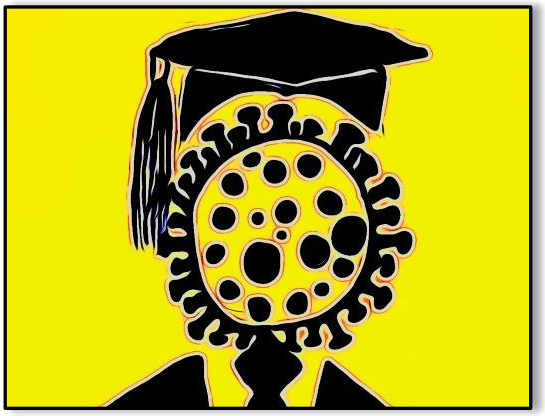
# On not being an expert on COVID-19

*by Matthew Henson*



## Introduction

For the past 10 years I have been engaging with the discipline of ecopsychology; employing my substantive existential and subsequent humanistic integrative psychotherapy trainings in pursuit of ecologically aware therapeutic interventions. Central questions I have been engaging with over this time have included *what does it mean to be a therapist in a time of ecological emergency* and *how might I resource myself as a therapist to practise in a global ecological crisis*? Of course, that does not mean that I predicted COVID-19 nor that I am an expert on how to live through a pandemic. I didn't and I'm not. What it does mean is that I have spent a considerable amount of time training and resourcing myself for this sort of thing. Professionally at least, I have not felt particularly wrongfooted by the pandemic. Professionally, I feel surefooted in terms of what I am doing as a therapist just now. From that grounding in existential-phenomenological psychotherapy and ecopsychology, this paper offers some observations, recommendations and hopes regarding appropriate and helpful therapeutic responses during the pandemic and in the aftermath.

## Too many experts

*In the experience I have of myself I find enough to make myself wise, if I were a good scholar*
- Michel de Montaigne

Both in Ireland and in the UK, psychotherapy has undergone something of a crisis in confidence during the twenty or so years that I have been a practitioner. Faced with more or less constant allegations of quackery from vested interests both within and outside our ranks, many psychotherapists and psychotherapy organisations have sought government approval in an attempt to gain legitimacy and distance from the *boogeyman* hiding under our professional bed; largely anecdotal rogue practitioners, allegedly preying on the most vulnerable members of our communities. The trade-off for the perceived legitimacy that comes with legally protected professional titles, includes loss of autonomy via an implied acceptance that psychotherapists cannot be trusted to self-regulate, and a willingness to conform to competency criteria more suited to clinical psychology than psychotherapy. For example, the QQI standards against which all psychotherapy trainings are to be assessed are heavily weighted in favour of academia (more traditionally the domain of clinical psychology), with virtually no emphasis on qualities such as *presence*, *empathy* and the ability to connect at *relational depth* (the traditional bedrocks of psychotherapy). The price of state regulation is the potential dumbing down, if not

outright disowning, of our historical strengths; formalising psychotherapy's position as poor cousin to clinical psychology, with counselling artificially pushed into the place of little sibling to the poor cousin of clinical psychology. To my interpretation, the attack upon psychotherapists' collective professional self-confidence has been insidious and profound, and the consequences are being acted out in the COVID-19 crisis.

One area worth highlighting, is the way our perennial willingness to undervalue our services has so quickly come to the foreground. The implicit message that our time is worth nothing is built into the very fabric of our training. During our formative years as student and newly qualified therapists, most of us will have provided at least 450 pre and post qualification hours of unpaid therapy as a requirement of accreditation with bodies such as the Irish Association for Humanistic and Integrative Psychotherapy (IAHIP). So, recognising the '*potential psychological and emotional impact that working in essential services during the Covid-19 pandemic can have*' (Quinn, 2020), a number of therapists have joined an IAHIP register of members willing to offer free '*psychological support*' (ibid). Of course, the generosity of individual therapists willing to expose themselves vicariously to the trauma and/or other difficulties facing essential workers, free of charge at point of contact, is beyond reproach and I make no comment on that. Furthermore, IAHIP is not alone in this type of response to the crisis and I single it out only because it is the organisation that I pay to represent my professional interests. I shall leave it to others to critique their own accrediting bodies as they see fit. I am also, of course, aware of how serious the pandemic is; my partner, a nurse of some 30 years, is putting her health on the line every day working in a nursing home with some of the most at risk people in the country. It goes without saying that I want my partner, and all our heroines-without-capes, supported and valued. But whatever the good intent behind this type of initiative, it tells a story of professional insecurity; both in the emphasis on *psychological* over *psychotherapeutic* support and in the lack of insistence at state level for adequate resourcing. Notably, the Chief Executive of the Psychological Society of Ireland has written to the Department of Employment Affairs and Social Protection, highlighting the '*totally unfair*' (O'Connell, 2020) lack of financial support for psychologists in private practice and there is no suggestion as far as I am aware that psychologists should offer *psychotherapeutic* support, or indeed that they would be qualified to do so.

