

## A NOTE FROM THE GUEST EDITORS

**TODD ESSIG, PhD, and GILLIAN ISAACS RUSSELL, PhD**

*The editors describe their rationale for focusing this special issue on the question of what makes a screen relations based treatment different from an in-person treatment experience. A perplexing tendency for many to treat that which is acknowledged to be “better than nothing” as though it were instead “routinely good enough” is discussed. The risks of this specific technocultural moment for the future of psychoanalytic care is offered as justification for the issue’s focus on the question of difference. The hope is expressed that psychoanalysis will endeavor to ask the hard, psychoanalytic questions concerning the meaning of remote treatment so as to implement the incredible promise psychoanalysis has to be a human corrective to the excesses of emerging technoculture.*

**Keywords:** psychoanalysis, screen relations, simulation entrapment, Skype technology.

When first approached to edit a special issue of *Psychoanalytic Perspectives* about psychoanalysis and technology, we enthusiastically agreed because we believe the future of psychoanalysis in emerging technoculture can indeed be bright. Promise abounds. But so does peril; there are dark, dystopian possibilities lurking in the years ahead. We believe there are two good ways to fulfill the promise and avoid the peril. First, we have to ask the hard, psychoanalytic questions about how the tools we make and use change who we are and how we relate to one another. Second, we have to remain attuned to the rapidly shifting technocultural context within which we live and work. We need to ask the right questions and correctly read, rather than merely react to, the cultural moment. The alternative is sleepwalking our way into the future.

Narrowing the vast topic of psychoanalysis and technology for a special issue was our first task. We knew immediately that our specific topic would be screen relations based treatment, and not just because one of us recently wrote a book on the subject (Russell, 2015). It was also because we are both perplexed by a common response to remote treatment in which the hard, psychoanalytic questions do not get asked, or are asked reluctantly. As a result it seems that remote treatment has slid into common practice relatively unimpeded by the friction of thought and dialogue. The “better than nothing” has become routinely good enough. For example, when we began talking with prospective authors for this issue, we invited contributions from some eminent senior analysts with extensive

---

Address correspondence to Todd Essig, PhD, 59 West 12th Street Suite 1-E, New York, NY 10011. E-mail: [tessig@me.com](mailto:tessig@me.com)

commitments to treating at a distance. It was puzzling to us that they declined to participate because they did not feel there was really any difference worth noting between the tech-mediated and copresent therapeutic experiences. We wondered why they were not curious about what happens when someone provides treatment via screen relations. In our teaching and workshops, at conferences, in books and articles, in online discussions, and on professional websites announcing distance treatment services, we keep seeing colleagues who know that “the ego is first and foremost a bodily ego” (Freud, 1923, p. 26) undervalue the growth, transformation, and healing only possible when people are bodies together talking. People are treating online, but resisting dialogue, resisting thinking about what a screen relations practice means.

In addition to being perplexed, we are also worried that psychoanalysis may simply be heading in the wrong direction with technologically mediated interventions. Entrapped as we are by the simulations technology affords (Essig, 2015), we just may miss the opportunities of the cultural moment. Although many decry functional equivalence (“Of course, they’re not the same”), they then practice as though the two contexts were indistinguishable. Some even view a future of routine technological mediation as an inevitability to be embraced (“Get with it or get left behind!”). But all this techno-enthusiasm, however ambivalent, may be out of step with the current cultural moment. The growing acceptance for remote treatment is reminiscent of the mid-1990s when AOL startup disks rained down like manna from heaven and the question on everyone’s lips was “How do I get connected?” But times are different now. Among those who study technoculture, enthusiasm has been tempered by experience resulting in caution along with scholarly interest in how technology is changing who we are, how our minds work, and how we relate to ourselves and one another (Carr, 2011; Jackson, 2008; Powers, 2010; Turkle, 2012, 2015). Rather than being a forward-looking way to embrace the future, a fondness for remote treatments just may be a counterproductive reaction to technocultural forces luring people into forgetting all that makes an intimate relationship special and human, into trading the messy complexity and inevitability of loss for the shiny promise of a techno-utopia where everything is always possible anywhere. Under the umbrella of trying to “get with it” and keep up with the times, we are perhaps starting to behave as if machines can give what can only really come from other people, and that is worrisome.

