

Portland Institute
For Loss and Transition

Principle of Practice

Maintain Optimal Therapeutic Distance

In a time of *physical and social distancing*, practitioners will need to learn to be *emotionally close* enough to their clients to be of help yet separate enough not to be overwhelmed by their suffering: they will need to skillfully combine *compassion* and *self-care*.

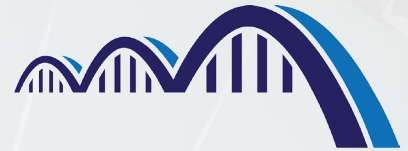
The quality and strength of the relationship between practitioner and client has been consistently found to be the key to successful psychotherapy outcome and process. A significant part of this relationship is the emotional bond (of caring, attachment, understanding, trust...). In the context of the Coronavirus pandemic, and its aftermath, the challenge of establishing and maintaining such therapeutic relationships will be twofold.

On the one hand practitioners run the risk of being too distant (too technical, too detached, too directive...) because of (a) the use of treatment manuals due to their own insecurity in front of such a novel situation, and also because of (b) the high number of clients/patients they are likely to be seeing due to the overwhelming extension of trauma and direct or indirect loss that the pandemic is causing. This distance could also be reinforced by the fact that most will meet with clients only in a telehealth videoconference, rather than in the face-to-face encounter that most therapists find familiar.

On the other, we also run the risk of being too close because our very human condition makes us resonate with the existential dramas our clients share with us (the stories of this pandemic are not about “psychopathology”; they are about the meaning of life and death), and

because we have been trained for such closeness. Paradoxically, this difficulty also is likely to be even greater in the immediate future because of the necessary and widespread use of video conferencing tools to see patients who are, as we ourselves are, in their home environment. Thus, we will eventually experience difficulties to set a clear and healthy boundaries between our own professional and personal/familiar/social selves and lives.

This is in fact already happening in hospital settings, where a huge number of healthcare personnel is going through extremely high levels of sustained stress and trauma, not only witnessing daily how dozens of patients die in despair, isolated from their families and despite their efforts to keep them breathing, but also experiencing a potentially harmful and somehow war-like level of compassion fatigue, lack of sleep, rumination, uncontrolled crying, worry of infecting their families, compulsive rituals over changing clothes and personal hygiene at home, perfectionism, fear of being ill and avoidance of any sign of physical and emotional weakness, emotional shock and overwhelming emotions of guilt, fear... and all of this in a context of experiencing meaningful losses themselves and not being allowed to kiss or hug their partners, children, parents, or friends because of the health hazard this would entail! A Spanish newspaper referred recently to this situation as “the Vietnam of healthcare professionals” because of the likely wave of PTSD and other long-term psychological difficulties it will raise. The consequences are indeed unforeseeable, and we are



Portland Institute For Loss and Transition

also likely to see a growing number of burnout cases and career shifts, spiritual/religious crises, and a general questioning of the meaning of life among this group and others, particularly taking into account that the healthcare system was already going through serious budget cuts and crisis in many countries.

Practitioners working with these groups should know how to maintain an optimal therapeutic distance (OTD) in terms of *feeling close enough to the client that they can feel what the client is feeling yet separate enough to know that it is the client's experience, not theirs* (as Larry Leitner beautifully described it), and also how to foster OTD in their client's own professional roles. Techniques and interventions such as *self-characterization, therapeutic journaling, constructive empathic listening, laddering for meaning, or therapeutic compassion* can help practitioners get and stay close to their clients, while *constructive boundary-building, nonviolent communication*, and self-care practices such as *mindfulness meditation, self-compassion*, or, again, *journaling and creative writing* can help therapists maintain a healthy distance. The core idea through all the process is to *take care of yourself so you can care for others*.

Author: Luis Botella, PhD, is a Professor of Psychology at Ramon Llull University in Barcelona, Spain, and is the author of several books on personal construct psychology and constructivist psychotherapy.

✉ lluisbg@me.com