Is Physical Proximity Essential to the Psychoanalytic Process? An Exploration Through the Lens of Skype?

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Is Physical Proximity Essential to the Psychoanalytic Process? An Exploration Through the Lens of Skype?

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The focus of this paper is to raise questions about the essential elements of the analytic process and whether they can be met when we move to technological modalities like Skype or the telephone. To the extent that therapeutic action is grounded in implicit, procedural, nonverbal communication the entire body is implicated in the analytic dialogue. To varying degrees technological modalities limit access to the information communicated via the body. Even when the Skype web-cam offers visual access to our patients, I argue that the quality and impact of information communicated between the various sense modalities, both intrapersonally and interpersonally, will be dampened, thereby compromising the quality of information exchanged in the nonverbal domain. Philosopher Shaun Gallagher (2005) argued that due to the cross-modal linkage between the visual and proprioceptive senses, when we see someone we "see" them with our whole brain, including the extended nervous system. That is, we use our whole body "to see" the person with whom we are in dialogue. As psychoanalysis increasingly engages technology we need to consider the repercussions of how limitations to information communicated by the body in the nonverbal domain influence the analytic dialogue.

One wonders if the idea of using modern technology in the form of the telephone, as an adjunct to psychoanalytic technique, will be met with horrified resistance, or whether most analysts are already far ahead of this in their thinking and anticipate experimenting with televisual communication if and when this becomes practicable.

(Saul, 1951, p. 287)

INTRODUCTION

Echoing Saul's (1951) "*A Note on the Telephone as a Technical Aid*," this paper presents a beginning exploration of the use of televisual technology (Skype) in psychoanalytic therapy, with which Saul imaginatively predicted future analysts would have to grapple. Saul's paper, describing his serendipitous discovery of the telephone as a highly useful technical tool that helped his patient overcome her intense transference reaction, began the slow shift from analytic treatment being

conducted solely within the walls of the analyst's office. With only a few exceptions, little else was written on the subject of using the telephone until the 1970s and 1980s (Lipton, 1988; Miller, 1973; Robertiello, 1972; Shepard, 1987). And then, again, around the turn of the last century a significant number of publications appeared discussing ways of conceptualizing the use of the telephone, in analytic work (Aronson, 2000, Leffert, 2003; Lindon, 2000; Moses, 2005; Plummer & Stark, 2000; Richards, 2001; Spiro & Devenis, 2000; Strean, 2000; Zalusky, 1998, 2000).

In many, if not most, of the earlier papers it was the patient who initiated the request to use the telephone, often in the face of the analyst's either active resistance or at least reluctance to take up what they imagined to be an inferior mode of doing analytic work. Questioning the view that the loss of visual information "creates such an insurmountable challenge that meaningful work cannot proceed," Spiro and Devenis (2000, p. 72) reported, along with others (Leffert, 2003; Plummer & Stark, 2000; Robertiello, 1972) that they were surprised by the positive outcomes of telephone therapy. In fact, consistent with the claim that is often used to justify use of the couch, Spiro and Devenis argued that the absence of visual and nonverbal cues can in some circumstances make the telephone a superior form of treatment in its own right (p. 52).

It seems that Saul's fantasies of horrified resistance, whether real or imagined, have been worked through, and well, everybody's doing it. Or, almost everybody. In 2001, a survey of 120 members of Division 39 of the American Psychological Association (the psychoanalytic division) indicated that 83% of analysts had used the telephone in their work in the two years prior to the survey and that 86% would be willing to use the phone if there were no alternative to disrupting the treatment (Richards, 2001). But the telephone is not the only technological medium being actively utilized and discussed as part of the contemporary psychoanalytic armamentarium. Increasingly, there have been publications discussing the issues surrounding technology, including Skype (Bassen, 2007; Sachs, 2003; Savege Scharff, 2010; Yamin Habib, 2003; Zalusky, 2003). The International Psychoanalytic Association recently reported how a group of panelists shared "their experimental work in the practice and teaching of psychoanalysis using the telephone and Skype" (Savege Scharff, 2010), indicating that the IPA is actively working to come to terms with the technological world in which psychoanalysis currently finds itself. Perhaps this is most evident in the IPA policy that "approved the use of Skype or the telephone in exceptional circumstances for the purposes of training candidates." But such reports aside, there is little in the literature to date about the impact of Skype on the psychoanalytic process. Snyder, (2009, pp. 1–17), founder and president of the Chinese American Psychoanalytic Alliance (CAPA),[1] says that "Skype is twice as good as the telephone" because there is visual contact and, because unlike the phone, it is totally secure. But despite her positive anecdotal assessment she recognizes, and I concur, that "research is needed to demonstrate that the Skype analyses of the Chinese candidates is as good as other analyses."

Skype has been described as a disruptive technology, a term coined to describe a new technology that unexpectedly displaces established technology (Christensen, 2009). And, like Alexander Graham Bell's "electrical speech machine," it seems likely that with the maturation and refinement of Skype there will be a paradigm shift in the general population so that this mode of communication will be extensively engaged. We already see how this paradigm shift has begun to infiltrate our psychoanalytic world. Certainly, what I found striking, as I began to think about the technological landscape and how it relates to psychoanalytic practice, was the sense of a

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[1] CAPA has been training Chinese candidates in psychoanalysis since 2008.

tremendous power behind consumer-driven or business savvy changes. It seems clear that hungry consumers, and I mean both patients and practitioners, of the contemporary technological culture will, if not drive, at least influence the shifts in our analytic practices as they begin to articulate what they think are the desirable or acceptable modes for analytic engagement. In discussing the distinctions between psychotherapy and psychoanalysis, Stern (2009) and Aron (2009) note that the marketplace can and does influence how we define our analytic task. With the introduction of the Internet, we see psychoanalytic practitioners willing to shift their views on how analytic dialogue can be conducted. E-mailing and SMSing one's therapist has become increasingly common, and not only for handling administrative issues (Gabbard, 2001). While some analytically oriented practitioners "don't allow that," such patient communication is increasingly becoming accepted as part of the newer generation's "natural" mode of relating, and many analysts not only are open to these avenues of communication but in fact have begun to theorize their broader meanings. For example, texting or e-mailing might be seen as an avenue for allowing otherwise dissociated self-states to enter into the analytic dialogue.

