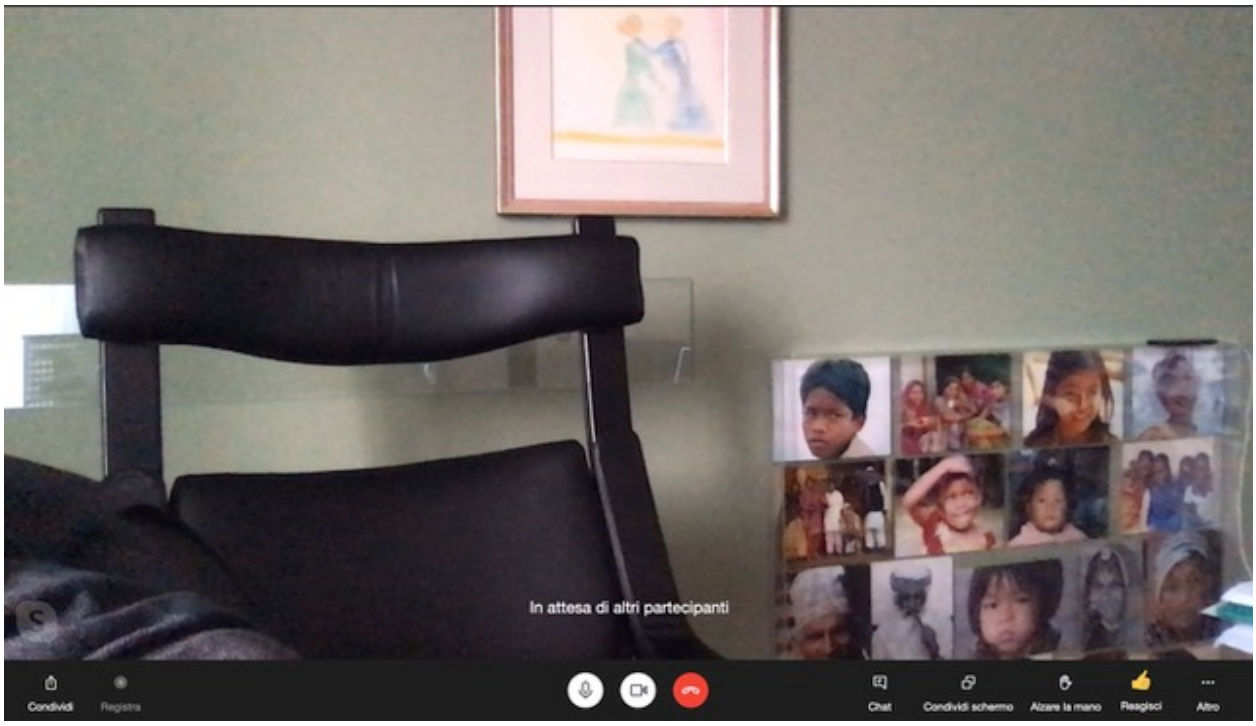

Covid-19 Pandemic and Online Therapy

Edited by
Stefania Marinelli,
Pietro Roberto Goisis and *Silvio A. Merciai*

Editorial presentation

On the occasion of the first Italian-language webinar organized by the IPA on July 26, 2020 on the subject of online therapies, the editorial staff of *Funzione Gamma* planned to dedicate a special issue to the many aspects related to the theme, which had become unexpectedly topical. The panel, conceived by Romolo Petrini, was also attended by Claudio Neri and other Italians, including Geni Valle and Stefano Bolognini. It was coordinated by Pietro Roberto Goisis, who was invited to edit this special issue; Roberto then proposed to be assisted in the editing by Silvio A. Merciai, with whom he had begun to deal on the subject about twenty years ago.

The editorial board, with Stefania Marinelli, has followed the development of this issue with particular attention and would like to thank the editors and all the authors who have generously contributed to its preparation in an extraordinary historical moment, revolutionized and disrupted by the pandemic experience. Many of them had previously studied long-distance relations and international research on the subject. Today, the question has come to the attention of everyone – caregivers, patients, trainers, students – and more generally of people and groups interested in understanding and observing the social and cultural life we live. The distance relationship and the complex contexts in which it is born and in which it is applied (from telemedicine to telepsychiatry) provide an opportunity for the psychoanalytic front to engage in a fertile and unexpected dialogue, exploring from different points of view, both historical and current, the changes taking place as they happen. From every point of view: the evolution of the disciplinary heritage and above all the theory of technique that is involved.

This issue of the Journal is divided into two parts.

The first, edited by Stefania Marinelli, presents the contributions of two prestigious international authors (Glen O. Gabbard and Bernard Duez). Their task is to reflect on the effects of the pandemic in clinical work and theoretical reflections.

In the second part, edited by Pietro Roberto Goisis and Silvio A. Merciai, we enter the world of online therapy. The prehistory, the history, the present. A little about the future.

The *Funzione Gamma* Journal, which at the beginning of the millennium carried out in Italy the work of information and group exchange "at a distance" and the support of the themes and languages of the first experiences of technological inclusion, is delighted with this valuable collaboration, and grateful for the effort of understanding and sharing of the authors, who have cast their timely gaze in many directions. Their research perspectives contain the common internal and external experience of turbulence. But they also transform the uncanny into possible evolutionary horizons and bridges of connection and proximity.

Let the editors, authors and readers now take the floor. We are embarking together on a sea of reverberations that the sky of the current climate has imprinted on our gaze, amidst the roughness and discoveries of navigation. We hope that the journey we propose to take together will be as interesting and stimulating as it was for us to draw the map and the places to discover and visit.

Have a good trip.

September 2021

Stefania Marinelli

PART ONE: COVID-19 PANDEMIC BETWEEN THEORY AND CLINIC

edited by *Stefania Marinelli*

PART TWO: ONLINE THERAPY. PROBLEMS AND OPPORTUNITIES

edited by *Pietro Roberto Goisis* and *Silvio A. Merciai*

1. HOW DID WE GET HERE?

2. THE COVID-19 PANDEMIC: A YEAR OF ONLINE EXPERIENCE

3. THEORETICAL REFLEXIONS

The Authors

Part One:

Editor:

Stefania Marinelli: a psychologist, psychotherapist (SIPP) and group's psychoanalyst (IIPG); past-professor of Clinical Psychology at Sapienza University of Rome. She wrote several articles and books, the most recent is 'Il vertice spazio nel lavoro psicoanalitico', Borla, Rome.
Email: stefaniamarinelli2014@gmail.com

Authors:

Bernard Duez: a clinical psychologyst, psychoanalyst and psychodramatist. Professor emeritus of Psychopathology and Clinical Psychology, Institute of Psychology at Université Lumière, Lyon 2.
Email: bernardduezuniv@gmail.com

Glen O. Gabbard: an American psychiatrist and psychoanalyst I.P.A.; he served on the staff of the Menninger Clinic for 26 years and served as Director of the Menninger Hospital from 1989 to 1994 and Director of the Topeka Institute for Psychoanalysis from 1996 to 2001. In 2001, he moved to Baylor College of Medicine, where he served as Professor of Psychiatry and Brown Foundation Chair of Psychoanalysis until 2011. From 2011 to the present, he has been in full-time private practice and is Clinical Professor of Psychiatry at Baylor College of Medicine in Houston and is also training and supervising analyst at the Center for Psychoanalytic Studies in Houston. He has authored or edited 29 books and over 360 papers, including books on psychotherapy, psychoanalysis, professional boundary violations, physician health, and media depictions of psychiatry and mental illness in films. He was Joint Editor-in-Chief of the *International Journal of Psychoanalysis* (2001-2007), the first non-British editor of that journal, and was Associate Editor of the *American Journal of Psychiatry.* Awards include the Strecker Award for outstanding psychiatrist under age 50 in 1994, the Sigourney Award for Outstanding Contributions to Psychoanalysis in 2000, the American Psychiatric Association Distinguished Service Award in 2002, the American Psychiatric Association Adolf Meyer Award in 2004, and the Rush Medical College Distinguished Alumnus in 2005. In 2010 he received the American Psychiatric Association/National Institute of Mental Health Vestermark Award as outstanding psychiatric educator. He also received the Lifetime Achievement Award from Sapienza

University in Rome in 2021.

Part Two

Editors:

Pietro Roberto Goisis: psychiatrist and psychoanalyst, Full Member of the SPI, IPA, expert in child and adolescents' psychoanalysis. He has devoted much energy to the dissemination of psychoanalysis and has long been responsible of the Press Commission and the Cinema Area of the Italian Psychoanalytic Society. Adjunct Professor at the Catholic University of Milan, in Schools of Specialisation, and in public and private organizations, he loves to pass on to young therapists what he has experienced and learned and continues to learn. In addition to various contributions in books and scientific journals, he has published *Costruire l'adolescenza. Tra immedesimazioni e bisogni* [Building Adolescence. Between Empathy and Needs], Mimesis, 2014 and *Nella stanza dei sogni. Un analista e i suoi pazienti* [In the Room of Dreams. An Analist and his Patients], Enrico Damiani, 2021. In 2020 he received a Mention at the Cronin Prize-XIII Edition for the essay "Surviving the Coronavirus".

Email: p.roberto.goisis@gmail.com

Silvio A. Merciai: psychiatrist and psychotherapist, psychoanalyst, associate member of SPI and IPA, a master's degree in AI and Expert Systems (homepage). He worked for many years in the public mental health services of the city of Turin and then devoted himself full-time to the private practice as a psychoanalyst and a psychotherapist. He has taught at the Faculty of Psychology of the Universities of Turin, Aosta and Vita-Salute San Raffaele in Milan. He was particularly involved in the study of W. R. Bion's thought in an intense working partnership with Parthenope Bion, interrupted by her sudden and premature death in 1998. Later, in collaboration with Beatrice Cannella, he devoted himself to the exploration of the *borderlands* of psychoanalysis: the new technologies of communication via the Internet and the dialogue with neuroscience.

Email: arrigo.silvio@gmail.com

The Authors we interviewed:

Stefano Bolognini: psychiatrist, analyst with Training Functions of the Italian Psychoanalytic Society, of which he was Scientific Secretary and then President from

2009 to 2013; from 2013 to 2017 he was President of the International Psychoanalytical Association. From 2002 to 2012 he was a member of *the European Editorial Board of* the *International Journal of Psychoanalysis*; since 2013 he has been a member of the *Advisory Board of* the *International Psychoanalytic University* (IPU) in Berlin. He is an *Honorary Member* of the *New York Contemporary Freudian Society* (CFS); the *Los Angeles Institute and Society for Psychoanalytic Studies* (LAISPS); and the Centro Psicoanalitico di Firenze (CPF); founder and Chair of the *IPA Inter-Regional Encyclopedic Dictionary of Psychoanalysis* (IRED) since 2016. He has published over 250 psychoanalytic papers in the main specialist journals in the world and in numerous volumes in Italy and abroad. Among his books, later translated into several languages: *L'empatia psicoanalitica*. Bollati Boringhieri, Turin (2002); *Passaggi segreti. Theory and technique of the interpsychic*. Bollati Boringhieri, Turin (2008)*; Vital Flows between Self and Non-Self.* Raffaello Cortina Editore, Milan (2019).

Marlene M. Maheu: first-generation American, born of two immigrant parents from Quebec, Canada. Her first language being French, she learned English when she went to kindergarten in Connecticut. She now lives in San Diego with her wife and their 12-pound rescue pup, named Mimi. Drawing on her roots, she shares her Quebecois grandmother's love of nature, she is an avid gardener and bird watcher.

Authors

Sergio Anastasia: Psychologist, Psychotherapist, Psychoanalyst S.P.I. and I.P.A. He is Head of the Center for Augmentative Communication of Fondazione Policlinico IRCCS Ca' Granda in Milan; Consultant for Niguarda Hospital in Milan and Ex-art-80 Expert for the Ministry of Justice. Lecturer in numerous training courses and consultant for public bodies. He is a member of the editorial staff of the Centro Milanese di Psicoanalisi website. He also has his private practice.

Email: sergioanastasia@gmail.com

Giorgio Bambini: Specialist in Psychiatry, Associate Member of the Italian Psychoanalytic Society. He lives in Imola (Bo) and works as a freelance between Imola and Forlì where he is a consultant in a Community for psychiatric patients. He collaborates with the SPI website and coordinates the local site. An expert in communication and new technologies, this is his first work on the subject.

Email: gbambini@gmail.com

Sara Bartolucci: Clinical-Dynamic Psychologist, Family and Systemic-

Relational Psychotherapist, Multifamily Psychoanalyst. Works privately, especially with families with minors, and with couples; she is a member of the Laboratorio Italiano di Psicoanalisi Multifamiliare, with which she frequently collaborates.

Email: sara.bartolucci1@gmail.com

Beatrice Cannella: psychologist and psychoanalytically oriented psychotherapist, she works as a full-time psychotherapist in Turin. She has taught at the Faculty of Psychology of the University of Aosta. In collaboration with Silvio A. Merciai, she became interested in the exploration of the *borderlands* of psychoanalysis: the new technologies of communication via the Internet and the dialogue with neuroscience.

Email: cannella80@gmail.com

Cristina Carra: psychiatrist, psychotherapist, EMDR Practitioner. Specialist in homeopathy. President of the Punti di Vista Association.

Email: carracri@gmail.com

Silvia Corbella: Individual (S.P.I.) and group (A.P.G.) psychoanalyst, founding member of ARGO, honorary member of AS.VE.GRA. She is co-director of *Gruppo: Omogeneità Differenze*, is on the editorial staff of *Polaris, psychoanalysis and the contemporary world* and on the international scientific committee of RPPG (*Revue de Psychothérapie Psychanalytique de Groupe*). Author of numerous articles in national and international journals. Among her books: *Storie e luoghi del* gruppo - Cortina 2003, *Liberi legami* - Borla 2014.

Email: silviricor@gmail.com

Tiberia de Matteis: a psychologist, she has done several years of personal psychoanalysis and is the author of the book *Bion. Istruzioni per mantenersi vivi*, published by Armando Editore. She is attending the IIPG, school of individual and group psychoanalytic psychotherapy. PhD in Italianistic Studies, theater critic for the daily newspaper "Il Tempo", Adjunct Professor in several universities and author of the following: *Autori in scena. Sei drammaturgie italiane contemporanee*, *La tragedia contemporanea in Pirandello, Pasolini e Testori*, *La critica teatrale. Come si analizza e si recensisce uno spettacolo*, in addition to several articles for scientific journals.

Email*:* tiberia.dematteis@gmail.com

Luigi Di Giuseppe: he graduated in Psychology in Rome in 1978, and immediately began to work at the Villa Pini d'Abruzzo Nursing Home in Chieti, where he was appointed Head of the Operational Unit of Psychological Rehabilitation (1995-

2001). He currently works as a freelance professional and as an Outpatient Specialist at ASL2 in Chieti. He has been an adjunct lecturer in General and Work Psychology at the Faculty of Medicine and Surgery of the 'G. D'Annunzio' University of Chieti. Since 1995 he has been a full member of the *American Psychological Association*. In the three-year period 1996-99 he was elected Councilor of the Order of the Abruzzo Region; in 2019 he was elected again and to date he is the *Head of the Working Group for Online Psychology*. In the years 2015/2019 he was a member of the CNOP Commission for Typical Acts and he has concretely contributed to the formulation and subsequent issuance of the *Guidelines for psychology at a distance and via the Internet*, an appointment renewed for 2020/2023. In 1999 he conceived and created *Psiconline* and is currently its manager. He is a founding member of the Italian Society of On-line Psychology and is currently the President.

Email: ldigiuse@psiconline.it

Massimiliano Di Liborio: Psychotherapist and Sport Psychologist, President of AIPS (Italian Association of Sport and Exercise Psychology), Vice-President of the Italian Society of Psychology Online (SIPSIOL), Member of the Working Group of the Order of Psychologists of the Abruzzo Region Psychology Online. Lecturer in Sport Psychology for CONI Abruzzo and various Masters. Lecturer in Psychosomatics at A.I.O.T. Lives and works in Pescara (PE).

Email: massimiliano.diliborio@gmail.com

Niccolò Gozzi: psychologist, psychotherapist, associate member of the Società Italiana di Psicoterapia Psicoanalitica dell'Infanzia, dell'Adolescenza e della Coppia (SIPsIA). In addition to his private clinical activity, he is also involved in transcultural clinical and training work with foreign patients in both public and private contexts. Since 2016 he has combined clinical work with school work as a *tutor* at a training centre for 15-19-year-olds. Since 2019 he collaborates as CTU for the Civil Court of Bologna. He lives and works in Bologna.

Email: niccolgozzi@gmail.com

Valeria Gristina: psychologist, psychotherapist, associate member of the Società Italiana di Psicoterapia Psicoanalitica dell'Infanzia, dell'Adolescenza e della Coppia (SIPsIA), Adolescence and Couple. Lives and works in Rome.

Email: valeriagristina@yahoo.it

Yitzi Katz: maintains a private practice in Jerusalem, Israel. Prior to relocating to Israel, had cofounded the Chicago Trauma Collective and worked extensively with survivors of trauma in the child welfare system in Chicago. He is a lecturer in the China American Psychoanalytic Alliance (CAPA) and a graduate of the Chicago Center for

Psychoanalysis (CCP) program in psychoanalytic psychotherapy.
Email: yitzikatz@gmail.com

Giorgia Lauro: Clinical Psychologist and Sexologist. She collaborates with the *PsicheHelp Onlus Association* in Francavilla al Mare, dealing with information and prevention. As Web Content Editor, over the years she has dedicated herself to writing content on psychology, psychotherapy, and sexology for various websites. She participated in the writing of the chapter "Covid-19 and Telepsychology" of the book *New Coronavirus and Resilience. Strategy against an invisible enemy*, Anthropos. She is a member of the Working Group on Online Psychology of the Order of Psychologists of Abruzzo with which she deals with CME training in the field of online psychology, web psychology and marketing psychology. She is a regular member of the Italian Society of Online Psychology (SIPSIOL) for which she writes articles on telepsychology, telepsychotherapy and telepsychiatry.
Email: giorgialauro.psicologa@gmail.com

Paolo Migone: psychiatrist and psychotherapist, specialized in psychiatry both in Italy and the United States, where he also qualified in psychoanalysis. He is co-editor of the journal *Psicoterapia e Scienze Umane* (*Psychotherapy and the Human Sciences*) and co-chair of the *Rapaport-Klein Study Group* (*Austen Riggs Center,* Stockbridge, Massachusetts). He founded the Italian section of the *Society for Psychotherapy Research* (SPR) and the Italian group of the *Society for the Exploration of Psychotherapy Integration* (SEPI). He is *Research Associate* of the *American Psychoanalytic Association* and member of the *editorial board* of *Psychological Issues*. He is the author of several publications including *Terapia psicoanalitica* (FrancoAngeli, 1995, 2010) and *La terapia psicodinamica è efficace? The debate and empirical evidence* (FrancoAngeli, 2021). He has been involved in online psychotherapy with contributions written as early as the 1990s.
Email**:** migone@unipr.it

Elena Molinari: Paediatrician, Psychoanalyst, Ordinary Member SPI and IPA, expert in Psychoanalysis of children and adolescents. Currently National Scientific Secretary of the Italian Psychoanalytic Society. She has written numerous contributions in international and national journals. He published in 2017 at Routledge: *Field Theory in Child and Adolescent Psychoanalysis. Understanding and Reacting to Unexpected Developments.*
Email: eleni.molinari@gmail.com

Angelo Antonio Moroni: Psychologist, Psychotherapist, Psychoanalyst S.P.I. and I.P.A. He is Socio Fondatore of the Centro Psicoanalitico di Pavia (SPI). He does

private practice in Pavia, and collaborates as supervisor of Psychiatric Communities in the North of Italy, and of Neuropsychiatric Services in Canton Ticino. Other than papers in Italian and foreigner journals, he published "Giovani a disagio. Psicopatologia dell'individuo e del gruppo nell'adolescente di oggi" (2011), with other colleagues: "Ragazzi non pensati. Esperienze di cura con gli adolescenti. Un contributo psicoanalitico" (2016), and "Sul Perturbante. Attualità e trasformazioni di un'idea freudiana nella società e nella clinica psicoanalitica di oggi" (2019). He is Redattore Responsabile, with Elisabetta Marchiori, of the section "Cinema e Psicoanalisi" of Spiweb, official website of the Società Psicoanalitica Italiana.

Email: moroni.angelo03@gmail.com

Ada Moscarella: Psychologist, Psychotherapist (systemic-relational approach). Contract lecturer at Padua University ("Professional skills for psychologists" course). Ordinary member, and member of the Research Commission, of the "Italian Society of Relational Psychology and Psychotherapy" (SIPPR). Board Member of the Tuscany Regional Board of Psychologists, and CIG Board Member at ENPAP.

Email: ada.moscarella@libero.it

Filippo Maria Moscati: Psychiatrist, Psychotherapist, Multifamily Psychoanalyst. He works in Rome in the public sector, handling addiction illnesses at a SERD [Pathological Addiction Division] of ASL Roma 1 [Rome 1 Health Authorities], and privately as a psychiatrist and psychotherapist. He is a member of the Laboratorio Italiano di Psicoanalisi Multifamiliare, with which he frequently collaborates.

Email: filippom.moscati@gmail.com

Andrea Narracci: Psychiatrist, Psychoanalyst, formerly Director of DSM Asl Roma A [Rome A Health Authorities Mental Health Department] and UOC 3° Distretto [District 3 Hospital Complex], now retired. Member and Founder of the Laboratorio Italiano di Psicoanalisi Multifamiliare.

Email: andrea_narracci@hotmail.com

Luca Nicoli: Psychologist, Psychotherapist, Ordinary Psychoanalyst of the Italian Psychoanalytic Society. He has lectured at universities, specialization and master schools, and has held courses and seminars at public and private organizations. He has been editor of Rivista di Psicoanalisi. He has published 18 articles in Italian and international scientific journals. He has published three popular essays for the publisher Foschi: Amare senza perdersi. (2009), L'arte di arrabbiarsi (2012), Il sogno. (2014). The last essay, written in four hands with Antonino Ferro, The New Analyst's Guide to the Galaxy (Karnac, 2017), has been translated into five languages.

Email: dott.nicoli@gmail.com

Giovanni Pendenza: Psychologist, Psychoanalytically oriented Psychotherapist, Scientific Secretary of the Italian Society of Psychology On Line (SIPSIOL), Member of the CNOP Working Group - Childhood and Adolescence, Member of the Working Group of the Order of Psychologists Abruzzo Region - Psychology On Line. Psychology for Integration and Territorial Cohesion. Lives and works in Avezzano (AQ).
Email: pendenza.giovanni@gmail.com

Maria Ponsi: Psychiatrist, psychotherapist, psychoanalyst S.P.I. and I.P.A. She lives and works in private practice in Florence. She is the author of several publications on topics of clinical psychoanalysis (preconscious, interaction, enactment, acting out, therapeutic alliance, psychodynamic diagnosis, transference, counter-transference, narcissism, empirical research, free associations, neuro-identity).
Email*:* mariaponsi47@gmail.com

Fabrizio Rocchetto: psychologist, psychotherapist, ordinary member of the Società Italiana di Psicoterapia Psicoanalitica dell'Infanzia, dell'Adolescenza e della Coppia (SIPsIA) and of the Società Psicoanalitica Italiana (SPI/IPA) with the qualification of expert in the analysis of children and adolescents. Lecturer at the ASNE-SIPsIA School of Psychoanalytic Psychotherapy for Children and Adolescents. National co-coordinator of the free online psychological listening service provided by SPI members during the SARS-CoV-2 emergency from March to June 2020 (Nicolò, 2021). Lives and works in Rome .
Email: fabrizio.rocchetto@spiweb.it

Maria Elena Testi: Psychologist - Psychoanalytically oriented Psychotherapist. Supporting Member of the Abruzzo Psychoanalytical Association A.P.A. Ordinary Member of the Italian Society of On-line Psychology – SIPSIOL. Meritorious Member of the Foundation of the Order of Psychologists of Abruzzo - FOPSIA. Works in Pescara.
Email: mariaelena.testi@alice.it

Francesca Tranquilli: psychologist, psychotherapist, associate member of the Società Italiana di Psicoterapia Psicoanalitica dell'Infanzia, dell'Adolescenza e della Coppia (SIPsIA), where she coordinates the study and research group on the treatment of marijuana addiction in adolescence. She works in Rome and Palestrina.

Email: tranquilli_francesca@hotmail.it

Valentina Trombacco: psychologist, psychotherapist, associate member of the Società Italiana di Psicoterapia Psicoanalitica dell'Infanzia, dell'Adolescenza e della Coppia (SIPsIA). Vice-President of the Association ETNA-Project of Analytical Ethnopsychology. Head Psychologist at the TSMREE D8 Asl RM2. Lives and works in Rome.

Email: valentinatrombacco78@gmail.com

Sara Versace: Psychologist and psychotherapist in training at Area G - School of Psychoanalytically Oriented Psychotherapy for Adolescents and Adults. She works in Milan and Magenta and collaborates in the field of psychodiagnostics with A.R.P. Studio Associato di Psicologia Clinica.

Email: s.versace91@gmail.com

PART ONE: COVID-19 PANDEMIC BETWEEN THEORY AND CLINIC

Edited by *Stefania Marinelli*

Presentation. Guests and friends of the Gamma Function, at the time of distance

Stefania Marinelli

Like a dream, like the strings of a violin that begin to vibrate from the past to a present that is still in progress, this edition constructs a psychoanalytical and social place that measures itself with spatiotemporal distance: narrative distance. But also, like that of the online, preconceived, imposed, and then repaired after the harsh criticism of the past, and rethought at the time of the pandemic in the hastily set up camp. The result is an articulated reflection on the various aspects and meanings of an epochal transit. Up to the cognition of pain. But also, of reconstruction after the storm, in order to be part of a process with the energy it needs. Psychoanalysis faces the emergency, the reality, the future of the online. It studies its history, its qualities, its uncertainties, its use, its meanings, its depths, more or less fluent, or interrupted by the network, and then found again, reconstructed. A new depth, which has nested in the distances of illness and in the technological distances invoked today, paradoxically, to help bring us closer together during isolation and the need for closeness. In the camp (S. Bolognini, see in the text his idea of the tent after the earthquake) the groups of survivors reflect and live – together – an experience that leaves traces.

Funzione Gamma, born in the field of group research and long-distance dialogue, traditionally hosts contributions by foreign authors and travel companions.

In this case, in an introductory section dedicated to 'The pandemic between theory and clinic', there are two guests: an American pioneer, Glen Gabbard, who was the first in unsuspected times to describe the psychoanalytic encounter with the impact of the net (1); and a French author, Bernard Duez, who for his studies on adolescence has before long looked closely at the great changes, and not, introduced by the network in youth and intergenerational cultures (2).

Glen Gabbard's thought and experience cannot be missed: do you remember his first lines about the introduction of email into the analysand bond? When they appeared, they seemed heretical! And then gradually new research appeared – the studies on loss, reaction to distance, *Violations of the Setting* (2017) and the use of eroticism in the solitude/sociality of networks (3). We hosted here the most recent contribution, 'The Analyst and the Virus' (4). The opening article evokes none other than Camus' *The Plague*. It thus establishes a contact with European history and tradition, and echoes the words of Freud, who upon landing in America exclaimed to his disciples, 'We carry the plague and they don't know it yet' (quoted in Afterword: A look through the nets by P. R. Goisis and S. A. Merciai). The quotation is used to remind us how unacceptable the vulnerability of the body is to the human mind, and how it prefers to attribute the qualities of a psychological nightmare to physical illness in order to deny at all costs the recognition of the fall of the last bastion of immortality: the body. Through the thoughts you will read, the text unexpectedly and suggestively relates the current catastrophic experience in terms of a mutual containment relationship between

analyst and patient, which in exceptional times can even be reversed:

> *. . . sometimes the patient may be containing the analyst's anxieties. The Covid era has been a great leveler. (. . . sometimes the patient may be containing the analyst's anxieties. The Covid era has been a great leveler).*

Sharing the insightful and perturbing observation that a consistent and expert gaze offers us, we read after the specter of the Great Leveler the evolutionary destinies of clinical and training groups supervised by Bernard Duez. The groups accurately described by the author 'play' the pandemic anxieties within the psychodrama that has been set up during the enclosure. The groups struggle to maintain their traditions, known cultures and permanence. But also, they try to be able to recognize the new contribution that the threat of death imposes to elaborate. The specific adolescent condition on the one hand, and the setting at risk of rupture for the student operators who are deprived of the certainty of reference points, dialogue in a series of effective clinical descriptions, which question theory and its capacity for epochal change.

And now, the reading of an edition that, with its clinical, theoretical, and historical contributions, photographic dossiers, handbooks, statistics, and reports, has set up an extraordinary field tent to guide us through a tumult that has been possible to repair, after the serious risks are taken.

Notes

1. See the 2017 edition of Cortina, on the studies of Gabbard G.O., Lester E. (1999), *Violations of the setting*. Raffaello Cortina, Milan.

2. On the intergenerational use of technological objects and its function in transmitting the elaboration of the Oedipal Crisis, see Duez B. (2020), 'From the enigmatic traces of the other in information technology to the virtual crowd: The emissary function of the adolescent'. In: Family, Group and Psychoanalysis, edited by S. Piermattei. *Funzione Gamma*, 45.

3. See among the many studies on transference/countertransference, Gabbard, G.O., (1994), On love and lust in the erotic transference. *JAPA*, J. Am. Psychoanal. Assoc., 43:513-531.

4. "The Analyst and the Virus" was published in 2020 by *JAPA,* who is thanked here for the transfer of the republication rights.

Translated from the Italian by Stefania Marinelli, supervised by PRS (Proof-Reading-Service)

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THE ANALYST AND THE VIRUS

The Nobel Prize–winning author Albert Camus (1948) makes the following observation in *The Plague:* "a pestilence isn't a thing made to man's measure; therefore we tell ourselves that pestilence is a mere bogy of the mind, a bad dream that will pass away. But it doesn't always pass away and, from one bad dream to another, it is men who pass away, and the humanists first of all, because they haven't taken their precautions. Our townsfolk were not more to blame than others; they forgot to be modest, that was all, and thought that everything still was possible for them: which presupposed that pestilences were impossible. They went on doing business, arranged for journeys, and formed views. How should they have given a thought to anything like plague, which rules out any future, cancels journeys, silences the exchange of views. They fancied themselves free, and no one will ever be free so long as there are pestilences" (p. 37).

As I write these words, the world is in the grip of another plague—one that has many of the same characteristics as the pestilence described by Camus. Death is everywhere, but many citizens have continued to open their shops as usual, go on vacations, and insist that they are free to do as they like. For us, a catastrophe has already occurred, and while we wait for the next jolt, we try our best to understand what is happening, with the full knowledge that partial understanding may be the best we can do. We know that we are all vulnerable—patients and analysts alike. We also know that it is the analyst's role to contain anxiety and vulnerability in our patients. But analysts are fallible, and sometimes the patient may be containing the analyst's anxieties. The Covid era has been a great leveler.

Clinical Professor of Psychiatry, Baylor College of Medicine; Training and Supervising Analyst, Center for Psychoanalytic Studies, Houston.

Paper presented to plenary panel, "Transformations of Psychoanalytic Experience and Practice in the Covid-19 Era," American Psychoanalytic Association Virtual Annual Meeting, June 19, 2020.

DOI: 10.1177/0003065120979158

As the shadow of the virus falls upon us, there has been something of a surreal quality to our lives. In the early days of the pandemic, a colleague from another state consulted me about her struggle with a mandate that she and her patient must wear facemasks. She described the peculiarity of her patient lying on the couch in her facemask while the analyst sat several feet away wearing hers. The patient told the analyst that her words sounded garbled and asked her to repeat what she had said. In response to the request, the analyst started to remove her mask for the sake of clarity. She stopped herself abruptly, thinking that the patient might be terribly anxious if her analyst did not wear her mask. She even worried that her patient might leave the office. So she decided not to remove it. I told her that there was something in her account that was reminiscent of the theater of the absurd, perhaps a comedy written by Ionesco, in the interaction she described. My colleague paused for a moment and then said, "No. More like Monte Python." We both chuckled together, recognizing that we had entered a bizarre period of psychoanalysis that had no precedent.

THE SHIFT TO TELEANALYSIS

The setting described in this vignette began to lose its surreal quality in the spring of 2020, when it became commonplace to require masks for both the patient and the clinician. However, at the same time there was an overwhelming demand for healthcare in general to go virtual. Psychoanalysis and psychoanalytic therapy followed suit. To be sure, the use of the telephone and Skype had been around for a while. Thoughtful papers had been published on the subject (Scharff 2010, 2012; Migone 2013; Ehrlich 2019). The use of the new technologies was criticized in some quarters. In fact, there was considerable controversy, much of it couched in contemptuous language, regarding any shift from the gold standard of the analytic couch with an unseen analyst taking notes behind it. However, faced with the prospect of empty couches and falling incomes, analysts everywhere soon abandoned whatever reservations they had and dove into treatment by Zoom and telephone. Zalusky (1998) demonstrated more than twenty years ago that interpreting the transference, working with one's countertransference, and analyzing resistance could all be incorporated into psychoanalytic treatment over the phone, but a number of skeptics had continued to question that thinking until necessity demanded innovation.

Russell (2015), for example, asserted that the therapeutic process in tele-analysis could not be optimally effective because the two parties are not together in the same room, the communication is solely verbal, and one cannot experience the full potential for destructiveness in the analytic relationship, what Russell called "kissing or kicking" the analyst. She also argued that the behavior of the analyst or patient was a reaction to the *actual* setting—the phone or Skype—rather than to the true *meaning* of the setting.

In response to Russell's critique, Ehrlich (2019) maintained that much of it could be viewed as a "straw man" argument that incorporated an idealized version of what actually happens in an "in-person" analysis. She noted that there is a tendency in any form of analysis to lose oneself in thought and become distracted by a variety of external issues that take one away from the immediacy of the analytic moment. Ehrlich argued as well that survival issues—the analyst's capacity to suffer the slings and arrows of outrageous transference—are not at all foreclosed by the presence of a screen. She asserted that the same challenges are created in virtual therapies. Erlich made one further criticism of Russell's position, rejecting her equation of emotional distance with physical distance. She notes that in all analyses, regardless of the setting, the analyst can engage in emotional distancing based on internal conflicts regarding what the patient is saying or doing. The self-disciplined analyst will reflect on this distancing and try to understand the countertransference themes it reflects.

Another dimension of virtual analysis is that in Zoom or Skype the patient may be gazing directly into the analyst's eyes. Analysts have generally grown accustomed to having the patient on the couch, where they do not have direct eye contact, freeing up the analyst to associate and create a personal space to contemplate what is going on in the analytic work. Compressed screen-to-screen interaction as in Zoom or Skype makes it harder to look away. I personally have noted that when working on Zoom I experience a certain strain. I sometimes feel a pressure, one that at times becomes exhausting, to closely monitor the patient's facial cues. I don't remember feeling anything analogous to this sensation when I was working behind the couch or sitting up with the patient face to face. Intense scrutiny of the patient's features sometimes interferes with the creation of my own space for associating and reflecting. I can't gather my thoughts in the same way. All analysts are newly conscious of how they are being seen by their patients.

The demands of the new technology can have varied ramifications for therapeutic tasks. Building greater flexibility into the frame can sometimes be useful. A patient I had seen for several months asked if she could

switch from Zoom to phone therapy. When I explored this request with her, it became apparent that it was much easier for her to cry if we were on the phone and she could not see me, nor I her. She felt that when she cried on Zoom, I was looking at her and judging her. She clarified: "If I am using the phone, even if you are judging me, I can't see it." I told her I was fine with the switch to the phone but wanted us to understand more about why she felt judged.

THE COVID ERA

In many recent discussions and papers devoted to virtual treatment in the Covid era, issues intrinsic to the technology have been the main focus among practitioners. These concerns are certainly germane to what seems like a sea change in how clinicians are practicing. However, this focus may obscure the anxiety and terror connected with the impact of the virus itself. The fact that the initial shutdowns have failed to diminish the spreading of the virus, largely because of the failure of leadership and the widespread denial that there is a real threat, there has been a deepening pessimism about the possibility that we can contain and ultimately eradicate the virus. We are all immersed in a traumatic situation where the pall of death hangs over us like a capricious executioner. Apocalyptic thoughts are ubiquitous.

This undercurrent of anxiety and downright catastrophic thinking has altered the frame in which analysis takes place, in addition to the frame changes brought on by use of the phone and virtual therapy. These technical alterations include such things as the appearance of pets in the background, the crying of toddlers not far away, or even an adult walking behind the patient's chair going from one room to another. Analysts may be surprised by the choice of pictures on the wall or books on the shelves of their patient, often leading to some discussion with the patient about what they observe. The patient's selection of a particular simulated background image may also be incongruous with the analyst's internal representation of who the patient is and may be worth further exploration.

The frame is also altered by what the patient is doing. A colleague told me that her patient on Zoom was lounging on her bed because it was the closest thing she had to an analytic couch. She wondered if the patient was being seductive in the way she arranged herself on the bed, but she felt it might sound accusatory if she raised the issue. She noted that when she feels like a guest in the patient's home, something inhibits her from being more direct.

While these challenges can be vexing, there is also a latent *positive* meaning inherent in the frame in these dark times. It provides a form of mutual assurance at the beginning of each session. The simple fact that the two participants are showing up at the agreed-upon time serves as concrete evidence that they have somehow escaped a killer that may strike at any moment, unseen and unheard, like a creature in a horror film. This concern about survival creates a level playing field for analyst and patient. They both are faced with existential uncertainty. Both parties are worried about the future. Any feelings of having a "leg up" on the patient may disappear in the context of their shared anxiety about the future.

I have noticed in my own observations of my Covid countertransference that I am prone to enter into discussions with my patients about the latest news stories on viral research. These discussions appear to provide a form of shared mastery regarding what is going on, a mastery that is designed to mitigate existential terror. At first I felt that I was perhaps too immersed in the intense conversations about the risks, the dangers, and the science. I worried that I might not find a space to reflect on what was happening between the patient and me. Over time I have recognized that these "chats" about the status of the virus in particular states or countries, as well as the latest research findings, are an essential part of the newly formed frame. Analyst and patient are fellow travelers in a perilous and unfamiliar landscape. An abrupt interpretation of the need for these discussions can make patients feel alone in a dangerous new world at a time when they are filled with mounting despair.

We analysts are also struggling with the unknown and the unseen. We are haunted by the continuing threat that is with us twenty-four hours a day. Indeed, paranoid anxieties that are coursing through the veins of our patients are also haunting us. A patient with whom I was doing phone therapy asked if he could see me in person, as he had previously done. He told me that he has been "more or less" isolated and was "fairly sure" that he had no signs of the virus. My anxiety was triggered by the phrase "fairly sure," and I explained to him that I simply was not willing to take the risk of having him return for an office visit because there are large numbers of asymptomatic carriers. I further explained that some research is showing that most of the new infections may be caused by individuals who don't know they are carrying the virus. This factor makes it impossible to know that one is safe seeing patients in one's office. The patient was disgruntled, and I had a fleeting suspicion that I was being somewhat paranoid. I was ashamed of myself for quickly squelching his request, but

I recognized that at some level I was wary of being infected by a patient and simply could not take chances.

Depressive anxieties are also present in both parties. While many patients are concerned about feelings of aggression they may have toward the analyst, in the Covid era patients may worry that they will somehow pass on a deadly virus to the analyst. A striking feature of my practice in the last several months is that numerous patients start the session with some variation of "How are you doing?" From an analytic perspective, it is very difficult to deal with this anxiety as related to unconscious wishes to harm the analyst, as one might have done before the Covid invasion. We analysts, however, must constantly remind ourselves of the tendency to attach unconscious anxieties to real-world concerns. There is certainly significant value in looking at the unconscious layers relevant to the patient's anxiety even when the reality of the pandemic is overwhelming.

Many patients in this Covid era are struggling with various forms of guilt. More than one distressed patient has told me, often with a little embarrassment and hesitation, some version of the following: "I find myself thinking 'What have I done to bring this on?' I know it's irrational but I can't help thinking that I'm responsible in some way." This form of taking responsibility can be viewed as a defense against what is perhaps a more frightening point of view—namely, that the pandemic is a random occurrence taking place in an inexplicable setting over which we have no control.

One of the most pervasive phenomena in this chilling moment in our history is a sensation that life is on hold. The passage of time during each day is crushingly slow. One feels stuck. Diets are forgotten. Alcohol intake increases. Hugs may have disappeared. For those who live alone, suicidal thoughts may enter one's mind. There is a deadness that may seem worse than the actual prospect of death. A middle-aged woman on shutdown talked about going "stir crazy" in her home. As she ended her phone session with an air of hopelessness, she said to me, "Well, nothing to be done." An association jumped into my awareness—my patient had, wittingly or unwittingly, uttered the opening line of *Waiting for Godot*. Vladimir and Estragon, Beckett's tramps, are forever stuck with nowhere to go.

> —Vladimir: What do we do now?
> —Estragon: Wait.
> [Beckett 1948, p. 8]

Indeed, most of us try to busy ourselves as a way of avoiding the existential despair that is always threatening to surface. During a plague the dread is heightened. A shutdown makes it worse. Turning on the television doesn't help much. One hears that the vaccine is not likely to be available until next year, and even then it will take a good deal of time to distribute it to all who wish to have it. How can one plan? We wait. Then we wait some more. So many patients tell me they simply cannot get motivated to do anything. When we turn on the news, we find that the virus is outsmarting our leaders. Those of us who have entered a stage of life where there are more days behind us than ahead of us may feel that the golden years of our dreams are being stolen from us each passing day.

To many, the existential dread accompanying this moment in our history is horrifying. Do we live in a godless universe where no one can come to our rescue? Why are our leaders so oblivious to what is going on? Is anyone watching what is happening? Do those who are going to bars, carousing, and rejecting the need for social distancing know that they are contributing to the destruction of our world? Many of us have a conscious or unconscious belief that if one lives an honorable life, things will turn out well. That omnipresent belief is shattered. As Camus recognizes in *The Plague,* there *is* no rational or moral meaning behind a plague. A profound mourning process is going on at all levels, one that is shared by both analysts and their patients.

For many in this pandemic, the isolation has been perhaps the most difficult aspect. I have felt increasingly restricted and confined listening to my patients in my study at home. I have noted a greater feeling of vulnerability and aloneness, one that is unfamiliar. In a recent session, a patient close to my age was talking about her grandchildren and how much they brought joy to her during her lonely days at home. While I wanted to empathize with her, I found myself reacting internally with a mixture of envy and anger. Because of the virus, I was unable to have contact with my grandchildren, and I had been missing them terribly. My surprisingly intense feelings helped me recognize the resentment and loneliness that accompanied my complete transformation from having an in-person practice to working in a virtual one. The days have seemed longer, and I am feeling more drowsy and exhausted at the end of the workday. One of my colleagues said humorously that he was angry that almost all of his patients called on time and never canceled, which kept him from a much-needed nap.

The loneliness problem, however, is complemented by its opposite. A common complaint comes from patients who say they have no place for

quiet reflection and intimacy in their own home. Spouses and partners are bickering, demanding more privacy, and using the "silent treatment" on one another. Domestic abuse is also common in some quarters. Young adults and teenagers are stuck in the same house or apartment with their parents, and no one has privacy. Hence, the patients we are seeing in this era are dealing with a combination of boredom, feeling caged, an absence of privacy, anxiety about the virus, a feeling of "when will this ever end?" and resentment toward loved ones. The feeling of forced togetherness has a toxic effect on most human beings, who are used to some degree of freedom.

To complicate things further, we have been witnessing two plagues: the new plague of Covid-19 and the old plague of racism. The two plagues are intertwined. People of color and those who are most needy and deprived are affected disproportionately by the virus. African Americans make up 13 percent of the U.S. population, but they account for 25 percent of coronavirus deaths. They are dying from the virus at a rate two and a half times higher than white Americans, even though testing results show that African Americans are no more likely to acquire the disease than members of any other racial group (Fite 2020). The analytic perspective and the sociopolitical perspective are inextricably linked, although we analysts have historically had difficulty with that linkage.

In addition to the issues I have mentioned, there is a greater tendency of apocalyptic thinking when the media are constantly informing us all that the reopening of businesses, bars, restaurants, and other places has caused an uptick in the virus that is filling hospital beds throughout the country. We are daily exposed to predictions of disaster. We don't know how long the situation will continue as it is. We don't know when a vaccine will be available. We cannot determine if we will actually go back to our offices. We may be forced to practice indefinitely in our homes via phone or teleanalysis.

Another worry that accompanies this uncertainty is whether psychoanalysis will ever return to the way it was before. It is unlikely, in an intuitive sense, that we will be going backwards in time, but we don't know exactly what the future holds. Even after the availability of the vaccine, isn't it possible that some patients will prefer to continue on Zoom or phone so as not to worry about fighting traffic or relying on public transportation? Some analysts have already made the decision to close their offices and practice virtually from their homes. We actually do not know

what our patients will do at this point, and we ourselves are wondering what the implications are for our own lives.

POSSIBILITIES

Despite the complexities of the dystopian world in which we are living, there may be something positive emerging from this chaos. Psychoanalysis has long had a rigidity that has haunted the field. We have been criticized for implementing change at what might be called "glacial" speed. We now must rise to the challenge of practicing in new ways in a new era. The needed flexibility may help us embrace psychoanalysis as a broader endeavor.

Among analysts, there is a long-standing pattern of eschewing activism, viewing it as "not analytic." This pattern is beginning to change as we recognize the convergence of the intrapsychic and the sociocultural. Analysts today are more apt to address racism, homophobia, and sexism with their patients in an active way that raises questions for the patient to reflect upon. Some analysts have become active at a community level, consulting at schools and religious institutions.

In the clinical setting, there is much greater flexibility in the approach to the patient and the treatment. Analysts are increasingly accepting the fact that there is not one specific way to do analysis "correctly." Psychoanalysis is a joint creation that evolves, based on who the patient is, who the analyst is, and the nature of the "third" created between them (Gabbard and Ogden 2009). We analysts must always doubt our thinking and our interventions and constantly adjust what we think and say to three factors: the person of the patient, the person of the analyst, and now the zeitgeist of the era. Flexibility is crucial. Zealous pursuit of symptom eradication may create a transference-countertransference configuration that has a moralizing dimension. It may even lead patients to think that their "mental health" depends on giving up symptoms (Ogden and Gabbard 2010).

One of the major shifts we have witnessed in the last couple of decades is the characterization of the analytic process as an ongoing search rather than an endpoint of discovery. Analysts must strive to find a voice of their own that is tailored to who the patient is, knowing that each patient is unique. Patients must do analysis the way they have to do it. Today we would recognize that analysts who appear to be using a "technique" they learned may promote deadness and discourage their patients (Gabbard and Ogden 2009). Some patients thrive on the couch, while others do better

sitting up than lying down. Some may prefer Zoom but are more comfortable if they look away from the analyst. Others need to stay glued to the analyst and look at the screen in an unflinching way.

Interpretive resolution of the transference neurosis may be central with some patients, but a foreign language to others. Ogden (2019) has differentiated what he calls epistemological psychoanalysis (having to do with knowing and understanding), for which Freud and Klein are examples, and ontological psychoanalysis (having to do with being and becoming), for which Winnicott and Bion are exemplars. In the latter, patients discover meaning for themselves and become more fully alive, without an emphasis on interpreting the transference. The impact of the Covid era on the patients we see may not lend itself to interpretive strategies. Certain patients may require an ontological approach that emphasizes who they are and who they are becoming. They are in the midst of making sense of a world that is alien to them, and they may need the witnessing and empathy of the analyst more than insight into their past.

In closing, I want to emphasize that the patient who is "typical" is a mythological construct, and we analysts are always improvising because we have to. There is no "correct" way to do analysis. The playwright Tom Stoppard once noted that "the question, 'what does it mean?' has no correct answer. Every narrative has at least a capacity to suggest a metanarrative" (1999, p. 8). Stoppard's wisdom applies to psychoanalysis as much as it does to literature.

Despite this complex uncertainty in which we analysts find ourselves, we continue to offer something that is rare—a nonjudgmental combination of compassion, validation, a special form of understanding in which we can see things that the patient cannot see, hope in a time of darkness, and the capacity for witnessing (Poland 2000). Witnessing simply involves listening intently to what the patient is saying and grasping who the patient is without judging.

The sea change that swept in with the virus is having a profound effect on the analytic culture. We are all learning that analytic work can be useful and healing in various settings at different frequencies. For years many of us have thought this to be true. Now we don't have a choice. The virus has forced all of us to rethink who we are and what we do. We must all keep in mind the message of Camus that there is no rational or moral meaning behind a plague. Meaning lies entirely in how we reflect on what the experience is doing to us and to those we seek to help. In the closing pages of

The Plague, Camus suggests that "each of us has The Plague within him; no one, no one on earth is free from it. And I know, too, that we must keep endless watch on ourselves lest in a careless moment we breathe in somebody's face and fasten the infection on him" (p. 253).

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4306 Yoakum Boulevard, Suite 535
Houston, TX 77006
Email: glen.gabbard@gmail.com

Potentiality or Virtuality at the Risk of the Lethal Threat

Bernard Duez

Abstract

Based on three different clinical situations, the author tries to distinguish between the effects of the pandemic on a psychodrama group that took place 'in presence', the modifications and the constants. He shows the effects on a psychodrama group of teenagers he has been supervising psychodramatists by V.O.I.P. for several years. He then resumed supervision by V.O.I.P. of a team with which he usually works in presence and the effects when the work in presence is resumed. From these three experiences, he shows in particular how V.O.I.P. induces particularly intense resonances that are linked to the disturbance of intimacy issues. The effects of the gap between the virtual avatar and the subject induce a tendency to intensify the expression of suffering, but in utterances shortened by the fear of being heard by others. This creates situations where the exchanges oscillate between the effects of almost immediate proximity and an unusual situation of distance. The author shows how this unusual situation summons a reciprocal work of primal in each of the situations exposed. Finally, it appears that the V.O.I.P. in particular, by condensing the effect of the pandemic and the effects of the virtual setting, confronts us even more intensely with the fundamentals of the relationship of a subject to the Other of the other and more of another.

Keywords

Deadly threat, psychoanalytical setting, psychoanalytical device, meta-setting, potential virtuality, actuality, actualization

During the pandemic, we had to adapt our practices to continue our clinical activities. Networks became very important. The experiments I am going to present take place just before the first containment at a time when it is already necessary, but when we can continue to work in physical presence. It is a training course in psychoanalytical group psychodrama, which is mainly attended by psychologists and psychiatrists, but also by educators and psychiatric nurses. This observation allowed us to measure the impact of the lethal factor on a three-year training course that had begun before the containment. Moreover, we had the benefit of hindsight from a training course that had lasted twelve years.

In addition to this experience, the conduct of collective team supervision was interrupted or modified to be organised in video conferences (V.O.I.P.). We had already been conducting supervision for several years to accompany former trainees in the early stages of their psychodramatics practices.

Before studying the effects of the transition from a face-to-face practice to a videoconference practice, I would like to present the impact of the lethal threat on a

group that, despite the pandemic, we were able to continue in the presence of the participants, taking the necessary health precautions (we did not observe any case of participants testing positive for Covid-19 following our training courses, even though some of them contracted it in the workplace.

The Pandemic and the Constant State of Lethality

During this work, in the times when the lockdown was partially lifted, we continued to work with supervision groups, psychoanalytic group psychodrama training groups, as well as in individual supervision sessions. In this case, the psychic stakes mobilised were very different, but the comparison with the situations mentioned above allows us to question in a different way certain implicit element of our psychoanalytical practices.

The Years Preceding the Pandemic

For twelve years we have been conducting experiential training groups in psychoanalytic group psychodrama. Participants are brought into the practice of psychodrama and gradually acquire the personal skills necessary to work in psychoanalytic group psychodrama, as well as the theoretical knowledge through their discoveries during their practice of psychoanalytic group psychodrama. The group is a semi-open group that welcomed people in the first year [sensitisations to the manifestations of the unconscious] in the groups), but also people in the course (second year) and people at the end of the course (third year) for grouped two-day sessions.

The first session of the year includes a brief presentation of the psychodrama setting and the training, the welcoming of new participants by ourselves and the more advanced trainees, and reciprocal introductions by each other. The days are organised around alternating times of play and time for talking about the free associations that have come up spontaneously and those that have arisen from the different times of the day. We always leave an empty chair (see below for more on this). The system includes:

- A rule of abstinence: we will refrain from any relationship other than those necessary for our work together

To notice: If for some reason we have been led to meet with one of the trainees in another situation, it is agreed in the preliminary interview with the trainee(s) that we will mention this to the group.

- a rule of discretion: you should not talk about what relates to the participants and the group with people who are not participating. On the other hand, you are perfectly free to talk about what concerns only you.

- A rule of restitution: if you are led to speak to each other about psychodrama situations outside of the psychodrama time, we ask you to report back to us during our time together.

Before starting a psychodrama game, we always leave time for free speech. Most often, the game intervenes as a logical continuation or punctuation of this time.

The instruction that starts the psychodramatic work proper is as follows:

> *From the first idea that comes into your head, you invent a story with a beginning, an unfolding and an end. When you have agreed on the subject of the story, you will divide up the roles so that we can play it out pretending like in the theatre (avoiding touching each other). When you feel that the story has been played out, we will come back to the discussion space to talk about what it made us feel, think here and now.*

To notice: We leave the ambiguity about our possible participation in the games. We intervene at their request to take on a role or in an intervention that seems to us to allow a revival of the game in progress. One of us always stays in the background.

During the introductions between the newcomers and the second- and third-year trainees, both present their workplace and, sometimes, the reasons that led to the choice of this training. A (very) large number of them said that, in addition to the interest of acquiring a new practice, this training could enable them to free themselves from the attacks to which clinicians working with reference to psychoanalysis were subjected by institutions run on the model of a commercial enterprise. These attacks persisted even though the evolution of the patients in their care showed the relevance of their work and the persistence of its effectiveness in the long term. They ended up experiencing these attacks as personal attacks. These exchanges constituted a kind of weaving of links in opposition to a common danger. They provided a discreet background of diffraction of the shared negativity outside the space-time of the training between the participants. By an almost immediate turn around, this opened to the co-construction of the group object as a common and shared psychic object (Pontalis, 1963). This work of linkage, before being based on more personal elements concerning the subjective link to their profession, was often based on theoretical allusions which they were sure they shared. In short, the alliance, in opposition to the attacks experienced by each of them, served as a counter-attack and freed up a scenic space for the investment of the "group intrapsychic".

Before the participants engaged their own "intrapsychics" to construct a common group object, composed of a number of shared experiences, concerns or interests, the group needed to ensure the pacification of the effects of negativity and destructiveness. The group as a psychic object, and each of them, were thus imaginatively protected from manifestations of destructiveness. The group thus constitutes a shared object on which the psychoanalytic process and the shared actualisation of transference issues are based.

This frequent psychic functioning is not immutable, but depends on the personality of the participants. In psychotherapeutic groups, particularly with borderline subjects,

adolescents, and also certain hysterical patients, the entry into the group is very different. For them, it is a question of coming to pose as a common object and eventually trying to appropriate the scene as their own object. This forces us to work early on this specific positioning which can be used as a screen barrier for the group problem in the here and now, while ensuring an important narcissistic gain for these participants and the group, with the constant risk of a scapegoat victimisation.

This appropriation of the collective scene by a participant or a group of participants (in institutions) paralyses the constant oscillation of the manifestations of unconscious issues in the subjects and in the group. It obstructs the perception of these issues and even more so the singular and collective elaboration of their reciprocal distribution in the collective and in each individual. This allowed these patients not to face the paradox of the psychic-group object: this object comes to each one not as an attracting object, but as a scene where each one is involved.

The difference in the modes of entry into the group of our trainees with those of the borderline-subject patients allows us to underline the paradox of the group-psychic object. This psychic object presents the characteristics of a subjective, intersubjective and group scenality where the subjects are constantly both inside and outside. The solution to this paradox finds different solutions depending on the participants, but this work is unavoidable in the early stages of the training. The occurrence of the pandemic showed how these modes of entry into the group were reshaped.

Observations in the Early Days of the Pandemic

The first observations were made two days before the first containment. Health precautions had forced us to occupy a room that was not the one we and the second- and third-year students were used to. The situation was particularly delicate, as there was a shortage of masks and none of us were masked, but everyone knew that this precaution would have been necessary.

After the presentations, from the very first exchanges, the problem of the safety of the setting was raised. This had been staged earlier by the second- and third-year trainees who traditionally help to set up the chairs. Implicitly, they had agreed on an arrangement of the chairs that was further apart than usual in accordance with the initial recommendations of the health authorities. The speaking space was significantly reduced and not very usable, which we later understood as a form of co-repression. They immediately pointed out that this arrangement was less conducive to the usual collective work, but that it was necessary to respect the advice that was beginning to be given.

Once the general presentation of the course was completed, a question was raised by the first-year students: why was there an empty chair? Was someone missing, perhaps ill? Would they join us? The second- and third-year students said that this was not the case, but that the chair had a special function. In previous years this empty chair was

regularly questioned. The more advanced trainees, respectful of the newcomers, gave them time to reflect and the discovery of this function was a moment of sharing, often joyful, which sealed the beginning of the group psychic work.

The choice to leave this chair free is a choice we have made for the last ten years. It was during a situation where an empty chair had been left as a representation of an absent patient that we noticed the freedom that each person could give themselves to come and occupy this chair in turn. This showed us that this chair gave an interesting degree of freedom to the placement of the participants. This highlights the constraint that the group places on the placement of the subjects: when a seat is occupied, another must be taken unless one is confronted and if there is only one left, the last person to sit is assigned to that seat. In the therapeutic groups, we had noticed that this mode made it possible to work in an interesting way on the effects of assignment with which many patients are confronted in their family or social psychic space. This chair brings into play their problem of the exclusive appropriation of a (material) object or a psychic object, even at the expense of the latter. Largely freed from the question of exclusive appropriation of their place, it thus became possible in these groups for each participant and for the group to elaborate more fully the oscillations between moments of grouping, sometimes almost symbiotic, and moments of diffraction of the transference relationship, opening up a more differentiated space, a subjective scenality open to the relativity of each person's place in a group.

We have maintained this arrangement in the training group, because it allows the trainees to experience for themselves and collectively the function of these constant oscillations inherent in psychoanalytic groups. This arrangement, a trace of our personal experience, was a touchstone that confronted them "in situ" with the work ethic in which this training was embedded. Very quickly, in particular, the effects of immobilisation of the collective and subjective elaboration that could be generated by the alliances linked to their community of professional belonging and their community of theoretical reference "psychoanalytical meta-psychology". Certain presuppositions that were taken for granted could be questioned.

The uneasiness that occurred that year was of a different nature, because this staging in a pandemic situation provoked the actualization of the lethal threat for each subject. The contagious risk brought out in a topical way the intrusive threat inherent in group life and even more so in the preliminaries of group psychoanalytic psychodrama work. This occupied an almost complete morning of exchanges and games that in one way or another summoned the problem of the relationship to the imminence of lethal risk, either through games of protection by fleeing to countries where the simplicity of life protected the natives or, on the contrary, by attempting to stage the immediate encounter with lethal risk: an accident, a fall. In the lack of reliability of the surrounding social and cultural meta-framework undermined by the anxieties linked to contagion, the process served as an internal framework ensuring the continuity of the group. The time for the elaboration of the story was significantly shortened. Indeed, the anxiety

around the empty chair of the newcomers concerning the disappearance of one of the participants took on a quite unusual intensity. Indeed, the anxiety around the empty chair of the newcomers concerning the possible disappearance of one of the participants took on a quite unusual intensity. Where there had been play around what the newcomers perceived as an enigma or oddity, the lethal threat came with its own set of anxieties.

The experiences of strangeness, and even the risk of depersonalisation often experienced in the early stages of psychoanalytic group psychodrama, were here erased by the prevalence of the lethal threat. The empty chair has become a potential trace of a disappearance and not in its function as a neutral element allowing the problematic between assignment to a place and appropriation of a place in a group to be worked on. It loses its "joker" function to which some of our participants liked to refer when they asked us to take a role or when this chair allowed the last person to take a seat to still have a choice.

This chair was also the support of a staging, that of the distance between the position of the psychodramatists and those of the participants. Most of the time, although we regularly changed places, the empty chair was next to one of the psychodramatists. This topological gap was very quickly perceived as an indication of the appropriation of the principle of abstinence and as a staging of the prohibition of incest, the gap of the chair transposing into space the symbolic and in this case real generation gap between trainers and trainees. During the sessions during Covid-19, this function of a neutral and transformational element capable of receiving several functions was transformed. The sufficient and necessary neutrality invested by lethal fear became the witness of a neutralisation. We have experienced a moment that we encounter in the course of our psychoanalytical practices, when neutrality shifts into neutralisation, this is an indication that our attention is no longer equally floating, but tends to be fixed in a counter-transference to what the patient arouses in us. Neutrality constitutes the negative, an en-creux, of the equally floating attention. To sum up, the 'neither... nor' of neutrality is the discrete background that allows the 'and... and' of equally floating attention.

The lethal threat precipitates the psychic oscillation necessary for psychic conflictuality into the only attraction of a destiny to death that we are in a constant tendency to counter-invest in a "vital lie", to use F. Nietzsche's happy expression. The potentiality of death becomes a virtuality, then a daily reality.

Since the meta-setting of the psychoanalytic device was no longer able to co-repressed to disengage one's relationship with one's own finitude as a human being, we witnessed a genuine work of creating a substitute meta-framework (meta-setting). The meta-framework was questioned on the basis of the questioning raised by this empty chair, which had become an object of shared common representation. From the work of elaboration around the empty chair, the more advanced participants recognised that the arrangement of the chairs that they had adopted without telling each other was a

precaution to protect everyone from the risk of contagion. But they soon realised that it was also a question of protecting the group as a common impulsive and narcissistic object and as a support for belonging. They recalled how the work of the previous years, in addition to a training function, had a co-anaclisis. After overcoming the initial negativity described above, they had developed a strong 'collective identity of belonging' as psychologists referring to the psychoanalysis we were working on at the time of the health crisis.

After this exchange about the current arrangement of the chairs in relation to the usual psychodrama arrangement, one trainee expressed her concern. She was waiting for the test results and was afraid that she would have to give up this first session. From this point on, each participant began to talk about their own worries or experiences in relation to this situation. The people around them who had already been affected by Covid-19. As with patients in a borderline state, the dimension of individual self-preservation became more important than the issues of collective belonging, and this long elaboration was necessary for the way in which each person was affected or worried about the current situation to appear.

The Course of the Sessions

Frequently at the beginning of the cycle, we have evocations of journeys to more or less known and more or less wild countries populated by strange inhabitants and even aliens. They have a function of self-representation of the analytic setting and of the group, which allows the group to constitute itself as a common object and, well beyond this, as an authentic "intrapsychic group". Beyond the very first phases, the constitution of a "group intrapsychic" constituted on the basis of alienating alliances could be frightening, but it is also a source of new structuring elaborations for patients struggling with alienating and pathogenic families or communities. In training situations, the question of the shared object tends to be evacuated, insofar as the whole group comes with the aim of being able either to use it for therapeutic purposes, or to better understand the different manifestations of the unconscious within the groups thanks to the experience of psychoanalytical group psychodrama. The work in these experiential training groups quickly implies the elaboration of this "purposive-idea" in such a way that it does not function as a co-repression of the drive and narcissistic investments of each in the constitution of such an "intrapsychic group".

During the Covid-19 epidemic, this situation was singularly modified. The evocations of travel that support the working of the group psychic apparatus (Kaës, 1976) in tension towards this collective intra-psychic were much more detoured and the representations of breakdowns, of physically and psychically ill travellers, multiplied. The dimension of travel was discreetly, but constantly impregnated by the dimension of escape. From a formal point of view, the construction of the narrative structure of the collective story was affected: the temporality of the story (beginning, unfolding,

end) tended to be rushed into the moment. The end was often left uncertain, out of spite rather than choice. Above all, it was much slower and kept returning in one way or another to the pandemic situation throughout the first half or even the first day. This invitation to construct a story could almost seem like a constraint and might not have been successful if the second- and third-year trainees had not gained experience of the inputs it allowed. Fortunately, their convictions were recognised as an invitation by the first-year trainees.

We were able to observe that the group psychic equipment around the construction of the group-object, even if it remained present, was more cautious, as long as in one way or another a sufficient number of participants had not presented in their own way the way in which the pandemic situation affected them, or in the construction of the story, or in the choice of characters, or in the play and its improvisations, or in the collective elaboration after the event. The co-anaclisis with the participants and the group was unconsciously infiltrated by the anxiety linked to the pandemic situation. The threat was a barrier to the play of story construction and behind the story to allow oneself the pleasure of play. This was particularly present in the session that took place in the days when everyone knew that containment was essential, that the decision had already been taken by the government, but had not yet been officially announced. The actuality of the lethal potentiality disturbed the temporality of the psychoanalytical group psychodrama.

Intersubjective and subjective group processes appeared to be littered with consensual cover-presentations of arguments, mostly based on the theoretical ideas that are not questioned among practitioners of the psyche. They discovered that this was a way of reinforcing the continuity of the group. They used the dimension of shared knowledge to fight against the expression of unease linked to the uncertainty of the situation. The lifting of these cover-presentations was often initiated by the participants, especially those in the first year, who were not trained clinical psychologists, but who were interested in the contributions that the experience of group psychoanalytic psychodrama would allow them to hear in the work with groups (for example in companies). Those who were more familiar with group work soon noticed how their shared institutional concerns, which sometimes served as cover- presentation. Above all, they discovered how, beyond the personal difficulties they encountered in their professional conditions, the link with the patients persisted despite these difficulties. The links already established in the training work with the participants and those that were being built with the newcomers took on a different presence and a whole new meaning. The links already established in the training work with the participants and those being built with the newcomers thus took on a different presence and a completely new meaning. The benevolent questioning of their professional convictions as psychoanalysts or psychologists led them to elaborate the shared identification of belonging through a more original relationship with humanity (a more original relationship with the neighbour [*NebenMensch*]).

The question of shared belonging to a human society, or even to humanity, is always implicitly present in the early stages of psychoanalytic work (especially with psychopathic patients, perpetrators of crimes that call into question their possibility of belonging to a human society). The necessary and sufficient identification of belonging with the patient belongs to this silent meta-setting without which the work cannot be undertaken. In the situation of shared vital anguish that I have described, the work on meta-setting started from the beginning of the group and not, as J. Bleger points out, as a necessary step at the end of the treatment, but instead as an initiating condition of the treatment. I would like to specify that it is not a question of a primary or post-oedipal identification with the patient, but of an identification of belonging to humanity, and most often to a shared culture which is acquired by the hyper-early appropriation of cultural embodiments (Rouchy, 1990). The identifications of belonging to professional groups are a variation of this, which in the present case has been erased under the effect of the pandemic in a shared belonging to humanity.

From Flabbergasting to the Institution of a Scenality

This first observation brings to light an important element, which is the turn round of the participants' silent anaclisis and co-anaclisis on the societal and cultural meta-framework (meta-setting) and the constraint towards an actual and active anaclisis on the psychic process inside the group. The common negativity that they had with the abusive institutions is here subverted by the actuality of the lethal threat that each of them can import into the group even without their knowledge. They had to take on the work usually left to the meta-framework: to provide a sufficient guarantee of the real, narcissistic and subjective security of each person insofar as he or she respects the rules of drive renouncement and the narcissistic contracts and unconscious alliances (Kaës, 1976; 2009) which weave the meta-framework. We had seen a narcissistic pact being built around the sharing of the same theoretical references when the framework of their institutions did not fulfil its function of pacifying institutional links. The time-space of the sessions came to appease for a time the narcissistic attacks of which they were constantly the object on the part of institutional managers hostile to psychoanalytically inspired practices.

In the case of the pandemic, it was not a narcissistic attack, but a real threat that could arise at any moment without anyone suspecting a desire to hurt or annihilate the other. The immobilisation that this persistent threat produced staged major presentations of the death drive process: the tendency towards the inanimate state and the annihilation of the other as well as the immobilisation in dread and its repetition. This resulted in a collective stupefaction effect. It seems to me that the very important and involving work undertaken by the participants in these early days of the group show how when the shared meta-framework breaks down, another is actively constructed by coming to bring about identifications of belonging, renewed alliances.

Usually, the meta-framework pacifies the most archaic psychic issues, silently and

discreetly, by formally integrating them into the habits and customs that institute forms of being-together in a family, a society and a culture. When, in times of crisis, the formal entanglement by the meta-framework is no longer able to regularise the current reality of a collective, or even societal, psychic economy, we observe, as in psychodrama, that the participants take up the invention of new forms of links by anaclisis on the current processes. These links in diffraction and turn-round ARE linked to the topical transference (Duez, 2000; 2013). These links then construct a new collective topic which will be invested by the transference of the subjects on the links shared between them. An authentic group topic is thus constituted, which will be internalised by each of the participants from their participation in the creation of this collective being together.

The oscillation from the identities of professional belonging, to the actual and active enactment of the precautions taken by each to avoid endangering the other, stages an almost mythical genesis of the prohibition of homicide. Beyond the institutional and social enunciation of the prohibition of homicide, each one engages in a subjective, actual and active enunciation and connects to an inter-subjective collective and group enunciation that gives back to the institutional, civil and formal dimension its function of trace, of precipitate linked to the events that led civilisation to the renunciation of homicide. In these circumstances, this enunciation had the function of creating and guaranteeing the continuity of the link between the trainees, but also of distancing itself from a certain number of antisocial behaviours presenting a murderous and suicidal potentiality which were manifesting themselves in an increasingly intense manner in the social space.

At the end of this work, we find this background of negativity misplaced. In this case, some participants were not at all convinced of the usefulness of the constraint of wearing a mask, mentioning the fact that in their region very few people wore them, because being the wide-open spaces in which they moved, they did not feel concerned. They discovered deep down how this belief was the product of an identity of belonging to a different world. This is one of the difficulties frequently encountered when working with adolescents where people who are very much bound by community affiliations can be given an illusion of omnipotence so that they can escape this generalised threat. The work on theoretical and professional communities of belonging then reveals its function of resistance to the encounter with the Other of the Other. The transference to the collective psychic link led them to systematically adopt the wearing of a mask. Faced with the lethal threat, everyone felt the psychic work involved in the institution of a renewed meta-framework.

This link through negativity brings to light an often overlooked element: the instituting

work of negativity in the meta-framework. The function of negativity is to constitute and maintain an immobile background that is sufficiently silent to allow the current collective, intersubjective and subjective links to exist by articulating a belonging against the background of a non-belonging that consolidates the belonging. Usually, the management of this work of negativity is left to the repetition compulsion (Bleger, 1966: "the framework is the most accomplished form of the repetition compulsion"). This repetition compulsion is supported by the tendency of the death drive towards the inanimate, towards the immobile, which gives this negativity a background of constancy that discreetly and effectively ensures the pacification of the fates of the death drive, in particular the form of radical destructiveness: this is how the death drive is interwoven with the life drive by participating in our being in the world and our being in the Other of the other. In the being together there is no need to repeat over and over again the prohibition of murder and the prohibition of incest.

Certain events require an intense work of negativity in anaclisis on a pure counter-investment as in primal repression. In groups, it can take the form of an original co-repression which can be foundational. But if the work of negativity fails to institute an original other than in the form of a constant opposition to the threat (pandemic, military or economic colonisation, dictatorial threat), an endogamic functioning may appear with a turnaround of negativity in the very community where this pure counter-investment takes its source. We have an example of this in the current situation of the pandemic with a tendency for countries and communities to close in on themselves and the search for a victim-scapegoat who could purify the community of the intrusive experiences linked to the lethal potentiality.

In the case of our training, once this meta-framework was instituted, the links with the current situation faded away in favour of work on the experiences and links with the here and now of the group. The initial experience of the group is one of collective and silent diffraction of each person's flabbergasting in front of this potentially traumatic situation. When people are confronted with an immediate or potential lethal risk (aggression, natural disasters, societal disasters, but also illnesses), they implement a double movement of negativity. A flight from the threatening situation, but also very often a motionless inner flight into the situation of the dread. Often understood as the acceptance of a fatal destiny, this stupor is also and above all an attempt to open up a diffracted scenality that will accommodate a very large potentiality of links, behaviours, thoughts and feelings that are often opposed, but which, at least for a while, sometimes for a moment, coexist without really allowing an immediate reaction to the situation.

The testimonies of people who have gone through such situations, once they have been freed from the conventional figures of the victim or the hero, reveal the diffracted dimension of this scene of flabbergasting, as the accumulation of flabbergasting in our groups has made it appear. This diffraction of drive motions, desires, affects and experiences corresponds to the first stage of what I have described as topical

transference, which in situations that summon the primal functions on the diffraction/turn around dyad (Duez, 2000, 2013), when the situation can be overcome, the multiplicity of representations constitutes the primal scene on which the traumatic novel (Duez, 1999) will attempt to institute a story that organises a post-traumatic primal. This traumatic novel organises the before and after of the trauma, for better or for worse, depending on the possibilities of anaclisis that the subject has encountered. What took place in the following psychodrama sessions during the pandemic is the participation in a shared traumatic novel that has many of the properties necessary for the constitution of a founding myth in societies. The travel stories tend towards ancient places, towards places that are repositories of heritages, the situations stage transformations of the passages often ending in events that evoke a resurrection, a new encounter, etc.

To notice: in another order of ideas, Freud's first theory of trauma is the creation of a traumatic novel in the face of the emergence of the sexual in the treatment situation. It is an attempt to give form to the actualization of an intrusive experience repressed during latency and which a current event reanimates. Psychoanalytic work acts as a rite and summons this traumatic novel to free the psychoanalyst and no doubt the patient from the current impact of the resurgence of the sexual in the actuality of the transference.

In the aftermath, we were able to notice, from the first exchanges, the first stories and even the first games, the condensation of individual flabbergasting constituted a group scenality that actualised an event that constantly escaped our attempts to link it. We were in the presence of the constitution of a traumatic scenario that could have been repeated in the form of a traumatic dream. In the end, the traumatic dream is a scenality of fear awaiting the collection of raw elements that summon the work of the primal - binding pictograms and rejection pictograms - until a traumatic novel can be established on the basis of the violence of the interpretation (Aulagnier, 1975). This work is necessary in order to separate the elements which, under the effect of negativity, no longer have any other links than those of contiguity and simultaneity, just as in the dream.

> *The first of the S-systems will fix the association by simultaneity; in the more distant systems, this same material of excitation will be arranged according to different modes of encounter, so that, for example, these later systems represent relationships of resemblance, or the like.*
> *The Interpretation of Dreams (S. Freud, 1900, tr.fr .1967, P.U.F.P. 458)*

Each of the first games put into figuration a relationship to flight, to withdrawal, to threat. Once these scenes had been played out, the collective traumatic novel began to be woven in the form of situations in which collective links were transformed, management meetings of a company to conduct a development together, discussions about sharing a piece of farmland between farmers, problems of discovery in a house inherited from the past, but also times of shared joys evoking both the life of the past and the hope and joy of finding each other again. There was a sufficient disguise of

elements linked to the health crisis that allowed the primal co-repression of the first exchanges and games to be supported so that the brutality of the situation could be elaborated. Against this background of dissimulation, genuine feelings were able to be expressed. This reminds us of what S. Freud underlined in the work of the dream:

> *"Repression and reversal are used, indeed, in social life, to disguise our feelings, and we have what deep analogies there were between social life and dream censorship above all concealment."*
> *L'interprétation des rêves (S. Freud, 1900, tr.fr .1967, P.U.F., p. 402)*

The event, and a fortiori the traumatic state, induces the same psychic regression in the form of absentification (erasure) of the subject as when, under the constraint of psychic and bodily self-preservation, tiredness or exhaustion precipitate the subject into sleep. The appropriation of this absentification by the subject will be symbolised in a negativity of withdrawal (interior flight) which is impregnated with the links of contiguity proper to the dreamlike scenality. It can be overturned in the form of negativity by the actualization of a counter-investment that supports the mechanisms of the negative (denial, rejection, disavowal [*Verleugnung*] of negation [*Verneinung*]), when a present situation exceeds a subject's capacity for linking, exhausts it or threatens it in its subjective autochthony. The potentiality of death in the present situation is able to provoke these states of anguish.

After those first days, the sessions resumed their course, punctuated only by impossibilities of some or others [childcare in case of school closure, for example] that each time remind us of the persistence of the pandemic and refer us back to our original work. The contract of shared goodwill that had been concluded on the basis of sufficient renunciations for everyone to feel safe is summoned and is now working. Since these early days, the sessions have resumed their course, only punctuated by impossibilities or others [e.g., childcare in the event of class closure] which each time remind us of the persistence of the pandemic and refer to our primal work. It summons up the contract of shared benevolence which was concluded on the basis of sufficient renunciations for everyone to feel safe and which now functions discreetly, allowing the elaboration of unconscious processes and preconscious manifestations to occur.

The contribution of this experience is that it allowed the participants to feel more actively than usual the importance of the appropriation and the individual and collective self-representation of a setting. In particular, they were able to perceive how what is frequently called an attack on the setting is an attempt to meet the personal relationship that the therapist(s) have with this setting and how they allow the patients a sufficient co-construction so that the shared appropriation allows for what W.R.Bion so aptly called a work of collaboration or, I would say, of cooperation. We see that the lethal factor has led the trainees and ourselves to put the setting to work, certainly in a more tempered way, but in the same way as when we work with subjects presenting behaviours that arouse in ourselves concerns linked to the constant potentiality of a passage to action that implies a lethal threat.

The Networks: Potentiality, Virtuality and Actuality

I would now like to relate this experience to that of working with networks [V.O.I.P.]. We have been working for several years with former trainees of our training in psychoanalytic group psychodrama, given the distance of some of them, and our exchanges and supervisions are done by [V.O.I.P.]. We noted that despite the distance and the particular setting of the network work, the working links persisted. They even constituted a genuine anaclisis. Unlike what often happens in networks, the trainees maintained a current presence and the audio-visual link was constantly based on past common experiences. We were not in contact with 'avatars'.

When the psychodrama was opened again, the psychodramatist we trained had to work with an untrained partner due to the absence of the usual sick partner (without the cause being specified). We were able to observe that the initiation time of the less trained person went through a series of tests when the patients they received sensed the difference in the person's familiarity with the psychodrama tool. They tested the less trained partner mainly during the play time. They invited him to take on roles where they could test his personal reliability, or sometimes invited him, but finally put him out of the game.

The acquisition of self-representation of the setting was built at the expense of the less trained facilitator. The patients did not have the recourse, as our trainees did, to ally themselves around common knowledge or ideals and constructed the common group object around the partner whom they implicitly considered should also do this work. Through the intensity of the ordeal experienced by the trainee, we were able to analyse that the trainee, through insufficient training, was also the representation of a threat in the psychodrama. The figuration of the threat represented by the substitute partner (trainee) allowed the adolescents who met with pleasure to co-communicate about the risk that each could be the bearer, even unconsciously, of a death threat to the others.

The way of being together of the adolescents with whom the animators resumed their work hardly changed, although the threat of contagion was still very great. They were both in collective denial of the contagious risk. The only notable difference that we observed during the time of the pandemic, particularly among adolescent patients, concerned the staging, first with regard to this trainee, then between them and then of scenes summoning ghostly zombie figures, which is part of a certain contemporary adolescent culture (particularly on social networks), but also raw situations of murders, accidents and deaths, sometimes in an extremely crude manner. The silence surrounding the illness of the usual partner is certainly not unrelated to these evocations. We can note now that this "violence" in presence has nothing to do with the violence that can be expressed on social networks. The presence of psychodramatists certainly contributes to this pacification, but it is not the only element.

