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Clinical issues in analyses over the telephone and the internet

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There is professional consensus that teleanalysis, the practice of psychoanalysis conducted remotely using the telephone and the Internet, is increasing in response to more mobility in the population. But there is controversy as to whether the use of technology leads to a dilution of analysis or to adaptive innovation that is clinically effective and true to the tenets of psychoanalysis. The author reviews the psychoanalytic literature and shows the development of analytic thinking about this technology-assisted practice of psychoanalysis. She summarizes analysts' perceptions and experiences of the advantages and disadvantages, and considers the indications and contra-indications. She focuses on the clinical concerns that arise in terms of the frame, resistance, and the development of analytic process through the unconscious communication of internal objects, unconscious fantasy, transference and countertransference. She gives vignettes from the analysis of a man with trauma-related depression to address the concerns raised and to support her argument that analysis using the telephone and the Internet is a viable, clinically effective alternative to traditional analysis where necessary.

Keywords: analytic process, telephone/VOIP analysis, psychoanalytic training, distance learning

The use of technology in psychoanalysis

The development of a global economy with increased travel and instant world-wide communication has produced a social and personal transformation of the mind and its concept of the body in space. This governs the mind-set and life-style of analysts to which psychoanalysts must now adapt their treatment approach. So psychoanalysis has to find ways of transcending the limits of distance to reach the analyst of the 21st century. Possible solutions are to diminish the frequency of sessions (more like psychotherapy), condense them into periods of availability (condensed analysis) or require travel by analyst or analysand (remote condensed shuttle analysis). Another solution is to maintain frequency through the use of communication by voice, using the telephone or the Internet, possibly including the use of a one-way or two-way camera. Harnessing technology to the analytic aim may be a creative adaptation to the modern world but raises many questions concerning the viability of the frame, the emergence of resistance, the maintenance of the therapeutic alliance, the sensitivity of response to unconscious communication of affect and fantasy without nonverbal cues, and the development of analytic process (Scharff, 2010).

Technology has been used in conducting psychoanalytic sessions for six decades but its acceptability was limited for years by available equipment, ethical concerns, and paucity of data about its effectiveness. There is no doubt that in-person sound is more comfortable to listen to, but the analyst can adapt to telephone communication for analytic sessions when necessary. In the 1950s the first report of the use of the telephone in psychoanalysis recommended the speaker-phone as the closest approximation to in-person sound (Saul, 1951). A cluster of reports appeared in the 1970s (Robertiello 1972–73) and an edited book on the telephone in intensive psychotherapy at the turn of the Century (Aronson, 2000a). The telephone was used as needed for dealing with crises and reaching a reluctant or bed-ridden patient. It was seen as an extension of the transitional space (Aronson, 2000b). It was used as a substitute for in-person analysis for patients who were phobic of in-person sessions. It was used with patients who had to move so that they could maintain an established analytic relationship and prevent premature termination. Lindon (2000) reported in detail on the analysis of a single case with serious pathology in which he dealt with a transference filled with anger, disgust, contempt, paranoid fantasies, and fears of engulfment. In contrast, Leffert (2003) reported on nine analyses in which he found that telephone sessions were indistinguishable from in-person sessions, but he did not support his findings with detailed process. Even though he had shown the power of telephone analysis, Lindon (2000) thought it second-best. Benson, Rowntree and Singer (2001) who saw its value and Zalusky (1998), who is an advocate for the appropriate use of the telephone in psychoanalysis, nevertheless regarded it as a therapeutic compromise. Disagreeing with such a modest assessment, Sachs (2003) cautioned that this view of telephone analysis may “overemphasize being cautious in its use and totally diminish its value” (p. 29). Most writers recommend a trial of telephone sessions before agreeing to switch from in-person sessions, with periodic return to in-person sessions on a flexible schedule.

In 2003, the use of a telephone headset attachment was being recommended as being “operationally transparent” and offering a superior sense of connection (Leffert, 2003, p. 117). In 2011, the headset is commonly in use by analyst and analysand, but now it is connected not only to the telephone landlines but also to the Internet, using Voice Over Internet Protocol (VOIP) (often referred to as Skype, the trade-name of the major carrier, but here the generic term VOIP is preferred). The telephone distorts the inflection of the voice, and critics fear that this will interfere with the reception of the communication (Argentieri and Mehler, 2003). VOIP has the advantage that it is a secure method of communication that provides high fidelity stereo sound by using more megahertz than telephone lines, and this means that the voice on VOIP is startlingly vivid. When it enters the headset, the voice of the analysand is delivered inside the analyst’s mind in a more total way than in the room where there is more space between them and visual input as well. Varela (2007, unpublished) holds that the analyst’s voice coming straight through the headset into the analysand’s ear fosters a sense of connection that supports the containment offered by the analytic process.

