

# REPORT OF THE REMOTE ANALYSIS IN TRAINING TASK FORCE

## Introduction

In January 2020, before the outbreak of the Covid 19 pandemic, the IPA Board appointed us to form a Task Force to report on several aspects of “remote analysis” in training. The Board gave us four mandates:

1. To examine the current state of understanding about all aspects of remote analysis in training.
2. To review whether remote training analysis, as it has been practiced in The Asia-Pacific (and similar training programs) has produced trained psychoanalysts who meet IPA standards of minimum competence and capability.
3. To review the current policy and consider whether new regulations should be adopted for remote training analysis and, if so, to suggest what those regulations might be (taking into account the need to provide access to all for training that meets minimum IPA standards, and bearing in mind that legal policy on competition varies in different jurisdictions and must take into account the work of the IPA Confidentiality Committee).
4. To present recommendations to the IPA Board for minimal standards for the use of remote analysis in training competent IPA-approved psychoanalysts.

This report is the product of intensive work on the part of the Task Force. Just before our first meeting, the world was struck by the outbreak of the Covid-19 pandemic. This outbreak had a huge effect on our work.

From the outset, our meetings have taken place exclusively on Zoom. We were never able to meet in person. Most of us had never met each other before and several of us were not especially familiar with telemediated meetings. During the 15 months in which our meetings took place, we became more and more familiar with the possibilities and the limitations offered by the current telemediated platforms. This gave us real exposure to what can be accomplished when in-person meetings are not possible.

The work was also influenced by the sudden and unexpected death in January 2021 of our well-respected and beloved task force member, Luis Carlos Mabilde. We would like to dedicate this report to his memory.

The analytic world changed dramatically during the pandemic. An element that influenced this change was the decision by the IPA Board to allow all training analyses to occur off-site. Many colleagues from one moment to another switched to what we have chosen to call “teleanalysis” (instead of “remote analysis”) in training. (Our decision to make this change is explained more fully in chapter 6 of this report).

Most members of the international community have now had personal experience with both In-person analysis and teleanalysis. They therefore have a better understanding of the possibilities and limitations of using teleanalysis in training, as well as what it is like to conduct telemediated classes and supervision. This gives our work extra relevance and impetus.

What follows is a brief summary of our process:

1. To address our first mandate, we sent out a web survey to all IPA societies and institutes and held several meetings. The survey questions were about pre-pandemic and pandemic use of training teleanalysis, and telemediated classes, supervisions and control analyses. The results of this survey can be found in Chapter 1. The meetings we held were with ING and PEC. The reports from these meetings form Chapters 2 and 3. We also invited IPSO to meet with us.
2. Our second mandate is addressed in Chapter 2, but our response is limited. Time restrictions allowed us to consider the relevant issues, but not as fully as they need to be explored. Further investigation of the very important questions related to this mandate need to be pursued in the future.
3. To address our third mandate, we conducted a critical review of the existing Procedural code. The results of this review are presented in Chapter 4. We found that the relevant regulations need to be reformulated.

To aid us in thinking through possible recommendations, we studied and discussed at length the differences and similarities between in-person analysis and teleanalysis. We looked at current scientific literature and at our own past and present experiences. We highlighted the possible differences, difficulties and prospects offered in working when we are not in-person. We quickly realized that we needed to avoid the false, yet unfortunately popular narrative that one is either for or against teleanalysis. Instead, we came to see that there is a more complex set of issues requiring a more nuanced response. We summarize these discussions in Chapter 5.

Our process as a committee in coming to terms with what our recommendations should be is presented in Chapter 6. We realized that we needed to address more than just minimal standards for training analyses: we saw, for example, that additional training would be required if working in telemediated ways, that terms (such as “remote analysis”) had to be reconsidered, and that circumstances in which teleanalysis might be called for had to be more clearly defined.

4. Our recommendations are offered in Chapter 7. They address training analyses and other aspects of the training of candidates, including additional requirements for both training analysts and institutes in which teleanalysis is offered. We suggest minimum conditions for training competent analysts. Each society is free to add as much as they wish to these minimum standards.

We hope that we have provided a balanced report and look forward to hearing your reactions. We anticipate that there will be further discussions and subsequent decisions. We came to know from our work that changes in the procedural code are possible and necessary.

We have worked with great enthusiasm on the task given to us. We are delighted – that given the divided (analytic) world in which we live - we have reached consensus in our group! We thank The Board for the trust they placed in us.

*May 2021*

Alexander M. Janssen, chair  
Martina Burdet Dombald  
Paul Crake, ex officio  
Todd Essig

Richard C. Fritsch  
Marsha H. Levy-Warren  
Luiz Carlos Mabilde †  
Liliana Patricia Manguel de Maniowicz  
Andrea Marzi

## Table of Contents

Introduction	1-3
Table of Contents	4
Chapter 1 Survey Report	5-8
Chapter 2 Meeting with International New Groups Committee (ING)	9-10
Chapter 3 Meeting with Psychoanalytic Education Committee (PEC)	11-12
Chapter 4 Evaluation of the Current IPA Regulations on Training Analysis	13-17
Chapter 5 Contrast: In-person Psychoanalysis and Teleanalysis	18-23
Chapter 6 Results and Discussion	24-27
Chapter 7 Recommendations	28-31

## Chapter 1

### Survey Report

One of our first actions was creating a web-survey to help understand the pre-pandemic state of off-site psychoanalytic training. We also included questions about how IPA training centers were responding to the pandemic. In July 2020 the IPA office sent emails requesting participation to all 42 Institute Directors of Training in the IPA database. Copies were also sent to the 77 IPA Society Presidents whose emails were also available. To increase the chances that the request would be seen by as many potential respondents as possible, the request was then sent to the 31 Society and Institute “Administrators” in the database and to the 182 general email addresses previously provided by each Society and Institute. This resulted in 73 responses, less than half of all the organizations currently training candidates to become IPA analysts. One can only speculate as to why the response rate was so low (pandemic fatigue, missed communications, mistrust of web-surveys, apathy, or some combination as well as other possible factors). However, this response rate means the numbers really shouldn’t be considered a representative sample. Everything that follows should be read with the caveat “among the limited set of training centers that responded to the survey.”

#### *SECTION ONE: Identifying Information*

The first section of the survey asked respondents for identifying information about their Society or Institute.

IPA Status: Of the 73 responses, the current IPA status of the Society or Institute: 67 Constituent, 5 Provisional, and one Study Group.

Region: The regional breakdown: 29 from Europe, 17 from North America, 25 from Latin America, and two from Asia/Pacific.

Size: 33% of respondents had 50 or fewer members, 25% had between 51 and 100, 29% were between 101 and 250, and 14% had more than 250.

Educational Model: Most respondents used the Eitington educational model: 7 respondents reported using the French model, one reported the Uruguayan model, one reported a “mixed” model, and the remaining 64 reported some form of Eitington.

#### *SECTION TWO: Pre-Pandemic Experiences*

The second section of the survey asked about experience with off-site training prior to the pandemic. We asked about the use of condensed and shuttle analysis in addition to online experiences for training analyses, supervision, and control analyses.

