weinstein's shift into the present moment 'I am' had accompanied shared feelings of loss, which she described as including the losses of intimacy and the questioning of the core of her practice. I began considering the concept and meaning of disembodiment and its relationship with grounding.

While some therapists had described a sense of disembodiment, they clearly still were literally embodied, as were all of their actions and perceptions; so what might be influencing their sense that they were not? A literature search led me to discover that disembodiment may reflect an experiential or phenomenological distance from the central or 'zero point' of a person's orientation of their experience rather than an actual literal or ontological split

between mind and body (Irarrázaval, 2018; Parnas & Handest, 2003). Normally, a person's body is experienced as the centre and medium of their subjectivity (Irarrázaval, 2018). It is the central point around which they orient and the means through which they can perceive the world (Irarrázaval, 2018; Merleau-Ponty, 1964/2012). However, when a person's first-person experiential perspective, subjective experience, or action is distorted, such as may occur in teletherapy, then they are more likely to experience a sense of disembodiment or depersonalisation (Ciaunica et al., 2021c; Parnas & Handest, 2003). Disruptions to experiencing the body as the centre of subjective experience can result in losing a sense of familiarity of the body, which can potentially contribute to a sense of self-fragmentation and alienation (Ciaunica et al., 2022; Irarrázaval, 2018). I became curious about how such potential disruptions of grounding and disembodiment might be reflected in therapists' descriptions of attending to their experiences of transference and countertransference dynamics.

I found that therapists described transference and countertransference dynamics as core tenets of their practice that were alive but altered in teletherapy (Hart, 2020; Sehon, 2021; Zaharia & Anagnostaki, 2020). A range of perspectives were expressed by therapists about the nature of these alterations. For example, new and unfamiliar types of transference were described by Wolpe (2020) who referred to these dynamics as being created by the physical distance and screen—the mediating dynamics—and raising new questions. Transference and countertransference phenomenon also tended to be described as both more confusing to distinguish, and more intensified (Kohon, 2020; Shulman & Saroff, 2020). Shulman and Saroff (2020), for example, conveyed a sense of being tossed around in a hurricane, describing their experience as “stormier than ever” (p. 343). Their writing reminded me of the lightning scenes I had sketched. Images came to mind of finding it hard to remain upright and connected to the earth in a storm, and to ground the effects of client's emotional-physiological impact on them. Therapists' descriptions conveyed that the sensitivity of their own embodied experience as an instrument for tuning in, processing and responding to their clients' embodied experience in teletherapy, was affected by the affordances of teletherapy and the absence of a shared physical space. In teletherapy, therapists were metaphorically trying to weather the storminess of their client's experience despite the different affordances of teletherapy and the shift from the co-shared physical environment.

While every therapist described some form of alteration in their experience of embodied relating in child teletherapy, compared to in-person therapy, only Kohon (2020) directly referred to these experiences in terms of somatic countertransference. Kohon described a strong response of feeling concretely stuck, which he experienced in work with an adolescent client. His description resonated with my own experience of feeling stuck in teletherapy. I became increasingly curious about the intensity of experiences that tended to be

expressed regarding countertransference phenomenon in teletherapy, and possible associations with this intensity. It appeared that in teletherapy therapists experienced alterations in capacities to experience their own embodied experience and a steady sense of grounding, and that this alteration was influencing their capacity to process the impact of children's experiences.

While reviewing literature regarding therapists' descriptions of their own subjective bodily experiences of teletherapy, I experienced a vivid dream. I was standing in the middle of a hot black tar sealed road in a desert, the road stretching straight ahead towards the horizon. I felt alone. Tired and immobile, unable to imagine moving ahead. Then, somehow, my awareness shifted, and I was a bird, flying among other birds. I felt free and joyfully alive. I could see down to the earth below, and to the horizon in all directions. What I had thought was a highway I could now see was a vivid red river of blood on the living earth, flowing through arteries and branching off into streams like capillaries and all leading to an ocean of blood.