Furthermore, VOIP now offers analyst and analysand the choice of visual transmission by using a web camera so that analyst and analysand see each other at the beginning and end of the session and the analyst can look at the analysand's body movements as the web camera is trained on the analysand's couch. Some analysts, even those in the United States with analysands as far away as in China, find that this degree of physical communication approximates closely to that of the in-person analytic session (Snyder, 2011). Nevertheless there is a slight delay, the image is fuzzier than in person, and accompanying odors are not conveyed. Other analysts find the telephone more evocative of the in-person session in which looking and seeing are less important than following and responding to verbal associations with unconscious fantasies and communicable thoughts.

Technical difficulties occur in using the telephone or the Internet. There are legitimate concerns about security and reliability of connection. Cell phones are not secure so, if the telephone is chosen, analyst and analysand require landlines. If VOIP is selected they both need high quality broadband service. VOIP is thought to be secure because it sends information in zfragmented bundles that do not connect until they reach the destination. But because it does not offer encryption, VOIP is not as secure as using a Videotechnology Company (VTC). But VTC is more expensive and is not as practical in private practice. Whichever method is chosen, analyst and analysand may experience upsetting moments of dropped connection or extraneous noises on the telephone line and in the broadband connection supporting VOIP. These problems are the technical equivalent of an empathic failure, but even technical failure can bring the transference into focus, as the following example shows:

A technological problem and its dynamic meaning

Mr. M, an adult male analysand with trauma-related depression, began analysis in person and moved to telephone analysis while still in the early phase of treatment, because his company sent him to work in an area with no local analyst. He attended four times a week by telephone, and returned in person for a week three times a year. His communication in person and on the phone at this stage of treatment was characterized by quiet speech, many pauses, long silences, and only a few dreams.

Mr. M grew up in an industrial region known for its toxic air, which left him sickly. His father worked long hours at the factory and his mother took care of him on her own, her own family being across in Canada. As a child, he felt a nuisance to his mother. Being a quiet boy instead of a lively girl as his mother would have preferred, he felt that she did not love him. His life-threatening failure to thrive, accompanied by recurrent infections, required frequent hospitalizations, which must have exhausted her. One time when he had pneumonia, she left him in hospital where he was isolated in an oxygen tent and saw only nurses and doctors. When he tried to call out for her (which was hard because he could not breathe well on that occasion), he felt chastised by the nurses.

A telephone line cut-off happened early in his treatment. After some minutes of telling his analyst hesitantly what was on his mind, Mr. M fell silent. Hearing nothing from him, she began to interpret the persistent use of silence as a resistance, as a denial of the need of the telephone and for words as the vehicle for the treatment, and as a way of testing her capacity to endure non-connection. Unknown to her, the analysand was speaking but the analyst could not hear him because her headset failed. He was puzzled by her ever more frantic attempts to interpret his non-response as his way of exerting silent control, making the telephone analysis impossible. After they discovered the problem and reconnected, she learned that he had in fact been speaking, and had been experiencing irritation in her voice as if she were not satisfied with what he was saying and not responding to him. She was thinking of this as a vivid, concrete example of her 'not getting it,' not being able to tune in to him, an empathic failure. Feeling embarrassed, she apologized and said: "I must have sounded like a crazy person". This had resonance for him since, unknown to her, he indeed worried about making her crazy. But mainly he felt that he was in trouble for not talking. He felt as he had felt in childhood when his 'too quiet' way of being irritated his mother and drove her crazy. He had the sense that talking was pointless since it seemed to make no impact even though he was desperately trying to communicate. So these two sessions of telephone analysis brought into focus a transference view of himself as an unsatisfactory child, evoked a countertransference in identification with his irritated mother; and analysis of this transference-countertransference relieved its impact on the treatment alliance.

The development of analytic thinking about teleanalysis

The younger generation of analysands and analysts have grown up conducting intimate communication on the phone, emailing and texting, and to them it is quite natural to call in to a business meeting, job interview, or psychoanalytic session from another location. They live on their cell phones and laptops and, when they travel for work, they cannot maintain the desired level of analytic frequency. Technology is driving their choices, and their lifestyle is driving their need for technology, including the need for technology assisted psychoanalysis to maintain the optimum frequency of analytic sessions for in-depth analytic work. To comprehend their reality, psychoanalysts are developing a sophisticated psychoanalytic understanding of the changing dimensions of time and space in the 21st century (Aryan and Carlino, 2010; Aryan *et al.*, 2009). They are exploring technology's effects on the social unconscious and on the individual mind whether analyzed in person or on the phone. They are balancing the provision of an appropriate analytic stance and an appropriate response to the impact of sociocultural change on the patient, and on the analyst's identity and the nature of his practice (Rodriguez de la Sierra, 2003).