The first two questions acknowledged that there are different models for a training analysis when candidate and analyst are geographically separate. We asked

respondents to indicate which they have used over the previous 5 years. Number of IPA training centers who have used each model in parentheses:

- All online either with never meeting in person or meeting rarely (3)
- Training analyses where the analysis started in person and then moved online either exclusively or primarily because someone re-located (7)
- Training analyses where the analysis started online and then moved in person (0)
- Shuttle analyses (7)
- Shuttle analyses with additional online sessions (6)
- Condensed analyses (17)
- Condensed analyses with additional online sessions (3)
- No training of candidates when candidate and analyst are geographically separate (38)

Note that the total is more than 73 because respondents could select all that were used. 3 used both shuttle and condensed, one of which also allowed online session following relocation; one used shuttle along with both shuttle with online and online following relocation; one used shuttle and shuttle with online; and one used shuttle with online as well as online following relocation.

Of the 3 centers indicating an all online training analysis without any significant in-person contact, 2 institutes reported 6 or more examples while 1 reported a single example in the last 5 years. The only other approach used 6 or more times was 4 reports of using condensed analysis. The use of online sessions to supplement shuttle or condensed was rare, used 17 times by all IPA centers in the 5 years prior to the pandemic.

The next question asked whether online supervision was approved prior to the pandemic. 59 of the 73 respondents answered never or very rarely. 6 often approved and 1 always approved. 7 responded that it was not monitored and was at the discretion of the supervisor.

The next two questions were about specific arrangements for control analyses when candidate and analysand might be geographically separate. Only 70 of the 73 respondents provided an answer. Number of IPA training centers who have used each model in parentheses:

- Candidate and analysand primarily or exclusively meet online (4)
- The control analysis starts in person and then moves exclusively or primarily online because someone re-locates (6)
- The control analysis starts online and then moves in person (1)
- We only approve control analyses when candidate and analysand meet in person (56)
- We do not monitor the treatment context of control analyses. We leave it to the discretion of the candidate and supervisor (4)

Reports of frequency of use over the previous 5 years shows that 2 training locations approved control teleanalyses 6 or more times both as the primary context and as a response to relocation. These were also the places with the most training teleanalyses. 2 places approved control teleanalyses once and 7 places did so 2 or 3 times.

### *SECTION THREE: During the Pandemic*

At the time the survey was constructed and distributed we were only 4 to 5 months into the pandemic. We have no information about how, if at all, practices changed with the long haul of the pandemic. At the time of the survey (summer 2020) the results are as follows:

Only 2 responses reported that training analyses currently in progress and moved online were not counted for training during the pandemic. 61 responded yes, 4 reported approval on a case-by-case determination, and 5 reported having not yet set a policy.

A similar pattern was reported for control cases: 2 responses reported the pandemic online control analyses currently in progress would not be counted for training; 62 reported they would; 5 were case-by-case; and 4 had not yet set a policy.

When asked whether new training analyses for incoming candidates could start via teleanalysis as part of training during the COVID-19 pandemic 22 reported yes, 21 reported no, 3 reported it was case-by-case, and 26 (the largest number) reported having not yet set a policy.

When asked whether new control analyses could start via teleanalysis during the pandemic 24 reported yes, 19 reported no, 11 reported it was case-by-case, and 17 reported having not yet set a policy.

48 reported that supervision online was routinely approved, 12 reported it was often approved, 9 reported it was very rarely approved, and 2 reported never.

When asked whether continuing professional education programs or seminars about psychoanalytic care at a distance were being provided only 13 said no. Every other response had some mixture of providing educational opportunities about teleanalysis for candidates, faculty, and the entire society or such programs were under development.

### *CONCLUSIONS*

Conclusions need to be tentative because of the methods and the low response rate. Nevertheless, a couple of issues can be highlighted:

First, prior to the pandemic, teleanalysis in training was rare, in both absolute terms and in comparison to the use of shuttle and condensed training analysis models. This was true for both training analyses and control cases. But the few training centers that relied on teleanalysis for training did so routinely. We did not ask about

the role of technology for classes and seminars in any of the situations where candidates were being trained off-site.

Second, as is obvious, in a change that took place overnight, teleanalysis was being used by almost everyone during the pandemic. We can expect usage patterns only increased in the many months after the survey while the pandemic continued. This allowed many colleagues a first-hand experience with a treatment context previously avoided or with which there was limited or no experience.

While the new experiences documented in the survey might seem to provide a useful foundation of knowledge about the potential use of teleanalysis in training, there are two reasons to be cautious. First is the nature of technology itself. It is designed to reorganize familiar connections between experience and expectable consequences. Experiences do not have the same results. As a result, there can be the conscious experience of intimate connection, including psychoanalytic intimacy which many felt while on screen for the first time during the pandemic, without the familiar and expectable unconscious consequences. We therefore can only draw conclusions about the pandemic teleanalytic experience with caution. Second is the well-documented situation of attitude-change coming from behavior change. People, including psychoanalysts, tend to change conscious attitudes so that they become more consistent and less dissonant with their actions, even when the actions were forced or required. We clearly need to be wary about drawing conclusions from pandemic-specific teleanalytic experiences

It is important to note that there was a large number (26) of responses that indicated that no policy had yet been set for training analyses that began teleanalytically during the pandemic. There is now a need for a sensible policy to address this and other issues related to the role of teleanalysis in training.

## Chapter 2

### Summary of Meeting with International New Groups (ING)

The task force met with 6 members of ING, representing the three IPA regions. Discussion was based upon the questions sent in advance. This discussion centered on information by ING on the practice, the use of “remote” analysis in the training of the groups under their responsibility, information from the China program, the future, and general considerations.

On the place of “remote” analysis in training, pre-pandemic, ING offered the following:

- training conducted by the Latin American Psychoanalytic Institute (ILAP) had followed a guideline (from the outset of any training, by special arrangement with the IPA) of i) 70% in the room / 30% remote for training analyses and ii) 70% remote / 30% in the room for supervisions, and that the experience of this system had been generally good; the group also discussed the use of concentrated and shuttle analysis in ILAP’s training.
- two research projects that had been undertaken by ILAP re: the experience of candidates’ remote training in Honduras, Panama, and Ecuador.
- remote training was not currently used in training conducted by the European Psychoanalytic Institute (EPI), despite the IPA’s policies that allow remote training in particular circumstances, primarily due to historical and geographical reasons.
- some analysts / organizations (in the European region, especially) held strong views that remote analysis was not a preferred means to conduct training (especially in the initial developmental phase);
- there was currently only one new group being developed in North America, and this group was not currently using remote analysis as part of its training program.

*Information on the situation since the pandemic:*

- a decision by ILAP to commence a training program in Bolivia using exclusively remote methods (due to the Covid crisis, with regular training methods to be incorporated when possible),
- a decision to suspend the commencement of a training program in, at least, one group under the responsibility of EPI, rather than begin by using remote methods.

*China program:*

- the China Committee’s training program had only accepted in-person training analysis (including concentrated and shuttle analysis), with remote sessions held in between periods of personal analysis (but which did not count as part on the training analysis);
- there were IPA members involved with other (non-IPA) groups that made more extensive use of remote training techniques in their training in China.

