

Italian Psychoanalytic Association analyst interviews IPI's Jill Scharff about Teleanalysis and Teletherapy.

Gabriella Giustino with Jill Savege Scharff, MD, editor of *Psychoanalysis Online* vols. 1, 2, 3, and 4.

Q: Are online sessions a good alternative to in-person sessions?

A: Online sessions used to be highly controversial and a second-best alternative. Now the American Psychoanalytic Association (ApsaA) has actually recommended that analysts move their patients to teleanalysis in response to COVID-19 restrictions on personal movement. ApsaA's COVID-19 response team on which I serve is generating resources on adjusting to technology-mediated analysis to provide equivalent care for patients previously seen in the office <https://apsa.org/content/coronavirus-information-providers> The International Psychoanalytical Association has already made Recommendations for Psychoanalysts doing Teleanalysis available for download at <https://www.ipa.world/IPA/en/News/coronavirus.aspx>. I have found online sessions a good alternative, and now because of shelter-in-place travel restrictions, actually a life-saving alternative.

Q: What are the most appropriate circumstances to be able to activate an online contact during analysis/psychotherapy?

A: As the analyst unable to go to your office, you want to set up good quality broadband internet with cable to your computer at your home, set up in a room that can be locked for privacy. You need the co-operation of your roommates or family to respect the need for privacy and quiet nearby. A noise machine may be helpful. You want to choose background much like an office – a bare wall, or a bookcase for example. You want good light in front of you, and a comfortable chair. You will enjoy having a window to look out of so as to avoid narrowing your focus on the screen and maintain a freefloating attention. You need to prepare the patient to take responsibility for setting up a consistent, quiet, private space at home for the analytic sessions.

Q: In online analytic sessions, is there a specific confidentiality issue in using the digital platforms that are viable in this case?

A: You want to use a platform that offers a secure connection with encryption. In the United States we need one that is HIPAA compliant, meaning that it gives you a signed Business Associate Agreement. In Europe, GDPR has strict rules for you to know and follow. In USA, because of the COVID-10 pandemic the rules have been relaxed because of the emergency, and people can even use Skype or Facetime, which is definitely not normally recommended. I use Zoom pro for Business. Others use Vsee or Doxy.

Q: Is a reflection about this way of working important at such a special time?

A: As in all analytic work, reflection is a crucial part of our way of working. Because teleanalysis is still innovative and not extensively researched, it is important to consult with colleagues and share experiences to learn from them and to offer support. My IPA colleagues and I (including two Italian members) have been studying teleanalysis for 10 years in a monthly international clinical research study group that has been invaluable to developing our theory and technique.

Q: Do you feel that the issue of the body not being actually present is really a theoretical and clinical obstacle in this case?

A: The lack of physical co-presence changes the analytic experience. The possibility of erotic and aggressive fantasies being realized is absent. On the other hand some erotic and aggressive fantasies are more easily expressed screen to screen. The loss of physical co-presence is hard for those patients who enjoy the analyst's protected setting, entering into his space imbued with his personality, spending time and effort getting there and coming back from there, and getting a break from the usual routine. You have to acknowledge the differences, explore them, mourn the losses, and then you are free to appreciate what the telanalytic setting has to offer. It offers continuity of care equivalent to that in the office.

Q: Is there a setting in online sessions that can be viewed as being similar to the rules applied when working in person?

A: You ask the analysand to lie on the couch and position the camera where the analyst's chair would normally be. As the analyst you then see the patient on the couch as you would. This gives you access to the non-verbal accompaniment to the words. However, what you see is not a 3-D person. It is a 2-D image of a person. You use the image as a marker for the patient you are attending, but you engage imaginatively, looking past the image to the humanity beyond it. You attend to the process between you as you would in the office. That said, it is still possible to conduct an effective analysis on the telephone. True you miss the non-verbal accompaniment, but you sink into a state of deep contemplation undistracted by visuals, and you find that other channels potentiate as you become more sensitive to changes in tone, hesitations, and the quality of silence.

Those analysts who offer psychotherapy will be seated face to face, screen to screen. This is a challenge, as you can feel very controlled or scrutinized. It is helpful to move your eyes from the camera to the patient's face and to the background, as you would in the office. If you see couples and families, you want to make sure that everyone is in view of the camera. The child analyst will need to prepare the parent to arrange a private setup and respect the child's confidentiality. Not all parents can be trusted to do that. The child will have a much easier time than you – they are used to technology! They will play as they did with you in the office, and they will also play with the technology!

Q: Do you find that the possibility of working on the unconscious, the patient's capacity for regression, the transference are drastically different from in-person psychoanalytic process?

A: Teleanalysis is not the same, but it has all the features of analysis – the restriction on bodily contact, the boundaries of the analytic hour, free association, dreams, expression of affect, psychosomatic reactions, working in the here-and-now and connecting it to the there-and-then. Regression does occur, and can be managed with interpretation. For instance, the connection being through technology and the lack of physical co-presence can make early trauma in the mother-infant relationship more accessible than it had been in the office, when physical co-presence was lulling the sense of inner deprivation. It is there and it evolves. We find it helpful to note that

resistance, transference and countertransference are projected onto the realities of the technology – dropped calls may be experienced as empathic failure; forgetting to call and battery running low express may resistance to connecting with the analytic work; insistence on using the telephone, not the videoconference technology, may hide shame about imperfection being seen; and so on. The countertransference may be felt in the analyst's body. So, despite the lack of physical co-presence in the same room, the body of patient and analyst do enter the analytic conversation. Some analysts have said that analytic process cannot occur at a distance: We have found that analytic process prevails.