Digital Communication in Psychoanalysis: An Oxymoron?

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Abstract

Texts and emails can create treatment dilemmas. This is especially the case when impulsively employed by patient and/or therapist, constituting an enactment. The opportunities for miscommunication are rife because of the lack of opportunity to converse in person and because tone of voice, body language, and other nonverbal cues are missing. They can also have a depersonalizing effect on sender and receiver. The paper addresses how these problems occur and ways to deal with them.

Introduction

This paper identifies dilemmas that arise in treatment through the vehicles of texts and emails. It appears that the most flagrant and difficult predicaments occur with impulsive patients, which will be illustrated in the case examples. Digital communications exemplify a potential breaking of the frame and enactments, requiring carefully considered treatment decisions. Other problems have to do with the ways miscommunication may occur as well as how emails and texts depersonalize both sender and receiver. Some positive uses of digital communication in treatment beyond their obvious worth in terms of efficiency and convenience are also posited.

Review of the literature

A review of the literature focusing on digital communication in psychoanalytic treatment, as such, yielded sparse results. It appears that the greater area of study involving technology and treatment concerns use of video-based long distance treatment, which is becoming more and

more mainstream. PEP-web lists 234 citations on Skype alone. Lemma (2017) discusses at length how technology is altering psychic structure itself and its ramifications on the individual and on society. In her chapter on " mediated psychotherapy" (pp. 81-113) she goes into detail providing copious examples of the implications for the treatment relationship given the disintermediation of the body. Reeves (2018) reflects as an attachment therapist on the impact of phone and Skype, (pp. 125-152). Bodner (2017) and Bayles (2012, 2016) also study the effects of lack of physical proximity created by mediation by video. Analytic and analytically oriented writers on relationships Turkle (2015), Cundy (2018, pp. 1-30) and Power and Cundy (2018, pp. 53-80) are lamenting the negative influence of internet and phone addiction on relationships.

Lemma (2017) poignantly expresses the problem of the regulation of intimacy and resultant opportunity for disconnection by communication networks. This is in direct contradiction to the work of psychoanalysis in facilitating "being-with-self-and-others" (p.8) [Per reviewer #2: move lengthy quotes and put in my own words]

There appears at this point to be more writing burgeoning in the fields of business, technology and self-help than in the psychoanalytic world about issues that are very much in the purview of psychoanalysis.

Rossi, (June 5, 2017), Newport, (2016), and Greenfield (2015), to name a very few, are raising alarms about the overall impact of phone/internet addiction on our attention spans as well as about what is happening to us neurologically, developmentally, psychologically, interpersonally, and sociologically as we stumble our way through this digital age. Zomorodi (2017), has created a program to go back to exposure to the possibility of boredom in the interest of being brilliant.

Oliver Sacks himself (2019), in a piece published posthumously, was moved to write a warning based on his observations on the effect of phones on children's neurological and social development:

> I am most alarmed...when I see young parents staring at their cell phones and ignoring their own babies as they walk or wheel them along. Such children, unable to attract their parents' attention, must feel neglected, and they will surely show the effects of this in the years to come…What we are seeing--and bringing on ourselves--resembles a neurological catastrophe on a gigantic scale. (pp. 28-29)

There is an increasing body of writing on how narratives in email from patient to therapist impact treatment. A few practitioners have reported on the deliberate use of email in treatment, with varying results (Hanford, in Cundy, 2018, pp. 153-168). Gabbard (2001) described a case of an erotic transference conveyed primarily through e-mail messages and discussed their multiple meanings both as therapeutic and as an enactment. Zur (2008) discusses guidelines for therapists' use of email in treatment.

There appears to be no literature specifically on the way in which brief (i.e., non-narrative) emails or texts occur in the service of acting out, whether on the part of the patient or analyst. It is notable that for all intents and purposes there is nothing in the analytic literature that specifically relates to problems of brief emails and texts in treatment. Perhaps this is because digital communication has become such an accepted part of our culture that it is not questioned, even though anyone would acknowledge that distortions and other problems (e.g., sending something inflammatory to the wrong person, or "replying all" by mistake) do occur between sender and receiver in treatment and in everyday life. Evidently practitioners are struggling in isolation in the privacy of their offices with how to cope with periodic mind boggling emails or texts they received.