The second situation I would like to present concerning the work in virtual mode is a supervision that I carry out with a team. During the first lockdown, the facility closed

and the team maintained contact with the adolescents and responded to new requests by exchanging with the newcomers through the networks. The supervision itself takes place in a network with each team member at home. The person presenting a case says how difficult this first contact was. The mother is an isolated mother and the question of the father is not mentioned at any time. The barrier to the father figure is such that the team wonders about the conditions in which the girl was conceived [rape, incest or the mother's desire to conceive a narcissistic child object]. She was severely addicted to alcohol and the teenager was developing behavioural problems. From what the educator had heard, it appeared that this young teenager was trying to take care of her mother. The mother was aware of her difficulties but was powerless to let go of her daughter and kept using the " efforts " she was making for her daughter to free herself from her dependence, but in return demanded unconditional love. The relationship seemed so intense that the team spoke of a relationship that suggested a mother-daughter incestuous climate. The problem of intimacy arose very quickly for the mother and the teenager, as both were never sure if they could express themselves without the other listening or hearing.

After the end of the first confinement they could be received and the person who had listened to them the first time could receive them according to the usual protocol: meeting with the teenager and the parent(s), if he/she wished, and later with alternating meetings with the teenager alone, the teenager and parent(s), and the parent(s) alone if necessary. The other people who were later involved in the treatment were able to see how the virtual link, without falsifying the observation, had given their various observations such an intensity that it had been envisaged to make a report to the children's judge. When we worked on this, it became apparent that the need to ensure privacy had led to much shorter exchanges between mother and daughter. What had been communicated during the first interview was a form of condensation. The sentences and very short exchanges of emotions and affects led the person and those of the team with whom he had exchanged to over-interpret a situation which was certainly difficult, but which could be worked out with both of them. In the context of other supervisions, we were able to observe the same difficulties and the same problems to the extent that the members of the team who willingly presented the situations hesitated, because they felt overwhelmed, even a little guilty or ashamed to find themselves so intensely involved without being able to do anything about it.

During the second lockdown, the institution did not close, but the team meetings were suspended, as the meeting room did not meet the sanitary standards. So, we agreed to have a meeting where everyone would be in their office in front of their computer and we would exchange in V.O.I.P. At the last moment the team discovered that this was not possible, as not everyone had their computers on site. They moved to a larger room, but we were unable to establish a proper link, as the computer that allowed them to share a common screen was too old. We did not exchange much about this situation afterwards, under the pretext of the emergencies they wanted to address, but on the basis of the urgent situations presented, it is not difficult to feel their fear of having to

exchange collectively about the talks they had had on the network with the patients. The previous supervision could not take place because of the haste in which they had acted. This haste was in every respect the same as that which everyone had experienced in listening to patients via the networks where, as in the example above, they had been constantly confronted with the problem of whether they were too far away or too close to the patients they were listening to. The intensity of the lethal threat was not foreign to these experiences, especially for those who were not really familiar with the use of networks and who were confronted with this disturbance of the discrete codes and discrete signs that are transformed in the exchanges on the networks.

I will not repeat the study of the links on the networks published in a recent article [Duez, *Funzione Gamma,* n. 44], however, I would like to underline how much the people who found themselves forced to work via the networks during this crisis found themselves confronted with a profound disturbance of the links of intimacy and of what I have called «subjectal autochtony». It is a feeling of belonging of a subject to his psychic scenality, his immediate psychic environment, family, cultural and societal. He does not feel in exile from this original and current scenality. Subjectal autochtony is an experience and a feeling linked to the work of the primal, when the variations that interfere in his subjective scenality due to the environment and/or his personal evolution, he remains able to redistribute his identifications of belonging, his unconscious alliances, the original demarcations in the relations to the Other of the other and more than one other without feeling in exile from himself. This involves the major ontological reorganisations, birth, infancy, adolescence, and the onset of old age, which result in mutations in the links of subjective and subjectal scenality on the part of the subject, but also, and perhaps above all, on the part of the familiar and social environment, which modifies its expectations and demands of the subject according to the indexes of mutation that it perceives. The subject then runs the risk of feeling exiled from his or her subjective scenality (this is a major issue for borderline subjects and borderline manifestations during periods of ontological but also societal and cultural crises such as that caused by the pandemic). Economic and societal disasters can also force the subject to a symbolic redistribution in the links with the participants of this subjectal scenality. If the demarcation is impossible, then the rupture occurs: exile is a solution in particular in the case of a lethal threat which implements this movement of psychic exile mentioned by patients who are victims of torture or threats to survive psychically.

Social networks and the multiplicity of diffracted links maintained with avatars put subjects in a situation where they can exile themselves while remaining in their subjective script. This is one of the major reasons for the success of networks among adolescents who use these networks as anaclisis or co-anaclisis for the redistribution of their subjective and subjectal scenality without feeling themselves to be in an identity exile. This multiplicity brings to the fore the experience of renewing primal belonging identities. The conquest of one's subjectal autochtony passes through the illusion of the avatar just as the recognition of oneself for the child in the mirror passes

through the image of the other or of a familiar object insofar as it renounces a strict identity of properties between the other and the reflection of the other, loss of volume, loss of the warmth of the contact... but the other encountered in the network occurs as an avatar of an unknown subject. The network confronts the adolescent with the erasure of the individual under the ephemeral and structural position of constituting himself as a subject inscribed in a Symbolic "a symbolic network" sufficiently shared for and by other subjects. This situation was very important in the first contacts with patients through the support of the network. Both patients and therapists, deprived of the usual indexes of the presence of the other, tended to over-determine the indexes that testified to their subjective engagement in the bond. The intensity of the affect elicited led to representations of particularly worrying situations. This anxiety was then shown to be linked to two factors:

1) the disruption of the conditions of attribution judgment linked to the networks: what belongs to me and what belongs to the avatar perceived in the networks.

2) In the figuration of the avatar perceived on the screen, what actually belongs to the other person with whom I am in contact and what is concealed.

This anxiety, which summons up the attribution-belonging dynamic, forced the patients to reveal their disorder much more intensely in order to be certain that it would be heard. This was present in the young woman who always feared that the mother would intrude, as she felt that what she said subverted her in the presence of the interlocutor present on the network. This subversion diffracted into the therapist's private space. She herself felt in danger of subverting her own private space by the quanta of affect with which she was confronted. This double subversion of private spaces imaginatively constructed the fantasmatic scene of an incestuous or incestual bond between mother and daughter.

The inconsistency of the virtual avatar regularly leads on the networks to intimate exposures of feelings, thoughts and sometimes bodies that are supposed to give consistency and resistance to the subject's avatar, because the subject always fears being betrayed by an avatar endowed with virtuality, but with insufficient actuality to give sufficient intensity to what he or she would like to communicate to this other avatar that is the interlocutor. This dimension was particularly reinforced during the pandemic insofar as the lethal threat led the participants to over-invest all the links that were part of the life drive to fight against the flabbergasting linked to the subject's tendency to absent himself, to exile himself in the presence of this state of lethal threat that is both virtual and actual.

This intense (over)investment in the link and the process encountered in group psychoanalytic psychodrama during the periods of confinement when the lethal threat persisted exists constantly in the networks because of the lack of actuality of the avatar. On the other hand, in the supervisions and therapeutic relationships initiated in presence before the pandemic and which we continued in the network, we observed, as

in the example of psychodrama, the construction of a provisional meta-framework which was elaborated from explicit exchanges, redoubled or not by conscious or unconscious allusions which infiltrated the free associations. If we compare these different situations, we could say that patients and therapists, surprised at the same time by a shared threat, have constructed an intermediary framework which acts as an intermediary meta-framework, half-setting, half-meta-framework which takes into account the partial failure of the usual meta-framework. The shared identification in humanity becomes in this case also a threat, because it refers in part to our mortality. We have engaged in a genuine critique of practical pure reason based on the plain of experience, to paraphrase Kant.

The continuation of the work in the "out-of-framework" of the networks was often experienced as the psychoanalyst's ability to witness the capacity to look after his patient well, hence the unusual dimension of the situation. During times of intense contagion, the new contractualization that took place between patient and therapist was associated with a new contractualization of the imperative to 'assist a person in danger'. Thus, the identification in humanity re-emerged just as it had re-emerged in the implicit contract between the elders during the psychodrama when they had arranged the chairs in such a way as to respect (to a very large extent) the sanitary rules, even if this implied modifying the usual layout of the room.

In the cures, this sometimes led to debates with some patients during the time of uncertainty just before the first confinement. What did it mean to wear a mask or not in the presence of patients? In this particular case, whatever the choice, the psychoanalyst was clearly making a singular choice that put his 'inner psychoanalytic disposition' (Duez B., 2014) towards the patient to work in front of the patient. On the whole, this could be worked on in a dynamic with intense personal commitment on both sides.

The most critical problem was posed in the consultations by the large number of patients with whom only telephone or network work had to be undertaken. The constant threat of death weakened the body's support, and the difficulty families had in living constantly together produced such condensations of affect that the situations quickly became critical. Many therapists found themselves confronted with experiences of undecidability and therefore of powerlessness in situations where the support of the presence and actuality of the therapist opened up a scene in which the impulsive destinies found a destiny and a support for representations. Between the intense condensation of affects in the restricted space of the family or institutions, the impossibility of sufficiently diffracting the impulsive motions linked to the process of topical transference on virtual therapists with insufficient actuality, we were able to observe in the institutions and in the families a violence of the exchanges which was not without recalling that which we find in the networks in particular, but not exclusively, between adolescents. The lethal threat threatening the physical consistency of each subject produced within the families the same constraint to

intensify the links as in the networks because of the virtuality of the interlocutors. A virtual interlocutor who does not manifest himself in a sufficiently "excessive" way by introducing a link in the mode of obscenity may find himself disqualified.

Let us recall that obscenity is constructed when the other, psychic object and drive object, is not able to provide a gravitation to the drive destinies that the subject in distress diffracts in the environment, in his psychic scenality. A turnaround then occurs whereby the subject treats the psychic scenality in which he or she arises as his or her own object, any element of this scenality is then treated according to its capacity to support the pulsional charges of the subject in distress. The consequence is that, in a certain way, every potential object must endure the test of the transitionality "find-destroy-create" in order to expel or annihilate "the remains of the other in the object" that do not resist these pulsional charges. We are in links of destructiveness and annihilation of the other as a potential intruder that threatens the subjective scenality of the subject. We are frequently confronted with such excesses in networks. Every participant in a network is potentially in danger of becoming a zombie, which in turn suggests the proximity of death.

To notice: The zombie, the living dead, in games between teenagers on the internet have long had both a role of self-representation between the "death of the child" and the "non-adult" status. It translated all the ambiguity of certain teenagers shared between a form of omnipotence of the zombies, their closeness to death, and the challenge of overcoming it, and paradoxically the worries and joy aroused by the overcoming of adulthood.

The times we live in with the constant threat of another as the bearer of the lethal threat have shown us in our everyday life that our being together is based on drive renouncement and renunciations that have to be re-elaborated when an undecidable threat summons the fantasy that in order to survive in some way we will have to collectively self-engender to survive. We are in the fantasy that weaves the work of the primal. Pandemics, economic disasters, political geography, all summon this work of self-engendering in the presence of the other and the call for a recognition in shared humanity on the basis of the prohibition of the murder of the neighbour (*NebenMensch*).

These renewed subjective renunciations also have a dark side. When the experience of threat and traumatic potential are shared, the neighbour who is not sufficiently similar is never far from being assigned as an intruder and, at end, as a victim-scapegoat.

These movements are and will continue to be a regular feature of social networks as long as subjects who are overwhelmed by the new potentialities of links are unable to locate themselves sufficiently in relation to the digital signifier that we encounter and that challenges us in social networks. Digital networks and the lethal threat we are experiencing during the pandemic confront us with this constant problem of radical crisis states, namely the recourse to the (originary) fantasy (Aulagnier, 1975) of self-

engendering in the presence of at least one other and usually a few others. The prototype is the child who plays alone in the presence of at least one other. He plays, because he is present and alive in the thought of the other in the scenality that the other offers him. This self-engendering of the child through play, in the presence of the other, belongs to the originary scenality that founds a sufficient belonging of the subject to himself and to the other.

The constant lethal potentiality of the link with the other has induced another modality of being to the other. Self-engagement in the presence of the other shifts to self-engagement at the expense of the other, which is found in precociously deficient subjects and subjects in a state of limitlessness, because during the pandemic the constant threat that the other can constitute, even without his or her knowledge, summoned an unconscious form of relationship to the other as a threatening intruder. The demonstrations we are witnessing against health measures are part of this behaviour. The relationship with the other is created against a background of defiance of death. Death is likely to regulate what the meta-social guarantors (Kaës, 2012) no longer seem able to ensure.

To Conclude

The various experiments on which we have relied allow us to make progress in understanding the nature and modalities of persistent processes. The collaborative building of new devices with the patients reminded us how much the great founding renunciations actualised in the setting by the organising principle of abstinence reveal their link with a necessary and sufficient identification with the other as neighbour (*Nebenmensch*) belonging to a shared human world (humanity). The same was true of the arrangements made necessary during the work between times of strict confinement. To sum up, when the meta-frames and even the settings are called into question in the context of a pre-existing psychoanalytical approach, we observe how the discrete anaclisis on the meta-frame and the setting invites itself into the actuality of the work. This requires the partners to expose and expose themselves in a cooperative work of demarcation between what can be kept and what will mutate. This is not without the patient being confronted with the way in which the psychoanalyst invites him into his inner psychoanalytical disposition. This experience has often been a source of quite decisive progress in the psychoanalytical work.

When the link does not exist and the therapists have been forced to conduct initial interviews via the networks, we have observed two situations. The first is where the therapist(s) are sufficiently familiar and usually work in a network; they conduct sessions and sometimes even groups in the network. The work could begin and the therapist's conviction, his or her capacity to be present in the virtual scene allowed these cures to take place according to a dynamic close to the usual one, with what the health situation could bring of inevitable disturbances. The Argentinean association Babelpsi, for example, has been using this medium for a long time for multi-family

sessions.

When the therapist was not sufficiently accustomed to the virtuality effects of the interlocutor's presence, on the other hand, we often found ourselves confronted with over-determinations of the mobilised psychic stakes which took on a particularly worrying dimension. As in the situation described above.

This leads us to think that we must take into account in particular that we are not in "equally floating attention" in the same way in all the settings, nor even in the same neutrality. The interest of these variances and covariances between different settings was, for a number of us, to perceive more acutely how, depending on the patient, we settled into a different inner psychoanalytic disposition. This variation is a testimony, unconsciously addressed to the patient, of our disposition, beyond the necessary and sufficient difference that creates the gap conducive to the manifestation of transference processes, to welcome the recognition of his or her subjective singularity in a shared identification in humanity necessary and sufficient for the engagement of any psychoanalytical work.

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Translated from French by the Author. The original paper (in French) is available here.

PART TWO: ONLINE THERAPY. PROBLEMS AND OPPORTUNITIES

edited by *Pietro Roberto Goisis* and *Silvio A. Merciai*

The Prehistory, the First Clinical Experiences and the "Online Therapy Study Group"

Silvio A. Merciai and *Pietro Roberto Goisis*

Abstract

The very first experiences, at the turn of the last century, when online meant only "textual": the birth of an interest, the desire to explore it further, the fantasy that it was only the beginning of a long story.

Keywords

Online psychotherapy; email; chat; setting

The Prehistory *[Silvio A. Merciai]*

In the 1980s I attended the psychotherapy school of a well-known study center in Milan. At that time the supervisor of the school trainers was the president of the I.P.A.: he lived and worked in a distant country and it was therefore expensive and difficult to reach him directly. For this reason, the supervision was carried out by phone: no, not Zoom or Skype and neither the mobile phone (smartphones did not exist yet!), but just that old blackish object, with a rotating disc to dial the numbers, that the youngest of our readers may remember having seen at their grandparents' (or parents', the less young) house. It worked: everyone was very happy with that experience, they awaited it with great interest, and participated in it with intense attention. After all, I was told, experiences of self-help and then counseling by phone, and even phone analysis, had been talked about since the fifties, especially in the USA (the first suicide counseling service had been founded in 1959 in Boston by the Reverend Kenneth B. Murphy, a Catholic priest). Not by chance in the USA: a country not only less burdened by rigid traditions and conformism, but also always struggling with the problem of great distances, and where therefore the possibility of widespread intervention could only be realized using remote systems (it was, not surprisingly, the country where even shopping, already in those years, was made at a distance, on catalogs, obviously still paper-based).

It worked, of course, and it was habitually practiced, but on one condition: it was not to be talked too much about – I was made to understand – because it smelled of revolutionary heresy with respect to the institutions formally appointed to preserve Freudian teaching. After all, official theory held that the direct presence – in person, we would say today – of supervisor and supervisee in the same office was the "necessary" condition for an effective and correct supervision process to unfold.

Those were the years of my first training in psychodynamic psychotherapy and I too

was somewhat perplexed by this modality which crashed head-on with all the rigid dictates of the theory of technique in force at the time. A few years later, when I began the S.P.I. training (S.P.I. means Società Psicoanalitica Italiana, i.e., the Italian Psychoanalytical Society), I was strongly recommended – for example – to stay on the phone (during the first contact: later on it was practically forbidden!) as little as possible, given the evident impossibility, in that remote modality, to realize the subtle dynamics that would have been set in motion and that would have heavily conditioned the whole subsequent course of the possible treatment.

I think back to my enthusiasm at that time, and I recover my passionate interest in the nascent IT revolution: the first computers, the discovery of the possibility of learning a language and coding so as to be able to create customized applications, then the first forms of computer-to-computer communication (the BBSes, the antecedent of the Internet) and then the wonder of the Internet and its telecommunication possibilities. I used to write about it enthusiastically every two to three weeks in my column in the newspaper of my city, trying to convey to the readers the idea that the Internet would have radically changed the way we learn, relate, buy, or sell, etc.

It seemed obvious to me that all this would have also influenced our world of psychotherapists and psychoanalysts (actually, the thing did not matter that a few brave or bold or anti-system, at least in my country). It was so that, organizing with Parthenope Bion the "International Centennial Conference on the Work of W. R. Bion" (Turin, 1997), we requested all the Authors to submit in advance a draft version of their contributions, to be published on a site specifically dedicated to the conference, and we gave to all the people who were interested the possibility to discuss those papers in a dedicated mailing list (the Bion97 mailing list): a procedure that today is quite predictable, but then definitely innovative!

Not only that, but I also proposed (and convinced Parthenope, who finally agreed) to include in the conference program a one-day workshop on "Psychoanalysis and the Internet". By way of justification, I thought Bion's teaching on the freedom of thought could perhaps authorize a somewhat daring juxtaposition between the study of his work and the novelty of the Internet (perhaps even the "catastrophe" of the Internet could be approached "without memory and desire"). An American scholar (Harriet W. Meek), a lover of Bion's thought and certainly more in touch with the novelty than I was, helped me to draw up the day's schedule: in the end about fifty colleagues took part, almost all of them foreigners (three Italians in all, if I remember correctly), some papers were presented, a television report shot by MSNBC-TV (*Cyber-Shrink*) was screened that proposed psychotherapy on the 'net (interviewing the protagonists of those experiences) and a chat experience was carried out in connection with colleagues active in Great Britain and Germany.

It was for me an experience of great intensity and great trepidation (I had been preparing for it for a few months by connecting in *NetMeeting* at odd hours of the night, because of the time difference, with Marlene Maheu in San Diego [see the conversation

with her], and with other famous American colleagues): for some of the participants, I believe, a somewhat disconcerting set of stimuli (the audience was of psychoanalytic orientation); for many a rather bizarre oddity to forget. After all, those were the years in which cyberspace was still looked upon with great sufficiency and much diffidence. For instance, there was much debate as to whether, on the Internet, meaningful interpersonal relationships could really be experienced (since they were only "virtual"!) or affects and emotions could be transmitted and perceived (and this was denied by the many who had never been on the Internet or, at most, had been hasty and superficial passers-by).

Reflecting on all these issues, the following year I published a short article (Merciai, 1998) in *Psiche*, a journal of the Italian Psychoanalytical Society (I recall some misunderstanding and a request for "necessary" corrections by the editors), trying to emphasize the possibilities that the new means of interconnection were making available for training, supervision and potentially for the psychotherapeutic work itself (I then published the original version of the paper on my website). The article aroused the curiosity of some journalists, I was contacted and interviewed, but the matter closed there – not without some disappointment on my part.

Paolo Migone was one of the first to write about online therapy, with his usual lucidity. In 1999 he published a paper on the topic (Migone, 1999 – see also Migone, this issue) arguing that the problem could not be posed by discussing whether it was possible to operate at a distance (by phone or e-mail) within a psychotherapeutic setting: psychoanalysis or psychotherapy could not be defined by the *external* characteristics of the setting. The whole debate and the whole history of online psychotherapy and psychoanalysis arise from the rigidity of the latter assumption, i.e., that what distinguishes and characterizes the possibility of the analytical processing is conditioned also, and in a strict way, by its external setting. Migone's paper was read with attention as he was already a highly respected scholar, deeply appreciated for his freedom of thought. However, his theses were essentially not followed up.

What seemed to me increasingly evident was that the silence in Italy was essentially a delay, due in part to the slowness with which the novelty of the Internet was spreading, but also (and perhaps mainly) to some sclerotization of the institutions, worried about having to maintain their own psychoanalytic specificity in the face of the rising tide of new psychology graduates and their "claim" to have a part in the world of psychotherapy. In the rest of the world – and in particular in the United States – online psychotherapy and, more generally, the opportunity to take advantage of the new telematic resources within the world of psychiatry and psychology, were on the agenda of the scientific debate: theoretical elaborations and practical experiences were repeatedly communicated in literature (Howard Rheingold, Pierre Levy, Sherry Turkle, John Suler, Norman Holland, Robert Maxwell Young, Azy Barak, John Grohol, Marlene Maheu and others: I talk about them elsewhere in this issue). We were really on the right track: perhaps we could and "should" have tried to fill the gap by better

listening to their voices...

In the space of a few years, online therapy became a reality in clinical practice, not only in the United States, but also in some European countries and, to a small extent, also in Italy, not only as the subject of abstract discussions in the academia (very few, to tell the truth), but also as a direct experience of some (many?) of us. But always as an experience seldom officially discussed and presented, according to the habit of cultural hypocrisy that continued to distinguish the undoubted creativity of our practitioners.

We needed someone, forced to experiment with remote therapy, to find the courage to talk about it in the most official fora...

The Clinical Case of Paula, but Not Only... *[Pietro Roberto Goisis]*

That's where I come in, Roberto. I took the baton from Silvio and started with that old black phone with the rotating disc. It's not a problem with the hardware, I'm not hostile to the tool, but except for a short teenage passage — to the total despair of my family members who could never find a free line — I've never had a great confidence or passion for phone conversations. I have always preferred face-to-face conversations, day or night. Nevertheless, as a fresh candidate at the second case of control in supervision, back in 1989, I found myself deciding how to continue the analysis with a patient who was struggling with a high-risk pregnancy, who lived far away and could not travel by car. But, nevertheless, she wanted to continue the therapy, both out of her need and for the economic obligation as per contract (unfortunately this also happened in those years ...). After a short but intense reflection we decided, while waiting for the gestational term, to carry out the sessions on the phone. Despite my perplexities and difficulties, it was a fruitful experience. After a few months we resumed the usual setting, which was more confident for me. My supervisor was an austere and peaceful exponent of French-speaking psychoanalysis. He accepted my choice without much comment, although I do not remember now whether I mentioned that event in my work for the association. Things of the past.

After a few years, in 1996, like many curious people, I had my first experiences with the Internet and e-mails. I remember an intense exchange with a journalist from another distant region about a news story. My intention was to comment on an episode involving teenagers, perhaps to make a newspaper article out of it. The exchange quickly and unexpectedly took on a too intense, even intimate, tone that no longer had anything to do with the original intent. After a while, I decided to stop the conversation. The news story no longer mattered. I fully realize only now that the conversation had become a relationship with emotional implications, not love, but certainly affection. Who would have thought that?

These are just brief remarks to introduce the breakthrough event that took place in

1999, when in the third year of a challenging analysis with a young foreign woman, due to a sudden organic disease, the patient was forced to stay in her country of origin for medical treatment. I remember very well the phone call in which she told me about the problem, the impossibility of coming back, the regret for the interruption of our work...

> *... a brief silence from both of us ... then her question: 'But can't we keep in touch?' I say: 'Yes. "Do you have an e-mail? "Yes." "Can I write to you?" "Yes."*

We reached an agreement: we set rules and fixed them as best we could, then we modified them a little. Thus began a totally new, rich, surprising experience. It lasted almost seven months, from October 1 to May 15, until the end of the medical treatment and Paula's return to Italy. Then we resumed our regular analysis with three-weekly sessions. I was aware that I had experienced something special and certainly innovative. I still didn't know it was so anticipatory of a fairly near future. I made some reflections, I tried to systematize them, I was at the same time excited and curious about what I had experienced with my patient. I tried to understand what had happened, what dynamics had been set in motion, what differences and analogies had been activated with respect to my usual style of analytical work. So, in 2000, when applying for Ordinary Membership of the S.P.I., I brought Paula's case to the evaluation committee. "You know how to use the computer well" was the only comment I received. Fortunately, I had been foresighted enough to add another, more traditional case to this one. I was awarded the coveted qualification.

This is how I concluded my report on my experience with Paula:

- *as Silvio Merciai says (...) 'there is a great need for psychoanalysts and psychoanalysis to frame and evolve the potential of the Internet. (...);*
- *questions arise about what it is really like to communicate and meet, between human beings and within the analysis room — real? or virtual?*
- *it is clear that I do not consider this experience to be easily reproducible or standardizable. Actually, no analysis can be. Those who imagine it, see it as standardizable and do not grasp the unique aspect of the subjective experience. I think ours was a good way of not interrupting the analytical work at such a critical moment for the patient (far from 'her' city, sick, waiting for a very delicate operation, etc.). It is not even a question of whether it is a good or bad copy of a psychoanalytic intervention; I believe it is something else, which we could attempt to define;*
- *there are some aspects of psychoanalytic technique that can be safeguarded and maintained even with e-mail. Communication can be very free; floating attention is applied to reading, rather than listening; free associations are maintained and favored; the setting can be properly structured; transference is analyzed; interpretations*

are possible; attention to the unconscious is respected;

- *there are certainly also elements that are missing or can create problems. The whole dimension of communication and non-verbal encounter, first of all (physical movements, space, silences, sighs, breaths, tone of voice, etc.) which must be renounced; the immediacy of what happens and on which immediate action should be taken; the harsher and potentially more critical tone of the written text can generate misunderstandings and errors in comprehension; the "physical" body of both the patient and the analyst is missing; the sense organs; the room, also as a place and container. Important elements for those who do not consider the analytic experience as neutral and the analyst as anonymous and a-personal;*
- *however, there are elements that almost favor certain aspects of the relationship. I am thinking of the dimension of autobiographical narration; of the therapeutic function of writing, especially if it is autobiographically oriented; of the possibility of constant attention to the close relationship between one's words and those of the other, within the analytical couple.*

With Paula, I think there were a bit of all the elements described above. Communication was quite free, perhaps even more so than at other times; it really felt like we were continuing analytical work.

All this was then carefully analyzed when the sessions resumed (in presence, as we now say). The most significant and precise comment was Paula's, expressed after a few months of e-mails: "Yes, the analysis is fine even so, it is not ideal, but it is fine".

A seed had been thrown. At that time, we did not imagine that we would reap the benefits after some time.

At that moment we needed to understand what was happening. By studying.

The "Online Therapy Study Group"

It was the end of 1999, when we met for the first time, feeling a bit like pioneers of a new road, resolved to "study the theoretical and technical conditions of feasibility of online psychotherapy in Italy", and we began to think of setting up a study group – obviously online (we never met all together in person), conducted through a mini-list of e-mail users, in the framework of the activities proposed in the telematic journal Psychomedia directed by Marco Longo; we called it *Online Therapy Study Group* (perhaps an echo of the famous *Online Clinical Case Study Group of the International Society for Mental Health Online*, which opened in those same years).

From March 2000 to July 2001, some of the authors who are back with us to populate this special issue (Paolo Migone and Beatrice Cannella) and Luca Pezzullo were permanent members; Maria Ponsi, Marcello Turno, Marco Longo and Tonino

Cantelmi also took part in the discussion in various forms and with varying frequency.

There was a debate, not a very dynamic one, to tell the truth: we were at the beginning of the possibility to exchange remotely and certainly the asynchronous tool of the email did not favor the liveliness of the discussion; it also perhaps mattered that many of us had never met before in person. For those of us who had come from the experience of face-to-face training and therapy groups, it was a useful but also frustrating learning experience. Silvio had to present a substantial theoretical contribution and Roberto told of his experience with Paula: but we did not manage to share the elaboration of these contents very much.

We worked in this way for about a year, arriving at a sort of final work on the "tailor-made suit" that online psychotherapy could represent for many patients: only in part the result of a common draft, but certainly the beginning of the reflection that the group had aroused (later published by Silvio, as part of a book on online psychotherapy: Merciai, 2001). Then the group disbanded. For a few years there was some echo to our assertions, and we were invited to talk about it in some seminars or congresses. In 2001, for instance, we were both requested by Marisa Zipoli of the Lombard section of the Italian Society of Clinical Psychology and Psychotherapy to hold a seminar in Milan on "Online psychotherapy: between theory and practice". We remember a wonderful day of listening and discussion, full of curiosity and shared reflections. The two papers and the debate are still available on the web.

But, little by little, the thing became karst: the online setting was certainly practiced on the rare occasions of need of the moment, but it was not talked about. We do not seem to recall any further publication, in the years immediately following, on this topic in the official journals of the Italian psychoanalytical community or in the most important international ones.

Despite this, we thought we had at least helped to indicate a direction, a possible subject of study or reflection. We did not expect that online therapy would one day be "discovered" by Italian therapists (but not only!) as one of the "novelties" forcedly introduced by the Covid-19 pandemic.

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Online Psychotherapy Before the Covid-19 Pandemic

Silvio A. Merciai

Abstract

A brief history of the development of online psychotherapy (in particular of psychoanalytic psychotherapy) until the outbreak of Covid-19 pandemic.

Keywords

Covid-19 pandemic; online psychotherapy; remote psychoanalysis; transference; setting

The Spread of Online Therapy

In the last decade of the last century, the Internet, no longer a mere object of IT professionals' attention, exploded on the world stage. In very rapid succession, the HTML language and the URL specifications appeared, Amazon, Yahoo, eBay, and Google were founded, the JAVA language/environment was developed, the war between the various browsers started, and the possibility of multimedia hacking appeared with the availability of Napster. The foundations were laid for the overwhelming impact of the Internet on all ways of life – trade, entertainment, information, communication, and so on – in the Western world.

Obviously, psychology was also involved in this change – albeit initially in a very minor and subdued way – attracted by the fascination of exploring the so-called cyberspace: its phenomenology and its psychodynamics; the possibility that it could host real and meaningful interpersonal relationships (an idea yet often denied today, in the name of a now outdated distinction between "real relationships" and "virtual relationships"); the spread of transference and regression phenomena up to the inevitable turn towards psychopathology; the concept (initially reported as a joke!) of *Internet addiction*; the issues raised by fictitious identities on the web, and, as a consequence, the proliferation of identity fraud.

A book immediately became a reference and a trailblazer: *Life on the Screen: Identity in the Age of the Internet*, published in 1997 by Sherry Turkle. Focusing on the emergence of a new concept of identity – multiple and decentralized – the book predicted, in almost visionary terms at that time, the impact that the new tools of remote communication, the availability of a potentially unlimited environment of connections and therefore of exchanges, and the growing development of AI techniques would have had on the way of living and thinking in the Western world.

The most systematic treatment of cyberspace – the psychology of the thousand aspects of the world that was being built on the Internet, with its specific geographies and hierarchies – could be found, of course, on the Web and was authored by John Suler (a pupil, among others, of Nancy McWilliams), who, starting from 1996, published as an hypertext *Psychology of Cyberspace*: revised, modified and expanded over the course of twenty years, it also became, in 2015, a printed book: *Psychology of the Digital Age.* In its final version, this hypertext consisted of seven sections: *The Basic Psychological Qualities of Cyberspace* (here, among other things, we find the first statement and definition of the online disinhibition effect); *The Psychology of the Individual in Cyberspace*; *The Psychology of Cyberspace Relationships*; *Group Dynamics in Cyberspace*; *Research Methods in Cyberpsychology*; *Life at the Palace* (the *Palace* was an online multimedia community, whose members interacted as avatars: the antecedent of contemporary social media, in a way); *Psychotherapy and Clinical Work in Cyberspace* (it might be worth following the link if only to see the photoshopped image Suler uses to introduce the topic of the feasibility of remote psychotherapy).

Starting from the impetus constituted by the publication of Suler's hypertext, the *International Society for Mental Health Online* (ISMHO) was established in 1997 as a community of scholars and professionals interested in exploring and promoting mental health in the digital age. Soon after its foundation, Suler and Michael Fenichel, former animator of *Cyberpsychology*, set up *The Online Clinical Case Study Group of the International Society for Mental Health Online* (22 members, among them Azy Barak, Robert Hsiung and Gary Stofle: the last report was published in 2003), specifically dedicated to the study of the feasibility, problems and psychodynamics of online psychotherapy (which at that time was essentially text-based, i.e., email and chat). The activity of the study group also sprouted the first attempts to systematize the use of online therapy and to prepare the necessary updating for practitioners interested in opening to the potential of the online world. Robert C. Hsiung was the first to try, in 2002, editing a collection of papers in the book *E-Therapy: Case Studies, Guiding Principles, and the Clinical Potential of the Internet*: his explicit intent was to put to a good use the first experiences of clinicians, lawyers, patients, tele-psychiatrists and webmasters to accompany the professional on the path of online therapy; on the whole, a still very cautious text that did not go beyond stating, rather obviously, that email could be a useful additional tool for in-person therapy.

Decidedly much more optimistic would have been the position expressed in the book edited a few years later, in 2008, by Azy Barak *Psychological Aspects of Cyberspace: Theory, Research, Applications*: the chapter on online therapy (*Cybertherapeutic Theory and Techniques*) is written by John Suler, and in his contribution the possibility appears of adding to asynchronous techniques (such as email, which in the first years of the millennium experienced its maximum expansion and popularity), new synchrony tools (chat, VOIP telephony, videoconferencing: the latter still very much at its beginning and strongly limited by the available platforms and by the relative slowness of the interconnections). But the path towards an "official" acceptance of the remote

forms of therapeutic intervention would have been very slow: for instance, *Psychologists' desk reference*, a classic basic text well known in the United States, will give account and some legitimacy to online phenomena (with contributions, among others, by John M. Grohol – the founder of *PsychCentral* [now *Help & Heal*] in which other sites, such as Martha Ainsworth's *Metanoia,* were later merged – and by Marlene M. Maheu and Myron L. Pulier, who later merged into the *Telebehavioral Health Institute*, currently rebranded to Telehealth.org, founded by Maheu herself) only in its third edition (2013); in the second one (2005), instead, only a very short contribution by John M. Grohol appeared (*Top Internet Sites for Psychologists and Their Clients*).

But the pace of change was really very fast at that time: in 2003, the world of telephony had been turned upside down by the implementation of the new Skype protocols, which not only ensured the possibility of free communication (therapies by phone were already in use before the advent of the Internet, but the question of cost was often a hindrance and an obstacle) but that even soon would add video-telephony to the list of available tools, almost free of charge. Thus, webcams began to spread (today they are present by default on almost every device, but at the time they were accessories that had to be purchased separately, at a significant cost, and were not plug-in peripherals). Soon afterwards, the so-called social networks were born and developed (Facebook, founded in 2004 and opened to over 13 with a valid email address since 2006; LinkedIn in 2003; WhatsApp, in 2009; etc.). People found themselves increasingly accustomed to using the net to get information, to communicate, to manage economic operations; the spread and the increasingly advanced technology of smartphones (starting with the iPhone, launched by Steve Jobs in 2007) were the decisive push towards an increasingly connected digital world. Even psychotherapists were starting to become more familiar with telematic tools...

A whole new era began, the one we are experiencing today: especially in the United States, a country of great distances with populous agglomerations of big cities and a thousand small groups of scattered villages, where reaching a patient and making available to him the possibility of a therapeutic intervention (not only psycho-) was – and is – a necessity that can only be filled by remote intervention. Despite the objective obstacle represented by the attitude of many institutions, reluctant to grant refunds for remote activities, and undermined by the legislative framework, which allows to practice only to licensed professionals for each single state (i.e., the authorization to practice is limited by state boundaries and is not federal: a therapist licensed in California, for instance, cannot follow a patient residing in Oregon; limitations, however, temporarily revised and softened in the current pandemic moment), the development of online therapy has been impetuous and has certainly also become confused, poorly regulated, and governed by strictly commercial logics (see the New York Magazine review, March 2021). Framed in the broader chapter of *telehealth* and now offered both by private individuals and large organizations (see for instance *OnlineTherapy*, well before the pandemic), remote psychological therapy, variously named, has become a consolidated reality in the US world. A lucid and extensive

testimony of this is the book edited by Marlene M. Maheu, Kenneth P. Drude and Shawna D. Wright, *Career Paths in Telemental Health,* published in 2017, and also the extensive bibliography edited by the *Telebehavioral Health Institute-Telehealth.org*, which has become one of the most established consulting and training organizations in the sector (see the interview with Marlene Maheu in this issue).

As the reader can find in that bibliography a huge number of updated references concerning the spread of telehealth and remote psychotherapy in general, I will now limit myself, in the rest of the present article, to offer some hints on the specific history of online "psychoanalysis". However, before leaving the general topic, I would still like to point out that, despite the now widespread development of forms of remote intervention, much remains to be done above all in terms of theory and efficacy evaluations. Furthermore, we are still a long way from formalizing a univocal terminology for the various interventions carried out on the Internet, an indispensable requirement for rationalizing research (see, for example, the conclusions of the *Consensus statement on the problem of terminology in psychological interventions using the Internet or digital components,* 2020; 23 experts, among them Azy Barak).

The Evolution of Online Psychotherapy/Psychoanalysis

The idea of remote psychoanalysis, that is, not taking place in the traditional setting and on the "sacred" couch, predates the development of the Internet. Like all the authors who have dealt with it, I too will begin by referring to Leon J. Saul who, back in the 1950s (Saul, 1951), had written about the possibility of using the telephone to conduct clinical work; noting that the subject was not discussed and neither studied nor taught, Saul had hoped that his work

> *would leave professionals feeling less hazy in their understanding of the practical, theoretical, and technical implications of the increasing use of the telephone in psychotherapy*

but it all had remained under the radar. Practiced, certainly, but in a kind of clandestine way (too "different" from the established rules of the psychoanalytic setting) and therefore not declared and even less explicitly object of study.

The history of telephone analysis is still waiting to be properly reconstructed (Davies, 2021), covered as it has been in the last twenty years by the overwhelming emergence of the new remote communication techniques allowed by the spread of the Internet. Among the few articles published on the subject, I would like to recall here, in 1998, the one by Sharon Zalusky, *Telephone Analysis: Out of Sight, But not out of Mind*, authoritatively published in the *Journal of American Psychoanalytic Association;* the author notes, with some amazement, that while presenting her paper to the psychoanalytic center she belonged to, she realized that

> *the more one talks about telephone analysis, the more one hears about its practice*

It was not until the beginning of the new millennium that the situation began to catch on, and Joyce Aronson bravely published a collection of papers with the explicit title of *Use of the Telephone in Psychotherapy*. But it was soon panned: dismissed as incompatible with the normal unfolding of the analytic process by Simona Argentieri and Jacqueline Amati Mehler in their much-cited but relatively unobtainable 2003 paper (*Telephone 'analysis': 'Hello, who's speaking?)* and again by Habib and Brainsky, also in 2003. On the contrary, in a panel of the *American Psychoanalytic Association* in 2005, Charles Hanly, a protagonist in the discussions on the adoption of the new ways of working remotely, had expressed himself positively about telephone analysis, noting that it was entirely compatible with preserving the fundamental functions of the analytic process: but his speech at the panel, and similar statements on other official occasions, were not published.

The appearance of the Internet significantly changed the situation, as it was predictable: but the psychoanalytic world, as we saw previously for the psychological and psychotherapeutic world in general, got involved slowly and with a thousand cautions. Outside the official circuits of the mainstream, Robert Maxwell Young, a complex figure of psychoanalyst, historian and philosopher of science and activist (he founded the journal *Free Associations*) tried to take psychotherapists by the hand and walk them to use the Internet with an article in 1995, *Psychoanalysis and/of the Internet*, and then, in 2002, with his *Guide to the Internet for Psychotherapists and Psychoanalysts*, but he did not have much following.

The spread of email and the appearance of the first studies on cyberspace, however, encouraged the IPA to consider the new perspectives that might open, particularly in relation to the growing issues that had to be dealt with in its training procedures. Commenting on the symposium *Psychoanalysis at the Crossroads: The Challenge of Developing New Institutes* (White Plains, New York, 1997), dedicated, among other things, to the discussion of so-called *concentrated analysis*, Alvaro Rey de Castro from Peru advocated the possibility of starting to think about the new tools made available by technology:

> *It seems to me that many, perhaps out of generational inertia, have allowed themselves to be sidelined by these innovations, reassuring themselves with the rationalization that 'nothing can replace personal contact' and similar arguments. No one is suggesting that technology can satisfactorily replace a personal analysis, but it is certainly a valuable instrument for the transmission of theoretical knowledge and information. It is unquestionably useful for supervisions (...) Let us not forget that Freud - if we cannot avoid a hagiographic simile of this kind - was one of the first users of the telephone in Vienna.*

In this context, the IPA 1998 newsletter reported on the establishment of an *Ad hoc Committee on IPA Email Discussion Forum* (chaired by Dominique Scarfone, and composed by Robert Galatzer-Levy, Romulo Lander, Peter Fonagy, Joseph Sandler

and myself; Eric Karas joined later), whose mandate was to consider and formulate the optimal configuration of a discussion panel reserved for IPA members only. The committee worked with many difficulties and lack of vivacity of exchanges among its members and ended up sending back the mandate with some minor suggestions in view of the forthcoming reorganization of the IPA website itself (the main one of them went in the sense of creating an open e-journal where members of the IPA societies could publish their contributions in view of a possible preliminary debate: a bit like the role currently played by the *International Journal of Psychoanalysis Open*, *IJP Open*). Very far, then, from any possible use in the clinical setting.

The use of email as a possible alternative situation or contribution to the setting was thus practically ignored (at least officially) by most psychoanalysts, even though Glen O. Gabbard, with all the weight of his authority, had manifested (in 2001) his interest in the question of the use that some patients could make of it as an additional element to the normal sequence of in-person sessions (*Cyberpassion: E-rotic Transference on the Internet*). Reporting in details the case of Rachel and the numerous email exchanges he had had with his patient, he concludes by stating:

> *Rachel's cybercommunication expanded the boundary of the analytic experience. As I struggled with matters of confidentiality, sexual excitement, and the feeling that I was colluding in some form of secret cybersex, I was aware of my own anxieties about expanding and redefining the boundaries of analysis. Was I transgressing a boundary by incorporating e-mail communication into analysis, or was I breaking new ground on the analytic frontier in a constructive and creative way?*

Starting from the second decade of our century, however, psychoanalysis too discovered that it could no longer refrain from considering the opportunities offered by the now widespread new technologies (video calling, in particular, was beginning to become a reality): the crisis in the sector played a significant role (fewer and fewer people willing to undergo a lengthy, costly treatment, and alas!, poorly supported by serious and competitive scientific research), making it necessary to broaden the range of potential users. Thus, psychoanalysts discovered not only that they could continue to follow their patients even when they, forced by the demands of an increasingly globalized and mobile world of work, declared they could not guarantee a long and continuous presence in a given place: but they also realized that instead of simply tapping into the potential clientele of their fellow citizens (or of their neighborhoods, in the vast US megacities) it was now possible to try to attract potential patients from areas further away from the big cities, where the demand was just as lively but the response has traditionally been less available. In other words, they discovered the possibility of remote psychoanalysis (and remote training) mainly as a "clinical survival method", as Ricardo Carlino (2011) puts it.

The IPA dealt with that topic officially for the first time in 2009, in the framework of its 46th congress held in Chicago, with the panel dedicated to telephone analysis that I

mentioned previously, moderated by Charles Hanly (Jill Savege Scharff reports on it in the *International Journal of Psychoanalysis* in 2010). Skype had been released and telephone analysis was transforming into the first forms of video-call analysis. The attitude of the participants, coming from the United States, Great Britain, Australia, and Argentina, was open to new technologies, as

> *psychoanalysis is primarily the encounter with an understanding mind in whatever setting that may occur*

and they were interested in studying the possible new openings, without foreclosures or prejudices:

> *The panel objected to the claim that psychoanalysis is chasing after technology as an alternative to in-depth in-person work and that telephone analysis is not analysis. They asserted that psychoanalysts continue to value the study of the in-person analytic dyad but are adapting to cultural shifts by experimenting with the supplementary use of the telephone, videoconference, and Skype in their practice and teaching of psychoanalysis.*
> *Psychoanalysis has been responding to cultural developments since Freud, and then, as now, this responsiveness opens up new pathways of understanding.*
> *The use of telephone and Skype for the practice of psychoanalysis (...) is much wider than generally admitted because of analysts' guilt about acting without full authority, fear of sanction, and concern about income.*

These statements probably echoed an official statement by the IPA Board a few years earlier, in which the use of psychoanalysis sessions for training purposes in remote form was accepted only if alternating with in-person sessions. The idea at the time was that having established an in-person relationship would provide sufficient support for the effectiveness of any sessions conducted, by necessity, remotely, as had been the case for years with the alternation of in-person and telephone sessions when patients could not be present.

It was Savege Scharff, in 2012, to inaugurate the direct commitment of IPA research on online psychoanalysis with an article (*Clinical issues in analyses over the telephone and the Internet*) that sets out very clearly the terms of the issue and the areas of research (differences from traditional analysis, issues of privacy, peculiarities of regression and specificity of the setting, lack of bodily dimension, indications and counter-indications, etc.). In her paper she exposes some clinical material (taken from Mr. M's therapy, conducted partly in person and partly by telephone due to Mr. M's transfer for work to an area without analysts) and clears distance therapy to all intents and purposes:

> *(...) analysis by telephone, VOIP and videotechnology is indicated at the individual level in exceptional circumstances to augment analytic continuity. Of necessity, psychoanalysis is making increasing use of the telephone, videoconference and VOIP in clinical practice and in teaching. Out of that*

necessity, teleanalysis finds an opportunity for opening up new pathways of understanding and extending the reach of psychoanalysis to new frontiers.

What has been pushing very hard (and controversially) in the meantime has been the international issue of the analytic training, with the IPA aimed at meeting the demand to create first nuclei of psychoanalysts regularly trained according to its standards in areas completely devoid of psychoanalytic Institutes and therefore of possible training analysts: China, in the first place. Here, starting in 2006 (and the program is still ongoing), the *China American Psychoanalytic Alliance* (CAPA) program unfolded. It provides a training of psychodynamic psychotherapists (there is no explicit mention of "psychoanalysts"!) essentially through remote analysis, supervision and training seminars held by US, Latin American, European and Israeli psychoanalysts: a courageous program, given also the difficulties linked to the use of language (English versus Mandarin) and the substantial cultural differences between the Western and Chinese worlds. I asked Paolo Migone, who took part in this experience, to give us a brief account of it:

Since 1982, a group of German psychoanalysts used to travel to China for five days a year, mainly to Beijing and Shanghai, to hold courses in a very informal way. In 2001, Elyse Snyder, an American analyst, founded the China American Psychoanalytic Alliance (CAPA), which currently has about 400 members from various psychoanalytic associations, including above all the American Psychoanalytic Association, the Contemporary Freudian Society, the Institute for Psychoanalytic Training and Research (IPTAR) and the William Alanson White Institute, as well as about 200 Chinese members. Initially, only supervision was offered and some members went to China for a few weeks a year to teach courses; then gradually the demand for training increased: the first two-year basic training program was organized in 2008, and the first two-year advanced training program in 2011. The courses consist of four hours of lectures and one hour of supervision per week for thirty weeks a year, always using the videoconference mode, usually Zoom. In addition to supervision, reduced-cost online psychoanalysis and psychotherapy is provided by Western therapists. This service is directed by Lana P. Fishkin and started in 2005, with currently more than 65 people in psychoanalysis (three-five sessions per week) and more than 100 in psychotherapy (one-two sessions per week). More than 130 analyses and about 185 psychodynamic therapies have been completed. Courses are also held to train supervisors (enrolment is limited to graduates) and teachers, to teach infant observation, and continuing education courses are offered on various topics.

Recently, more than 500 students and graduates have formed an association called CAPA in China (CIC), which currently has local groups in Beijing, Chengdu, Wuhan, Shanghai, Shenzhen, Jiangsu, Hubei and Zhejiang, where supervision and introductory courses in psychodynamic therapy are offered, and which held its first national congress in 2020. CAPA's first national congress will be held in Chengdu in October 2021. CAPA also publishes a

> *newsletter (CAPA News). Many books on psychoanalytic theory and technique have been translated into Chinese, although English is spoken quite well by students, and lectures, supervision and therapy are held in English.*

Preliminary results (Fishkin & Fishkin, 2011; Rosen, 2010), relevant to our discussion, indicate that a transference relationship develops regularly and that the protocols of the sessions, read by independent observers, are not distinguishable from those of regular in-person sessions (these results have been disputed, for example in Russell's book mentioned below, in the light of the experiences that occurred when some of the training analysts involved in the project went to China and made themselves available to meet in person with their analysands).

A few years later (2014) the IPA approved a document (gradually revised over the years) that allows, in certain cases and with appropriate precautions and limitations, to carry out part of the psychoanalytic training at a distance (suitably integrated with sessions in *shuttle analysis* or *in the room analysis*):

> *Remote sessions can only be approved as part of a training analysis in exceptional circumstances: when they are essential in relation to the need to train an initial core of analysts in an area where there is no IPA presence. Those who have been trained in this way can then offer an 'in the room' analysis to train candidates.*
> *In order to comply with equality legislation, this option must now also be available to people with disabilities who would otherwise not be able to access the training.*

Limits later reaffirmed in the *Practice Note: on the Use of Telephone and/or VoIP Technologies in Analysis*, published in 2017 and revised in 2020:

> *We emphasise that the analysis is conducted in the same room in person and that other forms of analysis should only be carried out in exceptional circumstances.*

As far as distance analysis is concerned, there is and should be noted an important difference between the IPA and the APSaA, the *American Psychoanalytic Association* (which, as a Regional Association, has autonomy on many issues, including training). That is how Lee Jaffe, current president of APSaA, sums it up:

> *Our standards allow for greater variation in the requirements for in-person sessions (compared to those of the IPA) for distance training. (...) For the IPA, remote training analysis must first be approved by a series of interviews with IPA representatives; if approved, a minimum of one year of in-person analysis is required, with at least one month per year of in-person sessions thereafter. Consequently, these requirements impose substantial limitations on the likelihood of remote training being feasible.*

Stefano Bolognini (see also the interview with Stefano Bolognini in this issue) spoke authoritatively as IPA president about remote analysis in 2015, in his speech at the IPA

congress in Boston: it was an official opening, at the highest possible institutional level, even if still cautious and doubtful. [Harriet Wolfe, the current President who just took office, has reaffirmed IPA's commitment to the issue of distance analysis and distance training stating in the IPA Newsletter (July 30, 2021) that "we will be exploring in great detail the questions that distance analysis and distance training raise so that we can identify what is best for the profession going forward".]

So, the road was open, but unfortunately with it also the old and recurrent "this is not psychoanalysis" debate. Paolo Migone (see Migone in this issue) tried – in vain – to deal with it by reproposing (in 2013) in the journal *Psychoanalytic Psychology* his theses on the incongruity of these discussions (already expressed in the 90s, but in articles in Italian, therefore inevitably little known in the international literature): his article, *Psychoanalysis on the Internet*, although widely quoted (probably because of the title...), did not have the influence it deserved (few were evidently attracted also by the subtitle: *A Discussion of its Theoretical Implications for both Online and Offline Therapeutic Technique*).

Online psychotherapy thus became, in the decade 2010-2020, a widespread practice, relatively "authorized", sometimes applied lightly and superficially (the famous sessions in which the analyst speaks from a hotel bedroom...), but still imbued with a dimension of exceptionality, often verging on a "rather than nothing" condition: discussed and theorized, but always in terms of a practice to be implemented when it was not possible to achieve the classic setting of in-person therapy.

In this period, and therefore before the onset of the pandemic, the official literature was not very concerned with online psychotherapy/psychoanalysis, but a series of reference texts were published, which I will now mention, to build a sort of small reasoned bibliography for the reader.

Ricardo Carlino, Psychoanalysis at a Distance

Ricardo Carlino, a well-known Argentinean psychoanalyst, published in 2011 *Distance Psychoanalysis: The Theory and Practice of Using Communication Technology in the Clinic*, a courageous book in which he analyzes all the forms available at that time of distance therapy (telephone, Skype, email, chat). The book deals with technical and legal issues (the question of privacy) and invites the psychoanalytic world to use openly, and therefore to discuss and theorize, these new ways of conducting the analytical dialogue. Carlino focused in particular around the myth of the alleged "virtuality" of the remote situation and tried to untie the concept of "presence" from that of "physical proximity":

> *When one achieves a certain or honest feeling of proximity in the "contact" and closeness in the "encounter", it is the result of the psychoanalytic depth that operates by minimizing or decoupling the significance and importance of the possible effect of geographical distance.*
> *In the distance framework, the idea of presence is separated from the need*

> *to be in front of the other person. It acquires an abstract and symbolic conception. The presence, when separating it from the need of a direct physical meeting, is bound to the idea of contact and encounter between analyst and patient.*

Thanks also to Horacio Etchegoyen's prestigious preface, the idea was cleared that it is possible to reproduce in online work the characteristics that favor the effectiveness of psychoanalysis in person, such as the patient's free associations and the psychoanalyst's floating attention; it is psychoanalysis, even if the setting is substantially modified.

> *Carlino has had the courage to assimilate the changes that have come about in the modern world and argues that Freud's psychoanalytic method can continue to be applied in this new setting. The analytic system, with a patient freely associating his/her occurrences, together with an analyst who listens in silence and communicates his/her interpretation, has remained unaltered. This is precisely what Carlino develops so thoroughly in this book. Although the modus operandi has changed, the spirit of the analysis remains the same as always.*

At the beginning of his book, the author refers to the important issue of resistance by colleagues when it comes to discussing the opportunity of online psychoanalysis, an issue which I believe has greatly influenced the possibility of a genuine evaluation, free from prejudice, around the efficacy of the online encounter until at least the advent of the pandemic. This is an important change of setting that, like all "modifications", requires a significant adjustment: a change from the "classic" method, which must be worked through and understood, starting from the way in which the analyst himself relates to cyberspace, to online, to technology, to the screen between the two protagonists. Inevitably, a third party is introduced, which has a weight above all within the mind of the analyst himself, a kind of transference from the analyst to the technologic medium. [The issue of a third, “the triad”, is extensively dealt with in the recent book *The Distance Cure*, by Hannah Zeavin]

Alessandra Lemma: Psychoanalysis and the New Media

Alessandra Lemma, who in 2014 had edited with Luigi Caparrotta *Psychoanalysis in the Technoculture Era,* a text dedicated to the discussion of clinical practice in the moment of digital expansion, published in 2017 *The Digital Age on the Couch: Psychoanalytic Practice and New Media*, a nimble book, a pleasant read, full of clinical vignettes (not always self-praising!), dedicated to the exploration *outside in* and *inside out of* digital issues. The first part discusses the role of technology in the development of personality, with reference to sexual development in adolescence: Lemma refers here to her previous works about the body and *embodied mind* and to the famous film *Her* (which is also referred to in another article in this issue). In the second part, dedicated to the theme of the therapeutic relationship at a distance, the author expresses a position of cautious openness towards the new possibilities offered by the

telecommunication tools and outlines their possible limits and risks but also potentialities; hers seems to be the position of an open and curious psychoanalysis towards the new, far from unjustified enthusiasm but also from preconceived and corporative closures.

Gillian Isaacs Russell and Todd Essig, Psychoanalysis Through the Screen

Gillian Isaacs Russell published in 2015 *Screen Relations. The Limits of Computer-Mediated Psychoanalysis and Psychotherapy*, recounting her experience as an analyst moving from Great Britain to the United States (and therefore needing to access forms of distance therapy) and giving an account of her reflections, concerns, and perplexities in the face of the growing and relatively uncritical assumption by many analysts of the new forms of setting. I will provide an extensive discussion of her position as Russell (together with Essig, see below) is currently the most important reference of those in the world of psychoanalysis who oppose or are critical of the development of remote therapy.

The sense of the book, which is well documented, embellished by the first-person comments of patients and colleagues in distance therapy and rich in many respects (references to neuroscientific literature, cognitivism, infant research, communication science and technology), is that remote treatment *can in no case be considered equivalent to in-person treatment*: that it can, of course, be used in cases of necessity (the famous "better than nothing") but knowing − and letting the patients know − that they are offered something different and certainly less effective. This, essentially because contemporary psychoanalysis is no longer a practice of word exchange, but instead the discipline of "bodily" interactions between patient and analyst (here the influence of Schore's thought is evident) and therefore the lack of a body in a spatially shared setting inevitably undermines its very possibility of explication.

The author of the preface to the book is Todd Essig, the founder and director of *The Psychoanalytic Connection* who, from 1993 to 2009, has developed numerous initiatives with the aim of walking mental health professionals to the new digital technologies (and who defines himself, besides being a psychoanalyst, also as a kind of nerd): and who from an initial enthusiasm for the new telecommunication technologies has then turned into a staunch defender of in-person psychoanalysis (e.g.: *The Gains and Losses of Screen Relations: A Clinical Approach to Simulation Entrapment and Simulation Avoidance in a Case of Excessive Internet Pornography Use*, in 2015), also due to the fear that the remote relationship might sooner or later result in a relationship with an app (*robotic psychotherapy*), perhaps managed by an AI agent. The *simulation entrapment,* which he theorized, consists in being so caught up in the liveliness of the simulation – for example in the remote therapeutic relationship, which simulates a real encounter – that one forgets, in a sort of denial, the fact of being "only" in a simulation. Hence the need to understand online psychotherapy as something radically different from in-person therapy: and, when

taking on a patient in remote therapy, the ethical obligation to inform the patient of the advantages (few!) and the disadvantages (many!) of the remote situation, still to be considered as experimental and lacking a consolidated base of scientific evidence about its effectiveness.

Sherry Turkle has also written about the same issues, she herself having turned from an initial moment of favor (see before) to a subsequent attitude of deep concern for the development of technology. In her 2011 book, *Alone Together*, and in her 2015 one, *Reclaiming Conversation: The Power of Talk in a Digital Age*, she alarmingly underlines the digital advance in Western culture as something that questions our very humanity. We need meetings, in-person conversations, and not (or at least not only, not overwhelmingly) technology-mediated encounters (the spread of social media and their massive use, especially by teenagers, is undoubtedly a major problem in our contemporary culture). Her latest book, *The Empathy Diaries: A Memoir* (2021), is both a personal autobiography and an account of her research activity on the themes of technology and empathy, written in a sweet and intimate tone capable of dealing lightly with even painful and dramatic aspects of her personal human story.

> *By respecting her own emotional, social, and intellectual history with careful—even loving—attention, Sherry Turkle shows what rescue from the crisis of technological disconnect looks like. Intimate, compassionate, and critical, her book instructs, edifies, and heals.* [James Carroll, Advance Praise]

In this book, Turkle does not directly address the issue of online therapy, but gives shape to her concerns about the spread and overpowering of technology:

> *We nurture what we love, but we love what we nurture. After taking care of an object, even one as simple as a digital pet that lived in a plastic egg and wanted to be fed and amused on schedule, children (and their parents) got attached to it emotionally. This finding did not have to do with the intelligence or empathic qualities of the digital objects that asked to be taught or tended. It had to do with the vulnerability of people. When machines ask us to care for them, we become attached to these machines and think that the machines care for us. "Pretend empathy" had an awesome weapon: the deep psychology of being human.*
> *And now we were beyond human vulnerabilities and projections. Now the machines were outright declaring their affection.*
> *This is the original sin of artificial intelligence. There is nothing wrong with creating smart machines. We can set them to all kinds of useful tasks. The problem comes up when we create machines that let us think they care for us. "You are the wind beneath my wings", says Siri in response to "Siri, I love you". These "empathy machines" play on our loneliness and, sadly, on our fear of being vulnerable to our own kind. We must confront the downside of living with the robots of our science-fiction dreams. Do we really want to feel empathy for machines that feel nothing for us?*

A summary of all these points of view, still valid today, is represented by the special issue dedicated to the theme of technology produced in 2017 by the journal *Psychoanalytic Perspectives*: Todd Essig and Gillian Isaacs Russell are guest editors of it and an interview with Sherry Turkle concludes a body of six contributions collected for the purpose

> *to seek out authors tuned to difference [between in-person and remote setting], those who wanted to explore what really happens, might happen, cannot happen, and does not happen when one treats via screen relations*

And again, the same worried resistance to the novelty of remote treatment is repeated and asseverated in the contribution *Bodies and screen relations. Moving treatment from wishful thinking to informed decision-making* in *Innovations in Psychoanalysis. Originality, Development, Progress* edited in 2020 by Aner Govrin and Jon Mills, where they state

> *But we believe, and will argue in this chapter, that such techno-dreams of remote therapy are not innovative. That promise is empty. It expresses yesterday's future, not today's. Instead, innovation in psychoanalysis and technology is the next step of championing "local therapy", both clinically and culturally, while keeping "remote therapy" as a better-than-nothing compromise.*
> *(...) what we are working towards is a future in which understanding what local therapy affords that remote therapy cannot will increasingly be seen as an innovative, cutting-edge, and culturally relevant practice that champions core psychoanalytic values of intimacy, relatedness, and reflection.*

and, echoing Turkle in *Alone Together*, argue:

> *The experience of having enthusiastically embraced technology's shimmering promises only to end up surprised and disappointed by realities that fall far short of that promise is increasingly common among all age groups. In other words, our view on psychoanalytic innovation is part of an emerging cultural trend to expect more from each other and less from technology*

This positioning as expert in remote psychoanalysis earned Todd Essig, who had already been the head of the *New York Disaster Counseling Coalition* in the aftermath of the 9/11 tragedy, the role of chair, along with David Scharff, of the *American Psychoanalytic Association*'s *COVID-19 Advisory Team* (Russell had an important collaborative role in it). The team has worked in advising thousands of professionals and producing reference materials to assist less experienced colleagues, or those unfamiliar with the new organization of the setting, in making the transition to the distance mode imposed by the pandemic protection regulations, starting with the republication of the *Remote Session Guidelines for Periods of Restricted Travel* (from the 2020 chapter just mentioned), also taken up by the IPA in the page of *Recommendations for Psychoanalysts Regarding the Use of Videoconferencing in their*

Practice, to which a series of seminars were gradually added: *Emergency Conversion to Tele-Treatment - Making it work* and *Initiating Treatment During the Pandemic: A Roundtable Discussion* by Essig, and *Remote Therapy Webinar*, by Russell and Essig.

In giving an account for this work of promotion and assistance, as well as their own experience as psychoanalysts working during the pandemic (Essig & Russell, 2021), the authors show that they have not changed their views:

> *Our hope is that post-pandemic life just might be able to include more than a one-sided appreciation of what technology can and cannot do for us, more than just increase our knowledge about teletherapy and teleanalysis. The "more" we hope for is that post-pandemic life will fundamentally include a renewed love for and commitment to the value of what is only possible in human relationships and intimacy when we are bodies together in the same place at the same time*

Jill Savege Scharff, Psychoanalysis Online

Jill Savege Scharff is undoubtedly the main reference in the contemporary international psychoanalytic literature on the topic of remote therapy (I mentioned her earlier). She published the four volumes of *Psychoanalysis Online* (2013, 2015, 2017, 2018) that can be considered the starting point for any study of the topic.

The first volume (*Mental Health, Teletherapy, and Training*) deals with online psychotherapy (via telephone or video-call) and the impact of new technologies on training, after a general introduction on the social and cultural significance of new technologies. The second volume, *Impact of Technology on Development, Training, and Therapy,* focuses on the impact of technology on various aspects of life, both from the point of view of the development of the person and of specific cases of remote clinical work. The third volume (*The Teleanalytic Setting*) continues her multifaceted investigation, focusing on the conditions in which remote work is carried out, the setting up of the frame and work in special conditions, such as with patients from the LGBTIQ+ community. The last (for now!) of the four volumes (*Teleanalytic Practice, Teaching, and Clinical Research*) enumerates the results of qualitative research on the effectiveness of remote psychotherapy, remote psychoanalysis, and distance teaching: the studies reported seem to support the hypothesis that affection and imagination – the transference, in other words – are capable of compensating for physical remoteness.

The contributions of these volumes are too many to make any specific mention here (but perhaps this will stimulate the reader to draw directly...): the positive confidence in the possibilities of the remote medium transpires from all of them, and online psychotherapy and psychoanalysis here acquire their own specificity as such, that is, without having to repeat every time that they work and that they are rightly placed in the area of the psychodynamic work with our patients. As such, they are worth of studies, qualitative and quantitative research, and validations of effectiveness: redeeming online therapy from the "better than nothing" or "second rate therapy" that

has accompanied its development over the last decades.

These four volumes are published in the series, directed by Savege Scharff herself, *The Library of Technology and Mental Health* at Routledge, which is currently the reference collection for the scholar (Carlino's and Russell's volumes, which we mentioned earlier, are also published there, together with the book by Marzi, *Psychoanalysis, Identity, and the Internet: Explorations into Cyberspace*, whose original Italian edition is mentioned in another article in this issue): the last text published in order of time is *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Groups, Families, and Organizations*, edited by Haim Weinberg and Arnon Rolnick (2019), that we also mention here because, while not specifically dedicated to psychodynamic therapy, it offers important suggestions about the possibility of offering online couple and family therapy, as well as online group therapy.

The Pandemic

We are now at the threshold of the pandemic, when the new reality of the lockdown will impose the transition to online therapy in many parts of the world: I believe that this *excursus* shows that in 2020 the theoretical foundations to carry out this transition had already been laid and that a reference literature was available and up-to-date, full of practical suggestions and clinical research ideas. But the relative lack of knowledge of these theoretical references, which however had remained quite *niche* within the mainstream, and above all the idea that remote psychotherapy was a sort of fallback and, as such, little practiced and even less discussed and studied by the psychoanalytic community (it would be enough to observe the relative absence, before the pandemic, of papers and studies about remote treatment published in the most quoted international journals) have meant that, more or less everywhere, practitioners arrived at the appointment with the Covid-19 tragedy relatively unprepared and taken by surprise in the need to "discover and invent" the new distance techniques at the very moment of having to resort to them.

Thus the pandemic has forced international psychoanalysis into an unwanted and massive effort of experimentation and adaptation, reopening questions not only about the specifics of intervention techniques (online versus offline) but also about the very place of our discipline in relation to the social and political problems of communities: a perhaps irreversible path of change on which we are beginning to reflect (see for example the special issue *Notes From a Pandemic: A Year of COVID-19* of the journal *Psychoanalytic Psychology* and its video presentation) and that certainly, at the end of the pandemic, will not make us go back to how we were before...

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Meanwhile in Italy – History of Online Psychotherapy Before the Covid-19 Pandemic

Pietro Roberto Goisis and *Giorgia Lauro*

Abstract

In Italy, too, the advent of technology has brought about a change in the daily lives of every individual, as well as professionals in the field of mental health. Transposing this discourse into the clinical area and attempting to trace a course of how we have moved into the second millennium is an arduous undertaking. The lack of scientific material, studies, reflections, thoughts, and writings could on the one hand reveal a specific "resistance" in positively accepting the sudden changes that characterize today's techno-liquid society, but also invite us to reflect on how Italian culture is characterized by a strong attachment to traditionalism. The article moves along three lines: the Internet, regulations and the clinic.

Keywords

Internet, regulations, online therapy, changes, experiences

The First Websites for Psychology

Towards the end of the last century, it became apparent that the Internet could also concern the world of psychiatry and psychology. Those who deal with these subjects of knowledge and care must dialogue and use the medium. At that precise moment in history, it was necessary to begin the process by exploiting the textual channel, trying through written words to acquire a new space that could not only reach more people, but also try to weave new ways of relating through ”making information”.

Thus, in a short space of time, three different realities were born and developed.

- *POL.it - Psychiatry on line Italia*, founded in 1995 by Francesco Bollorino and still active as a scientific journal registered with the court of Genoa, was the first website in the field of psychiatry, which later also dealt with psychotherapy and psychology: it offers a multitude of sections on many topics - from Freud and Lacan to *Life online* and neuroscience - and allows its users to keep up to date through news, columns, videos or to follow debates through thematic discussion groups for professionals.
- It was 1996 when, still only a SPI candidate, Marco Longo founded *Psychomedia*, presented as the first Italian portal of Psychiatry, Psychology, Psychoanalysis and Psychotherapy. More than 25 years have passed and the

website, besides offering theoretical ideas and accounts of experiences, is a sort of online library where articles, seminars, conference proceedings, specialization theses, books, journals, reviews and so on are collected. We should be thankful to this technological tool if today we can consult this virtual room whose capacity is to take us back in time and carefully evaluate all the progress made.

- *Psiconline – Psicologia e psicologi in rete* (headed by Luigi Di Giuseppe) was set up in 1999 with the specific aim of providing education, information and psychological information to the public. The peculiarity of this reality, which was smaller than the other two, was that it contained chats with questions on specific topics; in addition, there was a section called "The expert's answers" in which, through an e-mail, users could express their problems and receive an answer from a psychologist and/or psychotherapist. More than 350 users visited the site every day, together with more than 30 e-mails requesting support. Already at that time, therefore, many people trusted that their psychological problems could be answered online.

OpsOnline, born in 2001 from an idea of Nicola Piccinini, should be added to the list. Initially conceived as a site for psychology students, it almost immediately became a community with intense discussions between psychologists, psychotherapists and sometimes even university professors.

The Italian Psychoanalytic Society rapidly showed interest in the new tools of telematics: towards the end of the 1990s, Silvio A. Merciai, in charge of coordinating the progressive computerization of the Society and its local Centers, had been the webmaster of the Society's official site (the first European site of an I.P.A. Society) originally hosting it in his webspace, and had opened a mailing list reserved for members. Over the years, the website has acquired its own domain (SpiWeb), administered directly by the Executive of the Society, and the mailing list – to which, however, only a little more than one third of the entitled members have subscribed so far – has become one of the communication tools of the Society, under the current technical management of Marco Longo.

In short, there were the premises for a new approach – cautious, of course, due to the novelty and rapidity of the technological advent – that in some way motivated the professional category to ask itself how and in what way to welcome this new way of asking questions, seeking contact, and caring through words, even if at that time only written words, via the web.

Online Therapy in the New Millennium

We have previously seen (see Merciai-Goisis in this same issue) what the very first experiences and reflections in Italy were on the subject of online psychotherapy, and how there was a growing interest in the international literature (particularly in North America) even before the pandemic (see Merciai in this same issue**)**: in our country,

however, in the first years of the new millennium there has been little progress, which has come late and with little consideration for the few who try to underline the opportunities offered by the new technologies.

In the last years of the past century, 1998, came out what we can consider the first Italian book on the subject of online, *Internet for Psychologists*. Written by Luca Pezzullo (current President of the Order of Psychologists of Veneto), it is a short volume, in which the theme of the possibility of online psychotherapy was dealt with, even though it seemed to be a long way off, adding some reflections (speculative, given the minimal experiences in literature at the time) on the possible effects on the setting.

In 2001 (but the book was published late and by a small specialized publisher, due to a complex series of events) Tonino Cantelmi, Simonetta Putti and Massimo Talli edited *@psychotherapy* (Cantelmi, Putti, Talli, 2001), a collection of studies on the phenomenon of distance therapy (among the authors, Vincenzo Caretti, Massimo Di Giannantonio, Francesco Gazzillo, Daniela La Barbera, Vittorio Lingiardi, Marco Longo and Silvio A. Merciai), which presents itself as "the preliminary results of an Italian experimental research": the book illustrates, among other things, the experience of *Psychoinside*, "the first Italian psychiatric center to offer an online counselling and psychotherapy service", on which e-mail-therapy, chat-therapy and web-cam-therapy are practiced, apparently with a certain success (in a few months 3000 people activated a contact and 500 started to attend the chat).

In the same year, Castelnuovo, Gaggioli and Riva (2001) presented a first reflection on the use of digital tools in the field of psychology and mental health and on how they could be integrated into the psychotherapeutic relationship with the client. These are their first observations and perplexities:

> *the most critical issue in this converging space between technology and psychology is to what extent innovative hypermedia tools could influence, block, overcome or support the ancient and functional techniques and protocols of psychotherapy. Is integration possible? In our opinion, the basic principles, methods, techniques, and procedures in the clinical field do not have to be changed: e-therapy does not have to modify the theories, techniques, and methods typical of each approach (psychoanalytic, systemic, cognitive, behavioral, interpersonal, strategic, etc.), but it could influence the level of communication and therefore the possible relationship and alliance between therapist and patient. The traditional approach could move to a cyber world (or virtual, synthetic, and so on), without affecting the basic principles and methods of the therapeutic process.*

The immediate clarification provided by the authors could perhaps be stringent, because if on the one hand there was openness in trying to understand how to integrate the technological tool into clinical work, at the same time there was a very strong need to remain faithful to the basic principles, methods and techniques possessed. However, the reflection went on, so that Castelnuovo, Gaggioli and Riva in 2003, coming back

to talk about e-therapy affirm that:

> *is neither a replacement for traditional psychotherapy nor an alternative to psychological counselling: it provides different and innovative tools that have the power to increase the effectiveness of communication within the therapeutic process.*

Continuing in this vein, a few years later, Castelnuovo (2008) shifts the focus to new technological advances. If before e-mail and telephone were the most widespread tools in the field of telemedicine, now the so-called *Internet-based mediums*, in which communication could also make use of audio and video channels, started to be taken into consideration.

The idea that e-therapy could improve on traditional psychotherapy was then beginning to emerge, but only in steps: the technological tool, used at an early stage, could be considered the right way to lead people to traditional psychotherapy.

Unfortunately, however, after these first moments of interest, in our country it seemed for a long time that the online question was a sort of computer interest of some bizarre psychologist or psychotherapist: it is quite difficult to find books, articles, websites that speak clearly and transparently about the subject. The few available ones repeatedly quote foreign works, make the history of the online, but do not expose themselves. The few experiences tried to do not find dissemination, appreciation, and awareness in the professional community. Thus, most of the early practitioners who were already practicing online psychotherapy cease to give any sign of themselves. Why? Perhaps because it is difficult to expose a model or theory that was largely based on experience and not on research data, when contrary opinions (we repeat "opinions") were dominant in the psychological field.

Paradoxically, one of the main actors in the history of online psychotherapy in Italy is the Order of Psychologists (it must be, instead, that no resolution or indication comes to its members from the Order of Physicians, even though among these there are many psychiatrists and numerous psychotherapists, as from a well-defined *ad hoc* list, with an interest in forms of distance therapy certainly not different from that of psychotherapist colleagues enrolled in the Order of Psychologists).

The CNOP and the Position of the Professional Associations

The often ambiguous and contradictory attitudes between wanting to remain faithful to the tradition and what was instead produced overseas (in support of the position that the new technological instrument was effective and efficient in clinical practice) generated the assumption of an extremely rigid position by the National Council of the Order of Psychologists (CNOP). In fact, on 23 March 2002, the CNOP passed an initial resolution stating that psychotherapeutic activity and psychodiagnostic counselling by Internet do not comply with the principles set out in Articles 6, 7 and 11 of the Deontological Code of Italian Psychologists.

In the same year, in parallel with the adoption of that measure, the CNOP asked Catello Parmentola, a member of the Deontological Commission of the National Order, for an initial reflection on psychological services via the Internet and at a distance. Reading this article one can see the set of questions typical of that period regarding technology. Some psychotherapists thought that the dimension of body and speech, essential elements in a therapeutic relationship etc., is cancelled.

Things did not change in the immediately following years. This passage, from a much-quoted work written in 2005 by Stefano Carta, a Jungian analyst, and republished in 2009 in the *Notiziario dell'Ordine degli Psicologi del Lazio*, can partly explain the reasons. In his conclusions, the author heavily criticizes "textual" psychotherapies without showing any interest in deepening scientific knowledge.

> *The so-called psychotherapies via e-mail, or in any case entrusted to the written word, are, at best, epistolary relationships that can, of course, do as much good as a letter from a friend can. And we say at best because in this case the friend is, in reality, anonymous, and the written word lends itself to infinite interpretations and contextualizations that, in the presence of an unconscious psychic conflict, will be used without fail for defensive purposes. At the most, if it is not a question of real deception or circumvention, those who offer the written word operate within a pedagogical framework, in which the opinions that are exchanged - if they relate to psychopathology and the presence of unconscious conflict areas - can also do well, but almost by accident. It is our opinion that many of the offers of 'psychotherapy' through the written word are dangerously similar to the selling of horoscopes and predictions that invade newspapers and television by unscrupulous barkers.*

While regarding the emerging possibilities of video sessions, he concludes with these words that lie between a (minimal) opening of interest and a repeated total closure:

> *...the discourse around a supposed setting in which patient and therapist can see each other via webcam and talk synchronically, is more delicate and requires some more reflection because it resembles the real setting of psychotherapy. However, never before has verisimilitude been so deceptive.*

For a long time, the more or less official positions on this issue have remained extremely critical. As Paolo Migone will clearly state, the issue seems to take on the characteristics of an ideological dispute, unfortunately not based on a scientific, experimental and research approach. Here is an example, again taken from Stefano Carta's article:

> *We will try to show that there is no possibility of establishing distance psychotherapy, not even by making use of synchronous video links, because such a context makes it impossible to establish an adequate relationship between patient and therapist, a relationship that is indispensable to implement any well-founded therapeutic intervention.*
>
> *... we believe that "online psychotherapy" is impractical because it is deeply*

lacking in terms of the therapeutic relationship between patient and therapist.

We have provided a lengthy discussion of this article not only because it is widely quoted in reviews on the subject, and because it anticipates by about fifteen years many of the critical considerations later expressed during the pandemic, but also and above all because of the method employed, which is based on the attempt to demonstrate, starting from the so-called basic criteria of psychotherapy in person, that this is not possible online. Many past and present psychoanalytic theories are used, all aimed at confirming the original theory. It is a profound and argued work, but conducted by Carta with this position: ”I have an *a priori* assumption, now I am going to prove it.” An unscientific attitude, one might say.

We find the same attitude in the 2005 work by Franco Di Maria and Ivan Formica, whose title is already a sentence: *Online psychotherapy: a dangerous illusion*. The same dialectical commitment, careful study of the cited texts, similar pre-constituted theses to be confirmed. The same silence and no research on the subject for years to come.

It should be noted that in 2013 the Italian psychologists were called upon to vote on an amendment to the Code of Ethics aimed at establishing that “The same rules also apply in cases where the services, or parts thereof, are provided at a distance, via the Internet or any other electronic and/or telematic means”. In fact, it was a moment in which the debate on the use of the Internet by psychologists returned to the fore, again not within a scientific framework, but purely ideological (yes/no), without explaining too much why or perhaps how. The change brought about by the favorable referendum result, however, was not trivial, because, given the fact that the 2002 prohibition resolution was still in force (it still is theoretically in some Italian Regions...) it actually triggered the issuing of the first guidelines on services via the Internet.