Figure 6

A Birds-Eye View and the Body of the Earth



In sketching the dream, I realised that the ocean was a placenta. I felt as though all the streams of interest that I could follow in this inquiry were in a reverse of the direction of blood flowing from a placenta. They all seemed to lead backwards, but towards finding new understandings of embodiment, death, life, earth, and connectedness. I now also had a new awareness of the significance of grounding as prohibiting flying (Merriam-Webster, n. d.b). I reflected that I associate reverie with a hovering of attention, and with flying. To feel embodied and alive, I seemed to need both grounding and flying. An article by Ogden (2021) resonated with my reflections. Ogden suggested paradox represents a state in which a feeling

of aliveness can emerge. I wondered how grounding and the moving, flying expansiveness I experienced, might be connected to my wonderings about teletherapy? How might these understandings reflect my own unconscious processes? These questions and others accompanied a new sense of hope and possibility in my inquiry.

Chapter Summary

In this chapter, I explored the theme of losing a sense of grounding. This concept refers primarily to therapists' experiences of their own embodiment in teletherapy with children during COVID-19. I found that in teletherapy, access to therapists' sense of being grounded in their own embodied self-awareness was altered and often more difficult in teletherapy, particularly through video-conferencing platforms. These alterations affected therapists' experience of embodied relational dynamics including transference and countertransference phenomenon and attuning with their clients in teletherapy.

Chapter Five: Discovering Vitality and Pleasure in Child Teletherapy

In this chapter, I explore the third finding of my inquiry, namely therapists' discovery of vitality and pleasure in teletherapy with children. In my review of therapists' experiences of teletherapy, as explored in earlier chapters, I found that therapists referred to a loss of vitality in relation to teletherapy with children during COVID-19. However, I also found that authors discussed vitality both in terms of loss and in terms of positive framings, including in relation to creativity, delight, warmth, pleasure, and play. These positive references were less frequent, but they were a significant theme for my review. According to Merriam-Webster Dictionaries (n.d.e), the first known use of the word vitality was in 1592 and referred to the peculiarity that distinguishes the non-living from the living. In this chapter, I begin by describing the emergence of this theme and then exploring how therapists described and evoked discoveries of pleasure and vitality in the teletherapy setting with children.

Vitality: A Personal Reflection

Just prior to the second lockdown in Aotearoa New Zealand, I attended a beautiful ballet performance of Stravinsky's *The Firebird* that I found unexpectedly moving. The props, costumes, colours, sounds, music, and the dancers' movements in the ballet were all completely without words, and I experienced the narrative as though I was immersed within an emotionally direct sensory experience. Even while I was watching, I noticed myself holding in mind this inquiry. The sense of aliveness and pleasure that I experienced seemed particularly important. Simply being in the audience I had felt part of the experience, and quietly present and energised, as if my senses were newly awakened.

My experience of the ballet led me to new questions about possible connections between beauty, movement, and vitality; and the possible significance of affordances for therapists' movement and sensory engagement in the digital setting. I realised that the experience of the ballet had also reminded me of the significance of nonverbal communication and particularly movement in communicating a sense of aliveness. The ballet also offered a new perspective for considering the role of sensory experiences in weaving together multiple sensory strands (e.g., movement, colour, energy, sound) with a resulting sense of connectedness, wholeness, synergy, and vitality.

I became increasingly curious about these concepts in teletherapy. In particular, I wondered how therapists' accounts might reflect the role of pleasure and tenderness and a sense of embodied aliveness in teletherapy. It seemed that a backgrounded, normally invisible,

sense of sustaining aliveness experienced in the physical setting had become visible in teletherapy through its alteration or absence. In reviewing literature, I found that therapists' accounts offered a rich resource for exploring their associations with vitality and pleasure in teletherapy.

