

CYBERTERAPIJA: O MOGUĆNOSTI I NEMOGUĆNOSTI PSIHOANALITIČKIH TERAPIJA NA DALJINU

/ CYBERTHERAPY: ON FEASIBILITY AND INFEASIBILITY OF REMOTE PSYCHOANALYTIC THERAPIES

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SAŽETAK/SUMMARY

Članak je ponešto prerađeno istoimeno priopćenje sa skupa Psihoterapija i nove tehnologije, održanom u Kliničkoj bolnici Vrapče u Zagrebu 1.6.2018. Ubrzani razvoj i najšira uporaba novih tehnoloških pomagala u komunikaciji predstavlja izazov u smislu promjena temeljnog psihoterapijskog okvira (*settinga*). Autor navodi promišljanja i pitanja nastala na temelju više od deset godina eksperimentiranja s terapijom *online* u vlastitoj kliničkoj praksi. Zaključak je da se supervizije na daljinu odvijaju bez ikakvih poteškoća, a okvir psihoanalitičke psihoterapije licem-u-lice se lakše održava u ovom novom obliku komunikacije terapeuta i pacijenta nego li onaj klasične psihoanalize na kauču, koji je ipak moguć u određenim uvjetima. Ne bi trebalo upasti u zamku uspoređivanja psihoanalitičkih terapija u fizičkoj prisutnosti analitičara i analizanda sa onima „na daljinu“ u smislu što je bolje. To su jednostavno drugi mediji terapije pri čemu o ovom drugome imamo tek ograničeno iskustvo. Tehnologija u 21. stoljeću nepovratno mijenja naše živote i modele komunikacije, što ni psihoanaliza ne može ignorirati ako želi opstati u „novom svijetu“.

/ This article is a somewhat adapted presentation with the same title from the conference "Psychotherapy and New Technologies" held at the Clinical Psychiatric Hospital Vrapče in Zagreb on June 1, 2018. Rapid development and extensive use of technological gadgets in new forms of communication present a challenge in redefining and changing the fundamental psychotherapy settings. The author presents his own deliberations and questions based on more than 10 years of experience in clinical practice at experimenting with new forms of online communication. The conclusion is that remote supervisions proceed without difficulties, while online psychoanalytic psychotherapy face-to-face can be maintained more easily in this new form of communication than the classic 'couch' psychoanalysis that is nevertheless possible in certain conditions. We should not fall into the trap of comparing the quality of psychoanalytic therapy in the physical presence of an analyst and analysand with that of remote therapy; they are simply different forms of therapy, whereby our experience in the latter is only limited. The technology of the 21st century is irreversibly changing our lives and modes of communication, which is a fact that psychoanalysis cannot ignore should it seek to survive in the "New World."



KLJUČNE RIJEČI / KEYWORDS

cyberterapija/cybertherapy, teleterapija/teletherapy, *online* psihoterapija / online psychotherapy, Skype-analiza / Skype analysis, psihoanaliza na daljinu / remote-psychoanalysis

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UVOD

Kad je 2011. osvanula reklama za novu iPhone aplikaciju upotrebom koje se vjernici mogu ispovjediti na daljinu, kada su na putovanju, ubrzo se oglašio Vatikan priopćenjem u kojem je navedeno da prisutnost svećenika ispovjednika ne može biti zamijenjeno nikakvom IT aplikacijom te da „iako je Bog posvuda, vjerojatno ipak nije u vašem mobilnom telefonu“. (1).

S jedne strane možemo zaključiti iz vatikanskog priopćenja da je Bog sveprisutan jedino u prirodi – vanjskom realitetu, a i u unutarnjem psihičkom realitetu vjernika, ali nipošto nije u virtualnom svijetu, virtualnom realitetu kako ga neki zovu ili *cyber*-prostoru.

Cyberspace je pojam koji je kreirao pisac William Gibson u sci-fi romanu *Neuromancer* iz 1984. Etimološki korijen pojma *cyber* dolazi od grčkog *kybernan* sa značenjem kontrolirati, upravljati što također ističe ulogu kontrole i ma-

INTRODUCTION

When an advertisement for a new iPhone application, which enables the believers to make a confession remotely and afoot, was launched in 2011, the Vatican soon issued a statement that the presence of a confessor priest cannot be replaced by an IT application, and “even though God is omnipresent, He is probably not in your mobile phone” (1).

