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PANEL REPORT

Report on the panel on confidentiality as a container – clinical and theoretical issues

Chair: Nahir Bonifacino
Presenters: John Churcher, Allannah Furlong, Claudia Frank

The panel consisted of three presentations on confidentiality, relevant to psychoanalytical practice. After each presentation there were five minutes of questions and answers, adding up to a total of 30 minutes for each talk.

From the start, the audience was asked to respect the confidentiality regarding the clinical material.

Claudia Frank began the series of presentations with the illustration of a clinical situation. The clinical vignette was of one of her patients. Returning to therapy after a week-long holiday, the patient claimed she had rediscovered a dream that was featured in the recently published work of her own analyst. The analyst said she was shocked, wondering why she had not thought of the consequences before publishing (although, of course, she had considered it, deciding not to ask the patient about using the dream material in her book out of fear of seducing her). Frank confessed she had hoped that, in the very unlikely situation in which the patient accessed the book (a limited edition, for a very specific and professional setting, accessible to wide audiences for just 24 hours), she would not recognize the material, which was partially camouflaged. In her previous preoccupation with providing confidentiality in as adequate and professional a way as possible, the analyst had asked two analytic colleagues to read the text and make sure, in case the patient ever read it, there was nothing that could harm her.

During the session, after a moment of silence, the patient – in full-Oedipal conflict – began by saying, "It was a difficult weekend for me"; she displayed ambivalence between the joy of reunion and vexation at discovering that her own dream had been published in her analyst's new book, an ambivalence that dominated the session. The patient insisted on the confidentiality and trust she had placed in the sessions of the week. At this time, the patient slept better, and the analyst interpreted this amelioration of the patient's prolonged insomnia as the effect of introducing a third in the analytic relationship, caused precisely by the situation that the patient was complaining about.

This was the conclusion of the brief and impressive presentation by Dr Frank. The audience members intervened with short commentaries and demands for clarification. The presentation was viewed as very brave, considering its implications concerning the therapeutic relationship. Replying to a question, the analyst said that the dream was published two to three years after it had been recounted in the session.

In her intervention, **Allannah Furlong** asked: "Does the analyst's theoretical orientation make a difference to the patient's reaction to the presentation of their clinic material?" The intrapsychic is important for psychoanalysis, since the *unconscious* is its main domain. In the analytic relationship, the analyst pools what they understands about the patient, as well as what they do not understand, which comes from the unconscious to unconscious communication. The main point is asking for help in front of something that escapes consciousness.

Confidentiality has several dimensions. The analytic relationship requires limits. Why? What is shared and is shareable? Pooling psychic contents does not breach confidentiality. One shares to enlarge the psychic space, which is in itself the purpose of analysis.

However, when the patient sees material containing something they have shared, they can be shocked. The shock arises out of passing from the didactic, analytic relationship to the triadic, which introduces a new force. On the one hand, the patient is no longer in a two-person relationship, which can cause a veritable collapse on a concrete scale. And even if the patient feels flattered by the publication of their material, the analyst's neutrality is broken; the patient learns something about the analyst, receiving an enigmatic message of what the analyst feels. Such an occurrence involves, among other things, a sexual intrusion into the intrapsychic scene. From an intersubjective point of view, Ferenczi was quoted, from his renowned article "Confusion of the tongues."

The conclusions reached from this case study presentation were:

(1) There is no universal solution that is guaranteed to reduce the stress that a patient might find themself in when they discover their analyst has published their clinical material.
(2) Asking the patient for permission to publish may shatter the setting. The patient may consent, but their evolution will be negative. It is clear that patients frequently respond negatively if they discover that they were not consulted and that something from their analysis left the confidentiality of the session.
(3) *Après coup* evaluation may bring up unexplored issues.
(4) We should take into account comments from colleagues previously consulted, as it is obvious that many things escape us, as "we are not masters in our own home." Intrapsychic and interpsychic interactions favour unique and unexpected ramifications.

John Churcher presented material on remote psychoanalysis and communication via modern technology as something problematic for confidentiality, considering that there is a greater risk for sessions not to remain private in these situations.

Evidently, the classic setting is different from the one in remote analysis. The analyst knows nothing about how private the interaction is, so that it lacks any semblance of control in this respect. In situations of remote analysis, the asymmetry provided by the analytic relationship no longer exists. There is no security of the setting. Distance becomes part of the setting. The risk is constantly present and, as an analyst, you no longer know what to do and what the consequences of the remoteness of the setting are on the patient and on the analysis itself.

