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A Qualitative Pilot Study on Therapeutic Embodiment in Telemental Health

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Introduction: Shifting to Telemental Health

- Psychotherapists used to working in-person with clients had to shift their practices to telemental health (TMH) due to social distancing requirements during the COVID-19 pandemic (McCarthy, 2022).
- TMH practitioners had difficulty detecting their clients' nonverbal cues (Lu, 2022).
- How to continue to maintain sense of embodiment and foster the TMH relationship on screen?
- Scarcity of existing literature on phenomenological studies investigating TMH and embodiment.
- Impetus for this investigation: Qualitative Research course at CIIS required student pilot study.



Literature Review

Telementalhealth (TMH)

- TMH is an online video format that clients found acceptable both before and after the COVID-19 pandemic, allowing for continuity of care and social distance (Barney et al., 2020; Inchausti et al., 2020). TMH differs from other online video modes in that it is designed to be used psychotherapeutically by therapist and client(s) via a confidential and secure internet or mobile connection (Lesser, 2021).
- TMH delivery adheres to the same quality of care as face-to-face sessions. However, the clinician has the option of seeing clients in their homes during TMH session, which can provide useful information and aid in the development of the treatment plan (Jeffrey et al., 2021).

What is Embodiment?

- According to Rhoads (2021), embodiment is the “awakened intelligence of the body” (p. 16). Accessing this source of intelligence can serve as an additional guidance structure to assist an individual in both making decisions and generating insight for creative problem-solving.
- Such introspection, according to Fogel (2009), through feelings communicated by receptors in one's bodily presence, gives insight into one's own mental and physiological state. Likewise, this embodied self-awareness (ESA) permits conscious participation with one's current emotional environment and surroundings through one's body in which time is suspended and emotions and sensations are magnified.

Body Scan Meditation as an Example of Embodiment Practice

- According to Dreeben et al. (2013), the body scan can be traced back to the original Buddhist breath awareness meditation known as the Anapanasati sutta.
- Body Scan Meditation (BSM) promotes a deeper somatic awareness of body signals such as interoceptive awareness (Füstös et al., 2013).
- Dambrun et al. (2019) found that the BSM was found to be an effective way of helping the participants to become more aware of their body boundaries by increasing their ability to modulate one's own emotions and feelings in a flexible and sensible manner through greater interoceptive awareness.
- Benefits of reduced anxiety via telehealth mindfulness meditation were demonstrated in adolescents with ADHD (O'Neill, 2021).

Research Question

- What were the beneficial aspects, considerations and/or techniques that led to participants' and their clients' feelings and experiences of embodiment perceived inside the TMH environment?



Methods

- Each of the participants (2 female, mid-30's, somatic psychology therapists and PhD students in the Qualitative Research course, a requirement of the Integral Transpersonal Psychology program at the California Institute of Integral Studies) used the Zoom platform to engage in a private 60-minute, semi-structured interview with this researcher.
- The following 8 open-ended questions were offered for discussion to each participant. What emerged were unique conversations about each participant's life experience, description of using embodiment techniques and rituals as well as their own personal and professional transformations using TMH.
- Questions #1-4 were focused on the technical preferences and aspects of working with TMH.
- Questions #5-8 were focused on each participant's experience with embodiment and lack of embodiment during TMH.



Methods: Interview Questions

1. When did you first start using this (TMH) technology? What was the transition like, from in-person to online sessions?
2. What programs have you used (Zoom, FaceTime, others, etc.)? Do you have a preference, if so why?
3. How do you manage glitches/disruptions in connectivity?
4. Are there times you turn off the video? What happens when you do that?
5. How would you describe how your somatic or physical experience during video conference calls?
6. Are there techniques or rituals that you use in order to feel more connected in this virtual space?
7. Do you think that the experience of feeling embodied during virtual video conference calls is important? Why or why not?
8. What do you feel helps or hinders that sense of embodiment?



Initial Analysis

- All interviews were transcribed using cloud-based voice-to-text software Otter.ai and then imported into Delvetool.com, software designed to analyze qualitative data.
- Following coding guidance by Larkin & Thompson, (2011), interview transcripts were then reviewed numerous times by this researcher in order to get a sense of the experiences of the participants. Transcripts were analyzed for phrases or sentences that are directly related to the lived experience of embodiment during digital video.
- 74 significant statements were generated and organized into 6 codes with two main themes relevant to TMH and embodiment:
 - 1. Positive Lifestyle Changes as a Result of TMH
 - 2. Development of Beneficial Embodiment Practices for TMH



Initial Analysis: 6 Codes Generated

1. **TMH Use and Experience:** Participants' previous and current use as well as experience of TMH including the benefits and challenges of the modality along with TMH connectivity.
2. **Clinician Embodiment:** Participants rituals, practices and intentions before or during the use of TMH to further assist themselves in feeling more engaged and embodied in session.
3. **Somatic Sensations from Clients:** Participants somatic experience of what their clients were somatically experiencing or exploring.
4. **Fostering Clients' Body Awareness:** The techniques and methods participants used to assist in fostering greater interoceptive, somatic and embodied self-awareness in their clients.
5. **Lifestyle Changes:** Changes in participants' work/life balance, location, hours of occupation, hybrid in-person/TMH configuration.
6. **Belief Changes:** Beliefs and belief change process before using TMH, during the transition to and after it's implementation in participant's life.