*Future plans/suggestions/considerations:*

- the possibility of developing experimental programs, which provide full training in different settings / using different methods, ii) the importance of supporting candidates in any such programs, so they could complete the training to qualification, even if the IPA ultimately decided that a particular program did not meet expectations, and iii) the importance of defining the criteria / methods (e.g. external collegial review, etc.) that would be used to evaluate experimental programs;
- the importance of considering the reports of supervisors when making any assessments of candidates trained using remote techniques;
- a view that, in principle, in the room analysis / bodily presence is of crucial importance, and that an effective training program could not be constituted using only (or primarily) remote training techniques;
- the argument that increased familiarity with, experience of, and training with respect to the use of remote therapeutic techniques would lead to less stringently held views about the deficiencies of these methods / the importance of the body (responses pointed to the fundamental differences that the lack of bodily presence can engender, and which can perhaps not be counter-balanced with more training, experience, familiarity, etc.).
- increasing concerns about confidentiality / suspicions about an analyst's attentiveness that seem to accompany the adoption of a remote setting for an analysis.

## Chapter 3

### Meeting with Psychoanalytic Education Committee (PEC)

This meeting provided information to the Remote Training Task Force (RTTF) from the Psychoanalytic Education Committee (PEC), which has had the task of administering and to some extent interpreting the current procedural code regarding distance analysis in training when questions from constituent societies have arisen. Many general issues were discussed as a foundation for the PEC members points of view of if or how to make changes to the procedural code, based on their pre-pandemic experience of responding to questions from institutes and their own clinical experiences with distance analysis, supervision, and classes during the pandemic.

The following points, which were generated from the interaction between the two groups, represent a current consensus of the issues involved, possible areas for examination and areas that need to be updated or changed. They include two general topics. The first is general clinical issues related to distance analysis and the second deals more directly with the procedural code.

#### *Clinical/theoretical issues:*

- acknowledging that, while the body is present in a way during remote sessions, it is present in a quite different way as compared to in-person sessions.
- that the “loss of the body” might be more problematic in a situation where an analyst and candidate never meet in person, as compared to a situation where remote sessions occur in addition to in-person sessions.
- understanding the voice as part of the body.
- the importance of the body for “subjectivation”.
- worries that a widespread shift to remote learning will lead to a more didactic experience and impede the “formation” of candidates.
- how the pandemic has created opportunities to think and learn more about the use of remote communications tools in analytic settings, and that it may be too early to come to any firm conclusions.
- that the situation will be different for / need to be evaluated by each analytic dyad.
- the need to treat in-person and remote sessions as unique contexts that each require their own theoretical vocabularies, separate evaluations, etc (i.e., not necessarily immediately comparing the two contexts / judging the remote context against the in-person context).
- worries about how the convenience of remote communications tools might color their use, effects, etc.
- thinking about the desired outcome of psychoanalytic training (i.e., producing competent analysts), about what different routes, means, etc, might be suitable for achieving that end, and about the criteria that can be used to evaluate the outcome of training.

*The following points focused on considerations for possible changes in the procedural code:*

- a general agreement that it would be preferable if remote sessions could be formally counted as part of a shuttle analysis (as a means to enhance continuity and the frequency of sessions).
- trying to articulate / rely more on qualitative criteria that could be used to determine when alternative means of training (e.g., remote sessions) might be appropriate, as opposed to focusing on specifying arbitrary quantitative requirements / limits re: number of sessions, etc.
- the need to refine an understanding of “exceptional circumstances” and of the factors (e.g., proximity to a training institute, necessity vs. convenience, etc) that might be relevant for deciding that a training programme with remote sessions is appropriate.
- the importance of recognizing that the situation will be different in different contexts, for different teachers and different candidates.
- the importance of thinking / learning more about how to use new technologies and media more effectively in educational contexts.
- the need to ask candidates about their experiences with remote training / learning, and a suggestion that the Task Force might try to meet with IPSO for further discussion on this front.
- There was general agreement that there were unique threats to confidentiality / privacy that arose with the use of remote communications tools, and that it was important to take steps to enhance security, as far as is possible.

## Chapter 4

### Evaluation of the Current IPA Regulations on Training Analysis

In this chapter we discuss the current regulations on procedures for training analyses that are part of off-site training. Our review of the relevant sections in the current procedural code reveals flaws, inconsistencies and arbitrary rules that (if possible) should be changed. Furthermore, arbitrary priority is given to presence and location of treatment at the expense of continuity and intensity (frequency of weekly sessions). We saw this as the weakest point in the current procedural code, and one which deserves deep attention.

#### *Section One: Relevant paragraphs on training analysis in the procedural code*

We reviewed the section titled “requirements for qualification and admission.” For the traditional training analysis situation, no specific details are given in the section “Analysis.” Therefore, we referred to the appendix part A for more details for both the Eitingon model and the French model.

The Eitingon Model has the following features:

- *“...It should preferably begin sometime before the candidate begins classes.”*
- *“It accompanies the course of candidacy ...”*
- *“...The candidate must be in analysis with a Training Analyst for a substantial period of time that overlaps with the supervised casework.”*
- *“The personal analysis of a candidate must be conducted at a minimum of three times a week until termination.”*

In the traditional situation of the Eitingon model, which is the most frequent and goes back to Freud, the place of the analysis is not stated. Being in the room together is axiomatic. Also axiomatic is the fact that the number of daily sessions is one session a day. No specific length of analysis is offered. But it is advised that it should overlap a substantial period of the candidate’s training. The minimum frequency of the sessions per week is 3, but most Component Societies using the Eitingon model have chosen for 4-5 sessions a week. The total number of sessions per year is not specified. But assuming analysis takes place 42-43 weeks per year there are approximately 130 sessions per year when meeting 3 times a week, 170 sessions for 4 times, and 215 for 5 times.

In the French Model, the training analysis takes place before admission. Frequency is not determined extrinsically but intrinsically by the analytic couple depending on clinical indications (usually 3-4 times a week). In this IPA-approved model, both the length of the analysis and the frequency of the analysis are not pre-determined. The decisions are made by the couple and not by an outside authority.

#### *Section Two: Concentrated analysis in the procedural code*

This is described in the same section of the Code, “requirements for qualification and admission.” The following features are relevant:

- *“10. Standard IPA training requirements as described in the appendix to this document are limited to one psychoanalytic session per day. However, when, in the opinion of the delegated bodies listed below, time and/or distance considerations place an undue burden on the candidate, the IPA allows concentrated analysis to the following requirements authorised according to the following procedures.”*
- *“11. The IPA requirements for concentrated training analyses are:
  - a) a maximum of two sessions per day and 12 sessions per week;
  - b) such sessions should not be continuous;
  - c) they may be conducted on as many days per week as the analyst and candidate shall agree is appropriate;
  - d) the IPA’s requirements concerning numbers of sessions and the length of the analysis outlined in the appendix to this document should be adhered to.”*

As is apparent, the total number of sessions per week is variable and unspecified. It depends on practical arrangements and the number of days the analysis can take place. As far as we know it is common that concentrated analysis takes place during one (long) weekend every fortnight. This practice of, for example, meeting 20 weekends a year for 4 to 6 sessions results in fewer sessions per year than is practiced in traditional in-person training analyses.