Miscommunication

Communication by email and texts in treatment creates a slippery slope ranging from vastly easier handling of small administrative details on one hand to embroilment, distortion and misunderstanding on the other. In writing, body language, prosody, and other nonverbal communication are not accessible. At its worst, this may cause a rupture between analyst and patient that may be difficult to repair. It can be particularly awkward to manage in the arena of therapy. It cannot be known at the outset where a given set of communications is leading. And it may start with something as innocuous as a request for a schedule change. An illustrative case example is put forth later in the paper.

Conveying tone of voice and what that ends up looking like in writing are two very different things. Most have had the experience, either as receiver or sender, that one negatively tinged text or email takes emotional precedence over several positive statements. The negativity becomes magnified in the vacuum left by not being able to see the person, pick up nonverbal clues, or converse. Often a completely neutral, factual statement without a softening emoji (which one is unlikely to use professionally), can come across as critical, depending on the filter through which the recipient is interpreting. For example, think about how the following innocuously meant texts might be interpreted by a person coming from a lifetime of criticism:

- Missed you today
- I don't have that time
- Should I hold that time for you?
- I got your text. So when is our next session?
- Is that clear?

The potential for miscommunication is intensified in the therapist-patient dyad, particularly for the patient, for whom the therapist is seen as an authority figure upon whom transference and/or projection are high. Everyone interprets non-verbal communication in accordance with their conscious or unconscious intuition, but that doesn't mean that their interpretation is correct. (Eugene Goldwater, personal communication, May, 2019)

When the use of email and text creates a resistance in the therapy resulting in a regular platform for miscommunication the resistance needs to be addressed. Misunderstandings happen even when in the room together, whether for "reality" reasons or transferential ones. Digital communication can exacerbate transference communication distortion because it provides a void in which to project one's worst fears without the tempering reality orienting cues of body language and vocal tone. When people are not in the room together, the opportunity to deal with a distortion is foreclosed because of the time lapse until the two are together to repair such a rupture. A distortion may well go unnoticed by the therapist since one cannot see and feel in vivo how a given communication has been received by the patient.

When a therapist corresponds with a patient without the opportunity to converse, the patient is left having to speculate about what was meant. When the relationship is emotionally fraught there will be a strong chance that the intended meaning will be distorted.

Essig, Turkle, Russell (2018) call attention to the way that device-mediated artificial intimacy obviates what the body, mind and neurophysiology bring to relationships. They emphasize the importance of the kind of nonverbal communication that originally occurs between babies and parents and which continues throughout life in all person to person communications. Evolution designed humans to be able to communicate this way.

> For over a decade, we have become accustomed to taking the body out of conversations as we discovered that in so many situations it was less stressful to substitute texting for talking. We settled for convenience over authenticity or empathy.
>
> It's much easier to flee passion, or hate, easier to flee someone becoming important enough you will go to [your therapist's] office even in the rain.

Consider this example, this time from a patient to therapist: "I'm canceling our next session…" For the therapist, not having supplementary information or accompanying affect can lead back to one's own worst idea, and the whole thing can easily spin into something worse than what was meant, namely, that this is a precursor to terminating, or an actual abortive termination. Furthermore, not being able to respond in person in the moment, the therapist has to sit on her feelings, which makes the situation even more painful. People tend to operate in accord with their own fantasies how their writing has been "heard", in spite of the possibility for misrepresentation by the receiver.

Just as patients express, or defend against, wishes and feelings during in-person treatment, emails and text messages can be sent to elicit wished-for responses or to circumvent feelings. The patient may send what appears to be a purely informational email that is actually intended to communicate a wish for a particular answer and find the response lacking. The analyst would not know something was amiss without hearing the disappointed tone of voice which would have been experienced if face to face in the office. This is the only option when writing in isolation.