The setting usually plays the role of *container*; among other aspects, John Steiner speaks of the frame of the setting as a container, and Belger speaks of the steadiness provided by the analytic setting, which is necessary for the generation of psychic change. The containing role of the setting is essential in the analytic cure.

The steadiness and constancy provided by the setting helps to ensure the private nature of the interaction and develop trusting relationships. In 2015 Philip Stokoe spoke of a secondary container represented by the external institutional setting, which is meant to provide the third position. There is also the internal setting of the analyst, which is a psychic space. The analyst in his or her mind preserves the idea of an integral setting. In situations of remote analysis, the analyst's internal setting becomes essential to the repair/rupture of the external setting.

In group discussions, the crisis in trust and the defences put in action, exemplified by both presentations, became apparent. If in Dr Frank's case, the patient was able to explore her fantasies after publication, in remote analysis it seems that the culture of denial will develop in analysis, in relation to *tele*communication. In psychoanalytical literature on defences, Freud

comes to the foreground with his "Denial and disavowal," which examines defences activated by a psychic trauma, as does Segal, who spoke of a *nuclear war*.

Primitive defences were discussed, with reference to Bleger's symbiotic infantile relationships and, more recently, Botella, Aulagnier and Klein – who talk about "unrepresented states" – with the absence of figurability, representation and discrimination. Bleger talks about catastrophic anxiety as an ontological state (being/not being), while Chris Mawson, in 2019, mentions the illusion of the private.

In conclusion, there are two levels of defence that can arise from lack of confidentiality:

(1) disavowal – not to see, not to be seen (see S. Freud);
(2) "syncretic participation" – depending on something you have not even seen (see J. Bleger).

Kevin Kelly from New York started by discussing the conditions of publication and the motivations of analysts to publish. Kelly put forward the idea that one publishes in order to understand more. We can ask ourselves in what situation does sharing clinical material actually increase the capacity for understanding – and how much is publishing for personal prestige, how much does it touch on the relationship with the patient? In other words, the problem of the analyst's narcissistic motivation should be questioned.

A possible idea, discussed in the IPA Confidentiality Committee, is anonymous publication. A good aspect of this is that it would be more difficult for patients to find themselves in published works. But if the patient does recognize himself, it could be worse, leading to his sense of being persecuted!

It is, obviously, important where the material is published and discussed. One trusts supervision, for example. This is different from sharing in a large, unknown group, where the analyst himself is not sure how the material is received.

The situation is different when the clinic material of an analysis with a candidate is published, as the latter's relationship with the analyst is different. What occurs in analysis while the written text is being prepared is also important – the internal dialogue of the analyst should be thought about, as they would be thinking of something other than what happens in the moment, thereby risking the loss of the analytic function.

The case presented by Dr Frank illustrates the way in which the third position and symbolization is used: the third position is necessary for progress to exist (progress registered by the patient in the clinic vignette, who slept better after the incident, so the patient benefited from the situation). The creation of a thinking space before acting (publicly) was facilitated.

Regarding remote analysis, a question emerged – is this setting somewhat more fitting for supervision than analysis? It was stated that we are all, as analysts, in danger of denying the impact of what we do; someone commented that psychoanalytic literature does not feature research concerning this impact. Our New York colleague mentioned the existence of a study where there were interviews conducted after the conclusion of analysis, 25 years later, which aimed to record the impact that therapy had after that period of time.

For remote analysis, the confidentiality of the session is constantly uncertain, and additionally, we never know if patients are recording the sessions. Connected to this, the group recommended that all patients leave their phones outside the therapy room in order to maintain the setting.

Reflections generated by the panel

(1) *Who does the published material belong to?*

This contributes to increasing patient fantasies revolving around the analyst, which has implications, especially in training analysis, where supervision is an implicit part of the

process, although, in fact, what you publish is your material, not the patient's, but your thinking. The main aspect to mention concerning writing clinic material is the collapse that emerges in the analyst–patient dyad.

(2) *Why would someone want to write?*

You write because you want to discover something or have discovered something you want to write about. Analyst must always ask themselves why they are doing this.

(3) The subject of *informed consent* was commented on as being profoundly problematic, taking into account the difficulty of informing others about consequences, when these become visible only in the *après coup*. In fact, consent is a process, not something static.

(4) *Curiosity* is central in a psychoanalytic endeavour, the success of which depends on the capacity to maintain curiosity. It remains to clarify how we can relate this to technology. The concept of benign requirement involves limits. Interpretation is an enactment that reinstates curiosity.

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