On the one hand, based on Vatican’s statement, we can conclude that God is omnipresent in nature only – in the outer reality, but also in the inner psychic reality of the believer – but He is certainly not in the virtual world, or virtual reality as some call it, i.e. *cyberspace*.

Cyberspace is a term created by author William Gibson in the sci-fi novel *Neuromancer* from 1984. The etymological root of the term comes from the Greek word *kybernan*, meaning to control, to operate, which also emphasises the role of control and manipulation of reality. This world and reality have been created by humans and their technology (2).

nipulacije realnošću. Taj svijet i realitet je stvorio čovjek i njegova tehnologija. (1)

Kada se navedena reklama za iPhone aplikaciju pojavila, odmah je, navode Lemma i Caparotta (1), potaknula entuzijazam kod određenog broja vjernika u Sjedinjenim Američkim Državama, ali nigdje drugdje u katoličkim zemljama. Slično tome se podijelila i psihoanalitička zajednica oko *online*-terapija, tako da najveći zagovornici analitičkih terapija na daljinu dolaze upravo iz SAD, premda IPA nije zauzela tvrdo isključiv stav poput Vatikana.

Koji je to stav, navest ću nešto kasnije u tekstu.

Može li ipak psihoanaliza bivati i u „vašem mobilnom telefonu“?

Na drugom mjestu (2) promišljao sam na tragu članaka iz knjige Alexandre Lemma i Luigija Caparotte (3) o nekim drugim aspektima u kojima tehnokultura današnjice predstavlja izazov za psihoanalizu i psihoanalitičke terapije te njihovu budućnost, a ovom prilikom ću se koncentrirati jedino na uporabu tehnologije u svakodnevnoj kliničkoj analitičkoj praksi. Neću gotovo ništa citirati što su drugi autori pisali o tome. Psihoanalitička literatura poprilično je oskudna na tu temu, a i autori su pretežno apologeti primjene tehnologije.

To je zaista neka posve nova tema.

When the aforementioned iPhone advertisement was launched, as noted by Lemma and Caparotta (1), it immediately provoked enthusiasm in a certain number of believers in the United States, but not in other Catholic countries. Similarly, the psychoanalytic community was also divided within itself in terms of online therapies, so it is exactly from the US that the strongest advocates of remote analytic therapy come, even though the IPA did not adopt an attitude that is as rigid as the Vatican's.

I shall present this attitude in detail further in the text.

Can psychoanalysis nevertheless also exist “in your mobile phone”?

On another occasion (2), I deliberated – along the lines of articles from the book by Alessandra Lemma and Luigi Caparotta (3) – on other aspects in which today's techno-culture presents a challenge for psychoanalysis and psychoanalytic therapies and their future, and I would like to take this opportunity to concentrate solely on the use of technology in everyday clinical analytic practice. I shall also almost entirely omit quotes by other authors. Psychoanalytic literature is quite scarce on this subject, and the authors are largely apologists of technology usage.

Indeed, this is an entirely new subject.

Today I intend to present solely my own clinical experience.



Namjera mi je ovdje iznijeti jedino vlastita klinička iskustva.

CYBERTERAPIJA: PSIHOTERAPIJA I TEHNOLOGIJA

Kada sam prije tridesetak godina činio prve nesigurne korake u psihoanalitičkoj psihoterapiji bilo je nezamislivo, primjerice, da terapeut i pacijent komuniciraju izvan seansi, smatralo se to jedino znakom otpora procesu, i to s obje strane. Tada još nije bilo mobilnih telefona, pacijenti ih nisu mogli donositi u *setting*, a ja sam neko vrijeme, radeći tada na Klinici gdje sam u sobi morao imati fiksni telefon, isključivao žicu iz utičnice kada bih radio psihoterapiju. Danas mi je telefon u čekaonici i čitavo vrijeme mu je isključeno zvono tako da služi jedino kao sekretarica. Mobitel mi je također izvan sobe dok radim psihoanalizu ali je, isključenog tona, na stolu u sobi kada radim psihoterapiju. Ovo je vjerojatno nesvjesna odluka zato što i pacijenti po pravilu donose svoje mobitele u *setting* psihoterapije.

Prešutno je mobitel postao dio *settinga*.