SKYPE AND THE ANALYTIC WORLD

Practitioners ready and willing to use Skype are steadily carving out a place for themselves. North American analysts (under the auspices of CAPA) are using Skype to conduct training and therapy with Chinese candidates as part of engaging the Chinese interest in psychoanalysis. One of my Australian colleagues presented a paper about Skype at the last IARPP conference (de Torres, 2010) just ahead of launching MyPsych.com, an online psychotherapy clinic that uses Skype and a web-cam to assist clients. The Internet is beginning to see increasing numbers of practitioners advertising and/or conducting psychoanalysis or psychotherapy via Skype. And I imagine many who are already using Skype don't advertise (yet) because of the legal and licensing issues that ensue as the treatment crosses state and/or international lines. Robert Bosnak (personal communication, August 31, 2010), who writes about embodiment, ironically, runs his international practice using Skype in conjunction with infrequent in-office sessions. Bosnak sees 50% of his clients who live in Japan, Australia, South Africa, and China in this way and has been using teleconferencing technology for 14 years (in its pre-Skype mode as more primitive small-scale Internet Protocol video programs). After meeting with Bosnak on Skype, it seems clear to me that he has something to teach us about engaging with this modality. His comfort and ease is strikingly different to anyone else I've "Skyped." Significantly, not only does he place himself in relation to the screen and camera so that his patients can see him from the waist up, he also uses a large screen (27 in.) so that he can see a version of his patients that is larger than a typical computer screen. As I hope will become clearer throughout the paper, this is no small thing.

Bosnak is well ahead of the game in this modality, but a new generation of therapists is moving in the direction he has taken. Their stated motivations for engaging treatment using a technological modality are varied. I have a colleague who told me that his patient, who is a therapist, wanted to try using Skype for one of her triweekly therapy sessions because she wanted some exposure to the technology as a patient before she started to use it as a marketing tool to build her own practice. Symington (personal communication, August 4, 2010), related that Skype is a well-established part of some of his colleagues' analytic practices. He says in crowded cities like London and Japan, analytic patients think that three, four, or five times a week in-office sessions are just no longer feasible. With congested traffic and limited parking it is now not uncommon for patients

to supplement some of their in-office meetings with Skype sessions. I expect that some of the stated motivations for using Skype will follow those for using the telephone, including the needs of patients in remote areas (Robertiello, 1972) and the desire to maintain the treatment in the face of the analyst's or patient's relocation (Plummer & Stark, 2000; Warren, 2000), for impasse consultations (Elkind, 2000), or as a transitional space (Aronson, 2000). My own use of Skype as a patient, and in lesser ways, as an analyst and supervisor, reflects some of these motivations.

THE IMPACT OF SKYPE ON THE ANALYTIC PROCESS

In his discussion about the use of the telephone for analytic work, Moses (2005) argues that unstated motivations are often at play when we decide to move outside the analyst's room, including the analyst's economic self-interest and other narcissistic needs. Moses encourages us to think about the impact on the transference and countertransference as we shift outside the analyst's room and he expresses his concern that the patient's agreement to meet on the telephone might be meeting the analyst's unspoken wishes. Or, because of the lack of visual access, he worries that the patient may have to "carry" the treatment in some way in order to stay attached. As will become clearer throughout this paper, I have similar concerns in relation to the *quality* of visual access on Skype. Moses asks us to consider, "except in more extraordinary circumstances, why aren't we referring these patients to competent and trusted colleagues (pp. 28–34)." He says that the decision not to refer the patient to a colleague who could see the patient in their office functions as a Rorschach of sorts, regarding what we think is essential to psychoanalytic technique. For me, he gets to the heart of the matter when he says, when we move from the analyst's room, "we are forced to appreciate what is rarely acknowledged—the importance of the analyst's actual physical presence in the treatment room." I might go further than Moses, however, in terms of its importance because I think the analyst doesn't just need to be physically present, I think he needs to be present to his physical presence, and just being in the room with the patient doesn't guarantee this. So what does that mean with respect to conducting treatment on Skype? Is *seeing* the physical presence of the patient/analyst different from *being* in their physical presence? Or, is actual physical presence an intrinsic element of the analytic process?

Merton Gill engaged an important debate that I think might help structure how we can approach this question. In what is now recognized as a classic paper, Gill (1984) articulated a revised theoretical rationale to underpin his theory of technique. Repudiating the idea of the isolated mind, his revision called for a shift from a one- to a two-person view of the analytic situation in which he argued that it was the interaction between the analyst and the patient, and its analysis, that was the intrinsic (essential) element at the center of the analytic project. In Gill's view the factors that had traditionally been regarded as intrinsic to the analytic process such as frequency of sessions, the couch, duration of treatment, and even a relatively well-integrated patient were now considered to be extrinsic because those factors were relevant only to creating a context in which the individual, isolated mind of the patient could be looked at, untouched by the neutral observing analyst. Gill argued if there was no such thing as an isolated mind, then these factors had little bearing on the analytic situation. Instead, Gill specified that the analysis of the transference, the countertransference, and the resistance (both the patient's and the analyst's) were the variables that were elemental to the analytic situation.

If we follow Gill's argument, does that mean that the analyst's room, like the analyst's couch, is also extrinsic? Can we move easily to the telephone and/or to Skype as long as we are mindful of its impact on the transference, the countertransference, and resistance—that is, on the interaction between analyst and patient? Can we comfortably analyze the transference and countertransference as we interact in these modalities? Or, does the shift to these technological modalities fundamentally alter the nature of the analytic discourse? Do Gill's ideas about what is intrinsic to the analytic project still hold true today? Or, given the dramatic shifts in our metapsychology over the past 25 years, do we need a broader view of what is intrinsic, or essential to therapeutic action?

Given the interdisciplinary cross-fertilization that has taken place over the past two decades including the influence of mother–infant research (Beebe & Lachmann, 2003), theories of intersubjectivity (Beebe, Knoblauch, Rustin, & Sorter, 2005; Benjamin, 1990), theories about attachment and affect regulation (Schore, 2005), along with theories about how information is processed (Bayles, 2007; Bucci, 1997; Fosshage, 2005; Lyons-Ruth, 1999; Schore, 2006; Siegel, 1999; D. N. Stern et al., 1998), what we understand to constitute the nature of interaction has changed since 1984. The concept has deepened and broadened. Emphasis on the verbal or explicit components of interaction that defined the traditional view of psychoanalysis has shifted and most contemporary analysts now see both the implicit and explicit components of the interaction, as powerfully influencing the therapeutic action. Schore (2006a) highlights how science now offers powerful evidence for unconscious processes and, although his definition of the unconscious may differ from Freud's, he shows us that invisible, unconscious, implicit, bodily based processes are a continuous background that lie at the core of the self continuously influencing our behavior and (analytic) functioning.