It was in the same year, in fact, that the CNOP felt the need to taking stock of the situation (on the other hand, it was necessary to also start looking at what had already been produced in Europe, for example the *"Ethical indications of psychological services via Internet and distance",* by the European Federation of Psychologists' Associations – EFPA in 2006) and issued a first Official Normative Line: the urgency was motivated, among other things, by research commissioned between 2012 and 2013, from which significant results had emerged. Very briefly, there had been an increasingly widespread phenomenon of psychological offers online, in line with the transformations of the technological tool. Out of about 10,126 links analyzed (CNOP, 2013), about half offered psychological services online. In particular, it emerged that the type of service most frequently provided was psychological counselling, offered through different channels: from e-mail, to chat, from video or audio-counselling, to telephone counselling, to pre-packaged packages that mixed the different channels. Skype was the most used video platform.

A central element of the document is the focus on the use of hardware and software

systems with efficient data protection systems, as well as an explicit request for psychologists to provide appropriate information about their identity, membership to an Order, professional titles, etc. to the user. In addition, for greater supervision of online clinical activity, this first Recommendation made it mandatory for psychologists to inform their Order of the web address on which they carry out their online activity, the type of software and technological device used.

The doubt remains that this attention, rather than the theoretical, technical, and methodological aspects, depended on the inevitable laws of the market and the fear of competition that was perceived as more or less unfair.

After the first reflection in 2013 on the criticality and appropriateness of psychological interventions at a distance, finally, 2017 is a turning point in which, between increasingly virtual relationships and increased demands on telemedicine, teleassistance and telepsychology services, the first Guidelines entitled *"Digitalization of the Profession and of the Psychological Intervention mediated by the Web"*, by the CNOP Typical Acts Commission, were born (the Guidelines, divided into sub-chapters - Ethics, Adequacy, Competence, Legal Aspects, Confidentiality, Consent, Crisis Management - are in Chapter 6 of the document).

There was a need to further specify the scope of online psychology:

> *...the analysis of psychological intervention mediated by new technologies is of strategic interest for a number of reasons and implications: first and foremost, the constant increase in the number of professionals who use them as a result of the growing demand for psychology from users.*
>
> *[...] Secondly, because this phenomenon (online psychological intervention) is so unique and new that it requires an in-depth epistemological, deontological, and empirical analysis, even more than a methodological one.*

The aim of the document is therefore to identify actions and strategies aimed at developing and promoting the profession, but always with a special focus on awareness-raising and user protection processes. A significant innovation was the authorization to conduct online therapy even without ever having met the potential patient in person.

What we can deduct from this document is that in order to look to the future, it was necessary to learn how to inhabit the new virtual rooms, because if our individual and professional identities were also being shaped in a highly digitalized context, we could no longer fail to understand how to familiarize ourselves with technological progress that had no intention of slowing down.

Positions in the Psychoanalytic World

Among the Italian authors who have dealt more with online psychotherapy from a psychoanalytical point of view, Paolo Migone has a specific place. He started writing about it in 1999 and is still a leading figure (see Migone in this issue**)**. He has written

numerous articles and it is impossible to cite them all. We will limit ourselves to the first one, which was repeated several times later, always remaining faithful to the initial positions, where he writes that:

> *ironically, and contrary to the understandable opinion of many colleagues who look with skepticism at psychotherapy on the net, ... it would seem that psychotherapy such as that on the net, based essentially on verbal and in some ways 'impersonal' communication between patient and therapist, meets the criteria even of psychoanalysis, considered by many to be superior or more 'profound' than other psychotherapies*
>
> *... it is possible that the caution towards psychotherapy by internet can be explained by the fact that there has been a growing distance, more or less explicit, towards a certain way of understanding the classic model, based on the anonymity of the therapist and on what we could call a "personectomy" of the analyst, a model that seems to be extreme in an almost caricatural way precisely by psychotherapy on the net*
>
> *... also, in the network can be conducted a treatment that meets the requirements of psychoanalysis: careful analysis of the transference manifestations starting from the type of context in which the patient-therapist encounter takes place (in this case, the network, in its various possible modalities), well aware that this context will always have a heavy influence on the transference itself, an influence that must in any case be carefully analyzed*
>
> *... networked psychotherapy can have its own dignity as a therapy, just as other therapeutic techniques have their own dignity (group therapy, family therapy, etc.)... it could be considered, in some ways, a "new frontier", just as, in the history of psychoanalysis, new technical problems have had to be confronted from time to time, forcing a healthy fine-tuning of the theory: I am referring to the therapy of psychotics (Sullivan), of children (Melanie Klein), of narcissism (Kohut), of certain personality disorders (Kernberg), and then of adolescents, groups, families, drug addicts, delinquency, etc. As we know, all these borderline territories have produced a healthy rethinking of psychoanalytic theory, which sometimes produced innovations that were later generalized, enriching our way of understanding the mechanism of psychotherapy.*
>
> *The way in which online psychotherapy was approached laid bare, sometimes mercilessly, the way in which non-on-line psychotherapy was conceived and practiced, for example its stereotypes, its ritualized or ossified technique (this one "without theory", that is without life, in which the link between theory and technique was lost), and therefore a conception of the setting that entailed technical errors also in the non-online psychotherapy (there are many examples in which the on-line psychotherapy is discussed in a stereotyped and sometimes self-contradictory way, in which one proceeds by unproven assertions or taking for granted the formal rules of*

> *psychotherapy without questioning in a coherent way on their meaning within the theory of technique...).*

As Paolo Migone well recounts in his article (see Migone in this same issue**)**, it was not easy for him to find a good reception either in publishing or in understanding what he was writing. In Italy, as well as abroad. An attitude of substantial disinterest, well testified by the relative scarcity of contributions published on the subject: the reader will easily realize this by scrolling through the list below (exhaustive, according to our research).

However, it took twelve years after the first reflections in the SPI sphere (Merciai's forgotten reflections in 2000 on online therapy and Goisis' in 2001 on an analysis conducted partially by e-mail) before another SPI psychoanalyst, Giuseppe Fiorentini, officially publishes an article on analytical therapy via Skype in the *Rivista di Psicoanalisi* (in 2012). He timidly launches the topic. He is very cautious, fearful, perplexed (perhaps also of the possible hostile reactions from the psychoanalytic mainstream):

> *The consequences of global communication via the Internet and the virtualization of reality are combined, giving rise, on the one hand, to a plurality of ties because the possibilities of meeting are multiplying, and on the other hand to the observation that just as it is easy to start a relationship (even a therapeutic one, via Skype) it is just as easy to end it. All these elements affect the course of our treatments on several levels and perhaps even jeopardize the very future of our discipline: the timing of analysis and its goals seem frankly antithetical to the world around us. Subjects who are victims of the current "discomfort of modernity", after having approached our studies are often inclined, as we know, to abandon them quickly, or they declare themselves available only for short and low-frequency therapies, thus exacerbating our corresponding discomfort.*

The author himself emphasizes an element that is discussed later in this issue of the journal:

> *Moreover, in the distance analysis, there is no shared physical space: we are alone, in a condition of pseudo intimacy, and disadvantageously deprived (Allison and Fornari Spoto, 2011) of a reciprocal direct relationship with corporeity and with the related sensory channels (e.g., olfactory, through which to perceive reactions of anger, fear, sexual excitement, etc.).*

The following year, in 2013, Andrea Marzi edited a collective book, *Psicoanalisi, identità e internet. Esplorazioni nel cyberspace*. (Psychoanalysis, identity and the Internet. Explorations in cyberspace), which will be followed by an English-language edition in 2016: it is an extensive review of the concepts mentioned in the title, read through the psychoanalytic lens. In the preface to the volume Antonino Ferro states:

> *what can I say about Skype, which I had always shied away from, partly because I thought it was boring, and which instead, in an analysis that would*

> *otherwise have had to be interrupted for six months, gave us the possibility of continuing the analytical work, of which the reflection on the new 'instrument' 'defense' introduced was also part?*

This comment appears to be an openness to the new, while we are puzzled by a statement in the web presentation of the English edition:

> *This book is comprehensive and profound, concrete and symbolic, a Herculean integration of technology and psychoanalysis. It explains technology and the definitions of cyberspace, virtual reality and social media, and presents the view that technology is a destructive force in psychoanalysis.*

In 2015 Stefano Bolognini, as President of I.P.A., opened up the Boston Congress. In a passage he also talks about remote analysis from an institutional point of view (although without referring to any Italian reality), a theme taken up a few months later in the SIPP National Congress, stating among other things:

> *We are well aware of how this technological instrument is a new, undeniable reality in the clinical activity of many psychoanalysts, and as I write these notes I have in mind the many authoritative colleagues who are convinced supporters of theses respectively for or against the use of Remote Analysis in psychoanalysis; just as I am well informed of the growing diffusion of this practice. ... what is certain, is that the use of Remote Analysis is spreading rapidly... It has also been hypothesized that the use of Remote Analysis will probably develop in a compensatory way and in a Lamarckian sense some functions (such as visual and auditory) to make up for the lack of olfactory and proxemic sensations in the in-person session... It is believed that in private practice after the session each analyst regulates himself as he sees fit, 'according to science and conscience'...*

In 2016 Paolo Cotrufo published *Mia madre odia le carote. Corrispondenza psicoanalitica tra sconosciuti. Anoressia, corpo, sessualità* [My mother hates carrots. Psychoanalytic correspondence between strangers. Anorexia, body, sexuality], an original book in which he reports the exchanges he had via email with a girl suffering from a DCA. It is not considered a therapy (the patient is undergoing analytical treatment with another colleague), but in fact the emails activate therapeutic moments.

In 2017 a significant mention appears by Giuseppe Civitarese (see Pendenza in this same issue**)**, but above all Giuseppe Fiorentini and Andrea Marzi write a chapter in the third of the volumes *Psychoanalysis online* edited by J. S. Scharff. Already from the title, *Light and shadow in online psychoanalysis*, one understands that this is work that straddles the line between *pros* and *cons*, as if psychoanalytic reflection was still struggling to find new ways of reading and understanding the phenomenon. Studying the so-called virtual with traditional tools is meta-philosophy. The online, the so-called virtual, on the other hand, is a reality with its own specific characteristics. To continue to study it and talk about it with traditional tools, as if it were something else, is

misleading. Here is an example:

> *...the 'place', the dimension in which we meet our patients via Skype, while remaining seated in the office next to the monitor. Through the screen, the office, ourselves, and our words are transported to that other space where the patient is, who, almost in a whirling flight of mirrors, always thanks to the screen has the feeling of being there where we are. It is as if the actual consultation room (if it still makes sense to talk about it) were transferred to cyberspace, to a non-place, in which patient and analyst are in synchronic and biunivocal contact and perceive each other as both distant and illusorily close.*

Why do we still talk – this is 2017! – of "illusory proximity"? How is it possible to insist on concepts that are now largely outdated by research and verification?

And again, taking into account

> *the technological failures that can occur. There is no doubt that transmission crashes (interruptions, weak or intermittent connections, etc.) are aspects that create a condition that needs to be processed analytically. Perhaps they can be equated with sudden, unintentional breaks in the setting, or with disturbances in the empathic level, the extent of which we do not yet know, however, for the continuation of therapy.*

Then we should equally "analytically process" the fact that a jackhammer is working on the renovation of the neighboring flat? Perhaps it would be enough to feel sorry for each other for the incident, the disturbance, the technological crash, and to resume or continue working, if possible. Also analyzing the way he talks about it or any associated fantasies, if useful and necessary.

In fact, a question and a ghost chase each other around the room, the same ones that accompany every novelty or technical variation. Is this true analysis?

> *Our concern is as follows. Since it is not difficult to assume that the context, the environment, in which psychological treatments are to be carried out will become more and more 'immersive', the risk is that such sophistications will lead to an indiscriminate and trivializing use of therapies in the digital environment under the banner of a rampant pragmatism which tends to disregard their limits. Caution therefore! On the basis of what we have said, we believe that in the current state of our research, tele-analysis should be placed in the perspective of a parallel pathway to that of traditional analysis. The two methods of treatment should not be contrasted but distinguished, recognizing what is specific to the classical method while sharing a single matrix and similar objectives.*

Caution, therefore, say Fiorentini and Marzi, and only temporary use.

> *We share the position of several authors, according to whom distance treatment should only temporarily replace the treatment conducted in our studies, when this is impracticable, and with the intention of returning to the*

> *initial conditions (a bodily presence as a basic element, and a room as a real and recognizable place) when these become feasible again, thus considering in-person analysis as the one of choice.*

Although in the end they show a partial openness, albeit with reservations:

> *Taking into account these limitations, we think that this modality can be considered sufficiently acceptable, provided that the patient is already known to the analyst and that the duration of this experience, as we have said, is limited in time. In fact, it is necessary to reflect on tele-analysis directly initiated by technological means, without ever having met the patient in one's own office. It seems that the physical presence of the analytic couple is in any case opportune if not necessary, at least in some moments, in order not to leave space, among other things, to defensive pollutions of the use of tele-analysis, maybe left as a blind spot of the couple if the tele-analysis has no return to the analysis in presence.*

A partial opening, however, always in the S.P.I. sphere, denied shortly afterwards by Cristiana Cimino, while respecting the necessary different theoretical/clinical positions, who in the article published in 2018 (reproduced on the S.P.I. website) states:

> *... from my point of view, through Skype you can have good conversations, not analysis. This is another (and new) limitation to which human beings who choose to be analysts or to undergo analysis should submit.*

Beyond Psychoanalysis

Non-psychoanalytically trained psychotherapists have dealt more extensively with online therapy particularly in the decade immediately preceding the pandemic; we will briefly mention them, without claiming to be exhaustive. From the number of citations reported in this article it seems that the subject has been abundantly considered by Italian authors. This is a fallacious impression, because we have tried to take into consideration most of the contributions found in the literature. Actually, there is another interesting phenomenon, namely a significant difference between the works up to 2010 and those of the following decade, characterized by progressively more open and less critical positions. Very late, it is true, but it has seemed that something was going to change, imperceptibly, if steadily.

There are papers by Caroppo (2001), Vallario (2008), Strumia (2014), Algeri, Gabri and Mazzucchelli (2018). Rates and costs are also discussed.

In 2013, Stefano Manzo (President of the Anima Research Body that mapped the 389 websites offering remote psychological services in 2015) published the article Beyond the myth about online psychological services in the Journal of the Order of Psychologists.

We summarize his positions:

> *... the complexity of the issue and the questions raised are not solvable within*

> *the walls of the house alone, that is within the dialectic between professionals for and against, since the issue cannot be reduced to a dispute between opinions.*
>
> *... the form the debate has taken in Italy, which has become radicalized into extreme positions, is delaying its development.*
>
> *... the online modality lends itself to be an excellent laboratory for the study and deepening of the technique and the theory of the technique used, since it forces an explication of the premises that organize the intervention, the setting, the theory of mind of reference, the model of change that we adopt.*
>
> *... If this confusion is to be attributed to the novelty of the medium, it should be remembered that the subject of the online has a tradition of more than thirty years in other countries. The literature produced in our country is lacking, and is often produced within a single theoretical frame of reference, with few empirical studies, and much prejudiced closure.*

Sabrina Cipolletta, Department of General Psychology, University of Padua, of cognitive-constructivist orientation, in 2015 wrote an article to open a space for reflection on some issues related to the conduct of psychotherapy sessions via Skype. Starting from the analysis of three clinical situations, she questions how the presence in the therapeutic relationship changes when it is online. She addresses the question in terms of how a new means of communication, videoconferencing, fits into the therapeutic process rather than in terms of a contrast between online and offline therapy. Concluding that what happens in the conversation depends more on the type of therapeutic relationship established than on the medium used.

Among the most active in exploring the frontiers of online we find Ada Moscarella (see Moscarella in this same issue**)** who, starting in 2016 (then 2017, 2018, 2019), in the Conferences of the Italian Society of Psychology and Relational Psychotherapy, inaugurated a reflection within the systemic field in Italy. In particular, the theme dealt with concerns the need to overcome not only prejudices, but also a sort of resistance that was accommodated in re-proposing technicalities, without asking whether it was not the case to rethink the technique.

In the article *Psychological counselling in step with the times*, published in 2019, Arianna Pallavicino and Carmen Ricciarelli clearly state that every professional must be able to use these new forms of communication in order to keep up with the times. Despite the many advantages, however, it is important not to underestimate the losses that, in their opinion, this type of consultation entails: non-verbal language, eye contact and empathy can only be created through a face-to-face relationship.

Finally, also in 2019, in the journal Cognitivismo Clinico, Federica Mancuso from the University of L'Aquila, publishes the paper *Online therapy: innovation and technological integration in clinical practice*, in which she states that

> *The identity of an individual is also developed through interaction with the*

> *surrounding context, which is now largely digitalized. The new generations are already accustomed to establishing relationships using a device and an Internet connection, and it is therefore important for young psychologists at this precise moment in history to learn to familiarize themselves with the technologies, so as not to risk being overwhelmed by the new that is advancing all the time.*

And Suddenly Everyone is Online

This brings us to 2020, to the pandemic.

During the first months of the year, Manfrida, Albertini and Eisenberg published *La clinica e il web. Risorse tecnologiche e comunicazione psicoterapeutica online* [The clinic and the web]. It's a rich and complete volume, obiousvly written before the pandemic, with a wide view and perspective. The authors say:

> *We have committed ourselves to the effort of writing a book on online therapeutic communication, knowing that we are writing in the sand and that soon there will be other ways of communicating and other things to say.*

The Italian psychotherapeutic world, consciously or unconsciously, was therefore quite "ready" for what was about to happen suddenly and unexpectedly. Perhaps for this reason the rapid transition to the online world was not so abrupt and traumatic.

Not so, it seems, for the psychoanalysts, perhaps the least equipped and prepared. Here the transition was rather traumatic, to the point of producing real pockets of resistance to the transition to the online. Nonetheless, here too it happened.

One of the negative prophecies expressed only a few years earlier (Graziella Magherini in 1996 put forward the thesis of a lethal attack on psychoanalysis by two paradigmatic factors of the world around us: the Internet and psychotropic drugs) has been disproved.

Research progresses on numbers, on big numbers. With the pandemic we have them. Thousands and thousands of psychotherapists have started to hold their sessions online, even those who would never have thought of it before.

At the end of March 2020, S.P.I. opened an online debate on its website (see Bambini-Ponsi in this issue).

On 6 April 2020, the Order of Psychologists of Lombardy organized one of the first webinars on online therapies, which was attended by more than 1600 psychotherapists.

A few days later, on 12 April 2020, the Italian Society of Online Psychology (SIPSIOL) was founded, chaired by Luigi di Giuseppe (see Di Liborio in this same issue), with the aim of promoting a scientifically correct approach to the use of technology by professionals, but always with a vigilant and careful eye to the protection of all those who request professional services online.

Therefore, the need to be suddenly all present in the online environment has generated not only new perspectives for the professional category, but also important reflections

on how to inhabit the new analysis rooms.

The study of mental health should never be reduced to a single reading, filtered by a model that is often considered "privileged" compared to others, but it should move from a perspective that integrates the different perspectives and forms that it takes as a function of scientific, cultural, social, and anthropological changes. Perhaps, rather than being afraid of technology, which is tirelessly offering us new ways of using it, we should reflect on why we find it so difficult in accepting new ways of intervening, why we hesitate at the idea of modelling and adapting the theoretical and practical tool that has shaped our profession, and therefore ask ourselves what frightens us about the unknown.

But this has already become another story that will be told in more detail in the next few pages of the journal.

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"What we Have Learned": A Conversation with Stefano Bolognini

Stefano Bolognini – Report by *Pietro Roberto Goisis* and *Silvio A. Merciai*

Stefano Bolognini probably needs no introduction.

A physician and a psychiatrist, after working in the Psychiatric Services in Veneto, a region in Italy, he devoted himself to the profession of psychoanalyst. He has been a member of the *Società Psicoanalitica Italiana* (Italian Psychoanalytical Society) since 1985; a full member with training functions since 1998; then the Scientific Secretary from 1997 to 2000 and the President from 2009 to 2013. He was member of the European Editorial Board of the *International Journal of Psychoanalysis* from 2002 to 2012 and of the *Theoretical Working Party* of the European Federation of Psychoanalysis.

He is the author of hundreds of specialist articles, numerous books in the field, as well as short stories and stories, inspired both by the clinic and life experiences. His favorite topics include research into empathy and the relationship between human beings. He has held seminars and conferences all over the world.

In 2011 Bolognini was elected president of the *International Psychoanalytical Association* (IPA), the first Italian psychoanalyst to hold that position (from 2013 to 2017).

We felt he was the right interlocutor to accompany us in observing past and present changes in the field of online therapy. So, we asked him for a (virtual) meeting, which took place on the Zoom platform on May 31, 2021. You can find his answers below by clicking on the image next to each question (we added English subtitles).

We would like to take this opportunity to thank him for his usual willingness to help, for the time he gave us, and for the frank and thoughtful discussion we had.

We started our conversation by asking him as a preliminary question "Can you briefly describe how the issue of online therapy “appears” in your professional history, with particular reference to your role as SPI first, and then IPA, President? And your experiences in this field, if any".

At the appearance of the pandemic Bolognini was one of the first psychoanalysts to be interviewed about remote therapy, and his thoughts appeared on POL.it. So, we asked him "Can you summarize what was your reaction and thought at the time, with particular reference to the context in which the celebrated metaphor of the camp tent (*tenda da campo)* arose? "

"Every psychotherapist has made more or less precise, thought-out and stable choices with regard to meeting their patients during remote sessions. Can you describe how you worked in your online setting? Which tools did you use, how did you position the computer or your devices? any other information you want to give us and you think could be useful?"

"Slowly, slowly, with the end of the first lockdown, and those that followed, with the pandemic winding down, each of us was able to resume our work in presence and begin to reflect on the experience. More than a year later, what can you say you "have learned"? Do you still use the initial metaphor of the camp tent?"

"We think that what has happened in this year will remain as a common and indissoluble heritage for every psychotherapist and that remote sessions will maintain and develop their presence and importance. How do you see the future of online therapy both in training and clinical practice?"

"Do you think an *ad hoc* training for conducting online therapies could be useful? Do you think there are specificities, now neglected, that should be studied and considered?"

Finally, an almost "political" question. "Between the camp of those who divide themselves between pros and cons and the camp of those who try to understand what has happened and is happening in online therapy, in which do you feel you move with greater confidence and sense of belonging?"

Our conversation with Stefano Bolognini ended on the last few bars, open to the future, attentive to the present and rooted in the past. A meeting that, just to stay in the theme of this issue, took place online and, who knows how much by chance, lasted exactly 45 minutes, the time of a session. A meeting that was also a moment of reflection and discovery for all of us. This confirms the fact that if minds are free and reflective, every event, even the newest and most upsetting, becomes an opportunity.

That's why we thank Stefano Bolognini also here, after having done it directly, for his availability and thoughts.

The Covid Pandemic and the 'Discovery' of Remote Therapy

Giorgio Bambini and *Maria Ponsi*

Abstract

The first reactions of the Italian Psychoanalytic Society to the explosion of the pandemic and the spread of online therapy.

Keywords

Pandemic, online therapies, settings

With the pandemic, the Italian psychoanalytic community, more specifically those belonging to the S.P.I. (Italian Psychoanalytic Society), discovered distance therapy.

It was a discovery in a twofold sense: those who had never practiced it and who found themselves inaugurating it quickly and without prior reflection did so; but the psychoanalytic community in its institutional capacity also 'discovered' it, in the sense that it officially recognised its existence when it chose to use it to continue its clinical activity. It was discovered that 'remote' treatments had already been practiced for a long time by various analysts, who used this tool because of contingent difficulties to continue sessions in the modality, as we say today, 'in person'. Online sessions, or even whole treatments, were done, but not openly discussed; instead, they remained confined in a sort of peripheral grey zone. It should be noted that, just as online therapies have remained in a grey area, so has the Italian literature on the subject: the two Italian authors who have most recently dealt with the subject - G. Fiorentini (2012) and A. Marzi (2013 and 2017) - have overlooked the very thorough and well-documented texts written in the early 2000s by two Italian authors (Merciai, 2001 and Migone, 2003 - see also Merciai-Goisis in this issue).

It was thus 'discovered' that there existed, albeit in a clandestine form, a reality similar to that in other countries, in which the reasons for using the telematic medium (such as long distances and high social mobility) were in any case more significant than those present here.

But why, one might ask, was there such reluctance to talk about the use of a tool that could instead be a resource in situations where various contingencies prevented us from meeting 'in person'?

> *[...] it seems that distance analysis* - wrote G. Fiorentini in one of the rare (1) studies on online analysis published in Italy in the pre-Covid era - *are much more widespread - and have been started much longer - than officially known, often taking place in a condition of "clandestinity" due to the analysts'*

> *fear of incurring "excommunication" by the societies they belong to* (Fiorentini 2012, p. 31).

The word 'excommunication' is not improper; indeed, it is quite pertinent if one considers that the practice of psychoanalytic therapy is authorised not through a scientific process but by a set of behaviours and procedures established by an institution that controls its correct application. The *setting*, as defined by the the spatial, temporal and relational coordinates, is a fundamental element of analytic therapy, and it is not surprising that the psychoanalytic institution has always paid so much attention to its adequacy with the aims of treatment.

> *It is well known that the question of setting variations runs through the history of the psychoanalytic movement and has often crossed paths with the identity of psychoanalysis, creating innumerable disputes. For a long time a sort of isomorphism was established between certain 'rules' of the setting, [... ...] and the 'true' psychoanalysis, with the conviction that the orthodoxy of the former guaranteed the authenticity of the latter.*

Beyond the "innumerable disputes" on the rules of the setting, the ways in which analytic treatments have been carried out in the last decades have often been different from those established in principle: not only the temporal parameter has changed, that is the frequency of the sessions, but also the spatial parameter, that is the possibility of changing the spatial context of the therapeutic encounter: not only the physical, material space, but also the virtual, immaterial space.

Thus, the possibility of establishing online therapy, which before the epidemic had been a possible option, but one practised with circumspection and caution, has become an almost obligatory choice with the epidemic.

The fact that recourse to online sessions had become generalised in the psychoanalytic community was perceived from the very first days of the *lockdown*. Back then, comments and reactions on the spread and lethality of the virus, questions about the operational choices to be adopted with patients, states of mind of anxiety, perplexity, at times even incredulity about the reality into which one had suddenly fallen, started to pour into the *Mailing List,* the private list of S.P.I. analysts. There was a proliferation of impressions, worries, ideas, associations, difficulties, proposals, questions on how to conduct oneself in the various clinical situations: to continue or interrupt the sessions? With what criteria? With what precautions? What agreements to make?

The contributions to the Mailing List, both on the pandemic situation and on the shifting of the sessions to the 'distance' mode, came mainly from the Northern regions, where the spread of the virus was causing much more dramatic consequences than in the South; from where, instead, in this first phase, almost incredulous voices were heard on the seriousness of the pandemic, as well as criticisms on the opportunity to establish an online setting, which someone defined as antithetical to a 'real' psychoanalysis.

On the whole, it probably happened that in many cases a sort of double track was structured: with some patients the sessions were kept "in presence", while with others an online setting was set up, agreeing together on times, places and modalities of the connection.

At the end of March, also as consequence of the scattered and impromptu exchanges that were flowing through the Mailing List, the governing bodies of the Italian Psychoanalytic Society made the decision of opening a structured and public debate on the Society's website, on which, in the meantime, articles and interventions began to appear both on the psychological implications of the pandemic situation and on the changes that therapeutic arrangements were undergoing. Amongst those, we would like to single out a text by C. Schinaia (*Le parole che toccano*) in which the author showed the value of the voice in therapeutic communication and a lively note by S. Anastasia and P. R. Goisis (Allarme. C'è un Virus nella stanza!) on the "*first movements, the first jokes, the uncertainties, the doubts and the questions that then contributed to the collective reorganisation of the analytical device*".

In the most recent times following the months covered by this note, the production of texts on the theme of online therapy - from the impromptu intervention to the in-depth and documented essay - has been very extensive, as proven by the articles published below in this monographic issue of the journal.

The opening of a debate on the Society's website was intended to encourage those who had hitherto communicated spontaneously and extemporaneously on the private *mailing list* to express their thoughts, experiences, doubts and questions on the subject of the new settings made possible by computer technology in a more structured manner and in a public space.

As an introduction to the debate on SpiWeb (Analyses and psychotherapy on the internet or by telephone at the time of the coronavirus), the S.P.I. President Anna Nicolò highlighted the fact that the International Psychoanalytical Association had over the years been discussing 'remote' therapies.

> *an intense debate that [...] has brought out conflicting positions and there are many questions that each of us is asking these days, whether we decide to use teleanalysis or telephone sessions or not.*

Two texts were proposed as tools for further reflection to the debate on SpiWeb: firstly a short series of questions addressed to Jill S. Scharff, a psychoanalyst from the United States, author of many essays, including four collected texts published between 2013 and 2018 on online psychoanalysis (on J.S. Scharff see also in Funzione Gamma); and secondly the abridged version of a long essay by A. Marzi and G. Fiorentini published in 2017 in the third of the four aforementioned volumes edited by J.S. Scharff.

In this text, Lights and shadows in online psychoanalysis, Marzi and Fiorentini, after an extensive examination of the reality of cyber-space and of the analyst/patient relationship in the 'telematic field', illustrated the two opposing positions that can be

found in the psychoanalytical community on online therapies: on the one hand, those who condemned them with a '*no doubt hypocritical*' way and, on the other hand, those who welcomed them with an '*all too enthusiastic acceptance*' (p. 3). The two authors took an intermediate position in this respect:

> *Since it is not difficult to assume that the context, the environment in which psychological treatments are to be carried out, will become more and more 'immersive', the risk is that such sophistications will lead to an indiscriminate and trivialising use of therapies in the digital environment under the banner of a rampant pragmatism that tends to disregard their limits. Caution therefore! (ib. p.7).*

It should be stressed that the text above was written in 2017, and therefore in a still pre-pandemic context. It was probably for this reason that very few interventions in the debate on SpiWeb referred to the aforementioned introductory texts. At a time when, after the spread of the virus, online therapies were rampant, any calls for caution and vigilance about 'rampant pragmatism' were dropped.

During the two months (April and May) when the interventions (about 50, mainly members of the S.P.I.), coordinated by one of us (G.B.), took place, there was a spontaneous germination of impressions, ideas, associations, worries, difficulties that, in a recurrent way, put in the foreground the urgent need to protect health and safety, both our own and of the patients. It was essentially the psychic dynamics mobilised by the extraordinary novelty of the pandemic situation that gathered attention, rather than questions about the online therapeutic practice; which, also, was probably not entirely "new", having been already practiced by many, perhaps only occasionally and "silently", in previous years. The practice of online therapy, in other words, did not at that time seem to be as foreign and shocking as the invasion of the virus into everyone's lives.

The pandemic took the form of a catastrophic element (compared to a sudden cloudburst that surprises the lazy pace of a conference of scholars) that led everyone to suddenly, and almost traumatically, face a completely new situation, which they tried to deal with without having the time to elaborate a preliminary reflection.

Several factors contributed to the rapid and widespread use of online therapy. First of all, the objective need was identified, not only for therapeutic and assistance reasons, but also for personal economic subsistence: in the light of the unpredictable, but certainly prolonged, duration of the emergency, it did not seem possible to envisage a suspension of the therapy as a sort of early summer break. Undoubtedly, this response was more rapid and widespread in the areas where the virus hit hardest and by those who, especially because of their age, felt the need to protect themselves more readily and urgently. At the same time, the sense of impending and real death threat has urged many, in a reactive and vital way, to try to keep active and functional the references of reality, both internal and external; to try to maintain continuity as a reaction to the devastating fracture induced by the new experience, as one equips oneself with field

tents when surprised by an earthquake (the comparison of the online therapy as a field tent in the emergency was brought by S. Bolognini); to try, as a reaction to the devastating fracture induced by the new experience, to protect oneself from the effects of the earthquake (Bolognini). In other words, people were sort of providing themselves with a new *setting,* as a guarantor of an apparently lost continuity.

Many interventions brought attention to the theme of the *setting,* with reflections that oscillated between putting the accent now on what seemed irretrievably lost and now on what could be creatively found in the new modality, sometimes integrating these observations with practical advice. Obviously, the central theme of what seemed irretrievably lost concerned the body: the communicative value of movements, noises, smells, gestures, and breathing was lost, configuring an absence that was capable of emptying the relationship of the libidinal and intersubjective charge otherwise necessary in analytical work.

At the same time, on another side, it was highlighted how much it could be preserved, and even enhanced, in the new *setting*: in a relationship based on the exclusive use of verbal communication, one was almost forced to pay more attention to sound, melody, and the nuances of language, and it was observed that new contents could also emerge, which in the therapy "in presence" were not noticed, or that the previous, usual, bodily closeness could have inhibited.

While the absence of the body was noticeable, the images of places became a new presence: in the visual field of the analyst, but sometimes also of the patient, glimpses of the places of life, different from the usual ones of the room of analysis, were framed by the camera. Furthermore, this was re-proposed by some "in effigy", so to speak, orienting the camera in the usual visual space, thus trying to reconstruct the reciprocal positions of the usual in-presence sessions; others, instead, opted for a vocal contact only (telephone call or video blackout).

In this respect, many comments concerned the various aspects of the technical medium (How is contact established? Who calls? How do you introduce yourself? How do you deal with difficulties due to data traffic? What to do if the line goes dead or if the video flow is intermittent?) but also the meanings that these aspects implied in the relationship (for example: how can one distinguish silence in analysis from telematic *freezing?* Is it interpreted?).

The interposition of the technical means has been taken up in various interventions as a 'third party' that has implications in the analytical relationship, but also as a dimension to reflect on with a broader perspective, from neuroscience to philosophy of mind.

Ubiquitous in the debate was the idea that cyber-space, with all its declinations and implications, was a deviation from the normal and appropriate space in which analysis takes place; and that in any case this experience was provisional, dictated by emergency and not by the epistemological curiosity to explore the opportunities of modernity.

No one seems to have paused to reflect on the possibility that there might not have

been a complete reversal and that such an extensive and intensive use of the cyber space might have left irreversible traces.

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The printed Paper (of the) Online. Books as a Vaccine for the Pandemic?

Giovanni Pendenza

Abstract

The article aims to bring to light how the pandemic has been experienced within the psychoanalytic framework. What adjustements and transformations were necessary in the transition from traditional to 'modern' clinical practice. The reflections arise from the oldest means constructed by man for the transmission of knowledge, printed paper, books. Printed paper was an innovation, just like the online, which we can think of as the modern virtual paper. Are we ready? We are guided by the reflections of three books on online psychoanalysis published in Italy in 2020.

Keywords

Online psychoanalysis and Covid, online psychoanalysis books in 2020, Craparo, Lombardi, Iossa Fasano and Mandolillo

A few years ago, as a young trainee, I found myself doing my training in a clinical center dedicated to the care of adolescents. Setting up long-term analytical pathways often meant having to deal with the time of adolescents, a time characterised by great changes, not least the transition from high school to university, with the accompanying move from one city to another. For these reasons, when an eighteen-year-old came to the clinical centre, a listening space was provided, but already oriented towards sending the adolescent to treatment in the place where he would soon move.

The "hunger" of a young trainee who wanted the patient all to himself, claiming a well-established therapeutic relationship, and the desire to continue with video-call interviews were restrained by the supervisors of the analytic institute he belonged to, who forbade remote working modalities. I tried to look for different solutions in books, but there were no written references to which I could appeal. In the texts I studied there were very few references to distance therapies, and when there were some, they seemed possible only to those great names defined as "pioneers" (in Italy Ferro, Bolognini, Civitarese; abroad Gabbard, Ogden and others), to make a play that only the best can make, the others can only admire it, even more so if you are a young person, who has probably more knowledge of technological instruments, but the other competence, the therapeutic one, is still to be built. I happened to read from a text by Civitarese (2017)

> *Analysis on Skype: seeing ourselves. Seeing patients on Skype turns us into involuntary filmmakers. We start to pay attention to our own image and how the image of the other comes to us. Each patient and each analyst has his own directing style. Choice of sound effects, background, light, framing,*

> *whether still or continuously moving. We are obliged to take a crash course in the semiotics of the video image. Nothing is ever purely mechanical recording. Intrinsic to the analysis becomes a certain editing work.*

and again

> *In Skype therapies sometimes unexpected events produce special effects such as a connection that is interrupted which becomes mimesis of other ancient hypothetical disconnections in the primary relationship with the object.*

I studied the book, I was fascinated, I chewed on these consideration. Also in other texts (*La clinica Psicoanalitica oggi, Vitalità e gioco in psicoanalisi*) I happened to read some hints about the Internet universe, but mostly the attention was directed to the patient's Internet pathologies, therefore various addictions (social and toxic relationships, pornography, game, hikikomori etc.), but never a hint on how to use the instrument for therapeutic purposes.

Back to me. As a young trainee I still had to complete the course as a director in presence, build my own analysis room, both inside and outside, so when, after several months of careful choice of furnishings, my room was ready, I didn't bother in the least to activate the Internet network, since I had the connection in my home at only one kilometre from my studio. To do the work of a psychotherapist I understood that the toolbox did not include an Internet connection. Patients see each other in the room and live, supervision takes place in the supervisor's room, study days take place at the institute's premises, books are bought and read wherever one wants.

Three years go by and the pandemic arrives, and that single kilometre that separated me from my home connection becomes endless to cover. And not just for me, but for everyone, including my trainers. The tam tam of telephone calls begins, and here we already discover a technological means, the telephone, which until then had been used to make the first appointment, to start any kind of analytical activity, from analysis to supervision, but which then was as if it were no longer there: the presence of the other in the room at the agreed time was taken for granted. All the activities are reorganised, the first to be kept are the clinical ones, avoiding exposing the patient to a prolonged interruption that could sabotage the analytical and integrative work already done. Along the way, the necessity of a dialogue among colleagues began to emerge, in order to give a name and a thought to what everyone was experiencing individually more or less traumatically. This is how the rich debate in the SPI (Italian Psychoanalytical Society) Analysis and psychotherapy on the internet or by telephone at the time of the coronavirus was born, where there are sometimes heated confrontations between advocates of the transition to online therapies and conservatives of traditional therapies in presence. The first webinars promoted by the various training institutes then began, free of charge and also open to professionals from outside the promoting institute. These spaces became a humus for exchanges and growth, but above all an appointment that allowed even those who did not specifically identify with an institute to begin to find orientation maps in the wild thoughts that crowd the mind at a time of great

emotional impact such as the one just experienced. The next step was to reinstate the training days closed to members of the institutes. Perhaps last comes paper, books are published. To my knowledge, the following three were published in Italy in 2020:

- *Dal divano di Freud al monitor del PC* by Augusto Iossa Fasano and Paolo Mandolillo

- *Psicoanalisi al tempo del Covid 19* by Riccardo Lombardi

- *Psicoanalisi Online* by Giuseppe Craparo

My contribution will be geared towards offering a synthetic and reflective outline of these three books.

Dal divano di Freud al monitor del PC **[From Freud's Couch to the PC Monitor]**

The authors of the book are Augusto Iossa Fasano, psychiatrist and psychoanalyst, and Paolo Mandolillo, analytically oriented psychotherapist and group-analyst, who have already dealt with the subject in other publications, including *Fuori di sé. Da Freud all'analisi del cyborg* (2013). The authors intend to propose a metapsychological framework useful to understand how online therapy works. Since Freud's epistolary exchanges, various forms of remote communication between patient and analyst have followed one another over time. In the beginning it was used to call on the landline phone, then on the mobile phone, followed by the first text messages, SMS, email, WhatsApp, etc. Iossa Fasano and Mandolillo point out how this can represent an increasing exposure of both the patient and the therapist, up to violations of privacy with the exposure of sensitive data and opinions in place since the initial phase of the therapeutic engagement. This leads me to think about the way in which the analyst inhabits the universe of Internet and social networks. Which data is licit to expose and which is not? I come back to my training. During the first year of training, infant observation was included in the training course. Almost at the end of the experience, I happened to meet the family I was observing at a party. In the following infant observation meeting the family asked me personal questions. This was followed by the supervisor's recommendation, which sounded like a prohibition, "the analyst is rarely seen in the squares". But is the Internet conceivable as a big square? Is it still so useful not to be seen? Is it useful to deny people the possibility of choosing their own psychotherapist by first consulting his professional profile on the Internet? Could this be an initial step towards a 'use of the object'? Precisely in a cultural context permeated by a voyeuristic culture in which seeing soothes anxieties?

Once the personal "doubtful" parenthesis is over, and going back to what the authors wrote, they underline the need to propose a metapsychological framework for online therapies by questioning the mechanisms of traditional practice, given that nowadays the two modalities tend to mix (i.e. a patient who asks to maintain an alternation between the two modalities when he cannot go to the studio). The characteristics of the place of treatment are then analysed, citing Winnicott and Bleger for the importance

they gave to the study of the *setting*. Iossa Fasano and Mandolillo (in a way that is unclear to me) argue in the text that

> *the patient gives the setting his own point of view influenced by his unconscious fantasies that have to be treated with the analyst. Space becomes the axis on which the manoeuvre of separation-distancing from the object of primary love is possible. The treatment cannot be separated from the environment. Why meet in the studio? Why at that time? Why only therapist and patient? Yet, the analysis session can accommodate the representation of anything. Unlike the classic setting, online therapy fixes the time of the session but not the exact space where we meet. What is the purpose of reflecting on the space? To be sure that it is a different space from home, from the origin, from the primary bond. The setting must necessarily be an elsewhere: either you have already moved from there, from your here, or the analysis must set the conditions to make them operative. According to the authors, going to an online analysis, while staying at home, tightens the knot of the bond and risks preventing its unravelling and the possibility of knotting real and new bonds.*

These affirmations should be better explored. I am reminded of the magic filter that Antonino Ferro suggests when there is a risk of reading communications with too much concreteness: *"I dreamt that..."*. Does analysing from home prevent de-concretion, the dissolution of experiences? Or should we apply the magic filter and understand which knot the couple cannot untie? Or does it not manage to tie it?

The book continues with further reflections. It points out that the virtual therapy seems to create a space of freedom for the patient and at the same time give him more control over the process of interaction with the therapist than the in-person-therapy. Virtual interaction represents a complex mixture of proximity and distance, presence and absence, reality and fantasy. Just like Winnicott's transitional space. According to the authors, the therapist is more exposed to self-disclosure, as well as to illusionary phenomena, the so-called intensification effect, a consequence of imaginative processes, i.e. if a person receives only limited information from the other, he tries to complete his mental representation through fantasy, including projection and transference processes. According to the authors, this can lead to verbal and behavioural reactions. But here the question arises: "in a face-to-face interview is this exempt? Do these processes really become more active when certain senses cannot perceive the other person in his or her entirety? And yet, even in the room, as Bion would say, we are two frightened castaways on a desert island".

According to the authors, the characteristics outlined above contribute to the experience of fatigue that the therapists experienced and that

> *finds partial justification in the extra psychic work needed to correct the subjective orientation parameters, which turn out to be quite different from that needed in the ordinary setting.*

For the authors, we have a great opportunity to better understand the nature of the setting, the form of transference*:*

> *What defences/resistances will virtual environments use to make the subject continue to escape responsibility for living with the other? To suffering?*

New technologies can potentially reduce barriers to treatment by improving access to health services, just as the virtual space of the web can facilitate the sharing of psychic content, memories, fantasies, thoughts, usually left outside the therapy room.

In the conclusions of the short booklet, it is pointed out that

> *in the post-acute phase of the COVID-19 pandemic, there seems to be only the operational and executive task of treatment, a move to theory, to the construction of a metapsychology, is currently precluded.*

But the authors ask themselves: what competences need to be developed in order to guarantee appropriate training for future generations of psychotherapists? In my opinion, however, no adequate answers are given to these questions. Reading the book has generated in me some very useful reflective ideas that will be better explored and theorised, but many perplexities remain about the proposed metapsychological framework. The authors' intentions were ambitious, and it is more than understandable the difficulty of arguing adequately and clearly what is still in the making and which has only been at the centre of psychoanalytic research for a little over a year.

La psicoanalisi al tempo del Covid 19. Un gruppo di terapeuti al lavoro **[Psychoanalysis at the Time of Covid-19. A Group of Therapists at Work]**

In the words of the editor Riccardo Lombardi, the book proposes some clinical works written together with colleagues participating in a supervision group held by him. This group, made up of psychoanalysts, interfaced with the problems and possibilities opened up by the current coronavirus pandemic: a collective reflection on the strong changes that the pandemic has generated in patients but also in therapists. Lombardi has already written about this issue in 2016 in *Metà alato e metà prigioniero (Half-winged and half-prisoner),* and the first reflection is immediately on the many patients who did not want to continue their analytical journey by video call, as if there were a fragility in feeling in relation to a body-home, with the risk of considering online analysis as a sort of confusing removal of identity outside their own bodily boundaries. The book does not consider the "other partner in the relationship", the many therapists who have suspended/interrupted their therapies. It would be interesting to understand if the reflections proposed by the volume's editors are shared also for these therapists who have not allowed themselves to move therapies remotely.

> *The pandemic has put the body in the foreground, a healthy functioning body, a contagious body, a reclusive and feared body: the mind is frightened of the body and dissociates itself from it, cancelling out its propulsive and vital aspects. But entering into a relationship with one's body allows our mind to grow.*

Cristiana Cioffi's paper points out how in videotherapy the current threat of the virus becomes an amplifier of deep past anxieties, anxieties of what is other than us. It is therefore more necessary than ever in online therapies to have a strong connection to one's own inner reality, as a powerful compass capable of leading towards less threatening scenarios, so that the threat to the real body becomes a transformative opportunity.

Alessio Testani's paper focuses on the detection of claustrophobic distressing experiences triggered by lockdown in patients with extreme difficulty in contacting emotions. The author found that these patients carried out online sessions outside their homes precisely in order to tolerate the distressing emotional states they were experiencing inside their homes. This experience of the patient mirrored that of the therapists who found it difficult to accept the sessions at a distance in order not to modify sacred elements such as the setting, claiming that the transference, having an affective matrix and not a virtual one, could only develop in concrete and physical places such as their own offices. Yet, it is well known that transference can already be active the moment the patient contacts us by telephone for the first time, without actually even having seen us. It is therefore useful to keep our minds open and curious about new things without being influenced by sterile dogmatism. On the other hand, the mask is also a new element in the practice setting which can destabilise patients and us, to be metabolised as much as anything else.

Gabriella Vaccher's paper takes its cue from the observation that many patients have refused to continue distance therapy, probably because of a difficulty in sustaining an impoverishment of the means of control, in seeing only what the camera shows, yet the great external silence may have been the trigger for greater attention to one's own internal world. As can be seen from the proliferation of dreams even in people who used to dream little. Vaccher analyses the analysts', but also the patients', complaint about the experience of tiredness that accompanies our time. She points out that we are underestimating how much the mind is constantly under pressure to evaluate whether what we are doing is dangerous or not.

In her paper, Lodovichi lightly analyses questions of great importance. Starting from the patient's question *"shall I call or will you call?"* to which she answers *"who rings the doorbell?"*. The beginning of the session with the patients shows immediately the change of the setting with a conventional *"how are you?"*, but not even too much, considering the tragic news circulating in the communication channels. A mutual reassurance is needed in online therapies to make up for the lacks: no door to open, no corridor to walk down, no look, no smell, only the voice with its tones to decipher, and the rustling of lines instead of bodies and the analysis room, now only imagined. Lodovichi notes an almost maniacal punctuality, as if not to leave any space, while silence in the session seems to be avoided: could other voids and anxieties emerge that are currently unapproachable? Analytical listening in the new form of online setting has meant welcoming, sharing and transformation. What we are observing and

experiencing is the stability of our inner setting that we have tried to keep constant in the listening and in the internal resonances despite all the transformations imposed externally.

Zengarini reflects on how everyone has reshaped their lives, their relationships, their work, revising the criteria by which they orient themselves in the world. Friendly people have become potentially dangerous, safe places, such as hospitals, have turned into potential places of contagion, the friendly handshake has become threatening, and so on. Many transformations have also occurred in therapeutic relationships, but one of the most important values that online psychotherapies have produced is that they have kept alive a thinking function of the mind. We all ran the risk of being overwhelmed by the powerful wave of anxieties raised by the virus, of stopping mental activity as we had to stop at home during the lockdown. I am reminded of last autumn: the virus was again spreading fast, the Italian government had already issued restrictions on travel outside the municipality of residence, yet my patients preferred to travel by self-certification and come to my practice. It was precisely from those patients who had refused to go online at all that I got the call: *"Doctor, I've received news that X is positive, what shall I do? I only saw him five days ago, I don't have a fever but I have a bit of a cold. Can we Skype the next appointment so that we can be sure?"* How to respond to this communication? How to keep an analytical thought in front of that common anxiety, that *"so we are (me and her) safe?"* The concreteness of the situation risked blocking the mental functioning, disposing of the matter only with the governmental recommendation to make quarantine in case of positive contacts. Is that enough? How much did we analysts avoid mental contagion? For my own part I have always accepted displacement when the request came to me. I ask myself: how much did it represent a trick to avoid incandescent emotions/angst and how much did it represent a form of physical protection towards other patients and towards society in general?

Giovanna A. Pinto, in her paper, thinks back to that moment when every therapist had to think about whether to suspend sessions with patients or find another way to work. The author distinguishes between external setting and internal setting and points out how, in order to arrive at remote therapies, it was necessary to reformulate the external setting trusting that the internal setting would work. I think of the many doubts we had, "cogito ergo sum", and of how only through the perception of our doubting the patient was able to trust us, feeling perhaps really "like him", grappling with "doubts, uncertainties".

Riccardo Lombardi, the editor of the book, in the last thick chapter focuses the online therapies on the body, of the patient as well as of the analyst, which becomes a landmark to trace the identities of our analysands and the starting point of new and unexpected thinking itineraries. Online has allowed us to reach our patients in places that are not part of the analytical context, their homes, their cars; this has allowed us to access their most intimate anxieties, entering into life situations full of emotions that

we would have lost if we had suspended the analysis at a date to be defined. In this context, fostering a capacity for concern for one's own body was a useful priority in helping people in analysis to take care of themselves, and this at a time when taking care of oneself can make the difference between life and death, one's own and that of others. After all, *'the Ego is first and foremost a corporeal Ego',* as Freud teaches us (1921). Lombardi proposes that the analyst, especially in cases characterized by a tendency to dissociation from the body, is called to operate in the online practice a continuous transference on his own body in parallel with the transference of the analysand on his body, in order to accompany the integration body-mind of the analysand. In pandemic the transference on the analyst's body is inevitably marked by the awareness of being exposed to the same risks of illness and death as the analysand. Faced with tragic news, psychoanalytic work has promoted distinctions to stimulate discrimination, thinking and emotional containment. A specific commitment of the analyst is required to continuously elaborate a dense emotional load, which, however, cannot always be metabolized into self-conscious representational elements. This gives rise to pandemic fatigue but also to pandemic panic, the analyst feeling 'infected'. This has implied the need for the therapist to invest more in moments of return to himself: moments of internal silence and self-analysis to be able to recalibrate his own internal structure in the face of a particularly demanding analytical work.

Lombardi in the conclusion of the book reiterates

> *that the conditions of the setting in online practice do not disappear, that the concrete bodies of the participants are absent should not lead to the misunderstanding that the frame that characterises analytic work disappears. [...] Time and honorarium offer a specific connection with reality, and precisely when the link with reality may be weakened due to the absence of shared bodily presence in the context of the sessions, and thus when everything appears unstable and unpredictable, the stability and continuity of the temporal frame turns out to be a determining condition to accompany the analytical development.*

The short volume is full of concise clinical examples accompanied by theoretical reflections and is easy to read. The objective of providing a narrative of our time, characterised by crises, catastrophes and pain, but also by new and pleasant scenarios that may open up before us as therapists and before humanity, has been achieved.

Psicoanalisi online [Online Psychoanalysis]

The book *Psicoanalisi Online* by psychoanalyst and university professor Giuseppe Craparo was published in 2020, the year of the pandemic, but was conceived and written as early as 2018. The author has been conducting distance therapy for years and so the short volume contains some interesting clinical examples.

The first part of the text briefly outlines the characteristics and differences between the various therapeutic approaches, from the more supportive to the more expressive ones.

After this brief theoretical section, the focus is broadened to what is the practice of technology-mediated therapies. Aspects related to specific and non-specific factors of online treatment are discussed through various clinical examples and a full session. Issues of setting, therapeutic alliance and transference/counter-transference dynamics are reflected upon. Attention is paid to emotional collusions, but also to the question of the body in the present/absent dichotomy. In the final part of the paper we find some practical suggestions for online treatment, as well as a review of research on the effectiveness of therapies.

Craparo, quoting Russell (2015), describes two preconceived attitudes towards the virtual: the avoidance of simulation and the simulation trap. In the first case, the clinician is inclined not to recognise the technological changes taking place in our culture, denouncing an anxiety-inducing distance towards the virtual that would undermine the certainties acquired in analytical practice. The simulation trap, on the other hand, concerns therapists who welcome technological innovations with uncritical enthusiasm, expecting therapeutic actions to be exactly the same as those performed in the room. But the advent of the Internet is revolutionizing humanity and psychoanalysts cannot remain indifferent and think that it does not concern them. Even at its origins, psychoanalysis has undergone numerous theoretical and clinical reformulations that have ensured its greater effectiveness in treating both neurotic and psychotic patients, so why can't it undergo reformulations today? As a young therapist, I often find more diffidence towards these reformulations in my colleagues of the same age, as if, for fear of falling into the trap of simulation, they were dogmatically adhering to a psychoanalysis that does not keep up with the times. And yet it is precisely change that we try to bring about in ourselves and in our patients.

In the book, several authors are quoted to argue various reflections that the online brings to light. I quote them in no particular order because they seem useful. Winnicott, with regard to the potential space between the subjective object and the objectively perceived object, offers the cue to consider cyberspace as a place of play and growth or an evacuation space. For Scharff (2013), online therapy is to all intents and purposes an embodied relationship; when arriving on headphones, the analysand's voice enters the analyst's mind more directly than in the studio where there is more space between the two. Technical problems are consequently equivalent to empathic failures and thus can trigger transferential reactions and initiate a transformative process. Dettabarn (2013) defined Skype as the third disruptor uncanny (i.e. connection problems that can lead to confrontation with the reactivation of traumatic memories associated with disconnections in primary care). It is important not to underestimate the fears and aggressive feelings that may arise, which, besides investing the technological medium, may involve the analyst experienced as a bad object. Line interruptions during Skype video calls can be interpreted by the patient as a confirmation of the analyst's aggression towards him.

The physical aspect, and the way in which the analyst inhabits the space of the room,

constitute important sensory characteristics of the setting that contribute to the psychic maintenance offered by the analyst; Civitarese (2008) suggests that the setting is a skin that acts as a container for the patient's projections. Among the most important discomforts accused by many analysts in online therapies is precisely that of not being able to share a common physical space with the patient, therefore the absence of a shared perspective, with the possibility of focusing attention on the same objects. It is true that the analyst has to face the limits of the online setting, in which the olfactory and tactile sensorial information are missing, while the visual and auditory ones are filtered by the audio-video systems of the computer, but all this does not preclude the dyad access to an embodied setting, to the emergence of a psychoanalytic process, provided that the clinician is aware of the characteristics of the online reality, and does not think to reproduce, simulating them, the typical dynamics of an offline treatment.

A stable, but not rigid, therapeutic framework is needed. What are these basic conditions useful for the online setting? Craparo considers it essential that the room from which one connects remains the same for both, but even more so for the therapist. It would be useful to meet patients in the same place whether the session takes place online or offline, ensuring all the necessary conditions for the session to take place, silence, privacy, and so on. This also applies to the patient who has to choose a quiet, protected place, so that he/she can feel free to say whatever is on his/her mind.

Craparo disagrees with those who believe that in the online setting the body is silent, and gives as an example the body that makes itself heard with the voice. On the other hand, the newborn baby experiences its own body through the mediation of the mother's voice. It is therefore important that the therapist who carries out the treatment remotely, as in a face-to-face therapy, asks the patient to communicate the feelings and emotions that he or she is experiencing at the present time or has experienced in the past. The *"how do you feel, what do you feel?"* is an invitation to pay attention to one's own sensations and emotions, thus beginning to shape them, to increase the experience of inhabiting one's own body. The online analyst must have a good ear, being able to pick up from the vocal sounds emitted by his analysand various psychic scenarios, as does a parent sensitive to the sounds emitted by his infant, whose vocalisations represent the first forms of communication with the environment of care. The quality of this exchange and the way the environment reacts to the infant's sounds are important for the constitution of the bodily self.

Craparo also questions the function of the gaze in online therapies:

> *One of the main reasons that led to the use of the couch was the need to remove the patient from the tyranny of the gaze in order to limit the game of identifications and offer more space to the manifestation of unconscious contents. The widening of the pathologies treated (i.e. from the first forms of treatment of neurotic pathologies the field of application was widened to include forms of psychotic pathology; in the same way as thanks to Klein we began to treat children therapeutically) has meant that face-to-face therapies*

> *have increasingly been carried out. Online treatment poses further extensions. Therapist and patient see each other's image on each other's screens, but also their own image, so that each knows how they appear on the other's screen. It is easy to see the risk that the screen/mirror can act as an attractor, immersing both in an imaginary-narcissistic dimension.*

It would be anachronistic to think that psychoanalysis does not have to reckon with virtuality and the Internet, at a time when we are talking about smart-working. On the other hand, there are many psychoanalysts who work on Skype. I think it is therefore useful to open a reflection on another aspect, not directly linked to therapeutic treatment. This is the publication on social networks and websites of articles, photos and videos of one's own professional content or training institutions. One cannot help but notice that this contributes to creating a professional network among colleagues and as such is also a source of publicity for our work. I think it is useful to monitor what is circulating on the net so that we do not fall into simple commercial trivialisation in order to 'grab customers'. It may sound too provocative to the reader, but we are faced with a new working window which as such can open up new scenarios, but can also be breached from the outside. Think of the risk of inducing a downward market.

Returning to the patient, it remains necessary to reflect on what drives a person to ask for online therapy: is it a defensive choice that leads him to prefer distant relationships in order to maintain a certain control over human relationships, including the therapeutic one? Are there alternatives to online treatment in the patient's own place? Is this the best solution in relation to the patient's psychological condition and personality structure?

After some practical advice for conducting online therapy, the text concludes with an imaginary exchange with Freud who is asked what he thinks about online therapies. I quote a small sentence.

> *Of course, psychoanalysis cannot remain extraneous to the progress of technology, but it must not be uncritically subjected to it. I am not hiding my curiosity, but I would remind you that, despite the progress of technology, contemporary man is still primitive in terms of his basic neuronal functions. Savage analysts do more harm to the cause of psychoanalysis than to individual patients, and they should be avoided even online.*

The text, although short, is a useful initial guide. The structure of the topics shows that it has been conceived and written in previous years and that it has a didactic slant.

Conclusions

I close this review of the three texts with some personal reflections. I have been able to notice in my clinical activities (patients, clinical supervision, personal analysis) that online meetings have allowed the encounter with archaic areas of the mind that were there waiting for a darkness to be truly revealed in their obscurity. So it was only by relying on the negative capacity internalised during the formative years that it was

possible to proceed to illuminate part of that darkness. A crisis that brought growth. And like a student who never stops learning, I was able to treasure what was happening inside me to bring the exploration outside of me. So I was able to get involved, finish writing my dissertation, found SIPSIOL (Italian Society of On line Psychology) together with a group of colleagues (Luigi Di Giuseppe, Tancredi Di Iullo, Massimiliano Di Liborio and Stefano Paolillo), write, video-interview (Bambini, Craparo, Goisis, Nicoli etc) and much more. I seem to have observed this proliferation in all the colleagues close to me. So, in the knowledge that in our society it is increasingly easy to find people with their suitcases packed and ready to move, it is time for our profession to prepare its own suitcase to travel without being unprepared for the changing world. Antonino Ferro (quoted in Caroppo, Coliberti, 2016) suggests trying to turn around the point of view of colleagues who refuse to move their profession to the online world, who refuse to pack their suitcase,

> *Let's imagine a world in which analysis is only done on Skype, if someone comes along and tells us to try to do it with two real people who meet in a room and have such an intimate and close relationship, what will we say? Would we all be horrified to say that this is unthinkable?*

These and other questions comfort us with the knowledge that scientific knowledge should educate and support us to be able to tolerate our uncertainties and question certainties if they turn out to be sterile dogmatisms.

A small personal anecdote: as a university student, during a conference on sports psychology, in which the speaker provoked us by talking about the possibility of using doping to improve the sporting results achievable by man, I intervened to provoke in turn on the ethics of this practice, which I considered unfair and harmful to health. The answer was immediate, *"Take off your glasses, you are short-sighted, you have to accept your short-sightedness even if you could have used your glasses to be equal with your colleagues and to follow the slides"*. It made me think, and I accepted the real provocation. And today, writing about online therapies, I am pushed to believe that probably, like the first prescription lenses invented centuries ago to cure what was deficient and allow a better life expectancy, online therapies will also be useful to the clinic, even if at the moment they still risk being experienced as a foreign body useful only in the current emergency. But the pandemic will mark the crisis capable of revolutionizing the whole world, we cannot but be revolutionized by it so that we can improve the life expectancy of psychoanalysis and all the people who use it, therapists, patients and society.

I close my article with a final reflection on the time we need to give ourselves for a deeper understanding of what we have experienced. Time needed before we can reflect, chew, assimilate and write about our time, and our revolution. Quoting Flaiano *"seen from above, the battle seemed like a picnic. Tragedies, like paintings, require the right distance"*. And this issue of Funzione Gamma, with the participation of many psychotherapists, seems like a large orchestra where several instruments are trying to

create a new harmony to be played in various theatres without being branded as pop music of the moment, soon to disappear. But it has been going on for a year now.

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"Cogito Ergo ... Zoom": Debates and Reflections, on the Web, on Online Therapy

Massimiliano Di Liborio

Abstract

In this article we try to draw attention to the material produced by our community on the web, with respect to the theme of online sessions. This is a topic that has always been given little consideration in Italy. Now, in emergency, and therefore in an uncomfortable position, we find ourselves reasoning around the online world. In this article we will examine in depth the material we have managed to find on the subject.

Keywords

Online psychoanalysis, S.I.P.S.I.O.L., online setting, technique and technology

Over the last two years, Covid-19 has entered our daily lives, our thoughts and consequently our analysis rooms without knocking on the door. Much has been written about the uncertainty in which we have all, without exception, been forced to navigate. To say the least, "on sight".

At the media level, a race seemed to have started to see who could come up with the heaviest and most traumatic headline (sometimes as in a perverse game of dubious taste), the opinion leaders had a lot to do. In the psychoanalytic field, in a slower but steadily accelerating way, reflections and debates arose around Covid-19 and the opportunity to continue therapies, also online.

The fact is that we found ourselves discussing the subject of online sessions in a climate of urgency imposed by Covid and its *lockdown.* We are paying the price for not having discussed it before. Now we find ourselves reasoning within an urgency, an uncomfortable position, which takes away from lucidity and in which there is a lack of time. While in the international sphere the online discourse has been at the centre of much debate and attention for several years (see Merciai, in this same issue), in Italy, (see Goisis-Lauro, in this same issue), as Goisis and Lauro write, it seemed that "*the online discourse was of interest only to a few brave or daring or anti-system people*". We can safely say that the psychoanalytic community, at least until some time ago, largely rejected the possibility of conducting an online analysis.

While, therefore, official psychoanalysis was distancing itself from the online, in an almost parallel dimension, this modality started to gain ground more and more quickly, through a whole series of activities (FAD, online training and supervision), and then also saw the approval of online psychotherapy). In other words, for several psychologists and training agencies, the online world seems to have been read, from

the beginning, as a possibility.

In the climate of urgency of 2020 we were faced with the choice of whether or not to interrupt the sessions. We are well aware that an abrupt interruption of sessions can have consequences; some patients would probably not be able to tolerate a long break, especially at certain times. A real that manifests itself with a power of these proportions is hard to think and to cope with, even more so for those in a fragile position. On the other hand, psychoanalysis, which has always dealt with human suffering, could it have put itself 'on holiday' just now? At a time when it could and perhaps should have been in the front line? Would it not have been a trauma within a trauma?

It is the treatment that must adapt to the patient, not the other way around.

Of course, many said, the setting in our analysis room provides more security; remotely we are at the mercy of a whole series of elements that are much less manageable. The physical dimension of the setting that protects and takes care of the encounter, risks online to become even a disturbing experience for us, and for our patients. This in a condition of normality, perhaps. With what effects was Covid entering the analysis rooms?

I vividly remember the cold feeling after a few coughs from me or the patients, my thoughts when those people on the couch, outside the room, were on the front line against Covid. The patients at 'risk'. I remember the fear of even trying to imagine what would happen if one of the patients I received in the room tested positive, if others became infected in my practice. The risk that my practice, my room, would become 'a hotbed', a word that thundered on TV, but also at times in my head. Not least the fear of being without patients, without my work.

Also on the basis of these changes, an urgent need has arisen to reflect on the theoretical and technical level of the analysis-online binomial; a fertile ground, in this direction, has been the debate among S.P.I. members, developed online, on the Society's website, which has seen over 60 colleagues send contributions and discuss the subject of Covid and online sessions. A fertile ground, in this direction, has been the debate among the S.P.I. members, which has grown online, on the Society's website, with more than 60 colleagues sending contributions, and discussing, on the theme of Covid and online sessions. Perhaps it was too simple to say "whatever, I'll go online". For this debate I refer to the article in this same issue of Funzione Gamma by Bambini and Ponsi**.**

We have a duty to question, reason and try to understand. Roberto Goisis states:

> *I consider online therapy to be one of the forms of psychological therapies that we have at our disposal. One more. To be studied, organized, tested, validated, understood and experienced from the inside, together with our patients.*

Living from within. Over the years, much of the criticism about the use of online has come from outside. Some comments refer to the possibility of *hackers* breaking into conversations and stealing patient information. Although this is a possible hypothesis,

it really is a remote one, but above all we have more secure platforms than Skype and a whole series of measures that can really minimize this hypothetical risk. Of course, you need to develop new skills, get your hands dirty, try to understand.

We are in the midst of an additional and unforeseen dose of *training*, writes Daniela Scotto at the end of one of her contributions. As Bolognini points out, we have had no time to prepare for this transition:

> *In other words, we have adjusted according to common sense and care for the fate of the object (the patient and his treatment) and ourselves, bearing in mind that a well-tempered 'Work Ego' denies neither internal nor external reality, and combines them in the most harmonious and useful way possible.*

In an emergency, everything is too immediate; after all, the disturbing is always sudden, it steals the breath from every form of thought. Breath is to be reconstructed a posteriori.

The Setting

We must consider how, in terms of quality and quantity, the variation of the *setting* can have direct and indirect effects on fantasies, memories, dreams and transference.

Several thoughts were also raised in the debate about silence.

It is in everyone's experience that online the perception of certain aspects is different from presence: the speed of the passing of time, the perception of tiredness, but also that of silences.

To borrow a sports metaphor, a kind of time to break your breath. A time that, in some ways, is too uncomfortable to sustain? Of course this is where the subjectivities of the analysts come in, their history, their relationship with Covid and with technology, for example.

A time, which unfolds, quickly takes us into a new dimension. Several patients have called me from the car, which during the *lockdown*, had turned into an intimate and protected space. The barking of a dog, the sound of a *car horn*, a radio that turns on by mistake, the siren of an ambulance or the passage of a train also enter the session, imposing silence and waiting. More and more often a question came up in the telephone sessions: "doctor can you hear me?", a question I had never been asked in the room and which highlights the complex management of silence: it is difficult to understand from both sides, when silences were natural and when silences were linked instead to a lack of telephone signal.

So how can we forget the anger and dismay of a patient who had been talking for about a minute when the phone call stopped and I was trying to call her back?

My intervention, perhaps in a corner, "when has this already happened? Has it already happened to you to feel like this?", had been lucky enough to succeed in opening a space with respect to the question of a mother too busy with work, who had no time

and no desire to listen to her. The patient felt as if she was talking to herself.

For many patients, the possibility of finding an intimate space protected from other family members has become complex. In view of this, we must certainly be willing to reorganize schedules, for example. In terms of privacy, we should avoid, as is already good practice, calling the patient if they do not turn up for their appointment. In such cases a *text message* may be less intrusive than a phone call. Other family members may not necessarily know that the patient has decided to see a psychotherapist.

Technology

My transition to online was quite natural, if I can call it that. For many years now, working in Sport Psychology, I have been in the position of following athletes who are always on the move. I have had sessions with athletes who were on the edge of a field or who were able, with difficulty, to create a space to talk in the bathroom of a sports hall. I have always found and seen the online as a possibility, often also as a necessity. Of course, the clinic provides a different set-up, just as my posture in this type of work is different, but I can say that I "felt able", "sufficiently able" to paraphrase Winnicott, to make the transition. I'm not a digital native, but I've always had a very good relationship with technology, at times even a passion of mine. This has helped me a lot. It may seem like a secondary level, that of technology, but in reality it is not. Very concrete aspects are inextricably linked to aspects that, at least apparently, are less so.

Going into detail, we can say that the first difference is between calls and video calls (Skype, WhatsApp, Zoom, etc.).

Stefano Bolognini, past president of IPA, suggests constructing the most suitable modality together with the patient: for example, one can decide to mime a dynamic as faithful as possible to the presence, opting for the greeting with the video on both sides, and then switching to audio only, switching the video back on for the farewell greeting.

Some colleagues have opted to keep the video camera on, with their backs to the couch, as in the analysis room; others still prefer the telephone. In all cases the modality will have to be chosen and agreed upon, depending on the analytical couple, in order to favor the passage to more reflective and free levels of association.

Another difference between calls and video calls is related to the way the phone call is perceived as a generic form of communication, good for all occasions. In this direction, the video call can be perceived as a newer, less everyday tool, and can be felt as an experience in direct continuation of the previous relationship.

The S.I.P.S.I.O.L.

In addition to the S.P.I. debate, you can find a lot of material on the issue of therapy and online at the S.I.P.S.I.O.L. (Italian Society of Online Psychology) website. Founded in 2020, at the height of the pandemic, the Scientific Society aims to study the online phenomenon and seeks to unite the many professionals who, individually,

are committed to a constant and continuous search for improvement and discovery of the new. The site, which deals with the subject of online psychology in all its aspects, is full of articles, surveys, webinars and spaces for training and reflection.

You can find, for example, some stimulating video interviews: Giorgio Bambini, Roberto Goisis, Emilio Masina and Luca Nicoli, who compares the compelling need to have to faithfully mime the studio session online, as if to give the patient back something nostalgic, an ancient postcard. Is it our difficulty in breaking away from the 'old rules'? Maybe the same rules that have delayed, indeed discouraged, a physiological discourse towards the online? A living psychoanalysis is a psychoanalysis that puts itself into play and builds spaces in which to be. The words of C. Bollas come to mind: 'the fundamental aim of psychoanalysis is to restore to the patient the desire to investigate the mystery of things'. Could these words apply to psychoanalysis itself? In my opinion, for a living psychoanalysis, absolutely yes!

Interviewed by Giovanni Pendenza, Giorgio Bambini reasons on the necessity to agree and calibrate on the individual persons and on the individual availabilities the modality that the patient feels as more corresponding to his own emotional availability. This is a big change, because usually we are used to that in the analysis room the rules are somehow established in a quite unilateral way. This situation has forced both analyst and patient to renegotiate the modalities of the encounter. Co-construction, in short. In the interview Bambini also deals with the theme of how psychoanalysis must necessarily come to terms with the cultural and communicative changes that characterise every age. It's hard to imagine being able to do analysis as it was in Freud's time; today no one could afford to stay in Vienna for months or years to be able to undergo therapy. The computer and the network cannot but be incorporated into the new modes of interpersonal relations.

Also on the SIPSIOL website, Catello Parmentola's video-interview on the delicate topics of Deontology and Informed Consent in Online Psychology and his interesting article. Parmentola reminds us how online professional services do not give any license to derogate from any article of the Deontological Code. On the web, one does not stop being a psychologist, all the constraints of a legally ordered profession do not evaporate.

In the interview with child psychoanalyst Patrizia Gatti the topic is *Infant Observation*. The psychoanalyst explains how after an initial period of uncertainty, supported by colleagues at Tavistock, she proposed video-observations to the students. When she presented this possibility to the families, the reactions were different; some were very happy and accepted it immediately, others refused the possibility, declaring to experience it as an intrusive modality. However, the online option guaranteed continuity of the learning experience for the students, but also continuity of the relationship for the families and the children.

On the more general theme of technology, again from a psychoanalytical perspective,

Giorgia Lauro, in her article The psychic world behind and inside the smartphone, highlights how the *smartphone* brings with it not only a new communication technology, but also a new way of perceiving and studying human relationships. The mobile phone, according to a psychoanalytic view, is thus a powerful unconscious representation of connection and disconnection, evoking thought, analysis, comment and conveying feelings. In the wake of Christopher Bollas' (1999) argument, the mobile phone has become a particular type of 'evocative object', forcing us to 'think and rethink' psychosocial experience.

In conclusion, I borrow the words of Roberto Goisis when in his video interview, also on the SIPSIOL website, he says that the virus could have killed psychoanalysis, but that psychoanalysis has continued to live: once the virus is over, everything will be different; people and probably psychoanalysis too.

Will we continue to use the online after Covid-19? The question, in my view, is not so much if, but how... and in this "how" we are all deeply involved.

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Telepsychology and the Technology behind it

Luigi Di Giuseppe

Abstract

The pandemic caused by Covid-19 has strongly contributed in Italy to the emergence of telepsychology, not so much in its theoretical ramifications as in its practical/professional peculiarities. In the space of a few months a plurality of professionals became interested in the problem and took steps to provide a service to users/patients that would replace face-to-face intervention. This article analyses what happened and how the technological response supported the demand for adequate tools from the professional *psy* world, with a careful look at the near future.

Keywords

Telepsychology, Guidelines, web platforms, technology

From Few to Everybody. Introduction to the Theme

Talking about online psychology and psychotherapy in the year 2021, when the Covid-19 pandemic has made us all immediate experts in the field (promoted for pandemic merits, I dare say), becomes almost trivial but at the same time amazing for those who, like me, have been dealing with it since 1995.

And yet the Covid-19, among its many well-known demerits, has also this incredible and unthinkable merit: it has pushed Italian mental health workers to make, all of a sudden, an unthinkable leap forward until the final months of 2019.

It was talked about, some pioneers were committed to spreading 'the word' (while the international *psy* world had already been talking about it, debating and regulating it for some time) but, in substance, it was stopped at little and nothing more, as amply explained in the article signed by Roberto Goisis and Giorgia Lauro, present on this same issue (Goisis-Lauro **)** to which I refer to read in order to have a complete picture of the Italian situation of the time, both online and *offline*.

The fear of 'closure' was enough to suddenly open everything that could be opened, and more.

Shouting '*we cannot abandon our patients at such a difficult time*', hundreds, indeed thousands, of colleagues throughout Italy have become experts in 'psychology and psychotherapy at a distance' and have taken steps to 'open' their offices, outpatient clinics and institutes to the online push.

Despite the absolute absence of resources and knowledge of the bare minimum,

represented by the Guidelines approved by the CNOP in May 2017, we have witnessed the flourishing of a world that, for better or worse, has chosen to operate at a distance and to provide users/patients with a plurality of services that were absolutely unthinkable before.

But, as always, there is a but ... everyone, without distinction, has found themselves having to deal with a substantial lack of the minimum technological resources necessary for effective work via the web. I am not referring, as is obvious, to what each of us can dispose of in total autonomy, from super-performing computers to equally effective connection lines or latest-generation *smartphones*, but to the availability (or rather the absence) in Italy of hardware and software tools that in the international world of telemedicine and telepsychology have been more than present and used for years.

I am thinking, for example, of the absence (or almost) of availability in Italy of platforms that use the standard established by *HIPAA* (*Health Insurance Portability and Accountability Act*: it is a 1996 US federal law that establishes data *privacy* and security requirements for organizations in charge of safeguarding the protected health data of private individuals) or that are *compliant* with the *Guidelines for psychological services via the Internet and at a distance* issued by the CNOP in 2017, which among other things it talks about knowledge and competence on the part of the professional of the available and most advanced technological systems:

> *The development of remote communication technologies enables e-health interventions of a psychological nature. These application contexts, due to their complexity and specificity, require the availability of appropriate technologies and the possession of particular skills in their use.*

And yet, despite all this, the system has been set in motion and, despite the jolts, bumps, and backward marches, today it seems unstoppable and we are all forced, some more willingly and some less enthusiastically, to come to terms with a reality that has no chance, and probably no desire, to go back to pre-Covid times.

I am thinking, for example, of what will happen to the entire system of conferences and Continuing Medical Education (ECM in Italy) which, in the midst of the pandemic, has not only found new ways of surviving but has also successfully identified and followed paths that were not even remotely imaginable in the past. All this has been to the benefit of the learners and the overall quality of the training on offer.

This is a long and complex discussion which would take us far away and which deserves a concrete in-depth study, although this is not the right place. So, I will leave it as a hint and continue with the main topic related to the availability and usefulness of technology applicable to concrete professional operations in the field of telepsychology.

Theory and Technological Practice of Telepsychology

Let's try to go in order and start from the definition of *telemedicine* provided by the competent offices (a term that, from our point of view, can obviously be translated into *telepsychology*): according to the World Health Organization (WHO), *telemedicine* means

> *the provision of care and assistance services, in situations where distance is a critical factor, by any health professional through the use of information and communication technologies for the exchange of information useful for the diagnosis, treatment and prevention of disease and trauma, for research and evaluation and for the continuing education of health personnel, in the interests of the health of the individual and the community.*

According to the Ministry of Health, *telemedicine* means a

> *a way of delivering health care services, through the use of innovative technologies, in particular Information and Communication Technologies (ICT), in situations where the health professional and the patient (or two professionals) are not in the same location. Telemedicine involves the secure transmission of medical information and data in the form of text, sound, images or other forms necessary for the prevention, diagnosis, treatment and subsequent follow-up of patients.*

The *American Psychological Association* (APA) already released its Guidelines on Telepsychology in 2013, adopting the following definition:

> *Telepsychology is defined, for the purposes of these guidelines, as the provision of psychological services using telecommunications technology. Telecommunications are the preparation, transmission, communication or related processing of information by electrical, electromagnetic, electromechanical, electro-optical or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive video conferencing,* e-mail*,* chat*, text messaging, and the* Internet *(e.g., self-help* websites*, blogs, and social media). The information transmitted may be in writing or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g., interactive video conferencing, telephone) or asynchronous (e.g.,* e-mail*,* online *noticeboards, information storage and forwarding). Technologies can augment traditional in-person services (e.g.,* online *psycho-educational materials after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development delivered via videoconferencing). Different technologies can be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone can also be used for direct service while e-mail and text are used for non-direct services (e.g. planning). Regardless of purpose, psychologists strive to be aware of potential benefits and limitations in their choice of technologies for*

particular clients in particular situations.

From these definitions it is easy to understand how telepsychology can and must be used both in the management of the relationship with the patient/user and in the relationship that can be established with colleagues and with all those who work in the health care sector with regard to the subject with whom we are dealing at that specific moment.