### *Section Three: Shuttle analysis in the procedural code*

The following is based on “IPA policy on remote analysis in training and shuttle analysis in training.” Unlike condensed analysis that can be approved based on “time and/or distance considerations,” shuttle analysis is to be approved in “exceptional situations.” The following features are relevant:

- “12. Minimum requirement for shuttle analysis
  - a. A shuttle analyst or candidate must travel to enable ‘in room’ analysis at least twice a year for not less than 4 years.
  - b. A shuttle analysis must be for at least a total of 10 weeks and not less than 100 sessions a year for each candidate.
  - c. The frequency of a shuttle analysis must not be more than 12 times a week and 2 sessions per day.”*

A lack of definition and inconsistency is present. What would make a training situation “exceptional” is never clearly stated. For the first time the minimum duration of the analysis is set at least 4 years. Previously length was left to be that it “accompanies the course of candidacy” and it covers “a substantial period of time that overlaps with the supervised casework.” Similarly, the minimum number of sessions per year is fixed at 100. Consistency and regularity are ignored in stating that the maximum amount of sessions is 12 a week with 2 sessions per day. Furthermore, remote sessions in between the shuttle periods are not counted, but acceptable.

#### *Section Four: On remote analysis*

The following is from the current code:

*“6. Minimum requirements for remote training analysis*

*“As a premise, 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’.*

*“Although each analytic situation is unique and it is up to each analyst-analysand couple to determine the length of the initial ‘in the room’ period; one of the following minimum requirements must be met:*

*a. Combination of shuttle analysis and remote analysis in training analysis: The usual requirement for shuttle analysis of 100 sessions per year must be maintained, with additional remote sessions to enhance the continuity of the process.*

*b. ‘in the room analysis’ for a minimum of 1 year, until such time that the psychoanalytic process has been established. From then on a continuation with remote analysis, with further periods of ‘in the room analysis’ – a total of at least one month every year.*

*c. ‘in the room analysis’ for a minimum of 1 year, until such time that the psychoanalytic process has been established. From then on a continuation of periods of in the room analysis (e.g. 70%) and a shorter period of remote analysis (e.g. 30%). These percentages could be considered cumulatively or year by year and are left to the discretion of the analyst and the candidate.*

We noted that point “a” combines shuttle analysis with an arbitrary minimum of 100 in the room sessions with additional remote sessions. The remote sessions are counted in some fashion, though it is not clear what they are counted toward since the 100 in the room minimum has been achieved. In point “b” it remains unclear what is necessary after one year in the room. Neither total number of sessions as the sum of in the room and remote sessions nor duration of the analysis is specified.

#### *Section Five: Comparison and Discussion*

The conditions allowing for a concentrated analysis in comparison to the conditions for shuttle analysis are not consistent. The conditions for concentrated analysis are “time and/or distance considerations” while the conditions for shuttle analysis are described as “exceptional.” Despite this inconsistency in the Code, the actual conditions for a concentrated analysis are usually similar to those in shuttle analysis.

The procedures do not address the if and how condensed and shuttle analyses prepare a candidate to analyze a control case in the traditional way; namely in the

room with daily and weekly continuity which is substantially different from the discontinuity of both condensed and shuttle analysis and the higher frequency that takes place.

Implicit throughout the code and our discussion of it is the role the analytic setting has in training. Specifically, how considerations of time, place, frequency, presence, medium and other factors are related to the goals of the personal analysis in training. One task is providing clear but still flexible boundaries around what is the prerogative of the analytic couple and what are the absolute requirements that come from the authority of the governing body as a “third” to the analysis. Some of these considerations are included in the next section.

### *Section Six: On the analytic setting*

The analytic setting rests on many factors. For this discussion we restrict ourselves to the following pair: the place of the analysis and the frequency of and continuity of the analysis, especially the gradual unfolding and safeguarding of an analytic process. Other important factors are not considered here because they are not immediately relevant.

The procedural code rests primarily on the standard of the traditional situation, namely, meeting in the consulting room of the analyst with the expectation of meeting 3-5 times a week. This represents the gold standard of analysis.

Deviations are accepted in “special situations”, or “in exceptional situations” that most often occur in underserved regions. The current procedural code indicates that deviations should be avoided when the underserved regions are adequately served by having training analysts available. However, the current procedural code lacks a precise delineation of this concept of “special” or “exceptional”.

The procedural code is obviously not the place to explain why mere difference becomes value-laden deviations that need to be accepted. The sole purpose is to create minimal conditions for graduating competent psychoanalysts. It is also obvious that there is a lot of reluctance against accepting deviations in the code. It is not the place to explain the fundamental problem that by accepting deviations *de facto* becomes accepting a “lower standard” as “good enough” because the situation does not allow anything else. And once the deviation is accepted, why not allow this newly formulated “good enough” as standard, as “good enough” for all situations?

In the current code, exceptional situations are described in two chapters. Concentrated is in the chapter on the traditional situation, and shuttle and remote in a separate one. This is confusing and inconsistent. As a prelude to later conclusions and our advice it made sense to define two broad situations: traditional situations where candidates have reasonable access to viable local training options and those situations where such access does not exist.

We found many inconsistencies in the code. Basic features like number of yearly sessions, duration of the analysis, acceptance of remote sessions differ across the categories, are left out completely, or are made central in others. An example: The number of sessions in Concentrated analysis remains vague, contrary to the case of Shuttle, but in practice probably the number of sessions in concentrated analysis is

lower than in regular in room analysis. And why does the code count remote sessions in Remote analysis and not in Shuttle? This is not explained and not consistent.

The terms used are inconsistent reflections of historical use. “Concentrated,” “shuttle” and “remote analysis” suggest that they are quite different. But this is not the case. It is a form of reification of differences that risks profound misunderstandings. For example, Shuttle analysis can be seen as another form of travel-based Concentrated analysis rather than a separate thing in itself. Or, Remote analysis can be re-phrased as a low frequency shuttle analysis with acceptance of remote session in between the in-person meetings.

The length of treatment is addressed in both traditional and nontraditional training analyses. However, the approach is quite different for these two cases. For traditional training analyses, it is stipulated that candidates be in analysis for a substantial period while treating their supervised control cases. This is based on the familiar idea that candidates often regress during their training classes due to the pressure of being in analysis, the tensions from doing analysis while being supervised on control work, and being in class where cohort effects can generate their own regressive pressures. The training analysis supports their formation during this critical time of transformation and growth. However, what is meant by “a substantial period” is not specified, which is a useful way to frame standards that can both be flexible and imply the central importance played by a training analysis. In contrast, with off-site nontraditional training analyses, the length is described per year without a sense that it is there to support the candidate’s lived experience learning to be an analyst. It becomes a hurdle to overcome rather than an experiential opportunity.

All of this led us to conclude that the current procedural code arbitrarily gives excessive priority to the place of the analysis while sacrificing the importance of continuity and intensity (frequency each week). We realized this imbalance is the weakest point in the current procedural code and one that deserves ongoing deep attention.

