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BRIEF COMMUNICATION

## The current sociosanitary coronavirus crisis: remote psychoanalysis by Skype or telephone

Delphine Miermont-Schilton and François Richard

### ABSTRACT

We propose a reflection on the problems posed to psychoanalytic practice by the current socio-sanitary crisis. If, in the face of the Coronavirus, safety imperatives and cautionary urgencies prevail over clinical and psychoanalytic considerations, nevertheless we can keep alive our connection to our patients. Delphine Miermont-Schilton puts forward some theoretical-clinical propositions, which François Richard prolongs with some additional hypotheses.

### Editor's Introduction Dana Birksted-Breen

This paper is part of a discussion, which has been taking place in the Paris Psychoanalytic Society (SPP) in response to the current Covid-19 emergency and lockdown.

Using as a focus the differences between Skype and telephone treatments, Delphine Miermont-Schilton, who had previously used 'remote' methods in different circumstances, explains why she favours Skype for psychotherapy and telephone for psychoanalysis; she raises questions around the personal aspect of the analyst's decisions, as well as around the boundaries and frame, and of the loss of the 'fundamental anthropological situation' of asymmetry. The striking vignette she gives reveals a paradox of 'remote communication' in which unconscious temporality co-exists with conscious temporality: how to 'meet' in 'working hours'? François Richard brings to the discussion broader considerations about the use of 'remote' methods currently forced on psychoanalysts in the context of a crisis, in particular what derives from the absence of two people in the flesh in the room, with its loss of sensoriality linked to the infantile in all its aspects, as well as the dangers connected to a disturbance in the usual rules. Richard makes use of Donnet's distinction between *site analytique* and *situation analytique*, translated in Donnet's 2001 paper in the International Journal as 'analytic site' and 'situation analysis'. The analytic site is more than the 'setting' and includes the analyst in working mode, the situation analysis refers to the subjective configuration and use of the site by a particular analysand. Using this distinction, as well as Green's notion of 'internal setting' (Green. 2005: 37), Richard argues that it is still possible to enable a situation analysis "either despite, or with, or thanks to a state of affairs which does not a priori lend itself to it".

## Skype: A matter of routine? (Delphine Miermont-Schilton)

Numerous are the analysts who offer their patients sessions by Skype or telephone, necessity presiding in these times of lockdown, even if *a priori* they were not in favour of this method.

These particular circumstances encourage me to share with you the relatively longstanding experience that I have of this method (more than ten years, therefore prior to the current crisis that imposes it) and my resulting reflections. Several of my patients have moved abroad during their psychotherapy; others, passing through Paris but living abroad, wanted to continue the work started during preliminary consultations. All of these cases originally involved a component of face-to-face psychotherapeutic in a setting of one to three sessions per week and patients whom I first met at my office – on these very points I insist. To the patients in psychoanalysis and according to my own experience, the telephone remains in my opinion a necessary equivalent, especially in these times of lockdown, but is at the same time illusory, being based on a desire to stay as close as possible to the original situation; Skype could have its advantages in that respect because the patient's speech never solely occupies the site of the session, and what we listen to, until proof to the contrary, is the voice of a person in the flesh. The telephone actually makes the analyst speak much more, as if to compensate for the perceptual loss of sensory awareness, which can be troubling for patients. A sustained image, not necessarily of the analyst, can, from this point of view, approximate more closely the classical framework. But, for my part, I do not use Skype with my patients in psychoanalysis.

I will start with a few general remarks, then, through a definition of what constitutes analysis, I will try to explore an argument in favour of practice with Skype in order to conjure up its transgressive elements, before dwelling on the pitfalls of psychotherapy by Skype so as to outline the specificities of the frame.

### *To be or not to be interrupting*

In the current circumstances of this global pandemic, the question of whether or not to hold sessions is posed to each and everyone one of us at all stages of professional and social life, and, of course, in terms of countertransference. Some will no doubt wonder whether to simply suspend the sessions and will ask themselves what can push us in our countertransference to want to maintain them. Suspending the sessions implicitly means that we should not lose anything of our frame of reference, which means also being able to sustain the loss of income for several weeks. The other risk threatening psychoanalytical institutions would be for such practices to become common, thus losing the fundamental anthropological situation that the treatment implies and that François Richard evokes.

The proponents of analytic purity will not be satisfied with what follows. The need to earn a living makes us unequal when facing our approach to practice.