This is particularly relevant for operators who carry out their daily work in complex structures, such as a hospital, where the same subject may be followed and examined by several professionals who need to exchange health information and data.

This concrete possibility already poses a number of hypotheses to be verified and raises questions to which effective answers must be found. I am referring in particular to the protection of the *privacy of* the persons concerned, not so much at the time when the professionals in charge study the data and specific findings, but precisely in relation to the telematic transmission of the data and their access by unauthorized persons.

In Europe, the *GDPR* legislation (General Data Protection Regulation), although not specifically designed for the health sector, and in North America the *HIPAA* legislation mentioned above, expressly dedicated to the transmission of data and information between health professionals and the structures that host them or use their professional services, have been introduced.

It follows that the problem of the technology used and/or usable within a telepsychology service is fundamental because of the complex implications it entails, both from a deontological and legal point of view with regard to the patient/user and from the point of view of the professional relationship with colleagues or with the world of health professionals in general.

Given these premises, let us try to understand what the current technological situation is and what the future developments of telepsychology in Italy might be (and in part already are). With an inevitable glance also at what comes from the Anglo-Saxon *psy* world.

Almost all those who work professionally online in the field of mental health, even those who were already doing so before the Covid-19 pandemic, have always used and still use what the information technology 'market' makes available, without bothering to check its real compatibility with the specific needs and requirements linked to professional and 'health' use.

In this context, we cannot forget that the degree of computerization of the general population in Italy is particularly low, that there is a problem of "computer literacy" of those subjects who can/want to be treated in a distance psychotherapy, but that there is also a very strong problem of literacy of the professionals themselves, who very often do not go beyond a "basic" knowledge of what technology puts at their disposal.

In fact, the most widely used tools today are WhatsApp, Skype, and FaceTime, with a

few forays into other messaging or *video chat* systems such as Zoom and Google Meet, to name but the most popular. Tools that the *American Psychological Association* considers useful only if

> *professionals use a provider of telemedicine platforms who has signed an agreement with companies that claim to be HIPAA-compliant.*

I do not want, here, to deal specifically with the various systems used by those who operate online and cited previously, since it would be an excessively long discourse for this specific context. I would just like to underline how the same systems are addressed to a vast general public and that, substantially, they are collectors of *big data* for the Companies which make them available (one must never forget the famous aphorism which states that "If you do not pay for a product, then the product is you").

The current overall picture, therefore, does not appear to be one of the most favorable to a proper practice of telepsychology, both from a technological and deontological point of view, but what makes it even worse is the almost total absence on the Italian market, as mentioned above, of "suitable" systems. In other words, tools that are specific for use by psychology professionals and that guarantee total reliability both in terms of *privacy* and of storage and possible sharing of the data collected. Moreover, they should be easy to use, both for the professional and for the patient/user, and therefore guarantee immediate use without requiring particularly complex "learning curves".

Fortunately, a lot has been and is being done in recent months, and proposals have emerged which are likely to make it easier to operate remotely. Not all of them have the features we have tried to list so far, but the future looks rosy, as a healthy race between *software* and hardware companies has begun to occupy this essentially empty space.

Available Platforms and the Future of Telepsychology

As demand grew and operators became more professional, companies offering services specifically dedicated to telemedicine were also faced with the obligation to improve their offerings and proposals and bring them up to the minimum standards required by the rules and the market. Immediately after the lockdown and at the same time as the need to operate remotely in all healthcare fields exploded, including psychology/psychotherapy, the company *Kry International AB* made the *LiviConnect* platform available exclusively to all healthcare professionals (including psychologists), which is multilingual, usable throughout Europe and totally free of charge. The platform only provides a secure video connection (encrypted and with two-factor authentication) without offering any additional services, either to users/patients or to the professionals using it. The system is very simple to use, as the professional can register (providing data identifying him or her as a registered healthcare professional) and then indicate the telephone number and/or email of the person to be contacted. The system sends a *link* to the user/patient and the video call, on a secure

server, can begin.

The Company declares that no video is recorded and no data is kept and the management of the relationship, also from the deontological/legal/economic point of view, is totally left to the professional:

> *As with other services, it is up to individual healthcare professionals to decide whether they want to use the service according to their needs, the risks they identify and the legal requirements they have to comply with.*
> *Please note that Livi has no relationship with patients and that health care professionals are directly accountable for their patients under data protection laws. We do not record video/audio or store patient data. It is the individual healthcare providers who are responsible for patient identification, Livi Connect is only a video solution.*

Even the CNOP (National Council of Psychological Associations), just after the lockdown, gave an indication to turn, where possible, to distance working, indicating at the same time a platform to be used, *psychologialtelefono.it:*

> *Psychologists, once registered free of charge on the platform, will be able to create and send the Health Invoice directly from the Site and, likewise, to create, send and certify the GDPR privacy form. Access to the platform will be free for 12 months. A "Handbook" of about 60 pages will also be provided free of charge, called "Psychology by Phone and Online", already published on the Web, in which all the methodologies of working by phone are explained.*

The portal, however, is only a directory of professionals who provide an online service but does not offer the possibility of making calls or video calls, referring to the use of tools such as Skype and/or WhatsApp for the actual performance of the service.

On the other hand, *Psikera* offers an essentially complete telemedicine platform (even though it is not *HIPAA-compliant*) where it is possible to carry out *video chats* on a 'proprietary' system, comply with the necessary bureaucratic requirements (informed consent, payment, invoicing, sending to the Sistema Tessera Sanitaria, etc.) and maintain a constant relationship with the user/patient.

Another important platform is *Psicologionline,* which is essentially a directory of professionals who offer *offline* and online services, divided both by subject area and by residence. Through the platform it is possible to carry out video consulting (*HIPAA-compliant*), collect the patient/user's data, communicate with them in text form and finally send them the tax receipts for the service provided.

In full development but, in my personal opinion, the most promising of the proposals emerging is that of *Psycare*, a web platform specifically dedicated to psychologists and psychotherapists that allows *GDPR* and *HIPAA-compliant* secure video calls, session recording, integrated digital signature for informed consent, online payments, etc., and is constantly evolving through constant collaboration with the Italian Society of

Psychology On Line (SIPSIOL).

Obviously, with such a fast-growing market, the international offer proposed by *Psicologo4U*, a site proposed and managed by an English company, but entirely in Italian and aimed at the domestic market, which aims to "*become the Amazon of Online Psychology and help as many people as possible to solve their problems and unlock their potential*", could not be missing.

The site is intended as a collector of professionals and users/patients: it does not offer its own tools (*videochat*, etc.) to the professional who decides to use it, but merely recommends the use of what is currently available (Skype, WhatsApp, etc.).

Beyond Video Consulting. *Apps*, Augmented Reality, Innovative Devices.

The complex world of telepsychology cannot but be completed by what has been developing in this last period and which appears to be full of very interesting future perspectives. I refer in particular to those sectors that project themselves beyond the limit of the "session", however online, and look at much broader competences that may, in the future, even come to radically change our usual way of dealing with the difficulties and needs expressed by the patient/user.

I am referring in particular to the field of 'psychotechnologies', innovative tools and techniques, or those which take up and extend existing experiences, applicable in particular in the field of cognitive therapies, and which can be grouped, for convenience, into a number of macro-categories which I will try to list below:

- *psychodiagnostics*, useful for identifying and diagnosing existing psychopathologies at an early stage, using sophisticated artificial intelligence systems capable of identifying them using, for example, language analysis or eye tracking, as in the case of schizophrenia;
- *monitoring and physiological self-regulation*, through *biofeedback* or *neurofeedback* and increasingly sophisticated wearable biosensors that can detect negative emotional peaks and, through special training sessions, help us to manage them;
- *relaxation***,** which relieve stress and tension and can be integrated into the therapeutic strategies indicated as *homework* to the patient;
- *simulative***,** which within a protected virtual reality can expose the subject to phobic or stressful situations and then work on desensitizing the negative conditions through special protocols;
- *transformative*, which through metaphorical and/or symbolic virtual and unprecedented experiences, seek to foster positive change by immersing the patient/user in new narratives;
- *games*, which aim to encourage experiential learning, stimulate engagement and stimulate positive emotions.

It is easy to understand that the present and the future hold continuous surprises in store

for us (some positive, some not so positive), which could either become reality or disappear abruptly after having lasted for the space of a morning, as is often the case in the field of IT/technology: *Second Life*, a virtual electronic online world launched on 23 June 2003 by the American company *Linden Lab* following an idea of the latter's founder, the physicist Philip Rosedale; it was a computer platform in the field of new media that integrated synchronous and asynchronous communication tools and found application in multiple fields of creativity, such as entertainment, art, education, music, cinema, role-playing games, architecture, programming and business, to name but a few).

Finally, a quick word about the technology of devices designed for *entertainment* or its derivatives (*edutainment* & co.), which can be used for *psychological well-being.*

I am thinking, for example, of smartphones and tablets, which represent only the tip of the iceberg and which tend to offer, day after day, increasingly articulated and sophisticated services and functions, without however forgetting the real innovations represented by *virtual reality viewers* (to simulate real or imaginary contexts), *augmented reality glasses* and *holographic projectors* (to enrich reality with additional original information and animations), *biosensors* (from watches to hats) to monitor physiological responses in real time, *intelligent 'affective' assistants* (realistic avatars or humanoid robots capable of providing 24-hour support alongside human support), *tactile gloves* (to touch objects that do not exist in reality), *clothes* that hug you at a distance guided by an *App* on your phone, and so on.

All this forces us to imagine what the future might be (near, not remote) and how the therapeutic relationship might be transformed, and leads us to confront an acceleration that reverses, specularly, from the digital to the everyday and risks overwhelming us with its rhythms, forcing us, hypothetically, to have to choose whether to stay with the 'old' or with the 'new that is advancing'.

It raises a major problem that forces us to reflect immediately and leads us towards continuous and unstoppable training to be able to combine daily practice with the methods, techniques and digital tools that are most useful and/or functional for our patients/users. It will be compulsory to keep up to date and update our daily work not only from the point of view of professional theory, but also from the point of view of technological practice, if we wish to maintain a fruitful relationship with what surrounds us and increasingly pervades us.

Conclusions

Tackling such a vast and constantly evolving subject as information technology in an apparently cramped space like the pages of an article is really difficult, because there is a risk of being outdated just a few days after publication. But, obviously, one cannot avoid doing so.

The pandemic linked to Covid-19, like all traumas, has broken the banks, forced

reflection, and compelled actions that tend to be maintained over time, assuming a character of continuity that replaces the previous daily routine, and obliges us professionals in the *psy* world to revisit the usual parameters and to reconstruct professional and personal patterns, whether we want to or not.

In Italy, for years, people have tried to bury their heads in the sand in the face of the new and overwhelming advances, and only a few pioneers have had the time and desire to look ahead and challenge the future. Today, those few must be joined by the institutions and Associations that have the task of gathering, promoting, and guiding the profession towards a future full of great opportunities, but also of concrete dangers and drifts that are today difficult to foresee and combat.

Training is therefore a key factor in ensuring that innovations, brought about through constant and fruitful cooperation between professionals and the business world, are understood and used in the best possible way and in the sole interest of the patient/user.

Faced with this need, the CNOP, through the *Commission of Typical Acts - Protection of Citizens and the Profession*, is currently engaged in the verification and possible definition of new contexts that are able to allow, improve, enhance the offer of telepsychology and can ensure users, the ultimate recipients of professional services of the category, an effective service by those who decide to engage in this specific field.

With the same aim in 2020, the *Italian Society of On-line Psychology* (SIPSIOL), which I am honored to preside over, was founded in order to bring together in a single scientific container the professionals in Italy who deal with telepsychology or who are interested in doing so.

In spite of the multiplicity of ideas, directions and professional individualities, succeeding in having a unique point of reference in the panorama of Italian psychology online will finally enable the enormous potential that the sector offers, both on a human and theoretical-scientific level, finally allowing the Italian reality to play a role in the international arena.

“A Great Opportunity and a Great Challenge”: In Conversation with Marlene M. Maheu

Marlene M. Maheu - Report by Silvio A. Merciai and *Pietro R. Goisis*

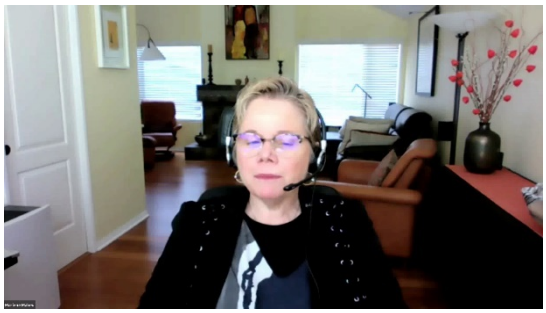
Dr Marlene M. Maheu (see also Merciai, this issue) is the Executive Director of the Telebehavioral Health Institute, recently rebranded to Telehealth.org (which has acquired international relevance: 97 countries worldwide benefit from the institute's services) and was the founder of the Journal for Technology in Behavioral Science; she is also the founder and chief executive officer of its supporting organization, the Coalition for Technology in Behavioral Science. For almost thirty years, her focus has been on telehealth legal and ethical risk management and compliance, to the point of deserving the nickname of "*Psychology's Telehealth Visionary*" by Patrick DeLeon, former president of the *American Psychological Association* (in 1994, she had developed the first international portal on mental health, *Self Help Magazine*). She has served on a dozen professional association committees, task forces, and workgroups related to establishing standards and guidelines for telebehavioral health. She has written 43 peer-reviewed book chapters and journal articles, and is the lead author of five books considered as essential references in the field of telehealth; among them, *Career Paths in Telemental Health* in 2017, co-edited with Kenneth P. Drude and Shawna D. Wright; *A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice* – co-written with David D. Luxton and Eve-Lynn Nelson – the previous year; and *Foundations in Theory and Practice for Graduate Learners*, published in 2020 in collaboration with Kenneth P. Drude, Crystal A. Merrill, Joanne E. Callan – a training analyst at the *San Diego Psychoanalytic Center* – and Donald M. Hilty); she is also very active on the Institute's blog. She currently enjoys research, training and consulting and staffing.

These brief introductory notes do not account for the enormous relevance Dr Maheu has enjoyed in the North American scientific landscape, for many years now: one of us (S. A. M.) had already met Dr Maheu (online) about twenty-five years ago (see Merciai-Goisis, this issue), retaining her image as a brilliant, generous person, enthusiastic of her work.

So, we got in touch with her and asked her to give us an interview, which took place on April 12, 2021 on the Zoom platform; Dr Maheu made the recording available to us: the text and the video clips below are the account of that meeting (you can find her answers by clicking on the image next to each question). We thank her for this, as well as for her friendly welcome in her virtual room; and we also thank Kathleen McLean (of the TBHI Engagement Team) for her assistance in all phases of our project.

We started by reminding Dr Maheu of our previous meeting and asking her to introduce herself to our readers by telling us her professional history – which is also in a way the history of remote therapy in the United States – and explaining to us the activities and aims of the Telebehavioral Health Institute.

We then asked Dr Maheu to talk about the current situation of online therapy in the United States, specifying our interest in psychodynamic therapy. We did not expect a direct answer on this topic, because we knew psychodynamic theory was not her reference address (she had made it clear herself in the previous part of the interview). But our interlocutor surprised us: she knew our theoretical orientation and had prepared herself for the question.



Indeed, she proved to be very involved when we told her about the resistance of a large part of the psychoanalytic world, that believes that the online is an impervious or a distorting way of practicing psychodynamic intervention.

Returning to the same topic, she then told us about her talk, more than a decade ago, at the San Diego Psychoanalytic Centre...

Proceeding in our conversation, we asked Dr Maheu if she had any particular indications about platforms or software/apps to recommend for our work as online psychotherapists: somewhat surprisingly, her answer did not focus on evaluations of Skype or WhatsApp or the like, but instead on the need to guarantee the safety of our patients and to use simple and local applications (certainly there was an underlying concern about the wide spread, especially on the US market, of those dedicated platforms, of dubious seriousness and professionalism, which she had told us about at the beginning):

> *I think that if you have an association, your association would do well to try to get a platform, have a committee of people choose it, because these platforms need to be working with your environment. They need to work in your mountains, on your coastline, with your local people. I do not believe in supporting worldwide platforms for anything. In my opinion, you are in a small country, and I hope that you want to support Italian people who are trying to deliver good technology: you will look for a local company that's in your language, and so when you have a problem, you will be able to go knock on their door and say, "hey, this thing doesn't work, you'd better fix it, we have a whole group of people that are counting on you". I do not trust big international companies because they collect data that our people do not need to have collected (...) I would encourage you to get somebody local in Italy that follows Italian laws. Because if they work in Italy, they must follow your Italian laws. (...) It is amazing what can be tracked on the Internet, and it's very, it is very scary for those of us in the field that say, "wait, wait, wait" (...) We have very vulnerable people coming to us. We do not want their activities on the Internet being tracked and accessible through a database. So, I would choose somebody local and I would start very simply with a video platform like the one we have here.*

And in the end, she came back to spur us to catch and govern the wave of new technologies, in the very interest of psychoanalysis and our patients...

> *But don't think you're going to stop people from coming on the Internet when they think "I want help in my life" and they look online for a practitioner. How many years in the future do you think they are only going to go to people who offer classic psychoanalysis? Or will they go to people that offer Internet or whatever other name you want, a digital psychoanalysis? Because if you think about it, classic psychoanalysis is exclusionary, it excludes people, the clinicians, as well as the patients. How many years do you think classic psychoanalysis is going to survive if it continues to exclude people? The reality is far less than what people imagine: just everything we do is going online. (...) There will always be people who will do what they call "psychoanalysis on the Internet". There will always be that from now on. Does your group want to put itself in a position to instill your values in it or just want to say, "nope, don't want this, this is no good" because there always will be people doing it? I would vote for doing what I'm doing, which is try to instill values, ethical, legal*

values in the people that are doing it, and use your brain to adapt what we're doing in person to make it work online.

The time available to us had almost run out: thanking Dr Maheu for her generous availability, we asked her for a final thought for our readers.

The Debate on Online Therapy: An Essentially Sociological Phenomenon

Paolo Migone

Abstract

The debate on online therapy that we have seen since 2020 due to the COVID-19 pandemic clearly shows how widespread are certain misunderstandings about the theory of the technique that can lead to errors also in therapy *without the Internet*. Many therapists have looked at online therapy with suspicion, without understanding that it is one of the possible applications of a general theory of therapy. This debate has therefore a sociological interest, not a theoretical one, also because the theoretical-clinical problems of distance therapy had already been faced in the 1950s with regard to *telephone analysis*, which was even more innovative as it lacked video. The positions expressed in this article were exposed for the first time in the 1990s, when those who practiced online therapy were looked with suspicion and the *National Board of Psychologists* (CNOP), with a resolution of March 23, 2002, had even banned psychotherapy with Internet.

Keywords

Online psychoanalysis; Online psychotherapy; Theory of psychoanalytic technique; Therapist "presence"; Sociology of psychotherapy.

I believe that the lively debate on online therapy that we have witnessed in the aftermath of the COVID-19 pandemic is of purely sociological, not theoretical, interest. And on a sociological level it is of extreme interest because it has served as a litmus test that has brought to light the way in which it seems that many therapists – the vast majority, especially within the psychoanalytic community – do not possess the adequate conceptual categories to understand a clinical fact if it just deviates from the "normal" one they are used to. Basically, it has revealed that there is a widespread misunderstanding of theory of technique, a fact of sociological interest because it forces us to question ourselves on the way in which the teaching of psychoanalysis has been transmitted from generation to generation in psychoanalytic institutes: a way that could be defined as stereotyped, "concrete", based on a series of rules, without asking why they were established, as if these rules were monstrously raised to the rank of a Technique, with a capital T, that takes the place of theory (cf. Galli, 1985, 1992, 2006). It even seems that it is not clear what it means to "communicate". To give one example among many, there are those who have argued that psychoanalysis is done "in presence", not online, otherwise it is not psychoanalysis, forgetting that the concept of the analyst's presence has nothing to do with his physical presence in the room: this way of reasoning is exquisitely anti-psychoanalytic (an analyst can be *present* when he is online and completely absent when he is in the room, unless of course we refer to a

psychology that we could call "behavioristic", that is, that ignores the interpretation of behavior). And it seems that, together with theory, abstract thinking also disappears (theory is abstraction), in the sense that only a technique remains without the ability to link it to theory.

The way in which online therapy is often discussed lays bare a way of proceeding by means of unsubstantiated assertions, sometimes even with self-contradictions. Certain self-contradictions, certain ways – in my opinion, wrong ways – of conceiving the work with patients may not emerge clearly at first sight if one relies on a traditional way of working, but they jump immediately to the eyes as soon as one is confronted with a new situation, where one who does not have the appropriate conceptual tools can no longer disguise it, and may not be able to have the technical flexibility that is always necessary in therapeutic work. If, for example, a therapist has learnt a technique without knowing well its theoretical basis, this technique soon turns out to be a "dead end", in the sense that he knows how to adopt only one therapeutic behavior but not others because he does not know how to apply certain theoretical principles to other settings (this, after all, is the problem of the many "techniques" that today in the field of psychotherapy are taught in countless training courses, as if they stood on their own, and sometimes they do not have a precise reference theory).

What is important to underline is that we are not talking here about online therapy as such, but about something much more important, we could say we are not talking about the very identity of psychoanalysis (cf. Migone, 1995a ch. 4, 2011a, 2020c), and that the discourse would not change if instead of online therapy we put any other element of the therapeutic frame, for example the couch or the weekly frequency. The relationship between a given setting and what we call psychoanalysis is a long-standing issue that has been addressed on several occasions by the psychoanalytic movement; another interesting sociological fact, therefore, is that it seems that many colleagues have not realized that this kind of discussion is not new, but has been addressed by several authors, and in depth, at least since the middle of the 20th century.

Looking at the florilegium of articles that have appeared in the psychoanalytic literature on online therapy, even at an international level and in journals considered to be the most authoritative, one notices first of all that they are almost always clinical, not theoretical: they discuss, for example, what the therapist or the patient feels in the online setting, what fantasies are made, what kind of transference and counter-transference are activated, how one should organize oneself on a practical level (concerning, for example, payment, timetables, the furnishing of the room in which there is the computer, or the possibility of also using a mobile phone), and so on. These are all clinical reflections that are certainly needed by many therapists, and this is another sociological fact because it seems that these colleagues have never realized, or have never thought about, the fact that certain non-online therapies can be much more complicated to manage and present greater theoretical and technical problems, especially with difficult patients who often challenge any expert therapist. In other words, the difficulties or novelties of online therapy are seen as belonging to a different

logical category from the difficulties encountered with any patient or setting (group, couple, family, institution, or with severe patients such as borderline, psychotic, etc.), and this is a big mistake.

The phenomenon of online therapy first caught my attention in the 1990s, when it was initially being experimented with even via e-mail, as there were no videoconferencing programs such as Skype or Zoom yet. While many colleagues talk about it today, as they are forced to practice it since 2020 because of the lockdown due to the COVID-19 pandemic, at that time few colleagues were interested in it or practiced it, and they were generally looked at with suspicion. I immediately wrote some reflections on this phenomenon (Migone, 1999a) having clear in mind that I was not interested in online therapy as such, that is, from the clinical point of view, although I had practiced it (for example, in the 1990s I had started to follow patients even by e-mail, then for a long time I did online therapies and I was also asked to do supervision and videoconference therapies to Chinese colleagues on behalf of the *China American Psychoanalytic Alliance* [CAPA]); as I said, online therapy interested me because of the questions it raises about theory of technique and the identity of psychoanalysis itself. Initially what struck me a lot was the way many colleagues reasoned when faced with this "new object", a way of reasoning that could lead them to make technical mistakes *even in "normal", traditional, off-line therapy*, i.e., without Internet; I have purposely written the term "normal" between quotation marks because, as we will see better later, I think it is a mistake to think that there can be something *normal* in psychoanalysis, and in this regard one cannot but think of Sullivan's famous exclamation "God protect me from a therapy that goes well!" and paraphrase it into "God protect me from a normal psychoanalysis!", because these "normal" situations are precisely those situations that can hide for example the well-known collusions or *mésalliances* of which so much has been written in psychoanalytic literature.

In this discussion, therefore, I must necessarily take up the considerations I made in the 1990s, which have not changed, and I will take up passages from other writings of mine (Migone, 1999a, 2003, 2005b, 2013a, 2015, 2020a, 2020b, 2021a, 2021b), especially from an article I published in issue no. 4/2003 of the journal *Psicoterapia e Scienze Umane.*

I still have vivid memories of the frustration I felt when in the 1990s I was confronted with colleagues who, although psychoanalytically oriented, seemed unable to follow my arguments. They seemed only to want to know whether I was for or against online therapy, that is, to stay on the practical level, bypassing the reasons why I might have a certain position. I had the strong impression that they were making the same mistake that, for example, had been made by generations of psychoanalysts who, as I said, had been taught the technique of psychoanalysis in a stereotyped way in the form of concrete "rules" to be applied, with the result that, so to speak, an "ossified", dead technique that stood on its own, 'without theory', was handed down from generation to generation. All this, as is well known, is the opposite not only of what psychoanalysis should be, but also of any scientific discipline, in which obviously theory and practice

are always intertwined in the sense that one depends on the other.

These colleagues could not understand me even though my arguments were very clearly stated. I remember that a colleague, who had spoken out against my position in an e-mail discussion because she thought that I was in favor of online therapy and she was definitely against it, was surprised when once I met her in person and repeated what I had already said several times in our discussion, namely that I was not interested in online therapy as such, but only in our way of thinking about it. It seemed to me that she couldn't understand me at all, but just wanted to know whether I was in favor of online therapy or not, and having heard that I was trying to make a different point, this was enough to reassure her of her fear. I remember that I had a very unpleasant feeling because there was no way to understand each other. Over the years I have had to get used to this kind of misunderstanding, because I have often come across colleagues who reason mainly on the basis of clinical examples or on things to do or not to do, as if in their training they had not been exposed to theoretical reasoning. I had the same impression when I read the anonymous evaluations of the reviewers of an article on online psychoanalysis (in which I expounded the same position I am expounding now) that I had sent to various international journals (first to the *International Journal of Psychoanalysis*, then to the *Journal of the American Psychoanalytic Association* and to the *Psychoanalytic Quarterly*), all of which had rejected it: the reviewers candidly admitted that they could not understand it, and asked for clinical examples to understand what I wanted to say, despite the fact that I had made it clear that mine was not a clinical article but a theoretical one, and that it was not so much about online psychoanalysis, which I used as a pretext, but about psychoanalysis as such, even *without* Internet. I was about to give up trying to publish it, when I decided to try a fourth journal (*Psychoanalytic Psychology*) which finally accepted it (Migone, 2013). This article of mine went fairly unnoticed, but in 2020, with the explosion of the COVID-19 pandemic and the spread of online psychoanalysis, it became highly cited (see, for example, Gabbard, 2020, p. 1090) and received a lot of attention. I have to say that I was suspicious of this interest in my article, because I fear that it shows, once again, that my argument is not understood, that is, it is very likely that the interest of many colleagues is related to online therapy as such because they feel the need to practice it, and not to the underlying theoretical aspects that also – and I would say especially – concern *non-online* therapy and the very identity of psychoanalysis.

In this sense it can be said that my contribution is more ambitious, and I want to underline that the exercise I do is identical to the one I have done concerning other "objects", for example brief therapies (Migone, 1982, 1985, 1986, 1988, 1989, 1995a chap. 3, 1995c, 1997, 1999c, 2005a, 2011b, 2012, 2014) or the use of medication during a psychoanalysis (Migone, 1999d, 2000b, 2001a, 2001b, 2006, 2013b, 2013c); even in these cases I have used these objects as pretexts, as excuses, to make a broader discourse on the identity of psychoanalysis.

Is Online Psychoanalysis Possible?

First of all, distance psychoanalysis is not a novelty. Among other things, the first historical *ante litteram* example of psychoanalysis at a distance was the one between Freud and Fliess, which took place by epistolary means, as several historians of psychoanalysis have pointed out; and with regard to the modification of the setting, so feared by many analysts as if their identity was threatened, it can be mentioned that Max Eitingon – the very one who will establish the rules of classical training, defined precisely as the "Eitingon model" – did his analysis with Freud during long walks. The reason why psychoanalysis at a distance is not new is above all because it was already being practiced by telephone, and it is not by chance that telephone analysis was discussed in the United States in the early 1950s. And telephone analysis was much more innovative than the online therapy we talk so much about today, because there was no possibility of video.

Leon Saul (1951), an analyst who wondered why the telephone could not be used in analysis, wrote more than half a century ago in *The Psychoanalytic Quarterly:*

> *All thinking is restricted by inertia. We think as we were taught to think. New ideas, attitudes, and approaches always encounter resistance. (...) In view of these considerations, one wonders if the idea of using modern technology in the form of the telephone, as an adjunct to psychoanalytic technique, will be met with horrified resistance, or whether most analysts are already far ahead of this in their thinking and anticipate experimenting with televisual communication if and when this becomes practicable. (p. 287).*

These words sound prophetic. In that work, Saul spoke, among other things, of the usefulness of using the telephone with a patient who had difficulty coping her anxiety with the analyst in the consulting room, and with whom he had noticed that on the telephone he was able to elaborate certain transferential problems, thus making it possible to overcome them and resume the sessions. The use of the telephone, in this case, was perfectly in line with the criteria that two years later, in 1953, Kurt Eissler proposed to systematize in a coherent theory the introduction of technical modifications (which he called "parameters") to the «basic model technique» (pp.109-110). And it is precisely with Eissler's theorization, which will become an inevitable point of reference in the debate on theory of technique, that I want to begin these theoretical reflections on online psychoanalysis, and precisely by recounting an episode that has come to my memory.

Eissler once said at a conference at *Cornell University* in New York in 1983 in occasion of the thirtieth anniversary of his classic 1953 article on "parameter" (I do not remember exactly who the other speakers were, I think Arlow and Brenner), that there might be some truth in the criticism that some had made to his paper in so far as, for example, "no one had yet succeeded in conducting psychoanalysis by computer or by handing the patient notes containing only the interpretations".

In order to fully understand this statement, it may be useful to briefly refer to that

article. As is well known, Eissler's classic 1953 paper was written in the middle of the 20th century, at a time when psychoanalysis was flourishing in the United States and the number of patients, including those with serious illnesses, seeking psychoanalytic treatment was increasing rapidly. Analysts soon realized that the standard technique could not be applied to everyone, and that modifications were needed according to the severity of psychopathology. The classical technique foresaw in fact the privileged use of verbal interpretation, trying to minimize all the other factors so to speak "spurious" or "impinging" the analytic frame, such as reassurances, advice, variation of the duration and number of sessions, temporary use of the chair instead of the couch etc. The analyst had to remain as neutral as possible, sitting behind the couch in such a way as to reduce his influence on the patient to a minimum (in order to observe the emergence of a "pure and uncontaminated" transference, so to speak), and limit himself to verbally transmitting the interpretations, considered the curative factor *par excellence* of psychoanalysis. It is in this context that the article by Eissler – a very authoritative analyst, also known as a staunch defender of Freud in the face of criticism, and who would later be appointed Director of the prestigious *Freud Archives* (see Migone, 1984, 1995a ch. 14, 1999b) – is relevant. In that article, Eissler systematized at a theoretical level the problem of the indispensable modifications of the analytic frame for certain patients in the light of the theoretical acquisitions of ego psychology (which in those years was seeing its greatest expansion), that is, of the increasingly felt need for a greater consideration of the adaptive point of view and of defenses. He defined "parameter" as any change in the standard technique (which for example was defined as "zero parameter", i.e. without modification), which he called "basic model technique", and proposed that it was legitimate to call a therapy still "psychoanalysis" when the introduction of a parameter is based on the following four criteria: 1) it must be introduced only when it is proved that the basic technique is not sufficient (e.g., in the presence of an "ego deficit" that would not allow the patient to withstand the basic technique); 2) it must never exceed the inevitable minimum; 3) it must lead to its self-elimination; 4) its repercussions on the transference must never be such that it cannot be subsequently rendered unnecessary by interpretation. Eissler, therefore, reaffirming for psychoanalysis the ideal value of the "classical" technique (practically never attainable in reality, and of this he was well aware, but nevertheless useful as a heuristic objective), admitted the use of parameters but on condition that they were reduced to a minimum and that later they could in some way be included in the interpretative process (proof of a structural modification, given that the "ego deficit" that had previously made the introduction of the parameter indispensable had been repaired). It should be pointed out that Eissler's parameter theory holds even if the basic technique is not the classical one but a technique with other rules, for example a different weekly frequency or the absence of the couch. To make Eissler's parameter theory clearer, I once described the case of a patient in a *vis-à-vis* psychoanalysis where I saw the possibility of overcoming a difficult moment of the analysis by using the couch and then going back to the previous use of the chair after having elaborated that difficulty (she could not hold her gaze because of certain emotions that emerged). I presented, in

a way that may seem paradoxical, “a psychoanalysis on the chair and a psychotherapy on the couch” (Migone, 1991 pp. 53-57, 1995a ch. 4, 2000a pp. 221-223). What is important is that there is a frame of reference for the therapy with a series of rules that serve as a background, as argued by Codignola (1977) who links the logical structure of interpretation to the analytic frame.

Regarding Eissler, it should be remembered that he has often been misunderstood and criticized for his technical “orthodoxy” or “rigidity”, when in fact – as Garcia (2007) has also shown very well, describing in detail his technique – he was extremely flexible with his patients, to the point of seeming, paradoxically, to be a modern relational therapist, and could afford to be so precisely because he was able to maintain a close link between theory and technique (cf. Migone, 2007 pp. 440-442, 2014 p. 637, 2020c pp. 6-7). The parameter, in essence, can be conceived as an “acting out”, a “corrective experience” that for the moment is not interpreted; behind this concept «there is nothing but than the problem – extremely important for those interested in therapy, that is, in operating “structural” psychological changes in patients – of the relationship between action and word, between behavior and mentalization, or, if we want, between body and mind, that is, the possibility of transforming a symptom, a behavior, and bringing it under the control of the subject by attributing a meaning to it» (Migone, 2005a, p. 354).

One may ask at this point why I started these reflections on online therapy by mentioning Eissler’s (1953) conception of the parameter. The reason is that, ironically, and contrary to the skepticism of many psychoanalysts towards online therapy, following Eissler’s classical theory it would seem that online therapy, based essentially on a somewhat “impersonal” communication between patient and therapist, meets the criteria even of a psychoanalysis. How can this apparent contradiction be resolved?

To deal adequately with this issue would imply going into the vicissitudes of the history of the theory of psychoanalytic technique during the 20th century, so here it will be possible to make only a few brief remarks (for the necessary in-depth analysis I refer to other works: Migone, 1991, 1995a chapters 1 and 4, 1995b, 1998a, 2000a, 2001c, 2011a, 2020c).

I believe that the caution towards online therapy can be explained by the fact that in recent times there has been a growing distance, more or less explicit, towards a certain way of understanding the classical model based on the therapist’s anonymity, on what I once called the analyst’s “personectomy” (Migone, 1994 p. 130, 1995a cap. 6, 2004 p. 151), a model that could be seen almost as a caricature in online therapy. In short, the widespread phenomenon of online therapy, among other things, re-proposes this problem in the psychoanalytic debate and gives us the opportunity here to briefly examine it again.

Following Eissler’s logic, if a therapy with parameters – i.e., with variations of the therapeutic situation according to the patient’s needs, with interventions linked to the “person” of the therapist who in a complex way “modulates” the technological aspect

of the treatment – is indicated for those patients who, because of their ego deficits, cannot stand a type of therapy limited only to the communication of interpretations, should we deduce that online therapy can be indicated for those patients who have an intact ego (who are very rare), or who are at the high level of psychopathology (e.g., only for mild neurotics)? I think that this is not the way to approach the problem (however, note here an apparent paradox: online therapy, "technological" *par excellence*, on the one hand would be indicated for the "healthier" patients, and on the other hand precisely for those "more severe" patients who have a particular need not to come into contact with the person of the therapist, because for example they may fear a certain emotional involvement). Nor do I think that today, thanks to the possibilities offered by the Internet, "virtual" therapy is legitimate to the extent that it can emulate "real" therapy. I do not remember in detail Eissler's argument about "psychoanalysis with computer" in that 1983 conference, but I do not think it is correct to say that if once it was understandable to be skeptical about online therapy, today, thanks to the wide range of communication channels allowed by Internet, one can be less skeptical and believe that online psychoanalysis could be used also for more severe patients.

Therefore, in my opinion, this is not the way to set up the problem either, i.e., as I said before, I believe that the issue is not the possibility or not to emulate with "virtual" reality, today allowed by the Internet, the "real" reality of the therapist/patient encounter, where the latter would serve as a touchstone or model to which to come as close as possible. The problem should be seen in different terms, and precisely we should reflect on the theoretical premises that were the background of Eissler's conceptualization (i.e., the conception that for brevity I have called "classical"), premises that, as we said, in the following psychoanalytic debate have been critically discussed by many authors. Eissler's reasoning had a high inner consistency, and his article is still very valid as far as the role of the analytic frame in the logical structure of interpretation is concerned (I refer, in this regard, to Enzo Codignola's [1977] fundamental contribution on the – as the subtitle of his book states – "logical structure of psychoanalytic interpretation"). Above all Eissler in that work wanted to touch, as I said before, the important theoretical-clinical issue of the relationship between word and action in analysis, and the problem of what today we could call "mentalization" as a guarantee of the patient's autonomy from the environment, that is from the parameter introduced in order to re-establish his psychological equilibrium. The aspect of the conception underlying Eissler's theorization that can now be questioned concerns what he calls the "basic model technique", i.e., on the one hand the idea that only one type of frame or setting (the "classical" one) is suitable for evoking in the patient what we call transference (and moreover in the same way in every culture and historical periods), on the other hand, there is the closely related idea that this type of frame can guarantee the analyst's neutrality with respect to the emergence of transference, which would tend to be "pure" and "uncontaminated" by the analyst's influences. As has been discussed by many authors (first of all Gill, 1982, 1983, 1984, 1993, 1994; see Migone, 1991, 1995a chap. 4, 2000a; Green, Kernberg & Migone, 2008), who have somewhat

taken up Sullivan's and the American interpersonalist school's intuitions exposed since the 1920s-30s, a naïve faith in neutrality on the part of the analyst is not sustainable; indeed, believing in neutrality can only lead to our greater influence on the patient because it is precisely not analyzed as it is considered non-existent (in reality the question of neutrality is more complex, but it is not possible to deal with it here).

See, for example, Gill's criticism of Ida Macalpine's (1950) conception, which is exemplary in this respect. Macalpine had spoken of an "infantile *setting*" (frequent sessions, couch, constancy of environment, etc., the basic technique also mentioned by Eissler) which would serve to evoke the kind of transference we want to analyze. Gill (1984, pp. 169-170) points out a possible contradiction in this conception: if transference is to be spontaneous and uncontaminated by the influence of the present situation, why then do we need special measures to bring it out? Why, in other words, do we need to "manipulate" it with an "infantile setting"? The transference that emerges thanks to the "classical" setting would not be a mere repetition of the past in front of an analyst who acts as a mirror (blank screen) or as a neutral observer, but a reaction to that "infantile setting", that is an "infantile transference" (or, if we want, a "classical transference" provoked by the "classical setting"), a reaction so to speak *iatrogenic*, conceptually similar to hypnosis: nothing could be further from what we commonly mean by psychoanalysis (Gill's pages are very beautiful, in which he shows – *pace* the "orthodox" analyst – how a classical psychoanalysis can in fact consist in a "manipulatory psychotherapy", while a once-a-week therapy without the couch in which the transference is carefully analyzed can be defined to all intents and purposes as a "psychoanalysis"). Of course, here we are not criticizing the rules of the classical frame or setting (which is a setting like any other, neither better nor worse), but the implicit idea that this setting guarantees a neutrality of the analyst and that only this kind of setting, and not others, should be used for all patients and transversely across cultures and historical periods (because this is the underlying implication, otherwise there would be no standard rules, for example the couch and a certain number of weekly sessions, still prescribed by the *International Psychoanalytic Association*, even if these rules are more often on paper than in reality, and furthermore there have been exceptions to the high weekly frequency, think of France, Uruguay or more recently also the *William Alanson White Institute* in New York, but also think of are called "shuttle analysis" or "condensed analysis"). This is why, since at this point there were no theoretical justifications of the classical setting, Gill radically got rid of the "extrinsic" criteria (couch, weekly frequency, etc.), and redefined the "intrinsic" criteria (analysis of transference), and embraced a very broad concept of psychoanalysis which could be implemented in the most diverse frames or settings (one session per week or even variable sessions, groups, emergencies, brief therapies, public sector, more disturbed patients and/or those on medication, and so on – today we could add the online setting). The important thing is that the analyst does his best to do the "analysis of transference" (which would be better defined at this point as "analysis of the relationship" – this is the only "intrinsic" factor that Gill retains, and moreover redefining it in "relativistic" or "perspectivistic" terms), that is, the therapist/patient

relationship which is always influenced by the conditions of *the setting, whatever* they may be (for a more detailed analysis, see Migone, 1991, 1995a chap. 4, 2000a, 2020c).

In order to avoid misunderstandings, it is necessary to reiterate that we are not saying that the classical setting is not good and that another setting should be preferred (e.g. without the couch or with a low weekly frequency – or, to remain in the theme of these reflections, online). We are simply saying that the so-called classical setting is a setting like any other, and it is perfectly fine, only that it will evoke its own type of transference. In fact, every patient will react to a given setting not according to an ideal model that we believe is valid indiscriminately for all patients, because it is the transference itself (that is, the patient's previous experiences) that determines the way the setting or frame will be experienced. To give a deliberately schematic example, if a patient has had very reserved and silent parents, he may be comfortable with an "orthodox" (i.e. reserved, relatively silent) analyst, whereas if his parents were expansive and warm, he may experience this analyst as cold, detached, or perhaps punitive: it is obvious that it would be a mistake to interpret as transference only the latter behavior, and to consider as "normal" (i.e. as "non-transference") the state of non-conflictuality that the patient experiences when confronted with a reserved and silent ("orthodox") analyst. It could also be that this apparent normality prevents us from illuminating an important problematic area of the patient's functioning which would instead appear if he were exposed to a different setting, and which in this way could be analyzed.

It will become clearer at this point why I wanted to precede these reflections on online therapy with this long premise on Eissler's (1953) conception of parameter and on Gill's (1982, 1984) theoretical revision. If we accept that there is no longer, so to speak, a gold standard for psychoanalysis (understood in terms of extrinsic criteria, i.e. linked to a specific type of therapeutic setting), it logically follows that a treatment that meets the requirements of psychoanalysis can also be conducted online: careful analysis of the transferential and counter-transferential manifestations starting from the type of context in which the therapist/patient encounter takes place (in this case Internet, in its various possible modalities), well aware that this context, like any other context, will always have an influence on the transference itself (as well as on the counter-transference, of course), an influence that in any case will have to be carefully analyzed. With this reasoning, then, it would seem justified to use Internet for psychoanalytic therapy.

Further Reflections

Some further reflections are needed, because misunderstandings may arise. What needs to be better analyzed are the implications underlying the reasoning we have done so far to arrive at a position that does not exclude *a priori* the use of Internet for psychoanalysis or psychotherapy. Earlier I said that many therapists have a critical attitude towards online therapy, and this could be understandable if one thinks of the abuses that can be made of it or of its indiscriminate use and perhaps as a substitute for

traditional therapy (although, to tell the truth, the motivation for the abuse of online therapy by therapists is unclear – unless it may have been in an early pioneering phase where some exploited this hunting ground for new patients not otherwise available, but now this territory has become very populated and the "first come, first served" rule no longer applies). I think it is right to be critical of online therapy, but only on the condition that the same criticism is made of the equally abused and 'wildly' practiced (whatever that means) traditional therapy. What I think it is important to underline is not only the fact that an *a priori* critical attitude towards online therapy can hide a tacit laxity towards traditional, off-line therapy, but also that this presupposes the wrong reasoning according to which the determining factor is the external form that the therapy assumes (the "extrinsic" criteria), forgetting that it is the meaning of the experience as a whole that characterizes the therapy, including the relationship between extrinsic and intrinsic factors. To privilege extrinsic criteria can only lead – as I never get tired of repeating – to technical errors *even in non-online therapy*. There are countless examples of this, just think of the use of the couch: those who turn up their noses at the therapeutic use of Internet may be the same ones (indeed, *they are* often the same ones) who, in a stereotypical way, believe that the couch (like any other extrinsic element of the setting, since here the couch is a prototypical example) is essential for psychoanalysis, when what is essential is the way in which the patient's reactions to the couch, as well as to the chair and to any other element of the setting or our intervention, are analyzed (Migone, 1998a).

Online therapy can be useful not only to reduce costs and discomforts in cases of great geographical distance between patient and therapist, or in the case of handicaps that reduce locomotion, or when the patient or the analyst move to a distant city and want to continue an analytic process already started, but also, precisely according to Eissler's (1953) idea of parameter, it can be indicated to overcome certain resistances or impasses in the analysis in cases in which a certain patient (typical examples are certain schizoid problems, or in cases of agoraphobic and social phobia) is not able to face direct contact with the therapist, and instead manages to open up better by maintaining a certain *emotional distance* which for him is symbolized by the *physical distance* of the Internet (that is, using Eissler's terms, in the case of certain "ego deficits"). In an initial phase of the therapy, a patient could be "hooked" in this way (for example if he asks for help for the first time through Internet, as by e-mail, in a ListServe or in a chat), to do a certain work in order to overcome certain resistances that allow him to continue therapy in the traditional way, if this is the modality that for some reason is chosen (a reason that should always be analyzed and self-analyzed).

Conclusions

To sum up, I believe that online psychoanalysis can have its own dignity just like other techniques such as group therapy, family therapy, therapy in institutions, etc. Even in these cases, in fact, the question of which technique to prefer and why (if, for example, one has to choose between individual and couple therapy) remains open, in the sense that a certain choice could have a defensive origin; not only that, but it is not so

important what our final choice is, as the fact that the question is kept open and the transferential and counter-transferential implications of such preferences are continuously analyzed (in this sense, the choice made is less interesting than asking "why wasn't another choice made", i.e., the journey is more important than the destination, as we know well, also from a psychoanalytic point of view). The theoretical and technical problems of online psychoanalysis are similar to those of psychoanalysis "on the phone", which has been practiced for decades all over the world, only that generally there is a tendency not to talk about it or to refer, during the discussion of clinical cases, only to phone calls with patients as "incidents" that must soon be normalized to return to the traditional ritual of therapy (nowadays many therapists exchange SMS or WhatsApp messages with patients, and it is quite comical to note that some prefer not to say it publicly as if it were a "must not do", or that some want to discuss it as if it were a "problem", proving that these colleagues misunderstand theory of the technique). Rarely nowadays, for example, is therapy through the telephone discussed, and I am convinced that this problem has not been dealt with thoroughly because a coherent examination of it could not fail to have repercussions on the whole theoretical framework of psychoanalysis and on the relationship between theory and technique (of the kind made by the late Gill [1984], for instance). The myth that there can be a "classical technique" of psychoanalysis, with its rules, its well-defined setting, etc., reassures many analysts, especially at a time when, after the crisis of previous certainties and the overlapping of different theories on the psychoanalytic market, the theoretical pole is experienced as fragile, so it is natural to cling to the technical pole to reassure oneself of having preserved the lost identity. In other words, as Galli (1985, 1992, 2006, 2012) has underlined several times, once the interpretation as a strong concept of psychoanalysis has entered into crisis, the psychoanalytic movement has tried to cling to the concept of therapeutic setting or frame as a new strong concept, forgetting that in the past this concept had played a marginal role in theory of technique.

It is not so important that a therapy is carried out on-line (or, for that matter, off-line), as much as the theory we use to justify it, our ability to analyze the transferential and counter-transferential motivations behind this choice: for example, is it that the patient, or the therapist, in their preference for on-line therapy express a resistance, that is a defense against off-line therapy? And if so, why? Or, vice versa, does the choice of traditional therapy by one or both of them express a resistance to an aspect of online therapy that might have been possible? And so on. These arguments are not specific to the question of online therapy, but are the same as those that are made about any intervention and any therapeutic modality (e.g., in the choice of group therapy, couple therapy, etc., mentioned above). These choices, as well as their opposite, can act as defensive receptacles, and it is the careful analysis of these dynamics that constitutes the core of our work. There is never a safe place on which one can, so to speak, rest analytically (for a discussion of this issue, including clinical examples, referring however to short-term therapy, which presents the same theoretical issues, see Migone, 1988, 1993, 1995a pp. 51-62, 1995c, 2005a, 2014). What I would like to stress again

is that we are not talking here about online therapy as such, but about therapy *tout court*, that is, the logic used by the therapist for any of his technical choices. As I said, it is only by addressing the theory of technique that lies behind it that it is possible not to get bogged down in the blind alleys of "the techniques", and to properly address the issue of therapy with or without the Internet.

I would like to make a last reflection on the classical theorization of the analytic situation as a very particular condition apt to evoke certain "regressive" transference reactions to be then subjected to analysis, since an interesting parallelism can be made here with online therapy. In fact, it has been pointed out in many quarters that Internet can represent a setting that specifically evokes a series of intense emotions or regressive states in many subjects (think of erotic chats, online falling in love, paraphilias, and so on). In other words, Internet could stimulate the imagination and fantasies more and release deep and regressive emotions, even greater than those evoked by "normal" situations, i.e., without the Internet (Migone, 2005c; Scharff, 2012). I would like to point out that this kind of logic is the same as that used in the classical analytical technique, where it is theorized to use a particular setting, ritualized, equipped with a couch, etc., aimed at stimulating a certain behavior (called transference) that one wants to bring out and analyze (I am also referring to Macalpine's [1950] theorization of "infantile setting"). According to this reasoning, "classical psychoanalysis" and "online psychoanalysis" would be homologous (indeed, as mentioned before, psychoanalysis would be a *caricature* of online therapy): the transference in one case, and the sometimes intense emotional reactions aroused by Internet on the other, could be the behaviors that one purposely wants to make emerge, that is, they would be forms of (analytic) "regression". As I think it is clear from my previous discussion, I do not agree with the use of this logic. In fact, in both cases the error is that of generalizing to all subjects the effect that a given stimulus has on a more or less large sample of individuals, and that in any case, even if this reaction were generalizable, it is not clear why one should wish to evoke this type of transference and not another (here too, I refer to Gill's [1984, pp. 168-171] lucid critique of the concept of regression in analysis). I mean: why should it not be equally interesting to evoke a transference different from the one manifested in classical psychoanalysis (or, for that matter, with Internet)?

Finally, it should be remembered that there is one aspect that is undoubtedly absent from online therapy compared to off-line therapy: the patient's "physical" body. This absence can be a key factor for body therapies insofar as they use the body *as such* in their toolbox within the therapy, and not only fantasies or emotions about it (it should be remembered, however, that many body therapists also work well online, because for example they can ask the patient to do certain movements or exercises). In any case, if body therapies intend to use the body *as such* (e.g., through the well-known technique of the hand on the abdomen), online therapy is definitely "inferior" to traditional therapy. But, if the reflections made so far have been well understood, we cannot but admit that also traditional therapy, logically speaking, is inferior to online

therapy, as it is deprived of a series of important data, those of the only presence of the "virtual" body. "Virtual" and "real" reality (assuming that the latter can ever be known as such, since it is always filtered by our senses and our subjectivity – it is not possible here to enter into the philosophical question of the nature of reality) are not one superior or inferior to the other, but two different types of experience, two "realities", each respectable and worthy of being investigated, and each capable of providing us with valuable information about human nature.

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2021: Psychology in Space.

Ada Moscarella

Abstract

Technological development has progressed at such a speed that now, daily, we use tools whose structures and operating mechanisms are unknown by most of us. And yet, we have delegated many of our needs to those tools, subcontracting the solution to our problems to automation. After years of heated debate within the scientific community, the Covid-19 pandemic seems to have finally cleared online psychotherapy through customs.

Will therapists be able to avoid the tempting route of reassuring technicalities, in the age of automation, to unravel the horizons between technological progress and human evolution?

Keywords

Online psychotherapy, online setting.

On April, 12th 1961, at the height of the Cold War, the Russians won a major victory in the eyes of world public opinion thanks to the cosmonaut Jurij Gagarin, the first man in the world to make an orbital flight around the Earth.

The defeat suffered by the United States was enormous and NASA had to work hardto make up the lost ground: a mission that could match the achievements of the Communists on the other side of the Iron Curtain had to be launched into orbit as soon as possible.

At 14:47:39, on February, 20th 1962, the Friendship-7 capsule of NASA's Mercury-Atlas 6 mission was launched into orbit, carrying the pilot John Herschel Glenn.

It was a mission full of surprises, plagued by atmospheric problems on departure - originally scheduled for 27 January - and on arrival, with the heat shield being damaged in the middle of the journey, forcing the astronaut to land after completing just under half the planned orbits, eventually ditching 60 kilometers from the target point. Glenn escaped with only a slight injury to his hand, caused by the opening of the capsule door on the landing.

However, these were not the only remarkable facts in this adventure: for the launch of the Mercury-Atlas 6 mission, flight paths, for the first time. were calculated by a computer. Until the advent of the various IBMs, PCs, IPADs, and Macs, the word 'computer' did not refer to objects, but to people (Grier, 2007). People that had a particular skill in counting and calculating. They were people who carried out complex and

delicate tasks that are unthinkable today. Those people were able to calculate wind trajectories for aircraft routes or for the rockets that were fired into space at the height of the Cold War.

When in 1962 NASA presented John Gleen with the calculations for his reentry trajectory, computed for the first time with an electronic calculator, the astronaut asked for the counts to be confirmed by Katherine Johnson, one of the 'human computers' employed by NASA in the West Area Computer (Shetterley, 2016).

Glenn's time computers were a far cry from the ones we are used to today. They werehuge machines, taking up entire rooms and requiring highly specialized teams of programming people - even more than a dozen. It was difficult for anyone but a specialist to understand computer processes, and so mysterious in their appearance that the brave John Glenn was only willing to be shot into space if the computer's calculations were verified by a human.

Since then, computer development has been extremely rapid, radically modifying both the hardware and the software, and in just a few decades wholly changing the relationship between man and computer: using this extremely complex technological machine no longer requires thinking, knowing, reasoning and understanding what is going on. It is enough to mechanically execute certain instructions to achieve the desired result.

In a 2001 paper entitled 'The Law of Accelerating Returns', computer scientist Raymond Kurzweil theorizes that the rate of technological progress increases following a non-linear, exponential function. According to Kurzweil's thinking, the acceleration of technological progress could generate a so-called 'technological singularity', i.e., a point where it exceeds the ability of human beings to understand computerized processes (Kurzweil, 2001). Although the possibility of a forthcoming 'technological singularity' is a debated topic, we can certainly see that progress is currently accelerating at such a speed that commonly used and indispensable objects have already completed their life cycle, from innovative invention to product that has almost gone out of use in as little as 10 years.

Technological development has thus made it possible to automate many everyday tasks, thus impacting on behavior in a way that minimizes the need for human intervention - in most cases more in terms of thinking process rather than behavior.

Then the question becomes: how much of our existence has been unknowingly contracted out to automation?

Are we able to distinguish the point where the humans are driving the technological machine rather than the machine driving us?

The Question of Technique (and Psychotherapy)

Early as in the 1950s, long before space flights, Kurzweil's functions and the smartphones, Martin Heidegger sensed that technological progress could bring something sinister. In Munich 1953, he gave a lecture entitled 'The Question of Technology' in which he questioned the role that technology played in shaping man's

way of being in the world. Specifically, Heidegger wondered what would happen to human beings when everything would be so immediately 'ready for use' and when objects hold a value as long as they can perform a function; he asked himself whetheris there a risk of losing sight of the thing itself, since no thought about the thing is needed, because '*it is enough that it works*' (Heidegger, 1953).

Humberto Maturana - who recently passed away - reminds us that everything that is said comes from an observer who is in relation to, and co-constructs the reality whichhe observes, while he is immersed in his mental constructs, in his philosophical assumptions, in his personality facets (Maturana, Varela, 1980a; Maturana, Varela 1980b).

How much, then, are psychotherapists immersed in the question of psychotherapy technique as technological progress flows beneath their studio chairs? Are we able to resist the temptation of automation, can we identify blind spots and redundancies?

Bateson, Haley, Jackson and all other systems theorists have pointed out that, though it is true that changing an element of the system leads to effects to the whole system, making these changes radical and lasting is not easy, since systems tend first and foremost to a self-preservation and in maintaining their own homeostasis (Bateson, Jackson, Haley, 1956; Bateson, 1972).

The history of psychotherapy is filled with individual contributions and theoretical evolutions, with bitter confrontations, separations, splits, and incredible innovations. For ages there was only one element that united every therapist: whether one was in the armchair, lying on the couch, behind a desk, whether one was a psychoanalyst, a Freudian, a Jungian, a systemic, a cognitivist, a Gestaltist, ... In any case, the patient and the therapist were in the same room.

The possibility of doing online therapy has attacked this assumption that was taken for granted by all therapists, from all theoretical approaches, and it has activated resistance at each level: institutional (due to the bans imposed by the Orders on psychologists), educational (i.e., the main psychology faculties in Italy there do not offer courses dedicated to online psychotherapy, and the same is true for psychotherapy specialization courses), community (with the few colleagues who wereinterested and dared to write or prepare interventions addressing this type of setting, looked at with suspicion or sometimes accused of being arrogant).

This resistance to online relationships appears to be characteristic of the psychotherapy world; in the rest of civil society, conversely, things have moved rapidly in the opposite direction.

Since PCs and smartphones were connected to the Internet, their main use has been to 'connect' us with other people. Note that the most used smartphone apps are Youtube, Facebook, WhatsApp, Tik Tok, Instagram: all apps that allow people to talkto each other, in public or in private. It is such an urgent need that even those who, like YouTube or Instagram, were not born with this objective, soon realized how necessary it was to

integrate into their functions the possibility of leaving comments and sending messages, both publicly and privately.

In the face of these changes – that are massive in volume and in unconsciousness through which they are acted – young and old therapists have for a long time dealt with all the issues relating to the online environment by trying to preserve, in a more or less *naïve* way, the homeostasis on which they had built their careers, theirprofessional identity and, banally, their security.

Every effort has been made to keep online issues out of the door of the therapy room – reflected by a particularly severe institutional and cultural attitude within the psychology community, concerned about deontological sanctions, supervisors' disapproval, and colleagues' mistrust – only to see them come back in by the window, in the form of patients sending messages to reschedule appointments, sending friend requests on Facebook, or asking to read the conversation with their partner or child via WhatsApp to "better explain what happened, doctor!".

The small troop of therapists who did try to venture into the online *setting* immediately felt that they were on a minefield of prohibitions, constraints, dirty looks, frank criticism and sometimes accusations.

In such a climate, it is not surprising that, at the beginning, the most popular approach was to maintain some kind of security that would not make a too unstable or risky balance for oneself or one's patients.

So often online therapy is conceived as

a. A therapy with a 'diminished' relationship compared to face-to-face therapy, to be used as a residual function, only on special occasions, in case of a real need (indeed, it is emblematic that many colleagues consider charging less for online meetings).
b. The same therapy we do in the studio, just implemented on the computer.

Not questioning these assumptions nature, we witnessed at the beginning of the spread of online therapies a technicalistic approach, that was oriented towards trying to transpose the interview technique from the 'classic' setting – learned during academic and/or specialization studies – to the online setting, without considering the complexity of the implicit meanings that all this entailed. (AA.VV., 2018).

Remarkable Questions about the Online Setting

Carl Whitaker identifies, at the basis of a good therapeutic alliance, the so-called "battle for structure", that is, the minimum conditions necessary to conduct the work. It is a battle that concerns practical and deep aspects, interconnected with "external elements" that articulate the therapeutic encounter physical and relational space with "internal elements", representing the patient's and therapist's mental attitude and defining the psychological dimension of the encounter (Whitaker, Bumberry, 1988).

But which structure should an online- working psychologist fight for? What are the minimum conditions that are necessary to conduct the work?

One can conceive the online therapy setting – of any theoretical approach – as a table standing on three legs, needing solidity in all of them to stand (Anthony, 2003).

Health Protection

Alas, only in the last few years – and, in any case, with an absolutely uneven spread – lessons and speeches dedicated to the profession deontology have started to be included in degree courses.

Professional associations also deal with issues relating to professional ethics on an occasional basis and in a totally inadequate way, with respect to the purpose for which deontology itself exists (namely, the protection of people's right to health through adequate professional practice).

This has led to professionals considering the professional practice's deontological aspects merely from a defensive standpoint, to avoid being called to account in committee, and not as a fundamental element of their actions. Deontology obliges us, for example, to guarantee patient confidentiality, to inform the patient of the limits of our intervention, to agree transparently on all aspects of contact and payment, to act only where we are sufficiently prepared.

A lot of ink has been spilled on reflecting about these phenomena within the *vis-à-vis* setting, leading to professional practices that are sufficiently common and shared, to being able to consider many of these aspects' management as 'established'.

It is also particularly risky – both in terms of protection of the patient's rights and of structuring the therapeutic relationship – to merely apply to online therapies the practice used in the studios, since more than in the usual setting – some inevitable choices have significant and not so subtle repercussions on the therapist-patient relationship.

Consider the issue of confidentiality. We are obliged to guarantee our patients professional secrecy, hence video call tools that are suitable for the purpose and computer devices used for the clinical work that are protected with passwords, access keys, fingerprints, encryption, etc. It is also necessary not to work with other people present in the room. But how is the therapist treated with regard to 'his' secret, i.e., is there the possibility that the patient would record the video call, or that others may bepresent in the patient's room? This is a crucial aspect that the therapist must examine before proposing to work online; otherwise he may, for example, be unconsciously led to work with a pulled handbrake, being afraid of the possibility that therapy clips may end up online or be used – perhaps decontextualized – for other non-therapeutic purposes (i.e., attacking the partner or a parent, for legal purposes, etc.).

Other aspects to be highlighted concern all the choices that are compulsorily deferred in an online setting, first of all the payment. Should it be anticipated or postponed? Right now, I cannot give an unequivocal indication in this respect; what I have always found

is that every time I have asked a colleague why he or she had opted for one method or the other, the question either took him or her by surprise or the answer presupposed an obviousness that is far from obvious.

Choosing to pay in advance, even for several sessions, creates a sort of credit, certainly economic, but with what impact on the relationship? Could a patient think "Ihave paid, I am going" for the simple reason that it seems more complicated to recover the money? Does the therapist's request to be paid in advance have an effect on trust? Could this process send a message of control and distrust towards the patient, who first has to show the money and then can have access to the therapy? Arewe telling them "I'm afraid you're going to screw me over?" Does this put the therapist in a position of weakness? Does it feed the patient's fantasies towards a therapist who is felt to be greedy and controlling? Does a deferred payment put the patient in a position of debt? Does it risk to appear as a sort of seductive investment of the therapist towards the patient?

I find it difficult to say which of the two positions would be the best or at least recommendable. Certainly, it is necessary that online-working therapists do not underestimate the redundancies with which they manage these aspects, which are not mere practice, but the basis of a good therapeutic relationship and therefore a protection of the patients' right to health. (AA.VV., 2018, Migone 2003).

Technology

Technological aspects must also be considered, both in terms of their practical implications and the implicit aspects that these choices inevitably bring with them.

First of all, therapists must have adequate knowledge of the hardware and especially of the software they propose patients to use. This knowledge is necessary both for themere management of the sessions, considering the inevitable accidents that can happen (disconnections, screen freezing, loss of audio, etc.) and because it is not enough to choose any video call service to conduct a session.

Consider using WhatsApp. End-to-end encryption guarantees the proper handling of transmitted data, hence in terms of security it is certainly a suitable platform, but what does it mean for the patient to meet his therapist in the same context – albeit virtual – in which he talks to his family, girlfriend, lover, football group or old friends? Not to mention the fact that during the call there may be various disturbing elements (notifications, calls, previews, etc.). Skype, on the other hand, is the platform typically associated with more formal interviews, work, selection, hardly used by the patient for other socializing activities; it is designed only for video calls, so it has fewer disturbing elements than WhatsApp or Facebook: in what terms does this connotation weigh in the choice of one or another platform?

Over the last year, other platforms such as Zoom have become more popular. Over Skype it is necessary to dispose of one's own account to access the app or the websiteto participate in the video call; Zoom does not require the patient to register, but only a click on a link sent by the therapist, who then has to manage this additional, non-trivial aspect.

When, for example, should the therapist send the link? Days before? Close to the time of the session? Both? Should the therapist remind the patient of the appointment, or is there a risk of being an "overly caring" therapist andtaking away the patient's share of responsibility for the autonomous protection of his or her own space?

Zoom then implements another interesting modality, the "waiting room", i.e., the possibility for the therapist to have control over when the patient actually joins the video call at the moment it is initiated.

The choice of the hardware is also not trivial and should not be underestimated. First of all, online work strains the eyes. Even more severely, if we use a mobile phone that has a smaller screen and the eyes must focus on a very narrow focal point, a process that in the long run can lead to eyesight problems.

The same applies to the audio: the prolonged use of headphones, especially in suboptimal sound conditions, makes the cognitive load particularly heavy, and can lead to significant hearing problems if used for a long time.

These effects must be taken into account by the therapist, who should always try to work in functional conditions, thus purchasing adequate equipment and organizing the appointments at not to arrive at the last sessions of the day overly tired and de-concentrated (The *Virtual Human Interaction Lab* at Stanford University has identified four main causes of so-called Zoom Fatigue).

Theory of Technique

Every psychologist or psychotherapist comes to online counselling or psychotherapy with his or her own clinical experience and specialist training. A background that often – if not always – does not include a specific preparation to the online environment.

It is not required any revolution, nor to discard any learned pieces: instead, it is crucial to build on our own knowledge, from the theory of the therapy technique to conceive online setting within a complex vision, being aware that the changes in the therapeutic relationship elements, once we are online, are multiple. It is up to the clinician to make sure that the changes are functional for the therapeutic pathway.

It is critical, first of all, firstly do an authentic evaluation of one's own instances, beliefs, and prejudices, regarding the use of the online setting, of if and how one feelscomfortable with some elements that are objectively out of control (for instance, the possibility of being video recorded or that there are third parties potentially not visible in the room). Therapists should not be afraid of having to rethink instances taken for granted, to further train and update oneself.

Covid-19 Effect

On 9 March 2020, Prime Minister Giuseppe Conte announced the national lockdown. Everyone would be locked in their homes unless they have specific needs, including health needs.

The clinical activity of psychologists was never suspended, and it remained possible for health professionals to assess on a case-by-case basis whether to turn to online work or to continue to receive patients in the office. It was not an easy assessment, since it crossed ethical (*what is my duty?*), clinical (*what is best for the patient?*), and health *(what is the safest decision for me, for those close to me, and for the patient?*) trajectories.

Inevitably, many psychologists suddenly discovered that working online was necessary:

1. For continuing the work with patients that were already in care and that needed help more than ever, at a time of such great uncertainty and fear.
2. For new patients' reception, that were gripped by fear of the unknown, by loneliness, uncertainty, and by personal and relational constraints.
3. To support health personnel, especially in areas that were most affected by bereavement and by critical situations.
4. For themselves, as individuals, to maintain some sort of existential continuity in the general upheaval, and as professionals and workers, to maintain their economic livelihood.

In the period between mid-March and the end of June 2020, I dedicated at least 40 hours of training to online work, with more than 14,000 colleagues participating in the various webinars and courses. Almost 500 of them signed up in the WhatsApp groups I set up during those months to respond and discuss the issues that were arising. These are just the numbers concerning my personal – and certainly limited – activity. To these must be added the other colleagues who made their skills available during those months, even in particularly delicate contexts such as group therapy and therapy with children.

After a year, it can be said that we have indeed done our best to try to meet our social mandate, as a professional community, to support and promote the psychological well-being of the individual, of groups and of the community.

But what did this experience leave?

Did the explosion of the pandemic, the different waves of contagion and the subsequent alternation of red, orange and yellow zones represent the deflagrating event within the 'psychotherapy system' whose magnitude would be able to bring the whole system into play?

It may be.

A report published by the United Nations entitled "*COVID-19 and the need for actionon mental health",* published in May 2020, draws a scenario of a sharp increase in the population of emotional and relational discomfort, linked to the growth of uncertainty (both social and economic, with radical impacts on one's existential planning), of stress, of social isolation consequences ; family dynamics needed a modified management (let's consider the impact of smart working and DaD), there was a pervasive fear of illness, contagion, death and, of course, individuals needed to process the mourning.

It will be necessary to face again some old questions that we took for granted and to commit ourselves to increasingly fluid settings, where personality traits, sudden social changes, and technological progress are in constant interaction, and already generating a large number of emerging questions that our patients bring to our meetings.

Here are some of them, among those that in the last few months emerged in clinical work with patients and in different contexts of supervision and intervision with colleagues.

1. Is it appropriate to arrange in advance with new patients the various online settings scenarios? If so, for what eventualities? Should the criteria be established in advance or should we discuss the possibility of an online meeting as the request arises?
2. Patients that we used to see in the studio before the pandemic, that we followed online during the lockdown, now occasionally ask us to do the session online (for new work or logistic reasons). How much are these kinds of requests caused by the patient's resistance? It may be, in some cases, that the request would come after a particularly complex session. How much do they indicate a good motivation and adherence to the therapy? How much do they indicate a worrying dependence on the therapist, from whom one cannot tolerate being separated, even for a week? How much does allowing the possibility of this kind of alternation foster the feeling of a sort of ready-made therapy?
3. How much should online therapy – while the rest of the family is behind the door, perhaps in quarantine or lockdown – lead us to treat with caution any aggressive and destructive content of the patient? Therapists should consider that, once the session is closed, the objects invested with aggressive content can be encountered (and clashed) in the space of a few moments.
4. How to deal in terms of "setting rules" – beyond the inevitable readings and interpretations – with certain behaviors that the patient puts in place daily in his own home (e.g., smoking a cigarette) and that are potentially repeated during the session?
5. What about other behaviors that seem to represent a sort of ritualistic function for the patient, marking the passage from the moment of everyday lifeto the 'special' moment of therapy, while he is inside his home (always resting his elbows on that particular pillow, always staying under that specific blanket, always having the same cup from which to sip a cup of tea)?
6. What about us as therapists: if, how and under what conditions should we propose to the patient an online session instead of a vis-a-vis meeting? In the case that we were waiting for the result of the swab because of a contact with a COVID-19 positive person, should we ask the patient to postpone the session? Should we ask to do it online? Should we give the patient a choice? And what information may we share with the patient about our health condition? Should we tell them if we are waiting for the results of a swab? In case that we were quarantined at home since we are virus positive but asymptomatic? It is

interesting to read the letter that Nancy MacWilliams sent to her Sicilian colleagues who had invited her to a training event, which had been cancelled because of the pandemic:

> *I think that regardless of how our respective countries are dealing with COVID-19 all we can do as therapists is to be honest about how emotionally difficult things are right now. The main consolation we can offer our patients, even in times of quarantine, is an intimate connection with someone who renounces the defensive distortions of a terrifying, painful reality. Such a provision does not come close to our fantasies of being omnipotent saviours, but it is certainly a valuable thing.*

Ours is a profession with such a high social value and delicate dynamics that intertwine ethics and practice.

We do not only respond to market laws: our work primarily responds to social needs and it deals with a universal good – health – which is protected at the highest legislative level.

The history of psychology is full of frictions, jolts, sometimes real acts, on the part of therapists who found themselves coping with the emergency (in the sense of urgency and of emergence) of health needs within the contexts in which they found themselves. Therapists need to find a balance between what is known and practicedup to that moment and the needs brought by sudden, unmanageable events, by other scientific discoveries, by socio-economic changes, etc. Wilfred Bion was, for instance, 'forced' to 'invent' group-analysis to devise a way to help the large numberof soldiers traumatized by the war, in the face of the few therapists available. And even the first systemic-relational theorizations (or, perhaps, it would be better to call them experiments), were rooted even more in pragmatic needs: they began when the first neuroleptics arrived in American psychiatric hospitals. It was the case of chlorpromazine, which had given the illusion of solving the problem of patients with psychosis, only to see those same patients return to the ward shortly after their discharge and return to their obviously dysfunctional family system (Brown, 1959).

The Covid-19 pandemic, quarantines, lockdowns, those scenarios that until a year ago we thought were relegated to post-apocalyptic films, have on the one hand generated new and urgent health needs but at the same time left us with very little room to think.

When Giuseppe Conte went on TV to announce the national lockdown, those who had appointments set for the next morning literally had only a couple of hours to decide whether and how:

1. To continue to keep the studio open or to close it;
2. To assess whether they have the minimum competencies necessary to work online;
3. To assess which patients would be able to move to an online setting and which could not.

4. The practice had the right characteristics to receive patients with all the necessary health precautions (not to mention the tangle of regulations that at one point intertwined national and regional indications);
5. To tell patients what precautions were to be taken when coming to the practice, or to tell them to switch to the online setting, or to tell them that they would have to choose.

All these urges, together with those that are related to one's own family reorganization, to one's own fears and worries, to one's own fantasies and anxieties.

In an honest self-analysis of how we behaved as therapists in those days, I believe that each of us will trace in our own behavior and choices more or less consistent traces of leaps in the dark and actual actions.

Those who had never worked online, for example, had to rush to get basic training that would allow them to dispose, at least, of an orientation.

Those who not only had never worked online, but had also explicitly expressed their opposition to it, had to deal with severe cognitive dissonance. And I don't think it was any better for those who had been working online before.

Personally, I only had to leaf through the 2020 diary and re-read those days in March to feel a vague sense of unease and disassociation. In those weeks, I received calls from people asking for training hours for the Orders, for associations, for training centers, on a daily basis. I went to meet them all, asking as the only clause that the training should be free of charge for the participants, at the cost of not receiving compensation myself (in most cases).

The first webinar was held in the late afternoon of 17 March 2020 and 7,000 people were connected. In the previous days I kept receiving phone calls and messages from the organizers warning me of the increasing number of requests, to the point that it was necessary to make some changes to the platform they usually use to ensure a stable connection for all participants.

All the events of that period with the theme of the online setting were attended by hundreds or thousands (an event on the online setting and therapy with children held by a colleague was attended by thousands of psychologists). The flow of messages, questions, requests for supervision in the various thematic or colleague chats was unstoppable, flowing in the hundreds per day.

With the end of the lockdown, with the arrival of summer, of vaccines, with the feeling of possessing more awareness on how to manage the risk of infection, the requests for events went down, as did the requests for supervision and questions in chats. At the same time, the number of services offering online therapies increased as did, in general, the number of colleagues offering this type of service.

This phenomenon is understandable from the perspective of socio-economic dynamics: the pandemic has generated a new potential market niche and therefore thesupply of related services is also increasing. However, there remains a concernregarding the way

in which, as a scientific and professional community, we intend to offer meaning — other than improvisation and action for its own sake — to what we have found ourselves facing. The questions are now increasing, they seem to follow an exponential trend similar to the evolution of progress envisaged by Kurzweil's function: each new discovery opens up further avenues to be investigated, doubts to be cultivated, points of questioning. And we cannot afford the risk of returning to a homeostasis where psychotherapy sits on reassuring technicalities.

What Happened to John Glenn?

It took John Glenn a long time to get back into space after that daring trip on the Mercury. 36 years to be precise. He returned there in 1998, at the age of 77, setting a new record.

Glenn was also a Presbyterian pastor. He had been a Presbyterian since before he became an astronaut and he always said that his space missions never challenged his faith, but rather strengthened it. He said he could not consider himself any less religious simply because he appreciated that science showed how we change with evolution and time.

Similarly, we should not be afraid of having our identity and our knowledge as therapists questioned in the face of the rapid technological, economic and social changes within which we find ourselves, since this knowledge first and foremost allows us to make sense of reality, construct the present and imagine the future. And, unlike Glenn, not only can we hope for a safe landing, but also we cannot wait for 36years before thinking about going back into space.

Whether we like it or not, we are already there.

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(Di)stance of Analysis. Constructing a Teleanalytical Process

Luca Nicoli

Note

In Italian, the title plays with the word (di)stanza, where “distanza” means distance, and “stanza” means room. We have translated as Stance, meaning the different position of the analytic couple in teleanalysis.

Abstract

In the era of post Covid19, Teleanalysis has become a common practice in several countries of the world. Nevertheless, it poses problems for us because of the lack of co-presence in the office, and the difficulty of analyzing concrete elements that seem to belong to the external world or to the technical connection.

This essay will seize and exploit the opportunities this technology offers us, overcoming the constraints of the physical distance, and exploring the myriad components of a "relational room" for Teleanalysis sessions.

This paper highlights some technical devices and reflections, aimed at favoring the structuring of such a meeting place. The analyst's task is to regulate and monitor the distance with his patient, in order to develop and maintain the psychoanalytic process.

Keywords

Teleanalysis, room, psychoanalytic process, setting, de-concretize

Where Here?

The first time I presented an excerpt of this work, during an online seminar, I began my lecture with the following: "I thank the Order of Psychologists for inviting me to this event, and I thank you all for being here”.

Those present responded to the greeting, framed by the Zoom cameras, or through the software's internal chat, without any reference to the adverb "here".

Where here?

The feeling of co-presence was such that it provided no disturbing experience. Upon reflecting on the locations’ experience and the unique encounter it posed that it became the heart of this discussion.

Psychoanalytic theory has always been a discipline that integrates psyche and soma: the body of the analyst and the patient are inescapable components of the analytic

encounter.

This state of the art has been complicated in recent decades, and in a massive way today, with the introduction of distance settings. The pioneering work of the 1950's on telephone psychotherapy has been joined by the contributions of the last thirty years pertaining to online treatment, thanks to the spread of video call systems.

How to theorize a relationship in which the mind seems to be separated from the body?

In the third book on online psychoanalysis edited by Scharff (2017), Marzi and Fiorentini (2017), the authors denounce the risk of teleanalysis, which would be to accentuate the mind/body dichotomy, to the detriment of the latter.

In those years, heated discussions on the subject were also opening up in Italy. Then the cataclysm of COVID-19 hit our way of life. In a short time, countries in which distance therapies were not widespread had to face a new way of working, often without having suitable tools, consolidated experience, or specific training (Bambini, Ponsi, 2021).

Many of us have become accustomed to talking about distance, or remote, analysis as opposed to face-to-face meetings. These terms emphasize the spatial and geographical aspect of the issue, the concrete distance between the bodies that interface. They say nothing, however, about the encounter between the two minds: are they implicitly considered as distant too?

Here lies the crux of the problem: such definitions risk assuming the point of view of the body understood as mass, the Körper of phenomenology. In his article (link), Migone (2021) states that the concept of the analyst's presence should not be confused with his physical presence in the room. According to his point of view, this view is anti-psychoanalytic, because it confuses psychic reality with behavior.

There is a risk of foregrounding the Cartesian concept of res-extensa, understood as physical reality extended in space and unconscious, and neglecting the emotional aspect of the encounter.

On the other hand, "What could be more intimate than someone whispering in your ear?" recently suggested Gabbard (2020), talking about encounters over the phone.

Distance and presence are simple concepts if we measure them with a tape measure, but they are more slippery to handle if we assume the summit of psychic intimacy.

When we speak of distance, of the absence of corporeality, of the impossibility of carrying out the analytical process on the phone or via Skype, who is talking inside us? What if we were afraid of the crisis of our technical training, of the imitative and introjective processes with respect to our masters, of the methodological habits? What if we were experiencing prejudices not dissimilar to those of all people grappling with technological revolutions for which they are not prepared?