### *Section Seven: Conclusion of review of current procedural code*

We are aware that the training analysis is only one and not the only pillar of the experiences essential for training competent analysts. It is important to recognize that didactic engagement, supervised control work, and involvement in the psychoanalytic community all contribute to the formation of a qualified analyst. It is important not to view any one pillar in isolation as there may be contributions from experiences in the other venues that might supplement the experience of non-classical training analysis.

Finally, and in conclusion, the extant procedural code has many flaws, inconsistencies, and arbitrary rules and (if possible) should be changed.

## Chapter 5

### Contrast: In-person Psychoanalysis and Teleanalysis

We would like to begin with our consensus about psychoanalytic treatment. The clinical process of psychoanalysis aims to identify transference, countertransference, unconscious fantasy, and unconscious motivation. As a practice, it utilizes interpretation, dream analysis, and free-floating attention (without memory or desire) on the part of the analyst. There needs to be a clear and consistent frame with regard to place, time, and frequency. It is meant to be completely confidential, which promotes an atmosphere of trust, openness, and safety.

Every aspect of psychoanalytic work is affected by moving from an in-person modality to a technologically mediated one. There also are important distinctions to be drawn between audio-only psychoanalysis and psychoanalysis conducted with the use of a screen in which one or both parties are “seen” (virtually). We will refer to the latter as teleanalysis. (Our choice of this term and “off-site” treatment, instead of “remote” analysis, is discussed in the next chapter).

#### *Clinical Process*

**Transference** arises in all forms of treatment, but what form it takes and the order in which it arises differs by modality. We are very familiar with the development of transference when the analyst and analysand are in the same room as two bodies in a predictable setting. The very consistency of it allows the intense reactions that arise to be salient and, over time, able to be interpreted. The presence of the two bodies in the same room with dependable frequency (3-4-5 times/week) allows for early and later developmental experiences to be viscerally experienced: e.g., a patient enters the consulting room and walks by the analyst. The analyst’s bodily presence is seen, sensed, and sometimes actually felt by the patient (with a handshake, for instance). The associations to the two bodies easily follow. The associations may be to an early caregiver, an adolescent partner, or an adult lover. Most importantly, they are experienced by the two bodies in the same place. When a patient feels longing or passion, the analyst senses that feeling. It is shared in a way that involves not just seeing or thinking, but sensing on the part of both members of the analytic dyad.

Entering into the clinical process of the analytic dyad in an audio-only medium or on-screen is auditory and/or visual and auditory. The sensing that is engaged in a room when both parties are physically present is markedly different. The earliest awareness, through the body ego, is very difficult to engage when both parties are not physically present. The screen-based or audio-only exchange may be more fragile, perhaps even more intellectual. Take the example of silence in the dyad: when two bodies are present, silence provides opportunity for the analyst’s free-floating attention to intuit what the patient is feeling. In the audio-only medium, there is a complete break. On the screen, the analyst may witness expression or motion on the part of the patient, but it is more difficult to sense what the patient may be feeling. The complete break is fodder for transference reactions of all kinds – the patient fills in the blank with historical experiences that create transference:

what is the silent analyst thinking? Imagining? This is possible when both parties are in the room, but the “break” is more complete when they are not. The potential for feelings of abandonment, for instance, are greater than might be the case when both people are in the same (familiar) room.

Not being in the same physical space creates other “blanks.” The analysand wonders – when on the telephone, for example - where is the analyst? is the clinician lying down? sitting up? in a bedroom? a bathroom? And, if there is a screen in which the analyst is visible – the patient may stare, trying to glean what is on the analyst’s mind – and would be straining to derive a “sense” of the analyst, but would find it *much* more difficult than would be the case if there were two bodies present that could intuit each other. These fantasies lead to reactions on the part of the patient, transferences related to what is imagined.

In instances where transference is very intense, such as those of erotic love or hatred, or extreme aggression – the physical presence of the two bodies can attenuate the transference in ways that the physical distance of teleanalysis or screen analysis may not. There is safety in the distance that may make the intensity of feeling stronger, sooner, than might be true when the analytic dyad is in the same room.

The use of an audio-only medium can enhance the potential for such transferences: when the only contact a patient has to the analyst is through a telephone, for instance, the voice and breathing and extraneous noises coming from the analyst’s side of the dyad can feel especially frightening or frustrating or seductive. It is harder to sort them out and easier for the analysand to feel an exaggerated response as a result.

It is important to distinguish between treatments that begin with in-person and evolve into teleanalysis and those that are exclusively off-site with regard to the development of transference. Where the treatment had been in-person for a significant amount of time, the transference would develop as is usually the case. It would then be the differences in the transference that evolve in the off-site treatment that would need to be addressed as such: e.g., if an analysand begins to represent the analyst with some regularity in different physical spaces or clothing than had been the case previous to the shift to off-site treatment, or the representations of the analyst begin to take on a decidedly more intimate form after there is a shift to audio-only analysis.

**Counter-transference** is correspondingly variable. When in the room with a patient, analysts find themselves having all kinds of reactions to the presence and words of the patient. These reactions are responses to the real person and what is being communicated. The degree of the analyst’s reaction may be personal to the analyst, but the material being reacted to is in the room, and subject to a greater degree to an agreed-upon (consensual) reality. When the relationship is being conducted on the telephone, the analyst does not know where the patient is, whether the patient is dressed, lying down or sitting up, in a private space or one in which they can be intruded upon...the analyst’s imaginings can run the gamut. The analyst is “filling in the blanks,” and reacting counter-transferentially to any of those imaginings.

The use of a screen permits the analyst to see where the patient is, how the patient is positioned, and what the patient is wearing, but not what else is happening in the space or who else may be around. The blanks to be filled in thus have a different

character. It is easy for the analyst, for example, to feel anxiety about the privacy of the situation.

In an audio-only medium, the analyst is listening carefully to the breathing and voice of the patient, straining to access as much as possible from this compromised connection. This has resonance to the way a caregiver attends to an infant. The listener may have imaginings about what else the patient may be doing, they also may have personal associations to intimate situations – being in the dark with someone with whom you are very close, hearing their breathing, their voice.

Again, when a teleanalysis has begun in-person, sensitivity to the differences between the countertransference in-person and the countertransference in off-site treatment need to be attended to and addressed. We do assume that differences will develop.

The absence of two bodies in a room provides wide territory for **unconscious fantasy and motivation**. Where there are large gaps to be filled in, the unconscious can and does actively fill the space. Of course, this is always the case, but there is a difference of degree when each party in the analytic dyad is visible and felt. It is harder to have the fantasy that the analyst is knitting when you are in the room with the analyst – the patient would hear the needles clicking, and the rustling. When on an audio-only medium, how does the patient know what the analyst's hands are doing? And the slight noises of knitting would be difficult to discern. Where there are large gaps, there is much room for a patient's active imagining, feeling, and connection to historical experiences of absence, abandonment, and variable motivations and reactions on the part of the unseen person.