Within contemporary psychoanalysis itself, the introduction of the concept of enactment by Jacobs in 1986 opened up a whole body of knowledge that underpins the idea that implicit factors are intrinsic to the analytic process and to therapeutic action. In fact, some researchers and psychoanalytic thinkers actually see the implicit elements of the analytic interaction, not only as essential to but also as carrying the major burden of the therapeutic action (Bayles, 2007; Boston Change Process Study Group, 2007; Chefetz & Bromberg, 2004; Lyons-Ruth, 1999). Others recognize and emphasize the importance of the interaction between implicit and explicit factors in driving the therapeutic process within and between the analytic partners (Fosshage, 2005). I think that each author's definition of what is essential or intrinsic to therapeutic action will determine the extent to which technological modalities are seen to be conducive to the technical protocol. And it seems to me that the more we see implicit factors as essential the more we might question the fit between technology and the analytic process.

On the face of it, we might argue that the characteristics that Gill felt were intrinsic to the analytic process could be met on Skype, or for that matter on the telephone. I refer again to the literature on the telephone as I think it preempts arguments about the use of Skype. That literature shows there is little agreement about what is essential. Some authors argue that once you use the telephone you are not doing psychoanalysis (Argentieri & Amati Mehler, 2003, pp. 17–19). These authors argues that:

> too often "innovations" are a more or less overt dismantling of the so-called classical psychoanalytic instruments such as setting, transference interpretations, attention to the countertransference . . . working through etc that we feel are perfectly compatible with theoretical and clinical developments. (pp. 17–19)

These authors see their role not as adapting to the changing times but "to understand and interpret change." Others, while only tacitly engaging the issue of whether or not their work is defined as psychoanalytic, highlight the benefits of using the phone for therapeutic work (de la Sierra, 2003; Leffert, 2003; Zalusky, 2003). Agreement or not and turf tending aside, as we make what seems to be an inevitable move from the telephone to Skype, it seems critical for those of us who are willing to consider being a part of this rapidly changing technological culture to look at the nature of the kinds of relating, knowing, and participation that are, and are not, possible.

It is an interesting irony that using Skype has actually helped me to ask questions that might otherwise have been obscured by the traditional expectation of the analyst's physical presence. And so I ask just that—is physical proximity an essential ingredient to the analytic process? Or, perhaps a better question is, are there elements of physical proximity that are essential to the therapeutic process? What are those elements? And what are the implications for these elements when we shift to technological modalities? Before addressing these questions in relation to Skype, I present a clinical example from an in-office session in order to tease out aspects of physical proximity that I think are essential elements in the analytic process.

PHYSICAL PRESENCE, IMPLICIT KNOWLEDGE, AND SENSORY PERCEPTION

When I opened the door to meet my patient Evan for the first time, he stood with his arms leaning on two large guitar cases that were placed on either side of his body. "I didn't want to leave them in the car," he said. "I thought they might get stolen." I nodded awkwardly, aware of a feeling of contempt. I said, with a question, "Evan?" He lifted his guitars and began to walk across the waiting room towards my office door. I noted his straggly, balding, and what I thought was his "too young for him" shoulder-length hair. I felt a silent "eeewww" in my mind, my stomach dropped, and my skin got goose bumps. Over the next four years, what my body had detected in Evan's body with such immediacy was elaborated in the numerous stories he conveyed about the hatred directed by others towards him—his psychotic mother; his alternatively sadistically abusive and passive father; his best friend with whom he had a very, very early sexual relationship; his teachers; and, once he reached adulthood, his colleagues and the women he pursued romantically . . . it seemed that there was nowhere Evan went where he wasn't met with contempt.

So what happened between Evan and me? Consistent with the kind of rapid, dialogic process-ing that is only possible at the procedural level (Bucci, 1997, pp. 89–90) I was instantly aware of Evan's skin tone, his gait, the way he moved, his facial expression, his voice, etc., all of which resonated so powerfully in me that I had the somatic countertransference (Fogel, 2009, p. 22) that I describe above.

Philosopher Shaun Gallagher (2005) offers some important conceptualizations for understand-ing the nature of this kind of nonverbal, body-to-body interaction in which I'm interested. He argues that much of what we perceive is influenced in a fundamental way by the intermodal con-nections between our senses and that what we take in via one sense gets registered throughout the whole body in other sense modalities. Significantly, he includeds not only what we think of as our usual senses like vision and audition but also the somatic senses such as proprioception or interoception. He emphasizes one particular linkage, what he refers to as a sensory–motor link,

which links vision and proprioception. He uses Meltzoff and Moore's studies in which the (few days old) baby pokes out its tongue to imitate the adult's tongue protrusion to explain how the baby can use its vision, coupled with information from its proprioceptive sense, to copy what she sees on the adult's face (p. 73). Gallagher would argue that the baby takes in the visual scene and knows, prereflectively, based on its own proprioceptive awareness, whether its imitative behavior is on target or not in terms of whether it matches the adult's tongue protrusion. He argues that this kind of intracorporeal communication (i.e., the baby's visual and proprioceptive senses communicating with one another) also functions interpersonally. In fact, he says that intracorporeal communication forms the basis for the intercorporeal communication that makes our experience of the other person immediate *experientially*, and not just objectively—as was the case when I first saw Evan. The central thrust of Gallagher's perspective, and what I want to lean on for understanding some aspects of the analytic interaction as we discuss Skype, is that this innate linkage is not only relevant for the neonate but also the basis of intercorporeal communication throughout the life cycle—and, of course, within the therapeutic relationship. Such intercorporeal communication is carried through movement, posture, and gesture, and Gallagher goes on to theorize the place of these elements in expressive movement. Implicating our proprioceptive sense, our body schema and our body image he talks about expressive movement as carrying intentionality. This idea of intentionality is also at the basis of Lyons-Ruth's (1999) work on implicit relational knowing, and it is illustrated nicely in my example about Evan. When I opened the door to the waiting room, Evan had already implicitly orchestrated in his guitar-holding stance, some intention or intentions (unconscious and perhaps consciously) about how he wanted to impact me and how I should and would perceive him.