I found witty and stimulating, in its provocative nature, the reflections of Migone (2003; and see Migone, this issue), who wonders if the criticism of audiovisual

instruments in psychoanalysis does not attest to technical orthodoxy of psychoanalysts adhering to their ancestors.

> *Certain self-contradictions, certain ways – in my opinion, wrong ways – of conceiving the work with patients may not emerge clearly at first sight if one relies on a traditional way of working, but they jump immediately to the eyes as soon as one is confronted with a new situation, where one who does not have the appropriate conceptual tools can no longer disguise it, and may not be able to have the technical flexibility that is always necessary in therapeutic work.*

The technical options we are talking about, like all the others we put into practice every day, have a psychoanalytic meaning if they do not derive from a stereotyped imitation of what we have learned during training. If they are in dialogue with theory, they enable a continued construction of an appropriate room for our analytic work to continue.

Two People Talking in a Tele-room

Let's play with the title of Nissim Momigliano's famous essay, "Two people talking in a room" (1984): what characteristics make the analytical encounter special? Which aspects favor intimacy, or on the contrary create a distance in the couple?

In the technology-mediated encounter, something is definitely missing. "There is no density," claimed a colleague, "how many of your patients have cried, via Skype?" With his words, he wanted to testify to the loss of the essential elements of the encounter.

Let us try to deal with some of the main renunciations that the analytic couple has to face.

Let us begin with the study. The place of analysis is a free port, out of the patient's everyday life, out of his other experiences. It exists only for analysis.

In teleanalysis, the location of this meeting vanishes, at least on a concrete and experiential level, and the patient finds himself in his own places. Environmental neutrality dissolves in the endless chain of associations, ghosts, domestic and familiar perceptions.

The analyst meets the patient in the latter's home, but in this period, in the wake of the emergency due to the forced cohabitation with family members, does not always guarantee the confidentiality necessary for the encounter. In the workplace, car, garden, locked in the bathroom we encounter similar issues. Do we find ourselves in front of his places, or do we witness the absence of a private space, 'a room of one's own', like the one advocated by Virginia Woolf (1929)?

In the last few months, I too have had to stay at home a lot. In these sessions my patients could hear 'my' noise; the dog barking, courier ringing the doorbell, and children calling out and about.

Visually, there was a different backdrop: in my home office, a large charcoal portrait

of a seabird dominates the armchair.

Aleena, a patient with a traumatic history, was shaken by the change of setting: she was embarrassed to show me her kitchen. She had to buy a tablet to see me on a screen that wasn't too small. She was clumsy in using technology because she had never used Skype before. As soon as she saw that animal behind me, she immediately wanted to give it a name, to make it familiar and not feel too foreign.

In Aleena's stories, just as she had previously given names to parts of herself and internal objects - Minnie, Megan, Nosferatu, Madame, now Ernesto appeared. On whose wings she can fly away from the present dramas and the anguish of the pandemic. In the course of her sessions, Ernesto assumed certain characteristics of a transitional object, a symbolic representation able to accompany the woman in her dreams and fantasies during the absence from the studio and concrete encounter with me; her analyst.

A second aspect that should not be underestimated is the absence of time for travel. The patient does not join us, he does not experience the transition, physical and psychic: he can connect in an instant, without a thoughtful and thinkable transition.
It happened to me that a patient was in a rehabilitation community where she works, in the wrong room, and we were interrupted by the guests. It happened that the phones were out of order, or that other signs appeared that there had not been adequate preparation for the session.
The end of the session, in turn, is immediate: a red button erases the image and voice of the other.
I felt very violently the immediacy of the disappearance of the interlocutor, an instantaneous expulsion that gives no way to calmly say goodbye and prepare for the outside.
In order to make this cut to the relationship less dehumanizing, I modified my usual greeting ritual. To my laconic goodbye, I add the patient's name. Goodbye Luisa. Goodbye Francesco. This seems to me to be a tribute to their individuality: I promise to keep each one in mind, before abruptly "dumping" them back into their daily lives.

More than one patient, who because of domestic organizational difficulties had found herself sitting in the bathroom, or locked in her room, at the end of the meeting ended up at the mercy of children and spouses in need of attention and care, without interruption. The digestive moment of the return journey was missing: a fundamental part of the session was missing, invisible but very tangible.

How can these losses be compensated for?

Analysts who have dealt with teleanalysis have established that the setting should be stable over time, with two meeting places, stable connections, headsets and repeated rituals (Scharff, 2012, 2013). For example, the camera of Skype - or of other video calling software - can be turned on for the greeting and then turned off, or remain on only to show the patient, according to an established ritual.

Some colleagues, who have reached the teleanalysis pandemic, have tried to reduce the exclusion from their practice and work setting by placing the computer on the couch, in order to leave their patient the usual point of view.

Here an important point of discussion opens up, which concerns the radicalism of the change of setting we are dealing with.

It is undeniable that our massive shift to teleanalysis is of an emergency provisional nature: quality standards cannot be guaranteed where many patients and even some analysts are not equipped with stable connections, are not computer literate, and lack environments protected from intrusions and interruptions.

I suggest it be necessary for every analytic couple to mourn the loss of their usual working setting, but also to allow themselves to experiment new ways to foster the development of their personal psychoanalytic process. I think that mimicking the 'paradise lost' of the session in presence, risks feeding a mournful and melancholic dimension. I agree with Cabrè (2021), when he argues that it is not the application of a set of external rules that defines the analytical process, but the maintenance of the analyst's mental disposition, which guarantees the constitution of an internal space in which the patient feels welcomed and in which he can develop a new way of thinking.

Recreating the Room

The teleanalysis room, to be such, must foster the development of an area of shared illusion, created and sustained by the interaction of the symbolic capacities of the analytic couple. If therapy, as Winnicott maintains, is the meeting place of the play and dream areas of the therapist and the patient, the new room is a place to rethink, putting in brackets the adherence to a setting already known and experienced. There is a need to transform a "non-place", as the philosopher Augé defines the Internet, "an environment of impersonal exchanges and transitions" (1992), into a "place" that becomes the seat of shared and transformative experiences.

In this context, I find Ogden's (2004) invitation to reinvent psychoanalysis with each patient more appropriate than ever. Since the transition to teleanalysis, I have interpreted this process by negotiating with each of them the modes of encounter that were suitable for us: I let each one use the technologies with which he was most familiar and choose the most convenient location for him.

> *Fiammetta, a woman I have been seeing for seven years, alternates between criticism of herself, complaints about the absence of a family with children, and distrust of the future. She is a "good patient"; too strict with the rules. She is*

curious about my books, but does not dare to ask me to get up from the couch to look at them and read the titles in front of her.

During the first lockdown she did not accept us transitioning to phone sessions and we suspended meeting for several months.

After the summer, at the autumn lockdown, she agreed to hear me on the phone. During the first call, she confesses to me that her phone subscription does not include unlimited minutes, and so, embarrassed, she asks me a question: "If you have a subscription with unlimited minutes, can I give you a ring, and then you call me back?"

We both recognize that she managed to ask for something that could disqualify her in my eyes and make her the 'poor' patient, unique among all the others. It is a stigma she would never have been able to bear in the past.

Next, we deal with the "poor girl", a girl-patient who cannot afford an adult membership. It will be an opportunity to talk about self-qualification and to recognize the qualities and resources on which, unlike the others, she fears she cannot rely.

Four months later, one evening, I make a slip of the tongue: I do not reject her call, in order to call her back, but instead I answer. To my surprise, she excitedly tells me that two days earlier she had changed her subscription: she now spends less and has unlimited minutes.

In retrospect, I realize that in the last few sessions, the patient had appeared more proud of herself, able to carry out DIY work and fix up her single house properly, even without a man to depend on: she was growing up.

There is no doubt that, according to different readings, the gesture of calling the patient can be considered a form of counter-transferential action or collusion with Fiammetta's dependence. It is also accurate that "not acting", frustrating as it may be, is not free of meanings. It conveys the image of an insensitive analyst.

This situation is not resolved with an interpretation, which I believe would be premature, but by tuning into the unconscious relational situation the analytic couple is experiencing at that moment. The analyst's gesture, aware of the difficulty to access a new communicative modality, is equivalent to saying: "If you 'knock' with a ring, then I will take care of hosting you in my room". It creates a relational room, with an inside and an outside, within which one can experience a good mental communication.

Where Does the Other's Mind Begin?

> *To describe the model of the extended mind proposed by Andy Clark and David Chalmers, one could start with a question: where does the mind end and the rest of the world begin?* (Serio, 2020)

After my first experiences with teleanalysis, I found myself spontaneously considering the patient's mind as everything that lies beyond the screen, or the telephone wire. What

I see, the frames, the corners of the house, the crunch of gravel on a walk in the countryside, often even the line disturbances. It seems to me that this wide-ranging reception set-up compensates, as far as possible, for the many sensory shortcomings of the encounter in person.

I have developed an aptitude for attributing symbolic and communicative value to the concrete aspects on the screen or along the wire, and all this contributes to the widening of the analytical frame.

> *An eighteen-year-old, Cash, took up therapy after long reflection, and is now trying to give meaning to his being in session. I meet him a few times in the studio before we start seeing each other online.*
>
> *At the first session he shows half his face, just the lower part of his face. Behind him, a halogen lamp is switched on at full power, pointing at me. Cash explains that it is his distance learning station.*

From a point of view that privileges the adaptation of the patient to the setting, the vignette talks about the shortcomings of this new working set-up and the inexperience of the boy, who does not know how to use the camera and adjust the lighting.

Instead, we can consider the whole scene as an intersubjective representation of what is going on in the mind of the protagonist, struggling with the analytical encounter. It is worth mentioning the magic filter mentioned by Ferro (Ferro, Nicoli, 2017), which consists in prefixing the patient's words with the formula: "I had a dream in which...".

In the case of teleanalysis, I extended this filter to the whole perception of the screen or the phone. Meeting Cash, I had a dream in which a boy spied on me without being seen, while shooting a blinding light into my eyes. It sounds like a scene from an FBI interrogation room.

Here we arrive at the focus of this discussion: the analyst, thanks to the dreaming and symbol-poetic capacities, can tune in to the emotional, metaphorical and narrative resonances that the visual-sound Gestalt creates during the encounter. If he submits to the analytical lens and to his own dream capacities the elements that seem to belong to the external world or to the networks of connection, he facilitates an understanding of unconscious dynamics, split-off functioning and potential areas that are scarcely representable.

How can we return to our patients, at least in part, what we grasp of their mind, thereby favoring their development of thoughts about themselves?

The interpretation of behavior is the most difficult to manage, since it evokes acute feelings of shame and guilt. Not infrequently, it is experienced as a reproach (Nicoli, 2020).

It is important to pre-digest it with care and to propose it in a way that is acceptable to the patient: how much is the patient able to tolerate and accept a share of other people's intrusion in his or her thoughts?

In the most vulnerable cases, the analyst may just accept the strangeness of the situation, without pointing it out. In this case, he could bear the disturbing sensation of a pseudo-interrogation, without eye contact, and record it inside himself.

He may tell the patient that he finds his position unsuitable for an effective exchange, either directly, or by adding a metaphorical nuance: "Cash, today you are eyeless!"

Going up the personation gradient, showing himself as an individual, differentiated, integrated and real entity (Racamier, 1963), the analyst can propose a countertransferential image, referring to the police interrogation room, up to the choice of formulating an interpretation of the boy's defenses against external intrusions.

The continuum of alterity with which to present oneself to the patient, from states of unison and interpsychic coexistence to markedly interpersonal dialogue, is one of the most discussed and in my opinion interesting topics of the psychoanalytic relationship (Ferro, 2010, Civitarese, 2019, Bolognini, 2019).

For a patient who has a good symbolic functioning at that moment and does not fear the other, the identification with the mind of the other is an enriching experience (Goisis, 2014). Nevertheless, for someone who fears breaking the boundaries of the self, or who is terrified of dependence as an invasion, it would be a distressing threat. It is essential to be able to dose, and if necessary dilute, one's subjectivity, so that the patient can feel the room as safe and welcoming.

Line Interruptions

The fall of a telephone conversation due to the overload of the lines, the freezing of video calls, external voices that break into the scene, are phenomena that slow down, obstruct, or cut off the discourse, and disillusion the analyst and patient with the presumed closeness. These events throw us far from each other, in company with the experiences of loneliness, abandonment, collapse evoked by the abrupt interruption.

The tele-room reveals all its fragility: in this regard, Curtis (2007) objects that teleanalysis cannot offer sufficient containment, because of technological problems. Argentieri and Mehler (2003) argue that because the analyst cannot control the setting the use of the telephone is incompatible with the analytical process.

However, are we sure that we cannot make our own the attitude of Freud, who more than once turned obstacles into analytical tools?

There is some evidence in the literature that shows how technological interruptions and malfunctions can be managed in such a way as to recover containment (Dettbarn, 2013, Kudiyarova, 2013). I think that, if we practice de-concretizing the perceptual and sensory framework, we can use these episodes of rupture as fruitful analytical experiences, able to let split parts emerge or make us experience unexpected functioning. What I want to testify in this work is that the new setting, with its precariousness and ruptures, certainly constitutes a limit to the regular course of the analytical process, but also a source of fruitful experiences.

Morpheus is a man of almost thirty, whom I have been seeing for a long time, locked in a state of apathy by the terror of becoming an adult. In his inner world, growing up means losing the vitality of his Self, consuming his soul in an empty existence of work and monotony. Far from being an eternal, carefree adolescent, Morpheus feels like an anaesthetized big child whose dull existence is enlivened almost only by the sessions of our analysis.

With the lockdown, Morpheus has agreed to replace the couch with the telephone, and the sessions, which over the years have moved on from their initial rigidity, are relaxed and full of confidences. However, the sessions remain a pleasant interlude separated from the rest, and we find it hard to get away from this situation.

A month and a half earlier, Morpheus had problems with the phone software, so one session was cut short. Two weeks later there had been other mishaps, apparently resolved.

That day we find ourselves talking about the protagonists of the YouTube videos he follows of men in their thirties traveling the world without fear. Suddenly, the line goes dead. We struggle to get it back, and then the session resumes as if nothing had happened. I think I am having some trouble with my phone too; I'll have it fixed soon. If I had bigger problems, given the need for work, I wouldn't think twice about fixing it or replacing it.

In the meantime, Morpheus continues to talk about his idols' travels, with the sort of apathetic admiration with which he fills the last few sessions, and I lose myself in thinking about his phone, which annoys us with its constant malfunctioning. Why does Morpheus accept having a malfunctioning smartphone?

I point out to him that he hasn't worried much about his phone in recent months. I add that he hears his friends on Discord, an Internet channel for video game lovers, while the phone is for contacting a world that he is not interested in. I think of the world of grown-ups.

Morpheus surprises me with a direct transference answer: "The only thing I do with the phone is analysis. Maybe I'm not so interested, then. Yeah. Maybe I am a lovelorn partner, who has to confess that he no longer has any feelings, but who does not want to hurt the other person. Yet I've been here seven years, proud, and I don't want to stop."

"It sounds like you're talking about a series of YouTube videos you're fond of", I comment dryly.

Morpheus gets very somber: "Like a pastime, rather than something active. Watching, assisting, sedating. A sort of eternal limbo, like my story with Loredana. Maybe it just suits me".

Having evoked to consciousness the negative transference towards an analyst with whom one can converse in a condescending way, while keeping him at a distance, will

be essential for the analytic process. In the following months, Morpheus recognizes his massive identification with his father, depressed and paranoid, and manages to distance himself from him, offering the world a chance. He starts seeing a girl, as he has not done for years, opens his own personal bank account, books medical appointments that he had put aside long ago.

From a technical point of view, I think the key to this unexpected outcome was not to consider the malfunctioning phone only as a limitation of the setting. Instead of grudgingly enduring the limitations of teleanalysis and focusing attention on the content of the discourse, abdicating, in effect, free-floating attention, I deconstructed the entire scene that was unfolding, in the actuality of the session, by transforming it into a dream. In this way, it was possible to grasp the relational subtexts.

In the debate organized by the Spiweb Italian site on teleanalysis, Richard (2020) argues for the appropriateness of telephone and video call systems. He argues for one recognizing the importance of analyzing "the irruption of transgressive phenomena, favored by the distortion of the setting, but at bottom revealing psychic functioning usually split".

There is little we can do about it: in order to fully exploit the potentialities that the new technology offers us; we cannot use it in imitation of the traditional session. It is inevitable to bear the mourning, temporary or lasting, of many lost habits and securities, in order to conduct the analytical process according to new experiential and communicative modalities.

Conclusions: The Continuous Maintenance of Symbolic Activity

> *Manola's sleepy face, a span away from the monitor, covers the whole screen. Her drug-soaked voice exclaims: 'My grandmother will be here soon'.*
>
> *The door I glimpse behind her opens wide, allowing a glimpse of an elderly lady wearing a mask.*
>
> *"Grandma, I'm in a meeting!"*
>
> *The door closes hastily.*
>
> *"I say that because she doesn't like psychologists."*
>
> *"Can't the door be locked?" I inquire.*
>
> *"I lost it a few years ago. Now Grandma closes the window there, and meanwhile she's minding my business. Excuse me for speaking softly, but my mother hears me from outside. Last week she asked me to account for the fact that I said here in therapy that she doesn't understand me".*

Manola is a young schizophrenic, curious and suffering, who retains good resources to adapt to reality.

"I can't wait for her to come back to the studio, so at least she has a quiet place to meet me!" I thought at the beginning of the pandemic. Then, slowly, I accepted the situation.

I accepted my and Manola's frequent and unpleasant shifts of venue, depending on the new family routines that the lockdown imposed; I accepted that Manola was ten centimeters from the camera, a distance that threatened my sense of tranquility and modesty, and I moved my chair half a meter further away from the screen; I accepted the frequent blocks of her dancing connection as unpleasant but inevitable communication slownesses.

I accepted, I feel like saying, to share an infinitesimal part of her psychotic condition. The grandmother, the mother, are not delusions, they are real. Simultaneously, the same time they offer a visual representation of the continuous invasion of Manola's inner world, they lack protection.

"Dear Doctor", the girl seems to confide to me, "now, do you believe that my mind is besieged by people who want to sneak in and condition it? And you think I've lost the key".

I put into action a process of inference that seems insane, attributing internal meanings to the figures that entered the screen. Of course, you may object, an analyst does this every day: there is nothing new about it.

I think what is new is the rapid transition between this new working set-up and the traditional setting, which we have now internalized and is part of our natural way of living the clinic. The way the patient lies on the couch, the postures in the chair, the gestures, are part of the usual meta-setting, generally well installed in our implicit functioning.

Instead, like in the movie "Being John Malkovich", Manola let me enter his head. A head that takes the form of a room, without secure boundaries and protected openings. A head exposed to trans-psychic break-ins (Bolognini, 2010), which can be seen live.

The psychotic part of the personality (Bion, 1957) threatens Manola's capacity of symbolization every day, and the work of analysis consists in a continuous maintenance of the psychic container and its metaphorical and symbol-poetic functions.

Keeping alive and in good working order the psychoanalytic function of the personality, that is the capacity of creative oscillation between consciousness and unconscious (Bion, 1962, Civitarese, 2011) is as necessary as ever even in a new and perturbing dimension like the present one (see Anastasia-Moroni, this issue).

Today, inside and outside of teleanalysis sessions, the trauma of the pandemic, social distancing, and more generally the abuse of the digital dimension (Nicoli, 2013) and the 'objective' mental functioning promoted by contemporary culture (Britton, 1998) continually threaten the process of individual subjectivation and the three-dimensionality of thought.

The maintenance of the oneiric function (Ogden, 2003, Bezoari, Ferro, 1994), the ability to build and maintain transitional rooms, in which one can remain in contact with the vital areas of oneself and of the other, is the incessant task entrusted to the

analysts.

A few months have passed, and Manola has found, who knows where, the key to her room.

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Online Therapy: Setting and Body

Beatrice Cannella and *Silvio A. Merciai*

Abstract

"It is not comparable to in-person therapy, because the body is missing" is the claim that recurs about online therapy and which often leads to a devaluing of it. Starting from our experience, which dates back well before the pandemic, we refute this theory, taking also into account the neuroscientific data on synchronization, and emphasize that the diversity and specificity of remote therapy still imply a setting and maintain a rituality. In this sense, online psychotherapy will remain as a valuable resource and as an important object of study even after the pandemic emergency is over.

Keywords

Online psychotherapy; remote therapy; body; presence; setting; ritual

> [The analyst] must adjust himself to the patient
> as a telephone receiver is adjusted to the transmitting microphone
> (Freud, 1912).

During the Pandemic

As we have written elsewhere and in this same issue of the journal, we have not "discovered" online psychotherapy on the occasion of the pandemic. We have been practicing it for about twenty years now – without ever having encountered any particular difficulties or serious problems – although almost always only in particular cases and of necessity (typically young people who left for their *Erasmus* – which is a period of study abroad – or patients on long business trips who asked us – "they" did it – to be able to continue the therapeutic relationship remotely), and mostly only for periods, more or less long, within the totality of a treatment started in person.

The fact that working remotely was not a particularly innovative practice allowed us, at the time of the pandemic, to avoid from asking ourselves questions regarding the very viability of online work, the validity of which we have long been convinced of, both because of our previous direct experience and because of the theoretical reasons proposed by Paolo Migone since 1999 (see also in this issue) and shared with him since then. We believe online psychotherapy is not the "same thing" as psychotherapy in person, but we do not mean at all by this statement to imply a sort of second-class condition: a "different" mode, with its own specificity, but not for this reason an "inferior" one.

We are therefore not entirely in agreement with the metaphor of the "camp tent" put forward by Stefano Bolognini (or, rather: we accept it if it refers to the urgency of the pandemic situation; otherwise, in general, we would say "another dwelling" – but see Bolognini in this issue) nor with the "better than nothing" with which many colleagues have justified the switch to remote mode; and even less can we recognize ourselves in the definition of "simulation" of psychotherapy, contemptuously used by Isaacs Russell (2015), whose theoretical positions are discussed elsewhere in this issue.

We believe that our previous familiarity with the online tool has greatly favored us, allowing us to live as less "uncanny" (to use a term repeatedly used by the authors of the essays in this issue – see for example Anastasia and Moroni) the transition to remote therapy imposed by the lockdown of the first months of last year. After a year and more, the balance of our small experience is that all our patients have been able to continue their treatments thanks to the remote setting, and with generally positive results. Despite all this, we have nevertheless felt the backlash in having to pass online all our clinical activity, moreover in a rather sudden way and without having been able to plan the move with the calm and time necessary to process anxieties and perplexities (ours and those of our patients), and in such a distressing social moment for all of us.

The various modalities and different reactions of the transition to remote sessions – which obviously depended on many subjective variables, intrinsically linked to the specificity of each therapeutic relationship – have triggered a lot of questions and reflections that we will try to retrace here.

From the Couch to Online

Some patients, used to lie down on the couch, found it difficult to stay in remote therapy, even if they shared the need for the transition.

> *A, a young psychotherapist, immediately says she is very worried, thinking about the video call, by the presence of the therapist's face on the screen. She is very relieved by the proposal to close the camera during the session, leaving it on only at the beginning and at the end of the session, as if to imitate the scanning of visibility in in-person meetings. But soon A will tell me how uncomfortable she feels in the new situation, as if that talking in the darkness of the phone made her feel lost: and the solution we will find will be to position my mobile phone, during the session, in such a way as to frame the lithographs depicting Freud's couch, hanging on the wall, and the window: the objects that usually populate her visual field during the sessions in person on the couch. Despite this, the situation remains very difficult, "I feel you do your best to be close to me, but it is as if you are not there, as if I cannot hear you" she tells me after a few weeks. After a few months, and when the pandemic seems to be in remission, A immediately grasps the possibility to come back to the office, despite the necessary limitations (social distance, use of the mask for both of us even during the session, single-use paper sheet on the couch, etc.). I have the feeling of something very artificial and forced,*

in this condition, but A, on the contrary, shows great relief.

B, another young psychotherapist, in analysis for some years, refuses to switch to online treatment on the grounds that she cannot guarantee the necessary privacy (two young children and a husband who also is forced to work remotely). Even without underestimating the validity of her motivations, I am quite disconcerted by the tranquility with which B accepts the suspension (she has strongly invested in the analysis that she follows with absolute assiduity and that she had to interrupt a first time for a pregnancy: but, on that occasion, she came to her sessions until the middle of the eighth month and then resumed about twenty days after delivery). We resume seeing each other in my office as soon as possible, but when, towards the end of October, the possibility of a closure looms again (in fact we will soon go into the "red zone", i.e., the area with strict prevention measures), I decide to discuss with B the possibility of trying an online treatment, to avoid a second suspension, potentially very long again. She accepts, but the session quickly turns out to be traumatic. In front of the phone screen (which B herself sometimes uses in her psychotherapeutic activity), B feels lost, gasps, remains silent for a long time, says she has a headache and feels extremely confused. I am worried, I had not anticipated such a traumatic response. "I never expected you to make such a proposal" – she tells me. "You should know, after all these months of working together, how important the closeness, the perception of your physical presence behind the couch, is to me". I understand the remote situation has in fact actualized for B a specific state of insecurity already experienced in the past and, after we have talked a little about it in a following session, we decide to continue. But the situation remains difficult. B feels very much my absence and suffers heavily from being in another place than my office. "It's not the same thing, it's not even something similar", she will tell me later, when it has become a little easier to talk about the situation and its possible meanings. In this online setting, B feels alone, abandoned (even if, on an intellectual level, she has repeatedly confirmed that she considers my decision absolutely acceptable: "I wouldn't come to your office, at this moment, not even if you decided to reopen") and she only takes refuge – she tells me – in staring at her own image reproduced in a corner of the screen.

"The pandemic, the state of anguish that pervades us all, the anxieties of a sudden adaptation to a new condition..." was our first thought upon listening to these answers. Of course, but the impression remained that there was also something more in the difficulties shown by A and B in switching from the couch to online; something we did not expect, perhaps because our previous experiences all referred to patients passing to the online setting the face-to-face interaction they had… Maybe, in short, we should go back to studying, taking advantage of the fact that the literature on psychoanalytic psychotherapy online had now become, after many years of almost total silence, rich and polyphonic.

Body and Telepresence

Leafing through the literature on the subject (see also Merciai and Goisis-Lauro, this issue), we immediately came across a series of papers and books that questioned the viability of online therapy and considered it as a diminished and devalued experience of psychoanalytic work, referring in particular to the question of "telepresence". The absence of the body, the disembodiment of the remote situation, would inexorably compromise the effectiveness and the very possibility for the therapeutic process to exist and unravel, since the indispensable (physical) co-presence of the two actors would be missing. Scrolling through the literature, we repeatedly found theoretical references to Winnicott, Bion, Ogden and Schore (all authors that we thought had long since acquired a stable place in our theoretical framework) that were summoned to "certify" (which is different from "bring evidence") that psychoanalytic psychotherapy is "only" in presence. Various, but congruent to an univocal purpose, were the quotations we found, extrapolated from their works: reverie necessarily presupposes physical proximity; attachment and holding imply *per se* the possibility of reaching and touching each other; the dimensions of the transitional space must be preserved intact; love cannot exist without physical co-presence; cognition is embodied; the remote situation makes impossible both the fundamental dimension of kissing or kicking and to grasp enactments in session; on the net the epistemic vigilance dominates over the epistemic trust; and so on. In the remote setting, Russell writes in 2015 (and repeats in 2020 – see elsewhere in this issue), only two minds can meet; which might have been enough in Freud's time, when psychoanalysis was essentially language and interpretation, but not today when the body (the body? a recent "discovery" in psychoanalysis, which for a long time ostracized the discourse on the body as a kind of taboo) and its countertransference feelings (why? online would countertransference not develop?) have become the starting point of therapeutic processing:

> *Two minds together are, as we have seen, only half the story. This particular inconvenient truth is that bodies cannot be left out of the equation* [Russell 2015, p. 178]

> *While we are grateful for the capacity to maintain a thread of continuity through technology in the time of pandemic emergency, we also recognize that we are wired to relate in embodied co-presence. This is a gift to be treasured and preserved, not lightly thrown away for the convenience of our devices. True presence, as unpredictable, spontaneous and messy as it is, is irreplaceable.* [Russell 2020, p. 372]

Statements which, at first glance, certainly resonated a lot with the discomfort manifested by A and B. And yet we could not get rid of the impression that the thesis of a non-presence in the online situation due to the lack of the body was an *a priori* assumption, reiterated in a relatively uncritical and prejudicial way and largely due to the application of traditional categories of thought to radically innovative contexts. You

cannot – we thought – evaluate the "online" as if it were an "offline", using the same parameters and conceptual references.

What absent body – we wondered – which absence were we really talking about? But doesn't the body have a very particular status within the psychoanalytic condition itself when referring to the use of the couch? The body of the two actors in the dialogue is present, of course, inside the consultation room, but it is equally true that it disappears for almost the entire duration of the encounter from the view of the analysand (but isn't it that disembodiment concerns the *analyst*'s need to maintain a possible view of the somatic presence of his patient? – see, for example, the contribution of Testi, this issue). A crucial point, because sight is the sensory mode that has been most refined in our evolutionary history and is in general the basis of all our interactions; after all, the body is perceived by the patient lying on the couch almost only through hearing (which, of course, remains in the online condition) and perhaps – but we do not know how much and to what extent – by smell (we are not referring here to cases in which an unbearable stench or an invasion of perfume marks the arrival of our patient or our own presence, but instead to the role that the completely unconscious perception of the other's smell plays in interpersonal relations, a field still unknown and bordering on the old controversy about the possible existence of pheromones in the human species; we will mention this later).

So, we found ourselves – naively? – in agreement, for example, with the now classic statements of Carlino (2011 – see elsewhere in this issue), who had supported the idea that "presence" in the reality of analytical dialogue did not necessarily imply a mutual physical presence of proximity:

> *In the distance framework, the idea of presence is separated from the need to be in front of the other person. It acquires an abstract and symbolic conception. The presence, when separating it from the need of a direct physical meeting, is bound to the idea of contact and encounter between analyst and patient.* (p. 64)

or with the more recent ones by Moshtagh (2020), not surprisingly in open controversy with Essig (see elsewhere, in this issue):

> *Most of these writers view concepts such as "presence", "absence", "analytic space", "intimacy", and the "object" in "object relations" unproblematically and, at times, even concretely. There are even bizarre interpretations of "containment" in which it is alleged to materialize only when two physical bodies are in close proximity.*
>
> *While the importance of a procedural level of interaction through body (…) is undeniable, to assign the literal bodily presence such a vital role is highly questionable; it is certainly not based on scientific evidence.* (p. 244)

and with Paolo Migone's (in this issue; and previously 2003, 2013) arguments on the subject.

Hannah Zeavin, in her enticingly written and thoroughly researched monograph *The Distance Cure* (2021), reminds us that "distance" is not the opposite of "presence" – "absence" is – and contends that

> *media technologies have always played a central role in therapeutic relationships, and indeed within all interactions, producing medium-specific forms of what I call "distanced intimacy".*
>
> *Therapy is always conducted at a distance. (...) I call the general human relationality encouraged, created, and maintained by persons in tele-contact with one another distanced intimacy. Distanced intimacy is (...) different from tele-presence, which can be defined as the feeling of being present at another location via telecommunication networks (...) most teletherapeutic frames allow for a self-protection via an acknowledgment of distance, while generating a feeling of intimacy in the work of helping and being helped. (...) The process of becoming intimate occurs over this distance and on both sides of it, whether or not the two (or more) intimate persons have ever met face to face.*
>
> *As I argue, even the traditional face-to-face scenario can provide moments of distanced intimacy, including the regulation of clinical attachment via the boundedness of the frame. These moments are also enacted bodily: not appearing for sessions, silence, and so forth. That kind of distancing, or bounding of one individual in the intimacy shared with another, or acting out, as the case may be, also regulates emotional nearness in distanced intimacy. Distanced intimacy can promote greater intimacy, being more willing to "speak" both because of a kind of protection (privacy) attributed to a medium and because one can halt speech and intimacy by terminating tele-contact more quickly and easily than by physically exiting a room, especially if that contact is asynchronous. Like embodied therapies, distanced intimacy involves at once both presence and absence.* [Introduction – Distanced Intimacy]

That is why we feel still valid today (a sign of narcissistic rigidity?) the statements one of us made many years ago (Merciai, 1998):

> *In a few minutes my 7.30 p.m. patient arrives. (...) I experience with great participation his complex human story, the swings of hopes and fears that his mind rides daily and that the session hosts, at its best. He is a person I have never touched (we do not even shake hands upon arrival or leave), (...) and whom I usually listen to by half-closing my eyes, because so I seem to focus better on my personal emotional responses. (...) In what way – one may ask – does the relationship with this person inevitably need a bodily physicality, a material setting that a virtual room cannot evoke or replace?* (p. 163)

In fact, the question of the body in analysis/therapy and, consequently, that of the couch versus face-to-face setting, had already appeared in our reflections when, following the thread of the methodological approach that we have much been practicing in recent

years – that of the dialogue between psychoanalysis and neuroscience – we had to deal with the discovery of the phenomenon of mirror neurons, whose direct implications for psychotherapeutic work were soon clearly indicated (Gallese, Migone & Eagle, 2006; a work later taken up and widely discussed in the pages of the *Journal of the American Psychoanalytic Association*: Gallese, Eagle & Migone, 2007; Vivona, 2009; Olds, 2009; Eagle, Gallese & Migone, 2009) and with the repeated asseveration of many scholars (starting with Vittorio Gallese himself) that the intersubjective relationship arises and develops from the condition of "intercorporeality". The loss of eye contact that the use of the couch implies therefore sounds like an important mutilation of our possibilities of relating to the other, particularly in the light of all the development of the work of Allan N. Schore, centered on communication between the right brain of the analyst and the right brain of the analysand (see Schore, 2020).

David D. Olds (2004) talked about this many years ago:

> *With respect to the clinical situation in psychoanalysis, this interpenetration of selves by nonverbal, largely unconscious means provides arguments both for and against use of the couch. (...) Some have pointed out that the "communication between right brains" is important to therapy, and that to give it up is to lose a major asset (...) But in psychoanalysis that may be what we want: a measure of freedom from that control (...) This should be a fruitful area of research; it may be difficult or impossible to free-associate while engaged in the kind of interactive mutual control that influences face-to-face interactions* (p. 863)

The obvious deduction from these reflections therefore seemed to us to be that work with the couch implies a choice to disregard the direct dimension of bodily resonance/presence, while a somatic interaction is more directly summoned by the choice of a face-to-face therapeutic relationship. Moreover, it was evident that mirror neurons do not need physical in-presence in a shared space to perform their function…

Support for this perspective then came to us from the studies that appeared – in the field of the neurobiology of relational experience, the so-called Interpersonal Neurobiology – about "synchronization", the crucial function that comes into play automatically and unconsciously between the two partners in a relationship and that manifests itself in a significant alignment of the electrical activity of the brain, the increase in hormones, the frequency of the heartbeat, the circulation – in particular – of oxytocin (for a recent review see Schirmer, Fairhurst & Hoehl, 2021). We were particularly impressed by Ruth Feldman's synthesis, which we do not detail here for obvious reasons of brevity (see, for example, Feldman, 2020), but of which we would like to report a short fragment (starting from minute 67) of one of her talks, *The Biology of Love: Synchrony and the Human Affiliative Brain in Health and Psychopathology*, given at the University of Washington in 2020, where she specifically talks about the kind of synchronization that also develops in Skype video-call interactions and not instead in the purely textual exchanges conveyed by WhatsApp chats (please, click on

the image below):

While Feldman's observations leave open the question of the centrality of the physical presence of proximity (the hypothesis of oxytocin in sweat), on the other hand they would authorize us to believe that the Skype video call (or similar), which we use in our online sessions, should allow a sufficient degree of synchronization – and therefore of *presence*, of meaningful interpersonal relationship – between the two actors of the therapeutic relationship when they can see each other, even if through the telematic tool (thus reopening the question of the opportunity and the limits of the use of the couch in the classical setting).

From Face-to-Face to Online

In congruence with these observations was in fact the less problematic reaction of other patients, who switched to online after having been in face-to-face psychotherapy for some time.

> *C has been in therapy, at the rate of one session per week, for about a year. He is a young engineer, expert in management problems, who works for a major international organization. At a certain point he is offered to move, in a prestigious position, to another branch of the same organization, in a distant country, for an undetermined period. He will work online, at the beginning, but with the prospect of having to intervene in person as soon as possible and consequently with the non-negotiable request to move to the new city. A very sacrificial offer on a personal level, but in many respects an indispensable one. C decides to accept the offer and leaves, with some bewilderment (it is not the first time he spends periods abroad, but this time it is a very far and unknown country, where language and habits will be very different) and only after having agreed to try to carry out his therapy remotely via Skype. The first time we connect, C is very contracted, in evident difficulty in the new condition, but he seems to feel better (and he is moved) as soon as the screen gives him back, in the background*

of the therapist's face, the bookcase shelf and the outlines of the office where he has come so many times: a shred, to cling to, of continuity and security.

B's words come to mind: "It's not the same thing, it's not even something similar"; but then, perhaps, renouncing the sophistications of theory, it is simply a matter of listening to our patients when they affirm – and complain – that the substantial difference between in-person and online therapy is the question of the *place* where the session takes place, the external setting: the fact that in remote therapy it is not we therapists who "host" our patients in our own space, the consulting room (Goisis, 2021; see also the contributions of Goisis, Nicoli and Versace in this issue), a room we have prepared and organized and that is imbued with the flavor of ourselves (not exactly the neutrality or opacity of the therapist!) so that it can take the form of a safe place, a protected laboratory where we can experience ourselves: our body is only part (and not essential!) of this. The room of online therapy is in fact a virtual "elsewhere", created and managed by a shared responsibility, and almost nothing of ourselves in the condition of the session on the phone – and very little in the one that uses the video call – is conveyed to our patients (who even from the couch, however, and even more so in the face-to-face, see and become attached to a part of the consulting room). That is why the possibility of glimpsing usual objects of the study (lithographs and window from the couch, the large bookcase shelf in the face-to-face) constituted reassuring anchorage for C as it had been for A (and it was also for B, with whom it was soon agreed to do – see also Versace's contribution in this issue)! After all, the fan blade on the ceiling (which, not by chance, is also in my office...), the scent of cigars (in those days people still smoked in the office...), the encyclopedia behind his armchair, the refreshing cover on the couch during the summer, a few memories of trips to Africa in the glass cabinet that could be glimpsed at the side of the couch are still today, after many decades, among the most affective memories of the personal analysis of one of us...

The loss – the mourning – of a room, organized and managed by the therapist, in which to welcome his/her patient, thus becomes the discriminating factor that distinguishes in-person therapy from online therapy, in our reading. A serious and significant loss, in conditions – so to speak – of normality: less so, instead, in exceptional conditions, such as during the pandemic. Where the possibility of meeting again, in a place "protected" from the risk of contagion and remained "lawful" also in the light of the various lockdown provisions, seems instead to represent an element of reassurance and containment, pursued therefore with much less anxiety and sense of loss.

The "Ritual" of the Session

But perhaps, once again, we were prisoners of an overly theoretical and scholastic view of the situation...

D is an economist, used to work on his computer. He asked for a second psychotherapeutic intervention, face-to-face, at the rhythm of a weekly session,

after a previous treatment ended also in relation to his move to our city from another Italian city, too far away to think of resuming with his previous therapist. Very attentive to the precautions for Covid-19, he immediately agrees to switch online at the time of the first lockdown, apparently without any difficulties in the new condition of the setting. The therapy goes on via WhatsApp, which turns out to be more reliable in terms of stability of the connection than Skype, initially assumed as a tool to communicate. To improve the audio quality, after a few sessions, D asks the therapist to use dedicated headphones and microphone, thus depriving himself almost completely of the perception of indirect noises coming from my office: only the image of the therapist's face and his voice remain of the original setting. But after a few sessions D shows the onset of a trouble in the new situation: he was used, in the previous in-person mode (in both treatments), to a relatively long move to get to the analyst's office, time that he used – he says – to prepare himself for the session (and vice versa, leaving, to rethink the session and re-adapt to the reality of everyday life); that time, now, he misses and it is not enough for him to interrupt his activities a quarter of an hour before the time of our meeting. The new situation is irrevocably different from the usual one.

We certainly had no difficulty in empathizing with D and his description of the "ritual" of therapy; here, too, the memories of "that" time easily resurface, the complex and tiring itinerary of our personal analyses: car, train, subway, bus, coffee at the corner bar to wait for the appointment, session, bus, subway, train, car...

As Paolo Migone observed somewhat ironically while reading an early version of this paper, research should be done to study the impact of travel, of commuting, to go to the analytic session:

> *Perhaps one could discover that the journey, which allows a reflection, an elaboration etc., is very important, a bit like (and this is an observation that Eissler made) it is known that the therapeutic effect of pilgrimages was in the journey, not in the destination (on the journey new encounters and new experiences are made, etc.). It also comes to mind – we could smile on it! – that no one has ever studied whether the efficacy of the analyses that Freud did was not also linked to the stay in Vienna that he proposed to these wealthy girls, sometimes noblewomen, who came from all over the world, even from the USA. He required in the contract a stay of at least six months: nice hotels in Vienna, romantic encounters, love stories, afternoons spent in cafes to flirt, new corrective experiences etc. A bit like, as has always been known, the effect of the Spa was due to the time spent at the Spa (encounters, lovers, vacation, etc.) and not to the thermal waters as such, which are generally placebos.*

The consulting room, in short, is only a moment – crucial, but not the only one – of a more complex behavioral sequence that in its repetition takes on the connotations of the "rite", habitual and therefore reassuring, of "going to therapy": it is this rite that is radically changed or in any case distorted by the switch to the online (by analogy, think

of the disorientation that follows the possible move, even if in the same city, of the therapist's office).

Now, we know from many examples of everyday life how our habits are essentially a matter of learning and how, once acquired, they persist tenaciously, even when they may have become dysfunctional. Without disturbing complex concepts such as "repetition compulsion", and even just referring to the basic notions of cognitive science and the theory of evolution, the persistence of habits explains, for example, why those of us (such as ourselves) who learned to use a blackish object hanging on the wall at home called "telephone" find it so hard to learn to use a modern smartphone correctly and fully, which integrates those ancient functions with many other very useful and important. For our children (and even more so for our grandchildren), on the other hand, the phone "is" the smartphone. In other words, the mode of use they have assimilated from the beginning is the one most appropriate to the features of the device... And how many times have we heard from our peers something like "*no, the e-book, no thanks, but absolutely not, I like books that you can hear the rustle and smell the paper"*: an entirely respectable choice, of course, but one that obviously overlooks the banal fact that reading text is just as good (indeed, easier) on a screen, which is also much lighter, backlit, able to carry many volumes, etc. For our children (and even more so for our grandchildren), on the other hand, the printed text – of a newspaper or a book – does not seem to convey any appeal and they certainly prefer a digital consultation. The "ritual" habit of reading printed documents, typical of our generation, has been lost and replaced by another one, more modern and functional.

Another Dwelling?

E is a 50-year-old lawyer who contacts me by e-mail asking if I would be willing to follow her because of the problems she is experiencing. We meet in my office for a couple of times and decide to start a treatment. But at the moment of starting our sessions, the lockdown due to Covid-19 starts. I propose we go ahead with our project anyway, but remotely. She agrees, even though she is worried about her inexperienced handling of IT tools. Despite these uncertainties, we soon begin our weekly WhatsApp video-call sessions. After a year, we feel that things are progressing satisfactorily; E comments on the fact that a season of reopening (i.e., without the lockdown) is beginning and wonders if she "will have" to return to my office. She loves it, she tells me: but on the other hand, she has also become very fond of our sessions on the phone, when she is at home (for reasons of protection she too has transferred much of her legal advice work remotely), with the possibility of presenting herself in a friendly and therefore more authentic manner, without having to use the official uniform of in-person meetings...

F is a young lawyer working in the European headquarters (located outside Italy) of a prestigious international firm. She will be passing through our city in a few weeks and contacts me: she would like to undertake a treatment with an Italian

psychoanalyst willing to follow her remotely and my name has been mentioned. We arrange a possible appointment, but we must cancel it because at that moment the lockdown begins. At first, we do not realize that it will be a long period of closures, and we decide to wait. But then F must go back to her headquarters before the lockdown ends and so, after some uncertainty, we start a treatment from the beginning online. Now just under a year has passed and the therapy seems to be working positively: F is satisfied with her progress, which really seems to be happening. She is quite comfortable in her virtual setting, which, since the beginning, is my half-bust with the background of a part of my office. She seems at ease. She says, sometimes, that if she comes back to our city, she will probably love to come and see me in my office, but in many ways, it seems to me that it is quite usual for her to meet on our cell phone screens.

E and F learnt from the beginning to use a virtual, remote consulting room, i.e., they have no real "room" to mourn when switching online: their "going to the session" is a very precise ritual consisting of a completely original and specific sequence of behaviors (connecting to the Internet, making sure the phone is well positioned, activating dedicated headphones and microphone, etc.). And "that's fine".

When the Pandemic is Over...

We are all currently working again in our usual environments, and we are of course very happy about it: for most of us, for our generation, the consulting room has always been here, in our office; we are fond of it, we could not wait to go back...

What about online therapy? For many, it remains only the "camp tent" in which we sheltered following the pandemic earthquake; we will dismantle it as we can return to "normality" and store it somewhere in the cellar of our mind for any new emergency conditions. Kristin White, for example, writes:

> *The lesson to be learned from COVID 19 is not that we can do without the personal contact with our patients in the consulting room sometime in the future and continue with remote analysis. Remote analysis is definitely not a powerful alternative to the real live presence of two people in the consulting room. Remote analysis might be a temporary necessity in times of corona, but we need to be aware of the pitfalls, understand the missing components in the therapeutic relationship and remember not to abuse our power by believing that video contact can be a substitute for the real personal contact between two people in the consulting room.* (pp. 583-584)

We are not of this opinion, as the premise and the whole development of this article certainly suggested...

Looking ahead, we believe that the spread of computer literacy in the population – and therefore, hopefully, also among psychoanalysts and psychotherapists! – in the absence of dramatic and sudden emergency conditions that make it difficult to find private and suitable spaces for the therapeutic encounter both by the analyst and the patient, will

lead – in particular the youngest of our patients (the generation of children and grandchildren!), more and more accustomed to the use of IT tools – to a growing interest in the possibility of carrying out remotely a psychoanalytic treatment. Remote therapy, therefore, can and must remain a tool available in our "normal" therapeutic armamentarium. A significant change, of course, but the pandemic was not the first situation in which psychoanalysis had to deal with changes in the external setting: from couch to face-to-face, or from the established five weekly sessions to less frequent appointments, to name the most obvious ones, as our clinical skills and ambitions expanded and the economic and ideological framework of the societies in which we operate changed. Often, in these occasions, the voice of orthodoxy has been raised proclaiming "this is not psychoanalysis!", but gradually the idea has been gaining ground – which we fully share – that what qualifies a therapeutic intervention as "psychoanalysis" are the particularities of the *internal* setting, the specificity of the listening, whatever the *external* frame of reference, as long as it is defined, agreed upon and respected (the moveable frame, according to the definition of Tylim and Harris, 2017). Michael Eigen (2020) in his conversation with Aner Govrin *Attacks on psychotherapy - working with patients under the threat of the Corona virus* has clearly stated once again the irrelevance of the external setting. He talks about his experience of remote treatment and emphasizes the crucial contribution of the British School (Melanie Klein, Winnicott, Bion, Marion Milner) in focusing on the stress of "patients who couldn't feel their feelings" and contends that therapy means

> *sitting with it, holding with it, being with it: less interpretation than the quality of your presence, the quality of your being: and your patients feel the quality of your being and that's more important than (...) what conditions you're working in.*
>
> *You can do therapy at almost any setting: if we were in a concentration camp we would do therapy there, if you were on a Buddhist monastery you can do therapy there, you could do therapy in any setting, walking down a street - Freud used to walk with patients…*

It will therefore become more relevant to take the choice of a particular setting – on the couch or face-to-face, online with or without video, etc. – as the first "act" to analyze by questioning fantasies and thoughts (in both members of the couple at work! – see also Migone in this issue) induced by the characteristics of the operational choice we have decided to take. And it will be worth, in the case of an online setting, to study how to refine our ability to understand and analyze the type of platform to be used (beyond the banal observation that often we can only choose the one that guarantees us a better fluidity); we believe, for example, that just as the consulting room is a particular place, so should the online therapy platform be, that is, that the same one that we use every day to communicate with friends or relatives should not be used (but unfortunately our attempt, for example, to use doxy.me, recommended by the IPA, was unsuccessful...). Consistent with these positions, if once we believed (and many still argue and theorize) that the switch to the online setting should be preceded by a

reasonable period of work in-person, today we changed our minds and believe instead that preliminary meetings in-person could only be useful – in some cases – in the intake phase, essentially to evaluate the opportunity of a treatment and decide what kind of setting is deemed most useful to activate.

We do not feel too alone in these positions (several contributions published in this issue seem to point in the same direction); on the other hand, as Marlene M. Maheu reminds us in her video-interview, technological progress and the consequent cultural changes are very rapid and our task is not to deny their power but instead to try to govern their direction. In this sense, Lewis Aron (2020) invites psychoanalysis to consider technological progress as being both, and dialectically, "part" and "apart" of/from culture...

A position of even greater openness is that of Sergio Benvenuto, who predicts that most of the activities we currently carry out in public will in future be carried out from our home environment and emphasizes the inevitability of this change of habits which, like all technological innovations, arouses criticism and rejection in the conservative part of our culture (this was already the case in the Paleolithic era at the time of the invention of fire, he jokingly recalls):

> *Many important analysts claim that video sessions can never be analytic, backing their claims with excellent theoretical arguments, some taken from a more sophisticated psychoanalytic theory such as that of Lacan. With merely theoretical arguments, that's the point. But the telematics revolution will forge ahead anyway, and more and more analysts will hold sessions via video, Skype, Zoom or Webex. And while video doesn't work with all analysands, the mobility of modern life will end up imposing it – and theory will adapt.* (p. 126)

These are the themes that, before the pandemic (2018), had been addressed in the interesting collective volume *Psychoanalytic Perspectives on Virtual Intimacy and Communication in Film*, inspired by Spike Jonze's film *Her*, which tells the "love story" (but also the "therapeutic" implications of the relationship) between Theodore and Samantha, a "virtual" character created by an AI of which only the voice is available; yet another variation on the theme of possible homology or sidereal distance between "real" and "virtual" relationships. A futuristic film, in some respects, but certainly not far from our experiences with Siri or Cortana or Alexa or Google Assistant and, on closer inspection, from certain aspects of the classical analytical experience. In his contribution, *Intimacy in a virtual world*, Andrea Sabbadini writes that

> *After all, whether we meet our analysands in a consulting room or in cyberspace, we are still psychoanalysts engaged in the psychoanalytic process; we are still committed to making a safe environment available to our patients, where we empathetically listen in a state of suspended attention to their free associations. Analysts seeing their patients on Skype will relate to them in a similar way and with a similar attitude as they would if they were physically present in their consulting rooms. The rituals surrounding the*

> *analytic meetings may be different (e.g. going to the consulting room and ringing the doorbell versus going online and making a video-call), but not the substance itself of the psychoanalytic process*. [Andrea Sabbadini, pp. 4-5]

and Rossella Valdré, in the final chapter, shows curiosity and interest in the wonderful journey through the evolution of new technologies: "*The future is open*", she writes, and you breathe an air of freedom and fascination for exploration...

The legacy of the pandemic could then be for psychoanalysis the task of equipping ourselves with the possibility of widening the offer to our patients of the types of available settings, including the remote one – in certain cases (which ones?), with certain types of patients (which ones?), in certain specific conditions (which ones?), with certain clear contraindications (which ones?). And, dealing with remote settings, we should make the commitment of theorizing how to build the possibility of a room that is capable of transmitting the reassurance of constancy and the warmth of a welcome, the starting point for a new working alliance. The ancient and ever new work of listening to ourselves and our patients, replacing the comfortable illusion of having a *prêt-a-porter* valid for all with the continuous attempt to make, each time, that *tailor-made suit* that constitutes the specific feature of our approach.

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In the Online Room

Pietro Roberto Goisis

Abstract

In the more or less recent psychoanalytic literature, in clinical accounts and even in informal discussions among colleagues, there is a unanimous emphasis on the physical and bodily lack in the experience of online therapy. In this article, however, another absence is considered. That of the meeting place, with all its physical, sensory, and emotional connections.

Keywords

Online therapy, absence of the body, absence of the room, setting.

> *"Here, I remembered correctly! The window is here on my right. That's right."*
>
> *Carola returns to the office exactly one year after her last in-person session. An out-of-town student, she returned to her distant home town during the first lockdown. Since March 2020 we have only met online. We kept our weekly appointment, same day, almost same time. She has never missed a session, never been late. She has only ever asked me to move it for a university exam. On the contrary, she has had to deal with some – a lot – of my needs or emergencies. She always responded with patience, kindness, and precision, just as she always does. Our therapy took place with good efficiency, effort, and pleasure according to the moments, dealing with the various relational and personal problems that had led her to ask for help. As if there was no difference or change from the period before the online. I saw her rooms, she saw mine. Never a comment to each other, caught up in other matters. To my, partial, surprise her temporary return to the office was marked by this early comment as soon as she entered the room, after sitting in her usual chair. She had resumed her seat. Ready to leave it again, but sure to find it again in the future.*

Between Prehistory and Pandemic

As told in other papers published in this issue of Funzione Gamma (see for example Merciai-Goisis), I consider myself sufficiently experienced and accustomed to conduct therapies in absence, the so-called teleanalysis or online or remote psychotherapy. After the first and pioneering experiences with phone and e-mail, I practiced video and synchronous therapies with good willingness. Teenagers during a school year abroad, university students in *Erasmus*, doctoral students or Master's students, professionals on business trips or transferred to distant cities or countries. Occasions that are generally temporary and exceptional, though in retrospect not so rare. Like many other

colleagues, I have had these experiences according to the old principle “do it, but don't say it”. A few confidences with some colleagues, no publicity, no shared or written reflection. It worked. That was enough. I was always connected from my office, from my usual workstation, where there is a laptop on my left. My interlocutors were everywhere, I was there/here. Not much difference compared to the setting where I physically meet my patients. It was easy to make comparisons between before and after and to consider that “it was not so different”. My/our attention and effort were often polarized on looking for commonalities with the sessions in presence, rather than stressing the differences. Psychoanalysis has always been concerned with maintaining the golden standard, rather than seeking the feasibility of the method. Then, sometimes there were surprises, such as the feeling of greater closeness and intimacy, a face becoming closer, a beauty exploding on the screen, the perception of more or less photogenic beings. I didn't feel any lack or regret. I was not looking for particular solutions. It already seemed like a privilege and an opportunity to be able to continue the therapeutic work. Again, it was enough for me. Then came the Sars-Cov-2 pandemic.

The Creation of the Online Room

My latest book – *Nella stanza dei sogni [In the Office of Dreams]* – right from its title and cover, indicates how the place of the meeting between therapist and patient is one of the determining, even specific, factors of the cure. So, I wrote about it, also to try to outline the slow and progressive, perhaps never finished, process of creating that space:

> *... rooms, like humans, grow old, are defined, entrusted, assigned with a nameplate, name, and surname. Finally personalized with paintings, posters, photos, and memories. ...*
> *What is the room like, my room now? It is the place where I certainly spend and have spent most of my life. That's also why, out of care and respect for myself and those who enter it, I like to keep it tidy and clean. Ideally, I would like it to smell good all the time, that's important, so I have placed an air purifier. Before there was a Persian carpet in warm tones, now a more practical floor, but with a soft colour. Different pictures hang on the walls. Diplomas, mementos, a Freud poster drawn by a much-loved painter, pictures of landscapes and people. A watercolour found under my parents' bed – Incontro – colours two ill-defined figures approaching each other. In one corner, it's a shame it's a bit hidden, a painting I love. It shows the boundary between an outside and an inside, a space, perhaps a room, that you enter or leave. It is by an artist I admire, Davide Pizzigoni, a dear friend. In another corner, a new green plant. The first one had grown ceaselessly up to the ceiling for thirty-five years. It was a source of pride, my link with nature inside the room. Nina Coltart – the great psychoanalyst who helped us to think the unthinkable – always reminded us that every therapist should own and cultivate a garden. Behind the plant, almost hidden, is a plaster bas-relief, The Gradiva, a reproduction of the copy bought by Freud in 1906 from*

the Vatican Museum. It was donated by Cesare Musatti to Milanese psychoanalysts in the 1960s and is now replicated for all to see as a symbol of belonging. There are also books and magazines, few in number, in order in the bookcase, the chairs are enveloping, the curtains contain and open up to the city, the colors on the walls try to convey harmony and calmness. And finally, many small objects, gifts, and thoughts, each with a story, observe me from the metal shelves and the dark wood of the desk. I'm the only one to know their value. All of them, the many details, are my way of welcoming. That is also where the care begins.

When the pandemic emergency forced us – between ministerial decrees, personal precaution, and common sense – to interrupt normal professional activity in the office and in presence, without knowing when we would return to "normality", I almost immediately felt the need to define and build my new online room. A process.

Health and quarantine reasons first forced me to improvise a home office. When we talk of a setting, we must remember that it involves at least two people, the patient and the therapist. So, the first step, in this new phase, was to think of me. A small table placed in front of a bright window, my laptop, the phone for WhatsApp calls, headphones for better mutual listening, a comfortable chair, in a way to ensure a decent sitting, an artificial light to illuminate my face when it gets dark.

And behind and beyond my face, I immediately asked myself, what will my patients see? To what extent can we show personal things? How much can our interlocutors tolerate them? So far, the online sessions showed, albeit with different gradients and angles, a background known and familiar to the patients. The pandemic condition was a delicate moment, for me, for them, for everybody. How to dose and organize this aspect was central. In the real room everything is chosen, thought out, evaluated. If this is also care, it cannot be neglected.

Then, little by little, I discovered that technology can help us. Blur backgrounds, realistic or real photos, graphics, colors. Everything and more. For every taste. Yeah, but whose? I know of patients who cannot tolerate fake backgrounds. It makes them feel they are facing a therapist who seems to be hiding or concealing something.

I chose authenticity right from the start. To show what was there, where I was. In fact, I took care of where I was. The background was therefore the anonymous wall of a wardrobe.

And, then, how should I dress? I wasn't in my office, in my usual suit-and-tie place. Could I afford a different dress code? If so, how different?

I leave out more intimate details about what was not framed on the screen – from the waist down – between the slippers and the sweatpants. I swear (🤞) that I never used them. Does a suit make the man or not? The answer is still up in the air. But caring for others also involves caring for myself and the respect that decent clothing guarantees.

It seemed to me, recalling now these thoughts and scruples, that I was going through

the various stages of my definition as a person and as a therapist. Also, the identity transitions of the room, it changes.

But this was not enough. Other details, also fundamental, were needed.

Starting with Technology

Although I am no longer young – I was certainly NOT born digital – I am fortunate enough to be familiar with IT. As a result, I have been able to move between the different digital platforms that can be used for video calls – mostly unknown before the pandemic – and find a position of naturalness.

I have been intolerant and demanding on this point. If we want – or have to – if we choose to work online, it is essential to have a good and stable Internet connection, as well as reliable computers or devices. And know how to use it all with good competence.

Nothing out of the ordinary. Who would work and meet their patients in an unadorned, unheated, windowless, sound-proofed office? Without a doorbell to ring the front door or with a malfunctioning intercom?

Over the months, my online room has gradually changed and modified.

As soon as it was possible for me to return to the office I logged on, sitting at my usual workstation. It was a pleasure for me, perhaps for most of my patients. It was always me they were meeting, albeit from other rooms, but "doing it" in the usual place – even if it was only me living there – made them happy and content. It was not just a matter of nostalgia or habit, but really of a reassuring and safe “presence”. The room was still there, someone was living in it, it had not been abandoned to itself, desertified. In that moment I understood, perhaps for the first time and really, that one of the strongest deficiencies we were experiencing was that of the place of our meeting. We were missing meeting in person, but also or above all the place, the room. With all the annexes, as we will see later.

Then other rooms came along. Difficult to feel and make others feel in “one” room, if they vary and continue to vary. Unfortunately, it has been necessary this year for various reasons.

So, gradually and continuously, I tried to improve and make my room more and more suitable for online use, at least in the logistical conditions for the connection and the position to be taken. I learned to check the quality of the available network (speed test), understood that the camera is placed on the upper edge of the computer screen and on the side of the tablet – an element responsible for disturbing squinting phenomena – kept the charge of AirPods and mobile phones at bay. I got myself a support on which to place the laptop, tilted and adjustable, so that I could orient the screen in full respect of my eyes and my cervical spine. Finally, the last (?) acquisition, a light (ring light) with adjustable intensity to keep my face always well lit, even if discreetly.

After the summer I even started wearing a tie again.

How do I consider these elements, the painstaking process of building my "online room"? These are all details aimed at feeling better, me in the first place, together with my patients. To recreate, as far as possible, but without any renunciation *a priori*, a place suitable for meeting and spending time with other people.

While I'm I writing these lines, I am fully aware of an absolutely obvious fact. My online connections have always been only with video platforms. I have never used the phone, I have – we have – always kept the webcam on, except for momentary episodes of network problems. Moreover, and this has been a conscious choice, I have always offered my patients the possibility to look at each other face to face, even those – a few – who are used to sitting on the couch. No one has expressed difficulties or problems, no one has made different requests. I thought that in such a special and unique moment (who knows?) it was necessary to "put my face to it", mine in the first place. Even if it is a face, or rather eyes – it's difficult to really look at the face of the person I am meeting on the video, since the webcam is always positioned in a different place from the screen. Our eyes thus wander a bit in circles. Who knows if, after the pandemic, smart working and online sessions, computer manufacturers will find a way to place small cameras in the middle of the screen?

In other articles in this issue of the Review, some authors describe and show different uses of both the instruments and the setting. Maximum freedom, let me be clear, each of us is able to evaluate and choose which setting to work in, always in full respect of our own and our patients' needs. I have some doubts about the choice of positioning the PC so as not to put the analyst and patient in visual contact. Apparently in order to "reproduce" the real setting (which is in itself impossible, a questionable choice, in the attempt to make the therapy in presence and the online one "equal"), in the different variables – analyst's screen framing the wall, patient's screen filming himself from behind, as if it were the usual view of the therapist. Personally, I got a little melancholy when I saw images of laptops abandoned on empty analytic couches to guarantee patients the same view as when they are present in the office. Personal choice, I repeat, to be respected. However, I cannot help but visualize and feel a disturbing sense of relational deprivation. If the analyst's laptop frames the wall that the patient normally sees ... what does the analyst look at? While respecting, for those who still use it, the classic setting (one on the couch, the other sitting behind), the therapist still "looks" at his/her patient, even if lying down with his back to him. Without these "glances", in some way reciprocal, it is difficult to have and maintain a relationship. At least it is for me. Perhaps for everyone.

Many analysts, indeed, believe that the attempt to reproduce the classical setting in the online represents an aspect of rigidity and not always a recognition of the needs and characteristics of the patient we meet. By an apparent paradox, that setting just described seems more the metaphorical realization of an "a-relational" psychoanalysis.

Another element of reflection was the verbal exchange and use of the voice. In the face-to-face meeting, in addition to the actual voice, we have breaths, sighs, mutterings, monotone vocalizations. They can also exist online, of course. Here, however, I experienced a personal discomfort, a certain difficulty in interrupting some patients in order to insert my voice, my words, into the discourse, which seemed to have no space, to be unable to take it. In presence, generally, an interlocutor notices if we want to say something, if we want to have our say. So, he/she stops, tries to put himself in a listening position. On the contrary, during online sessions I often had to "impose" my voice, to superimpose myself on that of my patients. In this way it was only possible for me to take the microphone and speak. I felt I was being overbearing, obnoxious and disrespectful. But it was the only way to have my say, to exist in the session, to be a therapist.

Finally, one of the many innovations was the beginning of each session. Without a waiting room, real or virtual, it was necessary to find a different way to start the sessions, to meet each other. So, generally, I have agreed with my patients to let me know when they are ready for the video link ("I'm ready!"), so that I can call them, as well as just like when I meet them in the waiting room of my practice. And all the online sessions begin with a smiling greeting, a check that the Internet connection is working properly, a participatory and sincere question about our mutual health conditions. It would be a good idea to continue this practice in face-to-face sessions as well. We can learn from the online too, can't we?

The Other Half of the Screen

What can we expect of our interlocutors on the other side of the screen?

What did I ask for?

After having built "our" online room, we are ready to welcome the other persons.

Yes, we welcome them, but as I said before, in the room we have carefully prepared we are alone. And in practice we enter other people's rooms.

But what kind of rooms?

Someone argues that a number of conditions should be asked of patients. *Ad hoc* environment – avoiding bed rest, for example; confidentiality – no one present, no one eavesdropping; appropriate behaviour – no eating and drinking; appropriate clothing and so on. There is no shortage of decalogues or more or less detailed recommendations. Just surf the web.

Personally, I have so much respect for individual needs and conditions that I have reduced my demands, if possible, to just a good connection, good facial lighting, and being focused, that is doing the session without distractions or concomitant commitments. I have always inquired, especially with adolescents, about the spatial location of parents, siblings, grandparents. I am not sure this is an unquestionable condition to set. It has never happened to me to have other people in the online rooms

of my patients, but I know of young colleagues to whom this happened, over and over again, to have “spectators” in the online rooms of their patients. In supervision we have tried to consider these situations as conditions to be treated, understood, interpreted if necessary. An analytical field, some would say. An environment. One mind. Two or more in some cases. Real characters from the inner world.

In this acceptance of space as everyone arranges it and/or uses it, I have consequently seen other people's rooms of all types and kinds. Park benches, cars parked in garages, under the house or in shopping centers, bedrooms, wardrobes, bathrooms, kitchens, living rooms, hotels, holiday homes, pavements. And, of course, not always the same for every patient.

What did this intrusion into other people's rooms represent for therapists? How much did it force us to “look” into other people's lives? We, in general, are very respectful and even fearful of intruding into the world of others (family, work, interests). It is precisely what, because of our profession and relational condition, come to know the most intimate and confidential details of our interlocutors. How did we handle this novelty? How did I do it?

One example, among many.

> *Camilla is a young woman, just over 30 years old, who came to the therapy a few months before the pandemic for an acute suffering, the rekindling of old malaises, major relational and affective difficulties, a generalized dissatisfaction, the fear for an insidious thought with suicidal plans. Lively, likeable, beautiful, and intelligent, with a great spirit of independence, it was almost difficult to realize how many things she had done in her previous life. In love with her home in Milan, proud of owning it and having arranged it according to her own tastes and needs, with the lockdown, in addition to interrupting the sessions in the office, she started working from home and had to return to her family home in her born city. For privacy reasons, each time the online sessions take place from a different room, house, place. I can't help but notice these changes, the different backgrounds, the different – often beautiful – objects that populate the rooms. I quickly realize that they are not only part of our relationship, but above all part of her mind, her internal world, in close connection with the external one. This allows us to bring the complex events of a kind of family novel into the therapy room. It is enough to look where she is, to notice, to ask questions, to stimulate stories and reflections, to enter the stories, to know them, to go deeper. We therefore go from the noble and well-to-do maternal family, now decayed, to the father's work, which imposes itself in the places of the online sessions, to the family relationships that are expressed through the more or less inhabited rooms of the house. Up to a temporary location in another city, another fundamental existential and affective passage.*
>
> *Yet one day her room looks very different, even more different. I tell her that. She*

smiles. "It's my little room, the one from my childhood and adolescence" – she tells me – "Now we can say that you've seen everything about my past!" Obviously, this was not and will not be the case. Other places, other rooms, other pains, have continued to accompany us during this long year of online sessions (with three or four sessions in presence at most). Each one, with different meanings, observed and thought about together. And I know that more will come. And that we would have lost, neglected or not known all of this if we had remained in the "room" – mine, ours, that of the office – however beautiful, thought out and cared for.

The Absent Body?

In the recent long "online" year, psychoanalysts have written a lot, held webinars, posted on mailing lists, participated in debates. They have discussed presence and absence, reflected on distance and what we lost in proximity. The most popular theme has been that of regret for the absence of the body. I confess, I was surprised.

I have often wondered until a year ago, how many psychoanalysts have talked about or gave importance to the corporeality, the physical dimension and presence of their patients, how much did they talk about it with them, how much did it really occupy the verbal exchanges in the session?

I have the impression that the topic has become a stereotype, one of the many we are cleverly able to produce.

I don't want to exaggerate with paradoxes. I am aware of how much we have missed looking at the other person, especially the entirety of the other person's body, how they move between the waiting room and the office, how they occupy the room, and so on. In the same way, if we are ready to seize opportunities, if we are really attentive to the corporeality of our interlocutors, if we are willing to confront them on this level too, surprises can happen.

In the office sessions, Giulia always showed her gentle and considerate side, formally unexceptionable. Elegant, composed, well-dressed, well-groomed in person. When we go online, after a while, I notice something strange, a sort of spatial misalignment. I don't know whether to blame it on the computer, the camera, the different positions she takes. One day, suddenly, I find or understand from a hint of her some kind of explanation. She is sitting on the floor. I feel very high. I seem to see the Fantozzi films, Fracchia's armchair, with him in front of the "super mega illustrious director". [ndt. It's an Italian film in which the two protagonists stay in an extremely unequal position]. Giulia seems to me in awe, submissive, in a state of inferiority. I try to hint at my feelings. "I'm perfectly fine like this", she replies, claiming a natural posture. We work on it together. As a yoga practitioner, in constant search of inner freedom, she can finally sit as she likes even when talking to me. There is no doubt about it. I send her back an appreciation in this regard. However, I cannot overlook the fact that this position

easily puts her in a state of inferiority, which corresponds to a feeling of inadequacy that accompanies her both in her work and in relationships. This is an important passage and awareness in our journey. So, I think that if she had not been at "home" I would never have seen her sitting on the floor. I wonder what I would have missed and when I would have ever known. Seizing moments and opportunities. Another good idea.

Room Annexes

I don't like to think of the online experience only as a comparison of shortcomings and opportunities. However, I return for a moment to the controversial topic of distance and the absence of corporeality. As mentioned earlier I am more interested in talking about the different room we have inhabited and are inhabiting.

Each session is usually preceded and followed by a journey and a more or less long time to do it. Regarding the journey, once the therapist has been chosen and how far away the office is, no one has much room for maneuver. On the time – how much to arrive before the session starts and how much to indulge after it ends – everyone can decide. The same goes for the online waiting room, a real place of decompression or of permanence for some. Opportunity without choice.

The same goes for everything around the physical address of the office. The bar that becomes a habitual place, the shop where you can buy a few items or clothes, the doorman of the building with whom you can have a chat, the car park attendant, the newsagent, the benches in the park, the friend you can drop by to say hello. Small or large rituals, customs and procedures. Reassuring or routine.

All so similar to non-places or rather pre-places.

With the pandemic everything has been cancelled, postponed, changed.

While I was writing this article – I recognize my previous ignorance on the subject – I came across the so-called "GPS neurons", whose discovery led to the 2014 Nobel Prize the British-American John O'Keefe and the Norwegian couple May-Britt and Edvard Moser. Of those neurons, those located in the entorhinal cortex allow the understanding of the direction one is taking, while those located in the hippocampus, here is the great discovery, are localizing cells, active in a unique way for each environment and able to activate when experimental animals, but also human beings, are in a certain place in a certain room. That room. The therapy room, then. The familiar one.

Fatigue and Distraction

It is useless to pretend that nothing has happened. Fatigue is one of the sensations experienced by a therapist. It is better to be aware of it and recognize it, not only to avoid it, but to deal with it serenely and appropriately. It is part of the game and of the role. Few people talk about it frankly.

As soon as we went online, it became one of the most common topics of conversation

and confrontation among colleagues. Almost a mantra. Personally, I felt like an outsider. Almost embarrassed to say so. I confess it now openly.

Perhaps in those moments, feeling lucky to be healthy again and to be able to work outweighed the hardships and difficulties. Maybe I turned them into opportunities again.

Who knows?

However, I recognize that when I'm online I find it harder to pay attention.

For some time now, rather than attention, I have been talking about "free-floating distraction". It seems to me more honest and corresponding to what is happening to us.

Without the patient in the office, my online room occasionally falters. It's not just a question of the small windows that give us a disarming mirror effect of our own image flanked in small size by that of our interlocutors. Our screens are filled with images, various alerts, sounds, phone calls, messages. And in the real room we are alone. In solitude it is easy to get lost. A great risk for everyone.

In the care of my online room, I have therefore decided to reduce any source of distraction as much as possible (there are already deliveries from Amazon or the various couriers). So, things are much better for me and my patients.

Long Live the Lockdown/Down with the Lockdown

> *Ruben is a particular man, with his own originality in relationships. Capable of making himself both loved and detested. A true contrarian. His family history justifies him, even if it does not mitigate his difficulties in relationship. But perhaps it serves to explain why he was serene in the first lockdown, so much so that he felt, with much embarrassment, almost pleasure at seeing the pandemic data getting worse. He enjoyed the online sessions, content to stay locked in his own little realm inaccessible to most. He then happily resumed the office sessions.*
>
> *In the new and last – hopefully – lockdown, he frankly declared an obvious difficulty in resuming online, thus requiring me to further adapt to his legitimate needs, this time in terms of time and context.*
>
> *At the end of the lockdown, upon returning to the office, he sits down and exclaims: "How nice to be here again!"*

I know that also in the future the alternation of sessions in the two different settings and in the two different rooms will be one of the characteristics of our therapies. Perhaps the only necessary condition is to be able to continue them both effectively.

One of the lessons of the pandemic is to make us even more in touch with the complex and fluctuating needs of our patients and with our ability to translate them into the possible and appropriate ways of understanding and respecting them.

Only Online

Daniele is an Italian who lives in Japan for professional and family reasons. He is 41 years old and has decided, partly because of the lockdown, to begin a treatment to deal with some personal difficulties. He wants to do it in his mother tongue. On 27 July 2020, at his request, we had our first appointment on Skype. Since then, we have met regularly on a weekly basis, me from my room (mainly the office), he always from his. This has frequently been the subject of observations, considerations, changes, moves, modifications, repairs, additions. As if it really represented a place to which we had to pay great and sophisticated attention. A room that, above all, has found a new order and a new harmony. The same one that gradually and fairly quickly made its way into Daniele's mind. With a mutual satisfaction that led us to consider our journey concluded on 15 April 2021. "Take care, you can always call me" I said. "Certainly", he replied, "but above all, I promise you that as soon as I can come to Italy, I will visit you in your office". The power of online?

Reaching the Patients Where They Are

Not all of my pre-pandemic patients have agreed to continue the online sessions. Some never came back. Others, new and only online, came along. We will have to reflect on this phenomenon, we are already doing it. We will continue to do so, of course.

Our online room is just one more opportunity, like the rooms for meeting children in therapy or the often-fantasized rooms for pre-adolescents. The important thing, more than anything else, is to be able to have in our minds the room for us and our patients.

In 1996, G. C. Zapparoli, one of my teachers with Tommaso Senise, wrote these words to remember him after his death:

> *Anyone who has had teaching experience knows well the difficulties of responding in a balanced way to two equally essential requirements, that of guaranteeing a professional education based on the existence of a theoretical and technical corpus of proven value, and that of encouraging the freedom necessary for creative production. But this is often not possible, because the processes of change are feared as a threat to the established power, and this leads to a failure to discriminate between sterile processes of rebellion and dynamic processes of real progress in independence.*

Then, verbally, he recalled that the two of them, long-time friends, had often fantasized about disguising themselves as "boys" in order to meet teenagers, the age group of interest for both of them, where they spent most of their time such as in schools, clubs, squares, parks or bedrooms.

After all, an online session is much easier to organize and has fulfilled this old dream. Not only with teenagers. Many others got into it.

Our online room went all over the place. The same we do.

Note

The patients mentioned were anonymized and, after reading this, consented to the use of their clinical material.

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Remote Psychiatry. Clinical and Deontological Aspects

Cristina Carra

Abstract

The article describes the general change in medicine over the last year, following the Sars-Cov-2 pandemic.

In particular, outpatient psychiatric care, both public and private, has systematically relied on online visits. Advantages and disadvantages are to be considered for the future, when meeting a patient at a distance will be a choice and no longer a necessity imposed by preserving the safety of the patient and the therapist.

Keywords

Change, elasticity, advantages, disadvantages, future.

March-April 2020: the Unexpected Pandemic Begins

> *"Good morning doctor, I am Mr. XY's daughter, do you remember him?"*
>
> *"Good morning, yes of course, how is your dad?"*
>
> *"Thank you, he's very well...in fact I'm not calling for him, but for my husband. He hasn't been able to sleep for days and I'd like to bring him to you."*

This telephone conversation took place in mid-March 2020. Two weeks earlier I had fallen ill with Covid-19, fortunately not seriously, but the confusion at the time in Milan's local health authority and the general lack of preparation to make safe diagnoses and swabs for those who had not been hospitalized meant that I was not able to be considered infected or not and/or cured and above all not contagious. The symptoms I had were unequivocal, but without a negative swab or a serological test showing the presence of IgG and no longer IgM, I was in a *limbo* of uncertainty. I didn't dare leave the house, let alone see patients.

At that time, we thought Covid patients were few, the disease was still largely unknown and treatment was even more uncertain. Reading the numbers today, especially considering how many people we know have had this infection, is impressive. In March 2020, being infected was still considered to be a rare event, we were in the first lockdown. I did not have to justify to the lady my refusal to visit in person, nor did I have to tell her that I had been ill or that I might still be ill. I proposed to see her partner by means of a video meeting, but probably my lack of decisiveness in the proposal made my interlocutor feel that this was not the case. Faced with her refusal, I told her to call back later, which she did.

In the two or three weeks at the turn of February and March 2020, the work phone was strangely quieter than usual, echoing the silence of the city. Everything still, everything muffled. This and other requests, after the first period of general annihilation, were beginning to arrive and prompted me to undergo a serological examination at all costs. I wanted to see the patients again, if need be. On Saturday morning, the eve of Easter, I drove alone to Robbio, a small village on the border with Piedmont: a medical center had been set up in a gymnasium to test the serum with a quantitative method for those who showed up. Television and reporters were present, because the event was in all the newspapers, as the Mayor of Robbio had disregarded the diktats of the Lombardy Region.

My urgency to know whether I had had Covid-19, whether I had zero IgM and whether I had IgG antibodies so that I could resume my life, including my professional life, meant that I had to pass numerous roadblocks and multiple checks along the car journey. On the self-certification I had written "Need to perform clinical examination in Robbio, useful for personal and professional reasons". Stops at checkpoints, Carabinieri always polite, maybe a little slow in checking documents, but in the end no fines.

The test result arrived almost three weeks later: my test tube had been sent to a renowned clinical analysis center in Naples, because Lombardy did not allow serological tests to be carried out and the laboratories in neighboring regions were blocked.

In those three weeks, therefore, I had to work in video-meetings with patients in psychotherapy, those fixed patients in my diary with whom I have a mono- or bi-weekly appointment and with whom the pharmacotherapy at the most goes side by side or remains in the background for a certain period of the treatment. I also worked on new psychological consultations, and I realized that the system worked well, indeed very well, even with new patients.

I share two short vignettes of psychological 'first aid' from that early period.