Nikada se ne javljam na pozive tijekom seanse, a pacijenti u psihoterapiji isto tako uglavnom ne, ali ponekad i da. Poziv na koji odgovore, koji jest intruzija vanjske realnosti u prijelazni prostor analitičkog procesa, utječe na daljnje

CYBERTHERAPY: PSYCHOTHERAPY AND TECHNOLOGY

When I was taking my first insecure steps in psychoanalytic psychotherapy around thirty years ago, it was unthinkable for the therapist and the patient to, say, communicate outside of sessions; it was considered merely a sign of resistance to the process, from both sides at that. There were no mobile phones and patients could not bring them into the setting, and I – as I was employed at a clinic and needed to have a landline in my office – would disconnect the phone wire from the socket during psychotherapy. Today, I have a phone in the waiting room, with the sound turned off so it serves only as an answering machine. I also keep my mobile phone outside of my office during psychoanalysis, but it is on my desk in the office during psychotherapy, with the sound turned off. This is probably an unconscious decision as patients also usually bring their mobile phones into the psychotherapy setting.

The mobile phone has tacitly become part of the setting.

I never answer calls during sessions, and my patients do the same, albeit not always. The call that they answer, i.e. the intrusion of outer reality in the transitional space of the analytic process, influences further associations during the session and I consider it a patient's enactment; as is the case with all other enactments, we seek to understand it,

asocijacije u seansi, te ga smatram *enactmentom* sa strane pacijenta i kao i sve druge *enactmente* nastojimo ga razumjeti, dakle ne zabranjujem im uporabu mobitela.

U intersubjektivističkoj paradigmi psihoanalitičkih terapija to je sasvim legitimno kao što je u klasičnoj paradigmi bilo opsoletno. Svi moji pacijenti imaju moj broj mobitela, a i ja njihov. Ponekad komuniciramo i izvan *settinga*, i to uglavnom preko SMS poruka. Mislim kako im je jako važno imati osjećaj da su u mogućnosti stalnog kontakta sa mnom a to se izuzetno rijetko zloporabi, dok kod *borderline* pacijenata u akutnoj krizi kratki telefonski razgovor s terapeutom može biti spasonosan.

Sjećam se da kada sam pred dvadesetak godina vodio psihoanalizu svog prvog slučaja u superviziji i kada je pacijentica bila u bolnici zbog lakšeg operativnog zahvata. Poslala mi je SMS i ja sam joj odgovorio, pa smo izmijenili još nekoliko poruka. Imao sam osjećaj krivnje prije iduće supervizije, strahujući što će mi supervizor reći. Bilo mi je veliko olakšanje kada je on odreagirao pozitivno ističući da ako smo nečiji psihoanalitičari istovremeno smo i ljudi te trebamo katkad pokazati i običnu, svakodnevnu humanost. Neki bi rekli i to da psihoanalitičar svoju humanost pokazuje jedino time što dobro analizira pacijen-

so I do not prohibit them from using the mobile phone.

In the intersubjective paradigm of psychoanalytic therapies, this is as legitimate as it was obsolete in the classic paradigm. All of my patients have my mobile phone number, and I also have theirs. We sometimes communicate outside of the setting, primarily via text messages. I believe that they find it extremely important to have the sense of being in regular contact with me and it is rarely misused, and in the case of borderline patients in acute crisis, a brief telephone conversation with the therapist can have a lifesaving effect.

I remember conducting psychoanalysis of my first case in supervision around twenty years ago; the patient was in hospital for minor surgery and sent me a text message, to which I replied. We exchanged a few more messages; I felt guilty before my next supervision and was afraid as to what my supervisor was going to say. I was so relieved when he reacted positively, and stressed that even if we are someone's psychoanalysts, we are also human and sometimes need to show our ordinary, everyday humanity. Some would also say that a psychoanalyst shows his/her humanity solely by analysing the patient well, and not by demonstrating amicable empathy.

I note all of this merely to illustrate how much the world and the comprehension of that 'which is normal' in life and psychoanalysis has changed – primarily due



ta, a ne time što bi davao prijateljsku empatiju.

Ističem sve ovo samo kao ilustraciju koliko se, ponajviše zbog tehnologije, svijet i shvaćanje onoga „što je normalno“ u životu i psihoanalizi promijenilo, a time nužno i psihoanalitički *setting* doživljava manje ili veće promjene.

Kontakt SMS-om i prisutnost mobite-la u seansi su zaista male promjene u odnosu na ono što jest i glavna tema moga izlaganja, a to je psihoanalitička terapija na daljinu.

