

DPV statement on the use of digital media in psychoanalysis and psychotherapy

Prompted by the rapid current developments and discussions regarding the use of digital media in psychotherapy and psychoanalysis, a working group of the DPV was formed in July 2016 at the suggestion of the then chairman, Gebhard Allert. The members of the group were Valérie Bouville, Maria Johne, Heribert Blaß, Jürgen Hardt, Rupert Martin, Martin Teising und Gebhard Allert. After two years of intensive discussion and research, the members of this working group presented the following basic statement. This was adopted by an overwhelming majority at the DPV general meeting in Bad Homburg in November 2018. There was also a forum on the use of digital media in psychoanalysis at the DPV Autumn Conference 2017 and at the DPV Autumn Conference 2018. The relevant forum contributions of the members of this working group can be consulted in the corresponding conference proceedings.

This DPV statement on the use of digital media in psychoanalysis and psychotherapy is aimed primarily at DPV colleagues. However, it also addresses psychoanalysts and psychotherapists from other professional societies and associations. With regard to the great importance of the use of digital media and the discussions and questions that have arisen both here in Germany and in the international field of psychoanalysis, the DPV would like to offer some orientation in the particular dilemma whereby on the one hand the opportunities offered by digital media are increasingly propagated, while on the other hand the associated risks are becoming increasingly apparent. With our open statement, we want to sensitise people to the associated dangers and take a critical position on the question of the use of Internet-based digital media in psychoanalysis.

1. Background and prehistory

- The change in the media landscape and its meshing with the healthcare industry

The Internet has undoubtedly become the leading medium in today's media landscape. The digital technology that supports the Internet has changed society as a whole. Increasing digital networking, not only domestically but in the whole world, has fundamentally influenced the thinking, feeling and acting of people, and will change them further. In economic and political terms, "digitalisation" has paved the way for globalisation. In view of the fact that digitalisation extends into every corner of life, however, it seems more appropriate to speak of "digitalism" (Jürgen Hardt). Today, the digital has become a dominant ideology that intersects with other ideologies such as "globalism" (rather than globalisation) and "neoliberalism".

This is paradigmatically evident in the healthcare system, which has been transformed into a healthcare *economy*. Today, the healthcare *economy* is organised on the basis of an increasing use of digital technology in accordance with primarily economic principles. Professional (medical, psychological, psychotherapeutic) and ethical (preventing harm, beneficence), principles take a back seat to the primacy of the economic. In the healthcare *economy*, there is no longer any question of where the use of digital technology makes sense and where it does not. As is usual with an ideology, the digital per se is defined as "good". For example, the E-Health Act promotes everything that accelerates the use of digital technology in healthcare, while penalising everything that stands in the way of its use. The use of digital technologies is

promoted with slogans such as: “We must digitalise, otherwise ...”. The use of the little word we here points once again to the ideological background, and appears inflated in such contexts.

- *The change in the use of the Internet as a medium in our own professional group*

Psychoanalysts are under the impression that the penetration of the psychotherapeutic field by digital technology is also based on a kind of higher law, seeming to have become independent of politics and society. It seems to be predetermined and unchangeable. Proponents of remote analysis argue that under difficult conditions, psychoanalysis should not shut itself off from a modern technology used all over the world. In exchange, the risk of endangering the confidentiality framework that is essential for psychoanalysis is accepted (see below on data protection).

In addition, psychoanalytic communication via the use of digital devices enters a commercial space where not therapeutic rules prevail, but economic ones. Almost all well-known psychotherapist associations admit that the introduction of the telematics infrastructure for psychotherapeutic practices and their patients is unlikely to bring any benefits. Nevertheless, this is not seen as reason for a general criticism of this project. The concern that one might fall out of the *we* if one does not take part and might ultimately be expelled from the healthcare economy, seems a too big risk.

The attitude of the individual also appears to be determined by group psychology: the fact that everyone is doing it allays doubts as to the extent to which it is technically and legally permissible, for example, to communicate with patients by digital means. Since the digital *comes* with power anyway, it is seen as pointless to take a fundamental position on it. One person enjoys the advantages of using digital technologies while the other pulls back. Still others show mixed forms of dealing with digital media in psychotherapy. Whichever strategy of dealing with digital media is chosen individually, what they all have in common is that they are adaptation strategies that ignore fundamental principles. This also raises the question of how much we gradually change ourselves in our thinking through the use of the Internet and e-mail traffic, and how much we tacitly participate in the cultural change associated with it. This confronts us with the difficult task of reflecting on cultural change and the associated changes in our own thinking on the one hand, while on the other fundamentally considering what frame of reference and what world of values we feel committed to in our psychoanalytical thinking and acting. It is difficult to discuss something that seems to have no alternative. This is what we want to counteract with this statement.