Using Gallagher's ideas I look closely at my clinical example with Evan, first to identify those aspects of our meeting that I believe shaped the strong somatic countertransference that reflected my recognition of central aspects of Evan's state of mind. And second, I link these ideas to the questions I have raised about conducting treatment using Skype.

Gallagher would argue that I didn't just see Evan with my eyes. Instead, he would say that vision is a far more complicated encounter with the world. Vision is in cross-modal communication with other senses, which means that information taken in via the visual modality will be represented in other sensory modalities—in this case, my proprioceptive sense. Gallagher would say that my sense of proprioception, which functions automatically and prereflectively, in conjunction with my visual sense not only allows me to know where my body is in relation to the environment but also allows me to know proprioceptively what is like me (structurally equivalent) in my interpersonal environment—think of the baby poking out its tongue. What Gallagher seems to be describing are the sensory-motor and neural mechanisms that underpin the concept of implicit relational knowing as described by the Boston Change Process Study Group. Through cross-modal interaction between the senses, within an interpersonal system that recognizes structural equivalences, I was able to know at the implicit level something about Evan's sense of himself in relation to the world—and this was registered within the motoric and visceral domains of my nonverbal information processing—on seeing Evan, I immediately felt it in my muscles, in my gut, and on my skin. My visual-proprioceptive sensing, along with my sense of interoception, registered something significant about Evan's internal state. Prereflectively, I registered a shame–contempt dynamic that became, as the treatment developed, well elaborated in Evan's narratives as well as in the lived experience of our transference–countertransference dialogue.

With this powerful example of how the visual-proprioceptive mechanism works, I pose a number of questions: When we use Skype, do we and do our patients lose the power of the kind of communication that was evident in this interaction between Evan and me? Can this kind of communication only be had when we meet in the actual physical presence of the other? Or do we lose something when we move to Skype? If we do lose something, can we articulate what is it that we lose or how it is lost? Does it impact our ability to fully engage the analytic process and what we see as essential to that process?

If Gallagher's visual-proprioceptive link is the basis for the intercorporeal relating that underpins implicit relational knowing, then it seems reasonable to argue that the communication that results from access to the visual-proprioceptive link is an intrinsic component of the analytic dialogue. Perhaps like Aron's (1996) idea of a "meeting of minds," we might also think about a meeting of bodies.

As I see it, if the visual-proprioceptive link underpins intercorporeal relating and is represented and carried in and through movement gesture and posture, then this kind of mechanism carries the nonverbal interactive process. In doing so, it embodies the transference and countertransference as well as the resistance to experiencing them. To my mind, if the intrapsychic has a location, this sensory-motor mechanism, with its startling capacity to immediately recognize and identify a like other, would suggest that it is located deep in the body—which then shapes the mind (Gallagher, 2005). The intentionality, inherent in the patient/analyst's nonverbal expressive movement, is "read," "understood," and responded to by the analyst/patient at the procedural level driving the implicit interaction between them. If you think about my reaction to my patient Evan—my capacity to process at this embodied level is what made my immediate transference to him experientially alive and accessible for analysis, if not immediately in *my* consulting room most certainly in supervisory consultation. If this particular mechanism of connecting one body to another is essential to human relating, and therefore to analytic functioning, it seems to me that at the very least it is reasonable to question whether it functions most optimally when the analytic couple is in each other's literal physical presence.

Without words, and even without full access to the face, bodies relate powerful messages that have a very compelling impact on the bodies in which they are in relation. The example of my first meeting with Evan illustrates this well, but quotidian experience illustrates it just as effectively. Think about your child walking towards you as you wait for her at the school gate. You see, immediately, in the way she carries her body, even before she reaches you, whether she's had a great or a lousy day. This raises further questions: Does relating across or via a screen inhibit the functioning of the visual-proprioceptive sensory link? Do we need to have the other physically present for the visual-proprioceptive mechanism to function at its best, to function at all? Or do we just need to see the physical form of the other?

PHYSICAL PRESENCE AND SKYPE

I use my own experience of Skype as a patient to think through these questions, as this is where I have most experience with Skype. Initially, I requested that my analyst and I try using Skype following a series of important, productive, and powerfully connected (in-frequent) in-office sessions that made returning to the telephone difficult. I felt a strong sense of "not enoughness" moving back to the phone. I wanted to *feel* my analyst's presence and have him feel mine. The

feeling of the physical presence of the other has an ineffable quality, and I think most of us intuitively know, and agree, that the affective engagement and energy that physical presence offers is different to what can be experienced using technology. Thinking now about my wish to use Skype I realize that my motivation also stemmed from my desire to see my analyst seeing me. I also wanted him to see "the me" (or perhaps it's more accurate to say the not-me) that couldn't put words to my experience. I felt that my analyst *needed* to see me, and that he didn't have all the information he needed *unless* he could see me. In a complementary way, I wanted to see him, and as the negative transference began to develop I felt this more strongly. I wondered what my therapist was "doing with" what I was telling him. I wondered about what he was "really" thinking, and about "what else" was going on.

The expressiveness of the face-to-face communication on Skype helped me feel more comfortable with my need to see what was "really" going on. I loved being able to see my analyst's face—to watch him smile, to actually see his concern for me and his interest and enjoyment in our interactions. Tompkins (1962) notes that watching someone's facial action is correlated with shifts in subjectivity and with intensification or inhibition of emotional experience. Beebe (2004) reported that "facial action is simultaneously communicative and self-regulatory, modulating physiological arousal and subjective experience (p. 4)." Quoting Levinas, she notes that "the birth of the human personality is associated with a positive experience of a face." The examples that follow highlight both the positive power of face-to-face communication on Skype as well as some of the problems that can occur, for instance, when the rhythm, timing, and synchrony of the verbal communication is out of sync—a function of the timing lag inherent in the current Skype technology. The later example, while not reflective of a clinical situation, does illustrate that what we see on Skype may not be an accurate picture of the patient, which may influence the analyst's perceptions about the patient's state of mind.