Kako je *Skype* bio prva platforma koja je omogućavala besplatni videoprijenos na daljinu u *Cyber*-prostoru ostao je i popularni naziv *Skype*-analiza, premda se danas zbog bolje kvalitete prijenosa upotrebljavaju i brojne druge platforme (Zoom, FaceTime, Viber i dr.). Prevladavajući su termini, kada se govori o tome, *remote analysis* ili teleterapija, što oboje naglašavaju da se terapija odvija između dva subjekta koji su udaljeni u prostoru i nisu više zajedno u analitičkoj sobi.

Upotrijebio sam u naslovu članka termin *Cyber*-terapija naglašavajući gdje su to oni zajedno, tj. u virtualnom prostoru i realnosti u kojem nisu nužno i sami, što otvara šakaljivo pitanje privatnosti onoga što se zbiva u terapiji. Kada se, primjerice, registriramo na *Skypeu* obično kao i drugdje kliknemo

to technology – whereby the psychoanalytic setting also inevitably sees smaller or larger changes.

The contact through text messages and the presence of mobile phones during sessions are indeed small changes in relation to that which is also the main subject of my lecture – remote psychoanalytic therapy.

As *Skype* was the first platform that enabled free remote video transmission in cyberspace, the popular term ‘*Skype analysis*’ remained, even though many other platforms (Zoom, FaceTime, Viber, etc.) are being used today due to a better quality of transmission. When addressed, the prevailing terms are ‘remote analysis’ or teletherapy, both of which highlight that therapy proceeds between two subjects who are at a spatial distance from each other and are not together in the analytic room any longer.

In the title of the lecture, I used the term cybertherapy, which emphasises where they meet, i.e. in the virtual space and a reality in which they are not necessarily by themselves, which opens up the delicate question of privacy of that which takes place during therapy. When we, for example, register on *Skype* and other platforms, we usually click “I agree” without reading all legal aspects of the agreement we receive from the service provider, which states that everything that takes place in our operating space on this application is owned by *Skype*, i.e. could someday even become public

I agree i ne čitajući sve pravne aspekte ugovora koji sklapamo s *providerom* usluge, a tamo piše da je sve što se odvija u našem prostoru rada na toj aplikaciji vlasništvo *Skypea*, dakle u najcrnjem scenariju može jednog dana postati i javno. Radeći tako psihoterapiju *online* prešutno pristajemo na stalnu prisutnost nepoznatog trećega u virtualnoj analitičkoj sobi.

Vratit ću se na ovo ponovno kasnije, a sada bih želio reći poneku riječ o tri oblika analitičkog kontakta koje u svakodnevnoj praksi obavljam upotrebom tehničkih pomagala: računala, tableta i mobilnog telefona.

SUPERVIZIJA NA DALJINU

Kada sam bio u vlastitoj superviziji nije još bilo supervizije na daljinu, pa sam fizički putovao na supervizijske sate, i sjećam se kako sam bio zavidan kolegama iz već iduće generacije koji su dobar dio supervizijskih sati mogli odraditi iz Zagreba, sjedeći uz svoje računalo. A onda sam se utješio činjenicom o tome koliko sam naučio tijekom putovanja, u autobusu ili vlaku, idući na superviziju i vraćajući se doma, kako sam „probavljao“ supervizijski sat i proučavao analitičku literaturu.

Prijevozna sredstva su zaista i postala moja druga učionica psihoanalize.

in the worst case scenario. Therefore, by conducting psychotherapy online, we tacitly agree to the constant presence of the unknown third party in the virtual analytic room.

I shall return to this further in the text. Now I would like to say a few words on the three forms of analytic contact which I perform in my everyday practice with the use of technical gadgets: computer, tablet, and mobile phone.

REMOTE SUPERVISION

During my own supervision, remote supervision did not yet exist, so I had to travel in order to be physically present at my supervision sessions. I remember being envious of my already next-generation colleagues who could work off most of their supervision sessions from Zagreb by sitting at the computer. And then I consoled myself with the fact that I had learned a lot while travelling by bus or by train, on my way to the supervision and on my way back home, while 'digesting' the supervision session and studying psychoanalytic literature.

Indeed, means of transport have become my second psychoanalytic classroom.

