

Associazione Italiana di Psicoanalisi (A.I.Psi.)

Component Society of the International Psychoanalytical Association
(I.P.A.)

Some considerations about IPA Report on remote-analysis

Dear colleagues of the Task Force on remote analysis,

in thanking you for the enormous work done, I send you some considerations on behalf of the Italian Psychoanalytical Association.

In our society, remote training analysis before the Covid-19 pandemic was not allowed in any form, despite the fact that we had been aware for several years of the tendency to use it by many analysts, particularly Americans; it was admitted as an "exceptional" case, but in reality it often went beyond all measure.

With the pandemic and during the lock-down that lasted several months, we all found ourselves facing a new situation. In many cases it was no longer possible to work in person. Most of us have decided to stop their work. We discussed with the patients the real reasons about the difficulties in continuing the therapy guaranteeing the availability to speak from time to time by phone. We preferred not to propose (in most cases) a telephone or a structured internet platform space (by Skype or Zoom), "as if the analysis was seeking in a different way" emphasising the discontinuity and provisionality of the new situation. We took inspiration from known experiences, such as a break due to the analyst's illness or a temporary separation caused by work or family problems, with the aim of restoring the previous situation as soon as possible.

The refusal of remote analysis is not an ideological choice but it results from a careful discussion about few cases followed and about the supervision of cases remotely followed by experienced psychotherapist colleagues, who showed a series of qualitative deficiencies and limitations that confirmed the common idea that what was happening at that moment "was not psychoanalysis" but something else only useful to support the patient (mostly in an emergency situation and for a very short duration).

The analytic space created by Freud enhanced the spontaneous word searching for meaning through the recovery of the repressed unconscious. Over time, working with children and with difficult patients has made it possible to explore the pre-oedipal vicissitudes and the proto-mental area where body's primitive images and figurations and its functioning predominate, intertwined with basic affective states that are expressed in the complex relationship transference-countertransference.

In some remotely followed cases, most of the colleagues complained the loss

or severe reduction of the sensory elements that inform us through the body (kinesthesia, affects, smells, etc.) as well as of course the loss of the familiarity of the reassuring analyst's consulting room. Some colleagues stress the difficulty in constructing images of the patient, and underline how attention and thought are reinforced and how disturbing is all of this, suggesting a compensatory over-investment of thought, a sort of mental excitement at the expense of less selective and more relaxed listening (with the loss of free-floating attention). Some found themselves compulsively writing in order not to lose anything of the exchanges that took place realizing that this need exceed the possibility of listening; the words (coming by screen) appeared weak and seeing them written gave them the illusion of a greater concreteness. These words detached from the body, like disembodied words, seemed to loosen (till the dissociation) their link from the affects. Other colleagues underline difficulties in managing silence on the phone or along video calls, stressing how the polysemic richness of silence into the sessions is trivialized and lost on remote. (Silence can signal hostility, contact, anguish or show, on the contrary, the patient's ability to stay in deep contact with himself thanks to the trust in the other)

We of course want to thank the Task Force for trying to make such a controversial subject transparent and clear, particularly for the useful survey that confirms how the use of remote analysis, already present, has been extended during the pandemic, particularly in Latin and North American societies, while most European societies are reluctant to accept it.

These differences seem partly historical, social and cultural, which substantially influenced the theory and the clinic. We are thinking in particular of the importance we attribute to listening to bodily communication, to the manifestation and meaning of silence, and to the possibility, in a particularly rigorous setting capable of favouring states of regression, of allowing the analysability of early development levels and the archaic functioning of the mind. Probably these theoretical and clinical differences explain such profound divergences at the extent to consider the possibility, unacceptable to us, that the training analysis and the control analyses of candidates carried out remotely become normal procedures of IPA training.

We agree with what is stated in the report that any experience is specific to the context in which it occurs and that we must be cautious in drawing general conclusions from the experience of remote analysis occurring during the pandemic (p.8)

Despite this, the Report seems to be lacking where, while underlining various shared aspects such as the limits and the differences in the transference, countertransference and setting relating to analyses conducted in person compared to those conducted remotely, it does not consider the ethical risks of a remote treatment in which it's not well known the healthcare context of the patient's place and it doesn't sufficiently underline the ethical risks deriving from the strong control of the internet in undemocratic political systems.

Another consideration concerns the reasons for changing the term remote-analysis into that of tele-analysis.

The Report does not indicate any technical or compelling scientific reason that clarifies why the latter is preferred over the former. The way the two terms are used seems completely interchangeable to us.

In our view, on the other hand, there are very precise reasons for maintaining the term remote-analysis, reasons that are enough at least to be still discussed and clarified before a decision is taken.

Condensed analysis and shuttle-analysis were born to favour candidates who are in disadvantaged conditions (because they cannot have their own training analysis in the place where they live or practice) so that a training opportunity is offered by saving the analysis in person, minimizing the disadvantages; remote analysis instead goes in the opposite direction. The fact that in the Report the latter is merged with the other two, causes that the terms 'remote' and 'in person' lose their specificity, becoming equivalent concepts along the training process of the future analyst.

Probably, as we mentioned above, we are talking about something that is completely different from Psychoanalysis, at least as it has been considered up to now. For us it's a form of psychotherapy and not taking into account these differences, trying to keep everything together in an ecumenical vision, as the Report is doing, we feel compelled to dilute the term Psychoanalysis to the point of distorting it, giving up an indispensable tool in such a complex and difficult historical and anthropological passage.

In conclusion we think that remote-analysis is not Psychoanalysis and much less it is not imaginable to use it in the training of a psychoanalyst who should be able to use himself (in the totality of the psyche-soma) to include the Other.

We argue that the desire to expand Psychoanalysis around the world (even if it is a legitimate aim) doesn't justify such inclusion among IPA training procedures; we think it can only produce psychoanalysts who ignore the complexity and polysemy contained in the analytic encounter.

With my best regards

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Italian Psychoanalytical Association