

The challenges of online sessions. Psychoanalysis in the face of change

PIETRO ROBERTO GOISIS, SILVIO A. MERCIAI

It is 22 February, 2020¹. The pandemic, which has affected Italy and other countries alike, is changing everyone's lives, work, and relationships, including the psychoanalytic community. Suddenly, the vast majority of our colleagues discovers the online realm and transfers their clinical practice to digital platforms. As Stefano Bolognini (2021) pointed out, it was an «amateur hour» of sorts as 95% of psychoanalysts then accessed the practice and setting of online therapies for the first time.

Along with a few others, who were then invited to contribute to the collective reflection on this issue, the two of us were part of that 5% who already had practical experience in online psychotherapy. In fact, we belonged to an even smaller percentage, that of those who had been reflecting upon and writing about this topic since the late 1990s (Merciai and Goisis, 2021).

It was probably due to this extensive experience that Stefania Marinelli, on behalf of the editorial staff of the *Funzione Gamma* journal (an online publication of La Sapienza University in Rome), asked one of us (P. R. G.) to edit a special issue on the topic of analytically oriented online therapies. We quickly decided to resume our collaboration, which had been suspended for about two decades.

FUNZIONE GAMMA. THE PANDEMIC AND ONLINE THERAPY

It was a challenging task that lasted almost a year, from September 2020 – when the proposal was put forward – until September 2021, when the issue was published online. The project involved more than thirty colleagues and evolved over time, benefiting from the collective input of all the participants. It could have easily become a book, but we are proud of its online publication: freely accessible and free of charge, in line with the spirit of democratic freedom that characterized the early days of the Internet.

The publication is divided into two parts: the first, edited by Stefania Marinelli and titled *La pandemia tra teoria e clinica* (The Pandemic Between Theory and Clinical

¹ On February 22, 2020, the first two Covid-related deaths were reported in Italy. This was shortly after the first major cluster of cases had been located, suddenly bringing the number of confirmed cases in Italy from 2 to 60 (T.N.).

Practice), hosts two contributions by Glen O. Gabbard and Bernard Duez; the second, edited by the two of us and titled *La questione online. Problemi e opportunità* (The Online Issue: Problems and Opportunities), is divided into five parts:

1. *How did we get here?* In this part, we reconstruct the development of online psychodynamic-oriented psychotherapy from its beginnings in the 1950s up to the pre-pandemic phase, both globally and in Italy, highlighting its marginal, almost clandestine status within the official psychoanalytic debate.

2. *The Covid-19 pandemic.* One year of online experience. Our aim in this part was to document the practice of online psychoanalytic work during the pandemic. With his usual clarity, Stefano Bolognini was of great help to us: in a video interview he provided an overview of the situation, reflecting on the past, recounting the present and envisioning the future.

3. *Theoretical reflections.* We aimed to advance the development of thought on the topic of online therapy, by gathering the contribution of Marlene Maheu, one of the world's leading experts on telehealth in the field of mental health; the theoretical positions of Paolo Migone; the innovative perspectives of Ada Moscarella and Luca Nicoli; as well as explorations on the subjects of the body (Cannella and Merciai) and the setting (Goisis).

4. *Clinical experience.* This part delves into the subject of practical experience, spanning across the pandemic, the past, and future perspectives. It explores psychiatry, somatic disorders, working with children and adolescents, uncanny feelings, and working with groups and families.

5. *On the other side of the mirror.* In this part, we collected works that we found particularly valuable. After dedicating such ample space to us, the therapists, it was important to listen to the voices of those on the other side – colleagues who had also been patients in online therapy.

Lastly, *Pictures from the setting*: a collection of snapshots taken during online sessions and made available to showcase and compare the different models and arrangements of the «field tent» (Bolognini, 2020) put in place to cope with the emergency.

