Working Online

© 2020 Julie Hay

Acknowledgement *- much of this content was prompted by a very stimulating conversation - online - with Meera Ravi in India and me in the UK.*

Introduction

The regular international webinars I am due to run during January 2021 have the theme topic of Professional Contexts, so I started to think about how our professional context, in all fields of TA application, has largely become online. Hence the following are some of my thoughts as I have been preparing the workbook that I send out to participants.

I begin with a short comment on how much is now being written about Covid, followed by owning some of my biases that I think are relevant to the current situation, and to the concerns that are raised about working online. I go on to respond to some of the other objections and conclude with some general considerations that I hope will be helpful to TA practitioners and students in all fields of application.

As always, feedback is welcome - this material will eventually end up in a free book published under the auspices of ICTAQ - the International Centre for TA Qualifications - that now 'manages', with the help of some great volunteers, the TA Proficiency Awards (www.taproficiencyawards.org) and the International Journal of TA Research & Practice (www.ijtarp.org, www.taresearch.org).

Before you read on, please note that the following is based on working synchronously and with video, which I still regard it as face-to-face. I therefore refer to online or on-site. My comments do not all apply to telephone working, or when the Internet connection is not good enough to use the camera – although I do notice that when the camera is down, clients often share more, presumably because of the disinhibition effect that I describe below. My comments do not apply either to asynchronous working, such as using a chat facility or email, although much of the research about online working includes these formats.

Covid

I have deliberately not used Covid in the title of this article, although that is what has prompted so much attention during 2020 to online working. Covid has become a 'popular' topic to write about. I am aware that what I am about to write is limited because I have only seen articles written in English, and the non-TA professional associations to which I belong are based in the UK, with the exception of EATA in Switzerland and ITAA in the USA. I am sure there are just as many articles in most other countries.

As a member of several professional associations, I have seen articles very recently about managing risk online, measuring the impact of learning and development, remote coaching, and the impact in Covid in Bangladesh, India, Nigeria, Pakistan, South Africa, Turkey and Ibero-America (Argentina, Colombia, Chile, Spain, Mexico and Puerto Rico). Since Covid emerged in March, the *Journal of Human Behavior in the Social Environment* has run 24 articles. In the previous issues of this *IDTA Newsletter*, we have included articles about Covid and volunteer hotlines (Vinokurova, 2020), the Temple Index of Functional Fluency (Bishop, 2020), and the impact on a TA Trainer (and the rest of us) in terms of several TA concepts (Wilson, 2020).

A welcome relief was when I searched the *Transactional Analysis Journal* website and discovered that there had only been one mention of Covid (and I checked there was none of coronavirus) and that was in an Editorial rather than an article (Monin, 2020). I did, however, find an article by Cornell (2020) in *The Script* in which he argued that, as a "somatic psychotherapist" he was experiencing being "deprived of the wealth of sensate, emotional and non-verbal communications that silently inform, enrich and enliven our sessions", which he went on to describe as "an acknowledgement of elements of our lived realities as we cannot be in close or

physical contact with those with whom we are working". (p.3).

Some of my Biases

Physical Presence Privilege

I have been working online, originally with Skype and then with Zoom, for many years. This has included providing psychotherapy and supervision online as well as running webinars with international audiences. I have also been lucky enough to travel and have taught TA on-site in over 40 countries so far. When coronavirus emerged, I converted planned visits to Mexico, Kazakhstan and China into webinars, and I am anticipating that this conversion to webinars will continue for some time to come. For me, I appreciate the way in which Covid has eliminated (hopefully permanently) the *physical presence privilege* (Barber, in Sinclair, Allen, Barber, Bergman, Britt, Butler et al, 2020). It has always seemed problematic to me that so many people around the world who are interested in TA could never travel to TA conferences, let alone attend workshops outside their own country. Online working makes TA accessible to so many more people.