Where we see promise for a psychoanalytic future attuned to this moment is something else we shared from the start; a belief that a psychoanalysis that values being bodies together has the unique potential to provide correctives desperately needed by still emerging technoculture. Rather than offering yet another technological solution to the problem of valuing technology more than people, a psychoanalysis that appreciates—celebrates even—differences between screen relations and being bodies together can be a central actor in a movement to reclaim intimacy. So, with that in mind, we decided to frame this issue around the

topic of difference: How is physical copresence different from screen relations, and what are the clinical consequences of those differences? In fact, understanding difference just might enable a deeper appreciation of what is uniquely valuable in both contexts.

We knew we wanted to avoid two kinds of papers. The first would be those that address practical “how-to” questions. On many discussion forums, in webinars like a recent one from the International Psychoanalytical Association, on psychoanalysts’ websites, vlogs, and blogs, issues such as the merits of various software platforms, their HIPAA acceptability, the legalities of working over state lines and in different countries, the best hardware, the wording of teletherapy patient disclosure forms and insurance reimbursement are energetically discussed. Implicit is an uncritical acceptance of using technology to mediate treatment without either studying the research to date or trying first to deepen understanding of mediated treatment. A “how-to” article like that would likely be part of the problem, as we see it.

The second type of paper we wanted to avoid would be yet another announcement of the “See, I did it and it worked for me” type. By now, it is well established that screen relations based treatment can indeed be helpful to some patients in need. Its “better than nothing” status has been amply demonstrated by numerous case histories and first-person accounts of success. More demonstrations are not needed. Let us acknowledge that some psychoanalytic care can be provided remotely via technologically mediated intimacies. But, to use an analogy, just because a surgeon can perform an emergency tracheotomy with a Bic pen (research shows the soft feel Jumbo passing muster; Owens, Greenwood, Galley, Tomkinson, & Woolley, 2010), that does not mean it should be used for routine care. The “better than nothing” argument really can be exactly that because we are wired to relate by evolution and will always unconsciously bridge the gaps that even the best technology cannot prevent. That debate is over; it will not be recounted here; and it should be retired.

Furthermore, technology can be an incredible trickster. That is its power and its promise. Although we are trained to use ourselves as an instrument, we are not immune to its seductions, nor are our patients. We need to keep in mind that just because something feels the same, as treatment on-screen and in-person often does, that does not mean it functions the same and has the same consequences. One recent study, for example, compared intensive short-term dynamic psychotherapy delivered in-person and Skype treatment for medically unexplained pain (Chavooshi, Mohammadkhani, & Dolatshahee, 2017). Immediately after treatment and at a 1-year follow-up, both groups reported that the treatments were equally credible and satisfying. Both treatment modes *felt* the same, both felt effective. But the results of the study showed that the in-person group had significantly less pain, depression, and anxiety as well as larger increases in emotional regulation and quality of life. They had different consequences. This illustrates a

reason for wanting to avoid authors who focus on perceived similarities instead of searching for and exploring differences that are all too easy to ignore.

Our choice was to seek out authors tuned to difference, those who wanted to explore what really happens, might happen, cannot happen, and does not happen when one treats via screen relations. The authors we ended up working with on this project exceeded our expectations by a wide margin, and we hope they will do the same for you. But before introducing the specific papers you will find in the following pages, we want to share our take on a shift in the technocultural context, which explains why we also have a sense of urgency that now is the right time for psychoanalysis to turn to questions of difference.

Books like *The Revenge of Analog* (Sax, 2016) and *Reclaiming Conversation* (Turkle, 2015) illustrate how we are at a specific cultural crossroads. Down one road are the familiar attempts to actualize all the possibilities of technoutopianism. Have a problem? Find an app. Technological mediation is panacea and inevitable (Carlino, 2011; Scharff, 2013, 2015). Down the other road are the possibilities, and pleasures, of all that is local, unmediated, and traditionally human. And, to be clear, this road is not at all antitechnological. It is pro-human. We actually believe, and will explain, why a wrong choice today includes the very real dystopian possibility that tele(mental)health will eliminate from mental health care in general not only the value of shared bodily experiences but any value for mental health care provided by a person rather than an app or program. It just may be that routine Skype treatment is a step toward something like a psychoanalytic app that replaces images on a screen generated by an actual human psychoanalyst with images generated by computer programs.