The significance of infants' relational exchanges with important others that are characterised by energetic responsiveness, sensory pleasure, reciprocity, rhythm, and tenderness in supporting infants' experiences of aliveness and vitality is well established (Schoore, 2021; Stern, 2010; Trevarthen & Fresquez, 2015; Winnicott, 1975). I followed the thread of vitality and aliveness which had emerged from key texts and my experience of the ballet further, which led me to Stern's (2010) discussions of vitality forms. Stern suggested the experience of vitality is rarely talked about but remains "hidden in plain view" (p. 4). Vitality forms align with what Damasio (2019) described as a background state which he suggested could be called "feelingness" (p. 152). However, vitality forms can also be independent of emotions and sensations, referring more closely to shifts in experiences of aliveness, excitement, and interest. While background feelings refer to the 'feeling of what happens', vitality dynamics are about the feel of being alive and full of vitality, and both are needed (Stern, 2010). Stern suggested we are very alert to its feel in ourselves and its expression in others through their constant movements. Without a vitality effect, just attending to the content of communication would feel digital and would never take on the dynamic flow of human activity; "There would be no flow, no vitality, and no aliveness" (Stern, 2010, p. 25). Stern's (2010) vitality forms model resonated with my understandings of therapists' descriptions of a loss of immediacy of sensation (Wolpe, 2020) and the effect of altered sensory affordances in the teletherapy setting.

Particularly in early infancy, vitality and creativity are associated with the whole-body sensory tenderness, pleasure, fierce engagement, and musicality of the maternal-infant relationship and its co-created enlivening potential (Elise, 2021; Perel & Shani, 2018; Winnicott, 1975). Stern (2010) also noted that the vitality forms are consummately expressed through the aesthetic dimensions of the arts. The association of vitality with whole-body experiencing in infancy suggested the possibility that a loss of vitality may have been a way that therapists registered foundational alterations in embodied relating that were experienced in teletherapy and which were difficult to verbalise.

Vitality: Pleasure and Movement

The experience of pleasure in child teletherapy was explored by a range of authors. The importance of pleasure, somatic and kinaesthetic delight, receptivity, and support of

imagination and play through movement appeared in the works of Cohen (2020), Sehon (2021), Snyder (2021), Weinstein (2021), and Engelhard and Furlager (2021). Therapists, including Cohen and Weinstein, also referred to movement in relation to receptivity and reverie. For example, Cohen (2020) noted an association between having more freedom to position herself and accessing images, unconscious perceptions, emotions, and intuition, which she also associated with practicing therapy via phone.

Engelhard and Furlager (2021) conveyed a notable sense of vitality and hopefulness in their writing which was associated with their own embodied awareness and movement training. They gave clinical accounts of therapeutic process involving shared movement, imagination, and physical practices in teletherapy. One example was a process of recreating a womb space with a child in response to the child's longing for a sense of reassuring connection and shared silence. They described actively facilitating shared body awareness, movements, touch, and imagination with children to support a sense of shared bodily togetherness and containment (Engelhard & Furlager 2021). Reflecting on these accounts of teletherapy, I noticed the authors conveyed a sense of being well resourced in transitioning to the teletherapy setting and supporting children through shared experiences of delight and vitality. Snyder (2021), an arts therapist, had also conveyed a sense of relative ease in the transition to teletherapy. I noted that these therapists all had backgrounds in psychotherapies that supported awareness of embodied processes. Embodied awareness and training may have supported them to feel anchored and resourced in their own psychophysiological experience and to maintain receptivity to their client's anxieties (Bloom, 2006; Rothschild, 2013; Warnecke, 2021). These capacities may have also helped therapists recognise, untangle, and work with the co-created relational dynamics in the therapeutic relationship (Bloom, 2006; Totton, 2018), including awareness of how attention to somatic experience can be used defensively (Eekhoff, 2021). They may also have contributed to therapists' own personal development (Totton, 2018) and understanding of their adjustment to teletherapy.

I reflected on my own movement in teletherapy and realised I would have moved more freely during in-person sessions. After sessions, I would also have processed much of the impact of sessions with children through allowing images, sensations, or associations to arise as I moved, replacing resources on shelves, sifting the sand for buried treasure left by children. Movement and breathing processes are both strongly associated with supporting the return of reflective capacity and awareness of internal states in both self and others following under or over activation of the autonomic nervous system (Warnecke, 2021). Therapists' movements potentially provide a form of psychophysiological regulation. Movement may also provide an opportunity for reverie, which Citivarese (2019) writes can take the form of images, actions, sensations, feelings, or ideas. Movement can actively link together experiences and offer