Online Disinhibition Affect

I am very aware that there are different factors about risk assessment when working online, although I wonder sometimes how different they really are. Suler (2004) writes about the *online disinhibition effect,* which may be benign or toxic. Positive results of this are that people will be more willing to share more online than they might on-site; toxic impact might be that they will be more aggressive. A benign effect might be that they are more willing to share suicidal thoughts. I am not sure why this is seen as a drawback of online working. If the client is able to tell the practitioner more honestly about how they are feeling, the practitioner will be in a better position to help them.

Again, I own this as a potential bias. I believe it is better to know when the client is considering suicide. When I was a beginning TA trainee, in the organisational field, my very first one-to-one TA coaching client asked to speak to me after attending a management training course I had run, so I was expecting to contract about her role in the organisation. Instead, she announced during our first session that she was considering suicide. My supervisor at the time reassured me that the main thing was that she was talking to someone, the client and I closed her escape hatches, continued talking and she was still alive many years later. When I was a volunteer psychotherapist within a prison, the contract made it clear that I could not keep confidential any information about anyone being harmed in the future. This included arranging suicide watch for any prisoner who indicated they were suicidal. We need the clients to tell us how they are feeling if we are to provide an appropriate response, so if working online makes it easier for them to tell us, this becomes an advantage. This will also apply to the toxic interactions - the client can be as aggressive as they wish online without us needing to push the panic button.

Stroking patterns

I have always been intrigued about the assumption that grief must always follow any positive interactions with others. When Berne (1963) wrote about group imagoes, he took us from being alone into having satisfactory group dynamics, albeit that we might instead be engaging in psychological games. He did not add a stage of grieving at the end of each group session. Our imagoes are based on our family of origin and, in a healthy family, people celebrate when the children grow up and leave home. For me, this process can be understood also through the concept of stroking patterns. As a group forms and go through the imago stages, the strokes become more intensive. The same thing happens with any relationship. Hence clients and participants, and practitioners, are exchanging strokes. As the relationship continues, these become part of the current stroking pattern. Hopefully we have a healthy stroking pattern that is made up of stroke exchanges within various relationships, plus some extra 'casual' strokes from people we interact with occasionally, or even only once. If so, then when one

interaction ends we will look forward to moving on to interact with others who form another component of our stroking pattern.

The TA concept of stroking gives us a simple explanation of why the Covid lockdowns have been so stressful for so many people - it has severely disrupted their stroking patterns. In addition to the obvious problems due to lack of contact with family and friends, a major component of the stroking pattern of many people is situated at work, interacting with colleagues, customers, managers, and so on. This may be even more significant for some than the regular interactions with friends and family. Suddenly, all of these may have stopped. This change has been even more problematic for those who already lacked adequate stroking patterns before Covid, such as a client whose stroking pattern is largely restricted to an hour a week with their therapist, or a TA student who relies on the strokes from a weekend workshop once a month. Let's not forget those who teach, whose stroking patterns may rely too much on the interactions with their students.

I teach managers in organisations that they should consider the nature and intensity of strokes that employees receive. Those with jobs that involve interactions are receiving good quality strokes, albeit that some may be negative. Those tending machinery or otherwise working with little human interaction are not receiving strokes whilst working. Unless their non-work circumstances provide them with enough strokes, they may be relying on coffee breaks or may even seek to generate negative strokes - which we all work out in childhood are better than no strokes. Reviewing the organisational stroking pattern can prompt managers to identify ways of stroking employees who may otherwise be overlooked. The same process explains why the focus since Covid has been on the wellbeing of employees who can no longer attend their workplace - somewhat perversely, those who had good stroking patterns at work will be impacted more by the lack of contact than those who already had little contact at work.

The Covid-inspired prohibition about touching adds to the problem because 'TA people' tend to hug! A major complaint expressed about online connection is that there can be no hugging. This is another example of the physical presence privilege. We know that touch strokes have more impact than visual or auditory strokes. They are the only strokes available to small babies, and research has shown that merely touching someone's hand or arm, without their consciousness of that touch, will mean they give more positive ratings for library facilities as well as the library staff (Fisher, Rytting and Heslin, 1976). Wearing medical gloves or being restricted to elbow 'bumping' does not provide enough of a substitute for hugs, or kissing of cheeks, or even handshakes. However, online connections are still providing strokes, even if they are not touch. We just need more of them because they do not have the same intensity as touch, just as managers need to allow employees longer coffee breaks is they have jobs where no stroking occurs.