Patients can cancel or terminate while evading guilt or anger by substituting an email for a person to person talk, leaving the therapist feeling angry, dismissed, and abandoned as well as deprived of the opportunity to work on it together. A supervisee confided that a patient had just terminated treatment by text. The therapist responded, "The door is always open. Thank you." He revealed that the "thank you" was in lieu of "fuck you," and that he responded quickly by text

rather than suggesting a phone call, thereby avoiding the knowledge of how angry he was in that moment.

The problem of impulsivity

In studying problems in digital communication, it becomes evident that most concerns arising from texts and emails in treatment arise from communicating on impulse.

"It is easy to be seduced into believing that we need to think faster in order to think better and to keep up with the times...Speed is now woven into the very fabric of our lives within and outside of the consulting room we practice in as therapists and analysts." (Lemma, 2017, p.8)

However, operating on impulse can lend itself to destructiveness. It is easier to knock things down while at high speed than to build things up which takes time and thought, and entails tolerating frustration. When one is impelled to move quickly there is less opportunity to think through the consequences of the action. Eugene Goldwater (1978, 1994) elaborates on problems of impulsivity in much greater detail. Acting on impulse bypasses feelings while simultaneously providing an avenue for discharge which in itself is gratifying. This discharge dilutes or discards a feeling which might have been fruitful if said in the office. When the patient "shoots" off an email about some seemingly small, ostensibly administrative item it may camouflage a wish for contact, a wish for distance, the opening up of new material, an angry feeling, or anything in between.

The set-up of the therapy process-- in a room together, at a stated time, with a stated frequency, a fee and a mutually agreed upon goal, provides hearty leverage for the work of therapy. That form, the frame, plus mutual positive intentions, creates a space for the work to happen (almost) irrespective of the content of what is said (Robert Unger, personal communication, March 17, 2019). When the frame is pierced by an email communication,

opportunities for the work fly off somewhere into cyberspace. These communications escape the safety and purposeful enclosure of the room. Email and text can function in therapy as "exits" do in relationships. When a person is fleeing the relationship, whether by having an affair or alienating the significant other by spending an inordinate amount of time on their devices, the solidity of the relationship is threatened. Email and texts can have a similar, albeit more limited, corrosive effect in the treatment relationship. Communicating in instantaneous mode keeps the level of relating superficial.

Containing difficult feelings without going into action promotes greater ego strength and opens up new possibilities for growth. Lemma (2017) posits that the absences, waiting and gaps inherent in the analytic process, while frustrating, are ego enhancing in the long run. Emotional resilience comes about as a result of the mind having "space--*an absence of presentation*--that impels it to represent experience." (p. 8)

The more the process is slowed, the greater the depth that may be reached, both for the analyst and for the other. This is why having the patient on the couch is helpful. The couch is relaxing and curtails action, among other things. It is why journaling in longhand is completely different from typing into the computer. Slowness allows for the accessing of more self-understanding.

In a similar vein, Newport (2016), while more concerned with the business and academic world than that of psychoanalysis, emphasizes the importance of "deep work." While his focus is geared toward other fields, it is also entirely applicable to psychological work.

> Deep work is the ability to focus without distraction on a cognitively demanding task...Deep work will make you better at what you do and provide the sense of true fulfillment that comes from craftsmanship... And yet, most people have lost the ability to go deep--spending their days instead in a frantic blur of e-mail and social media, not even realizing there's a better way.

For the same reasons, the analyst is deliberate in slowing down the process in the room by regulating the stimulation-- by talking infrequently and generally by maintaining a modulated affect. This is particularly important when working with impulsive people. When impulsivity is masking terror, and therefore avoidance of feelings, an unpressured attitude of quiet curiosity conveys a much needed feeling of safety and security. The very fact of two human bodies with the right proximity to each other, benignly together in a room, sets the stage for intimacy and connection. Text and email preclude these benefits.

Handling depersonalizing effects of email and texts

"Shooting" off texts or emails can make the recipient feel more like a commodity than a three dimensional, complex human being. It can threaten to convert interaction with the analyst into something analogous to ordering and canceling on Amazon. All that's required is a click! It is helpful to refine one's way of working and develop a spectrum of options. There can be a range of choices from digital communication as acceptable with healthier, non-acting out patients on one end of a continuum to the insistence of actual phone calls with people who are more impulsive.