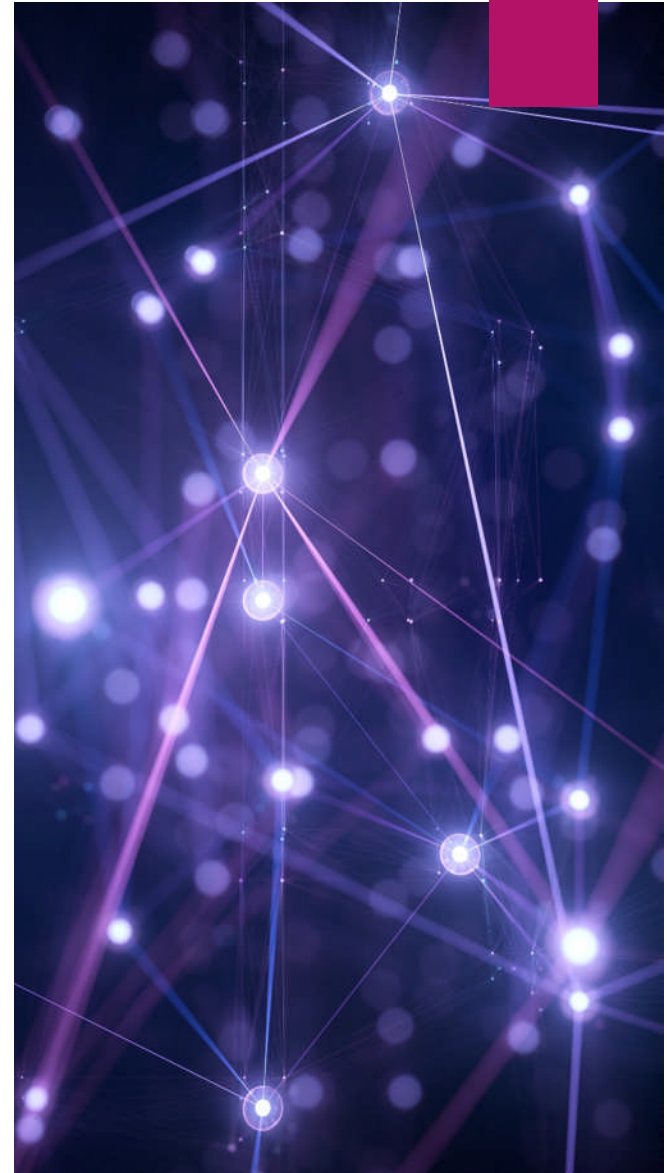


Results

Theme 1 :

Positive Lifestyle Changes as a Result of TMH

- Both participants described converting to TMH as a significant paradigm shift that brought about positive changes to their beliefs and lifestyles.
- The following are statements from the interviews that reflected Theme 1. Positive Lifestyle Changes as a Result of TMH:
- “[Converting to TMH] I have more energy for myself for my studies and... for my family, for everything”.
- “Having the freedom to just turn on my laptop [in conducting TMH], do my session...is very nourishing for me.”
- “[TMH] has been so helpful because I do have to be careful because...I don't really have an immune system...So I really have to limit [in-person] contact with individuals.”



Results

Theme 2:

Development of Beneficial Embodiment Practices for TMH

- Both participants provided embodiment practices they utilized for themselves and their clients to promote a lasting connection during TMH regardless of the limitations of technology.

The following are statements from the interviews that reflected Theme 2.
Development of Beneficial Embodiment Practices for TMH:

- “[Body scan] is what I’m doing so that they can just stay connected [during TMH].”
- “I say, ‘Let’s scan your body’. And usually where they feel it is where I feel it...And that ends up being the work during that session because it’s a part that needs to be healed.”
- “What I typically do is I just take two or three minutes prior to session before going on screen. And I just breathe, I drop into a very short meditation.”



Conclusions/Further Research

- The participants felt that by utilizing TMH they were able to connect with their clients despite the care being delivered at a distance, which permitted both themselves and their clients greater freedom in location of where the session took place. The participants felt more comfortable in their own homes in offering the session for greater health and overall balance of their lifestyle.
- The participants described using the embodiment techniques themselves and also with their clients consisting of the various techniques: body scan, breath meditation, energy work (such as Reiki) and positive intent and visualization to assist in connecting with clients during TMH.
- Subsequent research would need to greatly expand and randomize the sample size and include the lived experiences of non-somatic/integral psychology therapists for additional perspective.
- Additional analysis with in-person mental health session vs. TMH and use of embodied practices such as the body scan meditation would also assist in further investigating the use of the embodiment practice as a possible therapeutic measure.
- It is possible that this further research might show that additional training in embodied practices such as body scan meditation might further benefit TMH users in the process of cultivating a sustained and connected relationship within the context of a TMH session.
- Creating a quantitative survey along with the forementioned suggestions would also be beneficial to query for additional inquiry into additional positive outcomes via TMH and embodiment practices.

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