The editorial approach of this issue of *Funzione Gamma* clarifies our position on distance psychotherapy:

- It is an essential tool destined to remain part of our therapeutic arsenal, and on whose use we should continue to reflect independently of the emergency circumstances that characterized its use over the past two years;
- It is a mode of intervention that is distinct from the usual face-to-face encounter, which should be studied in its own right instead of being framed as a kind of surrogate or subspecies, and which should not be validated – or invalidated – only through the conceptual categories of the face-to-face encounter (Goisis, 2020; 2022).
- It is a type of setting that does not warrant questioning its effectiveness, feasibility, or theoretical justification. Instead, we should focus on identifying its indications and

contraindications, studying its specific features, and improving its quality. We should acknowledge that the resistance to this approach over the decades was largely driven by economic and professional issues – ironically, not unlike those that facilitated the approach's development during the pandemic – rather than by actual theoretical concerns. Telehealth is now firmly established (FSBM Guidelines, 2022) and requires an open-minded approach from psychoanalysts and psychotherapists as well.

Starting from these premises, we were glad to accept the invitation from the editorial board of the *Rivista di Psicoanalisi* to reflect on the topic of risk in the context of distancepsychotherapy, which we will explore from different points of view.

DISTANCE PSYCHOTHERAPY: A RISK FOR PSYCHOANALYSIS?

We are aware that our position is far from unanimously shared. There are opinions, even authoritative ones, that consider the use of online modalities as unviable, except in case of an emergency – some consider it unviable even during a pandemic.

Let us begin with what has happened in our society. Giorgio Bambini and Maria Ponsi (Bambini and Ponsi, 2021) documented the debate that took place in 2020 on SpiWeb² concerning the use of distancetherapy in the urgency of the first months, the most acute and dramatic phase of the pandemic:

The contributions in the *Mailing List*, regarding both the pandemic itself and the shift to a «distance» mode for sessions, mainly came from the Northern regions, where the spreading virus was causing far more dramatic consequences than in the South. From the Southern regions, on the other hand, in this initial phase came comments that were almost incredulous about the seriousness of the pandemic, as well as criticisms about the feasibility of adopting an *online setting*, which some deemed as antithetical to «true» psychoanalysis.³

Presumably, Bambini and Ponsi are referring to Riccardo Romano's intervention, which is noteworthy both for the assertiveness of the theories put forth and the authority of the author, with the evocative title *L'analisi ai tempi del coronavirus* (Analysis in the Time of Coronavirus).

«[...] if it is true that the virus more easily attacks and destroys the physical bodies of people without strong defences because they are weakened, *it is equally true that the virus more easily attacks the minds that are suffering and troubled, because they are filled with nameless anxieties whose content is unconscious. However, this is a job per-*

² Online portal of the Italian Psychoanalytic Society.

³ (TN).

taining to psychoanalytic treatment, which is capable of transforming symptoms into thoughts, certainly not to distance care psychology that considers the essence and motivation of psychology to be limited to good behaviour and comfort-giving. No one shall dare to label as irresponsible those psychoanalysts who, in accordance with their ethical responsibility to be true to themselves, choose to continue receiving patients; such an accusation would be a substantial projection, as the accusers either are not psychoanalysts or deny being psychoanalysts whose primary task is to treat patients according to the psychoanalytic method, which requires a welcoming presence. [...] And we treat our patients and we do not believe it is ethically possible to refuse to meet them anymore, or to ask them what they choose to do, or worse, to deceive them by claiming that the analysis can continue over the phone or via Skype: this is not psychoanalysis but supportive psychotherapy. [...] Can anyone imagine or scientifically explain the exchange of projective identifications – which requires the presence of both parties, else they would be telepathy or magic – occurring over the phone or via Skype? Can anyone believe that reverie can take place over the phone or via Skype? It is like imagining that a mother could hold a child in her arms, both being in a dream-state, via Skype. [...] It is now scientifically accepted, thanks to a series of psychoanalytic studies such as Bion's, that the epidemic of a virus is rooted in the condition of certain emotions or primary needs in the psychology of large social groups that remain unfulfilled, because they are stifled and are never represented. Psychoanalytic treatment identifies in the individual or group the unmet needs and emotions in the unconscious and activates transformations capable of mentally representing them, thus preventing them from manifesting as physical symptoms subject to viral attacks.⁴