### *Clinical Practice*

**Interpretation** is potentially more challenging when the analytic dyad is not in a shared space. When an analyst makes an interpretation, corroboration is ascertained by all of how a patient responds – through associations, words, *and* how their bodies react. The analyst is able to gauge, both qualitatively and quantitatively, how the patient has heard and assimilated the interpretation. When the only communication is through the voice, as is true as is true in an audio-only medium, the capacity of the analyst to have a sense of *knowing* how a patient has reacted to an interpretation is compromised. It is not impossible to know how the patient has received the interpretation, of course, but the analyst must rely upon what the analyst *says* far more than would be the case were the two in the same space. More information to the analyst is available when the patient is seen on a screen, but still less than would be the case in a shared space.

It may be that it takes longer for the analyst to feel confident in making an interpretation when there is less information available to them in the way of corroboration. It may be that the analyst needs to discuss more with the patient about what the analyst believes may be true or present an interpretation with a greater degree of tentativeness. These are speculations – we need more discussion and comparison among colleagues to ascertain what experiences we have of interpreting while working off-site.

**Dream analysis** proceeds as usual in both in-person and tele-treatment, but the content of dreams themselves may well be different. The absence of two bodies

may create more longing for presence and physical closeness, and not seeing each other may create desires and fears that differ: i.e., analysts have reported more dreams of the dyad being in bed together, on a couch together, and the presence of a blind person that represents the analyst.

Analytic listening is deeply affected by not being in the same room with a patient. It is much more difficult to maintain **free-floating attention** when only hearing a voice or being on the screen. There are multiple distractions, including having to hold one's body in the same position (on screen), or control the noise in the surrounding space (with audio-only or on a screen), and to attend especially carefully to how to modulate the voice when that is the sole form of communication or there may be technological distortions.

Technological distortions and disruptions are commonplace when using the telephone or any form of screen treatment – either through Bluetooth blips or internet glitches. These disrupt the analytic listening process.

When the analyst is in a consulting space that doubles as something else in their private lives, as can easily be true when the treatment is either on the telephone or on a screen, distractions related to the room's other purpose can occur that make evenly-hovering attention far more difficult to sustain: e.g., hearing someone's footsteps or other noises in another room, seeing a phone light up, noticing a child arriving home.

There is no question that it is more difficult to create and maintain a consistent **frame** in tele-treatment. Each member of the dyad needs to play a role, if there is to be consistency and an optimum degree of privacy – and it is often extremely difficult to ensure that it can occur. It is usually primarily the responsibility of the analyst, but in remote work patients have responsibility as well. Patients may not have predictable places that they can go and have privacy, for instance, they may not have couches upon which they can lie, or even chairs in which they can recline (if they are accustomed to using a couch in the analytic consulting room). There may be interruptions from family members, for either partner in the analytic dyad. All of this can make analytic safety more difficult, which creates potential interruptions in forming and maintain relationships of trust and openness. At the same time, these disruptions and interruptions may present us with opportunities for exploration of experiences that we might otherwise not have had. As always, information is grist for the mill!

Confidentiality is more difficult to protect in teleanalysis. There are more potential interruptions for either the analyst or patient and there is less assurance that a telephone line or virtual application for communication is securely private. This can make the establishment of trust and safety in the analytic endeavor harder.

### *Conclusion*

We have outlined the ways in which we see audio-only and screen analysis as both the same as and different from in-person analysis. Much about the process and practice is the same, in terms of what we as analysts see ourselves as doing, though we are aware of the special challenges and opportunities of experiences of the body and its representations that remote psychoanalysis presents. What we have highlighted are the possible differences, difficulties and prospects offered in

working when we are not in-person. To our minds, this does not preclude doing teleanalysis, it merely points out the special challenges that this kind of work presents, and the need for special training in doing it.

The pandemic has provided most of us with opportunities to see the ways in which psychoanalysis can be conducted on an audio-only medium and on the screen first-hand, which we have learned from and appreciate. There are many who have conducted treatment in these ways previous to the pandemic as well. It is important to cull our knowledge to develop our thinking about these different modalities.

## REFERENCES

Björklind, Ch.(2019) Forms of presence and absence in a digital age, *The Scandinavian Psychoanalytic Review*, DOI:10.1080/01062301.2019.1598747

Burdet , M (2020) Love in the time of the Internet .Do you l@ve me or do you follow me? Underbau. Madrid.

Carlino, R.2010: Psicoanálisis a Distancia, Buenos Aires, Editorial *Lumen*.

Gabbard G. Cyberpassion: E-rotic transference and the internet, In *Psychoanalysis in the Technoculture Era*. Routledge 2014

Leffert, m. (2003) Analysis and Psychotherapy by Telephone: Twenty Years of Clinical Experience- <https://www.ncbi.nlm.nih.gov/pubmed/12731800>

[Lemma A \(2017\) \*The digital age on the couch. Psychoanalytic Practice and New Media\*. Kindle](#)

Lévy, Pierre.1995: Qué es lo Virtual, *Ediciones Paidós Ibérica*. Barcelona 1999.

Lindon, J. Psychoanalysis by Telephone. [Bulletin of the Menninger Clinic](#); Topeka, Kan. [Tomo 52, N.º 6](#), (Nov 1, 1988): 521

Lutenberg, J. 2010 Tratamiento Psicoanalítico Telefónico. Ed.Siklos.

Manguel, L: 2018: Proximity and Distance in Teletherapy, Chap. 6, *Psychoanalysis Online 4*, Edited by Savage Scharff, J; Karnac Books.

Marzi, A. (2016). *Psychoanalysis , Identity and the Internet: Explorations into Cyberspace*. London. Karnac Books

Russell, G. I. & Essig, T. (2019). Bodies and screen relations: moving treatment from wishful thinking to informed decision-making, In Govrin, A., & Mills, J. (eds.) *Innovations in Psychoanalysis: Originality, Development, Progress*. Routledge, London.

Turkle, S. (2015) *Reclaiming conversation: The power of talk in a digital age*, Penguin Press HC

## Chapter 6

### Results and Discussion

In this chapter, we discuss the first three issues of our mandate.

#### **1) Examine the current state of understanding about all aspects of “remote” analysis in training.**

To address this question, we sent a survey to all the institutes and societies in the IPA and held meetings with ING and PEC. We sought to gather information about their use of remote analysis in training, pre-pandemic and during the first months of the pandemic.

The web-survey included questions about both the pre-pandemic state of off-site psychoanalytic training and how IPA training centers were responding to the pandemic. Unfortunately, less than half of organizations currently training candidates to become IPA analysts responded to the survey. This limited sample showed that prior to the pandemic teleanalysis in training was rare, in both absolute terms and in comparison to the use of shuttle and condensed training models. But when a training center did train off-site candidates with teleanalysis then they did so routinely. After the pandemic, teleanalysis was used by almost every training center that responded to the survey.

The meeting with ING made clear that there are significant differences between Europe and Latin America with respect to their pre-pandemic use of remote analysis in training. EPI (Europe) did not accept remote analyses for training. In contrast, ILAP (Latin America) has for some time accepted shuttle and condensed analyses for training.

The meeting with PEC made clear that requests for permission to use remote analyses for training were rare. In these rare instances, permission was usually granted. The requests came after careful consideration of alternatives and an expressed recognition of the potential limitations of remote analysis. They also noted that remote analysis was accepted by ApsaA in some circumstances, but candidates whose personal analysis was conducted remotely were not eligible for IPA membership.