- *The discussion in the international context*

Psychoanalysts around the world are increasingly using telecommunications for treatment, supervision and seminars. Awareness of the problematic consequences is not particularly well developed in the international arena. A fundamental debate as to whether psychoanalytic essentials can be preserved without the physical presence of the patient and psychoanalyst is only being conducted to a very limited extent at the international level.

The International Psychoanalytical Association (IPA) is in a dilemma. It wants to spread psychoanalysis worldwide as far as possible, while maintaining the high standards of its ethical

guidelines. In its 2017 Guidelines it emphasised that psychoanalysis must be conducted “in the room—in person” and that other forms should only be used in exceptional circumstances. Analysts who use telecommunications must ensure that the technology they use maintains confidentiality.

American IPA Institutes offer Chinese candidates a complete online psychoanalytical training that is not accepted by the IPA. It requires at least one year of personal psychoanalysis before, in exceptional cases, training analysis and supervision via the Internet can also be recognised for the training. The American Psychoanalytical Association, which is independent of the IPA in its recognition practice, has to decide about an application for recognition of a completely online training.

An IPA working group on confidentiality issues, led by Andrew Brooks and John Churcher, has drafted a statement (*Draft Report of the IPA Confidentiality Committee, 16th April 2018*). It is based on the assumption that we can guarantee relatively secure control over the privacy of our treatment room in the conventional setting, enabling privacy and protecting confidentiality. Modern technology makes interception possible without the need for physical intrusion into private rooms, for example via mobile phones, even when they are switched off. In countries where there is covert surveillance of daily life by government institutions, it is hardly possible to maintain privacy.

To a limited extent, telecommunications can be protected by careful encryption programs. It remains open whether an encryption method can ever provide complete security. For example, there is always the risk that the content will be intercepted before it is encrypted or decrypted. The information can be forwarded without the user noticing. In addition to technical weaknesses, human negligence, especially unconsciously motivated negligence, leads to security systems being penetrated.

When information is intercepted, the working group continues, it is also stored. Increasing storage capacity and falling storage costs allow unlimited storage, which entails the risk of further proliferation, misuse and theft. It seems to be only a matter of time before a recorded psychoanalytic session appears on YouTube and is widely distributed. For example, if the recording of a psychoanalytic session would be published on the Internet, the trust of many patients would be destroyed. The damage to the reputation of the IPA and its member societies could be permanent. There would not only be complaints from active patients. The use of reasonably secure telecommunications requires specific knowledge that psychoanalysts do not usually have. Patients would also have to invest in expensive technical equipment and learn to use the technology. Analysts cannot check the technology used by the patient.

Even in countries with developed data protection, there is a danger that a government will come to power in the future that misuses stored data for repressive measures against individuals and groups. Stored data from psychoanalytic treatments can be misused by journalists, criminal organisations, insurance companies, terrorists or people interested in doing business.

“Teleanalytically” trained candidates will of course use this method for their own treatments, even if there are no exceptional conditions.

It is often suggested that “informed consent” should be established with the patient at the beginning of treatment. This ignores the fact that patients are specifically dependent on their psychoanalyst, a dependency characterised by unconscious regressive transference phenomena. In addition, analysts and patients are usually not thoroughly informed about the

risks of tele-treatment.

One measure recommended in the US is to use a technology that meets the standards of the official health care system (*Health Insurance Portability and Accountability Act*). The security rules of this regulation define the administrative and technical security standards for electronic communication of health data. Psychoanalysts are already advertising their compliance with these standards.

In teleanalyses, one must expect limits to the willingness of patients to communicate openly what comes to their mind, as well as limits to the analyst's freedom of interpretation. This destroys essential foundations of psychoanalysis.

The working group of the IPA comes to the conclusion that secure privacy, which a conventional setting largely offers, cannot be guaranteed in teleanalysis. The IPA has put this statement up for discussion, but has not yet drawn any conclusions.

2. Key points of our statement

After intensive discussions, we agreed on the following key statements. Regarding the experience and field of work of many colleagues, it seemed sensible to us to distinguish between clear requirements and additional recommendations.

- With regard to the aforementioned developments, we require the following:
 - * No participation in Internet-based psychoanalytic therapies.
 - * No offer of psychoanalytic training analysis via the Internet.
 - * Teaching analyses and training therapies carried out via the Internet cannot be recognised within the framework of our teaching and training rules in the DPV.
 - * The confidentiality of the psychoanalytic situation must be strictly observed.
- In addition we recommend:

Psychoanalytical super- and intervision should also usually take place face-to-face. If this is not possible in certain exceptional situations that need to be justified, the relevant framework conditions should be carefully considered and jointly determined by the participants. Special attention must be paid to the dynamics of this specific relationship.