This argument caused quite a stir. The statements which tended to support a kind of psychic component in the evolution of the pandemic and in the severity of its clinical manifestations were disputed, as they were deemed by many as lacking scientific evidence – a similar fate befell Romano's subsequent two contributions on «fear denialism» and herd immunity.

Romano's position is, therefore, that in-person work is an essential characteristic of the psychoanalytic encounter, a theme he further reiterated in his seminar at the Centro di Psicoanalisi Veneto (11 February, 2022) in which he defined the psychoanalytic method as transformative, evolutionary, dynamic, temporal, pluralistic, non-virtuous, in-person («we carefully and repeatedly observe our patients in-person»⁵). The latter aspect was claimed and taken for granted by some of the participants, but it was not justified nor further explored in the subsequent discussion of the work. This position is not

⁴ (TN). Emphasis added.

⁵ (TN). Emphasis added.

isolated in the international scene and seems to echo those of, for example, Gillian Isaacs Russell (for an extensive discussion of the theme see Merciai, 2021):

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, 2021).

[...] there is no getting away from the fact that technologically mediated treatment, and indeed all relating via technology, is not functionally equivalent to co-present relating. While we have moments of ‘telepresence’ where we have the illusion that we are not using technology, the limits of technological mediation impact the therapeutic process, and indeed the communication process in any relationship. [...] the information we have about communication, the limits of technology, and the way we are neurologically wired points to the fact that we need to experience presence to ‘keep it real’. (Russell, 2021).

On *Funzione Gamma*, the topic was addressed in an article by Beatrice Cannella and one of us (S. A. M.), in which the prejudiced and unsubstantiated aspect of many of the criticisms levied was emphasized, as well as the ambiguous role of the body in the history of psychoanalytic theory. The article also relied on neuroscientific theories on mirroring phenomena and synchronization phenomena (in behaviour, heart rate, hormone secretion with particular regard to oxytocin, and electrical rhythms of brain activity) that occur when two individuals interact and that, to some extent, also persist in remote audiovisual interactions (Cannella and Merciai, 2021).

THEORETICAL RISKS

It was primarily Paolo Migone who, since the 1990s, explored the issue of online therapy and refuted its exclusion from the realm of ‘acceptable’ therapies, a theme he has pursued ever since with unwavering consistency (for an extensive discussion see Migone, 2021).

The core of Migone’s argument revolves around the distinction between internal and external settings, and in the idea that in order to establish the psychoanalytic exchange we face the unavoidable need for an internal setting – one that is characterised by non-judgmental listening, empathy, and a willingness to reconstruct underlying meanings that may or may not be readily apparent. The exchange, however, can then be accommodated by different external settings, ranging from the classic in-person setting to distance settings, without compromising its validity (as an adage from

the American psychoanalytic world goes, «Psychoanalysis is not in the Furniture»). Nevertheless, an elaboration within the therapeutic experience will always be necessary. Thus, according to Migone, one should evaluate why a patient has chosen a classic in-person setting rather than a distance one, and vice versa, without assuming that the one represents the norm from which the other deviates. «You can do therapy at almost any setting», says Michael Eigen (2020) in a video interview. «If you were in a concentration camp you could do therapy there, if you were in a Buddhist monastery you could do therapy there. We can do therapy in any setting, [even] walking down the street: Freud used to walk with patients».

THE RISK OF PREJUDICE

In these two years, during which much has been said about online therapy – and yet little has been done in terms of research – we have frequently witnessed opinions and views expressed in a spirit akin to that of a sports rivalry, that seemed to originate from ideologies and preconceptions more than from proven practical experience and research. To be fair, this has occurred on both sides of the dispute. However, we know that in many fields, various types of experimental studies are underway. This is good news, as it would be a shame not to take advantage of the widespread practice to conduct large-scale research.