Emotions Online

Bill Cornell's comments that I have quoted above prompted me to consider whether it is true that the same 'sensate, emotional and non-verbal' processes are denied to us when working online. As a transactional analyst rather than a somatic psychotherapist, and as a neurolinguistic programming (NLP) trainer, I tend to understand these processes by using the NLP simplification of labelling us by our representational system preferences. In other words, we can think of ourselves as predominantly visual, auditory or kinaesthetic and that explains how we are picking up information from others – or, to apply a TA concept to this, it explains what we are almost certainly discounting (Schiff and Contributors, 1975).

I would definitely not describe myself as a visual. I am not very observant. When asked to describe someone I have just been talking to, I have been known to leave out significant elements such as someone wearing a bright red turban (many years ago in the UK when

this was not common) or an exceptionally large moustache. I generally failed to notice when my brother would grow a beard, and when he shaved it off again. My lack of attention to the visual sense may be because I was very short-sighted when I was young so I never got into the habit of recognising people's faces because I did not see them very well. It may, however, be genetic or pathological in that there was something I did not want to see when I was young. Whichever it is, I apply my visual representational system differently online, in a way that is more useful than when in the same room as the client or participants.

Online, if I am working with only one or a couple of clients, their faces are right in front of me on my screen, so I notice their expressions much more than I would if I were sitting in a room with them and not staring at their face. I can also see my own face on the screen so I am able to monitor what they are seeing. If I am working with a group of participants, the webcams on my screen are of course much smaller but it is easy enough to change the setting so that the speaker's face becomes larger. Because I am often working with an interpreter, I generally find that I have a more direct connection with each participant as they speak because they are no longer looking at the interpreter instead of at me when they do so.

What I lose in the visual sense I gain in the auditory. Taibi Kahler (1979a, 1979b) identified the significance of sentence patterns in his early material about drivers and process communication. Neurolinguistic programming borrows from Milton Erickson (Bandler and Grinder, 1975) to identify how we unconsciously 'hypnotise' each other, and ourselves, through the ways in which we say things. Shout *Don't Panic* and people will panic. Tell them not to think about rabbits and they will think about rabbits. Berne's 1966) eight therapeutic operations of interrogation, specification, confrontation, explanation, illustration, confirmation, interpretation and crystallisation, together with Erskine's (1982) addition of direction, are all things we say. Ware's (1983) doors to therapy are based on what the client (or anyone) can most readily talk about - their thinking, their feelings, or their behaviour. Schiff and Contributors (1975) alerted us to the significance of redefining. TA is full of concepts that work well for 'auditory' analysts - and clients and participants. Maybe that is why Fanita English (2007) proposed that we should call it Cognitive Transactional Analysis.

When it comes to kinaesthesia, I get physical reactions to clients online just as I do when I am in the same room. However, I do not need my own experience to make the point that online is a 'real' connection. Trolling, which means baiting people with horrible messages on social media , is now known to have a significant impact on the people being trolled. Yuan, Park and Sliter (2020) have recently completed studies that have shown that email incivility really does have an impact; even apparently passive (-aggressive) emails can lead the recipient to suffer insomnia.

de Bitencourt Machado, Laskoski, Severo, Bassols, Sfoggia, Kowacs et al (2016) reviewed 59 studies and concluded that online psychotherapy was as effective as the traditional equivalents. They included formats using only text or chat as well as videoconferencing, and cautioned that most of the studies were of cognitive behavioural approaches rather than psychodynamic. There has even been research about how to minimise the impact through social media of relationships that have ended (Pinter, Jiang, Gach, Sidwell, Dykes and Brubaker, 2019). Although such studies may not be based on TA specifically, the Dodo Bird phenomenon and common factors (Rosenweig, 1936) will apply - i.e. that all approaches are about as effective as each other because practitioners exhibit common characteristics and behaviours – they care about the client, pay attention, listen, and believe in whatever approach they are applying.