It is particularly useful to study the uses of digital communication if they become a pattern with impulsive patients with an eye toward progressively moving toward more verbal in-person communication. The work becomes turning a pre-analytic case into an analytic one by helping the person over time to use words more and actions less.

Regarding requests for a schedule change, being able to hear (by phone) what is going on and the tone in which it is conveyed can help resolve a resistance to keeping the time in place. Even if the resistance is not resolvable immediately, the analyst is more likely to make sound clinical judgments when hearing a voice about what underlying feeling or dynamic is being

enacted than when receiving a text. Making a kind of "relational differential diagnosis" is worthwhile for whom the analyst is comfortable with interacting digitally versus those with whom it makes more sense to stick to conversing. The more able the person is to talk and not act, and the longer in treatment, the less the use of texts and emails is likely to hold special meaning, per se. It can generally be assumed with these people that "a cigar is just a cigar", although it's good to keep the "third ear" (Reik, 1983) tuned.

Generally when a patient requests a schedule change with some description of the reason and suggests a good alternative, a direct response is warranted to make the change if possible. In other cases, other interventions are needed.

Case examples

Here is an email received on a Sunday afternoon. It was just prior to the July 4th holiday which was being observed on Monday:

> ***Hi, Dr. F!***
>
> ***I hope this finds you well!***
>
> ***Some thoughts have come up***
>
> ***Can we change our Tuesday 7:00 PM appt on July 5 to earlier? 3:00 PM?***
>
> ***When else do you have time in the summer? We need to change the day of our session.***
>
> ***We lost the receipt you gave us for May. Can we have another?***
>
> ***Thanks! Enjoy the warm weather!***

This, on the surface was a series of seemingly straightforward requests which in fact masked an enactment of the couple's core problem. It exemplified potential

complications in a treatment for which a conversation was warranted to unpack a number of hidden meanings.

This couple came to treatment shortly before this email demonstrating a dynamic in which they make an agreement with each other only to have the wife subsequently act as if the agreement had never been made. She is oblivious to the fact that this is a unilateral change. The email request, interestingly, came from the *husband* to me, evidently oblivious on his part that now *he* was unilaterally attempting to change an agreement *they* made with *me*!

I responded as follows in the body of his email:

Patient: ***Some thoughts have come up:***

C*an we change our Tuesday 7:00 PM appt on July 6 to earlier? 3:00 PM?*

That Tuesday was going to be my first day back after a long holiday weekend. I made a decision to acquiesce, give them the earlier time, partly prompted by my own needs as well as some exasperation. It was a holiday week and I wanted the evening time. Furthermore, I did not want to get into a phone tag situation on a Sunday. Under more usual circumstances I would have suggested we talk briefly on the phone before making a change.

Me: I can do 3:15. Will that work?

Pt. ***Can we have another receipt for May? We lost the one you gave us.***

Annoyed and "shooting" off my own response without any thought:

Me: **I have a very attenuated week coming up-- I will try to get it done, but if not, can it wait till the first week of August? (I need to be in the office to do it).**

Right after hitting "send" I regretted my response; I had acted out my irritation; there was no need for so much information, and I sent it impulsively instead of waiting till I had a chance to think it through.

Pt: ***When else do you have time in the summer? We need to change the day.***

Me: May I discuss this with you in person?

Pt: ***Thanks! Enjoy the warm weather!***

Me: I wish you the same and look forward to seeing you!

The patient did not write back. I had to nudge him to confirm the Tuesday time and otherwise was able to wait until we met in person to discuss the requests for changes. Another question to consider when receiving such a communication is how to deal with the patient's not responding to a question. I chose to do nothing until meeting in person, wanting to privilege and model talking time over email time.