Our view, shared by those who make their living from understanding the mental health marketplace (Gebremedhin & Schuster, 2016), is that we are currently poised for a rapid technological disruption to the mental health marketplace similar to what Amazon did to bookstores and Uber is doing to taxis. Tele(mental)health is in the middle of a market space rapidly becoming topic de jour for many technopreneurs. For example, in the 6 months following August 2016, the number of tele(mental)health start-ups listed on AngelList went up 50%. There are several reasons why mental and behavioral health care is now in the sights of the technopreneurs. Foremost is that mental health and substance abuse treatment is a huge market. According to SAMHSA (2014), it is as much as \$228 billion. Plus, comorbidities create significant additional revenue and cost-saving possibilities downstream from mental health care. Any company that can grab even a small percentage of that marketplace with an app or program will be incredibly profitable. Other factors putting mental health care in the sights of the technopreneurs include “provider” shortages in many geographical areas, consumer demand for on-demand effective care, and the “TBL” of investing in mental health care (Two Bottom Lines: profit and social change).

When one looks more closely at the kinds of projects under development, things actually become a bit alarming. These include “digital therapeutics, or big pharma going beyond the pill,” which is essentially therapy without a therapist, scalars and extenders using technological mediation to bring mental health resources to more people in distant locations, and information aggregators bringing big data techniques to personal health care information (Gebremedhin & Schuster, 2016). Clearly, there is an upside in all this. Who could argue with wider access, lower cost, greater “provider” accountability and availability, and new treatment models?

But there is also a downside to the looming disruption including substandard care, profiteering at the top, dehumanizing care, loss of creativity as treatment models get locked in by startup business plans, and a race to the bottom leading to eventual automation. That’s right, automation. Robotic psychoanalysis provided by a program rather than a person. It’s not a stretch. And although the technology is not there yet, distance treatments through a mediating technology are changing cultural expectations for what psychotherapy is (Turkle, 2016). A Skype treatment really is paving the road for something like “Freud: The App.” It’s harsh to say, but those routinely treating at a distance via screen relations are unwittingly serving the needs of technology entrepreneurs who want to replace therapists with apps and programs. Such a practice does the work of what Turkle termed the robotic moment to turn us into creatures looking to machines rather than people for love and care.

It is important to note that our focus on what makes in-person treatment unique and, conversely, makes screen relations based treatments unique, should not be taken as implicitly minimizing the value of studying other important points of contact between psychoanalysis and technology. These other topics we chose not to address here include understanding how emerging technologies influence and change intimate relationships, sexual and romantic as well as familial, collegial, and friendly; treatment of patients who report problematic levels of Internet use; privacy and identity; the appeal of simulated relational experiences in general; changes in empathy, self-reflective and introspective capacities, and attention and concentration; and newly emerging forms of technologically mediated relatedness, including robotic caregivers and lovers (Levy, 2009). All of these are topics for another time.

But we believe now, before it is too late, is the time to turn our professional interests toward articulating differences between technologically mediated experiences and those found when people are physically copresent. The authors we found to facilitate a richer discussion of those differences did a terrific job. Each, in their own ways, have thought hard about what happens when an intimate therapeutic relationship takes place remotely. The first two papers come directly at the central question in two strikingly different ways. Sheryl Brahmam brings the rarest fusion of skills to the table: an academic computer scientist

engaged in a psychoanalytic training. She describes differences between different treatment contexts by building a communications model for psychoanalytic treatment. Stephen Hartman brings the mind-set of a clinical theorist to address difference. From his perspective of metapsychology he describes the unique temporal qualities of “cyberobjects.” Stephanie Swales, Tom Wooldridge, and Byron Woollen then each illustrate, in distinctive ways, how an awareness of difference can be put in to practice. Swales, from a Lacanian perspective, observes how obsessional patients can uniquely use technological mediation for resistance and how this can be addressed by the analyst. Woolridge describes how changes in the analytic frame from copresent to mediated can actually move a treatment on, how the differences can be put to good use. Woollen, who is both a psychoanalytic organizational consultant and a clinician, shows how the choice to use technological mediation for workplace communications should be influenced by a need to establish emotional richness and trust and not just by economy or convenience. Finally, Leora Trub and Danielle Magaldi, two early career psychoanalysts, question how clinicians can balance computer-mediated communication with the challenges of emerging technoculture. We then close the special issue by interviewing Sherry Turkle about the future of psychoanalytic care in the digital age. Her hopeful message about the special role that psychoanalysis can play as the future unfolds is an inspiring road map back to the center of cultural relevance. Psychoanalysis just may have what the future needs.