General Considerations

The following is a list of factors that I have not already mentioned above, in no particular order, that you might want to take into account when you are working online:

Making meaning - I combine classical, cathexis and constructivist schools of TA to focus on how our professional role, in any application of TA, is to offer what Allen and Allen (1987) called the last permission, which is to help clients, participants and supervisees to know that they can make meaning in their own way, instead of discounting to maintain the frame of reference they created when very young in response to their interpretation of events.

Location 1 - insisting on working in a carefully designed therapy or training room is not essential. As a psychotherapist within a prison, I was required to provide therapy in rooms where my client and I could both be seen easily by officers, and where we were sometimes interrupted, including occasionally to be told that there was an ongoing incident and we must not leave the room until the officer confirmed that it was safe to do so. Such 'interruptions' provided opportunities to address the process in a way that emphasised mutuality of responsibility and invited the client to cathect their here-and-now Adult. Having cats, dogs, children or even partners appear when working online provides similar opportunities, as does the appearance of carers, nurses, doctors, psychiatrists, or colleagues or managers, or the parents of child (or grown-up) clients. It is still better for most clients than not having any sessions at all.

Location 2 – we know that domestic abuse is more prevalent when people are in lockdown with their abusers. We know that traumatised clients in particular may exhibit strong emotions during sessions – as may any client. We need, therefore, to contract with the client about whether they will be in a location where this will not cause additional problems, and what support mechanisms there are for them when the session ends. This is not so different from when we see clients in a therapy room – they still have to be able to get their emotions under control by the end of the session and they still have to make their own way home, however distressed they may have been during the session.

Location 3 – NLP has a concept called anchoring (Hay, 2001/2018) which is rather like the TA concept of rubberbanding (Kupfer & Haimowitz, (1971). We can become 'anchored' on a particular location and even a specific seat, so that when we returned to it we feel again and we felt the last time. Clients and participants become anchored on where they are sitting during sessions. At home, we are likely to have become anchored to where we sit to eat meals, to watch the TV, to being in the bathroom or the bedroom. Now that we are working online, we need to be careful that our clients, and us, do not create conflicting anchors. We may be able to work from the same office that we use for on-site working but if we have no 'office' at home, we need to create one rather than risk confusing work anchors with home and family anchors. Having a distressing session with a traumatised client may continue to 'haunt' us if we experienced it at the dinner table or family seating area. The same thing applies to clients - sitting in the car may be preferable to a room in the home - and if they are a driver, maybe they should sit in the back or passenger seat for their sessions with us.

For work groups, such as with team coaching, being in different locations to each other may actually be an advantage. Work groups are often anchored negatively on their meeting rooms or offices, rubberbanding back into the accumulated feelings from past psychological games. For TA training programs, working online minimises the opportunities for competitive symbioses between students as well as for co-dependent symbiosis with the trainer.

Transference and Countertransference - I often think that countertransference is just a polite way of describing transference when we are doing it as professionals! Either way, someone is transferring themselves or someone else on to another person and interacting with them on that basis (Hay, 2018). Often this will be linked to the group imago. Online working will minimise this process because most of us will not have grown up engaging online with our families,

so our imago will function much less when we are not all sitting in the same room. Likewise, the amount of transference that depends on rubberbanding will be less – we may still respond to tone of voice but we are less likely to respond to body posture because we cannot see it, and less likely to respond to things like hair colour or facial characteristics when we are only seeing them on a screen.

Confidentiality – I am mentioning this now although it has been a concern for many people ever since computers were introduced. The concern is exacerbated now because of the ability to save recordings online of online sessions, along with online notes. We need to check that whichever systems we are using (e.g. Dropbox, Zoom) are as secure as possible. At the same time, we need to be realistic – it was always possible for burglars to access any notes or recordings that we may have kept in a locked filing cabinet, and it is not unknown for relatives of clients, or managers of participants, to attempt to obtain information from the practitioner. Precautions such as using code numbers instead of client names are simple to do, as long as we keep the code list somewhere else. Contracting with clients not to say aloud any names (surnames, family names) that would identify someone can help, and it is always possible to delete any problematic segments of recordings before saving them.

