

Letters to the Editors

Dear Sirs,

On: Editors' note for the *Analyst at work* feature

While I recognize the importance of advancing the prospect of more open reporting of analytic process material (Gabbard and Williams, 2005), I am concerned about the lack of accountability which is introduced in the offer of anonymity to the analyst author. I believe such an unsigned report may seriously limit its scientific merit while raising ethical questions as well.

There is surely a spectrum of views regarding the procedure for the protection of the patient's confidentiality in writing case reports. I believe, however, that any material that is reported, whether or not directly shared with the patient and no matter how disguised, ought to be able to be acknowledged to the patient should it come to her or his attention.

Similarly, I believe an analyst presenting her or his clinical work must be accountable to the community of colleagues for the ideas put forth. Anonymity absolves the analyst of this responsibility. As noted by Martin Peretz (2005) regarding the matter of news sources, 'Anonymity is not a promise of veracity'. In our field, I would say, anonymity in reporting deprives us of the opportunity for candid and thereby meaningful exchange.

Yours sincerely,

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Editors' note

We chose to allow the anonymous author to speak for himself in his reply to Dr Schwaber's letter. The author's response also serves to summarize our reasons for allowing an option for anonymous submissions to the *Analyst at work* format.

Dear Sirs,

Reply to Dr Schwaber

At the risk of compounding a felony, I would like to respond anonymously. The 'accountability' that for Dr Schwaber is part and parcel of 'scientific merit' would

be required only if the author was claiming to be proving something and, more technically, only if there was an implication that the reported findings might be replicable. These claims demand that the observer be available for interrogation by those interested in conducting similar experiments, but of course nothing of the sort is involved in the kind of clinical description invited by the *Analyst at work* series.

So the question is how we can best promote full, honest description. As Dr Schwaber notes, there are many opinions on both the narrative and the ethical dimensions of this issue, and any brief statement inevitably comes across as *ex cathedra*. I do not understand, however, why Dr Schwaber thinks that publishing the material anonymously would compromise an analyst's ability to acknowledge authorship to the patient 'should it come to her or his attention'.

I must add that I cannot see at all how choosing the option to present anonymously limits the possibility for 'candid' exchange. Indeed, the challenging responses of the discussants to my case seem to refute that argument outright. In fact, I would suggest that presenting anonymously brings an intriguing side benefit: the case can be read and responded to without the prejudices, so common in our field, that are based upon personality, geography and theoretical loyalty.

Psychoanalysis will never resolve the tension between protecting our patients' confidentiality and sharing experience publicly; Freud noticed it from the very beginning and it continues to be a vexing problem today. Creative solutions are necessary, and I believe that the opportunity that the Editors have provided for publishing this kind of material anonymously is one route to opening a much needed chance to engage in open, respectful clinical conversations.

ANON
5 June 2005

Dear Sirs,

On: Confidentiality with respect to third parties

I share absolutely Furlong's (2005) view of the centrality of confidentiality in the analytic relationship, but would like to add this comment.

I have already underlined that it is confidentiality that gives birth to the psycho-relational flow between the two actors in the therapy, on which trust, the reciprocal collaborative alliance, and the system of mutual relations are inevitably built (Marzi, 1992, 2002). I am glad to see that Furlong's paper is in agreement with my positions, and that reflections of a similar nature also arise in different cultural contexts. Along these lines, the IPA set up a study group led by a Supervising Committee, chaired by Penelope Garvey (with members: Robert Pyles, North America; Romulo Lander, Latin America; and myself, Europe), which produced the first exhaustive review (Garvey and Layton, 2004). From this work, however, it is evident that the issue of confidentiality is quite complex and must be dealt with as a whole, in all its manifestations and varieties.

Therefore, despite a full understanding of the issue raised by Furlong, it might be restrictive and misleading to limit the discussion to a single area—or only to such extreme cases as third-party requests—and/or to focus a great deal on the courts. In order 'to educate the public', as Furlong rightfully points out, and to imbue confidentiality with a more markedly psychoanalytical feature, it is also fundamental to grasp the huge differences between common law and civil law countries, where confidentiality is dealt with differently. If one is stuck with the description of a single approach (e.g. common law in North America), one cannot perceive the complexity of the reality of confidentiality, and therefore it is more difficult to discuss it also from a psychoanalytical perspective. A comparative knowledge of the issue of confidentiality can lead to the realisation that the most crucial point is the definition of our specific role as psychoanalysts. This cannot be anything else but that of the safeguard of the patient's health, in accordance with, for example, the Hippocratic principle of *primum non nocere* [first, cause no harm] and, in Italy, with the fundamental article 32 of the Italian Constitution. The latest Italian Code of Criminal Procedure states that doctors have the same privileges as lawyers and ministers of religion, in the sense that they have the right not to testify in court. Under Italian legislation, 'confidentiality' is the whole body of facts the practitioner comes to know about, and whose disclosure might harm the patient (Marzi, 2000). In this respect, it seems to me that the IPA publication is a document of great transcultural usefulness.

As in this field one cannot avoid a confrontation with social reality, it seems to me that the concept of 'balance', so cherished in the English-speaking world, should be replaced with one of 'integration', which is much more complex, but also much more remunerative. This implies a need to deal with the 'double agent' nature of mental-health professionals, especially in their relationships with third parties (courts, public insurance and so on); this sometimes leads to irresolvable contradictions which require a person to assume dramatic, but unavoidable, responsibilities.

Certainly, in all circumstances it is fundamental that analysts always employ their clinical 'tools of the trade', in particular the transference-countertransference dialectics, to evaluate what is actually going on in the analytic couple with respect to confidentiality, so as to ensure that it is adequately in tune not only with the law but also with the principles of psychoanalysis.

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