In the psychoanalytic community today, the use of technology in supervision is by no means disputable. If the supervisee is in the same town as the supervisor, the rule is not to use remote supervision; if they live in different towns, however, most



Danas u psihoanalitičkoj zajednici uopće nije sporna primjena tehnologije u superviziji. Ako je supervizant u istom gradu kao i supervizor, pravilo je da se ne primjenjuje supervizija na daljinu, međutim, ako žive u različitim gradovima, većina supervizijskih sati se odvija na daljinu. I sam sam imao priliku supervizirati na daljinu uz povremene susrete uživo, i to troje kandidata i nikada nisam uočio bilo kakvih problema. Primijetio sam i to da nismo postali vezani jedino za moju ordinaciju jer smo ipak većinu vremena uradili u cyber-prostoru, tako da smo se susretali u Zagrebu, ili u drugim gradovima prilikom kongresa, uredno smo se sastajali i u kavanama, na osunčanim terasama ili u hotelskim predvorjima.

Mogućnost supervizije na daljinu također omogućuje kandidatu da lakše dogovori superviziju s trening-analitičarom iz drugog Društva, druge države, druge psihoanalitičke kulture, a takvo iskustvo obogaćuje i čitavo njegovo Društvo unošenjem novih perspektiva, informacija, ideja te tako „provjetrava“ atmosferu u matičnom Društvu koja može „postati ustajala“ ako se ono zatvori u vlastitu implicitnu teoriju koju kreiraju domaći trening analitičari, što u rigidnijim sredinama može i prerasti u dogmu. Mislim da je i stvaranje psihoanalitičkih klanova u prošlosti i borbe između njih oko toga čija je teorija bolja, barem dijelom bila

supervision sessions proceed remotely. I myself have had the opportunity to supervise remotely with occasional meetings in person, three candidates at that, and I have never noticed any problems. I have also noticed that we did not become attached to my office as we had spent most of the time in cyberspace; when meeting in Zagreb or in other towns during congresses, we regularly met in coffee shops, on sunlit patios and in hotel lobbies.

The possibility of remote supervision also enables the candidate to arrange supervision with a training analyst from another Association, country or psychoanalytic culture more easily; such experience also enriches his/her entire Association with new perspectives, information and ideas, and therefore 'aerates' the atmosphere in the parent Association, which can otherwise 'wilt' should the Association become enclosed in its own implicit theory created by in-house training analysts, which can even turn into a dogma in a more rigid environment. I believe that the formation of psychoanalytic clans in the past and the struggle over which theory is better was at least in part the consequence of a substantial lack of familiarity with others, since the technological level did not enable 'aeration' as much as it does today.

REMOTE PSYCHOANALYTIC THERAPIES

I conducted my first experiment with online therapy around 10 years ago, albeit

i posljedica suštinskog nepoznavanja drugih, jer tehnološka razina nije u tolikoj mjeri omogućavala „provjetranje“ kao danas.

PSIHOANALITIČKE TERAPIJE NA DALJINU

Prvi eksperiment s *online*-terapijom sam imao pred desetak godina, i to ne svojom voljom, opirao sam se tome, ali ipak ne baš previše. Pacijentica je bila mlada i uspješna žena koja se kao dijete školske dobi preselila s roditeljima iz Zagreba u Ameriku. Uspješno je završila i fakultet i doktorat te upala u krizu koja se manifestirala kao lakša depresivna epizoda, ne mogavši se odlučiti što dalje, budući da su joj se mnoge profesionalne prilike otvarale diljem SAD-a, a i šire. Trebala je ubrzano dovršiti postadolescenciju. Željela je psihoterapiju na materinjem jeziku s terapeutom iz domovine. Prihvatio sam inicijalni intervju na *Skypeu* i procijenivši da se ne radi o ozbiljnijoj psihopatologiji, pristao sam. Radili smo oko 6 mjeseci, prvo dvaput tjedno a potom jednom tjedno. Bilo je to dobro iskustvo i ohrabrio sam se upustiti i u druge eksperimente sa psihoterapijom na daljinu. Napominjem i to kako je spomenuta pacijentica jedina s kojom sam radio na *Skypeu*, a koju nisam nikada imao prilike susresti uživo. Ostali

not willingly; I resisted it to a mild degree. The patient was a young and successful woman who, at elementary school age, moved with her parents from Zagreb to the United States. She completed her graduate and post-graduate studies successfully and suffered a crisis that manifested itself as a mild depressive episode; she could not decide as to what she should do next as many professional opportunities were opening up to her all over the United States and beyond. She needed to take a crash course in post-adolescence. She requested psychotherapy in her mother tongue with a therapist from her homeland. I took up the initial interview on *Skype* and, having assessed that this is not serious psychopathology, agreed to conduct psychotherapy. We worked together for approximately 6 months, initially twice a week, and then once a week. It proved to be a positive experience that encouraged me to take on more experiments with remote psychotherapy. I would also like to note that the aforementioned patient is the only one with whom I worked through *Skype* but have never had an opportunity to meet in person. Most of the other patients started therapy in person, and then continued it remotely due to the circumstances of their moving.