Sarantis Thanopoulos (2021a, 2021b) writes:

In «distance» therapy, the demand for the analyst's presence becomes more ambiguous and one can quietly slip into what André Green called the position of the «dead mother», a figure who is physically present but emotionally absent. [...] The authentic relationship is the encounter between two or more psycho-corporeal beings (such is the specific nature of the human being) capable of sharing a common dreamspace animated by the contact of their breaths. Let us return to real life, made of authentic encounters, not fake ones.⁶

We believe this to be an example of the type of risk we are discussing. The text we just read is suggestive, and the narrative is captivating. However, when we examine the words in detail, what makes the presence of the analyst «more ambiguous»? Why «physically present but emotionally absent»? Can not breaths exist and be perceived online, perhaps even to a greater extent? What allows us to claim that distance encounters are not «authentic» but «fake»? Is this not an example of the confusion between *distance analysis* and *distant analysis*, as Ehrlich (2019) aptly wrote before the pandemic?

⁶ (TN).

In the latest issue of *Psiche* (1/2022) dedicated to the theme of *Distance*, in an interview at the beginning of the issue, in response to a question Thanopulos returns to the theme of remote analysis:

It is an unsatisfactory substitute for living analysis, in which two desiring existences breathe and dream together. [...] It preserves the tendency towards distancing and isolation when it is already present and can foster it when it is still a tendency. [...] Digital relating is [...] deceptive when it proclaims self-sufficiency, independent from reality, and it denies distance by creating a false proximity [...].⁷

Nothing new: it is as if more than two years of collective experience had passed in vain, the verdicts remain unchanged, and no elaboration has been built to accompany and justify the stances being taken.

After all, as mentioned above, last year he had advocated a return «to real life, made of authentic encounters, not fake ones».

We, too, were certainly pleased to return to in-person sessions, as Thanopulos proposed. But not for the reasons he mentioned. Instead, it is because we believe that the psychoanalytic session, like the psychotherapeutic session, is also a rite, a habit that is built over the course of the experience. As patients first and then as therapists, we developed a strong emotional attachment to the physical office – furniture, colours, scents, etc. – and to how we reached it – on foot, by bicycle, by car, tram, or underground, the time before and after the session that, in a way, extended the time of the actual encounter. We belong to the generation that thought of the daily newspaper as a large paper sheet, liked the smell and rustle of paper while reading a book, and viewed the telephone as an expensive method of domestic and family communication. A generation that looked for significant others (then called *fiancés* and *fiancées*) in the local social gatherings (at the university, at work, in cultural or political circles, etc.). A generation that looked for an analyst on the Roster, of course, but in the same city where we lived or, if this was not possible, in a nearby one, at an address conveniently close to an underground stop and possibly with abundant, free parking space nearby.

Recently, a brilliant colleague, speaking to the majority of those present who were against doing analysis via Skype – I am sure that Freud, on the other hand, would have used it – turned the point of view upside down by asking: what would we say if, in a parallel reality where analysis is only done via Skype, someone came along and told us to try doing it by having two real people meet in a room and have such an intimate and close relationship? And he concluded: we would all be here, horrified, to assure each other that such a thing is unthinkable (Nino Ferro, 2016).⁸

⁷ (TN).

⁸ (TN).

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 (Sabbadini, 2019).

THE RISK OF IDENTITY CONFUSION

Mainly due to endemic difficulties in confronting what is new, most reflections on distance therapy have been characterized by attempts to evaluate how similar or different it was compared to in-person therapy. Both detractors and advocates have had in mind as a reference model that of the typical treatment, whatever it may be – Freudian, post-Freudian, relational, or otherwise: the photographic book attached to *Funzione Gamma* is a good place to observe and verify this assumption.