potential cues for considering children's experiences. Bonovitz (2015) has described interpretation-in-action. This technique is used frequently by therapists working with children, perhaps even more so with children experiencing anxieties of being (Durban, 2017). Children are supported to experience their "senses, feelings, actions, intentions and thoughts" (Durban, 2017, p. 187), even when they are primary or fragmented, as linked together into a single sequence by their therapist's moving presence. I pondered the effects in teletherapy of reduced opportunities for movement by therapists and reflected on connections between action as both physically and emotionally moving. I recalled my first sketch (Fig. 1) of the disconnected heart and discarded running shoes, realising that I had associated these images with movement, feeling, and meaning. Fuchs and Kochs (2014) suggested that motion and emotion are intrinsically connected. They proposed that we are moved by movement, including felt responses and impressions, and moved to move through actions, expressions, and movement tendencies (Fuchs & Kochs, 2014).

Therapists' associations of moving in teletherapy with vitality may also have functioned to shift their focus from observing and verbalising, back towards a sense of being-with children and an accompanying sense of aliveness. In face-to-face settings, interpersonal bodily processes between client and therapist tend to involve movements and physiological processes becoming increasingly co-ordinated (Rolnick & Ehrenreich, 2020), with an accompanying sense of resonance and connection. García et al. (2022) have suggested that the teletherapy context changes the patterns of behaviour between therapists and clients and encourages a shift towards observing rather than being together. Having attention drawn to their own body as an object (which therapists described in seeing themselves on the screen) can also affect therapists' mode of behaviour, with a shift towards observing children rather than being with them (García et al., 2022).

Even very slight movements by therapists may be significant. Moving supports the perception, processing, regulation, and communication of emotional experience (Fuchs & Kochs, 2014; Marmeleira & Duarte Santos, 2019; Pitluk et al, 2021) and directly contributes to a sense of agency and vitality (Van der Kolk, 2014; Wengrower, 2020). Freedom of movement, particularly the ability to complete movement patterns, is also linked to a sense of identity, and of satisfaction and resolution through fulfilling movement patterns (Aposhyan, 2021; Pass Erickson, 2021). Movement also engages tactile and kinaesthetic experiencing which may offer respite from the more focussed, and outer-directed sensory experiencing that tends to be afforded by teletherapy (Ciaunica et al., 2021c). I reflected that moving before, during, and after in-person sessions had also supported me to orient to my environment and my own body. This finding seemed consistent with research which suggests that moving with awareness through a physical environment is linked to processes in the brain, including the

hippocampus, that are important for creating new narratives and a sense of coherent identity (Bond, 2020; O'Connor, 2019). It was also consistent with the finding from my review that therapists' movements were associated with access to memory and images (Cohen, 2020; Bomba et al., 2021). For example, Bomba et al. (2021) described needing to write down notes more actively.

I noticed a coalescence of descriptions of playful, nonverbal communications that are often associated with infancy and early childhood between mother and infant such as peek-a-boo and mirroring being associated with pleasure and delight in teletherapy. These types of interactions were described in works by Bomba et al. (2021), Sehon (2021), and Engelhard and Furlager (2021). Snyder (2021) also described her experiences of having her dog by her feet and occasionally glimpsed by children. The reassuring presence of Snyder's dog may similarly have supported both her and her clients' awareness of the moving, alive, and embodied presence of their own bodies. In teletherapy, these processes may have played a similar foundational role as they do in infancy, through restoring the integration of body and mind by amplifying emotional experience and helping to integrate children (and therapist's) experiences of multimodal internal and external sensations (Schore, 2021). Bomba et al., (2021) for example, wrote of the effect of attending to mirroring for an adolescent client. They described that "like a blood transfusion, the therapy can now enter a body" (Bomba et al., 2021, p. 170). This description conveyed that a shift had occurred which felt more direct and embodied and in which the therapy could become protected, vitalized, and expanded.