In the first example, I made a joke or teased my analyst about something, and then I became aware of waiting for his affectionate response. As it didn't arrive, in what felt like a kind of slow motion, I began to feel anxious . . . my body began to tense and I had the feeling that there would be no response or a negative one . . . and then, slowly, as the time lag caught up, I watched this big smile slowly spread across his face. I loved this! It was a fun moment. I had this very powerful feeling of "I did that, I made him smile." I remember thinking, "What else can I make him do?" This lag in time, with its lack of synchronicity, paradoxically left me feeling that we were in sync, resonating and connected. But given different affect, different content, and a different context, it is not hard to imagine how this lag might disrupt the flow of communication in ways that are not so engaging.

In the next example, my friend Sue was going for a job interview, which was to be conducted on Skype. She'd had some previous experience with Skype, but because it was a job interview she was a bit anxious about the practicalities. Her daughter Georgia (aged 17) said, "Skype me, Mum, that'll be a good test." They went to their respective rooms and settled themselves in front of their screens. As her image came onto the screen, Sue said her daughter leaned forward and peered at her—"Oh Mum you look awful, you better put some make up on; you look really pale and old". Thankful for her daughter's honesty, she went to the bathroom and applied more makeup to her already made-up face. As she returned to her computer, mother and daughter met in their hallway. "Ohhh," said Georgia, stopping and looking at Sue with a frown, "Well let's see how it looks on the screen." As they took up their places in front of the screen, Georgia was happy. "Mum you look good, but you'll have to pile on the makeup so you look like you."

To Sue's daughter, Sue did not look how she "really" looked—she looked pale and old. If this where an analytic situation, what would we conjecture about the impact of Sue's "distorted" face on the analyst's perception of his patient? While this *mis*information would probably have an impact on any analyst, I think the therapist's preferred theoretical orientation might determine how its impact is understood. To the extent that the verbal, explicit aspects of the analytic inter-action are seen to drive the therapeutic action we may not think Sue's face was so much of a problem. If, however, we tend to see the therapeutic action as being driven by the implicit, pro-cedural elements of the interaction we might assume Sue's face would affect the analyst, and therefore the analytic interaction, in a significant way. For example, if the patient's face is not a true representation of how she looks, it might unconsciously influence how the analyst ini-tially (either implicitly or explicitly) engages Sue, thereby shifting the interaction away from the "undistorted" starting point and constructing some version of Sue that is not truly reflective of where she is. In this instance, the visual access of Skype could potentially skew the analytic process in unknown ways.

Both these examples put me in mind of Beebe's (2004, p. 10) patient Dolores who spoke so poetically of wanting to rest in the place where faces meet and match. In this moving and beautiful case presentation, Beebe illustrates how seeing oneself in the expressive movement of the other's face provides a sense of recognition that powerfully influences one's sense of self. But the examples also make me wonder about the impact of the mismatching that can happen on Skype—both the minute, singular mismatches as well as ongoing failures to consistently meet and match. I have thought that analyst and patient accommodate to each other with regard to the timing lag on Skype, but I have begun to wonder at what cost? At the level of the implicit such accommodation has an impact. How we determine the consequences of that impact is a more difficult question to answer? I particularly wonder about the impact when the patient feels most vulnerable. When dissociative processes are operative and the patient is in most need of careful tracking and attunement in relation to self-states that only conflictually want to be held in the analytic space, so make themselves known in only the subtlest ways.

But in addition to the lag time and whether the face we see reflects the patients' state of mind, I think there is another important way in which visual access can be compromised. If Gallagher is correct in arguing that intercorporeal communication is the basis for the interpersonal commu-nication that is carried in gesture, posture, and expressive movement, then visual access will be compromised by the typical head and shoulder presentation that many of us adopt on Skype.[2] We might argue that the visual-proprioceptive link does allow us to "read" facial movement and expressiveness on Skype, but in a head and shoulders presentation we lose the full range of postu-ral, gestural, and expressive movement that the body conveys, as well as the intentionality that is carried and expressed in that movement. This information is lost not only throughout the duration of the session but also in the often powerful communication that is part of greeting the patient in the waiting room, watching them find their way to the office, to their seat, and then seeing them as they make their departure.

It is these kinds of limitations that I think contributed to Skype being less than I had hoped for, in terms of "feeling felt" by my analyst. Siegel (2007, p. 290) says, "feeling felt"—having

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[2] I am aware that some analysts also use Skype to see patients on the couch, but this is not the kind of interaction that I am addressing.

the sense that someone else feels one's feelings and is able to respond contingently—may be an essential ingredient in attachment relationships and vital to close relationships throughout the lifespan. Ironically, although I had sought Skype when I felt I more anxious about what was occurring, it is when I have felt most anxious that I have found Skype to be difficult. For example when I've experienced shame, Skype has felt like an "in your face" experience with a sense of nowhere to hide. Rather than feeling seen, or felt, there have been occasions when it felt much more like being watched or looked at. Although this kind of reaction can happen in the office, I think it can feel prolonged or exacerbated on Skype. Perhaps the absence of peripheral vision adds to the difficulty that such shame-filled interactions can evoke. Peripheral vision allows for the detection of body movement and facial changes even though you cannot see the actual facial expression (Beebe, 2004). In her work with mothers and infants, Beebe (2005) described how during "conversations" with the mother, the baby turns his head away in order to self-regulate when he is overstimulated. In optimal situations the infant will move his head with an angle that still allows for the child to monitor the mother's every move via their peripheral vision.

I think Gallagher's ideas about the visual-proprioceptive link help us to understand how the baby uses his peripheral vision to stay in contact with the mother even while he turns away from her to self-regulate. I'm proposing that the baby doesn't just see that the mother is present, he uses the visual-proprioceptive sensory link to feel the *quality* of her continued presence. I assume a similar process takes place in the office between patient and analyst. The absence of such linking in a head and shoulders presentation could potentially be problematic for analytic couples using Skype unless they can find ways to bridge it. If the distressed/shamed patient looks away and there is no peripheral vision to keep an eye on, and track the quality of the analyst's continued presence, then the negotiation of shame may be more difficult to get traction on. As a result, the patient may feel that she is left alone with the experience. Also, with the attendant shifts in self-states that can accompany shame, as the patient attempts to manage or bypass it, I question whether Skype allows us to track the often exquisitely subtle and apparently seamless dissociative shifts that can occur—an already onerous task when we meet in the office.