A good example of this was Giuseppe Fiorentini's work (2012), especially valuable because it was practically unique in the psychoanalytic field, which devoted part of its reflections to the spatial positioning of the analyst, patient, and their respective computers, with the intention of reproducing that of the in-person session. Although the guidelines provided still seem to us to be among the most precise and coherent with respect to their stated objective – to replicate the traditional analytic setting as faithfully as possible – we believe that this approach was confusing and delayed the search for a clear and useful definition. In short, it is not the setting that makes the analysis – although it helps – just as it is not the number of weekly sessions that determines the quality of a treatment and its success.

We believe that theorising the online setting by referencing the classic, in-person setting is not viable, given the fundamental difference between the two. The in-person setting is an apparatus created, looked after, and maintained solely by the therapist: it is their responsibility to build a welcoming and comfortable environment for both actors of the therapeutic relationship and to ensure its safety by protecting the patient's privacy at any cost (Goisis, 2021). It falls upon the therapist to manage the inevitable difficulties that may arise in the analytic or psychotherapeutic relationship: from the noise of the neighbour's pneumatic hammer during apartment renovations to a power outage that plunges therapist and patient in darkness on a winter evening in the consulting room (both experiences we have had firsthand) or other similar situations. These things are somewhat easier to handle because they are somehow dependent on our control and management. The online setting, on the other hand, is obviously co-

constructed by the therapist and patient and presupposes the mediation of a technological tool. In other words, from the very beginning, the therapeutic alliance will have to take precautions to overcome not only the difficulties that may arise from the therapist's side – although, in non-emergency conditions, one can imagine that the therapist will organise their distance setting with the same care they have organised the in-person one – but also those that may arise from the patient's side – people intruding into the room from which the patient is connecting, carefree management of a session which is potentially interrupted by drinking, eating, smoking, or drug use, yes, one of us even had a patient who smoked a joint during a session – and lastly, the difficulties related to the technological medium – loss of connection, freezing of the device, etc.).

The risk is that, if we continue to think of the online setting as a replica, as faithful as possible, of the in-person setting, we will lose sight of its specific qualities: including how we listen to our patient as if they were with us in the room, when in fact they are far away, in their own room. This characteristic sign, far from being a minor difference, is instead the distinguishing feature of a new and different encountersituation.

THE RISKS OF PRIVACY VIOLATION

Shortly after the online publication of our issue of *Funzione Gamma*, Malde Vigneri sent us an email in which she raised a very intriguing question. With her permission, for which we are grateful, we reproduce part of it:

Following the period of distance work during the lockdown, when we resume in-person activity at the office, it is not uncommon for some patients, particularly the younger ones but not exclusively, to find reasons that are not easily refutable to continue doing distance sessions or to alternate in-person and Skype sessions more frequently. Additionally, due to these health-related events, a new line of therapeutic relationship has emerged with people living abroad or in other cities in Italy. Strangely enough, at the moment of connecting with them, I hadnot considered the problem I am now going to talk to you about, which is rather an expression of further reflection. I realized that every Skype session is inherently recordable and, in fact, recorded, and that every video call, as well as every distance image, can potentially be shared online. [...]

All these thoughts bring back an old memory. Many, many years ago, I had a first consultation with a well-known businessman. At the end of that meeting, I don't know why, infinitesimal perceptions, intuition, or what else, as I was about to say goodbye I asked him, «Did you, by any chance, record me?» The computer world had not yet transformed the scene of the world, and before then I had never thought that someone might bother to record a conversationor, even worse, session. I really donot know what prompted me to have that doubt, which I expressed before it could even be consciously thought. I was stunned by what I had just said, and we stood in silence facing each other

for a few seconds. Then, without a word, he took a gadget from his pocket and handed it to me. I never saw him again, and I have never listened to that recording.