Like traditional analysis in person, teleanalysis values the standard psychoanalytic tenets. Hanly (2005) found in his experience of telephone analysis that responsive holding, witnessing, and interpretive functions can be

sustained, free association occurs, and the expression of paternal and maternal transferences are not compromised. Aryan (Aryan *et al.*, 2009), Carlino (2011), and Lutenberg (2011a, 2011b) agree that teleanalysis is similar to traditional analysis in using the analyst's suspended attention to free association, working with the unconscious and its derivatives and repressed childhood sexuality, and in analyzing dreams and transference. Mirkin (2011) found that phone analysis, where continuity fosters intensity and distance protects from impulsive action, "allowed intense affects to be expressed, tolerated and reflected upon" and "helped an exploration of defenses unfold" (p. 669). Even though the body is absent, the telephone session is effective because it echoes the "silent-but-holding environment presence of the mother" (Leffert, 2003, p.10). Just as traditional psychoanalysis can be extended to treat analysands with pathology that is not classically neurotic, teleanalysis can be effective in perversion and psychosis in some cases. Symington, whose analysand had to travel after years of in-person psychoanalysis, found that the dislocation of being away from home and having to connect to him on the telephone revealed a transference delusion previously not brought out in the consulting room (Anderson *et al.*, 2009). Richards (2003) reported on an analysis by telephone in which a sexual perversion, hidden in person, emerged only in telephone sessions, and this recalled excited phone-calls to the analysand's mother.

Although analysis by telephone or VOIP has its proponents, it remains controversial and, like any proposed innovation, has stirred lively debate. Conceding that the telephone might occasionally be a useful therapeutic tool, Argentieri and Mehler (2003) nevertheless concluded that it is not compatible with a psychoanalytic process and is traumatic for both analyst and patient. Their concern is that the offer of telephone sessions denies separation and loss, and at the same time creates loss in depriving the patient of the bodily presence of the analyst and therefore of a good holding containment. Yamin Habib (2003) found that the stance of the telephone analyst is not properly authentic, neutral and impartial: instead it is indulgent and paternalistic, privileging action and the exchange of information rather than providing a lived experience. Brainsky (2003) described the analytic relationship on the telephone as "an unusually spectral relationship" resulting from persecutory condensations of tone, timbre, and word that render the analyst's voice as a part-object (p. 23). He believed that telephone analysis is more likely than traditional analysis to result in idealized transference and to fail in the task of containing projective identifications.

Therapeutic regression occurs in analysis by telephone and on the Internet as it does in traditional analysis. However, it must be admitted that this is more anxiety-provoking for the analyst who may experience increased anxiety about doing harm and being censured. As Chodorow says of telephone analysis: "Regression can be really palpable, and sometimes, to me, scary ... something you feel you can control more in the room" (2004, p. 4). More than anything, this anxious and guilty sensation translates into the commonly held view (despite a lack of research data) that in-person sessions are better. But regression is worked through by psychoanalysis on the telephone as it is in person.

Nevertheless, teleanalysis is not the same as analysis with the analysand in the consulting room, and yet it is more alike than different beyond surface characteristics. Leffert (2003) pointed out that: “[T]he telephone, like the couch, alters the dimensions of the non-verbal environment: it de-emphasizes or eliminates some of them while emphasizing others” (p. 124). Communication occurs through sound, not sight, an echo of the earliest days of life when communication between mother and baby was perhaps through the whish of blood in the umbilical cord (Benaim, 2009, personal communication). The telephone is like the couch in limiting visual cues and freeing the analyst’s attention from the demands of gaze interaction (Richards, 2003). The analyst listens with the third ear to the underlying theme, like the analyst sitting out of sight behind the analysand, listening better with eyes shut (Hanly, 2005). As Freud put it, the analyst “must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient” (1912, p. 115) and “must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone” (Freud, 1912, pp. 115–16; Bollas, 2009, personal communication). Zalusky linked the experience of telephone analysis unbounded by personal presence to “the timelessness of the unconscious” (2000, p. 38). Each participant creates and sustains a mental representation of the other in fantasy, and in this way, a new type of analytic process develops (Zalusky, 2003b).