If initiatives like this are, at least in part, direct expressions of our collective professional insecurity, there are also, to my interpretation, other more subtle and equally worrying expressions. Stating the obvious, the coronavirus pandemic has taken the whole world into new territory. I doubt there are any therapists still practising who lived through the 1918 influenza pandemic. Few, if any, are experts in the sense of possessing a blueprint based on previous personal lived experience. Even my ecopsychology colleagues, some of whom have spent many years preparing for global crisis, cannot (and would not) claim to be experts in how to live through a pandemic; we have been learning how to practise ecopsychology by practising it and we are now learning how to live through a pandemic by living through it. To borrow an American legal term, this is a case of first impression. Nobody is an expert.

At the same time, as Guernsey (2000) points out: '*An expert, it seems, is now an ordinary person sitting at home, beaming advice over the Internet to anyone who wants help*' and suddenly, everybody's an expert, including many psychotherapists broadcasting free advice and not-free COVID-19 expertise to potential customers and the general public. I would very gently and very respectfully suggest that the impetus for much of the advice giving is more closely related to the insecurities and needs (to *feel* useful, to *feel* expert etc.) of the givers than it is to the needs of the receivers.

For absolute clarity, psycho-education has a very valid role in my own approach to psychotherapy. If I am in possession of psychological knowledge that might help someone I am working with or someone in my personal circle, I am not going to keep it a secret. That would be ludicrous; I am going to share information that I think might be useful. And some of the information being shared during the pandemic is very useful. My concern is that psycho-education isn't the primary basis for psychotherapy and we should guard against it reaching a place of sine qua non. The sine qua non of psychotherapy is emotional availability; the ability to create and maintain a safe space, where clients can be facilitated to be good scholars of themselves and their own experience.

**Un-medicalising mental health**

*Insanity is the only sane reaction to an insane society*

- Thomas Szasz

The term *mental health* has become both ubiquitous and hackneyed. We all know what it means and yet what does it mean, really? Psychological hygiene? Emotional wellbeing? The extent to which we are neurotypical? The extent to which we can comply with culturally specific thought processes and behavioural norms? The extent to which we feel happy and content? The extent to which we are able to function in our family and/or contribute to the economy? The word *mental* implies something different to *physical* and yet the routes to positive mental health usually require attention to physical needs; diet, exercise, fresh air, rest, relaxation etc. Mental health is a very nebulous concept, problematic to define in itself and equally if not more problematic to define in relation to its opposite. The opposite of *health* is *illness*. The opposite of *mental health* is *mental illness*, which takes us into a hugely controversial area. See Watson (2019) for an excellent critique: '*Challenging the culture of psychiatric diagnosis',* in which the problematic aspects of mental illness nomenclature are fully explored.

Both explicitly and implicitly, the term *mental health* politicises and medicalises distress in ways that are often unhelpful for the individual. I have argued elsewhere (Henson, 2017a; Henson, 2019) that we should guard against the risks of humanistic psychotherapy becoming nothing more than a mental health profession, offering nothing other than an alternative to psychotropic medication in alleviating symptoms of psychiatric illness. I will not rehearse those arguments here, only note that now perhaps more than ever, we should unhook our understanding of everything covered in those two little words, mental health, from a narrow conceptualisation of health and illness. During this pandemic, I have worked with frontline staff, people temporarily unemployed on full lockdown and those (like myself) adjusting to functioning professionally in a new online, semi-virtual reality. Unsurprisingly, and I imagine similarly to everyone practising as a therapist just now, I have encountered a lot of distress, anxiety, anger, sadness, depression, grief and trauma – and I have noticed that many people (including me) have experienced a surfacing and/or resurfacing of historical distress, grief and trauma. None of it, in my assessment, is a sign of mental illness. It all feels very healthy and totally natural – sane responses to an insane situation.

In an article warning of inevitable gaslighting after the pandemic, Gambuto (2020) states:

> *If we want to create a better country and a better world for our kids, and if we want to make sure we are even sustainable as a nation and as a democracy, we have to pay*

> *attention to how we feel right now. I cannot speak for you, but I imagine you feel like I do: devastated, depressed and heartbroken.*

Where better to process feelings of devastation, depression and heartbreak than in psychotherapy? Not processed as symptoms of mental ill-health requiring expert cure, but as potential forces of individual, familial and societal change. I find myself in agreement with Minghella (2020), who writes:

> *It is up to us all to challenge, to question, to argue, all day long. It is not "unhelpful" or unpatriotic or whatever else the gaslighters will say. It is our right, our duty. Our lives, our friends' lives, our families' lives, may very well depend upon it.*

When we tie psychotherapy too tightly to the medical model, we risk unwittingly supporting gaslighting by *treating* legitimate and healthy feeling responses as the symptoms of individualised mental ill-health. This might help us to feel better, but what do we mean by that and at what cost? If the goal is not to help us *feel <u>better</u>*, but instead to facilitate us to *better <u>feel</u>*, we engage in genuinely empowering therapeutic processes.