In the following years, in the decades after that, and even more so now that the matter becomes more urgent than I could have imagined back then, I thought a lot about what happened and about that man. About the way he froze after being discovered. About the resolute, totalitarian gesture with which he took the tiny recorder from his jacket pocket, about the silence that accompanied his handing me the disk. We never stopped looking into each other's eyes, and we didn't add anything else. He nodded, a gesture of agreement, of acknowledgement, who knows, and then he left. As I looked at his back, I perceived his immense loneliness, his furious struggle with life, the futile expenditure of energies deployed in defence of who knows what. What did Mr. X want to do with that recording? And why make it? [...]

What did I feel? Strangely enough, no fear; rather, astonishment at what I had unexpectedly said, wondering what kind of unconscious warning had prompted me to notice it. [...]

Now I think: who knows, perhaps a voice from the future?

The issue raised by our colleague is an important one, but it is part of a larger problem. In her reflections, we find a vivid argumentative honesty: the theme of session recordings goes beyond online sessions, it can happen at any time and in any setting. Recently, there was a media and social uproar regarding a well-known showman, Fedez, who made public the recording of a session in which he talked with his psychotherapist about his fears related to a cancer diagnosis. We are vulnerable and exposed, we know this. It is not the online realm that made us so; it is our profession that determines us and makes us so.

As Vigneri's email aptly points out, it is up to the sensitivity of the analyst to detect and intercept any signs of a perverse use of the therapeutic relationship. And that should not be too surprising given that, as explorers of the unconscious, we should be aware of what transference movements are and what they can determine in the encounter between us and our interlocutors in the consulting room.

The practice of online therapy demands something more, precisely because of the characteristics of the tools we use: to choose, prepare, and even create the most suitable platforms to guarantee our patients and ourselves the highest possible protection regarding the confidentiality and exclusivity of our encounter, our exchange, and its contents.

On the one hand, we need to make sure that we are using software applications – we are referring to the most common case, that of video calls – that are user-friendly and straightforward, because we cannot expect our patients to have any specific computer skills – which we often lack ourselves! Skype, WhatsApp, and FaceTime are so commonly used that we can safely assume they are well-known to the majority of our

patients. However, none of these applications guarantees complete protection and privacy – they would not be allowed under normal conditions in the United States as they are not HIPAA-compliant; the fact that the EU’s GDPR currently does not impose the same constraints solves a possible problem from a legal, but not substantial, point of view. Furthermore, perhaps we might wish that our patients use different applications or platforms for their sessions than those they use for their daily, often superficial, chats with friends, colleagues, or hobby companions. In this context, we will not discuss those platforms, widely used on the Web even in Italy, that claim to provide potential patients with the indication of the «most suitable therapist for you, based on personal affinities and needs» in exchange for a few simple pieces of information collected from the answers to a «personalized scientific questionnaire» (*sic.*). These platforms present themselves as mere intermediary (matchmaking) tools that operate based on opaque algorithms apparently similar to those used by dating sites – and indeed impose or demand the use of tu [Italian informal «you»] between therapists and patients.

THE RISK OF A MIXED SETTING

As Vigneri pointed out, many patients who have had online sessions, even when they returned to in-person sessions in the office, later asked to continue meeting online as they found it beneficial. There are various reasons for this: unforeseen scheduling issues, work or family emergencies, travel, illness, and even convenience, there is no denying it. This probably happens more often with situations on which the pandemic had a strong or even overwhelming effect, making it difficult to imagine what a return to normality would look like; this issue, however, will also arise in the future, both for therapies that take place in-person and may temporarily switch to distance for various reasons, and for those that are distance from the beginning and for which the possibility or opportunity for a transition to in-person sessions may arise.

Is it possible that this «double setting» represents a risk?

It can be if we passively accept these requests without engaging in a level of shared understanding. Every good psychoanalyst has a duty to reflect with their patients on changes to the setting. As Tommaso Senise said a long time ago, in an analysis, one can do anything, or almost anything, as long as they know why they are doing it. For example, internet connections have dramatically reduced session delays and cancellations, making the therapeutic work less discontinuous. Once again, with common sense and good judgment, we find ourselves navigating between challenges and opportunities.