Adaptation of frame, resistance and technique in teleanalysis

In teleanalysis, as in traditional analysis, the analyst respects the frame of the treatment and secures a circumscribed, reliable setting with regular frequency of sessions and time boundaries to each session, and an agreed routine for periods of in-person sessions. However, in teleanalysis, in contrast to in-person analysis, with the analyst and analysand in two different locations, there may be a considerable difference in the space, hour, and season of the setting for each of them (Aryan *et al.*, 2009). Unlike traditional analysis in which the analyst provides and controls the setting, in analysis using the telephone or the Internet, the analyst and analysand think together about how to secure the frame, but analysands alone are responsible for the external arrangements, for securing the confidentiality of the at-home or in-office setting in which analysis occurs, for providing their own tissues, and, if they choose to use a web camera, they are responsible for placing the couch suitably in relation to the camera. How they fulfill this responsibility is an expression of their endopsychic structure and their resistance, which can then be analyzed as usual. Chodorow (2004) reported that the analysand’s creation of a physical surround – the room, the couch, the furniture, the light, the weather, the presence of pets, food, and drink – made her more aware of the analysand’s sense of physical space (and of her own sense of her surroundings), than in in-person sessions where aspects of the shared space are taken for granted. Aspects of the analysand’s location are evocative objects that become vehicles for understanding the psychological space that they reflect or protect against.

It has been said that, in adapting the frame, teleanalysis accommodates to resistance instead of analyzing it, but the teleanalyst analyzes both the need for the phone and the reluctance to use it when indicated. The request for telephone sessions may be a neurotic need, an enactment, an ego adaptation, or a mixture of defense and adaptation. Some analysands resist using the phone to avoid feeling deprived of the sight of the analyst. They may prefer visual connection to the analyst via a web camera at the beginning and end of each session. Some choose VOIP with web camera because they want to imagine the analyst looking at them. Some refuse because they do not want to be looked at when they cannot monitor the looking and the analyst's reactions, the same resistance as they would feel in person on the couch with the analyst out of view. Some do not want to be looked at, because they want to hide their struggle which is evident on the face, as if the face were the only sign of their distress.

On the telephone or on the Internet, the analyst deals with resistance expressed in forgetting to call, speaking softly, not using a headset, moving away from the microphone, accepting other calls, and chatting as if on a social call, in addition to silence, hesitation, coughing, lateness, non-payment, displacement and so on, often seen in in-person analysis when anxieties block the flow of associations. Analysts via telephone or via Internet observe the usual technique of maintaining a neutral position conceptualized according to their respective traditions as being equidistant between the generations; and among ego, id and superego; or among ideal object, rejecting object, exciting object, central ego, anti-libidinal ego, and libidinal ego. They work with dreams and free association, sometimes more easily on the phone for those analysands who are inhibited by the bodily presence of the analyst. So although one area of exploration is hidden, another comes to the fore. As the sessions continue over time, the issues are revisited and worked through. Transference flourishes on the telephone as in real life, evokes a countertransference response from the telephone analyst, and the transference-countertransference dialectic is analyzed as it would be in in-person sessions.

Clinical example: Reflections on telephone and in-person sessions

After telephone analysis had been established for some months, the analyst learned that when Mr. M, the analysand I described earlier, was 9 years old, his mother sent him for a couple of weeks to his aunt's house across the border in Canada. Mr. M perceived this as a punishment for his having witnessed and spoken about his mother's seduction by a powerful person at their synagogue, which resulted in a huge upheaval at home and the departure of her lover. At his aunt's, he was repeatedly left with a male babysitter who, apparently unknown to the aunt, was sexually abusive. When the boy asked to call his mother to take him home, his aunt would not allow it until he cried and cried. Then it took many tearful calls before his mother accepted him home. He was vulnerable to sexual abuse because of the overstimulation and guilt around his mother's affair, and unable to speak about

it for fear of causing more trouble. So neither aunt nor mother was told of the reason for his need to leave for home.

Mr. M's worry about calling in terror of the next abuse was recreated in difficulty calling his analyst, which he described as follows:

Perhaps I think my call to you for help will not be met or will be dismissed, or you will not understand that things are as bad as they are, when I actually think you get it. So, the telephone is my way out of my internal trauma, as it was with Arthur [the babysitter] – at least, that is the hope, but it seems to take many, many calls for this to happen. Just like it seemed I was with Arthur forever, it seems like it's taking a very long time to get through all this. I often wonder if you're there on the other end.

Falling silent on the phone reminded Mr. M of being unable to call his mother the time he was left in hospital for pneumonia. As he put it:

I couldn't talk much anyway, because my voice was weak. I feel this same feeling on the phone at times in my silence. Words are in my head, but I can't seem to get them out. While in the hospital, it felt like there was no way to reach my mother, partly because even when she was present, she seemed so absent.

Mr. M said that losing in-person sessions because of his move reminded him of the time he was sent away:

My mother may have had good intentions for my health in sending me to her sister, but I experienced it as being sent away because I wasn't the right child. My mother had a baby on the way by then, a girl, the right child. I felt like I was too much for her, which was part of the reason for being sent away. I was too sick, too quiet, too needy. I feel I am not a good patient – too sick – and not a good phone patient – too quiet, just like I felt with my mom. And I am afraid of being too much for you.