> *A young divorced man, left on the spur of the moment by his partner right at the beginning of the lockdown, when he had the illusion of consolidating that relationship. He found himself, unexpectedly, alone and far from his daughter (out of town with her mother), doing his work at home, with no prospects for the future: a few interviews made it clear to him that what had happened was also due to his ambivalence towards a full relationship with no "ifs and buts", making him accept the situation with more realism, leading him to feel an active part in what he had perceived only as an abandonment.*
>
> *A woman, three children and an apparently solid marriage, asked for interviews because she had been in love for a few months with another man, a relationship with no future given the prerogatives of this new person (much younger, unemployed, with an unclear past), but which was leading her to the decision to*

abandon her family. She needed to share what was happening to her, confused and bewildered, and to retrace aloud some episodes of her family's past, to relate them to what was happening to her today.

With my patients in pharmacological treatment I was stalling, we had a few supportive phone calls and a few e-mail exchanges, but, overall, I was amazed at how little they asked for compared to pre-covid times. Either the compulsory confinement had lowered the patients' anxiety level, or the fear of the coronavirus, shared with everyone else, was taking precedence over other ailments or illnesses. I thought to myself, amazed by the few calls on the professional phone, to the point of formulating different hypotheses: when the enemy is external, the internal one becomes less threatening? Or I wondered: if we all have a common enemy, are those who generally feel different from others better off?

To those few who called me during the first lockdown in March and April 2020 and asked for a psychiatric examination, I replied: 'I cannot see you now, but I will call back as soon as it is possible to do so'. I had started to compile a list of names, phone number and generic reason.

When I received the result of the serological test in mid-April (IgM absent and IgG very, very high) I breathed a sigh of relief and said to myself: now I can leave the house and I can work safely.

Security? What kind of security were we talking about?

Faced with the evidence that I was no longer contagious to others, doubts began to arise as to whether I was actually immune, how long the immunity lasted, whether the virus could remain in the environment for long, whether the soles of my shoes could be a source of infection. So, while I felt comfortable in the knowledge that I had overcome the disease, I could not guarantee my patients' safety if more people came into the office.

I became more assertive with those who asked me for a psychiatric check-up or even with new patients who wanted to be received: almost all of them accepted the visit by video call.

The husband of the lady I mentioned above did not accept it, he requested to come in person and his request was granted: I did well, because he was really very sick. A suicide risk was hovering.

In the meantime, my head and my actions were working on finding solutions to guarantee the performance of my work.

On the one hand, solutions of a purely practical and organizational nature: having several platforms with which to connect with patients for online visits because not everyone is equally technologically capable (hence WhatsApp video, Skype, Zoom, Google Meet). I imagined preparing the office to welcome patients in person, those to whom I also had to give prescriptions, test prescriptions, certificates and so on. All

things I didn't imagine I could do with video meetings.

So, I ordered a plexiglass breather to put on the desk, then replaced it after a few days of use with a larger one. I prepared a dispenser of disposable shoe covers, ordered a hand gel column to put on the landing, a temperature gauge, antivirus *sprays* and a *Dyson* column for air purification, surface disinfectants, clear visors, sterile disposable gloves, surgical masks and even FFP2: a long list, testifying to how great the concern was.

Thinking then about what questions were appropriate and fair to ask before receiving people. I had had a dermatological visit at that time and the doctor had asked me to fill out a form with dozens of questions before I was admitted to his office. Was it right and useful to ask them? I wondered if it was too intrusive for patients' privacy, and whether or not it was really useful to have their contacts with infected people declared. Who could really guarantee they were not infected? If we think about it today, it was really useless, nobody could guarantee anything.

My list of people to see for psychiatric examinations grew longer and I was very careful to observe what colleagues from other specialties were doing. Most of the private practices were closed, but some were working as if nothing had happened. Among dentists, many practices were closed, waiting for equipment to disinfect the environment and make it sterile. Some worked only in emergencies. Many colleagues felt ill.

The General Practitioners, who could only be reached by phone, sent their prescriptions electronically with a password. This was the only solution to facilitate the performance of the General Practice service during the pandemic. This solution was then improved with the direct transmission of the prescription to the pharmacist through the Fascicolo Sanitario (Health File): the presentation of the Tessera Sanitaria (Health Card) was sufficient to obtain the drugs. Paper, which was thought to be dangerous for transmitting the virus, was abolished.

Until a few months ago, doctors were only allowed to issue prescriptions and certificates for patients seen in person; we could not issue prescriptions and certificates by e-mail for privacy reasons (e-mail is still not considered secure). Everything had to be delivered by hand to the person concerned.

In the period March-April 2020, the General Practitioner made telematic prescriptions for a family member of mine, without ever having seen him in person before. Unthinkable that this would have happened before.

I realized that a lot of things were changing fast, so I had to keep up to date in order to be able to provide patient care. I couldn't postpone.

In the past I had not felt the need to carry out permanent remote visits in my psychiatric practice, because, as I said above, if necessary, I managed the contacts by phone calls, as long as they concerned patients already known to me. In the past years I had the

chance to follow some patients living abroad, who easily came to Italy during their holidays and asked for a live meeting in that period. But they could be counted on the fingers of one hand. For example, I was contacted in 2015 by a high-level Italian manager living in Switzerland, employed in a large American multinational company: he suffered from panic attacks since he had seen the possibility of being ousted from his group. He travelled all over the world for about 25 days a month. I have had online visits with him over the years and I remember that almost all of them took place while he was in the lounges of various airports. I was amazed when his American insurance company contacted me to ask for specifying on the invoices issued whether the visits took place in person or online. I then realized that in the USA insurance reimbursement could vary and that online practice had different reimbursements, and that therefore telemedicine was already well established overseas.

Previous and Current Connectivity Settings

Some of us maintain a variety of contacts with patients. SMS, email, WhatsApp and so on have gradually become connectivity settings that everyone manages as best they can. We use them to make appointments, receive treatment updates and other requests of various kinds, both from patients and from caregivers.

I started working well before the advent of mobile phones: patients could call me at fixed times (early in the morning) to a desk phone and this was the only way they could keep in touch. Then came the answering machine outside the phone. Then in the evening we listened to the calls that came in during the day and selected the urgent ones to call back.

With the arrival of the mobile phone, the whole system has gradually changed, slowly at first and with a maximum acceleration in the last ten to twenty years.

The perception of the new communication tools has changed. In the beginning it was not very polite to be called on a mobile phone (because of the high costs), now it is not very polite to call on a landline number, for those who still have one ('maybe I'll bother, at least on the mobile phone he knows who is calling and if he can't he won't answer'). In the last few years, we have made a very big change in terms of communication and consequently the therapeutic setting has also adapted. We can say that the setting with the patients has to be reconstructed every time the communication tool changes.

In the psychiatric field, e-mails have been useful for years for patients to send their anamnesis, to introduce themselves by sending preliminary information, and often also for updates or clinical examinations. Personally, I have only ever used email to communicate about appointments or the receipt of diagnostic examinations such as lithium, blood chemistry tests and electrocardiograms, but I have always avoided clinical updates, believing it preferable to hear the person on the phone. If they wrote to me, I would say: “Got it, thanks. We'll talk about it”. I can pick up clinical signals from the voice that I don't get from writing. Particularly with well-known patients, I can often just hear their voice on the phone and know whether they are euphoric,

depressed, in an obsessive block or in the grip of panic anxiety. Through the phone I can tell if it is necessary to suggest a visit, or make a small pharmacological adjustment at a distance, or even just give reassurance. It would be difficult to ask a person by e-mail if he has "bad" thoughts (i.e., suicidal thoughts), while during a phone call one can also ask the question, if there is the certainty that the patient has felt welcomed and understood and can therefore answer in a direct and sincere way.

Clinical and Specificity of Pharmacological Work with Video Meetings

The difference between the work of a psychiatrist and that of a psychotherapist often consists in seeing people a few times, even once if there is no indication for prescribing drugs or if they do not get in touch after the first visit. Basically, it is what happens when we go to the dermatologist, the cardiologist, the ophthalmologist or another specialist: we can go back when we need to, we can decide to accept the advice of annual or six-monthly visits, or we can decide that we will never go to this or that professional again. In some cases, a fairly long but discontinuous relationship is established. When the person needs drug therapy for a long time, he or she will occasionally go for a check-up. In these cases, a real relationship is established with the patient, which differs from case to case. For example, I have been following a patient diagnosed with paranoid schizophrenia since 1981, meeting her about three or four times a year. A former teacher, she is now 75 years old, with physical as well as mental problems. "You saved my life" she tells me from time to time, making me understand that she can never leave me as her psychiatrist of choice.

At the beginning of lockdown the psychiatric visits through online meetings have been an exciting and very lively moment. We all were in need of closeness, of exchanges, of simple human communication, and so the intensity of the meetings was maximum, greater than it had been before, even live.

> *A young, intelligent patient with a personality disorder and recurrent depression that occurs when work aspects do not satisfy him, sought me out because he felt he was going into depression. Working remotely did not allow him to immediately know if his boss was satisfied with his work and this made him feel on edge. He is a young adult whom I have been seeing occasionally for a few years for medication and who is in psychotherapy with an esteemed colleague. Almost at the end of the meeting, he stopped for a moment and asked me if I was OK (which is not usual) and if I or any of my family members had fallen ill. After a very short time, during which I had to decide what to do, I took the opportunity of his unexpected presence and authenticity to answer him sincerely and tell him what had happened, albeit with a hint, about my ordeal with the Coronavirus. It was a very useful and therapeutic role exchange for both of us. This event, reported by the patient to the psychotherapist after a few days, allowed him to humanize my figure as a psychiatrist, always felt ambivalent by him, and to improve the trust in my support function and the compliance towards the drug therapy.*

The difference between a psychiatrist and an internist is that while the latter evaluates clinical, radiological and other examinations on the computer and then communicates the diagnosis and possible treatment to the patient, for the psychiatrist the relational dimension is indispensable for the diagnosis. Telemedicine has been used for many years both for clinical purposes and for the training of operators, and for coordination between different specialists.

The problem of video encounters in the psychiatric field arises with certain diagnostic categories. Uncompensated psychotic patients may feel the situation as too distant and sometimes unsafe, or perceive the connection time as too long due to their fleeting and intermittent contact with reality. In these cases, pharmacological monitoring can only be done for patients who are already under treatment and have started therapy, otherwise an in-patient visit is necessary. Psychotic pathology, as it is today, is taken care of almost only in the Territorial Services: the outpatient clinics of the CPS have already organized themselves for remote controls with video calls.

In the case of severely depressed people at the first onset, it is just as difficult to establish a therapeutic relationship at a distance, even if only for pharmacotherapy: sometimes they need the presence of a family member at their side, almost as an accompaniment to treatment, or someone to force them to treat themselves and physically take them to the doctor, otherwise they would let themselves be closed off on all fronts. On video it is difficult to use suitable communication arts to establish a relationship with people who are in a state of severe depressive illness, entrenched in the delirium of loss or misery.

Addictions are often masked by other symptoms: insomnia, eating disorders, mood disorder, anxiety. The addicted patient is often reticent and only talks about the real problem after some time, often after several meetings. Seeing him on video works if he is determined to face his problem, but if he is uncertain or afraid to face it, it becomes difficult to confront him with the unequivocal physical signals he sends, leading him to have to say what the real cause is. Video calling can allow them to feel less judged than in person and to be more direct in exposing the problem, but it can also be less effective in focusing a diagnosis through patient cooperation and trust.

The online visit is feasible with good results for anxiety disorders, phobic and obsessive disorders, sleep disorders, depressions without psychotic symptoms and somatoform disorders (which represent the vast majority of conditions underlying visits to a private psychiatrist).

I realized that the working time in video meetings does not get shorter, but longer. In order to be more in touch with the patient, I try to write down only what is essential, so that after the meeting I have to fill in the details on the computer. After the meeting, I also have another job to do: filling the prescription, taking a photo of it and sending it via WhatsApp to the patient. I recommend showing it to the pharmacist, who in most cases accepts it as paper. I add: "If they don't accept it, go to the next pharmacy".

Patients smile and then inform me that everything is fine, they have received their medication, perhaps after having been to a couple of pharmacies. In many cases, I also arrange for them to send it by post or to collect it by hand in my office at a predefined time, without necessarily meeting in person.

Certificates are often requested for absence from work, for insurance and reimbursement, for useful work or school diagnoses: only after a video meeting I suggest hand-picking the certificate in my office by appointment, without meeting (door opening remotely and collecting the envelope on the shelf at the entrance).

Advantages and Disadvantages of Visiting by Video Call

For the World Health Organisation, Telemedicine means

> *the provision of care and assistance services, in situations where distance is a critical factor, by any health professional through the use of information and communication technologies for the exchange of information useful for the diagnosis, treatment and prevention of disease and trauma, for research and evaluation and for the continuing education of health personnel, in the interests of the health of the individual and the community.*

In the last year, due to the well-known problems with Covid, the practice of video calling in medicine has become more usual and structured. There has been a sort of acceleration of a process which, however, as seen above, was already underway and which, more slowly, would have taken hold.

Today, visiting the websites of a number of public or contracted hospitals in Milan, one can read that they have added the option of an online visit to their offerings to the public, for example the Istituto Neurologico Besta in Milan and the Istituto dei Tumori, facilities that, thanks to the Microsoft 365 productivity platform and Teams, have activated a new system of virtual visits that allows audio-video interaction and the exchange of clinical documents in real time and in safety.

Many private centers offer online visits of certain specialties among the possible choices. Not to mention private doctors' websites, which have added the term video call to the various examination options. While bearing in mind that some doctors have to visit the patient (the ophthalmologist, for example), in many specialties the online visit has replaced the clinical examination thanks to the very refined instrumental examinations available (the pulmonologist makes a diagnosis of pneumonia thanks to an ultrasound and/or a CT scan, even without auscultating the patient): these examples could be very numerous.

To summarize, I list the advantages of the online visit that I have encountered in psychiatric practice:

- it protects us and our interlocutors from the risk of exposure to the virus: many people worry about themselves, others do not at all or do not have the right perception of risk and caution (phobics, people with an avoidant style, omnipotent personalities);

- it allows continuity of care when there are physical distances or need to maintain them forcibly, as now due to the coronavirus pandemic;

- it saves patients time in travelling and does not expose them to use public transport when necessary (in severe phobic patients this is a major initial advantage, in obsessive controllers it sometimes brings relief due to less exposure to unwelcome contacts in the environment, sometimes panic attacks are better controlled at home);

- it allows the therapist/physician to enter the family environment and often the patient's home or office. Many patients happily introduced me to their children, their wife ("Doctor, this is Carola, my wife", one patient exclaimed proudly) or husband. They described their whereabouts ("I am in my grandfather's office", one young man told me, telling me about the family business). I noticed that some patients shared with me very intimate facts or experiences, never said before, just by seeing them at a distance. And I asked myself why, concluding that sometimes the lack of physical presence of the doctor/therapist makes them feel freer from judgement and conditioning (in patients characterized by shyness/inhibition and insecurity);

- the patient more easily overcomes the stigma of going to a psychiatrist, he's not ashamed to be in his waiting room, not afraid of meeting someone he knows (people with addictions or people who have a very wide social circle due to work or family membership are very afraid of being "seen" while at the psychiatrist);

- the medication prescription sent after the meeting, when the video link has ended, gives the caregiver time to rethink the therapy, sometimes revise the dosage of the medication with a clearer mind or find the most suitable ways and times to take it.

- fewer cancellations and fewer requests from patients to change appointments, as there are fewer unforeseen events and it's easier to organize time without the move; another hypothesis is that ambivalence is less intense at a distance.

Below I list the disadvantages of video calling:

- the technical inability of some people prevents the meeting from taking place at a distance, but sometimes is an excuse to force the doctor to receive them in person (distrustful personalities/paranoid behavior).

- patients often do not have a sufficiently private place at home to speak fluently with the doctors. Even more delicate is the video mode in case of medications: it is quite common for family members not to be informed about taking medication. In recent months, I have seen patients sitting in their cars, locked in the bathroom at home, or sitting on the benches in the garden in front of the house in order to have their privacy during the meeting. I have solved some situations in which it is impossible to have a long-distance meeting by providing my waiting room, from which the patient speaks to me via the telephone in a video call, while I am in the next room, connected to my computer;

- the waiting room, but also the journey to the doctor's/psychologist's office are

decanting spaces, allowing a healthy temporary detachment from practical reality and improving the patient's well-being during the meeting. Some people complain of closing a work call and then connecting with me, feeling a lack of mental and physical interval between such different situations. In some case the gap between the condition of "having to be normal" and being able to show oneself for what one is and feels, like in front of a psychiatrist, is too strong;

- there is a lack of senses and a loss of vision of the physical person as a whole, probably on both sides. When I was able to see some new patients at least once in person, I found that they were very different from how I perceived them only on video. One woman, suffering from a severe and chronic autoimmune disease, with an adjustment disorder due to the chronic disease and depressed due to the unexpected loss of her job, had seemed to me on video with a physicality curled up on herself and not very well defined, while in person she presented herself as a tall and slender woman, almost a grenadier. A very problematic young woman with a family history of neglect, told me about her alopecia symptom, which I could not notice on the video, only after several visits. I am used to mentally matching the physical form of the patients with their personality traits, seeing how they walk, how they shake hands, a few nods of the gaze (which the video does not always show), how they sit in the chair (the anxious ones never lean on the back, and when they do it is a very good sign). I guess that also for the patients our physical characteristics are important and above all to catch our gaze in person, although online they don't keep the mask and the face is overall more usable;

- the technical limitations of distance are numerous. I mention network disturbances, loss of connection, interference of sounds from computers or mobile phones, but above all the fact that at a distance some techniques cannot be used (EMDR, and other relaxation and breathing techniques, which can give immediate relief to the patient);

- on the side of the caregiver, more time to devote to the individual visit;

- finally, a thorny issue, anyone can record online meetings without the other person permission or knowledge and make inappropriate use of them.

General Concluding Remarks

I would like to pass on a few more thoughts about the last months of work, a phase that obviously also intertwines with the period of life. In fact, the two planes have never been interfaced as in this period.

What does it mean to be a pharmacologist psychiatrist? Not just dispensing medication, but rather having an additional therapeutic tool in a very active and indispensable relational field of psychotherapy. Whether it is a one-off visit or a patient who is seen often or regularly, this does not change the fact that the relationship at that moment with that individual person must give a therapeutic result and the drug can enter this relational field, if necessary.

Working has been a great help to me from March 2020 until now. More than ever. It

has allowed me to feel alive and useful, it has kept me busy even without moving from home for long periods. My specific activity allowed me to know how others were feeling, even from a distance, what kind of perception they had of the situation related to the virus, what kind of repercussions different people might have. I felt lucky to be able to do this specific work of assistance and care, but at the same time the work allowed me to care and balance myself. The video meetings have imposed to me schedules, personal care and emotional holding. Working and keeping it helped me to relativize the situation, to forget about fear for a few hours a day and to find myself in the evening without having suffered too much from confinement in the house.

On the one hand, I am grateful to my patients who have made me feel alive and useful to them, and they have been grateful to me for providing a presence and continuity even at times of almost total isolation. We have added a common experience that binds us, their experience but also mine.

The therapeutic relationship was positively affected by this, humanizing and intensifying the doctor/patient relationship. Was I more available? I think so. Have I been more flexible? Yes, for sure. Was I more welcoming? I think so. However, I can't say that I worked better, but I worked differently.

And it is precisely this diversity that we will have to question when, in the hopefully near future, the pandemic emergency is over. What will we do with the online practice at that point? During this long period, the meeting, although at a distance, has also been an opportunity for closeness, almost warmth, between individuals - us and our patients - who were experiencing a condition of relational isolation, of shared fear of the disease and of multiple reflections of this in the general sense of security. Remote visits allowed therapeutic continuity, but also human continuity. In the future we must be careful to avoid that this practice assumes the characteristics of "convenience", that it becomes an apparent simplification of the many labors of the psychiatrist/patient relationship, that it dries up our clinical practice, recreating that condition of distance and detachment that a certain type of psychiatry in the past imposed as the only model of reference. This would be the worst legacy that the pandemic, already tragic in itself, could bring us.

Because openness and flexibility are always to be sought and pursued, even and especially when prescribing drug therapy, but in full respect of the basic prerogatives of a good and fruitful human relationship.

Note

The patients mentioned have been anonymized and the clinical vignettes do not contain sensitive data.

Through the Dark Evil: The Online Therapy in the Treatment of Somato-psychic Blocks

Sergio Anastasia

Abstract

In the current article we want to show the evolution of the author's thought, concerning remote therapy: from an initial approach of distrust and criticism, up to a systematic and punctual use, with respect to specific difficulties and problems of patients. Two clinical cases are presented for which *online* therapy has allowed the interruption of relational patterns of lack of self-acceptance and self-understanding, which had led to the formation of quite deep nuclei of psychosomatic pathology. The analyst shows how he had to meet personal resistance to the *online* therapy, even going through quite intense emotional turmoil, in order to be able to pursue therapeutic paths, otherwise impossible. In these cases, the *online* therapy allowed an elaboration of separateness and distance, as a way to allow the expression of parts of the patient's self, otherwise unexpressed and inexpressible.

Keywords

uncanny, psychosomatic, endometriosis, abuse, *setting*.

Introduction

There are patients who present the same problem over and over again in various forms during analysis. This seems to witness the presence of aspects that have never found adequate acceptance before and that are now in a frantic search for meaning.

The issue puts under the microscope the theme of the maternal mind, when it is invaded by projective desires, or characterized, on the contrary, by the partial/total absence of desire. The mind and even the body of the child can be intruded upon, if not "abused", referring with this term to the total arbitrariness of gestures on the part of those who should be responsible for their care. In these situations, subjectivity and separateness are denied, preventing any kind of real individual evolution (Winnicott, 1941; Lemma, 2011). A kind of "misappropriation" aimed at avoiding anxieties of death and very deep maternal separations. This is inevitably repeated even in the actualization of the analytic relationship, with the analyst who risks being trapped in the desire to change the fate of the patient. In this sense, Meltzer (1964), speaks about the potential risks associated with an overzealous therapeutic attitude, even when this is manifested in relation to the *setting* and method, to the detriment of the *interest* towards the patients.

Just as the patient's unprocessed contents can cluster to form a psychic and somatic symptom at the level of the organs (Meltzer, ibid; Feldman, 2012), so, likewise, when the specificities of the analytic couple cannot be explored, due to the analyst's resistances, there is a risk of generating stagnation and impossibility, rather than transformation.

I will present here the stories of two patients who requested, some time before the pandemic, to be attended online.

One because she was about to move abroad; the other because she was prevented from being able to continue coming to the studio for sessions due to the persistence of a previous somato-psychic symptomatology of paralysis.

In the first case, a potential refusal to accept online therapy would have intensified the patient's natural tendency to want to continue her life, denying any possible connection between the internal and external worlds. In the second case, it would have clashed with the patient's tendency to want to interrupt the process, to establish the paralysis and thus to witness, in an absolute and undeniable way, the lack of understanding and acceptance of her traumatic contents which were very difficult to process.

In the description of the two cases, I will focus on how much the overcoming of my personal resistance to the online therapy, following the pandemic and the massive and sudden reliance on technology as the only possible form of continuity of the therapy, may have allowed with these two patients the uncanny overcoming of those borderline areas, even encouraged by some factors of the online *setting*, through which some quite deep psychopathological nuclei were dissolved.

Like a Virgin

Like a Virgin.

Good morning Dr. Anastasia,

This is Amanda from India, I will be using this number for a while.

I'm writing to you from Dehli, where I'm experiencing what it's like to live day to day.

To be honest, every day, every minute, is a new chapter, made up of tears of pain and fear, but also of emotions and courage.

"Like a Virgin" I want to open my heart to " Discovery" and "Love". Whatever that means.

I confess that I feel like a teenager in saying these things, but I feel like I still want to ride this wave, finally knowing that I am not alone.

That's why I'll try to keep with you the same spontaneity that I've had since the first day I decided to take charge of my life, get myself involved and despite not knowing you, tell you about myself and my thoughts.

See you next week!

Amanda

My first online psychotherapy journey began with this email.

Two years before meeting Amanda, I had been sent a student who was about to leave for Erasmus and my resistance to start remote therapy at that time had prevented the therapy from going ahead. I later learned, through other means, that this first young patient had contacted a colleague, with whom she had started the sessions from South America, where she had moved for six months to study.

In that case, my resistance was probably the consequence of a transference issue: the patient had suffered from a childhood marked by absolute void and lack of bonds, which put me in conflict with the possibility of starting the process with her. I felt that the online *setting* could have increased the feeling of a bond that was too tenuous to survive the weather, remoteness and dis-connections. With hindsight, most likely my uncertainty could have interfered with the possibility of building a bond with the patient, even more than it would have happened by starting a real therapy in a virtual *setting*, taking into account - above all - her personal issues.

In Amanda's situation, the same question arose again. Since the first contact, she had made it clear that she would soon be leaving for India. She asked if we could understand together whether, once she had reached her new destination, she would consider it possible to maintain a link with Italy. I felt invested in her unconscious question: "does the bond survive the absence?".

Amanda, recently turned 25, was preparing to " quit everything" and move. She still didn't know if for a month, a year, or forever. A get-away from a life she no longer wanted. She was an executive in a consulting firm, a role she reached too early. She realized that she was actually poor, lacking the energy to move forward and, above all, absolutely lost with respect to the dimension of "feeling". We carried out some interviews, from which it emerged that she came from a small town in southern Italy. The only child of a strongly patriarchal family, she had learned to feel wrong in her body as a curvy woman. Her father ran a construction company, her mother was a housewife. Her studies had always been invested with great "sacrifices", which were followed by as many expectations. The decision to quit everything and leave was her first independent decision, based on the understanding that the desire to "become someone" in the world of finance was not hers, but that it belonged to her parents and, in particular, to her mother, a woman often unsatisfied with herself. Speaking with Amanda, I found that the idea that "leaving is truly a bit like dying" was certainly one of her mother's strong points, and she was often very frightened by any move, whether temporary or permanent.

From the very first interviews, the feeling Amanda conveyed was that her choice to leave was the right thing to do. Amanda kept repeating that she did not believe human contact could be as engaging as the one she had established with me during the

consultations. At the first interviews she was dressed in a dark suit and heavy makeup. During the last session, the day before she was to leave for India, she arrived with her hair down and a green and beige dress that matched her dark skin tone. During the consultation, which was slightly longer than usual - five interviews instead of the three I usually conduct - I felt as if I had witnessed a real revitalization of dormant aspects of herself, showing an Amanda who was asking to come out into the sunlight. Benjamin (1990), describes: the "internationalization of object relations", that phenomenon through which the individual can develop the ability to recognize himself, only through the encounter with another capable of listening and reciprocity.

Before leaving, we agreed that once she was settled in India, she would contact me to fix some online meetings, with the idea of being able to see each other in person every time she returned to Italy. In her initial plans, she anticipated that she would return at least once every month or two. Never before she had been so long away from her homeland.

The email above, dated about two weeks after we last saw each other in Milan. The reference to Madonna's song, Like a Virgin, had a whiff of eroticization (<<*You made me feel ... I have nothing to hide ... Like a virgin, you touched me for the first time ... With your heartbeat, close to mine*>>), but I felt as if this aspect, although present *in nuce* since the beginning, could not weigh too much on the possible therapeutic relationship. To my eyes, it was a somewhat adolescent message, which seemed to reveal the possibility of undoing a shell: that of an "androgynous automaton" and self-sufficient. For my part, I asked myself: "is the armor that I feel I have to take off also a bit that of the one who, perhaps idealizing a bit too much the known of the traditional *setting*, does not leave enough space for the "not yet thought" of a possible virtual contact?".

In my perception, the main guarantor was given by the presence here in Milan of a physical body and for this reason inevitably rooted in the reality of the setting and its limitations. Something to which we could cling together in order to sustain the perturbations related to such a therapy. The importance of recognizing Amanda's needs in such a central role was also motivated by the fact that her body was excessively loaded with investments, desires and needs of others. She was given every possibility of redemption, in fact denying her the opportunity to explore the world, through her own "inner ear". I let myself be guided by her request and by my ability to remain rooted in reality, even though I knew it would not be easy.

Having started the first contacts via Skype (at that time Zoom did not yet exist), we proceeded at the rate of two sessions a week. The time difference and the sometimes precarious connections prevented us from thinking about a more intensive setting. There were difficulties, especially at the beginning, both in arranging the sessions and sometimes in carrying them on until the end of the schedule, but all in all the result was satisfying and the contact was constant. If not through the video call, in any case through messages or e-mails with which she notified delays, problems, or

disconnections that together we interpreted as reactions that could also be traced back to her history.

On her birthday, she attended the session on the banks of the Ganges, the great sacred river.

At the beginning and for a long time, I found a lot of difficulties in keeping my internal setting alive: I couldn't really understand what was happening, but I was also aware of how this could be an element of counter-transferential origin; I had a lot of difficulty in accepting to be paid by bank transfer, since it seemed to me that all the spontaneity of human contact was lost. I realized that sometimes I felt like a surrogate father, watching from a distance the journey within herself of her teenage daughter. At other times, I felt, instead, like the mother happy to hear from her daughter, engaged in important challenges for herself. Although impersonal, the electronic payment, as well as the emails, time changes and all the rest, thus played the role of delimiting the field, in a somewhat odd way to my eyes, but nonetheless "effective".

After a few months, she moved to Calcutta, working for an NGO based in Europe that is involved in gynecological prophylaxis. Amanda, together with a team of doctors, assisted women living in the most remote provinces in the treatment of diseases caused by precarious hygienic conditions. She distributed sanitary pads and detergents and promoted educational and prevention campaigns. It was on this occasion that she told me for the first time about her endometriosis. She had been suffering from it for a couple of years. She explained to me, for the first time, that this was also one of the reasons that had prompted her to change her life and seek help. Her gynecologist had spoken to her about the possible concomitance of psychic and somatic factors, and immediately within her the connection with issues related to her feminine was activated. A world to be discovered. As far as possible from afar. We talked about a feminine that, in order to become fertile, needed good experiences and how separateness could allow to " cleanse" the deadly effects of distance.

It is curious that there was so little psychoanalytic literature about endometriosis. In particular, however, I was struck by a 1994 article by Ian Buckingham in which he tells the story of Mrs. K, the eldest daughter of a middle-class European Catholic family. Mrs. K's mother was a passive and inefficient woman, disillusioned with her own femininity and the victim of a man, her husband, an unsuccessful little tyrant with a furious and unpredictable rage. Mrs. K repeatedly reported that for her parents, she should have been a boy. Like Buckingham's patient, Amanda survived the repression of her femininity by assuming the position of *"mild bearer of her parents' whims"* (ibid.), identifying with the successful androgyne. Until she had to run away in order to find herself.

According to Brenman (1982), through analysis, the patient saw where the destructive elements that he could not explore ended up, due to an experience of lack of separateness.

Since Amanda did not return to Italy for several months, we tried to hypothesize how the distance imposed with regards to therapy, as well as the difficulty that marked the first months of letting go to intimate and deep relationships with other human beings, may had been a form of cruel revenge against everyone and against the analyst, guilty of having abandoned her alone in an unknown territory. A way through which to prevent any possible forgiveness. Memories emerged of a total lack of listening and understanding on the part of a closed and repressed mother and of an arid and insensitive father. Despite seeming to accept my interpretations, at the next session, everything seemed to be reversed. For months, the therapeutic relationship was characterized by requests for vindictive "feedback", through which Amanda asked for recognition of the damage suffered. A complaint, the expression of a malaise hidden until then in the ovaries, I thought, that insistently testified to the damage that a maternal mind cluttered with worries could generate. I felt crushed by a projective identification that saw me representing the same receptive, transformative and expressive inability that had characterized the previous investments with which her body was manipulated, felt and perceived: I constantly wondered how to guide Amanda towards a mental functioning closer to that of a revealing dream, rather than to that of the unfeasible and disappointing restorative fantasy, which she had often resorted to.

Shortly before the pandemic, in a session she said to me:

> *I would like to start again ... even if I don't know where to start ... it would be nice to receive your opinion ... your advice about it ... every now and then, yes, I would like to ... anyway I can't open my heart to "discovery" ... I would like to see the beauties of men ... there are beauties, aren't there? ... I have a hard time to approach ... to believe that they can enrich me and give me "love". whatever form, let me be clear ... it doesn't matter! Maybe it's a sad thought, but it's what I live. I approach getting to know a guy with a flowchart in my head: Respect my standards = no = hello, nice to meet you. He respects my standards = yes = let's talk about it... but here, you know, the castles begin, fake ones... those that lead nowhere... ... ... Expectations that prevent me from understanding, from comprehending... I would like so much not to have boundaries and to rediscover the beauty of the men I meet on my path....*

The distance and the absence of the body made me doubt more than a little what the therapeutic process was actually putting in place. I wondered if my intuitions and interpretations were fanciful elucubrations - similar to Amanda's reparative fantasies - or if the processes that were gradually being represented in my mind were really real.

Somewhere along the way came the global pandemic.

Amanda was forced to stop her incessant wandering, from one place to another, and found in her small room in Calcutta the pleasure of painting and creating, in the company of her roommate. This was an opportunity for her to repair a primary sense

of the feminine. She began, like many, by cooking the recipes of her heritage and her grandmother: cannelloni, stews and soups, which she also began to show me through the screen. This brought her closer to learning about the culture of Maya, her Spanish roommate. The pressing, unceasing search for confirmation and the chase after closed, inscrutable men inevitably came to a halt. Amanda re-discovered hugs, cuddles, laughter and the total absence of tension. Although the fear of being infected thousands and thousands of miles away was great, given the poor sanitary conditions of the country where she was hosted, the fact that she had a network of doctors and a rescue organization around her put her in a condition of relative peace of mind.

The constant search for superficial sensations, rather than inner and deep ones, suddenly appeared to me as an attempt to repair the need to reconstruct the "Me-skin", a container capable of elaborating psychic contents. A container that she could not realize before.

Amanda's first paintings, in response to my interpretations were linear and simple. One of them depicted a-sexed figures entwined in a very deep hug. They were all in black and white.

Only then did the colors appear.

In a session in March 2020, via Zoom she showed me a painting, through which Amanda seemed to want to finally tap into the fruits of her mental activity: the abandonment of the maternal nest, was transformed into an image of strength, presence, rootedness, but also of great movement. Inside and outside which finally dialogue with each other, in a logic of strict symbolism.

This was Amanda's comment on her painting:

> *Beauty is made for others, as is speech ... I can't be understood, even though I strive to speak well ... but I have come to understand that this does not happen because of a limitation of the other, because of his or her ability ... yes, for goodness sake, in the case of my mother and father we don't talk about it ... it's clear ... but instead of incapacitating myself in feeling this as a rejection I could simply accept that it is the limit of language ... the word is an empty container in itself ... a cage, especially if it is not "thought" ... it is perhaps the first time that I do something for me ... the first time that FINALLY listening to what I have inside is sharper, stronger, clearer than what comes from outside ... not because it is beautiful, but because I have finally accepted the friction, the conflict ... the full clashes with the other and from this the new is generated ....*

Beauty and the Beast

There are cases that reflected in the analyst a sense of impotence: the unchangeable condition that seemed to bring the pawn always in the same box on a map. In a perpetual and intolerable goose game.

This was the case of Celeste, a young patient sent to me by her orthopedic colleagues

at the hospital, who had registered intense depressive feelings during her interview, as a consequence of a serious neuromuscular pathology.

At the time she came to me for consultation, Celeste was 19 years old. She was a magisterial student. She had recently asked the doctors for help, since her old pains had flared up while studying.

Celeste's mother is Azzurra. I discovered the similarity between their names at the first interview, since she was the one who accompanied her to the session. Celeste said that she was happy to be accompanied to the studio, because by coming together she could lean on her mother and feel the pain less. It became crippling. Celeste could hardly walk on her own anymore; she couldn't lift weights, run errands, or take care of her house. This caused her mother to think of everything, even though she had actually taken a house with other students, near the University. She paid her rent and payments with a scholarship, which she excelled in. Everything she did had to be perfect, she told me.

Celeste said that when she was 13, the problems began. All coinciding with the arrival of the "flow". Suddenly her body changed and she was forced into a corset that caused her even more intense twinges than the ones she was supposed to be correcting, caused by the early onset of her muscular pathology. At that time, her father, who worked as a truck driver, was hired by a company in Milan, so he stopped traveling the length and breadth of Europe. His presence in the house was not experienced well by Celeste, because it corresponded to an increase in quarrels and tensions with her mother, at the limit of the bearable. To escape that situation and her pains that find no place in the house, Celeste fled into a relationship with a man 10 years older than her. Often Celeste was at the his house, but at night she went back to sleep with her parents who did not accept that she could stay out overnight. The man she was dating did not understand this and got angry with her. Sometimes he became threatening. Sometimes he beat her. Sometimes he humiliated her, forcing her to engage in sexual practices she didn't approve of. Telling me about these dramatic moments, she remembered episodes from middle school when she was targeted by a group of classmates, who waited for her in the morning, at the entrance of the school to steal her snack and maybe throw it on the ground. She often came home with brand-name clothes, fresh from the store or laundry, dirty with dirt and other things. When her mother asked her what happened, she tried to explain, but ended up feeling scolded. Once she explicitly asked her mother to intervene. The woman went to the class assembly to speak with the teachers, but was unable to say anything, gripped by shame: she feared that the gaze of another could testify to her presumed or possible inadequacy. A shame too difficult to tolerate.

Since then Celeste learned to suffer, as the only way to "survive" relationships. Slowly, she faded away. She closed in more and more on herself and no longer left home, she had no friends. Finally, however, she ended her relationship with that violent man. She was 17 years old when she broke off the relationship. He tried to stop it, but she locked herself in the house for days and stopped answering his calls. Her mother " covering

for her" when he showed up at her doorstep. Slowly, as the days passed, the man's attempts became less and less insistent. At the end of the summer, there was a new attempt and then nothing more. Celeste started to go out again, timidly, in the afternoon, but nothing was the same as before. Between the years she spent trapped in this relationship, the self-imposed seclusion that followed, the corset she was recently forced to wear for her back, the childlike clothes she felt she was wearing compared to those of her peers, she no longer recognized herself in her surroundings. The last years of high school felt like a torment to her.

Time was often spent at home alone. Few interests, including music. One afternoon Celeste was at her teacher's house. He, one day, with an excuse, while she was taking off her jacket, hugged her. She felt his breath change, become heavy and his body abandoning on her back. Another time, he hugged her again from behind, while she was playing the piano.

Celeste tried to tell her mother about it, but she was not believed. She too no longer believed in herself: her body began to become more and more transparent, cold and insensitive.

The same feeling as when her classmates attacked her in middle school. The same feeling as when Riccardo, her boyfriend, forced her to do what she didn't want to do. The same feeling, she recalled for the first time in session, when as a child her mother left her at the neighbor's house. There was Angela, a girl about fifteen years older than her. When they locked themselves in the room, she would undress in front of her and invite her to look at her and touch her. She didn't want to and so Angela insisted.

That time, too, Celeste tried to talk to her mother about it, but as always she didn't believe her, dismissing the matter with the fact that "she was exaggerating".

Celeste's stories were like daggers to my stomach. The walls of the analysis room were, in those moments, like the walls that separate the West from the East, progress from poverty. The bulwarks of protection and those of invasion are merged in the body, through terrifying sensations of loss of contact with reality.

A body that appeared uninvolved in desire and filled with hatred due to traumas and "lacks".

I wrote in my notes: "The speech is flat, alternating with inappropriate smiles that reveal an impersonal, detached and inexpressive attitude. Where was the patient? Where were we now? It seemed to me, between empty and full spaces that alternated in me, to fly in the middle of a trans-ocean turmoil".

Right from the start, the background against which I intended to move was that of ensuring my own and the patient's safety, with rather vivid concerns for her immediate, but also future, survival. What was going to happen, albeit as tactfully as possible, on issues of guilt, need and desire? I also wondered: how would it be possible to deal with issues related to a traumatically experienced sexuality? Would the integrity of the

patient's self have been endangered by intimate and deep contact with a male person?

It was clear to me that as a result of the trauma Celeste had developed a feeling of absolute deprivation, which seemed to have resulted in a rather marked difficulty in separating herself from the desires of others and from invasive "appropriations".

The resultant seemed to be an identification with her own inner corpse (Bleger, 1974). On the other hand, I felt it within me: there was no substitute for controlling every single movement and every single breath, lest the crystal walls collapsed down.

The analysis with Celeste began gradually, going from one session (a few months) to two weekly. The increase was justified by a worsening of the somatic picture: moments of paralysis of a limb, or of the hand (both right-handed) became more and more frequent. The transition to three sessions occurred after the first summer separation. Celeste had a panic attack while on vacation with her parents at the end of August and asked if we could talk by phone. She benefited from the conversation and agreed with me to abandon prejudices and to allow herself a third session when she returned from vacation.

The beginning of the real analysis was characterized by the fear that the intensification of the sessions corresponded to an increase in the possibility that a condition of possible violence, the umpteenth, would be repeated in therapy. After a furious argument with her mother, who strongly urged her to explain why she had to come to therapy three times a week, seeing her as "different", more withdrawn and less willing to talk to them since the beginning of the program, Celeste told her parents about the issues that we were dealing with together. A very turbulent period followed, characterized by her mother's threats to interrupt every relationship and consequently Celeste's anguish at losing every reference point and every form of bond, with the exception of the one with me, which at the same time she felt as foreign and dangerous, since it reawakened memories of trauma. The somatic blocks became more intense and frequent. More and more close to the day and time of our sessions. In night dreams the figure of a policeman turning into a criminal appeared.

Someone chasing after her. Blood. Blood everywhere. A sea of blood and me hanging out with other patients. To the point of forgetting about her and not responding to her calls for help. Celeste was increasingly frightened. The recent aggravation, as well as the emerging of memories that according to her parents have no credibility, were in their opinion a clear demonstration that our path had to be interrupted. Trying to intensify with the fourth session seemed to me counterproductive, risking to fuel a useless tug-of-war. My real and living presence allowed her to feel close to me, but my figure was increasingly invested by a plot that saw me represent the dreaded persecutor: the one who invaded the empty space left by a maternal mind in great difficulty with respect to the emotional content of the patient. We were in spring. The sudden heat and the looming exams agitated Celeste's sleep. Her relationship with her parents was at a low point and as a consequence of what had recently happened, neither she nor her

mother thought it would be good to continue the sessions. This disagreement was manifested by her mother who refused to accompany her to me. Alone, distressed and tired, Celeste told me that she could not go on any longer. She wanted to stop, but the monsters that appeared in front of her were too many and all at the same time. She told me that more and more, when she knew she had to come to me, she had to take a Xanax, because otherwise her leg would be paralyzed. She realized that it was psychosomatic, even the physical therapist told her so, and she knew that the path was good for her, because she would finally try to be herself, but she couldn't do it. She wondered if a break would be helpful, or if it would be possible to speak over the phone, or see each other for a few times online.

Certainly, my first reaction was to perceive the question as a resistance to the therapy: an escape of sorts. I wondered, however, if Celeste's need was also "real." I felt, in fact, that Celeste was really exhausted by the conflicts triggered with her mother and father and that, perhaps, the terrifying return of the repressed trauma could be attenuated at a distance and, consequently, the transference would also be altered. If, on the one hand, agreeing to the possibility of seeing each other online for a while could have fed the fantasy that my availability could be all-round and, therefore, paradoxically "outside" the *setting,* on the other hand, the lack of the embodied person could have perhaps protected her, I hypothesized, from the terror that the feared condition of abuse and violence she had suffered could have been repeated in reality.

A few months had passed and I had begun to attend Amanda online; in the meantime I had also accompanied other patients virtually. So I was aware of the pros and cons of the issue. And it seemed to me that a choice of that kind could even facilitate a process of individuation, if it didn't collude with the avoidance of certain problem areas, but was rather a possible compromise between the needs of dependence, on the one hand, and empowerment, on the other. Especially for issues related to the identification of young female patients, with an otherwise depressed and repressed, or traumatized feminine.

Given this, I agreed with Celeste, to meet online at our usual times.

I decided not to make all the issues involved clearly explicit, but to stick with a generic "in this moment it might help to recognize and define your needs and feelings, compared to those of others." We decided that we would then, after some time, re-discuss the possibility of returning to presence.

The results of that decision were fairly immediate. Celeste began attending a Pilates gym and making friends. She met a boy, Marco. In reality, he was someone she had known for some time and who was “fancying her", but whom she had never felt like letting into her life before, afraid as she was to re-experiencing the traumatic experiences of her past. Gradually also her dreams took on a less persecutory connotation. In one of these there were Marco, her and I searching in vain for a cat that had run away from her. A Norwegian cat, not very domesticated. We consider that the

possibility of being able to let something go, to explore new and less "domesticated" aspects was appearing on the scene, and that in doing so we could be allies to a certain extent, even if not entirely capable and perhaps lacking in some more "traditional" references. In another one, Celeste told of having to come to me again and of being distressed by the fear of missing the railway. Was it the fear of going out of track of what she had already experienced, I asked her? The reference was to the fact that the presence of Marco, a big man, two meters tall, soft and reassuring, reassured her and her parents. She was also slowly succeeding in having a less inhibited and distressed intimacy. More and more nights Celeste stayed over at Marco's place.

It was March 2020 and the pandemic arrived.

I feared an aggravation, the reappearance of deadly scenarios, of absence and emptiness. But no. Celeste was clinging to the nourishment of effectiveness and essentiality. Accustomed as she was to living with the internal insidiousness, Celeste perceived the virus as a presence that, in fact, authorized her to take a distance, even a real one, from her past. She chose, in fact, to move to her partner's house for the lockdown. She was no longer the same person as when she began the journey. She no longer seemed cluttered with preconceptions about herself, sexuality, and affectivity. Or perhaps, most likely my line of listening and interpreting had shifted as well, and it was me, above all, who was losing those preconceptions that could hinder original and creative developments in the field (Ferro, 2012). Celeste was already willing, perhaps, to open up more. I was not, anchored as I was to the idea that without a return in presence it would not have been possible to really unravel the traumatic knots and achieve real therapeutic goals.

Moving *online*, instead, seemed to have encouraged the inhibited separation process and allowed Celeste to open a more lively and creative dialogue with herself. It was possible to recognize the loss of the object as only temporary and also as a source of new possibilities and new desires. Celeste was able to integrate within her own Self perceptual-body experiences until now characterized by total rejection, or violence. The separateness with a non-senus could now be imagined, because it was possible to return in other forms and with greater satisfaction for her.

At the dawn of the pandemic, she told me that the analyst entered the dream on his tiptoes, looking into the room and approaching the bed, without disturbing. He was not intrusive, he said: "On the contrary... He tries to watch over Marco and I as we sleep hugging each other, as if we had escaped a storm".

Conclusions

Being an analyst should not make it very complex to be able to abandon - even summarily, or temporarily - the own traditional mental and real set-up.

However, as it happened with the recent pandemic, there are situations in which we are necessarily deprived of a part of our usual theoretical and real references. This is the

case when working in certain institutional contexts, such as hospitals or prisons, but also when dealing with abuse, "borderline situations", or, as in the case of Amanda and Celeste, with requests that place us in front of mainly ethical actions, of choosing what is most appropriate "to do" to help the patient. Often these decisions put the analyst in front of deep emotional transformations, which pass through states of uncanny anxiety of loss, if not of danger and death. Even of his/her own analytic identity. The temporary passage from the traditional *setting* to the *online* one, can involve in the mind of both analyst and patient a loss of contact with reality; it can ignite the fantasy that the space left empty by the presence can be invaded by who knows what else. However, a good awareness of the limits and potentialities of the i tool, as well as the preservation of internal guarantors, ethics and the ability to stay tuned even on precarious and disturbed frequencies can allow significant transformations. Especially when accepting the boundaries of working temporarily in the virtual setting goes in the direction of acknowledging the patient's psychic separateness, which would otherwise be denied, as has already occurred in her experience. In some cases, being thought of and felt, but not "touched," can unlock compromised situations with histories of lack, or intrusiveness.

Amanda has recently been appointed Consultant for an NGO based in Milan. She has been going back and forth for several months between her home in the East and a house overlooking the sea, a few kilometers from her parents' home in southern Italy. Our sessions take place with constancy and flexibility, both in presence and online. This is a recent email from her, before she left again for abroad.

> *Last minute I wanted to tell you that thanks to the treatment of psyche and soma, and diet any trace of polyp and endometriosis has disappeared. I am happy, very happy! Have a Good Day!*

Celeste now lives with Marco. They recently bought a house. Their emotional relationship is solid, despite stormy pitfalls related to deep needs that are very difficult to process. She recently came up with the idea that once she is vaccinated, we could go back to seeing each other in presence:

> *Maybe once in a while, and if I can't make it then, we can always come back this way again; it seems to work ... doesn't it? What do you think?*

Note

The situations described in this article are the result of a processing such as to make them in no way referable to real people and have the function of stating theoretical and methodological principles that are shared and clearly approved during the therapy, by all the persons involved.

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The 'Uncanny' Contact with the Virtual: From the Sars-Covid-19 Emergency to Everyday Practice

Sergio Anastasia e *Angelo Moroni*

Abstract

Prior to Covid-19, psychoanalysts had been trained using a traditional setting. Consequently, it is very complex, every time, to abandon – even only summarily, or temporarily – a so fecund and, in some way, essential education, acquired over time. The mental framework of the *virtual-analyst* here described, is the one of those who avoid the temptation to stay strictly anchored to their traditional knowledge, trying to make constant reconstructions and reparative re-narratives, in a rêverie setup. The 'responsibility of representing', in a situation where one is deprived of the traditional theoretical and real references of the analytical relationship, is primarily an ethical action. The authors try to explain their own point of view, through the clinical narration of deep emotional transformation necessary to go through the states of uncanny anguish of loss, if not even of death, which can be caused, in both the analyst and patient's mind, by the transition from traditional to virtual setting.

Keywords

uncanny, pandemic, virtual, reverie, setting.

Introduction

The identity of the analyst can represent an illusory and reassuring 'Veil of Maya', worn as a protection, when the analyst is strained by unknown situations, which he feels threatening. The risk that a feeling of growing fragmentation arises in him, as it happens working with the so called 'border areas', requires the ability to abandon, at least partially and temporarily, the 'reason' and the theory, to resort to instinct, intuition, and sixth sense. During the pandemic, the Nietzschean idea of 'relativity', seems to have gone far beyond any conceivable hypothesis, throwing in the digital setting a multitude of analysts used to working only in a traditional setting. Analysts who, in order to reach patients who had the necessity, or who were unable to do so in the usual, had to give in to requests that they would had previously interpreted, if not even hindered.

The digital setting seems to encourage, in some cases and specific circumstances, the real *acting*, rather than a detached and neutral approach: to create the setting, it is necessary to send communications via text messages, or via e-mail; to negotiate, from time to time, different work conditions; to share information, and, sometimes, even opinions and personal values. Acting in that sense, in our view, doesn't mean losing

the neutrality and the psychoanalytic listening, especially for the ethical value which we recognize in it – that is, an ear able to welcome and transform what the word of the other testifies in a difficult, deep, and intimate way. This didn't happen, even in front of the testimony of nurses, doctors, politicians, and journalists, involved from the front line, since the first phases of the pandemic. Situations characterized by a real collapse of the 'anti-stimulus screen' of protection, which intensified again stories of deprivation and absence.

Once the traditional setting is abandoned, there is the fear that the interpretations might lose value and vitality; but, as it had been demonstrated during the pandemic, it doesn't happen if the analyst keeps taking charge of his/her 'responsibility of rêverie', even when the real absence of the other seems to encourage the interruption of the patients' ability to dream. We will see it very well in the following clinical case, where it is described how the grief which invades psychical dwellings, can generate internal tensions, palpitations, somatic flare-ups, and even new symptoms, in front of which we find ourselves close to the particular psychic phenomenon described by Freud in 1919 as "Uncanny". Something which, because of its nature, turns upside down and transforms the sense of familiarity and space/time continuity which we are accustomed to.

The Freudian work *Das Unheimlich* was born from an *interruption*. It arose from a mentally disintegrating and traumatic grief lived by Freud, during World War I: the grief over the fate of his son Martin, who at that time was at the front.

To focus on writing the work of 1919, Freud had to interrupt the drafting of *Beyond the Pleasure Principle*, to give himself space for elaboration, through which to seek an integration of the mournful feelings and of those intense anguishes of death which he was experiencing during those years. Abandoning a psychic process of the secondary type, to overlook another dimension, more primitive, which pertains to the 'fantastic', definitively more inspired by a process of primary type – the so called 'oneiric thought of wakefulness' –, is a very difficult task when danger, or emergency environmental conditions seem to *interrupt* the natural flow of conscious and unconscious aspects of their own Self.

In our opinion, when the pandemic broke out, many analysts unfamiliar to the use of the digital setting, had seen themselves thrown without a parachute into a dimension which we hypothesize was the one lived by Freud when, by the conceptualization of *Unheimlich*, he went through a menace which made it impossible to elaborate new stories and dream new dreams. What happened, teaches us that the construction of an internal and external setting, made of new technological and theoretical objects, can lead – exactly as during the pandemic – to feel like parents who, while narrating fairy tales to their children, share with them the anguish of being vulnerable, without distinctions; non-omnipotent parents, but fragile and invaded by death anguishes, hard to process. Sensations so strong that, still today, seem to push some of the colleagues to reject the image of virtual settings as an opportunity to let the patients – not only in

an era of pandemic – being reached even in the most terrible places, which, as human beings, we all go through.

A Clinical Example

Alessandra, a doctor, who is in specialist training, is thirty years old and has been in analysis for about two. Shortly before the lockdown she moved to her hometown, which soon became the epicenter of the epidemic earthquake. The restrictions and the exhausting shifts prevented Alessandra's free movement, and therefore from reaching the analyst's office. The house, from a place of protection, became the representation of an absence of barrier of contact, in respect to past traumas, which came back. From the first virtual meeting, the 'analytic site' appeared deformed, with the patient making her WhatsApp calls from her car. Questions arose in the analyst about the tightness of the internal setting, which seemed to cease in his eyes that function of a 'paternal hug', which he habitually thought to transmit by his body, physically present in the room, together with the one of the patient. The analyst seemed to wonder how his affective presence, promoted the transference, might have been guaranteed, even inside a setting in absentia. Alessandra was very happy to continue her analysis. From her first call, Alessandra said in fact that she needed to talk, because the lockdown reproduced in her a sense of oppression which she had felt during her childhood. As the lamp on the bedside table, remained on for so long, protecting from the monsters of the night, which suddenly turns off, the bulb burnt out. During her childhood Alessandra was heavily physically abused by her father. When she was seventeen, her father left home, after furious fights with her mother. An experience which Alessandra felt as proposing again in the analysis, with the complication that the object analyst had for her, until that moment, a very important repairing function. The feared departure of the good-father-analyst and the imminent danger linked to the pandemic, made the memories of the smacks and the blows with the belt of the master-father, obsessively come back to her mind. The traumatic, though temporary, separation of her parents during her adolescence, caused her frequent panic attacks, very likely linked to an unconscious feeling of guilt, which would later stop when her father returned home. Her Medical studies in another city, after her father's return to the family home, made Alessandra feel a sense of freedom, which however coincided with the return of the repressed. Alessandra started to have sexual intercourses with violent and poorly affectionate men. She went from one relationship to another, experiencing a growing sense of dissatisfaction. The use of the body and sexuality appeared to be an attempt to find again a relationship with the father, in which the body conveys tenderness and affective contact, united to guilt and the consequent pain for the blows with the belt. It's there that Alessandra understood she needed the analysis. During the lockdown and the return to her parents' house she felt lonely; her friends were far away, and even the 'paternal hug' of the setting was missing. The video calls

on WhatsApp are a medicine against the traumatic interruption of an auroral process, by which keeping the threads of her internal emotional-affective drawing and her identity planning capability. It was like the fragility of the contact without filters which Alessandra was having with grief, fear, and death, re-enacted: in fact, the young woman saw dozens of people dying, under her eyes, every day in the unit. Alessandra seemed to be moved by a disquieting affective current which alternated in an oscillating way between Eros and Thanatos. This is something that the analyst can understand only by listening his counter-transference. An embodied experience, hard to elaborate. A condition almost impossible to understand and especially to communicate. The analyst perceived a sensation of intolerable chaos and loss of himself. In order to be able to accompany Alessandra-child in the dark room, he had to make a pact with the 'devil'; all the traditional internal references were skipped. The excess of beta elements turned the analyst from kind-and-welcoming-father to a new-master-father, to whom Alessandra felt constrained to being subjected to, in an inhumane, dangerous, and non-transformative condition. The uncanny contact with death and the violence with which this latter was affirming itself in the hospital units, let appear in the analytical scene, put to the test by the sudden change of internal and external setting, ancient crystalized characters, as they were 'imaginary twins', constructors of pathological and deadly sceneries of a past which was strongly coming back to affirm itself. The psychic work of the analysis was put to a hard test, as was the psychic survival of Alessandra, and consequently of the analytic couple. The analyst felt driven by the impossible need to contain Alessandra (made so, also by the physical distance), to prevent her from continuing her unconscious attempt of self-destruction, acted by a definitely unconscious and shameless attitude. The repetition of the trauma, and the consequent regression of the patient pushed the analyst to feel as internally invaded, threatened by his own desire to grab on to something known: models and theories narcissistically invested, which, instead of being helpful, they risked to be a herald of immobility and danger. It wasn't possible to maintain a total absence of judgement, nor an absolute neutrality. It was necessary 'to take care of domestic policy, other than of the foreign policy of your family' – will say the analyst – 'it's time to take care of yourself, as a good father of the family would do'. It's like the analyst handed Alessandra the keys of her own house. It's like he told her that, at some point, the ghosts of the night can't be fought becoming smaller and smaller in their own bed. The analyst thought to himself that this intervention let the patient - as a 'link sent from abroad' of the remote sessions – to perceive the importance of abandoning the illusion and understanding that it was not possible to have control over what is far from our domain. Something which can be, at the contrary, invested libidinally by resorting to new knowledge and re-organizing thoughts.

Bi-dimensionality and Borders of the Self

The physical distance and being *in absentia* in front of the recurrence of a trauma, in the situation above described, created a real 'uncanny', which, without the intervention of the analyst, would have led to a likely collapse of the barriers against the irruption of the pressing return of the repressed. By his remote presence, the analyst let the analytic third hesitate in a relationship capable of surviving trauma and absence. The 'virtual' closeness allowed by the transference and the elaboration of very powerful projective identifications, had transformed and integrated parts of the Self, which did not find their peculiar sonority in the internal score of the subjectivation of Alessandra. What made the young woman's journey truly extraordinary was that particular transit between a dimension of the real and that of the virtual, which threw the analytic couple into a world of projections, inhabited by phantasms, omnipotent and fantastic ideas. A universe ruled by a system of judgement completely different from the one we are used to, which let the analytical couple abandon the investment on persecutory objects, to invest the space of desire and possibility. The efficacy of an analytic and therapeutic path, as demonstrated by this situation, is linked to the responsiveness of the analyst, to his ability to *resist* in front of the contact with what the patient hasn't integrated of himself and of his most primitive functioning yet. Aspects of the patient wanting more space, knock insistently at the door, asking for containment and pushing the analyst toward experiences of deep con-fusion and anguish.

In general, the radical change causes twisting and new priorities in the relationship which, when threatened its own possible survival, produces catastrophic mental representations, feelings of abandonment, illness, death, sometimes of claustrophobia. Representations which, often, accompany the most primitive and psychotic states of functioning.

Those who work with psychosis, and also with adolescents – those areas which Pellizzari defines 'suburbs of the analyzable' (1) – knows how working on these areas of the mind involves an ability of thinkability, which, to be effective (not only manneristic), requires abandoning, more or less temporarily, any theoretic judgement. An experience which allows the patient to perceive a 'real' closeness to his most archaic states of functioning. This closeness, similar to the one of the mother to her child, is reparative in respect to former experiences of absence: by it, the patient, as an infant, can see represented his own split parts projected on the analyst, who offers himself to show them as they are, even before they are transformed, step by step, during the analytic process.

The pandemic brought to light how the analytic function can be put in check by the presence of a danger, or by the difficulty of analysts in letting go certainties acquired during time, remaining grabbed on to their own identities.

The video calls might become places inhabited by experiences of depersonalization, when the physical distance and the lack of internal references, produce an excess of

non-comprehensible and non-processable elements. In these cases, the analyst – more intensively than traditional settings, where the physical presence guarantees a function of containment – must be able to come to terms with the "devil" of the undifferentiated: a primordial, psychotic-like condition, in which the merciless mirror of the video camera turns the spotlight on areas of functioning that seem to take over at a distance, risking to paralyze any possible transformation. An experience which re-opens theoretical and methodological problems, unsolved until now: how to solve projective identifications so powerful to give birth to 'doubles', or experiences of 'imaginary doubles', companions in misfortune of a too dangerous path, linked to the analyst's impossibility to feel to have some control on probable actings which, *in absentia*, seem to escape from every control. A difficulty that seems to be related to the anguished loss of the boundaries of the self, guaranteed by a three-dimensional setting.

Conclusions

As the case of Alessandra shows, the online therapy represents the gateway to an 'other dimension of knowledge'. A dimension which is possible to get to when one encounters, by facing them, the rather ancestral fears of patients of reliving the same neglect and violence already experienced during their lives. That is the fear that the analyst, instead of protecting, could expose to the dark side of the web, as it happened in other cases we met: the patient journalist, who feared that his mother could appear in the middle of the room, when he was engaged in live television broadcasts from home; or the businessman, accustomed not to trust anyone, who wondered if the therapy, in reality, couldn't turn into one of these *snuff movies* where the protagonists die, even in the live coverage, and the audience is condemned to assist – powerless – to the show.

Knowing how to work online, in our view, requires acceptance and getting in touch with the shadow of a possible uncanny object. The maintaining of an opacity, in which thought, free of judgement, is able to live the most anguishing and terrible experiences that can be lived. Such as claustrophobic experiences, triggered by the possible loss of all that is known: feelings and fears related to the possibility of being closed within the four "invisible" walls of suffering. Knowing how to manage the *online setting* means knowing how to play with the *ob-jeu*, in the definition of Roussillon: the 'object-game' which defines the 'potential space', consisting – as we saw with Covid – by the constant changing of historical-social contexts where the analyst works, and by which the human suffering manifests itself. A 'malleable' setting which offers welcome and containment respect to the encounter with the anguishes connected by the possibility to go 'to the front' of the suffering linked to absence and loss. All aspects which the non-presence of the embodied inside a physical place, risks to unleash in the minds of the patient and of the analyst, both dealing with the need to re-organize inner thoughts and patterns.

We intend to conclude our observations with a page from a clinical diary, written

during the pandemic. A page which seems to speak better than every other theory.

The patient is a doctor. Despite he is over forty years old, sometimes the analyst finds himself thinking of him as if he was a child asking to be accompanied to a dark room. The analyst feels this way too, without references. The analyst, as a bat, flies in the dark, relying only on his natural "sonar": a primordial and biological intuition that guides him. Nothing else. The patient appears in front of the computer screen, definitively different, more tired: he has a long beard, dark circles under his eyes, always more, day after day. He did an average of fifteen hospitalizations per day, all for Covid-19 pathologies. 'It will be long; the curve is not logarithmic but exponential. The three floors have been destined to the positives'', he says from his hospital room. For the analyst they are all heavy, difficult sessions, during which he doesn't quite understand how to give comfort. However, for the patient the analysis continues to be a very important space and he doesn't want to lose it. During the sessions he seems to speak with an astronaut orbiting around another planet, unfriendly and dangerous. The patient seems to be linked to the spaceship-mother-analysis with one of those tubes-umbilical cord which can be seen in many science fiction movies: 'Houston, we have a problem', the analyst associates remembering the movie Apollo 13, with all its recalls to the distance, to the unattainability of body-mind dislocations caused by these associations. The patient starts again to recount that for every hospitalized patient he has to undress from the anti-contagion harness, he has to take off the visor, glasses, gloves, he has to wash himself, throw away everything and get dressed again for the next hospitalization. 'There are no ventilators', he says, suddenly severe. 'One of my colleagues today geared up muddling through, and he built one assembling pieces of other devices which have nothing to do with a ventilator. He even took one of the pieces of an ultrasound scanner. But he could make a patient breathe, and then trying to send him to intensive care'. Then he continues 'Do you know when kids put Lego bricks together? My daughter, yes, it came up to my mind my daughter playing with Lego bricks, and I wanted to cry today at the hospital, but I held back the tears. So, my colleague did a similar thing. But at the end that contraption was working. Today we had lots of fear. The oxygen was in short supply'. Patient and analyst are side by side with the strong impression to not cure, to not have the means anymore, and simply assisting the patients, accompanying them to the inevitable death. Somebody, or something, subtracted to both every possible weapon, but the simple mirroring, without omnipotent, or illusory ideas, allows the sudden re-emerging of hope: "A colleague of mine, after twenty days of only intubating patients in desperate conditions, today she finally managed to remove the respirator from a woman who was about to die and who is now breathing alone. The whole team applauded as I walked by and couldn't believe my eyes". Emotion and gratitude fill the void left by the freezing absence. But suddenly, as the old radios of the radio amateurs, the signal interference begins. It sounds like an old radio to which one listens, as

if in wartime, being careful not to miss a word of the speech of which one is a spectator full of confidence and hope. Analyst and patient are like heroes, dealing with the hard task to keep themselves alive to cure the others, in an elsewhere which is no longer the physical space, but the rough equally reassuring sounds of a new Radio London and of an unpublished Philip Dick, who announces: "It will only be a matter of time".

Notes

1) G. Pellizzari, 2019 (Personal communication).

Disconnected Analysts

Elena Molinari

Abstract

Being forced to change one's point of view is often an evolutionary opportunity even if it implies traversing an area of difficulty in which there is a great temptation to backtrack.

If this is true in the process of any analytic therapy, it was even more so for the change of setting in online therapy. While it was a relative novelty for adults, as many analysts had already been practicing in this way for some time, it was more radical in therapy with children. The difficulties have been sustained by the vitality inherent in play and the progressive adaptation of the analytic couple to the new setting allows for a greater exploration of both the theoretical and clinical realms. Online therapy urges the deepening of sheds light on the difference between playing concretely and the process of transformation in play; the latter releases the transformation from the patient's age and from the concrete use of games and the body. During online sessions it was possible to observe how the movement and concreteness of toys could be effectively replaced by aesthetic factors of a different nature such as framing, sounds or the use of chat messages, which opened up not only new perspectives but also lines of research.

Being disconnected from the classic setting has given the author an opportunity to experience the paradoxicality inherent in play in a different way: an analyst who is disconnected from the classic setting but emotionally connected in new and sometimes more effective ways.

Keywords

Online therapy, virtual games, child analysis, transformation in play

The increase - and in part the obligation - of online therapy has forcibly 'disconnected' psychoanalysts from the more rigorous and classical form of the setting.

Despite the difficulty in adapting to a reality that has unhinged the security of the known, being forced to change point of view has presented analysts with an opportunity to explore new hypotheses on the theory of technique.

Two axes stirred my curiosity and gave me the necessary confidence to go in this direction: the memory of a change of chair and a theoretical concept.

The change of chair is not to be understood as a metaphorical fact, but as the actual replacement of the chair I had used for many years in my consulting room; it was a chair with a relatively low back and no headrest. For years it seemed that it might help

me to keep awake and I had thus motivated myself not to replace it; just when I decided that concreteness could not affect my mental condition, I bought a new chair and assigned mine to the patients in face-to-face therapy. The new chair, which was lower, changed the perspective from which I looked at the person in front of me and the oscillation between physical discomfort and disorientation had already cancelled out the expected increase in comfort from day one. Moreover, my old armchair had been given to me by a much-loved person, the extension of loving arms that had contained me. I felt angry with myself for thinking I could do without it, and in the new one I felt more alone and drawn into intimate feelings of loss. Now it was they, the patients, who sat in 'my' chair, although no one paid any attention to what it might mean to be suddenly sitting in my place. Since I could not go back, I clung to the idea that the new set-up could concretely represent the fact that the patient is always the therapist's best colleague. Over time this thought has not only eased the emotional difficulty but also produced unexpected transformations in the analytic relationship.

If the loss of the established setting had opened up new perspectives in adult therapy, why could it not do the same with children in online therapy? In fact, the starting point was very similar because seeing each other at a distance gave rise to very similar experiences to those of losing my old chair. When playing takes place in the same room, the less mentalized elements expressed through acting are not only an obstacle, but also a solicitation to the therapist to place himself on the same communicative level and to face the transformation together with the child. In child therapy, the act of doing contains a fictional level that brings play closer to dreaming. "Let's make this box a spaceship" is not only an invitation to imagine but a solicitation to enter a new dimension with the child where body and mind work together to transform emotions. For many years, psychoanalytic theory devalued doing in favour of verbal interpretation. It was only after Winnicott that the active participation of the analyst in play and the option of transforming interpretations from verbal communication into communication through action were considered not only possible but more effective in analytical work with children.

Now that physical interaction in real time and in the same space was no longer possible, what could be preserved of the essence of playing together? What in online therapy could have replaced the “source layer” where shared action helps to generate meaning and significance?

A first line of thought to redeem online therapy from being a mere surrogate of face-to-face therapy, gravitated towards the fact that the area of play is, by definition, an area where it is possible to let paradox exist. Paradox denotes a situation in apparent contradiction with common experience or with the elementary principles of logic according to which the shared use of toys either exists or is impossible to achieve through the screen. This was the dilemma in search of a solution to avoid ruling out therapeutic play and to uphold the necessary trust to continue to relate therapeutically without completely renouncing the peculiarity that distinguishes it.

Initially, it was only at the end of sessions, while I was writing up my notes and observations on the framing and the arrangement of objects in the screen frame that thoughts about the space and/or colours began to emerge to consciousness. A change of perspective gave apparently marginal observations, unrelated to the content the power to activate the senses and curiosity. Aesthetic elements, therefore, capable of initiating not a concrete game, but a process of transformation into play.

In short, aesthetic elements considered as virtual toys, irrelevant aspects2 that can replace the movement and sensitivity of the body in guiding the transformation.

Zoom In, Zoom Out

Giovanni (eight years old): Do you see this?

Therapist: A Rainbow superhero.

Giovanni: Look at the weapon he has. You have to see it properly!

Therapist: I can see. It's very close though and I'm having a bit of trouble seeing clearly.

Giovanni (not at all interested in what I have said): I'll show you that I have the same character in my Lego box.

Again he moves the character closer and further away from the camera, producing in-focus and out-of-focus images in rapid sequence.

No adventure, no narrative in response to my urging in this sense.

Up close I everything I see is blurry, but as soon as I adjust my focus Giovanni moves the character away to show me another detail. There is no real dialogue and what is imposed on me is basically an exercise in focus that gives me a feeling of nausea and mental confusion.

Giovanni, on the other hand, is almost excited and very happy about the interest he arouses in me; his schoolmates - he explains - love other superheroes and he cannot get them interested in all of his discoveries.

After the session I reflect: I think about the possible cross-references of being in and out of focus in view of and in the mind of the other, I think about the sense of cyclicity between being near and far and I wonder if what happened has a link with the new way of conducting the session online. I reflect on superheroes and their dual ability to attack and defend. None of this, however, seems compatible with the emotional atmosphere of the session, which was imbued with the joy of sharing.

Giovanni has a special talent for drawing but when we tried to use it at a distance, we both felt it was impractical: I cannot not see him while he is drawing and he feels he is being left alone for too long if I stay silent, or vice versa I annoy him if I talk while he is drawing. However, I am reminded of how his drawings are particularly artistic because of his free and expressive use of proportions. For example, if he has to show a

warrior's strength, he draws him with an enormous and definitely disproportionate arm; if he wants to show himself in class, he draws himself small because of his shyness and the school's negative appraisal of his tendency to work slowly.

So, I think how he show me the lego characters in the beginning of the session offered me an experience like that to observe his drownings in presence and his creative use of proportions. Put the characters closer and further the video can be a way in which his creativity quickly adapted to the online world and found a way to continue to exist.

Are Chat Messages Talking, Acting or Playing?

Filippo (10 years old) turns off the Skype camera and starts writing: I saw Peppa Pig for adults. Do you want me to show you an episode?

Analyst: Yes, I'd like that!

Filippo: But it's a bit gory, ARE YOU SURE?

Analyst: OK, I can do it if we watch it together. What do I have to do, go to the link? But how can I watch it with you?

Filippo: Just click on to the link.

We watch the episode together.

Analyst: A slightly cynical cartoon that tries to make jokes about things that are also very difficult.

What do you think?

Filippo: What do you mean by cynical?

Analyst: Cynical is a way of making something funny that was sad to begin with.

A way of turning things upside down so as not to be frightened by them.

Since I'm talking in a strange way Filippo thinks I haven't understood anything and patiently gives me a summary of the cartoon and explains what we've just seen.

Filippo: The meaning was that one day a guy gave Peppa some bacon. Then she got angry because she liked it so much but her family wouldn't give her any. So, she got angry and killed her father.

Analyst: Maybe she wanted something good from her father. Not exactly a piece of her father. Wanting in that way ends up with not having a father any more, it's a way that ends up harming you.

I have been too moralizing and the reaction is not long in coming.

Filippo: FUCK OFF MOLINARI

QUENTIN TARANTINO

Analyst: Like a Tarantino film?

Filippo: YAAA CACCA CACCA CACCA CACCA CACCA CACCA CACCA CACCA HSGIODNWEFR, GRTHBNYTNJ UYKUIK 7IKCIU KCRCKIUC V KI,UCV KUI

Analyst: OK, got it. I know Tarantino's secret alphabet.

Silence for a few minutes.

Filippo: There is a chance to save Peppa Pig, I'll list them for you. But wait. I'll write a bit. Don't write anything. Do you Understood?

Analyst: OK

Philip: WELL, YOU CAN CHOOSE:

1) Leave the ending like this and that's it. (Choose A if you want this one)

2) Give her an ice cream (Choose B if you want this one)

3) Give her 47576868 ice creams (Choose C if you want this one)

Analyst: Tarantino would choose A

Filippo: Bye! SEE YOU NEXT TIME

He ends the Skype call and no longer answers my chat messages or calls.

Once the hour with him is over, I continue to work online with other patients, but the thought of having done the wrong thing with Filippo, and perhaps even something harmful, keeps creeping in. Filippo had given me the chance to save Peppa Pig from the guilt of becoming a killer, perhaps to console her with an ice cream or a mountain of ice cream. Instead, I chose the option of leaving the ending as it was. How did I come up with the idea of choosing answer A?

Had I simply felt like going along with Tarantino, not taming him too much and leaving the splatter scene exist? Or had I acted out my own difficulty in tolerating such a tyrannical child by taking revenge?

Certainly, after the session ended ten minutes early, I felt as Bion describes when we are dealing with a wild thought circulating in the intersubjective field:

> *The same thing happens with the thought without a thinker, the thought that is looking around, searching for someone in whom 'it can be thought'; [...] the wild thought that is in the air, but that no one has dared to think because we are afraid to be asked: 'Why are you playing with that dirty idea?' (Bion, 1984, p. 201).*

After two hours, while I am online with another patient, I see this message arrive:

I'M NOT AFRAID WHEN WE PLAY KILLERS

CIAO MOLINARI

Filippo had caught the thought without a thinker.

Orienting Oneself with Sounds in the Darkness of Loss

During an online session with Paolo (seven years old) we start playing a game (each of us in our own room) of imagining that we are taking part in a motorbike race; he is Valentino Rossi, the rider who is not afraid of anything or anyone. With his toy motorbike he shows me the tricks he can do until the bike falls off the table and Paolo tells me that there has been an accident.

Paolo: He lost a leg.

T: I'll start preparing the anaesthesia to reattach it.

Paolo: The strong one

While I am mixing two solutions to put into the syringe, in an attempt to decrease the distance, I find myself unconsciously making the sounds of opening the vial, suction and mixing, like in a cartoon. Paolo asks me to repeat the noises made by the imagined and mimed operations. He wants me to repeat these sounds several times so I ask him:

Analyst: Do you like this sound?

Paolo: Yes, it's like when you mix custard, I like it very much.

While I'm operating to reattach the leg, I comment that what's happening is just as if I were inside the operating theatre and he was out there waiting.

Analyst: Not knowing what is going on is difficult so at least hearing the sounds was like opening the door a little bit.

I think about the distance between us, but actually the comment is a bit dystopian because he is not out there, but in my surgeon's hands.

Paolo points it out to me: Go on, let's keep playing.

I continue to take care of the motorbike rider with my caring gestures. More than a doctor, I feel like a mother. Paolo lies down and remains motionless for a long time, so much so that I think he has fallen asleep. Then he gets up and says:

Paolo: The custard is made by Andrea, my father's cousin...because now my name is Bianchi.

Paolo has been through an intricate and painful court case, the history of which I knew, but not the arrival of the decree to change his surname. In addition to his family of origin, he has now also lost his surname, and now thinking back to the game we have just shared, the accident, the amputation, his request for a strong anaesthetic are more understandable to me.

What surprises me, however, is his ability to cancel out the distance using the sound that I associated with the gestures of care, imagining them to be sounds similar to those

of preparing a food that he likes very much. A memory that saves what little good there is in the experience with his dad.

As I struggle to accept the amputation of his surname and feel the pain of this incident, I ask him

> *Analyst: Bianchi-Rossi?*
>
> *Paolo: No, just Bianchi. Rossi isn't here anymore; he went to my grandmother's in a wheelbarrow wearing purple trousers.*

I don't see this answer as an attempt to make the pain disappear in a rhyme or as a slightly manic reaction.

Paolo invents an ironic phrase, but he does it at the end of a game in which he felt he could guide me to a use of the body, to bend my voice towards a maternal sonority similar to that used with small children. I think his stunt is the transformation of our joint transformative capacity into a linguistic game that emerged in the form of accidents and surgical operations aimed at reattaching pieces. I think that this child's capacity to create what is not there, to bridge distances with his imagination, is shown by his extraordinary ability to go on playing as if we were not in two different rooms. Online therapy makes me aware of his resilience.

Too Close, Too Far

Giuditta, an intensely traumatized 12-year-old girl, finds nothing else to say to me that she dislikes me for several sessions. Instead, she takes the opportunity to condense all her anger at what she lost.

She puts the phone down on the table and makes me contemplate the ceiling. Then after a while, she puts me somewhere else only to see a glimpse of her room. After that, she says almost nothing, responds in monosyllables and continues to do something that I can't see.

One afternoon I realize that while I see as if, through a wide-angle lens, she confines me to be a small image, a figurine to be placed here and there and forgotten. This change in size (me small and her big) reverses our respective points of view. Besides reducing my image, it allows her to go beyond the limitation that closes the perspective on her surroundings. A photo came into my mind: a small child looking into a camera from the opposite side.

I tell her not about the picture but about as a photographer teaches me the trade tricks. Then, finally, I send her some photos with a different frame.

Giuditta gets curious, and we start talking about the framing and the hopeless task of focusing on a too painful reality. Looking at her sorrow through a lens, work on the frame gives us the possibility to transform it a bit.

The Veiled Child

At the time of the session, after telling me that he was exhausted, Alberto, five years old, lay down on the bed and fell asleep. All I can see in the half-light is his silhouette covered by the sheet.

I remember the work of the sculptor IAGO (Jacopo Carrillo): 'the veiled son': a contemporary work inspired by the famous Veiled Christ of 1753 by Giuseppe Sanmartino in Naples. In IAGO's sculpture, a dead child is in place of Christ. The dead child symbolizes the many migrant children who drowned during the Mediterranean crossing to reach Europe.

Alberto is also struggling to cross the sea that separates him from being accepted and from the experience of being the child his parents and teachers expect him to be.