We invited the candidate organization, IPSO, for a meeting - but they did not take up the opportunity we offered.

#### **2) Review whether “remote” training analysis - for example, as it has been practiced in The Asia -Pacific, has produced trained analysts who meet IPA standards of competence and capability.**

Our meeting with ING made clear that candidates in the Asia-Pacific program had shuttle analyses, which conform with IPA regulations. We did not have the opportunity to pursue obtaining information from other institutes that utilize remote analyses that involve analyses conducted without in-person meetings. Anecdotal information suggests that candidates and supervisors who participated in

such trainings were largely favorable about the experience. This is an issue that needs further exploration.

**3) Review the current policy and consider whether a new policy should be adopted for “remote” training analysis and, if so, suggest what it might be.**

We discussed several aspects of this issue. These discussions lead to what we recommend in the final chapter but let us outline some of the issues that arose in our meetings.

Clearly, our discussions must be seen as based upon our current degree of knowledge. We know far more about in-person analysis than we do about “remote” analysis. The pandemic undoubtedly will lead to further exploration of the particular characteristics of remote analysis. As a result, our recommendations may need to be reformulated in a relatively short period.

The current procedural code formulates four categories of training analysis with corresponding rules. Those categories are: “regular” analysis, condensed analysis, remote analysis and shuttle analysis. In chapter 4 we extensively describe the flaws in these four categories and corresponding regulations and come to the conclusion that they are far from consistent or coherent.

We advise that the number of categories and corresponding regulations need to be lowered from 4 to as few as possible. And most important: the exclusive emphasis on the place of the session, at the expense of other aspects of the analytic frame, has to be changed in a way that reflects a better balance with regard to frequency, consistency and place of meeting.

We reviewed and discussed extensively the very different wordings of the situation where analysand and analyst do not meet in the room. We focused on how value-laden some of the terms were and our preference was that they be more neutral. “Remote,” for instance, can be seen as meaning, aloof, distant, or cold.

We would advise a shift to using “teleanalysis” to describe analysis that takes place without the physical co-presence of analyst and analysand; and “telesession” to describe appointments that take place off-site. When the analyst and analysand are in the office together, we would use the term “in-person analysis.”

In a similar vein, we see disadvantages in using words such as “exceptional” or “special” when referring to circumstances that warrant “condensed,” “shuttle,” and “remote” analysis. First, the situations have not been and are not actually “exceptional.” And second, those terms obscure that it is the different training situations that makes these changes necessary. We advise that we more carefully define the situations in which a viable local training option may not be present.

In chapter 5, we describe some differences between in-person analysis and teleanalysis. Each form of psychoanalysis, analysis in-person and teleanalysis, has its strengths and limitations. We determined that it is possible to have an analytic relationship and analytic process in teleanalysis that is both similar and different from the kind of relationship and analytic process that exists in in-person psychoanalysis. This was documented before the pandemic and now is more widely seen, because of the pandemic. It also became clear to us that the differences

between these two forms of treatment need to be explored in training courses and supervision in each institute that allows the two kinds of work to be practiced.

Our final recommendations have two foundations. The first is that teleanalysis is similar enough for it to be a part of the minimum conditions necessary to graduate competent analysts. The second is that teleanalysis is different enough to limit its use and to require additional training experiences to compensate for those differences.

We discussed the option of formulating only one set of rules, applicable in all situations, but decided against it. Though it could clearly simplify matters to have only one set of regulations, there needs to be more understanding of each of the different situations.

As a consequence, we advise that we keep distinctions between situations where there is reasonable access to a local training option, an institute or center, and a training analyst and those situations where there is not. We recognize that “reasonable access” is an imprecise term. This is purposeful, so that the procedural code can be flexibly applied on a case-to-case basis.

This means that two sets of regulations are needed: one for the typical situation in which there is a local option for a training analysis (in-person) and one for when this does not exist. In the latter situation, when there is no local option, we would combine what had been three different sets of regulations (for condensed analysis, shuttle analysis and remote analysis) into one set.

When there is a local option to have the training analysis in-person, a possibility to have a certain, but limited number of telesessions, should be opened. This in case coming to the office is (temporally) not possible. We will formulate a limit to the portion of telesessions in this situation.

We extensively discussed the situation in which there is no local option for training. We thought about who has the authority to decide when to meet in-person and the number of in-person sessions that might be needed/obligatory in cases when there is no local option. We arrived at a consensus that the requirements should not be too narrowly defined, so that the analytic couple and the Training Committee involved would have flexibility in deciding what was best on a case-by-case basis (within certain boundaries). We felt, however, that full authority should not rest with the local group. An outside authority is still needed, one of the reasons being to minimize the risk of unconscious collusions.

To reiterate, we concluded that in-person sessions are strongly recommended but that we would not exclude training those candidates who cannot (frequently) come to the office of the TA. Our choice is to indicate a minimum of in-person sessions, with flexibility in the way decisions are made about how many sessions, and when in the treatment these sessions take place.

We recognize that there are situations that meeting in -person can be very limited, because the candidate cannot travel due to a medical, geographical, political or financial reason. In those situations, an exception to fulfill the entire set in-person sessions can be requested. An external body like PEC could be the organ who has the authority to approve.

Institutes that offer a full tele-training, not only teleanalysis for training but also tele-courses, tele-supervision etc. exist. Sometimes the candidate has never met her/his analyst/teacher/supervisor in the room. To open this possibility in the IPA in

an unlimited way, is not what we advise. But really exceptional situations exist (see also previous paragraph). This in combination with the need for the IPA to find an answer to the new developments in technology, it is wise to gather experience with this (nearly) full tele-training inside the IPA. We suggest that the IPA tries to promote and encourage research in this field.

When the training analysis is conducted (to a large extent) with telesessions, we strongly advise education on these differences at the institute level.

All the above made considerations will have consequences for the TA's and the institutes when training analysis and other aspects of the training are offered technologically mediated. It brings new responsibilities and puts requirements on them. Additional training in this telemodality is necessary and obligatory: e.g., have classes on the difference between tele working and in-person meeting, TA's and SAs should be required to have additional training. Simply putting a camera in the office and class is not enough to deal with the complex situation of telework.

In summary: our final recommendations have two foundations. The first is that teleanalysis is similar enough for it to be part of the minimum conditions necessary to graduate competent analysts. The second is that teleanalysis is different enough from in-person analysis to limit its use and to require additional training experiences to compensate for these differences.

## Chapter 7

### Recommendations

We suggest the following minimal standards for the training and education of competent analysts in our technological age.<sup>1</sup> We want to emphasize from the very outset that any institute, society, or training center may add to these minimal standards in ways that are consistent with local attitudes and practices.

The principal consideration for making a decision regarding requirements for a candidate's training analysis is whether or not they have reasonable access to a local training center and a local training analyst. An additional consideration is whether occasional travel is possible or whether such travel, for economic, for medical or political reasons, is not reasonable. How these features combine is what we understand to be the "situation" in which the training takes place. We considered three situations. The first, and traditional, situation is on-site training including reasonable access to the training analyst's office. The second is when there is not reasonable access to such training and some travel is a reasonable option. The third situation is when there is no reasonable access to such training and some travel is not a reasonable option. Whether or not "reasonable access" to a local institute and training analysis is present will be determined through a consultation between the local institute presenting the candidate's training plan and a committee of the IPA (to be determined). The consultation should precede the start of training.