How does the analyst in the office register and track the dissociated self-states that are only conflictually looking for recognition? By what mechanism during these enacted interactions do dissociated experiences make their wish for recognition known? Donnell B. Stern (2004) talked about chafing:

> More often than not, the alerting signal is something small and subtle. It often has a mildly bothersome quality. One feels an emotional "chafing" (*is this interoception*?) or tension, (*proprioception?*) an unbidden "hint" or "*sense*" that something more than one has suspected is going on in the clinical interaction. Something feels inconsistent, countering an affective expectation we did not even know we had until that moment; it feels subtly "wrong" or contradictory or just uncomfortable. For the curious analyst, therapeutic work is often the psychic equivalent of walking along a forest path in a wool sweater that snags now and then on a branch or twig. (p. 208; italics and parenthetical text added)

Where and how are we chafed or snagged? I think in significant part it is in our bodies and though our senses, via the rapid, dialogic implicit processing of the right brain. Schore (2006) said that our right brain is involved in the nonconscious rapid appraisal of events that are important and critical and meaningful to us. And that the body marks such meaningful experience psychobiologically.

When Stern talks about the idea that there is an "unbidden sense" I wonder if he is referring to the actual sense modalities of interoception and proprioception—those sense modalities that allow us to register and map in our bodies, outside of conscious awareness what is happening in the body and mind of the patient. For example, when our patient stiffens, in fear or indignation, feels nauseous or dizzy (in an unconscious fight or flight response) very often we can feel them doing so. We resonate with them and we feel it in our muscles, our gut, and on our skin—and if we are open and curious, without the need to dissociate, this can then influence what we can bring to mind and, in turn, to the analytic dialogue. Will we be as easily chafed or snagged over Skype when our access to the movement, gesture, and posture of the body is limited or out of sight?

CLINICAL EXAMPLE

The answer to that question is a complicated one. I present a short clinical vignette from a Skype session from my own analysis to answer it. It is our first session back after my analyst's vacation. A day or so prior I had sent him an e-mail about an administrative matter and included a note to say I was looking forward to seeing him. When we meet on Skype, I am very pleased to see him and feel that the feeling is mutual. The session begins with us talking about the break, we work easily to reconnect, and there is a nice flow to the conversation; it is warm and enjoyable. I tell him it is lucky that I woke up when I did, because I would have missed the session because my alarm clock wasn't set—even though I had focused on setting it the previous evening! He asks, "Do you ever think to say to yourself that you might be apt to dissociate because you said you were looking forward to seeing me?" I say, "When you ask me about dissociating that way it makes me feel bad. I don't like you asking me that way." And then I start to say something about my thoughts about dissociation. And then I see him smile.

Patient: Why are you smiling? (I ask, smiling back, but disrupted and anxious)

Analyst: Oh . . . (He pauses and thinks, still smiling warmly) . . . I think I am just enjoying our conversation.

P: (I listen . . . His answer fits because there is a sense that we are really glad to see each other and it *is* enjoyable. But my gut doesn't believe it. I look away . . . turn back and continue talking . . . probably for about ten minutes . . . I don't recall the content . . . and then I stop and say) I feel really tense . . . my whole body feels tense . . . all my muscles are tight . . . and I feel reactive.

(I don't know what he says to this . . . and when I asked him [for this write up], he didn't recall either.)

P: (at some point I say) Can you tell that I am tense? (I ask this because I am writing this paper and I am curious) Could you sense that my muscles were tense . . . can you feel that or see that I feel that way?

A: No . . . I didn't realize that. I can't really see that.

P: (still disrupted but not fully aware of it, I return to talking . . . and after a few minutes I say) I'm not sure where I'm going . . . I feel disrupted . . . I feel kind of like . . . I don't want to move away from you but I can't settle with what I'm talking about, and I feel like I can't move towards you. I'm not sure what happened but I feel like I can't really get grounded in what I am talking about.

A: Something happened about ten minutes ago . . . when I smiled . . . you didn't like it, and then when you asked me about the smile you didn't like the answer I gave you.

P: I didn't! You're right (very surprised that he knows this) . . . How did you know that?

A: From what you talked about afterwards. You shifted away from what you were talking about, the flow of the session changed . . .

P: So when I was saying to you that I was feeling tense did you know that I was tense? (as I ask him this, I'm following what was happening between us and, I'm thinking about its relevance to this paper)

A: Not exactly . . . I think what happened was that I was somewhat aware of the conversation shifting . . . then you said that you felt tense . . . but I didn't really connect that . . . and then later you said you felt disrupted, and it was the second time that you were trying to let me know that something was off that something crystallized for me and I could track back and realize it started when you asked me about my smile.

As we continue, I talk about my gut feeling that his answer about his smile felt hard to believe . . . as well as about my sense that I don't think he would say that unless it were what he felt . . .

We continue to explore . . . and then I say, "Let me ask you a question (again, this question is connected to my interest in what I am writing about) . . . do you think this conversation would have gone differently if I had been in your office . . . do you think you would have known how tense I felt . . . how disrupted I was . . . how my body was reacting?" He says, "Yes I think possibly it would have gone differently. Mary, I can only see your head and shoulders, although sometimes you put your hands up to your face like this (and he shows me) and that tells me something more is going on . . . but it is less visceral than if you were in the office."

Interestingly, when my analyst and I discussed this vignette, he was inclined to emphasize his defensive lapse (which lasted from the smile to when "something crystallized"). Of course I recognize and appreciate this perspective both in terms of what was going on dynamically and his willingness to look at it. But I think it would be a mistake not to also look carefully at how the Skype modality might also have effected our interaction. In addition to seeing his lapse as defensive, my curiosity was focused on what was missing visually and how that might have been contributing to the lapse. With this in mind, and using the ideas about the visual-proprioceptive link, I look at the process between us and consider how the lack of physical proximity might have made the interaction more difficult that in might have been otherwise. Of course, I only have access to my conscious experience and can only infer something about the nonconscious, rapid appraisal of events that occurred in the implicit domain.