## References

- Carlino, R. (2011). *Distance psychoanalysis: The theory and practice of using communication technology in the clinic*. London, UK: Karnac Books.
- Carr, N. (2011). *The shallows: What the Internet is doing to our brains*. New York, NY: Norton.
- Chavooshi, B., Mohammadkhani, P., & Dolatshahee, B. (2017). Telemedicine vs. in-person delivery of intensive short-term dynamic psychotherapy for patients with medically unexplained pain: A 12-month randomized, controlled trial. *Journal of Telemedicine and Telecare*, 23(1), 133–141. doi:10.1177/1357633X15627382
- Essig, T. (2015). The gains and losses of screen relations: A clinical approach to simulation entrapment and simulation avoidance in a case of excessive internet pornography use. *Contemporary Psychoanalysis*, 51(4), 680–703. doi:10.1080/00107530.2015.1023669
- Freud, S. (1923). The ego and the id. *Standard Edition*, 19, 1–59. London, UK: Hogarth Press.
- Gebremedhin, D., & Schuster, M. (2016, August 29). Overview: Health tech startups innovating the behavioral health space. Retrieved from <http://www.mobihealthnews.com/content/overview-health-tech-startups-innovating-behavioral-health-space>
- Jackson, M. (2008). *Distracted: The erosion of attention and the coming dark age*. Amherst, NY: Prometheus.
- Levy, D. (2009). *Love and sex with robots: The evolution of human-robot relationships*. New York, NY: HarperCollins.
- Owens, D., Greenwood, B., Galley, A., Tomkinson, A., & Woolley, S. (2010). Airflow efficacy of ballpoint pen tubes: A consideration for use in bystander cricothyrotomy. *Emergency Medicine Journal*, 27(4), 317–320. doi:10.1136/emj.2008.069294

- Powers, W. (2010). *Hamlet's blackberry*. New York, NY: HarperCollins.
- Russell, G. I. (2015). *Screen relations: The limits of computer-mediated psychoanalysis and psychotherapy*. London, UK: Karnac Books.
- Sax, D. (2016). *The revenge of analog: Real things and why they matter*. New York, NY: PublicAffairs.
- Scharff, J. S. (2013). *Psychoanalysis online: Mental health, teletherapy, and training*. London, UK: Karnac Books.
- Scharff, J. S. (Ed.). (2015). *Psychoanalysis online 2: Impact of technology on development, training, and therapy*. London, UK: Karnac Books.
- Substance Abuse and Mental Health Services Administration. (2014). *Projections of national expenditures for treatment of mental and substance use disorders, 2010–2020*. Rockville, MD: HHS Publication No. SMA-14-4883.
- Turkle, S. (2012). *Alone together: Why we expect more from technology and less from each other*. New York, NY: Basic Books.
- Turkle, S. (2015). *Reclaiming conversation: The power of talk in a digital age*. New York, NY: Penguin.
- Turkle, S. (2016, November 30). The empathy gap: Digital culture needs what talk therapy. Retrieved from <https://www.psychotherapynetworker.org/blog/details/1072/the-empathy-gap>

## Contributors

**Todd Essig, PhD**, is a Training and Supervising Psychoanalyst at the William Alanson White Institute. He has served on the Editorial Boards for *Contemporary Psychoanalysis* and the *Journal of the American Psychoanalytic Association*. For 16 years, until 2009, he was Director of The Psychoanalytic Connection (psychoanalysis.net), becoming widely known among colleagues as a pioneer in the innovative uses of information technologies for mental health professionals. He currently writes “Managing Mental Wealth” for *Forbes*, where he covers the intersection of technology, public life, and private experience. His clinical practice is in New York City, where he treats individuals and couples, almost all of whom come to his office.

**Gillian Isaacs Russell, PhD**, is a UK-trained psychoanalyst who is a member of the British Psychoanalytic Council and the British Psychotherapy Foundation. She has served on the Editorial Board of the *British Journal of Psychotherapy*, as Book Reviews Editor, and is now a member of the Reviewing Panel. Her book *Screen Relations: The Limits of Computer-Mediated Psychoanalysis and Psychotherapy* was published by Karnac Books in 2015. Dr. Russell is internationally known as a lecturer, author, consultant, and researcher. She speaks and teaches on technology and its impact on intimate human relationships, particularly in psychotherapeutic treatment. She currently lives with her family in Boulder, Colorado.