#### ***Situation One: On-site***

When there is reasonable access to a local institute and training analyst the IPA should require traditional in-person training in which the vast majority of training analysis sessions take place in-person. We suggest the following additions:

Training centers have the option of allowing occasional telesessions in the training analysis when it is called for as determined by the analytic dyad. These sessions will count towards graduation requirements. We propose that telesessions be used in limited ways so that the vast majority of sessions be in-person. Training centers have the option of not allowing any telesessions and of setting a limit on the maximum number of telesessions.

When a training center allows for occasional telesessions then we suggest the IPA recommends the following:

---

<sup>1</sup> The following recommendations should replace and/or add to the relevant paragraphs in the existing procedural code. In brief: the paragraphs on CONDENSED ANALYSIS, REMOTE ANALYSIS and SHUTTLE should be deleted. Our recommendations and suggestions should be introduced in Appendix B in the paragraphs on PERSONAL ANALYSIS, CURRICULUM AND THEORETICAL SEMINARS, SUPERVISED ANALYTIC CASES, and QUALIFYING. Our recommendations should also be incorporated in the "Requirements for the Appointment of TRAINING ANALYST and Interim TRAINING ANALYST" especially paragraphs "Preliminary Requirements for Eligibility as a Potential Training Analyst" and paragraph "Procedures for Selection".

- TAs and SAs should participate in a formal educational activity (e.g., a seminar or reading group) on the theory and practice of teleanalysis.
- the training center should modify their curriculum to include a seminar on the theory and practice of teleanalysis.

In addition, when a training center allows for occasional telesessions the IPA should recommend other educational options be considered, but always be mindful of not burdening candidates and faculty with too many requirements:

- an additional and optional control case conducted primarily via technological mediation
- an in-person reading/supervision group for candidates with teleanalytic control cases
- peer-to-peer consultation and reading groups open to the entire faculty about the theory and practice of teleanalysis and psychoanalytic teletherapy.

### ***Situation Two: Off-site with travel***

When there is no reasonable access to a local institute or local TA and when some travel is possible the IPA should formulate requirements that balance frequency, continuity, presence, and practicality. When traveling to meet in-person the maximum is two sessions in one day. The rest of the year, the analyst and analysand work by telesessions with requirements for frequency and continuity consistent with the training center's usual practices. Those telesessions should count towards graduation. The purpose of combining in-person sessions and teleanalysis is to maintain the continuity of the sessions and by that of the analytic process while keeping the yearly amount of sessions similar to Situation One.

The decision on how to meet the in-person requirement should be determined by the analytic dyad with consultation from the local Training Committee (TC). However, we suggest the IPA recommends two templates for minimum requirements depending on whether the in-person sessions are conducted twice daily or once. As a way to achieve a good balance we recommend the total number of in-person sessions approximates the equivalent of one session per week. For those who choose to meet twice daily, 4 weeks a year of in-person sessions for a total of between 40 and 48 sessions per year. When the analytic couple prefers to maintain continuity by continuing to meet once daily then the minimum number of weeks that in-person sessions are conducted should be higher to compensate. However, balancing practicality is important. So we do not suggest simply doubling the number of weeks. We suggest a minimum of 6 weeks a year of in-person work at one-session per day for a total of 30 - 36 sessions per year.

When a training center allows for off-site training by combining travel-based in-person sessions with telesessions then the IPA should require that TAs and SAs participate in a formal educational activity (e.g., a seminar or reading group) on the theory and practice of teleanalysis.

When a training center allows for off-site training by combining travel-based in-person sessions with telesessions then the IPA should require that the usual

number of control cases be conducted in-person with the same limitations on telesessions as exist for the training analysis.

When a training center allows for off-site training by combining travel-based in-person sessions with telesessions then the IPA should strongly recommend that the training center modify their curriculum to include a seminar on the theory and practice of teleanalysis.

When a training center allows for off-site training by combining travel-based in-person sessions with telesessions then the IPA should explore additional requirements and activities such as the following:

- an ongoing reading/supervision group for candidates about their teleanalytic control cases that should include as many in-person attendees as possible
- peer-to-peer consultation and reading groups open to the entire faculty about the theory and practice of teleanalysis and psychoanalytic teletherapy.

When a training center allows for off-site training by combining travel-based in-person sessions with telesessions then the IPA should require the training center to conduct a periodic technology review ensuring that SAs and TAs are fluent in the use of currently available communications technologies (e.g., Zoom or WhatsApp), including the limitations on confidentiality they present. The training center will provide whatever additional instruction and technological help is necessary. In addition, since seminars are also being taught in a hybrid on-site/off-site model, the IPA should require training institutes have procedures to ensure the following:

- distance education technologies being used are current
- the teaching faculty is aware of distance education best practices in hybrid on-site and off-site models and are in the process of implementing those practices relevant to psychoanalytic education.

### ***Situation Three: Off-site without travel***

The situation where candidates do not have reasonable access to a local institute and local TA and face the additional problem of not being able to fulfill the in-person requirements listed above presents unique challenges. In this situation an alternate training plan needs to be formed that recognizes the training analytic couple, as well as supervisors and teachers, may never meet in person, or do so only rarely. This plan needs to be presented by the Director of Training (or some other institute representative) to an IPA body outside the institute. This body needs to be determined. It may be a regional body or PEC or a multi-institute (or even multi-national) training committee. This presentation should include why minimum requirements for in-person work cannot be met, what is possible for in-person sessions, what additional requirements will be present as experiences to augment the lack of an in-person personal analytic experience, and what the transition plan is for the eventual establishment of in-person psychoanalytic training in that location.

In evaluating that plan the IPA should require everything present in Situation Two. Continuity and total yearly amount of sessions is equal with Situations One and

Two. In addition, the presented plan should include other elements specific to that training center and to the candidate location. But it must include the following additional minimum requirements:

- Candidates must have the same number of in-person control cases as the training center requires of on-site candidates plus an additional teleanalytic control case.
- Candidates review their work with an advisor who is familiar with the use of technology in treatment. Together they help the candidate prepare a written presentation describing the similarities and differences in their experience providing and receiving psychoanalytic care in-person and or online.
- Candidates engage in additional experiential learning relevant to the unique experiences afforded by emotionally challenging psychoanalytic in-person experiences. We encourage creativity in formulating this aspect of the alternate training plan.
- Supervisors participate in a peer consultation group specifically directed to how to be alert to blind spots and unanalyzed in-person issues that might interfere with a candidate's control work.
- All candidates who participate in Situation Three training programs will be guaranteed admission to the IPA provided they fulfill the usual requirements for qualifying for membership.

We also recommend that all institutes using this means of providing a training analysis research the results of their experience and present them to a standing IPA committee who will review the results of this training model to see if it continues to train minimally competent analysts when the situation does not allow for any significant in-person training analytic experience.