Initially, in my desire to hold on to the "good" part of our interaction, when I didn't like my analyst's answer to my question about why he was smiling, I attempted to deflect or dissociate my reaction. I looked away and then returned with a smile to the conversation. Both my analyst and I were aware of my looking away, but at this point he did not get any traction on the idea that this was an important implicit message. I was somewhat aware of my attempt to suppress the feelings of discomfort that arose. I felt consciously motivated to communicate to my analyst (and to myself) that we were still in our warm and enjoyable reunion—which I expressed implicitly when I returned his smile. Looking away was an attempt to regulate myself so that I could come back and reengage in the warmth of reunion. Given that my analyst could only see my head and shoulders I believe that what he registered, in terms of the complexity of what I was experiencing and implicitly communicating to him, was compromised. I'm proposing that because

of our head and shoulders presentation, and possibly also because of the lag in the timing, his registration of the implicitly communicated distress (held in my body) would have been slower and/or less accurate than if we had been in the same room together. Further, seeing my smiling face without seeing the rest of my body may have conveyed inaccurate information precisely because my somewhat conscious intention *was to mis*inform him. My more unconscious/implicit intention was to affectively regulate him (and me). The question is, would having access to the visual-proprioceptive link have allowed him to register and map in his body, what I was experiencing in my body thereby increasing the chance of him engaging my distress? My hunch, and his (when I asked him in the session), was that it would. Once he was conscious of my distress, he had no difficulty engaging the content of the distressing material, indicating to me that there was no strong dissociation involved. I think that in each other's actual physical presence, because visual-proprioceptive communication would have linked our corporeal communication, my distress would have been less "hidden" and therefore harder for him not to notice. On Skype, his aural and visual senses let him know that we had shifted gears—he saw me look away and he was aware of the change in the content of the session, and possibly how that content was carried in the expressiveness of my voice and face. But he did not fully register that I was distressed—certainly not enough to stop and ask about it.

If implicit communication is central to therapeutic action and is carried not just in the movement and expressiveness of the face but also in the expressiveness of the small and large movements of the whole body, then to the extent that our sensory apparatus are deprived of this information, registering and processing incoming implicit communication will be compromised. Although my analyst had some sense of chafing about what had happened in the process between us, it was my explicit expression of what was occurring implicitly in my body that seemed to allow my analyst to track back and register what happened. Facilitated (I think quite significantly) by my very particular and current interest in the nature of the communication we were having at that very moment on Skype I could describe the implicit experience (the tension in my body) that eventually "snagged" (something crystallized for him) his mind and allowed him to attend to the disruption between us. Had I not been so actively engaged in thinking about the nature of the communication on Skype, which allowed me to point out what he was missing visually, I think the disruption would have continued. While this vignette had a positive outcome on many levels, I think it stands as a good example of Moses's concern about how the patient (on Skype in this case) might, at times, have to carry the process in order to stay attached.

Interestingly, it is really only through writing this paper that I have fully understood that my desire to use Skype, in what was a primarily telephone analysis, began as the negative transference or not-me experiences became more accessible in my analysis. What I articulated at that time was that I wanted to feel my analyst's presence in a more substantial way. I said, "I want to see what you are doing with me when you are thinking." I now understand that I was trying to say that I needed to "read" him visually to see that his implicit communication matched what he was saying explicitly. For me, the phone was not enough. Ironically, despite asking my analyst to use Skype for this purpose, it has been these same not-me states that I think have been hardest to engage on Skype. Of course they are the hardest states to engage in any modality because not-me states, by definition, elicit shame. But it is exactly this quality of not-me experience and the attendant dissociative processes that it evokes that I think can be problematic for analytic work on Skype.

Dissociative processes are more pronounced when negative affects like shame enter the intersubjective field. Tracking defensive dissociative shifts in self-states can be difficult enough in-office when all sensory avenues are open to register and read implicit communication. With the more limited visual access on Skype, access to implicit communication can be compromised, making it harder to read the patient's affective states and/or affective shifts. If it is the nonconscious, right brain implicit communication at the corporeal level that provides the basis for the necessary affect regulation when the patient is emotionally most vulnerable (Schore, 2006b), then, to the extent that this type of implicit communication is compromised on Skype, the modality will be less effective than being in the actual physical presence of the other.

CONCLUSION

In summary, when things are going well Skype can be a terrific, engaging, and productive asset to the psychoanalytic process. It can probably also be an asset at difficult times by providing a powerful source of connection when the patient feels the need to see the analyst. But I also think that there are times when using Skype may work against the analytic process. Engaging not-me states may for some patients be one of those times. If psychoanalysts continue to take up the Skype modality, I think it is important to think about how the crucial vehicle of implicit communication might be compromised. And, given that the use of Skype seems inevitable, to think about what we can do to limit that problematic effect. One avenue for doing this is to be mindful of how our sense modalities, but particularly proprioception and interoception (our senses that let us know what is going on in our bodies), might be compromised and how we might work to alleviate that. Going forward, we need to understand how our senses interact intrapersonally (i.e., vision and proprioception) and interpersonally, what their function is in relational interaction, and whether technology limits access to kinds of vital information that these sense modalities contribute to the analytic process.

REFERENCES

Argentieri, S., & Amati Mehler, J. (2003). Telephone 'analysis': "Hello, who is speaking?' *International Psychoanalysis, The News Magazine of the International Psychoanalytic Association*, pp. 17–19.

Aron, L. (1996). *A meeting of minds*. Northvale, NJ: The Analytic Press.

Aron, L. (2009). Day, night, or dawn: Commentary on paper by Steven Stern. *Psychoanalytic Dialogues*, *19*, 656–668.

Aronson, J. K. (Ed.). (2000). *The use of the telephone in psychotherapy*. Northvale, NJ: Aronson.

Bassen, C. R. (2007). Telephone analysis. *Journal American Psychoanalytic Association*, *55*, 1033–1041.

Bayles, M. (2007). Is verbal symbolization a necessary requirement of analytic change? *Psychoanalytic Dialogues*, *17*, 455–477.

Beebe, B. (2004). Faces in relation: A case study. *Psychoanalytic Dialogues*, *14*, 1–51.

Beebe, B. (2005). Mother–infant research informs mother–infant treatment. *Psychoanalytic Study of the Child*, *60*, 6–46.

Beebe, B., Knoblauch, S., Rustin, J., & Sorter, D. (2003). Introduction: A systems view. *Psychoanalytic Dialogues*, *13*, 743–775.