Vitality and Therapists' Embodied Awareness

A further association with pleasure and vitality in teletherapy was therapists' capacity to attend consciously to their own bodily responses. These experiences reflected both therapists' own experience and their experience of the therapist-child relationship. Paiva (2020), for example, described that 'being the only body in the room' allowed her greater freedom to be aware of her own body which also reflected her experience of her relationship with her client. She wrote of warmth, pride, and delight in her experiences with her client through teletherapy. Paiva described that these experiences reflected new understandings and awareness of her own embodiment and ways of relating in response to teletherapy. This finding resonated with an article by Kirchkheli (2021) who described that the experience of teletherapy required her to deliberately engage in a process she had not consciously needed to attend to in face-to-face therapy. She named this process visceral attention and described it as deliberately attending to her own bodily experience which she discovered was accessible through doodling. Milner (1987) had similarly described deliberately attending to her whole

internal bodily awareness and connections with creating a work of art and a growing “vital emotional involvement” (p. 236) in the surrounding world. I felt a sense of relief in reading Kirchkheli’s and Milner’s work, reflecting the containment of my own largely unworded perceptions of teletherapy and my use of sketching.

Vitality and Creative Processes

A clear finding from my review was therapists’ descriptions of their engagement with creative processes. Descriptions of creative processes were associated with experiences of pleasure and vitality. Therapists’ articles included descriptions of dancing, singing, nursery rhymes, literature, painting, intentionality of clothing choices, arranging furniture, magic, and rituals (Hart, 2020; Snyder, 2021; Webster, 2020; Weinstein, 2021; Zuppari, 2020). For example, Weinstein (2021) wrote “Dance is an art of the body, not one that immediately comes to mind as an analog for analysis. But that turned out to be part of the answer, the body” (p. 111). I found Weinstein’s writing fascinating, particularly her association between the art of analysis and the body. I reflected that ‘painting by numbers’ had been referred to by therapists as difficult to avoid in teletherapy, and that references to the arts by therapists may have been an intuitive or conscious adaptive response to this tendency.

Therapists’ habitual ways of working with children were often not available in the teletherapy space, such as interacting with a shared physical resource, which meant that new responses were required. Therapists’ references to creative processes may have reflected their processes of adjusting to the use of these tools and incorporating them into their own sensory and movement practices (Merleau-Ponty, 1964/2012; Richardson & Harper, 2002). Engaging in or being guided by creative processes may also have rekindled a sense of enjoyment, and aliveness in embodied relationships with children. Winnicott (1986) described creativity as the doing that emerges from being; the thing that indicates that the person “who is, is alive” (p. 39) Joy and playfulness may be markers for neurobiological synchronies between infants and parents that accompany an expansion of energetic states and consciousness for both (Schore, 2021). Vital, playful, and creative engagements, described by therapists in teletherapy, may have reflected expansive relational processes between therapists and children. For example, Garcia (2020) described holding in mind the limitations of teletherapy while also making room for “compensatory sensibilities” (p. 342). Similar creative processes in association with an expansion of embodied ways to creatively engage with children in teletherapy were also described by other therapists (Paiva, 2020; Sehon, 2021; Shulman & Saroff, 2020).

Chapter Summary

In this chapter, I explored therapists' discovery of vitality and pleasure in the teletherapy setting and the importance of these experiences as a foundation for experientially alive embodied relating with children. I found that processes associated with these experiences included therapists' engagement with movement, their embodied awareness, and their inclusion of creative processes.

Chapter Six: Discussion

In the preceding chapters, I explored through a hermeneutic literature review, the research question: How did psychotherapists experience embodied relating in child teletherapy during COVID-19? By engaging with therapists' written descriptions, I was able to gain insights into my own and other therapists' experiences of embodied relating in child teletherapy during COVID-19 and the meanings made of these experiences. In this final chapter, I discuss the main findings of the research. I relate these findings to existing literature, critically reflect on my study, and consider implications of these findings for the discipline of child psychotherapy and potential future research.

Descriptions of child teletherapy by therapists during COVID-19 portrayed experiences of attempting to navigate new and often difficult or unsurvivable environments. These journeys seemed to involve a quest to discover something at the heart of child teletherapy that was described as difficult to name; essential, but missing or altered in teletherapy. The shift from the co-shared physical environment to the teletherapy setting along with its impact on therapists' perceptions of embodied relating was significant. This finding was similar to research by Downing et al. (2021) which also found that therapists' experienced concern in teletherapy related to the loss of a defined physically secure therapeutic holding environment.