I am aware of the fact that the Croatian term “psihoterapija uživo” (literal translation: “live psychotherapy”) is not appropriate as online psychotherapy is also conducted “through live transmission of image and sound”; however, at the



su pacijenti uglavnom započeli terapiju uživo pa se onda stjecajem okolnosti njihova preseljenja terapija nastavila na daljinu.

Svjestan sam da termin „psihoterapija uživo“ nije adekvatan jer se i *online* psihoterapija odvija „uživo putem prijenosa slike i zvuka“, ali u ovom trenutku ne nalazim bolji izraz u hrvatskom jeziku jer mi izraz „psihoterapija na blizinu“ kao antipod psihoterapiji na daljinu, kao i analogna vs. digitalna psihoterapija ili „psihoterapija u fizičkoj prisutnosti“ zvuče nekako uglato i neskladno u našem jeziku. Zato ću i dalje u ovom tekstu psihoterapiju i psihoanalizu kada je oboje sudionika fizički zajedno u „analitičkoj sobi“ nazivati „uživo“, dokle netko ne smisli prikladniji hrvatski izraz za onu u virtualnom prostoru.

Drugi pacijent s kojim sam radio na *Skypeu* je bio pacijent s fobijom od prijevoznih sredstava, nastalom zbog dvije traumatske i zaista pogibeljne situacije koje je doživio, odnosno preživio. Prve dvije godine psihoterapije smo odradili u Zagrebu dok je još studirao, a sljedeće tri na *Skypeu* nakon njegova povratka u rodni grad. On je danas dobro, a mogućnost da nastavimo terapiju na daljinu je bila plodonosna.

Jedini slučaj kada sam požalio što sam prihvatio psihoterapijski rad na dalji-

moment I cannot seem to find a more suitable Croatian term. Furthermore, “psihoterapija na blizinu” (literal translation: “adjacent psychotherapy”) as the antipode of remote psychotherapy, as well as “analogna vs. digitalna psihoterapija” (“analogue vs. digital psychotherapy”) or “psihoterapija u fizičkoj prisutnosti” (“psychotherapy conducted in physical presence”) sound somewhat contorted and discordant in our language. Therefore, I shall continue to refer to psychotherapy and psychoanalysis in which both participants are physically located in the “analytical room” as “live psychotherapy/psychoanalysis” in Croatian, until a more suitable Croatian term is coined for psychotherapy and psychoanalysis conducted in virtual space.

The second patient with whom I worked over *Skype* suffered from a phobia of means of transport caused by two traumatic and truly perilous situations that he had experienced and survived. We did the first two years of psychotherapy in Zagreb while he was still a student, and the next three over *Skype* following his return to his hometown. He is well today, and the possibility to resume remote therapy has proven to be fruitful.

The only case in which I regretted taking on remote psychotherapy work was a patient with whom I had worked in person for a brief period ten years previously, while she had been living in Zagreb. She then moved abroad, and I did not agree to resume therapy on the phone, which she suggested, but rather recommended that