Beebe, B., & Lachmann, F. M. (2003). The relational turn in psychoanalysis: A dyadic systems view from infant research. *Contemporary Psychoanalysis*, *39*, 379–409.

Benjamin, J. (1990). An outline of intersubjectivity: The development of recognition. *Psychoanalytic Psychology*, *7S*, 33–46.

Boston Change Process Study Group. (2007). The foundational level of psychodynamic meaning: Implicit process in relation to conflict, defense and the dynamic unconscious. *The International Journal of Psychoanalysis*, *88*, 83–860.

Bucci, W. (1997). *Psychoanalysis and cognitive science—A multiple code theory* (pp. 89–90). New York, NY: Guilford.

Chefetz, R. A., & Bromberg, P. M. (2004), Talking with "Me" and "Not-Me" self states: A dialogue. *Contemporary Psychoanalysis*, *40*, 409–464.

Christensen, C. (2009). http://www.distechs.com

De la Sierra, L. R. (2003). If it helps, why not? *International Psychoanalysis. The News Magazine of the International Psychoanalytic Association*, pp. 20–21.

De Torres, A. (2010, February). Skype and the new technology. Paper presented at the IARPP Conference, New York, NY.

Elkind, S. N. (2000). The use of the phone for impasse consultations. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 417–442). Northvale, NJ: Aronson.

Fogel, A. (2009). *The psychophysiology of self-awareness: Rediscovering the lost art of body sense* (p. 22). New York, NY: Norton.

Fosshage, J.L. (2005). The explicit and the implicit domains in psychoanalytic change. *Psychoanalytic Inquiry*, 25, 516–539.

Gabbard, G. O. (2001). Cyberpassion: E-rotic transference on the Internet. *Psychoanalytic Quarterly*, *70*, 719–737.

Gallagher, S. (2005). How the body shapes the mind. New York, NY: Oxford University Press.

Gill, M. M. (1984). Psychoanalysis and psychotherapy: A revision. *International Review of Psycho-Analysis*, *11*, 161–179.

Jacobs, T. J. (1986). On countertransference enactments. *Journal of the American Psychoanalytic Association*, *34*, 289–307.

Leffert, M. (2003). Analysis and psychotherapy by telephone: Twenty years of clinical experience. *Journal of the American Psychoanalytic Association*, *51*, 101–130.

Lindon, J. A. (2000). Psychoanalysis by telephone. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 3–13). Northvale, NJ: Aronson.

Lipton, S.D. (1988). Further observations on the advantages of Freud's technique. *The Annual of Psychoanalysis*, *16*, 19–32.

Lyons-Ruth, K. (1999). The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanalytic Inquiry*, *19*, 576–617.

Miller, W. (1973). The telephone in outpatient psychotherapy. *American Journal of Psychotherapy*, *6*, 353–368.

Moses, I. (2005). Controversial discussions: Telephone analysis, treatment by telephone: An uncanny attachment. *Psychologist–Psychoanalyst Official Publication of Division 39 of APA, 15*.

Plummer, J., & Stark, M. (2000). Long term therapy by phone. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 109–128). Northvale, NJ: Aronson.

Richards, A. K. (2001). Panel report: Talking cure in the 21st century: Telephone psychoanalysis. *Psychoanalytic Psychology*, *18*, 388–391.

Robertiello, R. C. (1972). Telephone sessions. *Psychoanalytic Review*, *59*, 633–634.

Sachs, D. M. (2003). Telephone analysis—sometimes the best choice? *International Psychoanalysis. The News Magazine of the International Psychoanalytic Association*, pp. 28–29.

Saul, L. J. (1951). A note on the telephone as a technical aid. *Psychoanalytic Quarterly*, *20*, 287–290.

Savage Scharff, J. (2010). Panel report telephone analysis. *International Journal of Psychoanalysis*, *91*, 989–992.

Schore, A. N. (2005). Back to basics. *Pediatrics in Review*, *26*(6), 204–217.

Schore, A. N. (2006a). *Neurobiology & attachment theory in psychotherapy: Psychotherapy for the 21st century* [CD]. PsyBC Conference – Lecture 1.

Schore, A. N. (2006b). *Neurobiology & attachment theory in psychotherapy: Psychotherapy for the 21st century* [CD]. PsyBC Conference – Lecture 7.

Shepard, P. (1987). Telephone therapy: An alternative to isolation. *Clinical Social Work Journal*, *15*, 56–65.

Siegel, D. J. (1999). *The developing mind*. New York, NY: Norton.

Siegel, D. J. (2007). *The mindful brain*. New York, NY: Norton.

Snyder, E. W. (2009). Psychoanalysis and globalization. *International Psychoanalysis*. Retrieved from http://internationalpsychoanalysis.net/

Spiro, R. H., & Devenis, L. E. (2000). Enhancement of the therapeutic process. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 45–80). Northvale, NJ: Aronson.

Stern, D. B. (2004). The eye sees itself: Dissociation, enactment, and the achievement of conflict. *Contemporary Psychoanalysis*, *40*, 197–223.

Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., . . . Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The "something more" than interpretation. *International Journal of Psycho-Analysis*, *79*, 903–921.

Stern, S. (2009). Session frequency and the definition of psychoanalysis. *Psychoanalytic Dialogues*, *19*, 639–655.

Strean, H. S. (2000). Skills in dealing with the first telephone contact. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 81–109). Northvale, NJ: Aronson.

Tomkins, S. (1962). *The positive affects, Vol. 1*. New York, NY: Springer.

Warren, J. J. (2000). When the therapist moves in. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 167–184). Northvale, NJ: Aronson.

Yamin Habib, L. E. (2003). Physical presence – A sine qua non of analysis. *International Psychoanalysis. The News Magazine of the International Psychoanalytic Association*, pp. 25–28

Zalusky, S. (1998). Telephone analysis: Out of sight, but not out of mind. *Journal of American Psychoanalytic Association*, *46*, 1221–1242.

Zalusky. S. (2000). Telephone analysis. In J. Aronson (Ed.), *The use of the telephone in psychotherapy* (pp. 15–43). Lanham, MD: Jason Aronson Inc.

Zalusky, S. (2003). Dialogue: Telephone analysis. *International Psychoanalysis. The News Magazine of the International Psychoanalytic Association*, pp. 13–16.

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