- * If a training analysis or case supervision cannot be continued for various reasons, e.g. a change of location, we recommend changing the teaching analyst or supervisor and not a continuation with Internet-based media.
- * We should not participate in Internet-based forms of blended therapy: the combination of face-to-face sessions with Internet-based sessions.
- * In the case of Internet-based communication, e.g. by e-mail with our patients and

colleagues, it is important to note that this is an unprotected medium in which no sensitive and confidential data should be contained.

* Information and reports with personal and confidential content arising within the scope of our association and institute activities, as well as our training and further education activities, can not be sent via open e-mail traffic but must either be appropriately encrypted or transmitted by post.

3. Reasons and explanations

- Changing the forms of interpersonal relationships through digital media

Neoliberal maxims and the massive economic interests associated with them are promoting a huge increase in digital exchange in a global world which is everywhere networked, while at the same time private relations are increasingly being undermined. This holds the danger of progressive isolation and loneliness for the individual. The extent to which the introduction of digital media is leading to a change in the forms of interpersonal relationships and influencing the entire cultural process has been described many times (cf. e.g. Baym 2010; Turkel 2011; Hardt 2015, 2016; Stalder 2016; King 2018). Unfortunately, this is hardly noticed by the protagonists of telemedicine and teletherapy. Global, profit-oriented corporations, which use information from the Internet in many different ways, are particularly interested in people's inner desires, which are usually kept secret from the individuals themselves and are often communicated to another person for the first time in the psychoanalytic process, without protection. This applies particularly to "intimate" or "private" data and information (cf. Priddat 2014; Reichert 2014). The information economy penetrates the private world in many ways. In the global information society, data is a sought-after commodity, but this is usually ignored by users. It is noteworthy that the terms and conditions of the frequently used Internet program "Skype" include the fact that users automatically consent to the storage and use of data by the provider. Thus, for example, a remote psychoanalysis with "Skype" takes place in an open marketplace where the stored data can in principle also be used for other interests and purposes. Intimacy, privacy and protection of confidence, central prerequisites of a psychoanalytical relationship, are therefore not provided. In this respect, the conditions for an analysis that brings up defended content into language in a discrete situation are not guaranteed for technical reasons, so that the use of digital media leads to a methodical and ethical dilemma.

- Essentials of the psychoanalytic relationship

The psychoanalytic relationship consists not only of an exchange of words that can be transmitted as information, but lives in a shared physical space, with gestures, hesitations, orientation towards sound and movement, and is therefore more comparable to a dance than a mere exchange of words. This is especially true for "communication" in phases of deep regression or the communication of the unsayable.

Contemporary psychoanalysis is today unanimously based on the assumption that processes of change in psychoanalysis are not based solely or primarily on the exchange of words, but on an interpersonal encounter with the physical presence of two partners, and the analysis of

unconscious, multimodal transference processes in this discrete encounter. Thus, the currently used mutative concepts of container, contained and containing also metaphorically emphasize the “corporeality” of the processes of exchange in the analysis, which are especially essential in regressive states that are often not accessible to linguistic expression. The “information exchange” possible with digital means, on the other hand, has a different quality and requires conscious caution and competence because of the security measures to be observed, which sets narrow limits to a regression in the encounter. In this respect, the work with regressive processes is hindered when digital media are used and the area of what can be responsibly expressed is restricted (cf. Hardt 2015, 2018).

- *Data protection*

Data protection in the use of Internet-based media is fundamentally incomplete and only guarantees relative protection, depending on the currently applicable and constantly changing security measures. Even if it is emphasized that the patients and candidates concerned, as responsible citizens, voluntarily consent to the use of these media and are therefore jointly responsible, what is ignored is that our work is centrally concerned with unconscious and regressive processes that are not manageable and therefore cannot be adequately defined by a joint agreement. The duty of care and the responsibility of the psychoanalyst are of basic importance here. This argument can also not be adequately countered by the fact that it is often a precondition that certain forms of treatment are only suitable for patients with structural stability, or that the participants must give an assurance from the beginning that, for example, there is no suicidal tendency or traumatic disorder present. The duty of care remains with the partner in the process who bears the therapeutic responsibility. The requirement of discretion cannot be met without the participation of both partners when digital techniques are used. Even the advocates of online psychoanalysis (Scharff 2013, 2015) cannot dispel the fundamental concerns about the lack of data security. They either simply ignore it, relativise its significance as being only for patients of public importance, for example, or refer to “informed consent”, which, however, as the above remarks show, cannot be assumed in an analytical relationship for methodological reasons.

This is not just a question of data security, but above all of our ethical and therapeutic obligations and responsibilities. As psychoanalysts, we are committed to ensuring that our professional conduct is designed to safeguard the protection, dignity and right to physical and psychological integrity of our patients, analysands and colleagues.

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