Child teletherapy during COVID-19 was experienced by therapists as less protective of their own sense of personally feeling at home, and as less protective of vital connections with their child clients. References to atopia suggested an association in child teletherapy with a perceived loss of relational warmth, intimacy, and safety. These findings highlight the relevance of existing literature regarding the relationship between a facilitating environment and an integrated psyche-soma and sense of personal aliveness (Winnicott, 1954), by extending them to the teletherapy context.

Exploring therapists' use of metaphors of pregnancy and early infancy to describe teletherapy offered insights into perceptions of embodiment in child therapy. Embodied awareness was conveyed by some therapists as a foundational element of the child-therapist relationship. This finding resonated with existing literature by Steele et al. (2017), proposing that a mother's interoceptive awareness is the foundational setting of the mother-infant relationship. Totton (2018) has similarly proffered that embodied relating is the foundation of therapeutic relationships.

Child teletherapy during COVID-19 using video-conferencing platforms, was associated with references to feeling ungrounded by therapists; though having previously established in-person relationships prior to teletherapy was described as anchoring (Sehon, 2021). Therapists described teletherapy as wearying and associated it with a loss of vitality and a recurring,

temporary sense of burnout. These findings offer an elaboration upon previous research which has found that child teletherapy tended to be described by therapists as more fatiguing and discomforting than in-person therapy with children (Fonagy et al., 2020; Hoffnung et al., 2021).

More intense and stormy transference and countertransference dynamics were found to be experienced in teletherapy with children during COVID-19, which also reflected findings in previous literature relating to teletherapy (Agosta, 2019). The intensity and stormy-ness of these dynamics may have reflected the finding that therapists experienced an altered sense of their own embodiment with the affordances of the teletherapy setting.

Elements of therapeutic processes relating to therapists' embodied capacities, such as the role of therapists' attention to their own visceral experience appear to be altered in teletherapy. Therapists described accessing their inner state and reverie as more difficult in teletherapy, particularly using video-conferencing platforms. This finding echoed existing literature relating to teletherapy (Isaacs Russell, 2020; Turkle, 2017). I found that therapists' descriptions suggest teletherapy may be encouraging a shift towards a predominantly left-hemispheric, mechanical, parts-oriented focus; and experiences of teletherapy as more likely to feel technical and bizarre. This finding affirmed and extended existing literature relating to the importance of right-brain implicit processes (Schoore, 2011) within the context of teletherapy with children. This inquiry elaborated upon previous findings regarding the impact of teletherapy on interpersonal embodied relating (Fréchette, 2021; García et al., 2022; Geller, 2020; Rolnick & Ehrenreich, 2020) by exploring therapists' subjective experiences of teletherapy with children.

Restoring access in child teletherapy to therapists' own bodily awareness may require additional practices that are not necessary in face-to-face therapy settings. More deliberately attending to therapists' own proximal senses (those arising close to or from within the body) such as through movement, may restore a balance of sensory experiencing in teletherapy. These findings reflect the earliest sensory experiences of embodiment from prior to birth or early infancy which are proximal in nature, and involve primarily touch, movement, rhythm, and sound. This finding extended upon literature by Ciaunica et al. (2021a, 2021c, 2022) proposing that video-conferencing platforms can increase the likelihood of an imbalance of focus from proximal, or 'in-here' sensing, to 'out-there' sensing through their relevance in the child teletherapy context.

This finding also reflected a description by Kirchkheli (2021) of her own experiences of requiring more deliberate attentiveness in teletherapy to her own visceral experience. These practices may support access to a receptive, and open state of awareness that is reliant on a backgrounded bodily awareness, normally available when in a physically co-shared setting, but altered in teletherapy. The more actively embodied nature of these practices in teletherapy

may have been useful in compensating for a tendency in teletherapy towards a predominantly left-brain, explicit, verbal or parts-oriented technical focus (McGilchrist, 2019). This finding resonated with research by Fonagy et al. (2020) suggesting that child teletherapy led to a need for more explicit therapeutic processes in the absence of implicit embodied relating that would normally be available in-person.