Let us remember some basics of common sense. We sometimes suspend sessions: we give birth or are ill, etc. Our personal life is involved. The issue of whether the pandemic is a matter of personal life deserves to be raised, except for those colleagues who have contracted the disease. This raises the issue of ill analysts who do not inform their patients since they can receive them by Skype. Conversely, we know the case of colleagues who in a country at war have maintained the practice of analysis. The message is then clear and basically restores a symmetry which may seem unbearable to some analysts. In this

respect, I remember a psychoanalyst explaining that it was very important that the patient's chair be different from that of the analyst to maintain asymmetry ...

Would our choice to continue or not to continue the sessions be a personal matter?

By maintaining the sessions and offering sessions by Skype and/or by telephone, the question of what we lose is obviously to be raised. By not looking for solutions to maintain the sessions, are we not denying that we are lodged under the same shop sign as our patients, that we belong to the same world, that we live the same things? If an analyst needs to make a living, the issues raised here are of fundamental concern. We lose, or think we lose, everything related to the sensorial: the presence of the patient, his smell, the air he displaces in the room, and the connections between all these synaesthesia. Mr. S will no longer make me live or endure his strong and unpleasant odour, and my relief the first times will eventually be succeeded by another form of attention; Mr. M who always lingers on the doorstep will be sharply cut off by the telephone; I will no longer look at him putting on his coat and gloves, staring at my furniture, brushing past my desk. I will be solicited elsewhere.

Obviously the founding principles of the analysis are maintained: free association, non-omission, invariable scheduling and duration.

That the patient and analyst are both alive and participate in the same world and its anxieties is undoubtedly a prerequisite for the analysis; we know the ways in which strikingly different cultural differences can be insurmountable obstacles to the construction of an analytical space.

### *Pitfalls of the situation by Skype*

It was by toiling over situations where I was put in difficulty that I was able to think of the Skype frame and to succeed in formulating it in a satisfactory manner for patients. It is also thanks to these experiences that I was able to modulate this frame and integrate it, then to work with it, as I will describe in a brief clinical example.

To begin with I would like to extract from my published article, "Une homo-bi-sexualité comme identité" (2019), a vignette which can condense all the criticisms to be addressed to the frame-protocol that constitutes Skype. It is the case of a psychotherapy patient who finds herself finally appointed in a distant Asian country to the important post to which she aspired. Following this session, I was able to consider, in addition to the appropriate trans-ferential-countertrans-ferential aspects, the component that constitutes the frame.

The appointment in the provinces occurs suddenly and again the question of the frame arises. I suggest Skype to her, especially since I have no colleagues in her city. Will I become the analyst in the box like the parents on the screen? This choice, rejecting castration, is questionable, but it will prove beneficial and will allow, during a crisis, to bring to light a central ubiquitous fantasy, organizer of Diane's psychic life. I conceptualise the transition to Skype as an amendment to the classic psychotherapeutic frame. We will meet on Skype at a fixed time; I connect and she rings at the Skype door like at my office; payment is made at the end of the month. During a session in July (two sessions before the summer suspension), I notice, when the connection begins, an unusual visual framework. Diane is in a bar in Asia, where it is midnight. At first I feel astonishment and irritation. In the classic setting, this session would have been missed; "When one is in Asia, one is not in France", I provoke her to comment. In her turn surprised, "Isn't that the very principle of Skype?" she objects with common sense. When she is in the provinces, she is not in Paris, and it is precisely for this reason that we set up this frame so that she can be with me even when she is not here:

-“Like with your parents when they were on the screen? When distance was abolished? Separation being abolished, you could not miss them?”

-“Well yes, exactly”, she remarked.

I had recognized the prohibited oedipal sexuality by refusing to be the object of secondary homosexuality in her company in a bar since, as a direct result of the countertransference, but which will have an interpretative and even mutative significance in the actuality of the transference, I hear myself say to her:

-“We abolish distance but not time, at midnight I don’t work!”

-“But it’s 16:00 for you,” she remarks.

-“And here I am at your side in the middle of the night then?”

I do feel that I am arguing with her. This time the analytical field is lost and yet we are in the middle of it. With the complicity of the frame, she has proceeded to enact by abandoning the field of fantasmatic association, of symbolization, and consequently of subjectivation. Diane took her psychoanalyst with her to a bar at night *de facto* and irreversibly so. The interpretative value of analytical speech is annulled and reduced to performative speech. So, at the end of the session, I indicated that we would suspend the sessions until the September resumption.