In the session I was able to bring up the issue of his making a unilateral change in our agreement about our scheduled day. "What is the problem with the day?" He'd already made another commitment which would interfere with the therapy. "What if I didn't have another time? What then?" He'd arranged something pleasurable to conflict with the therapy. "Why isn't therapy fun? How is therapy not fun? Would it be better just to do something more fun?" He acknowledged he dreaded coming in and feared any marital conflict, which disorganized him. We were able to discuss in the presence of his wife how conflict could be triggering and how we might be able to talk about it before it

became disorganizing. He ultimately rearranged the "fun" engagement so he could have both it and therapy and we were able to keep the day. It turns out that the pattern of changing agreements both in the life of the couple and in the treatment continues to be ubiquitous to the case. In retrospect it is clear that the initial email communication heralded an enactment of a core problem. Bringing the issue out of a digitized space and into the talking space of therapy provided enormous leverage in the treatment.

Another glaring issue regarding digital communication is receiving a text from one member of a couple without the other's being included, which, while beyond the scope of this paper, deserves attention.

In another case a borderline, scattered, panicky, impulse ridden patient who texted 45 minutes before the session: "***coming straight from the lab as is or have to do phone***." I was taken aback about how to respond. The patient worked in a perfumery which resulted in his carrying the scent with him for hours. We had found out that unfortunately the patient whose hour followed this person's turned out to have a violent allergy to these leftover scents. Normally my patient would shower after he left the lab. He had previously made three spur of the moment changes to phone sessions in three consecutive weeks for all kinds of other reasons and this felt completely out of control. "Time to slow down," I thought. I did not want to communicate about this by text, so I phoned him. I reached him walking around the street in another part of the city. He briefly explained he'd lost track of time (one aspect of his overarching problem) and was stuck trying to find a place to charge his phone. He requested switching to a phone session at the usual time. In the rush, feeling helpless, exasperated and pressured, I agreed, and we hung up. Then I thought it over and called back suggesting a time later in the day to meet in

person, so he'd have time to shower and get to the office. He was happy with that. This was a lot of activity around the frame. It would have happened in some form anyway with this particular person but having the ability to text rendered the interchange more readily to action. I wondered about my decision as a form of enabling. I rationalized it was more a clinical issue about lending some ego for a person whose ego is compromised, than it was reinforcing a resistance. In retrospect, I do feel it was enabling. If I could have wound back the clock, and at this juncture of accumulated acting out in the treatment, I would have preferred that I tolerate feeling like a mean person and say (by phone) "It looks like we won't be able to meet." And the session would be charged for. Knowing the case, there was an enormous amount of barely repressed anger being acted on with these impulsive changes. Ideally, my putting an abrupt and highly unpleasant stop to the action would direct the patient's anger toward me and which I could deal with directly.

It might be asked, why not forego limit setting and instead talk about the meaning of the acting out together in the room? Talking is a futile exercise when dealing with the patient's proclivity for action, which developmentally represents a pre-reason state of defensive structure. The communication of a simple "no", in effect, is similar to choosing not to buy our two year old every desired piece of candy in the grocery store and abjuring having a discussion about nutrition.

Subsequently I came to the conclusion in this treatment that if any measure of consistency were to be maintained I would have to stipulate all sessions be kept no matter the reason. The treatment was devolving into chaos and possibly even fomenting that chaos with too many frantic changes which mirrored his life and the subsequent trouble

he was getting himself into. He actually "got it," expressed relief, and agreed, and life both in and outside the treatment calmed down considerably. Remarkably, his thought processes in the room immediately became more orderly and organized.

The acting out impulsive patient injects another degree of complexity into analytic treatment. It may easily become deleterious in the treatment of impulsive people to bring forms of action such as texting, into the relationship. The likelihood of feelings getting suppressed or acted out through email or text is greater with this group as exemplified in the last case. The operating principle is the more people can talk and not act, the more treatment leverage there is.

Before the age of utter reliance on technology, any extra-analytic contact outside the room (like texting) would have been considered a form of acting out. Now it seems to have become second nature to most patients and practitioners.

Here is a troublesome text exchange:

Her: ***I made a mistake. I wrote down 2 PM in my calendar instead of 12 PM. I am first heading into the city now. Let me know if you have an available time later today. Sorry about that.***

This ignores my cancellation policy and appears to assume I'll give her a pass without any discussion as to why the policy would suddenly be altered. An assumption that is not likely to be put into words in a text; nor can it be adequately attended to in a response by text.