The issue of possible different indications and contraindications for the two forms of setting remains open, and is particularly relevant if, as we foresee, the use of online therapy will be increasingly requested by the younger generations: those for whom a phone is obviously a smartphone, a newspaper is obviously a series of web pages, a

book is obviously an e-book, and so on. The IPA's position, as shown by its painstakingly slow approval of new telematic possibilities – facilitated not only by the pandemic but also by experiences such as the CAPA – is very cautious:

It is recommended that the longest possible period of 'in the room' analysis is carried out in order to anchor the transference, facilitate the transference and counter-transference processes and allow both analyst and analysand to experience the emotional impact of each other's 'full presence'.

The APsaA's position, on the other hand, is more open:

The Education Committee or equivalent committee of an APsaA Institute may permit a candidate's analysis to be conducted via teleanalysis on a regular basis when distance sessions are necessary for an analysis to occur *or to provide a greater choice of analyst*. In some analyses, many sessions, or, on occasion, all sessions, may need to take place by teleanalysis (APsaA, 2021. Emphasis added).

THE RISKS OF EVOLUTION AND INVOLUTION

The most recent surveys on the phenomenon of online therapy reveal a high level of satisfaction of therapists and patients alike in using the tool and the intention to keep it alive and develop it beyond the emergency conditions that have caused it to spread. The problem, if anything, will be to remove the social and economic reasons that make it difficult for the poorer and lower education segments of the population to access it. There are numerous devices for distance communication that will make such therapeutic work possible or improve it – think, for example, of the somatic data offered by a smartwatch: «I'm perfectly calm, doctor!», «Are you sure? Have you checked your heart rate?». Moreover, there are also the tools of so-called virtual reality and augmented reality – which are already popular, for example, in some cognitive-oriented circles – and, above all, the grandchildren of Eliza, apps fuelled by artificial intelligence – the same AI that, in a very rudimentary and basic form, powers Google Assistant or Siri or Alexa or Bixby. Here, we believe, lies the limit of an insurmountable otherness because, like Todd Essig or Sherry Turkle among others, we still think that psychotherapy is necessarily an encounter between human beings.

Hence the need to pay close attention to the limits that cannot be exceeded and to heed the call for «caution» by Marzi and Fiorentini (2017), but also the need to be willing to welcome new developments.

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? [...] 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 opposition to instil your values in it or just want to say, «no, don't want this, this is no good»? (Maheu, 2021).

IS FORGOING DISTANCE PSYCHOTHERAPY A RISK FOR PSYCHOANALYSIS?

Ironically, the true risk for psychoanalytic psychotherapy would have been, and will be in the future, to refuse the transition to the online realm. Practicing online sessions during the pandemic has not only allowed us to keep our profession alive, but also ensured our economic survival, an aspect not explicitly mentioned in most psychoanalytic literature, despite its relevance. We may even venture to say that psychoanalysis itself, as a clinical and therapeutic discipline, could have succumbed to the challenges posed by the coronavirus and the various governmental measures that have for a long time regulated our existence.

The use of distance therapies has long provided a means for many patients to sustain the therapeutic relationship despite relocations between cities or countries transfers, university exchange programs, work-related trips, international travels, study abroad programs, health constraints, and so on. This issue now resurfaces in light of the significant number of refugees seeking shelter in foreign lands due to famine or war (Nielsen *et al.*, 2022). We believe that the availability of distance therapies has been a crucial resource even from an ethical and clinical perspective. It might have been a compromise, the most acceptable one at that moment. As always – we often say this in our line of work – it is only through a balance between different risks that a well-considered choice can be made.