**Reframing the therapeutic frame**

*We're all in this together*

- High School Musical

Once we unhook psychotherapy from psychiatry, we gain wriggle-room to reframe our understanding of therapeutic process and therapeutic safety. Of course, as we know, safety requires clear contracts and professional boundaries. For the most part, the professional ethical boundaries therapists voluntarily sign up to are just that - ethical and professional. Our codes of conduct reflect the fact that the distance between the client chair and therapist chair is not only geographically negligible, but negligible in every other sense as well. Perhaps more than any other profession, psychotherapists understand that before we can even hope to learn how to become good practitioners, we must first learn how to become good clients and we never move far from the client chair. The drive towards professionalism, whilst understandable, carries with it a shadow in that it artificially widens the gap (or worse, creates a chasm) between expert healthcare providers (those sitting in the therapist chair) and health consumers (those sitting in the client chair). Increasingly, we are asked to accept that specialist expert training is required not only to work with specific client groups, but also to work with specific *presenting problems*. Such approaches take us further and further away from the humanistic therapeutic principle that clients are the experts in their own lives and deeper into a mind-set that therapists must know more about their clients than their clients know about themselves.

The coronavirus pandemic allows no such pretence at expertise. Therapists cannot be more expert on this presenting problem than their clients; we are living through this together for the first time. This close proximity to the presenting problem challenges received therapeutic wisdom when we consider notions of mutuality, confluence, over-identification, projection, overwhelm, transference/counter-transference etc. It is generally accepted amongst reputable therapists that a therapist having direct personal experience of their client's presenting problem can be very advantageous. It is also considered wise for the therapist to be either sufficiently proximally removed from the issue in their own lives (further down the line) and/or be receiving intensive support, to manage any risk of confluence. As Greenberg (2020) puts it: '*The gambit of therapy is that the therapist is a few steps ahead of the patient*'. Proximal

distance is clearly not an option in a truly global crisis. Greenberg admits he is '*just as terrified as [his] patients are*' (ibid). I would say clients rather than patients, but my sentiment would be the same.

The aphorism *all in this together* has probably already reached the point of becoming trite through overuse during the pandemic. However, it retains something important when applied to psychotherapy. Many schools of thought, including existential and other humanistic approaches, shy away from notions of therapist as *blank canvass*. We never leave ourselves at the door when we enter our practice rooms. Half of our training is to learn about what we bring into the room and how to safely hold everything we bring into the room. Humanistic therapists and clients have always been in this [thing we call therapeutic process] together. That is something to be celebrated, not be afraid of.

**The basis of our expertise**

*We shall find in ourselves, and nowhere else, the unity and true meaning of phenomenology*
- Maurice Merleau-Ponty

In his refreshingly frank and honest article, Greenberg, a therapist of 35 years, acknowledges that his conceptualisation of therapy, as the exhuming of buried historical trauma, does not fit the current pandemic and there is no room for such expertise. For now, he offers comfort, a place for people to '*..speak the unspeakable…*[and] *help in cataloguing the losses, and grappling with them as they mount*', and he courageously reveals something of his own insecurity in concluding that he '*can only hope it is sufficient'* (Greenberg, 2020).

My response to Greenberg's implied question, is that it is sufficient and always was sufficient; even before the pandemic, it was sufficient. Like many in the ecopsychology circles I have been involved with, I have been exploring the relevance of therapy during global ecological crisis for some time and I began putting my thoughts on paper in an article titled '*Death Anxiety and climate chaos: What good is therapy when it's already too late?*' (Henson, 2017b). Again, I won't rehearse the content of that paper in full here, but my belief is that the most helpful thing psychotherapy can offer – at any time, including times of global crisis – is a space for clients and therapists to *be with what is*. This involves nothing more complicated than the person in the practitioner chair bearing witness to the emotional reality of the person in the client chair. That is achieved through the application of phenomenology; a practice which all humanistic psychotherapists must, by definition, have at least some skill in.