Retreating is the way in life to stem the pain of a tiring adaptation. However, I realize that attributing to the image of him asleep, the meaning of a lifeless body also contains my mortification for the exclusion. Not projecting my emotional experience onto him, as his mother does, opens up the possibility of seeing from an opposing point of view. Alberto has been able to do in the therapeutic relationship, and only because he is online, something impossible in presence: to decide autonomously without being conditioned by the weight of what to do. In the company of others, we would undoubtedly have played, and I would have stimulated him in some way so that it would have been difficult to fall asleep for the whole hour.

I, therefore, remain close to him, in a silence full of dreams.

Characters or Live Person?

> *Franco uses a video game's character to play with me. What happens to the rabbit is felt as referring to himself; what happens to me to the character.*
>
> *Franco: Now you'll see that big stone fall on my head, but I manage to avoid it. On the other hand, the rabbit is clumsy and lets himself hypnotized by the light, so he can't run away in time.*
>
> *Analyst: ... what if I could get through the screen? I would take refuge in a very special den (our room).*
>
> *Franco: (remains for a moment bewildered, with his eyes wide as a rabbit in front of the headlights of a car because I have introduced something that breaks the immersion in the game): ... I would reach you and throw the stone .... no the stone cannot go through the glass. Only I go through it.*

Children are known to use projective aspects in play. Therefore, it is not difficult for me to see that his school and social difficulties to meet the other, affect me.

However, what surprises me is how the screen becomes for this child a transitional area between self and non-self, a permeable membrane, and how he can use it better than

when we had the opportunity to play concretely together.

Distance Works Miracles

Ten-year-old Alessio is a very withdrawn child who lives out his relationship with his classmates in a persecutory way. Every minimum negative interaction is felt as unbearable derision.

After a session, while I am on Skype with another patient, I hear the constant pinging of incoming messages.

It is Alessio who for the first time has crossed the boundaries of his hour by sending me a series of images. Also during the session, he had done so by disappearing from the screen and daring to tell me that what I was telling him was boring (more than boring, difficult to listen to). This constituted the first dialogue that was more open to emotions.

Between patients I reply to him with a short message, also crossing the boundaries of the hour.

A little later, two more animated images arrive: the first is a cat moving its ears and the second a bunny declaring its love to a female rabbit. The images are accompanied by a comment from him: these images are a sign of friendship.

Then another Alessio's message: I hadn't seen the words "I love you" under the cartoon of the cats. I sent it too quickly!

This is followed by an image of a little fox taking a dip in the snow.

The sequence makes me feel very tender towards him and this slight thawing of affections seems to me to be a transformation that has come into being precisely because it is protected by distance.

Concluding Remarks

Using a process called "databending" ((a process of manipulating a media file using software that opens and modifies files of different formats, e.g., opening an audio file with a program that reads text), two artists have developed a technique to obtain the image of a selfie modified according to the emotions that person feels in an emotionally difficult situation. The algorithm manipulates the photograph, processing its alphanumeric code, and inserting the user's emotional disturbance into this source code. The result is a digital disturbance that alters the image, creating a personal portrait that includes one's own emotional state.

To a certain extent, the experience of online therapy urges therapists to perform a similar creative /operation/OR/feat/, which allows them to continue to capture the many facets of emotional communication beyond words. What may appear as a technical "glitch" such as unusual framing or audio-video misalignment are potentially useful disturbances to the therapeutic process if they can also be grasped as reflections

of psychic processes. Winnicott, well before an experience put him in a position to experience an audio-video misalignment, could say to the patient: "I see a man lying on the couch, but I hear a woman talking ".

Being disconnected from the usual setting produced a transition similar to that experienced between seeing with the naked eye and looking into a lens. In this passage, one loses the vividness that characterizes natural visual perception, but is pushed to observe such details as framing, light and shadow, and perspective. Vision is modified, bringing about in a concrete way what psychoanalysts have painstakingly learned in their training: to observe and listen without adhering to what appears most clearly or, to use Robert Capa's expression, what is slightly out of focus.

It was possible to experiment with the new ways children invented and found to express their emotions. Sometimes by simply changing form, others by taking advantage of the new medium to create new areas of paradox, or new transitional areas.

It has been possible to experiment with the new ways children have invented and found new ways to express their emotions in the online setting, sometimes by taking advantage of the new medium to create new areas of paradox or new transitional spaces.

Chat messages for example, which would ideally be exchanges of words, turned out to be areas of a daydream where words, images and actions mixed in unpredictable ways.

Furthermore, the new setting also made it possible for children to boycott a session by, for example, falling asleep or leaving before the end of the hour by switching off the device something that is only possible for adults and adolescents in the classical setting. It may be of interest to discover whether experience of the new setting has altered some of the negative connotations usually associated with it.

Finally, a brief reflection on what happens differently with respect to movement that is intimately connected with play.

When working with children remotely it happens that they move with their tablet around the room, or, whilst playing they may knock it over, leaving the analyst with a view of the ceiling for the rest of the session. If a child is not too inhibited, it is normal that they move around and have neither the control of the device nor the intention of keeping in contact with the other through the camera.

When the screen image is not stable, one feels immersed in the turbulence of the creative process the child enacts within himself when he plays. Playing mixes many factors: intrapsychic processes, unconscious dream processes, relational processes as in any therapeutic relationship. In addition, however, it provides an opportunity to combine mental processes with concrete action, calling for greater effort on the part of the therapist to keep a balance between movement and thought. A filming device invented in the early 1970s, the Steadicam, enabled the filmmaker to move freely and even run without excessive vibrations or fluctuations being transmitted to the camera.

Child therapy has contributed to the theory of the technique and has equipped adult therapists with the experience and tools to develop a psychic Steadicam of sorts, to guide the analytic process with more severe patients for whom acting out is a frequent way of communicating.

The online experience of child and adolescent therapies is providing invaluable opportunities to highlight and name other useful tools in this direction.

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“The Demand for a Future”: The Adolescent and Remote Psychoanalysis. Adolescent Psychotherapy Under SARS-CoV-2 Restrictions

Niccolò Gozzi, *Valeria Gristina*, *Fabrizio Rocchetto*, *Francesca Tranquilli*, *Valentina Trombacco* (SIPsIA Study Group on the Treatment of Adolescents with *Cannabis* Addiction)

Abstract

The emergency linked to the SARS-CoV-2 pandemic has led to restrictions which favored the use of online technology to maintain social contacts. Adolescents the main users of social networking sites, whose abuse their parents often complain of, have in some way taken revenge on their parents. Even psychoanalytic treatment by necessity has temporarily been forced online. How did our patients react to this change of the setting? In this paper, the authors describe the effects of the 2020 lockdown through the eyes of their adolescent patients. Using the example of one particular group - marijuana users - they hypothesize that online treatment can be used for the treatment of all adolescents in specific clinical situations.

Keywords

Psychoanalysis, online, adolescents, SARS-CoV-2, lockdown.

> “I haven't read a book in three years”
> [Lucia Borgonzoni, Undersecretary for Culture in the Italian government].
>
> “I confused Mickey Mouse with Dante”
> [Rossano Sasso, Undersecretary for Education in the Italian government].

In the past, in the psychoanalytic field, the effectiveness of online psychoanalysis has been discussed (De Intinis, 2015; Goisis-Lauro in this same issue; Marzi, 2013, 2017; Merciai-Goisis and Cannella-Merciai in this same issue; Webinar/IPA 2016; Webinar/IPA 2019). This has only been possible for a few years thanks to technological tools such as connection quality, programs and characteristics of the digital device. Furthermore, it should be kept in mind that the so called digital ‘immigrant’ generation, besides being less familiar with technology than the natives, lived in the post war west far from epidemics or health threats (if we exclude the 1986 Chernobyl catastrophe in Europe) "lulled" into the illusion that science could quickly handle any emergency effectively. The SARS-CoV-2 epidemic has brought us back down to earth. Bolognini, in describing the situation we are facing, used the valuable metaphor of earthquake victims who temporarily had to live in camp tents (Bolognini, 2020).

The use of online psychoanalytic treatments was little considered until the impetus given by the pandemic opened up this important space for reflection (Anastasia, Goisis,

2020; Ungar, 2020; SPIweb, 2020; IPAWebinar Post-Covid, 2020). Adolescents are physiologically one step ahead in the area of novelty and innovation even if the problem of digital technology addiction has often been at the origin of the demand for psychotherapeutic treatment. It is perhaps necessary to make a distinction between online therapy in general and online therapy imposed by the restrictions of the SARS-CoV-2 epidemic. In the past, online treatment has only been explored cautiously mainly related to necessity (e.g. the patient unable to reach the analysis room due to a transfer) and clinical conditions (hospitalized patients), perhaps never as a preferred choice of treatment. The setting in person is irreplaceable for the richness of stimuli it can offer, but the limitations related to the containment of the epidemic have forced all analysts - even those not available to online treatment - to access and familiarize themselves with the technology if only not to be excluded from social life and scientific activities.

Internet and the SARS-CoV-2 Epidemic for the Adolescents

Day after day, the epidemic is configuring itself as an event that is changing the history and customs of mankind according to the various geographical coordinates: the place where one lives (city or small town), culture and socioeconomic characteristics. Covid is not only imposing temporary changes in social behavior but is affecting an entire generation in a way that has never been experienced before, both because of its global dimension and because of the strength of its virulence, which until a few years ago was considered to be limited to computer viruses or localized epidemics such as Ebola. Moreover, we are unable to predict, together with the development of the phantom 'virus variants', what repercussions the epidemic will have on the psychology of individuals. In view of the unprecedented availability of knowledge and communication tools, the banal affirmation 'I am positive' - a semantic paradox - signals vulnerability and anguish over an infection that may prove fatal. A condition that enlivens the *Uncanny* (Freud, 1919) and the fact that the familiar (the pleasure of socialization) can become a vehicle for the 'dangerous stranger' (the virus) even with fatal outcomes. The main tools for fighting the pandemic are vaccinations, medical treatment and social distancing measures (masks and isolation), factors which have led not only to a violent experience of social deprivation but also to the increased use of digital technology. But how have adolescents reacted and are they reacting to the online treatments imposed by the epidemic?

As mentioned above, before the pandemic, it was not uncommon to receive referrals from parents for their social-immersed teenage children for mobile phone and *PC - addiction*, although perhaps, at times, the parents would have needed the referral instead of the children. With the arrival of the epidemic and social restrictions, the mobile has become a resource and adolescents have often become “teachers” in the use of social and call programs. In addition, the use of the digital tool has become indispensable for overcoming isolation as well as for study (distance learning) and recreation.

A premise: two terms are often used in reference to online psychotherapy: remote and virtual. The term remote is put in opposition to in-person and it describes in its etymology, being far away in space. As for the term virtual, from the Latin *virtualis*, *in potency*, it is used referring to online treatment as if it were in opposition to real, actual treatment. Online treatment has different characteristics from in-person treatment - in particular for the setting - but in our opinion, it cannot be considered a virtual treatment in the sense of "less real", nor lacking clinical effectiveness; on the contrary, in some cases, it can offer valid therapeutic opportunities, even if we should privilege in-person treatment which offers a sensorial quality - such as the sharing of the room, the organization of the setting - useful for therapeutic purposes.

The potential of the remote therapy can be exemplified by a cartoon circulating on social networks in which patient and analyst are speaking using the mobile phone while being present in the same place facing each other as if it were a different way of communicating.

One can therefore hypothesize that online sessions allow access to a different modality of relationship/knowledge compared to face-to-face sessions, with transferential and counter-transferential implications - which need to be studied - specific to each case, but which lead to the hypothesis that the online modality will maintain its effectiveness for some specific clinical situations also in the post-epidemic. Examples are treatments that are difficult due to distance from therapy location or treatments with patients with dysmorphophobia, for example, who get relief from the anxiety of the 'physical' encounter of in-person treatment through online treatment. Alice, 18 years old, in the pre-Covid period, was able to benefit from the distance analysis since it was not possible to conduct it in person because of serious anorexia, as well as Roberto, 13 years old, in treatment for a serious bereavement, who was able to continue the sessions even when for family reasons he had to move to another city. Alberto, a 24 years old patient, in analysis for six years for alcohol addiction problems, in relation to the limitations imposed by Covid for the therapy and the use of the online sessions, says “of course, the online sessions are not like the ones in the consulting room, but if you make good use of them, they work”.

The Online Setting. A Look Back: The 'Frame' in the Treatment of the Adolescent

Winnicott pointed out (1964) that in the therapy of a patient who has not received good enough initial care, "imposing demands" are made without knowing what they are, demands that can be analyzed only in the setting. The setting, as Pellizzari (2006) points out, guarantees the conditions to observe the unconscious and allow its interpretation. The possibility to start the treatment may require to the psychoanalyst, particularly with adolescents, the ability to adapt to the demands of the patient who physically bursts into the analysis room - a radical difference from the online treatment - with modalities that can vary from remaining silent almost motionless to being loud and impulsive through sudden movements, smells and scents, noises (tone of voice,

banging objects). These modalities can also be conveyed by an almost prosthetic use (Preta, 2007) of technological tools, which encourage the analyst to work on the symbolic signification of the material that the patient brings to the session, to which is added, in particular, the work on the countertransference for the resonances that it can solicit concerning his own adolescence (Maltese, 2006). The treatment of adolescents, as in the case of very disturbed patients, can at times commit the analyst to maintain the setting as the main element of the treatment process, being confident that the patient will be able to benefit of containment and interpretations. In the online treatment of the adolescent, the analyst is called to a different function of "container" and "guarantor" of the setting even if it is not rare that it is the patient who intervenes as in the case of problems of "connection", a term that is also a metaphor of the online analytical relationship. Luca, 15 years old, one day when the session was difficult because the connection was unstable, says to the analyst “don't worry, I'll take care of it, let's try Google Meet, I'll teach you”.

The adherence to the rules of the setting means for the adolescent to make an adaptation similar to what the analyst will be able to do with the patient, taking into account - beyond the technical skills - that the intake may fail because "we don't get on together",. This is a delicate issue that concerns the process of choosing the psychotherapist to whom to send "that" patient. It is very difficult to start an online therapy without at least an in-person meeting beforehand, although not impossible. We know how the intake with the adolescent is also characterized by an "examination" to which we are subjected by the patient and which concerns what we are - physically and emotionally -, our competencies about his world (games, sport, music, relationships, language, etc.), the "location" (place and room of analysis) and how long we receive him: the room of analysis as the "body" of the analyst and as such, in the transference, a possible object of attacks. In the online treatment, the analyst can be challenged by the patient on the "technological" side. Giulia, 17 years old, asks to be shown the image of a character in a film by starting the "sharing of the screen". The request concerns the area of sharing in which the analyst must know how to show only the requested image protecting the other contents present on the screen but also a test of the analyst's ability to juggle with the program. Will he/she be able to connect with the inner world of the patient and her needs? With online treatment, the setting is no longer exclusively in the analyst's room and is mediated by the images on the screens which are filmed by video cameras. Furthermore, in the online setting, the analyst is no longer the guarantor of the patient's privacy - regardless of age - as is the case in face-to-face sessions, but it is also the patient who must take action - and if this does not happen it is subject to interpretation - to protect the setting. The online setting, therefore, requires a collaboration between analyst and patient that is different from the face-to-face setting.

The Tsunami

The arrival of the Covid had some characteristics similar to the arrival of the tsunami (a term also used by Sarno, 2020). The Japanese term tsunami is composed of the word

tsu = port and *nami = big wave*. It entered our vocabulary thanks to technology that showed scenes with unprecedented detail and allowed us to witness the events live during the tragic events that took place on 26 December 2004 in the Sea of Japan. The characteristic feature is the appearance of a destructive wave in an often serene weather condition that bodes well for the future. A reality that introduces the theme of the uncanny, of the familiar that becomes alien and persecutory. Paolo, sixteen years old, in therapy for difficulties at school, following a violent conflict between his parents, to illustrate his experience, says "I must tell you something! A terrible tsunami has taken place!"

In January 2020, the social climate in Italy was, on the whole, calm - apart from the economic and political problems - and there was talk of a flu epidemic breaking out in Wuhan, China, which seemed too far away to be close. Conspiracies circulated that the Chinese had created a virus in the laboratory and that it had 'escaped' or developed through contact with bats. In any case, the atmosphere was 'relaxed' and the adolescents in difficulty continued their psychotherapy in person without the slightest shadow of a doubt as to what was about to suddenly happen, also because part of the adult world seemed to minimize what was happening. And what about the adolescents? They too continued to request therapy for difficulties in studying, socializing, behavioral and 'conduct' disorders, the consumption of marijuana and above all the 'notorious' addiction to mobile phones, etc. The reactions at the beginning of the epidemic with many adolescent patients were one of indifference but also of denial, unfortunately, conveyed by the deplorable statements of public figures who played down the whole situation before having to change their minds.

Then the virus spread rapidly and dramatically and the whole community realized that the situation was very serious. In the diagnosis of the adolescent, a relevant variable is a presence of the capacity to worry responsibly (Winnicott, 1963), which is combined with an adequate capacity, compatible with the age, to examine reality. The general feeling linked to the explosion of the pandemic was one of great bewilderment. The tsunami. But what about adolescents? They faced the first sudden hard lockdown without part of the 'adult world' taking into account how difficult the situation was for them too: the need to socialize, play sports and attend school, the possibility of vaccinating them were not considered a priority. While it was being discussed whether the distance of one meter between desks in the classroom should be measured by the students' lip rhymes, they stayed at home in the triumph of the availability of mobile phones and PCs, which partly compensated for the serious loss of socialization.

The Setting in the Online Treatment of Adolescents

It is complicated to start therapy at a distance, with adolescents even more so because of the need they have to meet the analyst, see him and feel, before understanding, if they can trust him. An initial distinction must be made concerning the age of the patient, the level of autonomy in the use of the technological instrument, the quality of the

connection and the availability of space and time in which to participate without disturbance in the session. In some cases, adolescent patients, during the most rigid lockdown, chose to go on the apartment terrace or in the street to have a space protected from the intrusive presence of family members. The conduct of online treatment requires that the adolescent feels sufficiently protected, that he/she is not overheard by others and that he/she has a device that provides a guarantee of being able to hold on during the session. In the first phase of confinement, some adolescents refused online sessions because they felt lost: they showed disorientation, thus bringing to therapy the difficulty of realizing what was happening to them. One can hypothesize that the heavy and necessary limitations imposed by the containment of the epidemic resonated for some adolescents as a deprivation (Winnicott, 1984) and emerged in the transference through a rebellion, an "angry" refusal of the session: a possible protest against the loss of sensoriality/sociality in daily life without certain prospects of recovery. It was possible to keep an update on their situation through "messaging". Other patients, instead, after initial disorientation, continued with naturalness the online treatment bringing their anxieties and depressive feelings related to a new condition. A separate chapter deals with the role of parents in online treatment. On their collaboration depends the possibility that their children can enjoy a setting that guarantees analytical work.

A Particular Type of Remote Analytical Treatment: The "Cannabis Addict" Adolescent Patient *[Niccolò Gozzi, Valeria Gristina, Francesca Tranquilli, Valentina Trombacco]*

The following clinical examples concern a particular type of patient, marijuana users. In our experience, these patients have shown during psychotherapy to use the online modality to bring in contents that had not emerged during face-to-face sessions. Moreover, we did not record a refusal to continue the treatment remotely. We hypothesize that the online session - regardless of the restrictions imposed by the *lockdown* - may represent an opportunity for all adolescents, in some specific cases and at some particular moments of the treatment, for example when the patient refuses to come to the session because of fatigue or overwork. The mother-child relationship cannot be virtual and the room of analysis proposes a sensoriality that follows the traces of early experiences and supports/characterizes the transference-countertransference relationship. This sensoriality is limited and different in online sessions. In-person sessions can in some cases be excessive for the patient - in particular for the adolescent who is also dealing with his own bodily/psychic transformations (Nicolò, Ruggiero, 2016) - because they solicit at an unconscious level the recovery and amplification of feelings and experiences related to experiences of parental *impingement.* Therefore, the analyst's management of the online treatment with characteristics similar to play - for example by supporting creativity in sharing the screen -, can allow the emergence of deep experiences with less persecutory qualities.

At the same time, however, the psychotherapist must be able to assess whether and

when the patient uses the online in the service of his or her defenses while keeping the analytical setting constantly active.

A substantial number of adolescents consume marijuana: although, based on our clinical experience we believe the percentages are higher, 33.5 % of 15-19-year-olds, 850,00 young people, have used *cannabis* at least once in their lives and 25.8 % have used it during 2019, according to the annual report (2020) to Parliament on the phenomenon of drug dependence in Italy. Some of them have an addiction that forces them to take a daily dose. The 'joints' in circulation are different from those of the past because dealers have put on the market *weed* and *smoke* with particularly high percentages of *THC*, the active ingredient. This induces a greater 'high' which translates into specific effects for each user. In fact, for some of our patients, 'smoking' has a similar function to a psychotropic drug, without being one, because it becomes an opportunity to socialize, it silently influences mood and has an apparent anxiolytic effect. In the clinic, on the other hand, paranoid feelings, anxiety, distortion of thought and a tendency to "muffle" the reality testing appear. Adolescent patients do not always enter treatment for reasons related to THC dependence, of which their parents are often unaware.

From our perspective, adolescents who habitually use cannabis could appear as a potentially more fragile category of patients facing the impact of the health emergency and the consequences of social isolation associated with it.

How would they cope with the limitations and the risk of no longer being able to use their chosen self-care? The risk was perhaps represented by the increased possibility of fragmentation, where an almost unstable psychic balance had settled on the concrete (pseudo)support of a substance. Moreover, in the absence of the concrete containment of the setting in the analysis room, what would have happened? How would they have approached the psychotherapeutic work?

The lack of the here and now in the analysis room at the beginning of the pandemic required a rescue solution - the online link - the possibility of reaching each other in a different but real place other than the analysis room, which gave the possibility of finding each other again. The online connection supported the maintenance of the bond and alliance already built and could represent a guarantee against the risk of dispersion, of the interruption of the therapeutic process imposed by isolation. It also represented an element of continuity at a time when our patients were deprived of "normal" opportunities to socialize: school, friends, sports, etc.

The reality linked to the pandemic became a perturbing place, inhabited by persecutory objects, continuously projected by the adult social context confused in facing the emergency, with the consequence that adolescents could no longer live the external reality as a place where to escape and shelter from the internal turmoil, from the environmental/family tensions. To escape from their malaise they were left with the bedroom, the joint and the virtual world where even the mind is blocked in the here

and now. Silvia, 15 years old: How can I think about the future if everyone is always and only talking about the present?

The adolescent's room and the constant use of marjiuana create a kind of refuge, as Steiner (1996) describes it, a protected place where one can withdraw from tensions, concerns and anxieties. It is a refuge that is characterized by powerful use of defenses and in which the patient can become unreachable. If this is transient it does not necessarily represent a problem, but if it becomes a permanent psychic structure it manifests an alteration in the perception of reality that allows one to evade frustration and develop a pseudo-adaptation to the real world. During the lockdown patients allowed the analyst, through the online setting, to access these refuges of the mind allowing the work of symbolization. We could imagine online psychoanalysis as building a bridge that offers the patient the prospect of a connection with the outside world, contact with a reality that is still alive and existing. Sometimes in face-to-face sessions, it can happen that the patient is not contactable, not connected, and the analysis does not progress, it gets stuck in a formal closeness. The technological vehicle can blur the distance, and lessen the fear of analyst/patient contact. Moreover, the joint smoked unexpectedly during the session, forced the analyst to deal with a concrete, bodily dimension, different and limited in the online treatment compared to the sessions in presence, a dimension that requires an intense work of representation and symbolization.

Salvatore *[Niccolò Gozzi]*

Salvatore, 23 years old, a marijuana user since his adolescence, in analysis because of a block in his studies, never hid the fact that he smoked cannabis, but the analysis remained on a superficial level, it did not progress, and during a session, via Skype, he began as follows:

P.: Doctor, I had a dream, but I won't tell you about it, otherwise you'll get scared.

A.: If we look at it together certain dreams or thoughts can be less scary.

Salvatore remained silent and slowly began to roll a joint. The subject of smoking had never been taboo, but he had never gone so far as to show me, albeit behind the medium of the screen, the physicality of the joint. Even in the consulting room, he had never come with the smell of the joint on his clothes, it was something that remained in the background, in the phantasmal, it never became concrete. And now there it is, in front of us, all the rituality of the joint, all the consummate and expert gestures, the analyst a silent spectator. The joint is rolled, lit and smoked and after a few puffs Salvatore relaxes, I can see him leaning back on the backrest, his head tilted back and then he starts to speak again.

P.: I dreamt that my girlfriend was getting inside my head, controlling my thoughts and I was breaking a plate over her head.

A.: Maybe the fear you were talking about was not for me, but it was your fear,

you had been afraid of that dream.

P.: I don't know if it's a dream or if it happened.

In the meantime, he continues to smoke. The analyst waits in silence.

A.: It seems to me that the joint protected you from your thoughts, just as you wanted to protect the analyst by not telling me the dream, so the joint protected you from thinking about what you were experiencing. Smoking removes the obligation to look at what is frightening. You fear your fantasies a lot, you fear that they will come true like the desire to smash the plate over your girlfriend's (or the analyst's) head, and when we go during the session to look closely at these thoughts in the next session you arrive late or skip it.

Salvatore remains silent and then: yes, now and then I smoke away from my thoughts...

Emma *[Valeria Gristina]*

As the lockdown broke out, Emma and I asked ourselves: where do we find a *setting* if we no longer have a *setting*?

Emma lives in a small house with her one-and-a-half-year-old sister, her mother and her partner. She does her video lessons on her mobile phone, doesn't have a computer, and her room has thin walls. Where will I take place? She asks me when we make arrangements for new online session times. We immediately thought of meeting at the end of her lessons and not having the session in her room but in the family car or, with the arrival of fine weather, on her terrace.

Once a real *setting, a* time and a place had been recreated, the rarefied atmosphere of her thinking that thinned out in my room during our face-to-face sessions was released in the same way through the Internet connection of our Facetime video/sessions.

Can it be said that the quality of online sessions has remained the same as in-person sessions?

On the transference-counter-transference level, the dynamics of exchange seemed quite familiar; her lack of associative thoughts turned into a necessary vicarious use of my mind to think for her and build the threads, the associative links between the rarefied clouds of her thought.

So after an initial moment of bewilderment, of my reflexive rarefaction, I found the possibility of not succumbing to that emotional distance so well achieved through the intake of *cannabis* (in quarantine no longer possible for her), a distance recreated by the online sessions. I was urged to keep my ability to think alive, to function as an auxiliary mind, searching for words that could signify and above all bind her lost emotional experiences.

Emma dreams of curing her 'feeling nothing and understanding nothing of what

she has inside' with another layer impervious to pain, a quarantine from emotions that only by smoking can she find. Emma tells me that she dreams of a joint there, on that terrace, with her friend, her neighbor, and can't wait because now she is really fed up. Already closed in her great fragility, she dreams of isolating herself even more from the threatening and interceding outside, like in a matryoshka doll. That's how she would like to become, a Matryoshka doll with many layers so that she no longer feels anything.

In online sessions, it is the body that remains outside (see Cannella-Merciai and Goisis in this same journal), all the non-verbal corollary that the sessions convey and that impart further meanings to the verbal material. The body inebriated with sensations linked to the substance(marjiuana), however, distances itself from itself, and perhaps remains a critical point, a blind spot precisely in online therapy, where the body is isolated from that natural and social exchange, and flattens out in the screen of the video sessions.

Riccardo *[Francesca Tranquilli]*

An unusual saying of "yes" "...wait...can you hear me?" is the incipit of the first virtual meeting with Riccardo. We had greeted each other on the occasion of the #iorestoacasa decree issued on 9 March 2020. The connection suffers the fatigue of the Internet connection and of having to use his mother's account. Riccardo will turn 18 in 2020, he places the tablet on a shelf above, the perspective is receding, I feel distant, and the fact flashes in my mind that he will do everything to make me perceive the arbitrary possibility he now has to place me wherever he wants, to do with me what he wants, now that the setting is quite disassembled. I also feel disassembled, I see my face on the screen which causes an alienating sensation in me: the setting I can offer him (my house) is extraneous, my voice passes through yet another channel, and does not go with the rhythm of the visible movements, everything is separated. And so I often end up looking up at the ceiling or watching Riccardo wander around the room, making himself visually unreachable as if he were playing hide and seek. I make an effort to think that I should be grateful to him for accepting what I am offering him. I think Riccardo is trying to make an exchange that could be experienced as flat and surreal rough and manipulable.

I have been following Riccardo since he was 14 years old and it can be said that he 'learned' to smoke pot during treatment. Because living adolescence can mean passing through the experience of smoking in the peer group, as an attempt to find oneself like the others and with the others struggling with a loss of Self. The therapeutic connection with Riccardo is certain since the beginning (also thanks to the good keeping of his parents) with the frequency of two weekly sessions, rare delays or absences, but fierce attacks, the mocking irony with annexed devaluation. Entering his room in a condition of necessity, which makes the matter "intrusive", I feel thrown back, to the times when

the *setting* and the analyst were continuously put to the test. I think that playing and manipulating my presence reduced to an image on the screen, touching omnipotence and impotence at the same time, is Riccardo's way of trying to place me as a real, living object that he can use creatively, confirming my identity as an analyst as when we were in the room. Winnicott in expounding his thesis on transitional phenomena and the use of an object asserts that if the object is to be used, it must necessarily be real, in the sense of being part of a shared reality, and not a bundle of projections (Winnicott, 1969). Despite the upheaval of the environmental conditions, it is possible that the patient can retain the ability to place me, as an object, outside of omnipotent control or projective reality. In the countertransference, I felt that I existed for the patient.

During the video call sessions, Riccardo makes frequent references to the real world, showing the multidimensional scenario, the presence of objects, sounds and smells, hints that make the senses speak, in an attempt to launch 'life signals' (quoting Franco Battiato) that can pierce the screen, to show that time has not stopped even if everything has stopped. He happened to spray some perfume and let it evaporate in front of me, claiming there was some stench, thus communicating to me that the continuous and solitary presence in the room is becoming malodorous, that managing the adolescent body alone can be unpleasant or frightening.

Freud, in describing the transformation of libido into anguish, explains the origin of anguish in children, giving the example of a scene he witnessed, referring to his three-year-old nephew, who, finding himself in a darkened room, said: "*Auntie, talk to me; I am afraid of the dark*". The aunt then replied: "*But what's the use? So you don't see me anyway.*" "*It doesn't matter*," *replied the child*, "*if someone talks there is light.*" (Freud, 1905). The response to a state of distress and bewilderment can be through a request for contact and an offer of contact. I have always been struck by the English expression *keep in touch*, usually expressed in proximity to a greeting, because it renders well the idea of being able to declare the will to maintain contact, (physical, visual, auditory) much more evocative than the Italian *ci sentiamo* (more to do with the auditory channel).

The intervention of an external agent opened up a gap between what was possible and what was desired, and the 'freezing' effect of the possibilities brought about by the restrictions opened up a reflection on what the psychic impediments were to the achievement of the goals that had so far not been reached. It was as if the armor-plating effect of the pandemic had put defenses or fears on hold, allowing a better glimpse of what lay behind them, making unconscious desires more accessible to thought, and allowing us to observe together (patient and analyst) different aspects of psychic functioning. A reflection that emerged during the remote sessions with Riccardo was "*I feel like a fool if I think of all the things I have not done, because of laziness, because I wasted time doing useless things because I deadened myself with cannabis"*. A year and a half after being arrested by the police for possession of drugs, which came as an important superegoic reminder, Riccardo's awareness grew that the feeling of

transgression, the excitement of sharing with his peers, left in the background his need to '*manage*' his emotional turmoil. At a time when the small stocks of *hashish are* reduced, the possibilities of meeting friends are banned and the availability is on the *blink*, how is it possible to preserve the sensation expressed in the sentence '*with the joints if the sky is grey the sun comes out, you don't think about anything anymore; that is not that you don't think, you think even more but you are relaxed ... easy ... but it's not always like that*'? Together we reasoned on the fact that the prolonged use of this powerful sedative had affected the capacity for thought and action. The joints had taken the place of everything else, progressively consuming his psychic energy.

The pressure of anguish related to the daily news of the numbers of people hospitalized and dying is brought up by Riccardo in one of the online sessions. He tries to conceal the concern with his usual scientific reflections. Riccardo has the window of his room open onto a small balcony, he turns away and goes out for a smoke. He starts to tell me what he sees, he tells me about a mountain, I think he is throwing his desires for freedom there, he lists the various surrounding villages dwelling on the almost exciting pink color of the sunset. The lit cigarette in this semi-dreamlike scenario seems to convey an intensification of positive feelings as if it were trying to mitigate the anxiety linked to the continuous updates on the epidemic "with a sunset like this I would take drugs". I feel Riccardo transporting me to the full intensity of what he is experiencing, that fluorescent sunset is a momentary illusion, the gateway to a dissociative reality, like the semi-hallucinatory level of the clouds emanating from the marijuana smoke. But that is not there now.

Carlotta *[Valentina Trombacco]*

Carlotta is 20 years old and has been in therapy for four years for panic attacks and agoraphobia. When she was 14 years old, smoking made her "feel big", compared to the peers of her age, she had a lot of freedom and was very popular even among older boys. Near the age of 16, she began to suffer from anxiety and the use of cannabis became more frequent and took on a different quality, a kind of self-care in an attempt to keep anxieties related to the 'fear of growing up' at bay. The passage from face-to-face therapy to online therapy was not immediate, behind the initial hesitation there was the fear of the violation of the intimacy of her room inside which she had felt confined but also protected when panic blocked her at home. Through Carlotta's stories, I had over time built up an image of that room, of her drawings hanging on the walls, of her clothes piled up on the chair when she tried in vain to get ready to go out. Her room was often the scene of her discomfort but also of her fantasies and desires about what she wanted to do when she grew up. To concretely enter that place, made me feel in the countertransference to break into a top-secret space: I found myself in the position I was in at the beginning of the therapeutic work with her when I felt I had to proceed very gently to avoid escapes - the missed sessions - and her

closures. After a few messages and a phone interview, we finally felt ready to experiment with online meetings. At first, we were surprised at how natural it was to meet through the screen and talk with a sense of liberation of the anxieties linked to the pandemic: now the anxieties were anchored to real persecution, the pandemic. Carlotta continued to smoke cannabis, though less than usual, with the tacit consent of her parents who sometimes smoked with her. At the beginning of a session, she commented: "how strange to see you appear in my room!". In the course of the analysis, she had managed to overcome her fear of going out and coming to sessions when the panic attacks had become less frequent. The walk to the my study had become a way of 'preparing for the meeting', but now that this was not possible, the presence of the therapist in her room was experienced by Carlotta with a disturbing quality. As the sessions progressed she recovered a childhood memory, the "hide-and-seek game" she had played with the teenage daughter of a friend of her father's during a summer holiday. There was something in that game that she now perceives as mischievous, she was very attracted to that older girl who played with her. This memory also contains a transference communication: from the memory, she reaches the therapeutic work characterized by her 'hiding and letting herself be found'. During the years of therapy, it is the first time she recounts a similar memory, Carlotta herself is surprised to have thought of that girl she has not seen again since then. Why does the memory appear at this moment? I think that this dimension of "being and not being" in a therapeutic set-up, in some ways more dreamlike, could have facilitated the emergence of contents, loosening a form of control of herself and the other. Carlotta tells once again how much closeness is exciting but also seductive for her. In the last sessions before the resumption of the meetings in the study, she communicates the difficulty of "seeing each other again in presence", the fear of reappearing in the outside world made persecutory by the pandemic but also the fear of seeing each other again and of putting together and reworking aspects of herself that had emerged during the online sessions.

Conclusions

Online psychoanalytic treatment, initiated out of necessity during the SARS-CoV-2 emergency, has become an opportunity for adolescents with particular therapeutic needs. It does not constitute the preferred choice when in-person sessions are possible and it is the psychotherapist's responsibility to use it. Already in the pre-epidemic era, it was possible to conduct treatments with significant clinical results, treatments that have been accelerated with the limitations imposed by the containment of the spread of the virus. A central theme is the guarantee and quality of the *setting* which, compared to face-to-face treatments, is no longer managed exclusively by the psychoanalyst who is thus called upon to pay greater attention and work in the area of transference/counter-transference. One aspect that we want to highlight is fatigue: working *remotely* is more demanding for us - from the brightness of the screen to the attention - and deprived of

that *libidinal* element that belongs to the passion for in person psychoanalytic work. The online analysis with marijuana patients introduced "acts" - like the patient who defiantly "rolled" his joint in front of the screen - and constituted, in the transference, an important therapeutic opportunity on unconscious aspects such as those related to the relationship with the superego, straddling half way between disinhibition/provocation. The clinical reference to patients with *cannabis addiction* leads us to hypothesize that in online psychotherapy patients with other pathologies can bring contents that were voluntarily omitted or unconsciously removed, which can be recovered and re-elaborated in face-to-face sessions.

Epilogue

Almost all of our adolescent patients tolerated the transition to online therapy. Only a very small number of them preferred to stop, waiting to resume the face-to-face sessions. The impression is that *remote* therapy was used as a pretext to interrupt treatment: some patients did not return even when it was possible to resume. In the periods when the *lockdown was* relaxed, almost all of them expressed the desire to return to the consulting room, sometimes alternating with the remote setting because they preferred to do online therapy without a mask rather than in person, spaced out and with a mask. Or because it was difficult to recover the closeness with the analyst. The category of adolescents is not, at the time of writing this article, among the vaccination priorities, although they are naturally among the most likely to be less compliant - not all of them – as to spacing, mask and hand hygiene. Teachers of high school classes can tell you what compliance with the rules the pupils show outside and inside the school. Teenagers when they return home can easily spread the virus to their families. We cannot predict what future online psychotherapeutic treatment will have. However, it has left an indelible mark and confirmed the possibility of having an effective clinical tool that can reach patients who would otherwise be untreatable, for example, because of the distance from a therapist.

However, we have detected a worrying condition in our adolescent patients. Their moods are affected by intense moments of depression that grip them because they are deprived of most opportunities to socialize and experience their bodies, commencing with their sexuality. Anhedonia and lack of pleasure are the prices they are paying. After the *tsunami, what* remains now is a great void. There is much to be done to heal and psychologically support adolescents - emotionally wounded by distancing - who were given less attention during the epidemic than they need and have a right to.

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What Happened to the Group Work?

Silvia Corbella

Abstract

The article begins with the author's reflections on *lockdowns* and the consequences of the pandemic in our daily lives, characterized by the attack on relationship. She differentiates her thoughts after the first and second *lockdowns* and also refers to the changes induced by doing individual and group analysis *online*. She emphasizes how psychoanalytically oriented group work has been more penalized by *online* work than individual therapy, and in particular the difficulty of creating moments of "good sociality" in both therapy and training groups. But with amazement she recounts experiences that led her to change her mind and to discover that even in *Zoom* groups it is possible to recreate moments of "good sociality".

Keywords

Observant subject, pandemic, uncertainty, online therapies, group.

The Observing Subject

Dr. Elisabetta Dozio (*Université de Paris)* contacted me for the interview "Impact of External Reality (Covid19) on the Therapist/Patient Relationship" and asked me what images the thought of the pandemic and *lockdown* evoked in me. After a few moments, I answered: a forest of question marks, Munch's *The Scream*, and Monet's *Water Lilies*. Why did my preconscious conjure up Munch's *The Scream*? From what ancient and current fears had it unexpectedly and violently emerged? That Munch painting once seen cannot be forgotten, but my response stunned me. I hadn't expected it, and especially not during a positive and inspiring encounter.

I am writing this because we know how much the observing subject influences the observed object and therefore what I am going to say about group work. Moreover, the images evoked also demonstrate how abruptly, in this situation, the external world has entered our internal world.

The forest of question marks, on the other hand, has been familiar to me for a long time: I have learned to live with uncertainty, sometimes with a sense of impotence and fear, other times with curiosity and pleasure. For example, uncertainty at times evokes the memory of summers spent sailing with my spouse, when the wind decided for us whether or not we could follow the programmed route, or if we had to take different routes or stay in oadstead or in port. Monet's *Water Lilies* synthesizes, in their ever-sweet melancholic harmony, a sense of beauty, serenity and becoming with time and

seasons. These flowers evoke for me the astonishment of the unexpected pleasure I felt during the first *lockdown*, in rearranging my library and at the same time reflecting on my past and awakening ancient memories.

I then understood what Munch's *The Scream* meant to me: the fear of death in solitude, without the presence of loved ones, to which Covid sentences its victims, in a situation that, as Kaës (2020) writes, "it is the bond itself that kills." The complete solitude of these deaths had never happened in the past, nor had the suppression of rituals that allowed the relatives moments of sharing and consolation; even during plagues, in lazarettos, sick people could give each other comfort. This is not possible in hospitals today. "New rituals" have been invented, at a distance, which at times, instead of giving comfort, increase the sense of loneliness and abandonment.

I consider the consequences of Covid to be the most violent attack ever made on the relationship with others and also on the individual's social constitution and sensoriality. A particularly serious attack, at a time when our patients often carry a malaise resulting from a defect in subjectification.

Kaës in 2012, in a pre-Covid time, in his book "Le Malêtre", already emphasized the inescapability, in our contemporary world, of confrontation with the epochal mutations affecting the processes of the individual's subjectification, with negative repercussions even in interpersonal relationships. In his opinion, contemporary malaise is located "at the crossroads of the unconscious and culture" and occupies both intrapsychic and intersubjective space in a situation of mutual dependence, and today, due to the consequences of Covid, as never before.

We have often spoken of the war against the Covid, a term already used about the great plagues, which reactivated ancestral fears and anxieties, but in times of war the population is cohesive against the enemy, as Bion teaches us with the basic assumption of attack and escape.

I belong to the generation born after the war, the first generation in the history of Europe to have gone through life without ever having witnessed a period of war.

From the tales of my grandparents and parents emerged stories of great solidarity, of enhancement and strengthening of social ties. On the other hand, this pandemic has not only attacked relationships but also the habits of our daily lives, depriving us of natural freedoms and reactivating archaic paranoid anxieties. It has re-actualized the "*Homo Homini lupus*" of Hobbesian memory and has forced us to distance ourselves from each other, a sort of *vade retro*, called "social distancing".

And in the meantime, what happened to the work of the analytically oriented group?

Many things, compared to the origins, starting with the frequency of the sessions and the length of stay of each participant within the group. Obviously, I do not intend to summarize the course of the analytic group setting in Italy from the beginning of the 1970s. However, I believe it is important to highlight two things that I have shared with

many colleagues. For many of us, after the economic crisis of the first decade of the new millennium, it was deemed necessary to reduce the two weekly meetings of one hour to a single meeting of one and a half hours. Not so much for financial problems, but for the inability of patients to be absent from work twice a week, as they are often burdened with commitments resulting from staff reductions in their work area.

The thing that surprised me most is that, even if at the beginning the psychoanalytic group work was considered an accelerator compared to individual analysis, from 2000 onwards I noticed a difficulty on the part of many participants in leaving the group, not because they had not achieved significant improvements in their quality of life, but because the group *setting* is often considered the only "social" place where they can be authentically themselves without masks, where they can show their fragility without fear of judgment and where the bond is no longer just a means but an end in itself.

With the advent of Covid and the rules of distancing, I asked myself many questions about how to continue individual work and especially work in the analytically oriented group *setting.*

Faced with these questions I felt the need to exchange thoughts with colleagues and I greatly appreciated the initiative of Maurizio Salis, director of the Coirag school in Padua, who invited teachers to express their thoughts on a common platform called *WE CO-BUILD COMPASSES... From the teachers of the School, contributions to "thinking thoughts".*

Reflections After the First Lockdown

April 18, 2020

I feel immersed in an immense and complex group field that starts from my home and extends to Milan, Italy, Europe and the whole world – such are the effects of globalization. A field dominated by painful feelings of anguish about illness and death, fear of loneliness and exclusion, situations of desperate and despairing poverty, the anxiety of not knowing and a pervasive sense of helplessness. In this fog, soft glows of hope emerge here and there, illuminating the desire that in the end we will be capable to do an honest reality check, an examination that can lead to an awareness of our mistakes and allow us to change for the better, leaving behind the primacy exercised by the dominant economic models. I cultivate, perhaps naively, the hope that this obligatory distance between the "me" and the "us", between me and the other, will stimulate the enhancement of deep relationships between people, bring back solidarity and the pleasure of exchanging thoughts, and create a time and space for reflection on what counts in the lives of human beings, on all that is alive, starting with attention to the planet we live on and the duty to take care of it.

As an individual and group psychoanalyst, I realize that my hope stems largely from the attendance and immersion that I do five times a week in my analytically oriented groups, where it's possibile to learn the pleasure of weaving "free bonds" among the

participants, once they have overcome the fear of judgment and distrust of those different from themselves, and have understood the value of conflict which, as Heraclitus said, is the generator of all things. Conflict that always maintains the respect of the other, the creative value of difference, the desire to build bridges between oneself and otherness and doesn't encourage the logic according to which it's only possibile to win or succumb, but goes beyond the often-shouted logic of *mors tua, vita mea.*

The often tiring possibility to stay in the "not knowing″ comes from the long acquaintance with the psychoanalytic practice where we must necessarily master what Bion called "negative capacity", that is the ability to accept uncertainty and to know how to wait as long as necessary for the patient or the group members to give us those pieces that allow us to understand the meaning of the mosaic we are going to create, allowing our interlocutors to understand that analytic work is a co-construction and that the idealized analyst is not omnipotent, but that he can be a model of the ability to tolerate their own limits and the moments in which they do not know in which direction to move.

The situation we are going through can prompt a time of caring for what is outside and inside of us.

As I sorted through the bookcase in my studio, I was overwhelmed by dust and paperwork, but also by memories that brought me gently back to my childhood, to the early years of my work, to the people who loved me and whom I loved and who are no longer with me, and to those who fortunately are still here. For the first time in my life I realized that order can be combined with a pleasant feeling of fresh elegance.

But when will patients be able to enjoy these renovations in my room?

What has been changed by remote working*?*

I only work with adults. I asked each patient what would be the best way to continue therapy at a distance. I allowed them to choose between the telephone (which I have often used since the Eighties with patients in the last months of pregnancy and with those who, for work or family reasons, in some situations could not come to my studio), *WhatsApp video* (which I have been using since its launch, to talk to patients accustomed to *face-to-face* relationships, when, for work, I am not in Milan), *Skype* (used for some years for couples' therapies abroad) or *Zoom* (which I had never used before but that did not created particular difficulties). The patients used to the couch chose the phone and the work did not undergo major changes, also because it was a mode that on some occasions we had already used. Some patients asked me to do the initial and final greeting with *WhatsApp video*; I found this proposal acceptable and pleasant, more similar to the meeting in the studio. All the people I saw *vis à vis* opted for *WhatsApp*, which allowed them to continue the work with me, perhaps going to their parked car, in order to preserve their *privacy.*

Even this modality, sometimes already experimented, did not bring specific problems, except for the lack of important sensory stimuli, of which we were aware – in particular

the impossibility of exchanging direct glances and of seeing each other in our whole body but being able to observe only the face, sometimes a bit deformed by the excessive approach of the cell phone.

In small group work, however, the use of *Zoom* brought out greater differences and complexities than in individual therapy. Sitting in a circle, in the same room, the sensory stimuli are even more present and create that special field that induces members to lower the ego's defenses and to stimulate a feeling similar to that of the dreaming self, capable of activating the preconscious area and of allowing to "Dream and think of the group and in the group" (in "*Storie e luoghi del gruppo*"- Corbella-2003). Such a field cannot be created through digital devices, and during the first "remote" sessions, individuation dynamics inevitably prevailed to the detriment of circularity; my role had to be decidedly more active than in presence. It felt like being in a new group at its first meetings. In the following sessions, the situation gradually improved, even if the warmth of closeness and good social relations continued to be lacking.

The group that I co-lead with my colleague, Paolo Leoni, has been defined by him as the *Diesel Group,* because of the long time it needed to create, in the online meeting, a stimulating circularity. We need more time to circulate emotions, we stay longer on a concrete and rationalized level. When the discussion finally heats up, I realize that I am "overdoing it" by 10-15 minutes and, despite this, I still struggle to end the group, waiting and hoping that sometimes that affectionate circularity that was not uncommon in the real meeting will be realized.

Good Sociality

I agree with Claudio Neri (2014) who considers "the phases of affective exchange and felicitations between participants a substantial contribution to analytical work".

This is the very specific aspect of relational care in the group, a model of healthy and evolutionary relationships for all participants:

> *If these phases did not exist, the field of the group would be different and what is shared during the session would look and feel different. These phases also help to revive group thinking after it has been impacted by very strong reports, images and feelings. Their influence is also felt on the functions that are at work in the phases of intense and deep silence. The warmth and friendliness they promote, in fact, facilitate the processes of introjection of the elements present in the group field. The phases of "affective exchange and felicitation" therefore have a subtle but essential influence on the overall functioning of the group and constitute an important ingredient of what I have called Good group sociality.*

With regard to "Good Sociality", I think it might be interesting to recount the following experience. I joined with pleasure and interest the project "COndiVIDI - Incontrarci a distanza", initiated by the Coirag Development Group of Milan. The group was led by

Dr. Mascaro and Dr. Tonelli: the participants were nine people (including myself) unknown to each other, who were meeting for the first time and would see each other remotely for three meetings of an hour and a half each. I was amazed at how natural and immediate it was to talk to each other and show a part of our external world, a piece of our rooms, but above all to share rooms of our internal world in a way that I would say was warm, welcoming and affectionate, so much so that in the penultimate session one of the participants thought that we could have continued to see each other remotely, even without the presenters, because by now we "belonged to each other". This thought reminded me of the poetic relationship between the fox and "*le petit prince" and* the term "familiarized" used by the fox. It was a very interesting experience for me. At the end of each session I felt particularly serene and relaxed. It had been a long time – since the times when I was a participant observer – since I last was in a group without having the responsibility of leading it. Moreover, I was amazed at how easy it was to share thoughts with unknown but helpful people, needy and trusting in the positivity of exchanging their painful or serene, positive or negative experiences with unknown people. There was no comparison with sessions in presence, as in my groups: it was the first time that a meeting on *Zoom* was possible and sought after by all participants.

So I experienced the paradox of how it was easier and more immediate to build an affectionate circularity from a distance, a good social relationship among willing strangers, than among the participants of a group who have known each other intimately for years but who missed the welcoming habit of meeting in presence.

April 7, 2021

Almost a year later, I agree in part with what I wrote previously, with less hope for what will happen at the end of this emergency, an end that seems less imminent than we thought at the time. The social climate in my opinion is now more tense, disappointed, angry, dominated by impotence and uncertainty, distrust, fear and economic anxiety. In particular, the long-running crisis of what Kaës called "metasocial guarantors*" has* deepened further; trust in the protection that should be provided to citizens at the political and social level appears to be steadily diminishing, not least because of the bombardment of information that we have endured daily during this year, which has prevented positive moments of thought and exchange. Information that Puget (2015), when there had not yet been a pandemic, had defined as "random or radioactive with a butterfly effect*"* : you do not understand where it comes from, it hits you unexpectedly, it risks conditioning and scaring you, it can have unpredictable and dangerous consequences, as well as bombshell news, able to explode disordered emotions without awareness of what really happened.

All this has facilitated a dangerous creation of opinions with the illusory intent to make accessible and less disturbing a mass event such as the pandemic, often enunciated with a "they told me". Opinions sometimes conflicting, incomplete, lacking elements that

can transform them into shared reflections, capable only of arousing fatigue, fear, annoyance, confusion.

We find ourselves dealing with depressed, frightened people, in search of supposedly reassuring truths that then lead to rigid alignments, under the illusion of possessing the only "Truth".

The human need to control the unknown by homologating it to the already known, only increases the confusion and makes it even more difficult to understand the events.

Patients I had not seen or heard from in many years called me back for a meeting in this deprived and complex situation. The pandemic has cut their social ties and prevented the usual moments of exchange, they now feel isolated and particularly penalized, without relatives and without pets, they are amplifying fragilities and fears. They speak for a social group that, even in a less lonely situation, in this times of heightened sense of impotence, fragility, depression and fear of the future feel the need to make sense of what is happening, highlighting, in the constant dialectic between the internal world and the external world that, as never before, that the latter invades and enters into a dangerous summation with the fragility of the former whose intrapsychic and inter-subjective spaces have become as porous as the walls of the analysis room and condition each other.

I believe it is essential, both in individual and group work, to help patients understand that their current malaise is the result of a dangerous summation with the emotions, anger and anguish that circulate in the social environment, in the air that one breathes in the few minutes of free time. Thanks to the sharing and exchange in *Zoom* groups, it is possible to understand how much, in the experiences of each participant, depends on their specific context and also on the moment that the group is going through. This enables us to avoid a dangerous summation with the outside world, and to emerge from the sense of impotence that often leads to looking for presumed culprits. In the group work, we have come to understand that unspoken words and the creation of a scapegoat are potentially destructive elements present in every group, and to see how illusory is the fantasy that, having found an alleged culprit, we can recover reassuring certainties. The exchange of thoughts and emotions allows each of us to regain possession of our real power that, however limited, can make us feel again "actors and witnesses of our time and our becoming" (Puget, 2012), able to safeguard relationships and open to new encounters, as we will see in the following examples.

What Space is Available in the Covid Era for the Analytically Oriented Small Group?

The room in my studio is large enough to allow three other people in addition to myself to be present, so that I can guarantee the safety distance required by law. This allowed me to let the members of my groups decide whether to come to the office or to "Zoom" in. There were no problems, because in no group were there ever more than three patients who chose to be present, although they were not always the same. It can

sometimes happen that all participants in a group decide to connect remotely or that someone prefers to come to the office, something of which the whole group is warned, in time and on *WhatsApp*.

I made this choice after discussions with colleagues, some of whom had decided, like me, to do "mixed" groups while others, for various reasons, had thought it best that all participants connect online.

I thought it was correct, when possible, to respect the different needs of each one, without making the patients suffer further impositions to add to those that the anti-Covid rules already prescribe. I understood, as the work progressed, how much the choices of individual members communicated to me about their state of mind and the phase that the whole group was going through, and in some situations I experienced with amazement and interest how the presence in the study of some members was able to evoke sensory involvement that could have a driving function even for those who were connected in rectangular, halved and halving images.

I am aware that my choice increases the complexity of the situation for the therapist, but in my opinion it is worth it. In this regard, I think it is useful to recall the definition of Complexity recently provided to me by my friend epistemologist Silvano Tagliagambe, comparing the terms "simple" and "complex".

> *"Simple" comes from "semel plectere", to bend only once. This term therefore indicates a process whose evolution, at a certain point, takes a turn, and therefore becomes predictable and banal. In fact, if you take a sheet of paper, fold it only once and let a ball slide inside it, it will be easy to notice that the ball, in its path, can only follow the only fold of the sheet: its trajectory, consequently, can never deviate from this groove and for this reason it can be easily predicted in every phase and development. The idea of the "simple", therefore, is in its fold: it, precisely for this reason, can be "unfolded" by identifying the fold that characterizes it.*
> *"Complex," composed of "cum" and "plectere," means "to fold together," "to con-twist", and thus evokes multiple folds, multiple faces: it has the meaning of "folded several times", and thus intertwined, entangled, twisted.*
> *The first ball, made to slide inside a sheet folded several times, follows unpredictable trajectories. A typical example of complexity understood in this sense is the art of "folding paper" which produces origami, from the Japanese ori, fold, and kami, paper. This art was born in China, but it was also known by Arabs before arriving in the West in relatively recent times. The modern technique uses few types of folds combined in an infinite variety of ways to create even extremely complicated models. The origami, for the peculiar traits that characterize it, represents and expresses in the most effective way the idea of complexity as a multiplicity of folds and aspects coexisting in a harmonious whole.*

To the Unexpected a God Opens the Way

Thus recites a fragment of Heraclitus, offered to me by memory, at the end of a session whose emotional intensity was certainly no less than that which is sometimes possible to share in face-to-face meetings.

The group I will refer to consists of seven patients, five men and two women, and one participant observer (present in each group I conducted). (The patients referred to have been anonymized and, after reading this, have consented to the use of the clinical material about them).

We are at the beginning of March, Livio appears first in my room on Zoom. He is sorry for not being able to be present, and he tells me that he has had a particular weekend and that he has many things he wants to share with the others. His words amaze me; a few sessions earlier he had expressed the feeling that he did not yet feel well integrated into the group.

Livio, now in his thirties, did a little over a year of one-on-one meetings with me and then three years in a group that I ended after the summer. For the first time I had to end a group, I didn't think it was right to include new people without being able to introduce them in presence. Of the five people left in the group, three had successfully concluded their therapeutic path, one needed to undertake an individual analytical path and Livio had the desire and need to continue the group work. I suggested that he participate in a group that in my opinion could work well for him.

The patient is a very reserved person, not accustomed to naming his emotions – emotions that in his family had never been granted the dignity of listening; his father, at times inadequate as a parent, had defined him as a glass ball and he has not yet completely detached himself from this image of himself. In the year preceding the closure of the group Livio had decided with his girlfriend, after years of cohabitation, to buy a house, but a few months after settling in the new house he had been left by the girl in an unpredictable and very violent way – despicable, according to the companions of the first group.

After the abandonment, Livio, stimulated by the participants to express his pain and his legitimate anger, closed himself off, trying to justify his ex-partner's behavior, even though he had fallen into depression because of this. The theme of abandonment was taken up in the group until its closure, but Livio's attitude towards his pain was always avoidant.

He has now been in his new group for just over five months, where he has been well received and is participating more actively. His self-esteem that we have built over the course of our work is beginning to pay off, both on a personal level and on a work and relationship level.

In the group, for some sessions, there has been a need to welcome, name and

signify one's own emotions, even the difficult and painful ones. Unexpectedly, in this session, Livio assumed the role of "Genius loci" (Neri-1995).

Neri uses this concise and elegant expression to indicate that deity who, for the Romans, had a particular relationship with the harmony of the place, presiding over the good relationship between the different elements: water, winds, vegetation. The Genius loci is represented in the therapeutic group by that patient who, in a particular situation, is able to animate or reanimate the identity of the group, activating its feeling, and connecting the progress of the group with its affective base, avoiding lacerations and wounds in the syncretic identity of the members and at the same time, allowing the group to evolve. Livio in this session becomes an affective reference capable of giving words to the emerging emotions and of being their affectionate spokesman. For the first time he was the first to take the floor, telling about himself without interruption for over an hour, listened to with excited silence by the whole group, including me.

Our Genius Loci, passionate player and perhaps future creator of video games (this has been his dream for years), says he spent the whole weekend with three particular interactive video games, in which his role was to become the narrator and active subject within the story.

The first game he tells us about is about a father who, on an island, finds traces of various kinds, toys, clothes, drawings, of his son who has fallen into the sea, until he accepts his inescapable death and then, symbolically, lets him go peacefully. This story for him lasted 5 hours with an involvement that he communicated to us and that in some way we all shared. The second story still has to do with death: the protagonist is a girl who, in a very beautiful old house, sees the paintings of her ancestors that tell her their story and the cause of their death. The stories of her ancestors are a way to remember her own formation and, in part, her own identity; the diary she writes throughout the story is dedicated to her future son, to allow him to know his own past as well. If I understand correctly, the whole thing ends with a light beyond the fog, a sort of awakening to life.

The third story tells of two doctors who allow dying people to realize their deepest wish, but on the condition that they erase all their memories. The protagonist, before dying, expresses his wish to go to the moon, but he does not want to lose the memory of his beloved wife; in the end, however, he chooses to fulfill his wish. The narrative ends when the figure of his beloved wife appears on the shuttle that is taking him to the moon, and the protagonist can close his eyes and surrender in peace to death.

Certainly my story cannot convey the emotion felt by all the participants, enchanted by the stories and impressed by the emotional involvement in which Livio was able to transport us. He found his own way, rooted in his most creative aspects, to involve us with deep emotion in the narratives. At the end of the stories

and the narration of himself through them, he told us that he understood that he could only share with us his very special weekend.

Death, with the meaning of transformation and rebirth, was the emerging theme in the group and Livio was its spokesperson, with an engaging and delicate narrative ability to deal with the theme of change. The pre-conscious choice to address those themes came at a time when Livio felt he had found the context to do so with courage and self-respect, confident that he could finally be heard and listen to himself. Emerging from his quicksand, he pulled the group with him, circulating intense emotions that instilled hope that change is possible for participants, even if the group is no longer meeting in presence.

I valued the significance of what happened both for Livio and for the whole group.

Death, the predominant theme in the games narrated by Livio, considered in its symbolic meaning of transformation par excellence, allowed a transformative process with respect to his story and in particular to the dramatic end of his love relationship. Livio was finally able to think of himself as an actor of the events, as opposed to other moments in which he had suffered them passively; he felt he could be a protagonist, trying to modify the meanings of the memories imprinted in his brain. The patient was able to evoke thoughts left unresolved for too long and exclaim, like the good surfer he is: I rode the wave!

Marco recognizes and enhances Livio's accomplishments by comparing his way of playing and the meaning he attributes to video games: "I play so I don't think". Mara comments: Livio came out of an emotional quarantine feeling he could express parts of himself that until today he had not allowed himself to recognize. He has exposed himself a lot, and for a long time as never before, he has allowed himself to face complex and painful themes in a new way, without avoiding them but facing them in a courageous way. I tell Livio that in this way he has changed the meaning of his memories, allowing himself, thanks to video games, to do a sort of self-therapy and to share it with us, becoming the spokesman of the whole group's need to get more in touch with their emotions without fear but in a transformative way.

Ivan, after listening to Livio's engaging narration, says that he feels a great desire to talk about his relationship with his father, after having seen, with great emotion, the last ultrasound of his unborn child who is now recognizable in his features, and who will make him a father for the first time, something he has always deeply desired. Livio's speech highlighted the desire and the value of getting in touch with one's own intense emotions and the group said goodbye with the plan to start again next week from what Ivan had said.

The following session Livio and Ivan were present in my studio to give a meaningful continuity to the previous meeting. Livio underlines the importance of what happened in the last session, almost amazed to have been able to signify and

give voice to emotions that could not be communicated in his family context, and he values the sharing with the group that has allowed him to feel recognized, to be able to enjoy that recognition always lacking in the family, so fundamental for self-esteem and self-awareness. Ivan, too, has never felt seen by his father and says: "not even my father was able to have a relationship with his father. My grandfather died shortly after the war, when my father was four years old". Understanding this has pacified him: "in the end my dad did what he could". Thanks to the work done with us, he hopes to be a good father. We talk about the children, about Mara's maternal ability to welcome her partner's children, and Luisa, along with the festive sharing of Ivan's emotions, reveals the pain of not being able to have children because of her neurodegenerative disease.

In the following session, the last one before the Easter interruption, Luisa has a particularly "bright" look, that the participants notice and emphasize. Luisa reveals to the group that she met a man in a chat room and says that, for the first time, she found herself on the other side: "he has the same illness as me and he told me before I told him." This news and coming ahead of a question that Luisa is used to putting into words at the beginning of every relationship, confused her and left her also a little scared: "I am afraid of the evolutions that this knowledge could bring with it. We have many things in common. Maybe too many". And for the first time, Luisa speaks at length about her illness and her fears after having said: "since I found out I was sick, I haven't involved anyone. I have always gone to the visits alone and only in some moments of great difficulty have I turned to my father, also because my mother went into depression when she learned of my illness". Ivan asked her what her relationship is with this pathology and Luisa sincerely acknowledged that she has never metabolized it. Livio underlines the value of sharing, everyone intervenes with solidarity and understanding. Ivan concludes by emphasizing the importance of being able to trust and exclaims: "you give trust and get a thousand!".

With emotion I feel that what has happened in this group, in the last sessions, has unexpectedly been able to activate a good sociality, despite the sensory deprivations. The complexity of the group, thanks to the multiplicity of folds and coexisting aspects, has built a harmonious whole, an origami.

A group is endowed with good sociality when it is able to satisfy at least in part the need for recognition of the people who form it (...) to develop among the members a common discourse (...) and to contribute to the metabolization of the harmful effects of traumatic events suffered in the past by the people who form the group (pg.100). (Blacks-2021).

And What Happened to the Small Group of Post-graduate Students with Online Classes?

I conclude by looking at the present and the future which, thanks to the commentary

on my lessons by a third-year student of the Coirag school in Milan, Eleonora Casati, opens us up to hope. In my first lesson with third year students who had already come from a year of distance learning, I felt it was right and proper to highlight the differences between a lesson, and even a therapy, in presence and remotely, given the total sensory deprivation that remote mode imposes. We may be under the illusion that sight and hearing maintain their functions, but in reality hearing and sight are also penalized. We do not see or hear each other as we do in face-to-face encounters, we observe half-busts wandering in a non-shared space, often broken into rectangles that form a disharmonious mosaic, and speech arrives later than it is spoken, creating an unpleasant discordance between diction and expression. These situations are significantly different from the face-to-face lesson that occupies a circular space, where the way of sitting, the place occupied, the proximity or distance between one chair and another offer us important information about the individual and the group as a whole, whether it is a group of students or patients. I also recall the concept used by Bleger (1967) of "Syncretic Sociality" which underlines the value of sensory, proprioceptive and kinesthetic experiences in the group, of the sharing of space and physiological rhythms, fundamental aspects that stimulate the sense of reassuring belonging and allow the group to be experienced as stable and reliable. Group analysis, compared to individual analysis, recovers the value of the gaze and stimulates aspects of archaic arousal which, if recognized and understood by the therapist, can become a source of energy specific to the group, since *"arousal does not have a specific* identity attribution *but resonates with the individual participants, thus becoming anonymous and, if well channeled, allows the individual not to become chronic and stimulates new bonds"* (RPPG n° 76-2021).

This topic will be treated in the next issue of the French journal of psychoanalytic group psychotherapy (RPPG) of whose scientific committee I am a member. I reported and will report thoughts of anonymous authors, coming from an interesting and well-argued article that I had to evaluate. They hypothesize that arousal is at the origin of all representation. The increase in arousal that the group stimulates reactivates an energy that originally could not be channeled. In Freud's work, according to the authors "arousal is the devil". But it is a

> *Good devil "when it forces the ego to structure itself as it does in an analytically led group. Conversely, without an adequate container, excitement can become dangerous. The presence of the therapist in the group, a possible source of arousal but also capable of integrating energies, stimulates the passage from arousal to pulsionality and the resumption of thinkability and symbolic signification".*

This served me well in helping the students understand why group work was particularly adversely affected by meeting remotely, and the difficulty for participants to move from the concrete to the symbolic, a difficulty not encountered in face-to-face meetings.

In reviewing what I said in class, student Eleonora Casati wrote:

> *I understood that the fragmentation, the difficulty in accessing the symbolic plane that we often reproached ourselves for last year, is not only linked to what we sometimes experienced as a "defect" of the group, and it is useful to remember this from time to time. It is a way to take care of the group. Perhaps not now, but in more mature times, all this will have acquired its own meaning in the history of our group and in the formative history of each one of us and, like the "Halved Viscount" created by Italo Calvino, we will be able to say: "this is the good of being halved: to understand of every person and thing in the world, the pain that each one has for his own incompleteness. I was whole and did not understand, and I moved around, deaf and incommunicable, among the pains and wounds sown everywhere, where, less as a whole, one dares to believe. Not only am I ... a broken and torn being, but so is everyone. Now I have a fraternity that before, as a whole, I did not know: the one with all the mutilations and shortcomings of the world".*

Zooming into Multifamily Psychoanalysis Groups: The Shift From In-Person to Online.

Andrea Narracci, *Sara Bartolucci* e *Filippo Maria Moscati*

Abstract

Multifamily Psychoanalysis Groups (MFPGs) began in 1950s Buenos Aires, when Jorge Garcia Badaracco (JGB) sought to begin releasing recovered psychotic patients from the psychiatry ward where he worked. JGB understood that it was not enough to just cure the patient; you needed to also actively involve their family.

The fundamental theory on which the Multifamily Groups are based consists of the idea that insanity does not belong to a single person, but to two people, who between them share a symbiotic link, of "pathological and pathogenic interdependence". By diminishing the significance of this link, it becomes possible for both people to access their own "healthy virtuality".

As with other forms of therapy during the pandemic, groups also had to adapt creatively and move to the online sphere. This necessary change allowed for new, surprising experiences and enabled unexpected group dynamics to be observed, which therapists could then integrate thanks to the essential theories and clinical experiences on which MFPGs rely.

Keywords

Online Multifamily Psychoanalysis, Groups, Psychoses, Families, Psychiatry

Until a year ago, MFPGs (Multifamily Psychoanalysis Groups) were held in various institutional settings, and in two of the so-called *privato-sociale* [private sector] entities in Rome. When the pandemic began, the institutional groups stopped meeting while the private groups moved online, one meeting once a week, and the other meeting every two weeks. Our considerations will refer to this latter experience, which has allowed us to keep groups alive and, dare we say, further develop.

Jorge Garcia Badaracco theorized that a group, as it grew, could begin to function with an "extended mind", meaning that in the minds of the participants, in addition to secondary process functioning, "primary process" functioning could be added, through "free associations". From this process, the group would acquire an independent, economizing organizational ability from the synergy of its members. In fact, the online method shows that, after overcoming an initial acclimation phase during which perhaps no one knew exactly how to behave, the group emerged as a single unit in movement,

in a manner that is even clearer than what would have been possible to experience from it previously, in-person.

Virtual meetings show that the group consists of different entities that give it life, but that it is also, and perhaps above all, a single entity, given that the thoughts that each person present expresses, as the group develops, begin to form a single mindset, which is why every personal intervention is also an essential contribution to the group.

The deeper essence of the group is its ability to make clear to everyone, even to its facilitators, that people can disagree without necessarily having to intervene to smooth out differences, and that everyone can learn to tolerate other people's points of view. Following this rule, we can account for the existence of time dedicated to each person, for listening to and expressing themselves. In this arrangement, each member of the group begins a process of subjectification.

The latter is not a side effect, but rather answers the question: "What's the purpose of a group?" It makes it possible to shift from being a "subject of an intervention" to a "subject of one's own transformation", independently of what has been consciously received from all of its components. This is true for patients, family members, as well as facilitators. For the former, the patient and his/her family members, it is a matter of fully accepting that the roles can all be rewritten and that it no longer makes sense to continue basing one's own overall image solely on what appears to oneself. For the latter, it concerns accepting the indeterminate nature of whoever breaks from the stereotyped role of "he who is supposed to know" and of joining the horde of participants of the Group, who are trying to understand what their contribution to the cure could be, whether from a professional point of view or a personal one, really keeping in mind that their own development process is certainly not over. That it will perhaps never be over.

The shift to this aspect entails the possibility of the MFPGs being established as a structure able to economically organize itself on its own, in which each person grapples with the possibility of asking questions of themselves and of others, and of giving and receiving answers to those questions.

The second and last part of Garcia Badaracco's considerations arise for this purpose, since in the last fifteen years of his life he found himself doing something that could only be understandable insofar as it is attempted to be experienced personally: forming groups with patients and family members he did not previously know. Indeed, from 1958 to 1992 he had always led groups with people he was able to know, including from the outside. Starting in 1995, he decided to also hold MFPGs in the men's wards of the "Borda" psychiatric hospital in Buenos Aires, and in the out-patient department of the Mojano hospital in the same city, dedicated to women. The idea was to transmit to as many people as possible what he had learned up to then, and he found out, albeit without admitting it, that the MFPGs, if supported in their actions and given the appropriate amount of time, could allow facilitators to curtail their own narcissism,

thus transforming from group leaders to coordinators, and from coordinators into members of the group, as part of an entity-device that performs analytical functions.

We too were able to experience the unfamiliar, shifting from in-person meetings to virtual ones while managing the MFPGs. Accordingly, there were (and still are) many transformations. We have a clear perception of some of them, a vague sensation of others, while still others belong to unconscious aspects which we have not yet been able to access. We will try to delve further into some of these new elements.

First of all, there is evidence that each of us participate from our own homes and are no longer making all of those (often customary) trips to physically join the group. There is no travel to tackle, no looking for a parking space for the car, no physical fatigue, and there are no smells, sensations, or heat from a shared physical space and the other people physically present.

This lack of physical transition brings with it the modification of a shift in psychic state, the crossing of a "liminal" state, which leads one from an intra-psychic state to an inter-psychic state and from an intra-family interaction to a group interaction. There is a risk of being thrown into it, the moment you turn on the device. This happens despite the fact that there is inevitably a "psychic forerunner" to entering the group, even in the virtual mode.

The people or family members find a little corner of the house, they choose a very specific place to connect from and show themselves, and they choose, somewhat knowingly, how to position themselves in front of the screen. For example, married couples, siblings, or parents and children, who once sat far away from one another in person, now sit on the same couch in the house and are seen as family in the eyes of the group and, furthermore, see themselves portrayed as such in their webcams. Therefore, every member and, if present, every family unit sees before them an image that is reflected on-screen and within the group, like a mirror, for the entire duration of the meeting. The effect of "metaphoric mirroring" that is caused in an in-person MFPG is amplified in its online form: the family, even when fragmented, is unified in front of the computer. Its members see one another side by side on-screen, and can immediately physically look at themselves, even before they are able to see their psychic parts reflected in other family units.

This is accompanied by other behaviors that would have never been seen in an in-person MFPG, such as eating, smoking, or leaving the room to go to the bathroom. It seems that self-preservation instincts invade, and with them the risk that they'll take over, impeding the ability to regulate them. We do not yet have the lucidity (emotional distance or time) needed to analyze how and the extent to which these changes have effectively altered our manner of being in the group and the creation of the "extended mind" at each meeting. But our "vivencia"[1] has made us confront certain questions. For example, we asked ourselves about the meaning of not having a change in state and place to join the group, given that the group occurs where I am, and in a digital and

not physical place.

While on the one hand, not being physically together can cause emotional distance and greater distraction, on the other hand, participating in the group from the intimacy of one's own home could create easier access to one's own internal states. Some people physically noticed it; the freedom and focus experienced in their own homes led to valuable intrapsychic and interpersonal connections and experiences. One family, for example, changed its structure in the shift online. Previously a single, difficult woman mainly participated in the group, and every so often we'd see her mother and her sister, who had an intellectual disability which seemed to allow her to speak only rarely. The two sisters now participate together, logging on at the same work station and interacting in a new and intense way with one another and with the group.

This perception of intimacy and ease of access to one's own experiences cannot, however, be extended to every family unit or member of the group, since there are situations where it can be complex, or even hopeless to participate in the group from the same location (and at times from the same device) where they are suffering every day due to pathogenic and pathological interdependencies. That kind of proximity amplifies the symbiotic anguish that is present in the most serious situations, whereas in-person groups allowed them to be diminished and attenuated.

Among the facilitators, we tracked experiences and perceptions relating to the online meetings, which differed greatly among them. Some of us really suffered from the lack of physical presence and are still struggling to adapt, while others instead appreciate the new meeting method and provide evidence of their innovative and stimulating aspects.

As concerns us, we think first of all that the MFPGs also worked in this new form since, as already noted, their process does not depend on the work of individual leaders, facilitators, family members or patients, but on how the group responds in its complexity.

It was "one surprise to the next" ("Di sorpresa in sorpresa", Badaracco, Narracci 2011), as Jorge Garcia Badaracco wrote, in the new method of exchange we discovered to recognize more clearly, in certain situations, the pathological and pathogenic interdependencies between members of certain families. Lacking the third dimension, physical presence, we noted how certain dynamics at times emerge more quickly or more apparently compared to the in-person meetings.

By interdependence we mean that reciprocal relationship through which a person is impacted by what the other does and vice versa. This functioning is present in all individuals; it is the basis of psychic suffering, and is demonstrated with particular intensity in people who form part of a pathological and pathogenic interdependence. The processes experienced by one are inseparable from those experienced by the other, and vice versa. (Badaracco, 1997)

Why do these processes seem almost clearer to us on a digital platform than in person?

François Richard wrote that "*with Skype, there is a risk that each person will construct their own character, which is seen by the other as if in a film".* With this consideration as our point of departure, we can hypothesize that we were together as if seeing a film, in an online staging of the pathogenic and pathological interdependencies of certain families whose members moved in front of the screen, at times, like characters. Badaracco talks about the "caricatural aspects" of patients when they are forced to act out various characters. Indeed, the author writes about people who are "inhabited by multiple personalities, which are often incompatible with one another, that have prevented them from developing their true self".[2] (Badaracco, 2003).

Interdependencies and "characters" of certain family situations became clearly visible during the most recent period, probably also because our eyes and our ears were more vigilant, more responsive to zooming into the unconscious, as if to make up for and substitute those expressive bodily paradigms that are lost over the network, as Stefano Bolognini (2015) pointed out in his opening presentation at the IPA Congress in Boston.

The facilitator in this new situation of presence-nonphysical presence, cannot allow himself to remain "outside" the interactions, to not declare his "presence", recalling how "showing oneself" means not just talking but also actively listening.

It makes sense for us to think of the MFPG as a "mechanism to seek the truth", in other words, to look for any traumas or struggles that have not been processed. This investigation does not only concern a patient who is "exhibiting symptoms"; on the contrary, the hypothesis that becomes increasingly apparent is that the unrecorded trauma, or struggle that was not dealt with, above all concerns the other component of the "pathological and pathogenic interdependence", generally one of the two parents. This hypothesis emerged in the year preceding the pandemic, and we believe should be further explored, although it is very consistent with the premises deriving from the "explanatory structuring" present in the work of Jorge Garcia Badaracco (Badaracco 1997, 2003, 2011), on the one hand, and of Gaetano Benedetti, on the other (Benedetti, 1980).

The virtual aspect gave us and continues to give us the possibility of reaching unknown people who are unaware of the existence of Multifamily Psychoanalysis through a broader and faster expansion on the web. The groups are formed even more fluidly, with even more varied participants.

Today people from different cities and countries can participate in the group, members of a family who live far away, professionals who work in remote locations, creating a new perception of time, space, and the relationship within and outside the MFPG.

In doing so, the virtual reality consolidates the MFPG's ability to bring people together as people, beginning from the fact that "everyone is a patient" or, better yet, everyone is a member of a pathological and pathogenic interdependence.

Notes

1) "*vivencia*" is a term that literarily translates into Italian as *"vissuto" (experience)* but that describes a state in the past, while "*vivencia*" relates to the here and now of proven emotion. JGB uses this term to indicate those moments of great emotional intensity that are experienced in the group, which allow participants to access areas of themselves from which they are otherwise disconnected.

2) JGB understands the performance of "characters" by the patient to be the difficulty of accessing one's own spontaneity, and the tendency towards an unconscious, psychic stiffening which cages in the "person". This stiffening is strictly connected to the pathological and pathogenic interdependencies developed between people, and is all the stronger however more serious the condition of suffering. In fact, for JGB: "Mental illness can be seen as a lack of flexibility, as rigidity and stereotypes. (...) when authenticity fluctuates in relation to the conditions of the outside environment, the pathology is less serious; when the stereotype does not depend on the context, we are faced with a serious pathology (…)". (Badaracco, 1997).

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"Because you're Mine I Walk Online"

Yitzi Katz

Abstract

The title of this essay, a paraphrase on a Johnny Cash song from 1956, illustrates the juxtaposition of being a therapist and patient online during the Covid-19 pandemic. The essay explores the author's experiences from both sides of being on-line. The multiple points of view: online therapist, analytic patient and supervisee are explored utilizing an imagined therapeutic supervision meeting presented to the reader as a meeting transcript discussed between colleagues.