In the light of this event, several reflections imposed themselves on me. The first concerns the modification by Skype of the psychotherapy frame. If Skype abolishes distances, it is important to be able to give the patient the opportunity to miss sessions, otherwise the setting becomes Lacanian in the sense that the patient can neither miss sessions nor be late to them. This also involves the formulation of a personal time and a collective-professional time. That Diane does not work in my city is one thing, but we must retain common references, including social time. At least working hours must coincide. If few analysts would receive Skype patients at three in the morning, the converse must be true. In doing so, I was trying to articulate to Diane that we could be separate from each other, being two discrete individuals. From the moment that I was able to show her that the setting was also this place where one could *not* meet, a remarkable evolution occurred: the differentiation thus formulated allowed the initiation of a process of separateness from the object “homo” that I represented for her in the sense of being a same object.

### **Formulating a frame**

When I formulate the frame to my patients, I do not forget to tell them the following things: they ring at the door of Skype as at my office door; it is never the analyst who joins them; the sessions take place from their side (like from mine) always in the same place in a neutral place for them; they can blur the background behind them, while, for my part, I am in my office, sitting on my analyst’s chair, the computer placed on the table in front me or on the patient’s raised seat.

If by chance they cannot go to the place of their session for whatever reason, the session does not take place: it is missed. It goes without saying that this requirement is the same for the analyst (probably in times of Covid crisis, where the analyst has had to be isolated at home, things are somehow different).

Payment is made by check or by transfer or by means allowing money transfers without banks as third party. We all know what this can lead to ...

Then we do our work. So, to one patient, a phobic patient with truly very constricting obsessive defences, who is used to Skype and who manages on the third day of lockdown to reach me by telephone, I interpret that he had felt the need to distance himself from me by using the telephone, anxious about the social proximity rules that Covid established. This shared condition put him in contact with me as a person, made me into a person.

If you are an analyst with the internal psychic frame that André Green discusses (2005), you will invariably remain so with or without Skype, with our ability to interpret the elements of the analytical situation and to relate them to the transference and the countertransference. This quality restores itself fairly quickly after the first moments of bewilderment have passed.

So? Weariness lingers. Dissatisfaction often. A sense of something missing. But permanently? ...

### The powers of the voice (François Richard)

In the current context, most psychoanalysts and patients prefer to suspend their usual consultations for as long as it takes, and resort to expedients, Skype and/or telephone. The two protagonists of the analytic situation no longer meet. The proximity between the Freudian *Nebenmensch* and the child disappears, even if there is communication (by Skype or telephone). It is not only a question of deprivation of this or of that aspect of sensorial perception (sight, smell, etc.). Two subjects no longer find themselves within the human commonality of being together in a same place, and to this nothing can claim to be equivalent because this commonality is anthropological: the co-presence of small child and parents, the co-presence of lovers and, more especially, the co-presence of parents in the primal scene.

The patient's "ubiquitous fantasy", of which Delphine Miermont-Schilton speaks above, is a remarkable example. Expatriated for professional reasons in a big Asian city, the patient continues her psychotherapy by Skype despite the time zone difference, until the disturbing junction at which the analyst sees, on the screen of her computer, her patient talking to her while she is in a bar at midnight! What would have remained, in ordinary analytical work, an intrapsychic transferential and/or countertransferential fantasy (unspoken or explained) appears here in the form of an ancillary image generated by technology, precisely not the perception of an in-the-flesh life situation. The psychoanalyst is of course not in this bar at midnight. Irritated, she interprets: we are both in a bar at midnight. This is more the interpretation of a patient's wish than that of a fact. Our colleague then wonders: "Would our choice to continue or not the sessions be a personal matter?" This formulation outstandingly clarifies the problematics of psychoanalytic work in the context of the sociosanitary crisis resulting from the Covid-19 pandemic. Would this traumatic shock induce an imbalance in which the desire to be, or to remain, an analyst would prevail over neutrality of the analytic situation according to this "precession of countertransference" of which Michel Neyraut spoke (2004)?