Another, albeit less frequent finding from my inquiry, which was not reflected in my search of previously available research into child teletherapy during COVID-19, was therapists' references to pleasure and vitality in the online space. This finding may have been more apparent in this research because it was based on therapists' reflective, written accounts of the teletherapy experiences rather than responses to pre-determined questions. Alterations in therapists' experience of embodied relating in teletherapy were registered within a dimension of experience which is often difficult or impossible to find words for. Written articles therefore potentially provided a particularly rich foundation for this inquiry.

Registrations of differences in embodied relating in teletherapy were apparent through descriptions of changes in therapists' perceptions of their own vitality. Stern's (2010) concept of vitality forms and their association with the dynamics of movement and non-verbal communication resonated with my finding that therapists registered a sense of weariness and loss of vitality in teletherapy. My inquiry suggests that therapists' engagement with the arts, movement, imagination, and metaphor supported them in restoring or expanding their own vitality in the teletherapy environment.

Incorporating sensory experiences, including games associated with infancy, into shared therapeutic practices through teletherapy, was also found to be associated with a sense of vitality and pleasure by children and therapists. These practices may have re-established a sense of embodied connection, and were consistent with my earlier finding that teletherapy was associated metaphorically with pregnancy and early infancy. These findings extend literature suggesting that embodied dimensions of relating are significant in early infancy but remain foundational in significant relationships throughout life (Anzieu-Premmereur, 2017; Bloom, 2006; Stern et al., 1998; Totton, 2018) to the child teletherapy context. In teletherapy during COVID-19, despite often being perceived as more difficult, sensitively tuning in, and co-creating with children a new and at times enhanced, sense of embodied relating was certainly found to be possible.

Strengths and Limitations

This inquiry offered the opportunity for in depth qualitative exploration of therapists' experiences of embodied relating in child teletherapy during COVID-19. Therapists' written accounts provided a rich resource for exploring this phenomenon. As an inherent dimension of

a hermeneutic process, my own tacit experiences, interpretations, intuition, and sketches were integral to this inquiry, and potentially offered experiential value. I chose a methodology that would be reflective and subjective, and which I hoped would invite the curiosity of readers and practitioners. Qualitative research exploring this inquiry offered the possibility for unexpected insights, personal transformation, and depth of understanding of the phenomenon (Etherington, 2017).

The subjective nature of the qualitative inquiry process means that the findings are not replicable or scientifically rigorous as might be expected from research within a positivist research framework. The qualitative nature of the inquiry also meant that the study was time consuming and involved a significant personal commitment.

This inquiry was based on written descriptions of child teletherapy by therapists in the United States, the United Kingdom, Italy, France, Israel, Canada, India, and Greece. A limitation of my work was the absence of research that explored indigenous perspectives or writings by Māori or Pasifika researchers. This absence potentially limits the transferability of findings within Aotearoa New Zealand.

In this review I included literature relating to both video platforms and audio (telephone) calls and found there were significant differences between these platforms. Including data relating to both modes of technology potentially did not provide a nuanced and differentiated understanding of these two platforms in relation to the combined findings. I also included literature relating to teletherapy with a wide range of ages. Distinct differences were reflected in accounts by psychotherapists between working with adolescents and younger children (Paiva, 2020) and may limit the transferability of findings for therapists working with specific age groups. A notable aspect regarding this inquiry was the inextricable impact of COVID-19 which represented a unique opportunity for exploration while also limiting the potential transferability of findings to other contexts.

Implications of this Inquiry

Implications from my inquiry include the significance of the findings for the discipline of child psychotherapy, particularly regarding child teletherapy practice. Despite the dropping of COVID-19 restrictions, child teletherapy is likely to remain more commonly offered than prior to the pandemic. Insights from this inquiry may be particularly significant in supporting the needs of children and families who face difficulty accessing in-person therapy.

Therapists' embodied responses are dynamically interrelated with those of their clients—both consciously and unconsciously (Schorer, 2016). Therefore understanding and awareness of the potential for effects such as loss of vitality may be particularly significant for

the wellbeing of both therapists and child clients. Recognising the contribution that therapists themselves make to bodily interpersonal processes is not easy, but it is essential (Gennaro et al., 2019). Experiential training that supports therapists' capacities for attending to their own embodied experience in teletherapy may provide essential resources for developing therapeutic skills including attunement and awareness of synchrony (Gennaro et al., 2019).