Social media **-** the growth of online working means that many clients who previously paid little attention to the Internet are now much more familiar with using it. This means that it is even more important that practitioners are careful what they post about themselves. For example, LinkedIn is meant to be for business-to-business contacts, although it is increasingly becoming more like Facebook, where much more personal information is usually published. Unless we are sure that our social media information will only be seen by colleagues, we need to consider the impact on clients in the same way that we maintain physical boundaries if we see clients at our home (e.g. no family photos in the therapy room, and I once knew a TA therapist whose family used a ladder to enter the home from the rear when she was working in the open plan room downstairs.) I have had separate Facebook accounts for family and business for several years, since a family member published something that would have breached TA codes of ethics if I had inadvertently shared it.

Risk of Covid - this is related more to Covid than it is to online working but so much online working is happening now only because of Covid so we need to take it into account. Just as practitioners may well be struggling with knowing that any of their clients, or their clients' families, may succumb to Covid , clients know that practitioners and their families are just as much at risk of dying from Covid as are the clients and their own families. Practitioner familiarity with the processes of grieving, and of anticipatory grief, is essential for practitioners and, depending on the contract, may usefully be shared with clients and participants.

These stresses will be exacerbated by the ambiguity of when, or whether, things will return to what used to be regarded as normal. We develop our script (Berne, 1972) because, as children, we feel the need for some way to structure our world so that we can predict what will happen. We work out how to stimulate positive or negative strokes, or how to manage without them, by adopting a life position (Berne, 1962) and we can use that as our frame of reference and discount whatever does not fit. If we were young during a previous pandemic or during a war, or we have grown up within a culture and/or religion that incorporates karma, fate or similar concepts, we may have developed a frame of reference that incorporates uncertainty. However, that will not be the case for many people.

Some Practical Suggestions

Finally, a few extra items for consideration:

- We may need to explain to clients how technology works - and offering to share the recording with them may be a useful way of getting them to reflect on the sessions

- We need to establish what location they will be using for sessions and get some contact details - for them in case the connection drops, and for someone else in case they become distressed - for some clients you need to know how to contact a psychiatrist or hospital (just as you would do if they were seeing you on-site in your own locale (and country - check out cultural norms, requirements, etc).
- We need to check whether interruptions are likely (e.g. partner, children, parents, siblings) and agree how to behave if an interruption happens (e.g. stop talking, talk to whoever is interrupting, review the interruption when it is over, etc)
- If the client or practitioner has less than robust broadband, we may need to agree how we will signal that we are thinking - i.e. how will the other person know it is a silence and not a freeze.
- We need to establish boundaries about the use of technology; will we allow the client or participants to contact us outside of the scheduled sessions; can they do this by phone (mobile and/or landline), voice calls or texts only, emails, WhatsApp or similar services). If so, are there time limits (do we expect clients to make emergency contact with us only during normal working hours and not in the middle of the night - see my note above about hypnotic language).

Finally - do not offer an online service as a practitioner if you do not believe it works. It would be unethical to provide a service that you do not have full confidence in. It is not enough to decide there is no other option so you may as well do it.

References

Allen, J. & Allen, B. (1987). To Find/Make Meaning: Notes on the last permission. *Transactional Analysis Journal* 17, 72-81

Bandler, R. & Grinder, J. (1975). *Patterns of the Hypnotic Techniques of Milton H Erickson Volume.* New York: Meta Publications

Berne, E. (1962). Classification of positions. *Transactional Analysis Bulletin* 1:3 23.