Keywords

Online Psychotherapy, Multiplicity of identities, Therapeutic setting

Patient: During Covid, at the beginning of our session, my psychoanalyst told me: "I can see you, but you look small. Your window is small, and I don't know how to make you bigger. I am pressing but you are still small". I was seated on the sofa in my office with my face to my phone. "I am small? What do you mean"? I responded. This was the conundrum of skype, zoom, or WhatsApp video, everything was miniature. "Ok. One second, I think I know what is going on. Look, point the mouse to me in small. Press on it! Double click, ok?". There was a moment of suspense and silence marked by the sound of a mouse click. Her eyes rolled from left to right. "It worked! How did you know how to do that?" she asked. "Magic", I said, and we both laughed.

Therapist: At one point in between the first or second lockdown, I had tried reaching a psychiatrist, trained as a psychoanalyst, who I collaborate with in Jerusalem. My numerous phone calls and texts went unanswered creating some angst and concern on my end for his health. I had not seen him in months, and I worried because he was not responsive. Perhaps he contracted the contagion or, something more terrible happened to him. One Saturday morning, I was out on a run when I reached a traffic light in the vicinity of his home office. Since it was the Sabbath day in Jerusalem there were very few cars out because many people do not drive on the Sabbath in Jerusalem. It was instinct that made me glance into the cars stopped at the red light, and lo and behold, I could see my colleague's physique sitting inside one of the cars. I was excited to discover he was alive and well. Full of sweat and in my running clothing I happily waved at him. In retrospect, I totally spooked him as I ran up to his car on the street. I could tell that at first, he had no idea who I was since it was so out of context. I had to take my hat off, for him to recognize that it was me waving. We both smiled and I signaled to him with my hand that I would be in touch. I felt such relief to finally see

him and understand all was well.

This story has left a deep impression on me during this distant, remote and on-line period throughout Covid. Seeing him at that intersection is a moment I cherish after not seeing him in person for many months. The simplicity of waving hello, removing my hat so my face was clear to him and us smiling at one another while each one of us was involved in his own personal life filled me with vivacious and buoyant energy.

Patient/Therapist: Somewhere into over a year of online meetings I realized there was a relief in seeing myself on the screen. I was nervous the connection would be interrupted because of a technical glitch and I feared I would go on talking and would not realize that no one was there. After some deliberation I began sitting on the couch in my office facing a window with a screen on my right and that image of myself gave me confidence that all was in working order.

Therapist: So much has changed and been absent during this remote year and I am still far from digesting it. I have a recurring feeling that haunts me before my remote meetings. It is a fear that someone, it could be anyone of my patients, will suddenly show up at the door, knock and be there in person rather than on Zoom. Where this fear comes from, or why it shows up at that abrupt moment is not something I can explain, and it remains to be explored. With time it has subsided and taken a back seat but remains a persistent reminder of the on-line experience.

As the therapist I have been transported to so many unusual places for our sessions. On Zoom, I have entered my patient's homes, beds, kitchens, whole families, hikes outside and even cars. Where not? Sometimes, I do not like this Zoom or any of this. I find the Wi-Fi uncooperative no matter how many times I switch providers or use a hotspot from my phone. There is always some surprising issue which confronts me at the least expected moments. I do not want to see myself on the screen anymore, so I erase myself, but it does not help. I know I am there. I try not to look at myself on the screen, but I cannot stop myself. So, I have learned to live with my image peeking back at me. It is no longer disconcerting to glimpse the persona of myself every time I move and talk.

I had been working online with patients and supervisors for years before Covid-19 started. I had always thought treatment can happen online. At the start of Covid I felt prepared and not too overwhelmed. Yet, I felt a panic around me in the psychoanalytic community in Israel. Very quickly the online sphere was flooded with free lectures by esteemed psychoanalysts from Israel and abroad. It was reassuring to know I am not alone. Everyone had to navigate the many obstacles presented by lockdowns and isolations while still treating patients. I felt I was 'in this' together with many other colleagues.

Covid was around everywhere. There were many unknowns to consider anew every day. The pandemic was taking its toll in Israel, but it was not as serious as other countries. I found my way of creating a little bubble in my office where I even

continued seeing many clients without masks throughout a significant part of the pandemic. Perhaps some readers may find that strange and in retrospect I was probably a bit naïve and trusting. I would go to my office and feel I am in a safe space. I must have needed that illusion of safety, isolation from the panic, and ability to convey to patients and myself that our work continues.

Patient: My analysis became online analysis. I don't even remember what it was like to be in person, yet I know I miss it. Everything continued as if, yet I had a heightened fear for my analyst and her safety. My senses were attuned to sounds on Skype from her side of the screen, changes in the room, or my imagined feel for her emotional state. I wondered: "what if this will be my analysis?".

I fantasized of going to her office gate, which was rusty for years, and spraying WD40 on it to eradicate the squeak from the rust. I wanted to be close to the scene of my original analysis experience and step foot in that place that was the original terrain of my analysis that has been put "on hold" by moving on-line. I have a tradition of bringing my analyst wines for the Jewish New Year holiday. This year I had to leave the bottles outside her office. Knowing the wine made its way to her provided me with a sense of satisfaction, and a reminder that not all had disappeared during the pandemic. Forms of contact continued to remain a possibility.

Therapist: It was alarming as I watched the community of psychotherapists in Israel make many changes to their practice so quickly. Everyone had to adapt. Prior to Covid, it was easier for me to understand why psychoanalysis was perceived as archaic, distant and rigid. Suddenly, at the start of Covid there were colloquiums, seminars and lectures available online to anyone wishing to attend. This was a welcome change from the way the atmosphere was before. I wrote an online essay expressing a concern about this drastic change, referenced psychoanalytic lectures with case material open online to anyone interested and described what I felt was a panic that had overtaken elementary tenets of safety in the profession. I also perceived an attempt by certain individuals to reign in as persons of authority and to try control the discourse. My essay was initially not generally accepted, and I was disappointed and hurt. I felt I noticed something important happening in the online sphere, yet no one wanted to hear it.

Luckily, I persisted and reached out to a gracious and kind older analyst who is known in Israel for her open minded and anti-authority opinions in psychoanalysis. She ran the piece on my behalf and added her own opinion to it too. I was moved that someone heard my thoughts, added to them and put herself on the line for the sake of creating a stage for them to be heard.

In the scheme of things, it is an interesting exercise viewing myself through the numerous sides of the therapist/supervisee/patient telecast. My maturational experience of being online has made me understand that I am not that different on and off the screen. Being able to catch sight of myself on my screen is quite moving and has given me common ground with a community of colleagues who spent the pandemic

working similarly.

Therapist/Patient: Israel has reopened, and many people have returned to physical meetings. I still have my Zoom open for those who may choose it. I will be seated on my office couch with my face to the window and the screen on my right. I await the image with my analyst's name to turn green on Skype. Then I will tap, and we can start today's meeting.

Through the Patient's Eyes

Sara Versace

Abstract

From the dual point of view of a psychotherapist who is at the same time a patient, I will retrace sensations, emotions and reflections linked to the sudden transition from therapy in presence to online therapy, due to the Sars-Cov-2 pandemic. From the other side of the screen, as a patient, I will pause on the experiences linked to this passage, on the sensations elicited from being far from the therapist, in two different rooms connected by a device, and on the return to the room, in presence.

Keywords

Being the patient, eyes, proximity, return to the room, familiar place

Since the very beginning of the pandemic, I asked myself how my patients could feel the so sudden transition from face-to-face to online therapy. I wondered whether they felt at ease, if they had a quiet space at home to have their session. In general, I asked myself what could be the implications of being in two different rooms, physically apart, without the classic external reference points, often very useful for the patient, such as the waiting room and the journey to go and come back from the studio. As a psychotherapist, I felt a mix of disorientation and curiosity: I was starting to use a totally new tool myself; discovering it together with my patients, over time.

I believe that what could really help me to understand those who were connected with me was to live the remote therapy from the other side of the screen, as a patient, too. In this wonderful dual role, I imagined the potential experience of the other person. I thought there could be no better way to put myself in the patients' shoes than to reflect on the sensations and emotions I felt as a patient in this new remote therapeutic experience.

By discussing with many colleagues who, like me, were experiencing the dual role of psychotherapist and patient, I heard the most differing opinions about what they were experimenting with the online therapy; all justifiable and understandable sensations based on their personal characteristics. Some were having a hard time going further than the tangible world and bringing very intense contents there. Others reported the sensation of not feeling at ease in their domestic environments; others, like me, had the surprising sensation that the contact and relation with one's own therapist remained the

same, although almost everything had changed.

Carry on Remotely or Suspend?

At the beginning of the pandemic, many psychotherapists suggested to continue the therapy remotely and many patients accepted, despite the doubts and the possible organizational difficulties of finding a quiet place, little disturbed by everyday domestic life. From my side, although I had fears about using this new tool, I never thought of suspending the therapy and I felt it was a great way to stay connected and not to leave unresolved emotions, thoughts and important narrations to be shared. First, I immediately thought about where to sit and this was not an easy matter: I loved to stay in the living room, at the center of the house, often with my dog sitting next to me, but unfortunately, I could not maintain this place and had to move around the house in search of a quieter space. Mainly at the beginning of the emergency, the online session was for me an extremely awaited moment of the week, maybe because with the total lockdown of almost every area of our lives and the reduction of our interpersonal relationships, that connection represented a sincere and stable contact with the outside, that never failed. Actually, in the emotional inner and external chaos that involved me, the session remained a contained and protective moment that helped me staying in that situation, with all the inevitable emotional disturbances due to the period of emergency. In that sense, I tried to imagine the sensation of those patients who were suggested to temporarily suspend the therapy until the end of the emergency and I thought how they could live the lack of this relationship which is not only a treatment, but first of all a human relation between people, in which one grows fond of and sometimes worries for the other. Indeed, it is very difficult to hide that it became natural to worry for the well-being of the analyst too: the question *"How are you?"* was a recurring starting of the meeting in my therapy – like in many others – as if I realized that everyone could get sick and be vulnerable, even people who normally cures (I am thinking about the letter *Psychotherapy during a pandemic. A letter by Nancy McWilliams* or. *Psicoterapia durante una pandemia. Una lettera da Nancy McWilliams*).

Closer, Even If Apart

In my online experience, I had the impression of being suddenly very close to my analyst, as if in a brief moment we found ourselves eyes in the eyes. Although there was a real physical distance and we were in different rooms, I felt an intense proximity. On the one hand, this was surely a new and pleasant aspect, but on the other hand it was also hard to manage. It was very unusual for me to be so close, it was such a new thing that I remember saying: *"Because of how I am, maybe Skype sessions, even these new ones, make me feel everything nearer, I cannot keep a distance, even a little"*. For me, online sessions seemed to be guided only by the sight, as if the eyes had become the main channel of contact. A very deep and rich contact indeed.

In this sense, I felt the words of Vittorio Lingiardi deeply true: he underlines how the eyes are the first access to the inner world – ours' and others' – and how important is

starting from the "infection" of looking into each other's eyes, especially during a pandemic (*How to smile without a face,* or. *Come sorridere senza volto*).

In fact, sight really drove the progression of the meeting and maybe this proximity was linked to the fact that the analyst "saw my stories", the places where I live, the dog I sometimes talk about. From my side, it was a pleasure to share these places and I still remember with amusement when my big dog appeared in the distance on the screen or when he simply made himself heard with his deafening bark.

The online experience seemed to me pleasant in itself, intense and marked by unexpected connections. I felt like welcoming my analyst home, as if he visited me in presence, he saw my house and had a coffee with me. I didn't really care about where he was – and he changed many places – because his voice and his presence gave me the container dimension.

Connected From the Studio

Sure, when my analyst logged from his studio I lit up and exclaimed: *"Doctor, you're back in your studio, how beautiful!"*, as if seeing the studio, our shared place, instilled me with even more tranquility. That reaction made me think about the importance of that specific room for me, maybe because I saw it as something linked to a familiar place, to a home where you feel safe. In fact, the screen of the computer became a simple mean to see each other, to stay connected and share that specific familiar space where you feel good and where you can bring the good and the bad.

In this sense, to stress the relevance of coming back to or seeing the therapy room, I clearly remember a dream I made during the time I was having online therapy. I dreamt I witnessed a tragic family event and immediately after I left everything, going to that specific street in Milano where the studio is. There, I sat waiting on the sidewalk in front of the palace, as if I had arrived in my safe and familiar place.

Even if I had all the elements to feel at ease online, I missed some characteristic aspects of the therapy in presence, like walking to the studio or having some time to think after the session on the subway or the train. All this vanished with the remote therapy, it was very confusing to find myself at home still with my therapist's voice in mind. So, I found myself finding some new coordinates and solutions, choosing to stay in front of the screen as a new place for the post-therapy reflection, alone, without other interactions, without immediately coming into contact with my domestic activities. I was aware that this was a compromise, not corresponding at all to my usual ways of leaving the session in presence, the analyst and the thoughts risen in the room.

What Has Remained the Same and What Has Changed

Being apart, speaking from two different rooms didn't seem to affect the quality of my relationship with the therapist at all: even remotely it happened to me to live those special sessions, with some shared intense passages, moments of precious deepness, that made me think how being linked through a device was a mere channel to

communicate and to share.

I remember moments of intense emotion and others of great tension and anger towards the analyst, that made me say: "*I am really angry with you and I can't seem to shake it, I dreamt of breaking the screen of the computer and regretted it immediately after*". These moments happen in all therapies, both online and in presence.

What changed, indeed, seemed to me strictly connected to the use of a remote instrument in the odd pandemic time, as if this assumed a more amplified power than normal. In my view, living together this passage from presence to online therapy in this social emergency situation somehow changed the relationship with our psychotherapists and we cannot really come back from this change (please see the webinar by the Psychologists Order of Lombardy, *Nothing will ever be the same: the post-pandemic change among nostalgia, hopes and illusions* and Vittorio Lingiardi and Guido Giovanardi's article *Therapies and Therapists online* or. *Terapie e terapeuti online*). It's like we had lived an almost traumatic experience in which all of us have been involved, we clearly felt in the virtual room the fact that we were living jointly the same sensations and this made the difference.

Of course, the online mode, like every tool with its own characteristics, elicited some specific imaginations or reactions based on the specific patient: some disliked seeing themselves in a little screen on the computer, some felt little involved and some others (like me) hypersensitive and attentive to distractions, sometimes felt the analyst more absent-minded than usual. This was not necessarily true, but I could not control it remotely. As it always happens when using a tool, there are conditions in which patients feel better or worse: someone can't stand the couch, some others suffer silences, some need one session per week, some need three and finally someone else prefer the therapy in presence or vice versa online. The important thing is the couple at work reflects on and mentalizes how they use their tools.

Coming Back to the Room

I think every patient lived the return to the room with great emotion and sentiment, a sensation so intense to be surprising. In May, when I came back to the therapy in presence, I had in my mind a nice picture of my past: I thought about those trips by car from Southern to Northern Italy I made in the summer with my father. During these very long trips, I was a careful observer of the Italian landscapes that changed along the trip and I vigilantly accompanied my father driving north.

As I arrived near Milano, when I was a child, I gradually recognized the landscape and I started to taste home, to feel at home. This so clear memory emerged during the trip from home to the studio and I remember, at my first meeting in presence I said with emotion: "*It's just like coming back home, after a long trip around Italy"*.

I still have in my mind the exciting return, entering the room was like an immersion in well-known, pleasant and familiar scents. It was like concentrating in an attentive

observation of all the details, as if I wanted to check that everything had remained in its place, then discovering with pleasure that every single thing was in the same place where it had been left. From the sight dominance I experienced online, in that moment I felt everything was more complete: yes, I had come back to my usual place, finally no longer connected from a device, but inside a room.

Experiencing Online Therapy as a Patient

Maria Elena Testi

Abstract

The COVID-19 pandemic has entered the existing analytical pathways forcefully. The worrying external reality has led to substantial changes in the setting such as the physical absence of patient and analyst and their displacement from the usual venues used for therapy. This paper aims at describing the experience of online analysis from the patient's observational point of view. The changes to the setting have favoured the emergence of aspects that one might be unaware of - insights that help the analytical process itself.

Keywords

Online analysis, setting, insight

During the pandemic, both patient and analyst shared a worrying common reality that imposed itself forcefully on analytical work, encouraging the modification of stable and reassuring spatial coordinates such as place and physical presence.

Living through an experience, as opposed to imagining how that experience might be, has unexpected implications for all of us. Nothing compares to knowledge gained through contact with reality. In this case, I am referring to the knowledge of one's inner world through personal experience.

Over a few months of online analysis, unexpected variables appeared, revealing to me aspects of myself I was hardly aware of.

In my fifth year of analysis, the first lockdown arrived, prompting the need to either continue with treatment online, or alternatively, to suspend treatment.

We decided to continue with our sessions via Skype. In my mind I had implicitly an image of the setting, which replicated my experience in the room. I imagined recreating, as much as possible, that familiar model of interaction.

After the decision to continue online and while waiting for the first session, many fantasies inhabited my mind. An emerging issue for me was letting the analyst come, even if only virtually, into my home, even more so into my bedroom where I thought I would be. I considered the possibility of finding another room where I could lie down in isolation but, as the layout of my house is open-plan, I did not feel "protected", I was looking for four walls and a door to close, similar to the confinement of the analysis room.

I imagined what the analyst would think when he saw my room, a room we had talked about quite a bit because I had changed the furniture a short time before. What position

should I assume? The analyst will see where I sleep ... will he find the room nice? I will have to be careful about what can be seen on the screen - there are clothes scattered on the chair which I will have to exclude from the frame.

On the day of the session, I went online, and he seemed to be in his consulting room, in the usual room. It was me who had totally changed location. We said 'hello' and we decided, or maybe I decided, to turn the screen away, and to say goodbye at the end of the hour, basically doing what we had done for years. Suddenly I did not know what to do, what was I to do - turn off the video or move it? I had not thought about that until then.

Fortunately, I can say it now, I did not have time to think about it because I put the laptop on the bedside table facing the screen towards the wall.

We started the session, and everything was going well for me. The usual voice was behind me, I was lying comfortably on my bed talking about my anxieties about the virus which were making themselves felt through small somatizations. At one point the analyst pointed out that I had put him facing a white wall! This was a real insight. I realised that I had only taken my own point of view into account when positioning the screen. I thought, with embarrassment, of those barely recognisable narcissistic aspects that now clearly emerged in this modality that was forcing us to modify the setting after years of analysis in person. At that moment I realised that, in his room, behind me and to one side of me, the analyst could not only look at me on the couch but also at the whole room.

I suddenly thought I had confined him in a claustrophobic position, depriving him of the most important sense organ - sight – as I was during our sessions. The change of setting created the conditions for this insight to occur, making an aspect emerge, certainly present in the sessions attended in person, but in fact, I was unaware of having really experienced it.

Theoretical knowledge about possible internal dynamics ultimately shields one from full awareness.

The theme of the analyst's visual space and of my own as a patient in the room, was a source of frustration at the beginning of the process. I felt the need to have the therapist in front of me while I was speaking. During the online analysis, having turned the screen towards the wall actually confined the analyst to a position where we both could only use our hearing, as if unconsciously wanting to re-establish a sort of long sought-after symmetry in that relationship.

Surely this 'accident', related to the position of the video, brought out new material to be integrated into the analytical process.

Analysis carried out online, in my experience, did not lose the characteristic of emotionally safe and stable space that it had in the sessions I attended in person, even if those elements that testify to the real presence of the other were missing due to the

lack of physical presence. I am not only thinking of the smells of the places or of the tone of the analyst's voice, but also of the movements of the analyst when he changes position in the chair, of the noises coming from outside, of the waiting in front of the consulting room door that activates, at times, intense sensations linked to the uncertainty of presence-absence, perhaps after having made a long journey to go to the session. These often- imperceptible aspects orient the analyst but also the patient - I am referring to a patient in didactic analysis with a certain awareness - on the understanding of what is emerging in that session.

The mentioned realities are inevitably missing in remote analysis, with their emphases often giving voice to aspects not yet self-evident.

In the analytic pathway, the physical closeness and a good alliance between the patient and the analyst favour being able to also stay in silence, with one's own thoughts, while sensing the presence of the other. I imagine a child who can play, immersing himself in his fantasies, knowing that his mother is there without interrupting her emotional presence. In this sense silence is a freedom to be conquered after having established a good bond with the analyst. Being close in silence is neither loneliness nor lack of relationship, but one being with the other.

Silence in the online sessions was more difficult tolerable for a shorter time than in the sessions attended in person. I do not exclude the fact that physical absence influenced this aspect. I felt pushed to speak perhaps not to interrupt that sense of closeness to be maintained, to fill that lack linked to the physical absence of the other. I imagine that my sense of tiredness, after the remote sessions, was partly connected to this unconscious effort, aimed at maintaining the relationship through contact with the spoken word.

I use Winnicott, who describes the mother as the one who is able to protect her child from the 'shocks' of the environment in the event of excessive pressure on him.

In this sense, the online mode of analysis recreated an environment capable of protecting and containing emotional experiences related to the pandemic: Covid-19 exerted considerable internal pressure and would certainly have had a stronger impact without the support of the sessions.

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No Virus in the Zoom Room. Online Group Psychotherapy is a Vaccine

Tiberia de Matteis

Abstract

The Zoom platform has given us the opportunity to continue our group psychotherapy sessions, greatly modifying the setting yet guaranteeing the possibility of meeting together and living through an anguishing and tragic global experience like the pandemic. The monitor display furnishes a gallery of icons which are all the same size democratically annuls the individual possibility of catalyzing attention positioning the therapist in the midst of the other members of the group.

The zoom platform also leads to a more equal and democratic distribution of the individual contributions, as if each person represented in the icons had the same opportunity to speak and intervene with a more equilibrated and equivalent timing than that which occurs in a psychotherapist's office. The physical and mental condition of complete privacy guaranteed by the neutrality of the analyst's room nevertheless, remains incomparable and irreplaceable, with the remote mode uniquely representing an emergency replacement which would not be thought of or proposed in normal situations. However, the inevitable change in setting did not lead to an interruption in the therapeutic adventure and the consistency of the therapeutic experience during the three months of remote work was immediately tangible and well-identified in the fateful and engaging moment when sessions were resumed in person.

Keywords

Online psychotherapy, group psychotherapy, online groups, psychotherapy on Zoom, Zoom group, Therapy and Covid, online psychoanalysis, psychoanalysis and Covid, setting and Covid

The government decree which imposed a lockdown following the emergency caused by the diffusion of Covid-19 has undermined the traditional tools of the therapeutic setting, especially when considering groups to be at a higher risk than individual analysis. In a generalized situation of social distancing and consequent individual isolation, it seemed almost impossible to maintain the redeeming and therapeutic power of the practice of group meetings. The space shared by the members in the office had become an unreachable mirage, a prohibited destination, and a far-away dream, together with the anguish of remaining totally alone, separated from the other members of the group, who had become familiar faces. Finally, we were forced to give up a weekly appointment that had been long awaited and greatly desired with hope, trust and curiosity. However, technology did not reveal itself to be a cold and mechanical attempt to imitate the human brain without obviously in any way coming close to its

fascinating complexity, but rather a precious tool which could make up for the human presence which was denied.

The telematic Zoom platform has assumed the likes a life-raft to grab onto to escape from an unknown and perturbing danger, transforming itself into Noah's Arc which can save all the castaways dispersed in this unending sea, as well as one of the few means actually available that permits people to communicate among themselves. A sense of assurance and comfort was immediately generated by the news that the meetings would be held on the same day and at the same time as usual. The only change would be the virtual nature of the meeting, announced on the WhatsApp group dedicated to the calendar of the therapeutic sessions. The analyst had not abandoned us to our domestic detention, to our imposed isolation restricting us to remain closed in with our household members, or to total solitude for others at home alone. He had found an alternative, a new possible setting which could maintain the spirit and profound meaning of the therapeutic alliance. Although, one way or another, everyone had always been able to organize arriving at the office where we usually met, albeit traffic or parking could be troublesome or dealing with inefficient public transportation, the opportunity to get on the boat that we sailed on together towards the internet risked to be annulled by our scarce technological capacities, that had never been considered to be interesting or necessary in order to undergo an analysis or to adequately respect its setting. There was the risk of not being able to enter, the risk of remaining outside, of being excluded from the privilege of meeting, even only virtually, only because of the simple banal and blameless hardship of not knowing how to download an application, its links and its passwords. The therapy was to be conquered with unedited passages which were no longer run on real roads in the topography of the city, but achieved after a direct match with a computer and its unfathomable mysteries, and which was very troubling for those who were not so crafty in informatics. The group itself resolved the difficulties of some individuals thus revealing to possess a proper efficacious functioning that had never been explored in such concrete terms. The more experienced technological members of the group sought for suggestions and solutions aimed at guaranteeing the participation of every member, by sharing technical notions and offering their unique and often differentiated skills to all. The rules to access the session were no longer reserved uniquely to the therapist, usually responsible for stipulating and guaranteeing the respect of the initial pact. They were, rather, determined by the situation of the moment and the problems created by the use of information technology and the ability to use it. The inspiring focus, the mystical lure, the protective totem, could then be transferred from the analyst, who had in any case created the invitation to the meeting on the Zoom platform and detained the link and password to enter, to the patient that was not only very sensitive and attentive to the dismay of the fellow members, but was also a practical expert in creating the proper connection. The thought that the universe was made of souls that united and souls that divided kept emerging with a certain insistence: despite the virus the group meeting would be a victory of human solidarity over the pandemic which

imposed solitude.

It is impossible to forget the joy mixed with excitement that was experienced when seeing the appearance of the rapid sequence in succession of each single participant: each one opening in its own, non-overlapping little rectangle, until everyone was contemporarily present, and could recognize each other, look at each other and speak. We were there once again, together in a monitor instead of the office, nonetheless alive, present and real like independent figures similar to a chorus of faces and voices, once again ready to work for our common goal, notwithstanding a new way of doing it that had yet to be explored. We seemed like the little intermittent lights of a neon sign or a Christmas tree, a festive appeal to our being there, the pawns of a game that had yet to be played, the protagonists of an unusual adventure that we were all launching into, rediscovering the team spirit and unison that we had achieved in the previous months. The opportunity to participate in the group and to speak with persons that were willing to share a therapeutic itinerary turned out to be a real anchor of salvation to limit the confines of the individual ego which can only be defined in active and fertile confrontations with others. Being condemned to total solitude or drowning in family dynamics would have been devastating for each personal identity. On one hand our inner worlds would have overflowed and been sucked into a depressive and self-destructive whirlpool where one would no longer be able to acknowledge and affirm themselves, on the other the pressure of a society afflicted by the uncontrollable advance of the virus would have exerted all its persecutory and deadly power destroying any yearning for vitality, but also putting any thoughts related to reality at risk. The diffuse infodemic, often more pernicious than the pandemic which was already traumatic in and of itself, left us bewildered and lost, in a vortex of news that were incomplete, incorrect, false and tendentious nevertheless creating alarm and desperation. Remaining in a permanent state of loss of reason, of uncertainty, of indecision, or in a dimension which Bion calls negative capability, could become a more than legitimate viaticum for a catastrophic collapse devoid of any transformative restitutions or redemptions. The weekly confrontation with the other members of the group revealed to be indispensable to stay on track without getting lost in the meanders of a collective psychosis that was more contagious than the virus.

The Zoom platform provides screen sharing with icons all identical in size which democratically annuls the individual possibility of catalyzing attention and also positions the therapist in the midst of the other members of the group, unless there is the choice of voluntarily rendering one's image dominant with respect to the others although not all the new users are able to do. Like the leaves on a tree imagined by Ungaretti, lingering in a sort of temporary suspension, each person seems to be encapsulated in their "icon", in a close-up or very close-up image without ever actually arriving at the close knee shot, with some possibility of slight movement, but predominantly focusing mostly on the user's face. Thus, the first instantaneous games of recognition and identification: searching out the image of people who you met in person, focalizing on their main somatic traits, evaluating their facial expressions and

trying to perceive their emotions in that moment from the few icastic features offered in that context. The presence of all the icons contemporarily also added another significant advantage: being able to see all the members of the group contemporarily at a single glance without the inevitable, attentive selection that occurs when in person, when you choose freely who or which detail to concentrate your attention to, moment after moment. Paradoxically this single summit of prospection increases the possibility of a simultaneous observation offering you the opportunity to exert a sort of control on all of the participants which can give a greater sense of dominance and security to those who often have difficulty being looked at and cannot at the same time look at others to enter into contact with them.

Furthermore, you can also observe some unsuspected elements of the room in the individual rectangular image, a glimpse of something private that had been totally inaccessible to the group before. The natural and domestic background of the person peeps up and looks out cautiously and curiously, proposes and evokes, centralizes and decentralizes the figure, giving answers to conjectures that had always been secretly formulated and offering a concrete and relatively unavoidable image to what was yearned for amidst projections, intuitions and fantasies.

It's useless to mention how satisfying it was to finally be able to see the therapist in a part of his household environment, trying to understand what he fancied from the few objects present in the monitor, but also listening to the sounds of his family or neighbors.

A first entertaining and stimulating contact was thus represented by the instinct to trace the correspondence between one's own expectations regarding the homes of the other members of the group and their effective reality. This would not have been possible when meeting in a neutral space like the office and instead was made possible using the remote mode. You can discover to have surprisingly guessed the characteristics and inclinations of the living spaces of the majority of the members, confirming how analysis permits you to gain deep knowledge of the others without ever having met them in real life. But you can also be totally amazed when seeing a book, a picture, a photograph, knickknacks or even furniture that you would have never thought of associating to that person notwithstanding having had always accurately studied them.

Those little fragments of daily life which appear in the monitor can often communicate more than many words said in an anonymous space and shared during the therapy. They are details which are striking and remain imprinted in your eyes and mind, like, if not more than the body of the person. Therefore, they are extremely useful and generative in a condition which completely eliminates the body in its entirety leaving the function of expression to the face alone.

The persons connected are all framed in their boxes like an album of "trading cards" which however are not in the same order for each participant: when you want to give someone else the turn to talk you may glance up, down, left or right to find the

designated member of the group, but the others may not see them in the same place, like when you are all seated in the office.

It is also important to note that there is the opportunity to eliminate one's own icon to avoid concentrating on observing yourself, practically like in a mirror, which catalyzes all of the complexes we have regarding our image or external appearance that we all have despite age or sex. The necessity to appear at our best possible doesn't let us focalize on the other members of the group as we usually do in the office. In fact, in daily life we normally don't have a reflected image of ourselves and we are limited to receiving this information from the outside by how we appear to others. The risky narcissistic tendency to mirror and control oneself ends up imposing and qualifying an often extremely severe critical and mortifying negative self-evaluation. This then distracts you from the group dimension so it is often preferable to choose the option where only the other members are displayed.

The punctuation of the sequences of the conversations are of extreme relevance with respect to live communication, since the radical elimination of the non-verbal and analogical approach forces us to consider the verbal language literally, often deprived of clarifying reinforcements like gestures or the tone of voice. The loss of body movement and gesticulation of the hands, which are often emblematic, illustrative and regulatory are concentrated and expressed by nods of the head and facial mimicry. The quality of the voice with its characteristics, qualifiers and interruptions is greatly compromised by the imperfect audio of the connection and the frequent instability of the connection. In fact, there is often too much attention given to the spoken words and their meaning and not to the total mode of expression, which is exactly the opposite of what is normally foreseen in every form of communication in which the tone of voice and the non-verbal behavior assume a much greater importance regarding the meaning of the messages conveyed.

On the contrary, turn-taking is much more precise and clear because the Zoom application illuminates the box of who is speaking and it becomes rather inopportune to interrupt or talk over them also because it is impossible for more than one person be heard and understood contemporarily. The technological instrument does not permit what is generally undesirable in reality, but which happens quite often when the spectators react with spontaneous statements to what the speaker has said. In live sessions, in fact, duly respecting the rule that each person must have the right to finish what they are saying, without comments being made in the meantime, some quick quip may be made instinctively, especially when there are moments of major emotional tension or immediate ironical interpretations. Zoom seems to reinforce the rule of silent listening of each individual monologue, organizing the conversation to be more schematic and rigorous, thus limiting interrupting who is speaking. A less positive aspect of this condition, however, resides in the total absence of the other's empathetic reactions: bodies cannot be seen and any sign of complicity, disapproval or indifference can be perceived exclusively from facial mimicry that many people usually control,

neutralize or hide, depriving the speaker of their real and authentic emotional experience. Thus, a very discouraging risk can arise for the speaker, perhaps just having put on the line a basic and painful aspect of themselves: being faced with an undecipherable fixedness of an immobile audience which may seem even indifferent to the story just told. In fact, very few people know how to use their eyes, facial expressions and smiles to communicate their emotions and manifest a clear and welcoming sense of empathy. It becomes difficult to understand if the message has been perceived by the minds and hearts of all the participants, instead when meeting in person, the natural body language more effectively transmits the energetic transformations evoked by the intervention.

In time, it became clearly evident how the remote mode actually facilitated the members of the group who normally had more difficulty in taking their turn to speak and that felt they would not be truly listened to: the light around their icon seemed to function as a form of consent and encouragement to fully and calmly use that fateful moment dedicated to receiving due attention to themselves and to their words. Persons who normally preferred to remain out of the limelight and were not usually capable of speaking about themselves found the courage to open up: the identical forms of the images giving each person the same physical space seemed to magically guarantee the same time of active participation. The personal contributions on Zoom were distributed more equally and democratically, as if all the persons in the icons could have the same opportunity to talk and intervene with more equilibrated and equivalent timing than when in person in the office, where personal modes of expression usually had major influence on the flow of the conversation, favoring the more extroverted character traits, not to say histrionic, to the disadvantage of more phobic or avoiding traits. Continuous simultaneous control of all the participants in the chatroom provides equal dignity and timeliness to all, since it leaves aside proxemics, distances and postures assumed by the single members in a room, which hypothetically indicates their usual way of placing themselves in a space with others and in a social context. There is the impression that you can look at everyone contemporarily and are able get a view of the situation in just a quick glance even if each member is looking straight into the screen in front of them and are not really looking at the face of the speaker.

This condition lightens the weight of being observed during sessions in person for certain people but at the same time impedes receiving the reassuring comfort of a truly penetrating gaze of complicity in a live situation.

Some participants had perceived a true sense of relief by feeling concretely safe at home, in their natural habitat, and managing the remote connection on their own and even in being able to maintain a physical distance from the others. You could understand how they felt at a natural ease in communicating in a familiar environment, almost as if, instead, in the office they would have had to face a consistent effort in exposing themselves in an extraneous time and space shared with the other members. It was as if you could sense that being in your own space was quite different than the

usual practice of finding a comfortable position in a in a different group dimension. It didn't seem that there were any consequences caused by the lack of the fundamental and indispensable physical presence and energy of the other members or of the vigil therapist.

For the majority of the members, the central theme of many encounters obviously concerned the hardships in personal, work and social spheres generated by the diffusion of the virus as well as the restrictive measures of personal freedom adopted for reasons of prevention. Notwithstanding the social distancing, the telematic instrument permitted us to feel close, cohesive, participative, present and above all alive, despite the tragic medical news bulletins dispatched daily. The comfort offered by the others was tangible even in the impossibility of really meeting and the use of technology was able to annul the distance and guarantee keeping safe heath measures at the same time. Suddenly, all the members of the group could access the therapy from their own homes, without moving from where they resided to get to the office. Punctuality, thus, became a personal, aware choice no longer conditioned by work or family, traffic, parking or public transport.

On the other hand, the connection from one's own home differentiates the individual situations affronting the lockdown: some can express themselves clearly and freely, without the risk of being disturbed or distracted by anyone, with the therapy representing the only moment of socialization, but whoever was at home with their partner or family maintained a constant state of alert in the fear of being heard, interrupted, controlled or judged. For others, it turned out to be a castrating limit which even impeded the possibility of affronting certain topics or talking about delicate aspects regarding themselves or their relations with the risk of being involuntarily discovered. The physical and mental condition of complete privacy guaranteed by the therapist's office remains incomparable and unreplaceable, confining the remote connection as being an emergency substitute which cannot be postulated or proposed in normal situations.

For those who are prepared for dialogue and therapeutic transformation the necessity to remain home was not as comfortable as for those who fear contact and are wary and controlling towards interpersonal relations. One's own nest, the unyielding nucleus of the usual life space becomes a sort of prison which limits the horizon and squeezes you in a well-known and habitual reality which however does not restore any more than just an infinitesimal part of the existence of a person.

Some people cannot wait to enjoy being in new places and discover new people and reveal themselves and take on new challenges, which for the most various reasons, cannot happen inside the four walls of our homes or in the company of the people which we usually see.

The "here and now" that is usually the focus, notwithstanding the difficulties due to the continuous mix "there and then", is no longer reaching the end of the session, as

Bion teaches, “without memory or desire” but rather poses itself or better yet imposes itself, as a necessary and unavoidable state, recorded by the seconds of the duration of the connection, fixed in the display of the icons, potential photographs of the poignant image of a single moment. A huge amount of attention and concentration, more than that of a session in person, is necessary to maintain the connection with all of the members contemporarily. Listening to the verbal message, strictly speaking, which necessarily lacks the rich contribution of meaningful quest of body language, together with non-verbal and analogical links, requires a conspicuous effort which is tiring and draining, especially after an indigestion of words and mental stimuli. It also seems that the emotional aspects need to take more time and work to be metabolized. Your mind can not wander, you cannot fix a point in the office or focus on a physical detail of one of the members of the group or become distracted from the shared environment. The monitor keeps calling you continuously, bewitches and hypnotizes you because it is the only means which permits you to be present, or better to be real and alive in that precise, fertile, prosperous and shareable “here and now”. You are under constant observation and it is not polite, kind, pleasant, nor acceptable to be caught in a moment of distraction for oneself or the others.

During the suspension of daily habits, in the obligation of social distancing, and to avoid whatever type of physical contact or concrete sign of affection towards family or household members, group psychotherapy was no longer an appointment to gain self-awareness and work on personal growth and learn how to communicate more effectively and coping better with emotions. It became, for some members, the only moment for dialogue, confrontation and exchange of solidarity with other people.

Zoom seemed to carry out the ancestral function of the hearth, which led primitive men towards socialization, and was represented by the evening tale-telling where they shared the adventures of the day that had just passed, that is in a primeval friendly reunion, but also a form of group therapy ante-litteram.

The most recent conquest of technology ends up meeting the most primordial needs of man: the need to speak of oneself and tell the story of their life.

Remote connection, which has permitted the continuation of many activities during the pandemic, has paradoxically mutated normal proxemics: people who normally saw each other only for professional reasons or in external spaces entered into our homes, therefore when the image proposed was different from that the our fellow household members had in mind, this fracture between being and appearing was inevitably and maybe unfortunately, filled with the need to show oneself as one is in the private space of their home. In online group psychotherapy, in which there is still the willingness to be authentic and intimate, typically in the relations in the office, you can grasp a total and sudden unveiling of the nature of relations of our homes and cohabitants. The family dimension, only narrated up until this point, has become a concrete, tangible and recognizable manifestation, no longer imagined or fantasized on the basis of emotional echoes. The actual absence or presence of other people in the spaces where

the remote connections occur could not be properly perceived, with its true energy and vital consistency. The possible gap between subjective and objective reality, is mended by the objective truth emerging from the personal description. It is common knowledge that a patient in therapy has the facility of not always having to authentically say or confess their experience truthfully, with the possibility of tranquilly abandoning it to its more or less integrated subjectivity. This consolidated practice that each therapeutic relation takes well into account seems to be put at risk when the therapeutic encounters are held at home: describing oneself, or maybe even pretending to be very different from what you are in the four walls of your own room a few meters from your loved ones could be a very complex trial even for those who have intentions of manipulating their reality and the other members. There is access to spaces which had only been mentioned or envisioned, with information obtained by the person and from what they say and descriptions of themselves. This becomes a valid confirmation of how sincerely the person talked about himself in person and can decisively reassure the other members of the group that they had been given the opportunity to share confidential and intimate aspects of a person who has truly authentic and is trustworthy. This discovery cannot be postulated or contemplated in a normal situation of group meetings in the therapist's office. This incursion into the real private sphere of each member, nurtured by the mini outings into their four walls, brief domestic sojourns or glimpses of life lived, normally is not inserted in the therapeutic universe. Moreover, these incursions into personal domains have usually been considered to be inauspicious and discouraged, and although evading personal control, have caused a true epiphany which the pandemic has us caused to share while affronting a very dangerous emergency and without losing contact with the therapeutic activity already under way.

The experience gained while doing the meetings on Zoom constitutes an absolute inedited situation in the history of psychotherapy which is all the more valuable the more there is the willingness to accept that certain transgressions regarding the setting may have several consequences which must yet be explored and interpreted. Expecting to remain rigidly anchored to certain rules which could not be respected, with the otherwise risk of discontinuing the therapy, would have been absurd and would have undermined the final and fruitful purpose of the therapeutic relation which certainly doesn't consist in a severe application of methodology but in the search for the well-being by the best improvement in the patient's quality of life possible. The vocation to change and transformation, an integral part of every therapeutic process which cannot be limited to the stigmatizing concept of healing alone, has thus been greatly boosted.

The formal mutation of the setting created the immediate need for noteworthy adaptation also in the case of the analyst himself, perhaps the most affected and disarmed of all of us by the convulsive and disorienting events caused by the pandemic. Not only did he have to lead and guide the group, he also had an important wide-ranging holding function given the new, unknown alarming and persecutory nature of the problem, in which he was also directly involved without having had any prior personal training regarding anything similar. The unknown, looming and diffuse sense

of uncertainty, if not paralysis, that had silently slipped into the group with individual reactions and repercussions, really made his role of a "nocchiero in gran tempesta" (pilot in fierce tempest) an arduous task, excessively amplifying his responsibilities and often affecting his central role in the sparse order of the icons in the chatroom, as well as in the existential reality that we all shared. And yet, this anomaly was not perceived as off-key, since the group always maintained its intrinsic wealth by keeping together the parts that were able to express as well as protect the value of united solidarity.

The inevitable modification of habits did not disrupt the therapeutic adventure, but openly welcomed a new experience, a trip into the uncontrollable unknown, a journey shared in a nevertheless inhabited yet unreal suspended dimension of time and space, a dystopian non-imaginary role-playing game, culminating in an internal evolutive process shared by all. The tangible consistency of the analytic feelings experienced during the three months of chatroom was perceived and identified when the office opened, with all the necessary cautions, including sanification, use of disinfectants and masks, as foreseen by the prevention guidelines.

Upon our return to the usual therapeutic environment did not restore the previous environment, with the characteristic scents and flavors of the meetings held there prior to the pandemic, but it marked a completely new moment: just like the people who had been infected with Covid-19 had difficulty reappropriating themselves of their previous mental and physical conditions, the members group had a to affront and overcome the virus consisting in the forced separation and could not meet and recognize each other as when they had last left that room. That room which was normally dedicated to the meeting was no longer the same old safe harbor of our past memories, but rather the long dreamed of and yearned for Ithaca, evoked in our wandering thoughts and sensations, a place that had to be able to include the echoes of the experience we shared during the lockdown in another space.

As we approached our old familiar setting, we were aware of the effects and reverberations that inevitably spilled in from our experience in common on the Zoom planet. No-one had been abandoned or left alone: the group had maintained its weekly functioning and had developed its own unique ability to furnish urgent mutual support in an absolutely healthy way to help all its members avoid the risks of the pandemic and the consequences of the encompassing emotional climate of fear, which for some meant not succumbing to paranoia or a psychic breakdown.

The holding environment remained safely and securely intact, it had just changed its shape, but its affective and operative functions were maintained uncontaminated.

The sensation that time had stopped while secluded in our homes could now give way to an immediate start leading to the perception that we could now live a moment that corresponded to what had been the perception of a distant and unfathomable future. The office represented a space of long gone freedom, the true realm of a violated

privacy, an infinitely distant destination. Each individual's instinct for survival, put to the test by the pandemic, was like a stream of energy which flowed into the common channel of the desperate need for vitality felt by the entire group, consequently affirming the merit of having been victorious, strengthened and transformed by the physical separation as well as by the telematic closeness.

We all felt a genuinely indescribable emotion when we finally were able to see each other in person, alive and real, ready to share our traditional therapeutic adventure, but each of us with our body needy of communicating the consequences of not having been present in flesh and blood. Thus, a sort of new brotherhood ignited among us with all the members of the group dressed up, as if we were going to a party, each in their own unique personal style, in the attempt of best expressing the physical reality that had been banned from sight. The lockdown had caused many to lose their attractive glow, most had put on weight and yet we all perceived a sense of material beauty emanating a powerful and inviting sense of energy, illuminated by the joy of being there again, fortunately healthy and unharmed by a virus that had menaced our bodies but had above all hurt and scared our souls. Each of us was marvelously the same as before, yet visibly transformed both internally and externally: a sort of therapeutic miracle of group awareness and responsibility had saved both our personal identities as well as the dynamic thaumaturgy of the group itself.

Translated by Linda Beatrice D'Arrigo.

Our Photobook. Images from some Online Offices

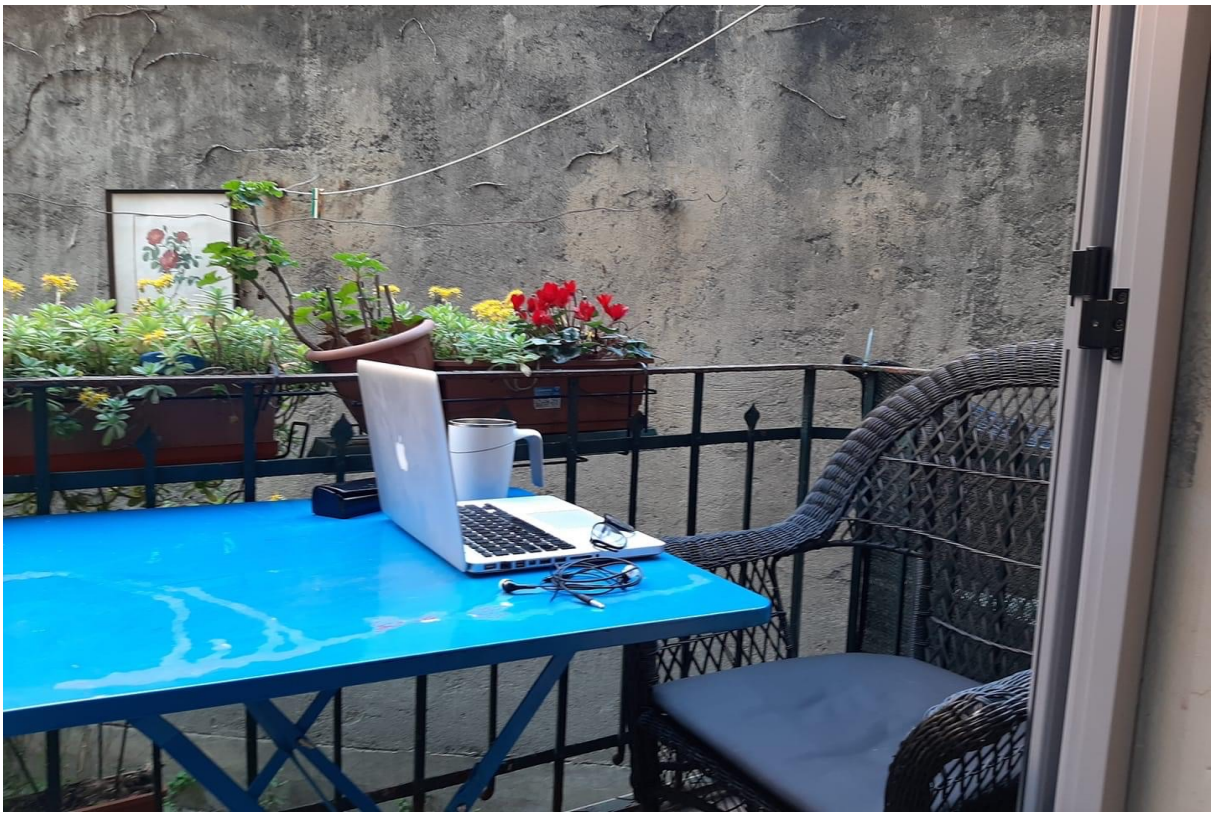
Angelo Moroni and *Pietro Roberto Goisis*

The photographic project is the brainchild of Moroni during the first lockdown of 2020, when he started writing a daily diary posted regularly on *Facebook* (the text, together with the clinical account of Goisis' illness, will be published in the book *Psychoanalytic Diaries of the Covid-19 Pandemic*, Routledge, 2022).

The stories immediately attracted the interest and curiosity of many colleagues, overwhelmed by the experience we were having, all in need of contact and comparison, each in their own way. Reading the reflections of one of us had a fundamental function of sharing and knowledge. We were not alone in the tragedy.

Our shared passion for images, and not only cinematographic ones, stimulated the collection of photographs taken in the offices we set up for the online sessions. Here is an overview of some of the workstations, some accompanied by a comment and a reflection, others that speak with images alone.

It's our photobook. One of many that every psychotherapist has set up.



Sergio Anastasia - Milan

I was very apprehensive to stand in front of the screen, from a position that for me represented well-being and openness, at a time that was of great suffering and general closure. I had to make a virtue out of necessity, when being shut in was producing intense pain in my chest, back and bones. The spot where I placed the desk in my garden was where the sun shines most of the time. The first impact with the patients provided an opportunity to have an open dialogue and discussion about what we were going through. They felt, by their own admission, welcome "guests", a little less alone and burdened by what we were experiencing. Seeing their analyst all in all coping quite well accentuated their relief at knowing they could count on someone. The use of headphones protected them from the possibility of being heard by strangers, while still guaranteeing privacy and acceptance. This allowed for a more open and non-judgmental dialogue. This is a mode that has increasingly characterized my professional practice since then and which I have never abandoned. Occasionally, a blackbird would visit us. And even this unexpected company made my and the patient's gaze more sensitive and attentive to his most delicate issues.

Gianni Beglia - Genoa

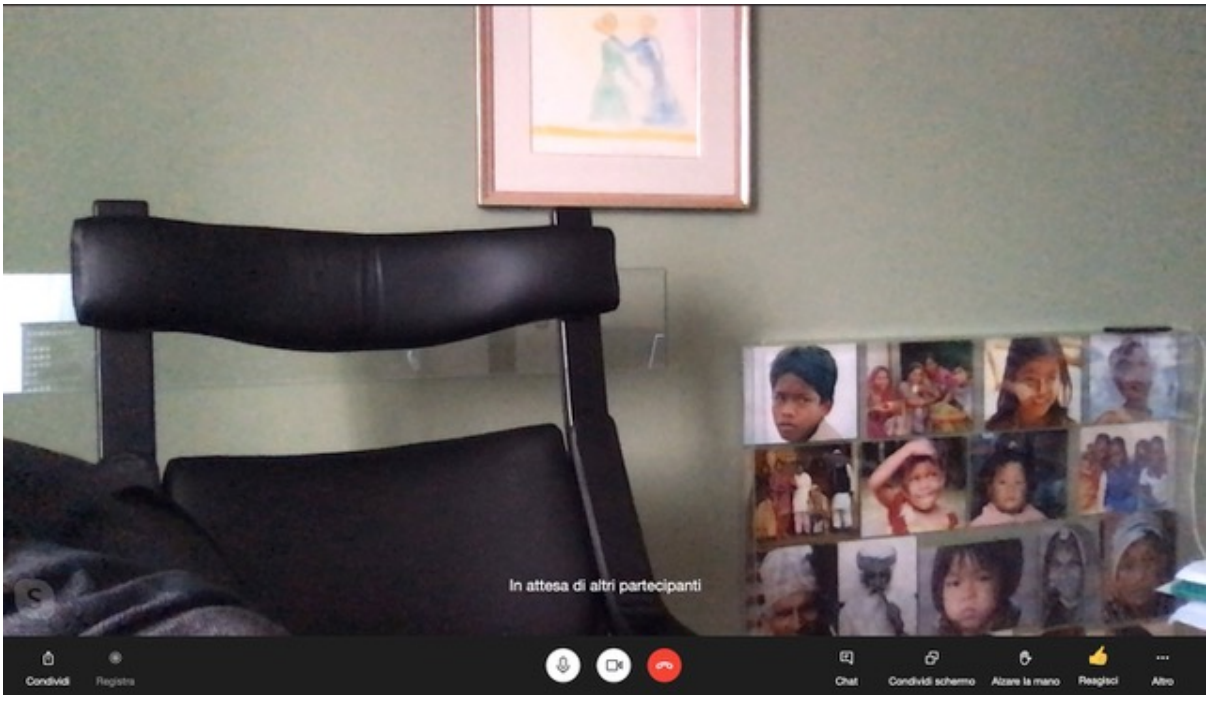
Rosamaria Di Frenna - Turin

Antonella Faganello - Vittorio Veneto

"The best remedy when one is sad is to learn something' (T. H. White). Maybe we have learned something new. Crystallized settings crossed by a new light refract into other new forms of contact, new ways of communicating. Gymnastics for the mind. Of course, Freud could not have had a computer next to the couch, but what if he had? It was a useful tool, no doubt about it. It allowed to keep the thread of the relationship in a moment of great concern, both for the patient and the therapist. Some accepted it, perhaps with reservation at first, and then settled into unexpected practicality. Some preferred to suspend the interviews, not feeling the need to do so, as if the lockdown was a guarantee of frozen relations, as if the fact that everyone was 'inside' allowed nothing vital, and therefore nothing potentially dangerous, to happen: everyone was as safe as during the spell in the fairy tale of *Sleeping Beauty*. Now I am happy to be back to the setting I am most familiar with, I feel more relaxed, all in all more comfortable... even if I don't do the session in slippers as I did during the lockdown.

Valentina Gentile - Catania

Navigating in the unknown, one tries to so-stay in disruptive experiences, which are expressed through new relationalities. The dimensions of space and time seem to co(n)fuse. The word takes shape, to create a new thinkability.



Pietro Roberto Goisis - Milan

By definition, a meeting requires the presence of at least two people, each with their own experience, their own perspective, their own subjectivity, I would say.

In my online sessions I have decided, together with my patients, to always keep a *vis-à-vis* setting. I do not try to "replicate" at a distance what happens in presence. I consider it another way of doing therapy. A different way, already complex enough, that does not need further "complications".

I also show in these pictures the point of view of the patients, our privileged interlocutors in the long months of the first lockdown.

Since March 2020, I have been working online from many different locations, which varied according to my personal and professional needs. These changes have been the subject of attention, questions, and reflections from my patients, as well as theirs. In the photos in the book, I show my practice, the most used and usual setting. In the first one you can see what I see, beyond the computer screen, while I am conducting an online session. In the second one you can see, through the computer screen, what the patients see while they are in a remote session with me. Just a little more “restricted” than what they see live. Two separate interlocutors, but close in connection.

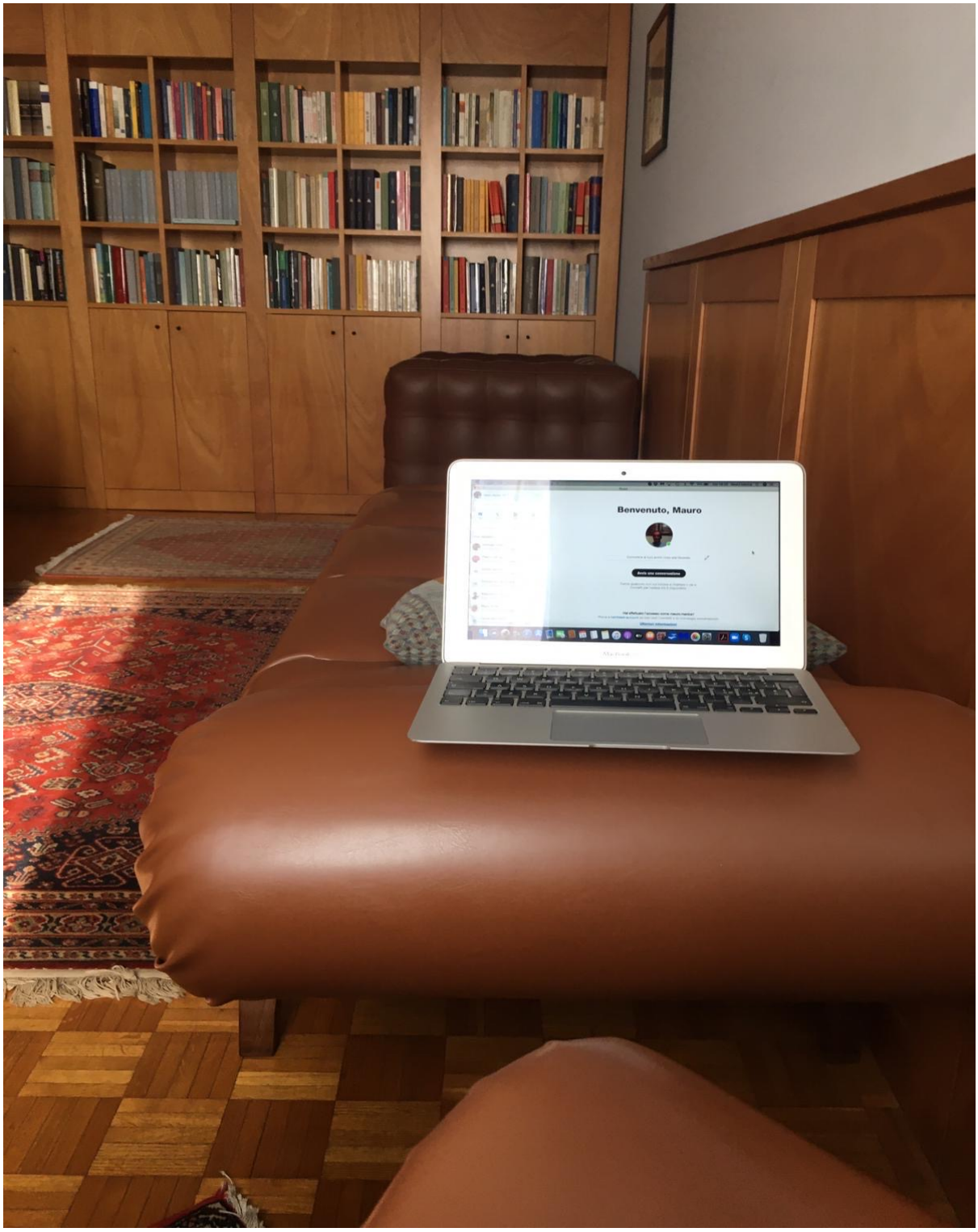
The online room.

Angelo Macchia - Rome

"How long is the coastline of Great Britain?" was the question posed by Benoit Mandelbrot, a French mathematician who called fractal geometry "a language for talking about clouds". According to fractal geometry, as you go down a smaller and smaller scale, the measurement of the lengths of the various stretches of coastline can go on forever.

How far/close are analyst and patient in tele (from Greek *tèle* = far) analytical contact? How big is the distance between what I have learnt to know about the patient's voice in the analysis room and the voice I hear emerging from the telephone or telematic device? And how great can the distance be between the ideal of cure I carry within me and the possibility(s) of cure experienced during this extreme situation? More *tèlos*, more distance. Crisis and opportunity.

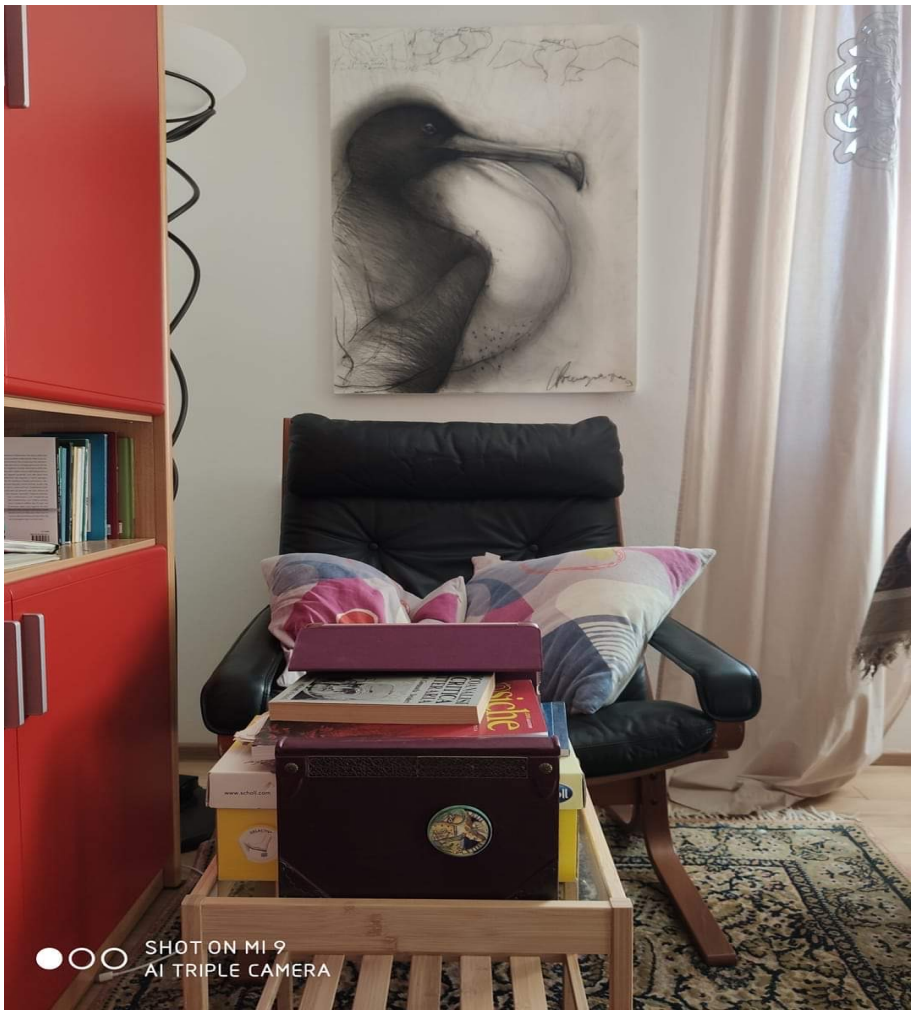
Being on the same raft, being in the same boat, has also made it possible to reduce distances, to create new forms of intimacy, hitherto inhibited: "Doctor, how are you?" "And you?". It may have been for someone a conquest of intimacy, of otherness, of subjectivity.



Mauro Manica - Novara

Angelo A. Moroni - San Martino Siccomario (Pavia)

From March 8 to June 4 2020, for the first time in almost thirty years of work, my couch, the only one in all these years, was empty, it did not receive the bodies lying there of my patients. During the first month of quarantine, I missed them a lot. Only later did I realize that my patients were still there, with their souls, their affections, their thoughts. I tried to make this long separation as less traumatic as possible. I tried to maintain the continuity of the analytical relationship. For example, by placing my laptop with the webcam facing the wall and the window, thus allowing the patients to see what they usually see when lying down in my office during an analytical session. I tried to mend a tear that was perhaps too big to be mended, to heal a wound that my patient and I would have the chance to deal with together again at the end of the quarantine.



Luca Nicoli - Modena

Covid, pandemic, lockdown, phase two, are new terms, never heard before and yet now familiar. They are words that are too full and at the same time too empty, like everything that is traumatic. Full of nightmare, empty of history.

As every child and parent in the world knows, when you wake up from a bad dream, in order to feel better you have to tell what you have suffered to someone who is listening. You have to “spill the beans”.

The nightmare suffered becomes a story told.

Today we need words and stories that give emotional meaning to the "sack" full of fear and anguish that we are experiencing, so that we can share it.

A shared burden is lightened.

Luca Trabucco - Genoa

I chose this image, in black and white, and slightly elaborated with an antiquing, to accentuate the paradox of something ancient that transforms itself, according to contingencies, without however losing contact with its roots of meaning. It is the same mystery whereby a mother who nurses and nourishes her children and makes them grow physically, thus produces love and mental, abstract nourishment, which makes them grow psychically. A mother can recreate the same atmosphere in a park, in a restaurant: as if a bubble is created around them which makes their meeting, that of mother and child, something intangible, both in its essence and from external turbulence. A mother can create such a condition whether she is breastfeeding or bottle feeding her baby. So, whoever sees the setting as something bound to a single ritual, reifying it, cannot but lose its paradoxical and vital character. The setting is only incidentally bound to a concrete aspect, but its reality lies in being an immaterial fact.

Sue Tyler - London, UK

As a refugee therapist and analyst in training, my patients and I moved from our usual room in London. Before the quarantine, I saw some patients here and some in London.

I have inhabited this virtual space, for the duration of the UK blockade, since it began in March 2020. I have been supported by the solidarity of my colleagues all over the world, but particularly in Italy. With them and my patients, I have been struck by how sustainable the inner world can be, sometimes more so than the so-called 'real' and outer world.

AFTERWORD: A Look Through the Nets

Pietro Roberto Goisis and *Silvio A. Merciai*

There is something new in the sun today, or rather ancient
[L'Aquilone, Giovanni Pascoli, 1897]

Funzione Gamma: The Online Therapy

When in November 2020 the editorial staff of *Funzione Gamma*, through Stefania Marinelli, proposed to one of us (Goisis) to edit a part of the new issue of the following year, dedicated to the online question and in particular to its application in psychodynamic psychotherapy, the thought of involving the other (Merciai) was natural and immediate. It might have seemed to be an operation in the style of a musical group *reunion*, those initiatives supported by nostalgia and marketing, which are rarely effective or productive: in reality, it seemed a good opportunity to resume the work and the task left undone almost twenty years ago, as we recount elsewhere (Merciai-Goisis, in this issue*)*. It was a pleasure to discover that, twenty years later and although in the meantime we had mainly devoted ourselves to investigating very different themes – adolescence, Goisis, and dialogue with neuroscience, Merciai – we found ourselves in a position of substantial agreement on the question of remote therapy: the result, evidently, also of the work we did together then.

We are therefore very grateful to Funzione Gamma for this invitation.

As you have seen, the issue we have edited has taken the form and size of a book, a single-volume publication, such the ones available in bookshops or purchased as eBooks: these formats would perhaps have fed our egos more. On the contrary, we are particularly pleased that the collective work is available online and free of charge. Truly "available", with that generosity and free sharing that in the early stages of the Internet, before its commercial development, had made people talk about a democratic and egalitarian tool. A certainly romantic image to which we have remained attached.

The Pandemic and Psychoanalysis

The years 2020 and 2021 will surely be remembered as an epoch-making period in human history. The Sars-CoV-2 pandemic has completely overturned our habits, our security systems, our points of reference, our lives, in short. Almost every day we wondered if and when we would be able to resume human relations with the styles and methods we have built up over time, each of us our own. Not to mention, but not even to forget – impossible to do – the health and economic effects on entire segments of the population, individuals, businesses, cities, and nations. Some suggest that this is also an opportunity to rethink models and patterns of behavior, from social to behavioral and so on. A challenging hypothesis to test.

Dynamically oriented psychotherapy has not been spared by this event. In the first part of this issue, edited by Stefania Marinelli, Glen O. Gabbard and Bernard Duez testify this impact of the pandemic on clinical work; a subject on which many have written and are writing (see, for example, the special section devoted to this subject, edited by Neal Vorus and Steven J. Ellman, in issue 2 of volume 38 of *Psychoanalytic Psychology*).

The practice and exercise of our profession risked being overwhelmed and subverted, even prevented from taking place by the various lockdowns and health risks. Here, suddenly, almost miraculously, psychoanalysis has "discovered" the online. We do not think it is an exaggeration to claim that the virus could have made our discipline sick, or even killed it. This was not the case. Psychotherapies have survived: they are alive. Thanks also to the online.

At the same time, there is no doubt that a wide-ranging and in-depth reflection on the almost ubiquitous spread of online sessions is more necessary than ever. On what has happened and what experience we have had: what significance it has had and continues to have. And then, similarly to those who fell ill with Covid-19, what outcomes did this phase have, what consequences did it entail, how did it change us?

A first question – a clinical and theoretical reflection – arises. Psychoanalysis has always had to move between tradition and innovation, and this is one of its great challenges. Only by accepting and facing it psychoanalysis has been able to survive and will continue to live. In this sense, the quotation from Giovanni Pascoli's poem offers us a paradox, almost an oxymoron, to reflect on. How much is new and how much old?

The same question arises with respect to the broad category of online therapy (now almost exclusively in the form of video calls). Some of us, many in the world, have been dealing with it and practicing its different forms for many years. It is time to share our journey and our experiences, hinging them on what has been done around us, here and elsewhere. Writing about this complex topic requires us to grasp the new we are experiencing, without neglecting the experience we have gained over the years in both traditional and new therapies.

This Issue

The editing of the issue of a journal, like that of a book, requires, if done with passion and true care, a complex and delicate work of construction, integration, even diplomatic mediation between different voices and languages.

All the authors whose contributions you have read have been directly invited by us, starting with those which we have collaborated with years ago and to whom we wanted to offer the possibility of resuming the threads of the discourse: Paolo Migone, Beatrice Cannella, Maria Ponsi. We also sought the collaboration of Luca Pezzullo, who, however, due to commitments linked to his current institutional role, was only able to

offer us an advisory contribution, for which we thank him. Subsequently, we involved colleagues with whom we had been discussing the *tsunami* since the beginning of the pandemic. Other collaborators arrived along the way, some of them already belonging to the area of Funzione Gamma, some of them known in the meantime, and others suggested by the consultation of the literature and the Internet sites, that never stopped during these months. During the first lockdown in 2020 almost all the psychotherapists appointed themselves as "online experts", only a few admitted to be "amateurs in the dark" (as Bolognini states), very few did not even try. It seemed right to us to give voice in particular to those who, since the dawn of the Internet, had tried to deal with the new that was advancing also in our field.

We urged all the authors to draw largely on the personal dimension of their experience, naturally taking care to protect the privacy of their patients in every way, if they were to be called upon in their papers. To find new forms, tools, and concepts to define what happened. Possibly avoiding excessive comparison with the past, the usual, the known. To identify what is original and present in what we are experiencing. And, above all, avoiding the use of the psychoanalytic jargoon, whose intellectual abstruseness has always seemed to us an unbearable ballast for our thinking.

As editors, we take *full* responsibility for all our choices – of style and content – including the (unintentional) omissions of colleagues who have been interested in the subject in recent years. On the other hand, the exclusion was deliberate of those who have declared themselves, albeit honestly, to be "against the online world", often, unfortunately, without even having experienced it in the field.

But, of course, we were not interested in immersing ourselves in a football match atmosphere. So, we chose the voices, not necessarily “in favor”, of those who had shown a desire to understand, to reflect, to ask questions. We too wanted to continue to reflect, study and understand. The contributions we have gradually collected have certainly helped us to do so, and so we hope it will be for our readers. We did not want to give a trial or issue a sentence, but only to try to place ourselves in the course of history, with all our limitations.

It is up to the reader to assess, after reading, whether this goal has been achieved.

Online therapies, we are convinced, are something different. We have tried to study them and talk about them from this summit. With this spirit and these premises, we have built our part of the journal, or rather, perhaps, we have let it build up as we collected contributions and we ourselves reflected on what was missing, on what we thought should be further discussed, and so on.

Sections

In the end, we have collected the contributions in five different sections, always in dialogue with each other thanks to the numerous internal references, favored by the hypertext nature of the publication.

The first – **How Did we Get Here**? – seemed to us to be the necessary bridge between the remote past and the near past (the pre-pandemic past), with the aim of showing how the entire psychoanalytic and psychotherapeutic community since a long time had had sufficient information, experience, and research not to be caught unprepared by the emergency of lockdowns and health precautions. We started with an autobiographical reference to our work of many years ago. It is particularly unpleasant to play the part of talking crickets or Cassandras, under the banner of "I told you so" (we tried to remember this when we wrote the first contribution – the "prehistory" – but we are not sure we succeeded!), but even more unpleasant, if not vaguely false, is to show an astonishment and surprise equal to that of a child who is told that Santa Claus does not exist. The undoubted narcissistic appeal is mitigated by the retrospective perception that, without tearing our clothes off unnecessarily, we must honestly acknowledge a collective responsibility. Some (ourselves among others) for having practiced online for a long time, but having talked little about it, not having insisted on its dissemination and having given up research and public reflection on the subject. Others for having neglected to take into consideration what was happening overseas or even very close to us, caught up in apparently more noble and profound issues, thus leaving the practice of online at the mercy of more or less improvised and qualified therapists, who have now taken hold of the topic and preside over the field. Others for mocking and opposing those who tried to give voice and to study the subject, treating them as heretics or "outside psychoanalysis". So, perhaps with some reparative vein, we decided – after a couple of unsuccessful attempts to involve others – to take on in person, as editors and with a little help, the task of writing the "history" of the online therapy in the years before the pandemic. It has been weeks of study and reflection to fill, at least in part, our "guilty" ignorance. We think we have learned the lesson of the silence of these years.

The second section – **The Covid-19 Pandemic: A Year of Online Experience –** sought to provide an overview of what has happened – debates, books, seminars, etc. – in the world of psychoanalysis (and not only) since February 2020, in real time, so to speak: our aim, in this way, was to give a voice to all the colleagues who had reflected on the issue and that we would not have hosted on our pages. Rereading it, this part seems to us to be the least successful of the issue: the image remains of a fragmentary, unsystematic panorama, lacking an overall vision and a clear research direction. Frankly, we do not know whether ours was a faithful snapshot of the situation or a collection not sufficiently processed and consolidated. Perhaps the result achieved, certainly not attributable to the authors who dealt with it, confirms the difficulty of reflecting on what is happening inside and around us while things are happening. It is said that one can "make history" only a few years after the events one is dealing with. Let us give it some more time, then.

The third section – **Theoretical Reflections** – had the ambition to fill the gap that we still feel between the practice, often hidden and silent, almost clandestine, of many therapists and the theoretical elaboration that the clinic should always activate. It seems

to us this is the most homogeneous and coherent section, as if the different authors, even without a preliminary confrontation, had found themselves "playing by ear". Most of the contributions we have hosted in this section refer to the thought of Paolo Migone, who has been trying for a long time to “demystify” the problem of remote therapy. In this sense, the papers on the “body” and those on the “setting” show a consonance that was not in the authors' intentions *a priori* and that instead was created as the drafts of the works produced and published on the private web space that we had created for the preparation of the issue were read and discussed.

The fourth section – **Clinical Experience** – aimed to show an overview of some applications of remote practice and, at the same time, to highlight that almost any condition, age or therapy can be addressed online. We know that we have privileged dynamically oriented psychotherapies, thus neglecting other orientations and approaches. On the other hand, we belong to this field and, while fully respecting and integrating different competences, this is the area in which we are used to move. And the one in which Funzione Gamma, our host, gravitates. We will be very happy and interested in future and desirable moments of meetings and reflections with colleagues belonging to psychotherapeutic areas of other theoretical orientation.

Finally, the fifth section – On **the Other Side of the Screen –** was created with the intention of giving a voice and an opportunity for reflection to those who found themselves living the online experience not only as therapists, but also as patients. We deeply believe in the importance of reciprocity and sharing as fundamental moments of the therapeutic relationship. Therefore, it seemed useful, necessary and a source of further reflection to listen also to those who, in different contexts and ways, had to experience their own psychoanalysis or psychotherapy in online mode: we believe that a special thank goes to these colleagues for the generosity with which they allowed us to enter their experience.

Before the **Afterword** you are now reading, we have included, taking advantage of the resources offered by web publishing, a short but significant series of photographs that show how different therapists have organized their “workstations” during remote sessions. The images speak for themselves and every reader will be able to literally "see" how colleagues have approached online therapy and the layout of their offices, finding similarities and differences with their own choices. We also found this an interesting novelty. It is not usual for a psychotherapist to open the doors of his practice to the gaze and curiosity of others. Perhaps in this sense, too, the pandemic bequeathed us a new way of talking to each other, of meeting each other, of getting to know each other.

To Conclude

At the end of this short article, we would like to share some reflections, the ones we came up with during and at the end of this fascinating online journey.

We think, we are in fact certain, that online therapy is not destined to disappear with

the hopefully imminent end of the pandemic. On the contrary, we believe it will become one more tool in our therapeutic toolbox. To a large extent, it will be up to us to know how to use it properly, to exploit its potential, to recognize its limitations, and to understand its merits and flaws. Like every innovation that humanity has had at its disposal, our task is to mediate between the new that is advancing – which partly fascinates us and partly frightens us – and the known – which reassures and protects us, but sometimes limits us – in order to systematize and integrate what we have discovered and learned in this sort of large-scale collective experiment constituted by the long period of emergency.

It would be a pity not to use the data offered for field research now. Hopefully open research, free of prejudice of any kind and not biased. As it should always be.

Among other things, we will have to consider the consequences arising from the specific nature of the type of platform we use and the technological tool with which we manage it. It is even trivial to remember, but a phone is different from a computer or a tablet. Using one or the other, of course, also changes our perception, perhaps our corporeity itself, even our relationship. How? In what terms? With what indications and counter-indications?

Nor can we minimize, as a related issue, the ethical issues, especially those of privacy, which must be addressed promptly, urgently, and no longer be delayed.

We understand at this point that many psychotherapists, faced with the complexity of the issues to be dealt with, might withdraw, abandon the field, give up, declare themselves protectively opposed: and that's it. We think that this attitude would be short-sighted, self-defeating, risky for us, our discipline, the future of those who want to practice it in the future. The same prejudicial reluctance that a large part of the psychoanalytic world has shown towards research on the outcome and effectiveness of our therapies. With all the consequences that this has entailed and entails. As we write these thoughts, the passionate and competent words of Marlene Maheu ring in our ears. Very precious, even more so because they come from a colleague who is not fully part of our theoretical orientation and who, precisely for this reason, seemed disenchanted and far-sighted. And concerned.

From her words, perhaps as an overall approach and at the same time as an indication of a course to follow, we point out how totally uncovered and inadequately addressed is the problem of the training needed to be able to practice online therapy "properly". Obviously, we think of a training that integrates with the traditional one of the various Psychotherapy Schools or Psychoanalytic Institutes, or that is structured according to the model of the Masters or Postgraduate Courses. Of course, the question of who will carry out this training, in other words who will train the trainers, remains to be addressed.

We know that we have posed many problems and many questions, most of them still unanswered. We firmly believe that maintaining a firm faith in psychoanalysis,

listening to our patients, doing research, studying, and remaining humble in the pleasure of our acquisitions is the only possible answer.

Writing these words, we feel as if we have returned to the beginning of the whole generative and creative journey that created this issue of Funzione Gamma.

We know that life contains an inescapable circularity. We go round and round. And after so much turning, we often find ourselves back where we started. At least in appearance, because with each new turn, even if we seem to start again from the beginning, we are no longer the same and a little bit of experience and new knowledge will keep us company and guide.

This is how it has been for us in recent months, this is how it is now, and this is how we hope it will be for you, kind and attentive readers who have read us so far.

Post-Scriptum

To end the issue, we would like to express once again our heartfelt thanks to Funzione Gamma for the trust and absolute freedom it has given us.

Our ambitions were high, we do not deny it. Everybody must always try to fly high.

So high that we have sometimes jokingly recalled the phrase "We are carrying the plague and they don't know it yet" that Sigmund Freud uttered in 1908 when landing in the United States: ironically asking ourselves whether the Journal's editorial staff was aware of what it would have entailed entrusting us with the editing of a section of this issue.

We do not feel like plague carriers, but neither do we feel like anesthetists. We are fascinated by the new, by borderline territories, by experimentation and by the development of our discipline.

This is what we wish to the reader who has followed us up to here, a safe onward journey in this fascinating and complex discipline that we love and practice.

Thanks, and goodbye!

Acknowledgment

Thanks to Alice Goisis for her revision of the English translation of our paper.