Embodied experiences in response to child therapy may be difficult to define and also more common than may be expressed in literature (Kohon, 2020). These findings could, therefore, have significant implications for child therapists' practice through the containing effect of a shared awareness of the potential effects of teletherapy. Understanding the potentially disturbing and unsettling impacts of teletherapy on child psychotherapists' experiences of embodied relating could support therapists' wellbeing and contribute towards preventing burnout (Margarian, 2017). These findings are important for therapists practicing teletherapy as they may be more isolated than they would be if practicing in-person, and embodied experiences may be intensely powerful and personal. Insights gained from findings in my inquiry may also contribute towards therapists' decision-making regarding offering child teletherapy which has generally been found to be beneficial by parents (Fonagy et al., 2020; Hoffnung et al., 2021).

Findings also provide useful perspectives for considering embodied relating in face-to-face child therapy sessions, including the role of therapists' movement and the significance of therapists' experience of feeling at home in the therapeutic setting. The impact on child therapists of teletherapy may have been lessened with a greater availability of literature on child teletherapy prior to the pandemic, which was found to be limited (Pozzi Monzo & Micotti, 2020). This inquiry may offer valuable insights for professional organisations in planning for future situations that involve the use of new technologies in work with children.

Implications of this inquiry potentially also extend to any professionals working with children using technology mediated platforms, including teachers and those working in other health professions, by offering additional perspectives. Societal implications of this research may include the impetus for critical thoughtfulness regarding the impact of technology on experiences of embodied relating in working with children.

A final implication of this research was my own personal process. I became immersed in this inquiry, and it has been an almost constant companion for much of the pandemic. It has led me through significant transformations in my understandings of my history, my embodiment, and my own ways of knowing.

Considerations for Future Research

Research that continues to explore therapists' experiences of therapy via technology will be important. The use of technology is ubiquitous (Trotter, 2019) and the array of technology available is expanding and changing rapidly (Venturo-Conerly et al., 2022), along with the likelihood that therapists become increasingly familiar with using these technologies. Many aspects of psychotherapists' experiences of embodied relating in child teletherapy are yet to be explored.

Qualitative explorations into children's perspectives of embodied relating in teletherapy represents an important opportunity for future research, as does inquiry into therapists' perspectives of working with parents and infants. A further consideration is that children's needs and engagement by psychotherapists are likely to be very different according to their development, as was noted by psychotherapists. Research addressing therapists' experiences of embodied relating with more specific age groups, particularly adolescents, is recommended.

Other methodologies for exploring the research question of this inquiry are also likely to yield richly relevant data. For example, empirical research measuring physiological processes such as heart or breathing rates to gauge synchrony in interactions between therapists and children in teletherapy sessions may expand the range of evidence available. Qualitative interviews with therapists exploring their perception of their own bodily experiences in teletherapy may also contribute useful insights to this question. From my review, I found that the use of technology in teletherapy during COVID-19 significantly altered therapists' experiences and led to additional challenges at a time when therapists and their clients were already experiencing significant stress. Ongoing research aimed at supporting and preparing psychotherapists, their child clients, and whānau for responding to current and future evolutions of technology and crisis situations is important in order to support the wellbeing of psychotherapists and their child clients and whānau now and in the future.

Conclusion and Reflection

Therapists' descriptions offered a wealth of experiences for this inquiry into embodied relating. Teletherapy with children during Covid-19 significantly affected therapists' experiences of embodied relating in ways which were often difficult but also potentially expansive and vitalising. Child teletherapy offered the opportunity for new forms of embodied relating, and new understandings of therapists' own embodiment.

Through engaging in this inquiry I have discovered similarities between parenting an infant, the hermeneutic process and embodied relating. These similarities include the likelihood of unanticipated discoveries that at times will be difficult, and a necessary willingness to be changed in the process. As I reflect back on my own learning journey and ready myself to move forward, I continue to ask myself 'are you here?' with evolving understanding, and also realise how many other new questions have arisen. I now have an even greater interest in the relationship between technology and embodied relating in child psychotherapy, and a new fascination with therapists' embodied awareness and movement. I wonder how therapists will experience embodied relating in child therapy in years to come.

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