Me: **Sorry, I don't!**

This happened to be true, but what if I did have an hour? How would a judgement be made? And regardless, what about the issue of bypassing my policy?

Me: Can you call when you get a chance?

Her: On train, can't do.

This ignores my saying "call when you get a chance," and is expectable when people on the fly read one sentence of a text and not the next and extrapolate something that suits them-- especially when their unconscious is running the show.

Me: OK….When you get a chance? (underscoring my request)

I did not hear back. I did nothing. She came the following week, paid for the missed session, and we discussed what had happened. It turns out the error was a precursor to her beginning to talk about wanting to terminate treatment.

These are the conditions which lend themselves more readily to being enacted with email and take some sorting out in handling. Furthermore, the analyst is clearly more likely to follow up impulsively when speedy texts are involved and therefore she needs to be mindful when responding to texts or emails. A kind colleague has suggested that the impulsive response reflects an induction of impulsivity from the patient rather than pathology on the part of the analyst.

There is a tendency for impulsivity to breed impulsivity and therefore a certain amount of grounding is required in dealing with email and text. The fact that crafting emails and texts is already an action lends itself even more toward the possibility of responding without thinking. Think of the contrast between answering a text (particularly an annoying one) just prior to sitting down with friends at a restaurant compared with being able to lean back in the therapist chair and breathe deeply in the presence of an anxious, pressured patient.

Case examples of straightforward text communications:

Her: Do you happen to have the 5:30 open tonight?

Me: Yes. You want it?

Her: Yes please

Me: Ok see you at 5:30

****

Him: I'm going to have to do phone tonight. If that doesn't work I'll just have to cancel and pay you the fee. Traffic is so bad I could leave now and not make it on time.

Me: No problem. I look forward to hearing your voice.

Him: Thanks so much. Me too yours.

Each of these cases was a long term, non-acting out patient whose life circumstances I was well aware of, and for whom these situations were anomalies, not patterns.

Some make the case that patients can express feelings which need to be said in writing that they feel could not be said safely in person because it would make them feel too vulnerable. Perhaps they could say provocative, rageful things without fear of immediate in-person reprisal. After all, one can say anything in writing and maintain absolute control of the timing of the response and be spared the strong feelings that may be engendered by being in the same room together. In analytic treatment the aim is always directed toward resolving resistance to patients' being able to say everything in the room. But there are times when the patient's being able to rehearse at a distance can serve as a stepping stone to feeling freer in person.

In the 1980's I had a patient who, relating in part to severe early abuse, and left unprotected in an orphanage, could only relate to people who were professionals, such as a doctor or to a referral from the doctor, which turned out to be me. He worked a night

> shift at Walmart, thereby rarely having to interact with others. He taught himself to use the computer long before most people. In a noteworthy addition to the treatment, his forays into chat rooms became the bridge that eventually led to his being able to tolerate interacting with people other than me in real life, enabling him to change to a day shift, attend NA, and ultimately meet the woman who became his wife. (Frankfeldt, 2002) This was long before email, much less texting, became a part of everyday life.

Some analysts may encourage extra-analytic contact by text and email for certain patients as an aid to object constancy. Such contact must be done judiciously. For some patients it is a boon to treatment; for others it could feed fantasies of sex and romance.

Technology: it's not all bad

Perhaps others will add more examples in future studies on the upside of the digital world in treatment. Such a paper would constitute a substantive contribution to the rapidly changing culture and equally evolving mirror that is psychoanalysis. Useful questions for consideration are: How are psychoanalysts incorporating digital communication into psychoanalytic work? What are the positive effects and why are they positive? How does the practitioner work analytically with patients' use of email and texts that threaten to derail the treatment? Is there a way in which the use of texts or email might actually enhance treatment in this new world? Given there is no choice but to accept accelerated modes of communication, analysts will undoubtedly create new, outside-the-box ways of being a part of this generation. Hopefully, brave clinicians will share new unorthodox "parameters" for the benefit of all, which could ultimately be absorbed into the mainstream.

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