Some have made a metaphorical comparison, suggesting that distance analysis is to in-person analysis as cinema is to theatre. However, we find this analogy unconvincing, as it seems to imply a preference for the latter over the former. At a metaphorical level, we prefer to liken these two approaches to different ways of playing football. There is association football, which is played on a large field, with eleven players per team, 90 minutes per match; football on a smaller field, nine-a-side or seven-a-side, 39 or 50 minutes; and soccer on an even smaller field, five-a-side, 40 minutes. And then there is beach soccer, and more variations that may emerge. There is still a ball in the middle and the same objective: to score goals. The rules, stadiums, fields, shoes, and even the skills and players may vary. Nevertheless, everyone generally enjoys it. In essence, it is still football.

Likewise, we consider the different forms of psychodynamic therapies available to us, to all have the same goal: to improve the well-being of the individuals who seek our help.

Engaging in online therapies, just as with any new or different form of psychological treatment, involves navigating into perilous, unknown, and uncertain waters. We can undertake this journey using familiar and established methods. Or we can adapt them to the conditions we encounter along the way, trusting our acquired skills and guided by our experience, eager to see what lies ahead.

ABSTRACTS AND KEY WORDS

Proven effective and widely practiced during the COVID-19 pandemic, online psychotherapy is today a fundamental tool in the toolbox of the psychoanalyst and the psychotherapist: to be studied in depth in its possible indications and counter-indications and to be included in the training programs of our training schools. Our thesis is that it does not represent a risk, but rather the stimulus to progress for our discipline.

KEY WORDS: Online psychotherapy, online setting, risk.

LES DÉFIS DE LA THÉRAPIE EN LIGNE. LA PSYCHANALYSE FACE AU CHANGEMENT. La psychothérapie en ligne s'est avérée efficace et largement pratiquée pendant la pandémie de COVID-19 est aujourd'hui un outil fondamental dans la boîte à outils du psychanalyste et du psychothérapeute: à étudier en profondeur dans ses éventuelles indications et contre-indications et à intégrer dans les programmes de formation des nos écoles de formation. Notre thèse est qu'elle ne représente pas un risque, mais plutôt une incitation à progresser pour notre discipline.

MOTS CLÉS: Environnement en ligne, psychothérapie en ligne, risque.

LOS DESAFÍOS DE LA TERAPIA ONLINE. EL PSICOANÁLISIS ANTE EL CAMBIO. La psicoterapia online demostró ser efectiva y ampliamente practicada durante la pandemia de COVID-19 y es hoy una herramienta fundamental en la caja de herramientas del psicoanalista y psicoterapeuta que merece ser profundizada en sus posibles indicaciones y contraindicaciones e incluida en los programas de formación de nuestras escuelas de formación. Nuestra tesis es que no representa un riesgo, sino un estímulo de progreso para nuestra disciplina.

PALABRAS CLAVE: Psicoterapia online, riesgo, setting online.

DIE HERAUSFORDERUNGEN DER ONLINE-THERAPIE. DIE PSYCHANALYSE ANGESICHTS DES WANDELS. Die Online-Psychotherapie, die sich während der COVID-19-Pandemie als wirksam erwiesen hat und weithin praktiziert wurde, ist heute ein grundlegendes Instrument im Werkzeugkasten des Psychoanalytikers und des Psychotherapeuten: eines, das vertieft in seinen möglichen Indikationen und Kontraindikationen untersucht und in die Ausbildungsprogramme unserer Ausbildungsstätten integriert werden muss. Unsere These ist, dass sie kein Risiko, sondern vielmehr Ansporn zum Fortschritt für unsere Disziplin darstellt.

SCHLÜSSELWÖRTER: Online-Psychotherapie, Online-Setting, Risiko.

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Pietro Roberto Goisis

Via Pier Capponi, 9

20145 Milano

e-mail: p.roberto.goisis@gmail.com

Silvio A. Merciai

Corso Vittorio Emanuele II, 2

10123 Torino

e-mail: merciai@sicap.it

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