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The First Patient in My Bedroom:
On Therapeutic Intimacy and Mirroring during the Pandemic

Mark is the first patient I see in my bedroom. I had rearranged the wall behind me to look like my former medical-building office wall—impersonal and unrevealing. Our walk from the waiting room to my office, always filled with pleasantries, used to ease both my patients and me into our assigned seats. With Mark's abrupt appearance on my screen, we lost our ritualized passage to intimacy and protection. Yet, a new kind of intimacy immediately imposes itself. Both the widespread transition to video-therapy from home and the sharing of a significant moment in time with my patients soften the edges of the patient-therapist dynamic in uncomfortable, exhausting, confusing, and—I will soon realize—novel and enriching ways.

"How are you holding up? Did you find toilet paper?" Mark asks. Now not only was my patient in my bedroom but in my bathroom as well! In fact, he seems far more curious about my state than he is willing to discuss his own. "Did anyone you know get COVID-19? Are you living alone? Are you worried about losing your job?" he continues. In this new world where we all ask of each other questions that apply equally to ourselves, it is clear that his probing into my well-being projects his own anxiety. And, to be honest, weeks into the lockdown, I haven't yet learned how to navigate the current circumstances and curb my patients' anxieties that are also my own.

Joined in a pandemic commonality, patient and therapist acknowledge mutuality. How different this is from the inherently asymmetric patient-therapist dyad psychology historically has used: We, therapists, ask our patients to show us their most vulnerable parts, while we may choose to conceal ourselves with anonymity and professionalism. In theory, this dyad creates time and space for the patient to explore his own issues by projecting them onto the therapist. Occasionally we do decide to reveal parts of ourselves, not to relieve our own anxieties but in the service of the patient.

But now I am anxious. Too close and involved. I want to tell Mark that I really need a break from talking about the virus. The new proximity to my patients' inner life exhausts me. It produces a level of vulnerability and intimacy that elude choice and classical training. Before the pandemic, when a patient's difficulties resonated too closely with my own, I could opt to momentarily hide behind the office hours' pillars of professionalism and anonymity and process my feelings at my own pace later. Of course, my feelings would inevitably enter the room and even impact my response. Still, my personal struggles would remain private, beyond my patient's knowledge, unless I chose to disclose them. I could avoid types of intimacy that would be unhelpful to the patient and shield myself from a potentially jarring vulnerability.

I desperately want to turn the focus back on Mark. I scramble for professionalism's absolution. It is not there. There is no "framework" behind which to hide, and I could not appear unflappable at will. I reasoned that pretending immunity to the pandemic's global impacts wouldn't be therapeutic, anyway. I confront the screen and this newfound vulnerability.

The uncomfortable closeness I feel to my patient's experience comingles and contrasts with the physical distance emblematized by the video format. Video means a restricted and distorted line of vison. It makes me feel distant from him where the office provided a safe closeness. When I look at the screen to read his face, my own distracts me. I am frustrated that the platform disallows minimizing this uncomfortable sight. Specifically, my head-nodding disturbs me. In sessions in my office, empathic nodding and murmured hums of agreement habitually communicated my attunement. Now, my every "mm-hmm"-ed, refocuses the camera and sound on me. Thus, my "therapy noises," rather than conveying understanding, cut off his self-expression. To compensate, I exaggerate my head-nodding. Mirrored in the camera, this constant bobbing looks like a comic performance rather than a concerned audience.

I should be paying attention to Mark! No loss in the video format is as apparent as that of body language. Peering at Mark through the computer's camera, I am disturbed by the off-screen invisibility of his leg. In our office sessions, its shaking was our tell-tale sign of Mark's distress. Bringing it to his attention had offered us insight into what his words weren't expressing. Now, seeing only from the shoulders up—often pixelated at that— I miss the wealth of information from corporal clues.

"How's the leg now," I ask. Almost by chance, I realize the patient will have to take the therapist's observational role. "I'll let you know when it starts shaking," he reassures me and then remarks wryly, "It's like I'm looking in a mirror while talking. Or, seeing myself in your eyes." In exploratory therapy, "mirroring" is a common intervention to reflect the patient's verbal and nonverbal communication. By purposefully synchronizing with the patient—mimicking his posture, for instance—the therapist can demonstrate understanding and create an accepting space. Conversely, Freudian psychoanalysis positions the patient and therapist looking away from each other, so the patient may "free associate" – letting his unconscious mind speak without censorship. Now, I see Mark looking away from the screen often, but so as not to see himself. "How am I supposed to cry," he asks, adding nervously, "if I can see my face wrinkle up all weird?" In this new video format, with literal mirroring built in, I discover an unexpected ally. The screen's "mirror-vision" energizes me to facilitate Mark's mindful self-observation as well as to deepen his intimacy with and acceptance of his own body and its reactions. What we have stumbled upon is a COVID-era way to transfer skills. Instead of my mirroring him to heighten his self-awareness, my patient is learning to mirror himself.

Mark's unexpected perspective in this context of mutuality reminds me of the very skills I hoped to impart to my patients: reframing, adapting, and embracing discomfort rather than fleeing to compensation. And so I, too, will need to embrace the discomfort, meaning to reimagine the patient-therapist relationship in this time of imposed distancing. This session helped me accept the video format as an all-together new format for therapy – with its own set of limitations and affordances—rather than an uncomfortable and dissatisfying stand-in for an office-based encounter. Most importantly, seeing Mark in his home, mirroring me in my home—both of us subject to the restrictions and hardships of a pandemic—foregrounds for me the ultimate goal of therapy and therapists: to become obsolete. When therapy works, the patient is able to apply the skills and insight developed in the therapy room into the "real-world." Video-therapy, through mirroring and parallel processing of a shared experience thereby presents an

opportunity to speed this transfer of skills and help patients be more attuned to their own bodies in their own homes.

For fellow therapists as well as long-term and new consumers of therapy, lamenting the loss of intimacy and depth afforded by in-person sessions: Let us find ways to reframe our relationship to video-therapy. It is not the "ugly stepsister" of in-person sessions. It is a whole new way of using ourselves and being.

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