How indeed is it that we adopt these new modalities (Skype, telephone) without really considering the possibility of interrupting the treatments in progress to resume them later under normal conditions, and the risk that this modified practice will damage the truly analytic quality of treatments? This goes beyond the need to earn a living: a more subtle economic dependence is emerging towards a particular object, being the analytical practice itself, which should not be lost, failing which the analyst would be in a state of

*Hilffösigkeit*. Is there not something doomed to failure in the attempt to maintain analysis at all costs within such a changed frame? Of course, in exceptional circumstances exceptional responses: in time of war or under occupation, or in a totalitarian regime, the psychological proximity and the solidarity between citizens are strong. However in the current lockdown, we experience rather a state of desocialization. The pandemic shows the very fragile barrier between animal and human as well as our precariousness in a physical world where suddenly we feel that we exist by chance and without any guarantee; anomie and entropy rather than war. The “intertwining of my life with the other lives, of my body with the visible things, by the intersection of my perceptual field with that of the others, by the blending in of my duration with the other durations” (Merleau-Ponty 1968, 49) is the fundamental anthropological situation that is under attack, a “total situation” of being “in the world, close to others”, where the sense of reality precedes all reflexive thought and all interpretation; even if a memory or a fantasy substitute themselves to others, and an affect drives away another; what disappears remains real, even if repressed. This lived perceptual present becomes spectral on the telephone and even by Skype: the protagonists know very well that they are spared the original libidinal and intersubjective charge which exists only between two people gathered together in the same room. Do we sufficiently measure the mixture of involvement and risk-taking, but also the mutual guarantee of being there for each other, which constitutes the end-of-paragraph-full-stop physical being-together of two human beings? It is not a question of deprivation of such and such a sensorial channel and of the corollary distortion between percept and representation: what is missing is the encounter between the two protagonists of the analysis and the effects that this encounter produces *in situ*, for example the emergence of affects and associations of thoughts, which cannot otherwise exist, even if we observe by Skype or telephone the disinhibition of other affects and associations of thoughts, authorised precisely by a reciprocal disapplication. The process continues, more and more restricted to the dialectics of speech and language, while paradoxically one has the impression that neurotic patients start to function as borderline or post-traumatic patients. It still depends on the analysand and the analyst having a memory capable of restoring the usual state of consultations, which is basically to say a vivid memory of the infantile.

Many colleagues testify to their fatigue in listening to the telephone. The other is not “really” there; one has to make an effort to compensate waning attention in order to force oneself to follow properly, and not to let one’s thoughts wander very far or too far from the patient, as if we could really absent ourselves from the room. While in normal sessions dissociative moments of inattention always lead back to associativity, as I have said elsewhere:

the impression [...] of being insufficiently creative in our own associations can go as far as the conviction of having “misunderstood”, of having heard one word for another, of having missed the start of a sequence. We no longer know, for example, whether a patient talks about her father or her husband. [...] We recognise that we did hear correctly: yes, the patient was talking about her father, though one was unsure of it or though some diffuse thought echoed a statement that the patient would say a little later. We then accept being led by the speech of the other, syntactically awkward and stumbling in our statements as witnesses of a community suffering from this feeling of being badly inserted into language. The thinking of the psychoanalyst [...] uses their own shortcomings, absences, and their own “castration” to make them a surface of inscription for the memory traces of their interlocutor. [...] The plasticity of the thinking of the psychoanalyst in sessions encompasses the

centrifugal and dissociative tendencies of associativity and deals with the micro-cleavages that can appear in a neurotic-normal patient. The analysis of countertransference reinforces this capacity for inclusion (2015, 117).

In analysis by Skype or by telephone, it is the interlocutor, the “you in the flesh” to whom I address myself who becomes indeterminate, despite a mouth/ear, speech/listening, sensory-sensual connection. This being the reason why we must force ourselves to do as usual and in particular remain as silent as usual when necessary: we then hear silent pauses better than usual, whether that of the analyst’s or the patient. We must instantaneously continue as usual and reinvent everything: the unexpected occurrence upsets the rules of the frame but we can rescue the analysing situation, the analytical “*site*” (Donnet 2001).<sup>1</sup>