Mr. M was, if anything, even more anxious in person when he came to my office for a week of analysis approximately three times a year. He attributed that to having spent so much time in a doctor's office, and raising the fear that I, like that doctor, would send him to the hospital, a fear which became intense when I did refer him to a colleague in a large medical building for a medication consultation.

The travel required to your office may recreate those moments of travel to the doctor's office, which I simply dreaded, yet needed to stay alive. I also feel concern about you keeping the door locked. I fear being trapped on the outside (can't get in, like I couldn't with my mother's heart) and trapped on the inside so that I can't escape from harm. Being shut in your office with the double door is like being trapped with Arthur, especially when I feel tormented in your presence. At least on the phone, I feel a bit safer.

Mr. M noted that the analyst seemed more distant to him in person, and was puzzled as to why that was the case.

It may be my experience of my mother as absent when present. It may be that the phone provides a kind of intimacy, a whispering in my ear, like a mother might do with a child. You just seem closer on the phone.

In my office, he found my physical presence a mixture of reassuring and threatening, especially when talking about traumatic sexual material which nauseated him.

In your office, I find it embarrassing when I feel like I am going to throw up on your rug and we work on the feeling together, but over the phone there have been a couple of times when I actually did have to throw up, and hung up a few minutes early.

At moments like these, the frame offered by analysis on the telephone could not fully contain the anxiety felt in the body. On the other hand, the use of the telephone allowed the analysand to reveal more vivid detail about sexual abuse than was possible in person and gave the body freedom to give full expression of fear and disgust. Hanging up the phone a few minutes early gave expression to the wish to remove himself from the analyst as a torturing figure.

Mr. M's childhood was punctuated by trips to the doctor and the hospital. Similarly, the in-person analysis was interrupted by telephone sessions, and the telephone analysis was interrupted by in-person sessions. For Mr. M, telephoning the analyst has multiple meanings: It is both reminiscent of being in the hospital and at the aunt's far from his mother whom he cannot call, and also reminds him of finally reaching his mother and being listened to. The telephone is both the block to, and the means for recovery, but the telephone analysis goes slowly as did the time the analysand spent as a child feeling frightened in the hospital and at his aunt's. Being in the office is reminiscent of being trapped in a hospital room, especially of the time he was in the oxygen tent, being shut in behind locked doors with a frightening babysitter, and also of being with a mother whose good attention is longed for.

Verbal and nonverbal communication in traditional analysis and teleanalysis

Remote analysis by telephone is different from traditional or shuttle analysis in that the two bodies, analysand and analyst, are not together in the office, and the contact is primarily auditory. However, in both traditional analysis and teleanalysis, the analyst privileges conversation over bodily interaction. The body of the analysand is lying down in a state of reduced mobility so that action is not available as a discharge route but in traditional analysis the body's nonverbal clues can be seen. The use of the telephone relies upon speech and analytic listening as the primary mode of exchange in psychoanalysis. Continuing in telephone analysis with a woman patient who had to move after a period of in-person analysis, Hanly (2005) learned that erotic elements of her transference were evoked because she could imagine him as a younger man without visual contradiction, and a dependent maternal transference (previously covered by a paternal transference in in-person sessions) was revealed due to hypercathexis of his calming voice. Indeed, without the libidinal presence of the body, the telephone privileges semiology of voice (Aryan *et al.*, 2009).

Focusing on only the medium of speech, the analyst becomes more intent on listening. Working with a woman patient, Zalusky found herself "more

present to hear the nuances of her associations” (2000, p. 24). Finding that he listened more intently, Leffert said that: “[T]he treatment becomes an analysis of words and voice: the verbal comes to carry all the contact and interaction, replacing appearance and visual contact” (2003, p. 117): It is ... a “hyperanalytic process”... putting “everything into verbal utterances ... a central goal of any analysis” (p. 124). From clinical experience, we know that the unique form of a person’s verbal expression signifies a great deal about that person’s history, culture, personality, and specific internal object relationships. From research we have learned that the adult attachment interview uses speech patterns to predict attachment style accurately. This sensitivity to the voice increases when the visual channel is blocked. The voice provides a substitute channel for understanding, through which the symptom comes alive to be worked with directly. As Freud put it: “[W]hile we are working at one of these symptoms we come across the interesting and not undesired phenomenon of ‘joining in the conversation’” (Freud, 1893, pp. 296 fn, 37 fn). Even though we cannot see the analysand in analysis on the telephone, and we must relate through the voice, the body joins in the conversation. This is shown in the following example.