Berne, E. (1963). *The Structure and Dynamics of Organisations and Groups,* New York: Grove Press

Berne, E. (1972). *What Do You Say After You Say Hello?* New York: Grove Press

Cornell, B. (2020). Acknowledging Missing in "Working Remotely". *The Script, May* 3. (reprinted from the International Association of Relational Psychoanalysis and Psychotherapy Open Forum on 8 April 2020)

de Bitencourt Machado, D., Laskoski, P.B., Severo, C.T., Bassols, A.M., Sfoggia, A., Kowacs, C., Krieger, D. V., Torres, M. B., Gastaud , M. B., Wellausen, R. S., Teche, S .P. and Eizirik, C. L. (2016). A Psychodynamic Perspective on a Systematic Review of Online Psychotherapy for Adults. *British Journal of Psychotherapy, 32* (1), 79-108. **https://doi.org/10.1111/bjp.12204**

English, F. (2007). I'm now a cognitive Transactional analyst, are you? *The Script* 37:5 1,6-7

Faragher, J. (2020). Calculating the ROI of L&D is Like Finding a Needle in a Haystack. Discuss. *People Management, November*, 40-43

Fisher, J., Rytting, M., & Heslin, R. (1976). Hands Touching Hands: Affective and Evaluative Effects of an Interpersonal Touch. *Sociometry, 39*(4), 416-421. doi:10.2307/3033506

Hay, J. (2001) *Neuro-Linguistic Programming Practitioner Course – Workbook and Tape Set.* Hertford: Sherwood, (2018) Reissued as workbook PDF and MP3 Audio Set: Hertford: Sherwood

Hay, J. (2018). Psychological Boundaries and Psychological Bridges: A Categorisation and the Application of Transactional Analysis Concepts. *International Journal of Transactional Analysis Research & Practice* 9 (1), 52-81

Kahler, T. (1979a). *Managing with the Process Communication Model. 2nd edition.* Little Rock, AR: Human Development Publications.

Kahler, T. (1979b). *Process Therapy in Brief. 3rd edition.* Little Rock, AR: Human Development Publications.

Kupfer, D. & Haimowitz, M. (1971). Therapeutic Interventions Part 1 Rubberbands Now. *Transactional Analysis Journal* 1 (1), 10-16

McGarry, A. & Reeves, A. (2020). Managing Risk Online. *Therapy Today*, 31, (10), 33-35.

Pinter, A., Jiang, J., Gach, K., Sidwell, M. M., Dykes, J. E., & Brubaker, J.. (2019). "Am I Never Going to Be Free of All This Crap?" Upsetting Encounters With Algorithmically Curated Content About Ex-Partners. *Proceedings of the ACM on Human-Computer Interaction 3*. Online: CSCW. https://doi.org/10.1145/3359172

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *American Journal of Orthopsychiatry*, *6*, 412-415

Sinclair, R. R., Allen, T., Barber, L., Bergman, M., Britt, T., Butler, A., Ford, M., Hammer, L., Kath, L., Probst, T. and Yuan, Z. (2020) Occupational Health Science in the Time of COVID-19: Now more than Ever. *Occupational Health Science* (online) https://doi.org/10.1007/s41542-020-00064-3

Suler, J. (2004). The online disinhibition effect. *CyberPsychology and Behavior*, 7 (3), 321-326

Sylvie Monin, S. (2020). Letter From the Co-editor. *Transactional Analysis Journal, 50*:(4), 267-270. DOI:10.1080/03621537.2020.1807108

Young, E. (2020). Challenging boundaries of workspace. *The Psychologist, January* 18-19.

Yuan, Z., Park, Y., & Sliter, M. T. (2020). Put you down versus tune you out: Further understanding active and passive e-mail incivility. *Journal of Occupational Health Psychology, 25*(5), 330–344. https://doi.org/10.1037/ocp0000215

IDTA recognises EATA, ITAA and ICTAQ qualifications within IDTA membership categories.

ICTAQ runs TA Practitioner, TA Advanced Practitioner and TA Master Practitioner qualifications, with the latter at the same level as CTA and at university Masters Level 7.

ICTAQ accreditations are run mostly online and offers an online Master Practitioner examination to those who are CTA or who have completed CTA requirements but have not yet been able to attend for a CTA oral exam.

To find out more, without obligation or commitment, please email details of your current TA journey to ictaq@ictaq.org or complete the enquiry form at https://ictaq.org/request-for-online-exam-via-cta-process