In existential-phenomenology, the priority is not to be experts in knowing the existential givens of our clients' lives, but to know, to really know, to deeply and truly know, the existential givens in our own lives. Only once those existential givens have been adequately addressed in ourselves, only when we have found within ourselves – phenomenologically – true unity and meaning, can we facilitate phenomenological psychotherapy spaces for our clients. Solid psychotherapy trainings facilitate us to develop into the kinds of people who can withstand the deepest grief, tolerate hopelessness, safely hold despair. That is what is needed here. With no apology for banging a familiar drum, I might point out that the most helpful quality psychotherapists have to offer, our capacity to *be with*, is likely to be lost from many psychotherapy trainings if QQI standards are adopted without modification post-state-regulation. Whilst many of us are lower-case psyche-*ologists*, that is not the basis of our expertise. The basis of our expertise is that we are upper-case Psyche-*Therapists*; that is why our clients pay us. It is written on the tin. Space for clients to speak the unspeakable, help in

cataloguing the losses and grappling with them as they mount (Greenberg, 2020). The basis of our expertise is that we genuinely are *in this together* with our clients; that we are, mostly, confident and competent in it and we understand that our role in it is not that of expert fixer, but that of expert witness.

**A personal professional vignette**

*I tore myself away from the safe comfort of certainties through my love for truth – and truth rewarded me*

- Simone de Beauvoir

I generally do not use client vignettes in papers or presentations as, even anonymised and with full consent, it would change the therapeutic relationship and depart from the contractual promises I make. I will therefore rely on a personal professional example for illustration.

The single most useful and resourcing encounter I have had, since the beginning of this crisis and to date at time of writing, came during a supervision session a few days before Ireland went into lockdown. My supervisor is an older man, who lives in a risky city and has some of the underlying factors which mean that him contracting COVID-19 would not be a good idea. As an existentialist, the knowledge that *this might be the last time I see X* is never far from my awareness and I have been concerned for my supervisor's health for years. However, that knowledge and concern was keenly present in my awareness during this particular session. Torn from any false sense of certainty that I would ever see my supervisor again, I was distressed to the point of crying tears; both at the reality that my last supervision session with this man will one day come and the potential for that day to come sooner rather than later, and much sooner than I want.

It is a testimony to the courage and capacity of my supervisor that he was able to hold a safe space for me to process these intense feelings of complex anticipatory grief. There was no speculation about oedipal transference from my deceased father onto the *father figure* of my supervisor, nor any other theoretical interpretation. My feelings were not pathologized, nor *treated* as symptoms of mental health difficulties. There was no advice, no psycho-education, no breathing or mindfulness exercises, no tips for good sleep patterns. As we so often are, my supervisor and I were *in something together*, with different roles *in there*. My supervisor's function was *simply* to hold a space for me and meet me in my distress at the inevitability of both our deaths (hopefully, not for many years to come). My role was *simply* to process my grief, live in the online-supervision-room, with the immediate object of my grief. Simple and extremely difficult, in different ways, for both of us. As he always does, my supervisor earned his fee in this session. And I earned the privilege (for it always is a privilege) of being able to provide similar therapeutic spaces for others; spaces where my clients might be facilitated to process their individual visceral experiences of the pandemic, live in the online-therapy-room.

More than any theoretical knowledge or indeed anything we know cerebrally, the types of experience described here are what resource therapists to *be in it together* with clients; to hold safe spaces for clients' experiences to be fully explored, witnessed, validated and *felt*. That is what is therapeutic. That is what psychotherapists can offer, something perhaps unique amongst all professional groups, in this time of global crisis. That is what I require as client, what I offer as therapist and what justifies appropriate professional fees.

The rest is filler. Useful, helpful, great to know and interesting or perhaps even fascinating filler, but filler all the same.

**Conclusion: Not going back, returning**

*Nostalgia? It's not what it used to be!*

- Anonymous

As a psychotherapist who trained in what feels like a different era, the temptation to become an *old guard*, nostalgically longing to go back to past, better, days gone by, is as futile as it is appealing. In the absence of a time machine, *going back* is impossible. Progress demands that we always *go forward* and psychotherapy, like the rest of the world, must now adapt to what is commonly being described as the new normal. There can be no going back to pre-coronavirus days, just as there will be no going back to pre-state-regulation professional autonomy.

There is no reason however, why the new normal cannot include returning to places of previously trodden wisdom; returning to a place where psychotherapy is less hooked-in to academia and the medical model; returning to a place where how we feel is more important than pathologizing how we feel. There is a word used a lot in ecopsychology circles that must appeal to anyone who describes their psychotherapy practice as integrative. It involves the insertion of a hyphen into the word *remember*, to make it *re-member*, the opposite of *dismember*. It is my respectful assertion that that is what is required of IAHIP registrants just now; both a remembering and a re-membering of humanistic psychotherapy's core values, and a proper valuing of their worth. My assertion is that psychotherapists are not experts *on* the COVID-19 pandemic, but we can be, should be and are experts *in* the pandemic, and beyond it.

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