Clinical process: The body joining the conversation in teleanalysis

In the mid-phase of treatment when Mr. M finally eventually found the words to begin telling what had actually happened when shut in the room where he was being terrorized by the male babysitter, he began to cough uncomfortably, and so did the analyst. The analyst thought at first that she was coughing in resonance with the boy’s general anxiety about his safety, but then an image of gagging on a penis entered her mind and suggested a more specific source of her anxiety, possibly conveyed to her by projective identification. She felt embarrassed by being unable to speak for the benefit of the analysand, because of trying to suppress the cough, the terror and the specific image. The analysand continued coughing almost to the point of vomiting, and in response to the analyst’s telling him that she had the impression that he was trying to evacuate a traumatic image, he eventually found his words and told of the trauma of being forced to perform fellatio and then being too afraid to tell a parent who would not believe him. The analysand understood the vomiting impulse as a wish to get rid of the ejaculate. The analyst recovered, and work continued, analyst and analysand reviewing what had just happened.

Mr. M said:

I guess it was the only way to convey what happened, which I had blocked from my mind. It only came forward for me at the moment it did for you. When you were incapacitated like that, it reminded me of my illness being too much for my mom. I couldn’t orient myself, and it felt as though you couldn’t either. I am worried about hurting you, worried that my stuff will get into you (as it did). I felt an absolute sense of desperation in the moment, and I had to struggle to breathe. When Arthur was abusing me, that struggle to breathe took the focus much more than what was happening sexually. I was always worried about surviving with him, like I am psychically at times with you.

Reviewing this sequence together, Mr. M and his analyst joined in understanding the horror of the event, the shame at being taken over by it, the wish to evacuate the sadistic object and the longing for an empathic response, empathy having been absent not only at the time of the abuse but also for a moment in the session when the analyst was incapacitated. Without visual clues and without words, the anxiety of the moment had been clearly transmitted in eidetic form as a projective identification, received and put into words.

The interacting unconscious mind in teleanalysis

In in-person sessions, the unconscious minds of analyst and analysand are interacting in the context of bodily presence where desire and abstinence are evoked and, driving the recall of infantile sexuality and early experience, give access to implicit memory behaviors (Sachs, 2003, p. 29). However, in telephone or VOIP sessions, the analyst's tone of voice alone produces a bodily response in the analysand and vice versa. True, the analyst cannot see the analysand's bodily response, but uses other observations, such as hesitations, tearfulness, catches in the breath, and changes in tone that reveal so much more than words alone.

Having moved from the in-person experience to the telephone session, the teleanalyst starts listening with an image of the person, sitting in the waiting room, entering the door of the office, lying on the couch and, later, leaving the office. And the analysand has a corresponding image of the analyst in the analytic chair. These images endure in telephone sessions in which there are no nonverbal cues. As the session proceeds, the sound of the voice delivered through headphones or from speakers in the room, evokes an image colored by the relevant affect. The voice of the unconscious conveyed in association, affective tone, hesitation, slip, and silence conjures a sensation that conveys the analysand's internal situation. This is no different from in-person analysis where, although the analyst is looking at an analysand lying on a couch in the present, in the mind's eye the analyst sees that person in many different situations past, present and future, here in the office and in outside life, as associations flow. We may think we have a single view of ourselves and our patients in space but many different images and spaces are encoded in the brain (Ferrari, 2010). The past that is forgotten is constructed in the here-and-now of the session to arrive at a more complete narrative of the person's history (Faimberg, 2009).

When one route of communication is blocked by working on the telephone, other routes compensate because of cross-modal channels of communication (Anderson *et al.*, 2009). Unconscious communication can occur on auditory, visual, and sensory routes. Language is embodied in the resonating sensorimotor system: words stir emotions. A purely auditory communication on the telephone provokes a visual image in the listener that is then put into words, as it would be in traditional analysis. Comparing process notes from a traditional and a teleanalysis session from the same analysand, Mirkin (2011) could not tell which is which, and neither could my colleagues in a teleanalysis working group (Scharff, 2011).

Teleanalysis: Contraindications and indications

Teleanalysis is not possible if the analysand lacks a capacity for maintaining the alliance and sharing responsibility for the management of the setting. It is not possible to do teleanalysis when the analyst or analysand has uncorrected deafness; when either of them speaks too softly or indistinctly, or is too silent to sustain the connection. It is unwise when the analysand has borderline features with suicidal actions; when there is a need for medication unless a local psychiatrist is willing to take medical responsibility for assessing risk, prescribing, and monitoring side-effects; and when there is substance abuse unless sobriety is maintained. Teleanalysis is not a good idea if the analyst is made anxious by lack of in-person sessions, cannot rely on visualizing the physically absent analysand, and feels disconnected. But teleanalysis is possible – and may be easier – for trauma-related dissociation, because the analysand is less embarrassed to reveal split-off parts of the self since the physical changes when inhabiting a child part are not visible. In analysis of “severely traumatized people, the telephone may allow a necessary space in which they can begin to tackle the fears associated with intimacy” (Zalusky, 2005, p. 111).