One patient portrays the garden where he is and lowers his voice so that his passing wife does not hear what he is saying. Another is in her kitchen smoking a cigarette, she who had overcome her tobacco addiction, associations leading to clandestine childhood sexual games. A third feels freer, at a distance, to evoke scabrous lived experiences; there too the analytical thread rediscovers memory traces of childhood. Yet another describes in verbal detail what he, when lying on the couch, perceives without verbalizing it: this coloured spot on a curtain is a laughing bear cub; he had just emotionally recalled his dead mother. Finally another, whom I usually receive face-to-face, tells me, also with exact words, that when he looks away from me, he invariably gazes at a particular decoration on my desk. For my part, I notice a propensity to offer wide-angle panoramic views with an elevated “paternal” view (Van Lysebeth-Ledent 1999), distinct from the more maternal reception that Skype allows, even if the image on screen corresponds to what Plato considered a degraded version of reality: *phantasma*, *eidolon*. The *simulacrum* is patent in the practice of activating the mobile phone’s webcam only at the moment of beginning and of end of the session in the belief that the classical protocol is thus restored.

Whether Skype or telephone, the important thing in both cases is to bring back to the analysable the irruption of transgressive phenomena favoured by the distortion of the frame, but which are basically revealing of the psychic functioning usually cleaved. A patient sits at home facing her Skype camera so that the analyst can see behind her a painting in which shapes and colours immediately capture a meaning that the classic treatment would have only slowly found. A patient notes that he is talking on the phone lying in his room on the bed where, at other times, he makes love. The analytical situation, under attack, becomes also one of over-signification.

Skype or telephone, countertransference rather more maternal or rather more paternal, to each and to everyone to choose what best allows them to remain analysts ...

The telephone, even with patients received face-to-face, suits me better. Image technology seems to me to generate an undesirable dimension, a mixture of perception, fantasy and hallucination. Apparently we see the patients and they see us: it is, I believe, very subtly, a falsified perception where the two-dimensional image is smooth, without deficiency; though this here is perhaps about a personal sensitivity. Listening to words only on the telephone drastically reduces the sensorial range in favour of increased perception of verbal rhythm, breath, hesitations and stumbling, semi-lapses and repetitions of words. Our interlocutor is looking for themselves when they are looking for the

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<sup>1</sup>Translator’s note. Jean-Luc Donnet’s concept of “*site*” is complex. See Andrew Weller’s discussion of it in his translator’s footnotes numbers 2 and 3 in Donnet (2001).

analyst who is silent, they are worried, imagine the communication to be interrupted, we can reassure him with “Mmm ... Yes ... I am listening”, but alternatively we can radicalise the steadfastness of an assumed silence; then perhaps will follow a magnificent associative series, which we can punctuate with brief interpretations, and then, towards the end of the telephone consultation, summarise them in an overall construct.

Two parasitical possibilities: with Skype there is a risk that each builds the person fabricated by the other as if it were a film (as a form of seduction and defence); with the telephone, the voice caresses the ear too much (this is another form of seduction and defence). In both cases there remains after all, very classically, the need to find the correct distance.

We could return to the first Freudian paradigm of post-traumatic neuroses, “real” and anxious. Indeed in these pathologies the excess of repression mixed with cleavages produces a lived experience of derealisation but also of anxiety generated by health threats and isolation, which remote analysis can increase – all this in a socio-historical context in which subjects have difficulty distinguishing true from false (fake news, conspiracies), as the real from the unreal in the realms of fiction and internet: hence the urgency to confirm our presence, but also our specific function as analysts, by persisting to interpret while keeping to a necessary minimum any shared reflections on the context. Remote analysis produces a trauma, both by sensory malnutrition and by seduction in relation to the disruption of the usual rules. The consequences are difficult to anticipate and can only be evaluated *après coup*; we can nevertheless estimate that analysis remains possible, that asymmetry does not disappear and the perturbed distance induces serviceable effects – for the psychoanalyst, for example, a heightened sense of the need to speak from a place other than that of the transferred object, being the terrifying father’s or seductive mother’s voice. Speaking by telephone or Skype solicits pitching one’s voice appropriately and making it clear to the patient that it is the “interpreter” who speaks. Let us remember André Green’s saying that the analyst’s internal psychic frame sets the conditions for the applied rules of the device to be effective (2005). In this sense our desire that there be analysis is indistinct from any ethics; we can create “situation analysis”<sup>2</sup> either despite, or with, or thanks to, a state of affairs that does not lend itself *a priori* to it. A vast field of research thus opens up to contemporary psychoanalysis.

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<sup>2</sup>See the “Editor’s Introduction” about this and other related French concepts in this issue, above.