Teleanalysis is indicated when analyst and analysand are confronted with a circumstance that impedes the continuation of an ongoing analysis because of travel for work, relocation, illness including phobia, and commitments that interfere with the analysand’s commuting to sessions during the analyst’s available hours. Teleanalysis is indicated for those living in another country even if there is no already established analytic process, provided the analyst has met the analysand in person to make the assessment, has established the alliance in a preliminary sense, and has received agreement for in-person sessions at suitable intervals. Although the prior establishment of analytic process in person is preferable, Gelman (2001) has reported that analysis has started before meeting the patient who lives in a remote country, and Carlino (2011) foresees a day when teleanalysis will be preferred by digitally connected young people even though they live near an analytic center. In any case, the practice of teleanalysis is still experimental, so the analysand should be told this before consenting to teleanalysis, and the analyst is advised to consult with a group of colleagues who are gathering experience in this area for further study.

Experience with the clinical effectiveness of psychoanalysis using telephone or Internet has implications for expanding training opportunities for candidates in remote locations and for the spread of psychoanalysis. The question that teleanalysis then faces is whether it is functionally equivalent to an in-person analysis in terms of fostering dreaming, free association, resistance, and transference–countertransference experience of sufficient intensity to evoke in candidates having teleanalysis a conviction about the working of the unconscious, the formation of character defenses, and the interpretive skill to achieve therapeutic action such that these candidates become effective analysts with their own analysands (Sachs, 2009). Seminars can be held on telephone conference call or VOIP with web camera for candidates in the same or various remote locations in a region. Training analy-

sis by telephone or Internet may be authorized for candidates in exceptional circumstances. When training analysts across regions have accumulated experience in analysis by telephone or Internet, and research analysts have published their results on its clinical effectiveness, teleanalysis may some day be offered with confidence as an alternative or a supplement to condensed analysis for disadvantaged candidates, and so bring psychoanalytic training to remote locations. "We must change our way of looking at the use of the telephone if we are to provide truly patient-friendly analytic treatment and trainee-friendly analytic training" (Richards, 2003, p. 32).

Conclusion

Some analysts believe that psychoanalysis, a professional art based on the harmonics of unconscious communication, augmented by technology, cannot possibly transcend the limits of distance. Others note that unconscious communication and analytic process occur in telephone and VOIP analysis as they do in traditional in-person analysis. The deficit of losing the actual communication of physical presence when the analysand is on the telephone or VOIP with webcam has to be admitted, and the loss acknowledged. "By being sensitive to what we are losing, we help our patients be more open about their own feelings of loss" (Zalusky, 2005, p. 108). Then we and they are free to develop a heightened appreciation for unconscious communication via the transmission of sound. The objection that innovative telephone analysis is a seductive, fashionable, elastic practice that fails to interpret transference (Argentieri and Mehler, 2003) may reflect the debate about various philosophies of psychoanalysis more than about telephone analysis itself (Zalusky, 2003a).

The author supports the view that analysis by telephone, VOIP and video-technology 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.

Translations of summary

Klinische Wirksamkeit der Analyse über Telefon und Internet. Unter Experten besteht Einigkeit darüber, dass die Teleanalyse, d.h. die Ausübung der Psychoanalyse in Form der Fernanalyse über Telefon oder Internet, als Reaktion auf die verstärkte Mobilität der Bevölkerung zunimmt. Aber es gibt eine Kontroverse darüber, ob der Einsatz dieser Technologien zu einer Verwässerung der Analyse oder zu einer anpassungsfähigen Innovation führt, die klinisch wirksam ist und den Grundsätzen der Psychoanalyse treu bleibt. Die Autorin gibt einen Überblick über die psychoanalytische Literatur und zeigt die Entwicklung des analytischen Denkens über diese technologiegestützte Praxis der Psychoanalyse auf. Sie fasst die Sichtweisen und Erfahrungen der Analytiker über die Vor- und Nachteile zusammen und betrachtet Indikationen und Kontraindikationen. Sie konzentriert sich auf die klinischen Fragen, die in Bezug auf Rahmen, Widerstand und die Entwicklung des analytischen Prozesses durch die unbewusste Mitteilung interner Objekte, unbewusste Fantasien, Übertragung und Gegenübertragung aufkommen. Sie stellt klinische Vignetten aus der Analyse eines Mannes mit einer traumabezogenen Depression dar, um die erhobenen Fragen zu behandeln und ihr Argument zu stützen, dass die Analyse per Telefon und Internet, wo dies nötig ist, eine durchführbare, klinisch wirksame Alternative zur traditionellen Analyse ist.

La eficacia clínica del análisis telefónico y por Internet. Existe consenso entre los psicoanalistas acerca de que el tele-análisis – el psicoanálisis a distancia mediante el uso del teléfono y de Internet – está aumentando debido a la mayor movilidad de la población. Sin embargo, se ha producido una controversia acerca de si el uso de esta tecnología lleva a la dilución del análisis o, en cambio, a una innovación adaptativa que es clínicamente eficaz y fiel a los principios del psicoanálisis. La autora recorre la literatura psicoanalítica y muestra el desarrollo del pensamiento analítico acerca de la práctica del psicoanálisis asistido por tecnología. Sintetiza las percepciones y experiencias de los analistas de las ventajas y desventajas de dicha práctica, y reflexiona acerca de sus indicaciones y contraindicaciones. El trabajo se centra en las preocupaciones clínicas que emergen en términos del encuadre, la resistencia y el desarrollo del proceso analítico a través de la comunicación inconsciente de los objetos internos, la fantasía inconsciente y la transferencia y contratransferencia. Además, apela a viñetas clínicas del análisis de un hombre que sufría una depresión vinculada con un trauma para examinar las preocupaciones planteadas. Dicho examen permite a la autora respaldar el argumento de que el análisis que utiliza el teléfono y la Internet es una alternativa viable y clínicamente eficaz al análisis tradicional en aquellos casos en los que su uso se hace necesario.

L'efficacité clinique de l'analyse au téléphone et sur internet. Si les professionnels s'accordent à dire que la télé-analyse, la pratique de la psychanalyse à distance via le téléphone et internet, tend actuellement à se répandre en raison de la mobilité croissante de la population, cette pratique fait néanmoins l'objet de controverses : l'utilisation de la technologie conduit-elle à une dilution de l'analyse ou constitue-t-elle une innovation adaptative efficace sur le plan clinique et fidèle aux principes de la psychanalyse? L'auteur de cet article passe en revue la littérature psychanalytique et montre l'évolution de la pensée analytique au sujet de cette pratique technologiquement assistée de la psychanalyse. Elle résume les perceptions et les expériences des analystes relatives aux avantages et aux inconvénients de cette pratique et s'interroge sur ses indications et contre-indications. Elle met l'accent sur les préoccupations cliniques au sujet du cadre, de la résistance et du développement du processus analytique à travers la communication inconsciente des objets internes, des fantasmes inconscients, du transfert et du contre-transfert. Elle présente quelques vignettes cliniques extraites de l'analyse d'un patient présentant une dépression liée à un trauma, afin d'aborder les questions soulevées par une telle pratique et montrer que l'analyse au téléphone et sur internet offre, par rapport à l'analyse classique, une alternative pertinente et cliniquement efficace lorsqu'elle s'avère nécessaire.

Efficacità clinica di analisi condotte al telefono o tramite Internet. Nell'ambito della nostra professione, esiste un consenso generale sul fatto che la teleanalisi, la pratica della psicoanalisi condotta a distanza, sia per telefono sia mediante internet, stia aumentando in risposta a una sempre maggiore mobilità della popolazione. Tuttavia sussistono controversie fra chi è convinto del fatto che l'uso di tecnologie porti a una diluizione della prassi psicoanalitica, e chi è convinto del fatto che la tecnologia costituisca un'innovazione efficace dal punto di vista clinico e che sia in grado di rispettare i principi fondamentali della psicoanalisi. L'autrice passa in rassegna la letteratura psicoanalitica in proposito e mostra quanto si sia sviluppata la ricerca e l'indagine analitica nei confronti della prassi analitica supportata dalla tecnologia. Riassume poi quelle che sono le impressioni e le esperienze degli analisti che si sono confrontati sui vantaggi e gli svantaggi, prendendo anche in considerazione le indicazioni e le contro-indicazioni. L'autrice si concentra poi sulle questioni problematiche di ordine clinico che emergono in termini di struttura, resistenza e sviluppo dei processi analitici mediante la comunicazione inconscia di oggetti interni, fantasia inconscia, transfert e controtransfert. L'autrice conclude con la presentazione clinica di un paziente affetto da depressione di origine traumatica per rispondere a coloro che avanzano dubbi e timori e per sostenere l'idea che l'analisi telefonica o elettronica, qualora si riveli necessaria, costituisca un'alternativa alla psicoanalisi classica valida, realizzabile e clinicamente efficace.

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