nu je bilo s pacijenticom s kojom sam radio kratko uživo, desetak godina ranije dok je boravila u Zagrebu. Otišla je potom u svijet a ja nisam prihvatio nastavak terapije putem telefona koji je predlagala već joj preporučio da pronade terapeuta u zemlji u kojoj živi. Imala je nekoliko neuspješnih psihoterapija. Kada mi se ponovno javila, bila je bez posla i živjela je ponovno u rodnom gradu. Nije htjela tamo ići kod psihoterapeuta zbog srama, već se pozivala na dobro iskustvo terapije sa mnom i obećala da će uz seanse na *Skypeu* povremeno dolaziti u Zagreb. Neke stvari koje mi je u startu ispričala uznemirile su me, imao sam zadržku da prihvatim *setting* na daljinu, loš kontrantransferni osjećaj, ali popustio sam njezinu inzistiranju prisjećajući se dobre kratke psihoterapije uživo. Danas mislim kako me uspješno zavela podilazeći mojem terapijskom narcizmu. Nije dobro završilo. Upala je u psihotičnu paranoidnu epizodu tijekom psihoterapije na *Skypeu* te je prisilno hospitalizirana na psihijatriji. Jedno je vrijeme još uzimala psihofarmake, no kada je prestala, demonizirajući *Skype* (a i mene) navela da prihvatim terapiju preko telefona gdje se agresivni transfer u potpunosti razbuktao. Nisam više kontrolirao *setting*, dospio sam u područje psihotičnog *cyber*-prostora u kojemu je ona bila dominantna. Izdržao sam još neko vrijeme, davao sam

she find a new therapist from her new country. She had several unsuccessful psychotherapies. When she contacted me again, she was unemployed and moved back to her home town. She did not want to visit a psychotherapist from her own town due to shame, but rather referred to the positive experience of therapy with me and promised to occasionally come to Zagreb alongside the sessions through Skype. I was unsettled by some things she told me at the very beginning, I was reluctant to accept the remote setting and had a bad countertransference feeling; however, I yielded to her insistence as I recalled the positive and brief period of psychotherapy in person. Today I believe that she successfully misled me by pandering to my therapist narcissism. It did not end well. She had a psychotic paranoid episode during a psychotherapy session through Skype and a compulsory psychiatric hospitalisation was inevitable. She took psychopharmaceutic medication for a while, and when she quit, she demonised Skype (and me) and induced me to take up therapy over the phone, whereby the aggressive transference flared up completely. I was no longer in control of the setting, I found myself in the field of psychotic cyberspace in which she was dominant. I persisted for a while, tried my hardest to move the therapy back into the framework of a normal setting, but to no avail. Eventually, I had to surrender and admit that the therapy relationship was no longer the kind of psychotherapy which enabled me to help her. I referred her to a



sve od sebe da vratim terapiju u okvir normalnog *settinga*, ali uzalud. Nakraju sam morao kapitulirati i priznati da to u što se terapijski odnos pretvorio nije više bila psihoterapija u kojoj bi joj mogao pomoći. Uputio sam ju kolegi na psihofarmakoterapiju u trenutku kada je ponovno klizila u psihotičnu dekompenzaciju te joj preporučio da se u budućnosti drži jedino psihoterapije uživo. Ovo me iskustvo učinilo puno opreznijim u postavljanju indikacije za psihoterapiju na daljinu.

Nikada ne nudim odmah psihoterapiju na daljinu, čak i kada se čini da bi to moglo funkcionirati. Sukladno je to i preporukama IPA u svezi s treningom analiza kako bi se analitičke terapije trebale odvijati barem jednu godinu u analitičkom *settingu* uz fizičku prisutnost terapeuta, a kasnije se može raditi i na daljinu.

Majka mora biti fizički prisutna u dojenačkom periodu svoje bebe.

SPECIFIČNOSTI KONTAKTA PREKO EKRANA

U psihoterapiji na daljinu je kontakt licem-u-lice, mogli bismo reći, još više naglašen jer većinu površine ekrana zauzima upravo lice. Koncentracija na facijalnu ekspresiju je pojačana nauštrb percepcije fenomena iz perifer-

colleague of mine in order to resume psychopharmacotherapy as she was re-descending into psychotic decompensation and recommended that she only adhere to psychotherapy in person in the future. This experience has made me much more cautious in giving an indication for remote psychotherapy.

I never offer remote psychotherapy immediately, even when it seems to me that it could work. This is also pursuant to the recommendations of the IPA on training analysis, according to which analytic therapies should be carried out in an analytic setting for at least a year, with the physical presence of the therapist, and may be resumed remotely later on.

The mother must be physically present in the period of her baby's infancy.

SPECIFICITIES OF CONTACT VIA SCREEN

We could say that face-to-face contact is even more emphasised in remote psychotherapy as it is exactly the face that occupies most of the screen's surface. The concentration on facial expression is intensified at the expense of the perception of the phenomenon from peripheral parts of the wider visual field. On the one hand, this can also be beneficial as we notice the subtler resonance of emotion on the face; on the other hand, however, the body 'talks less'. We lose sight of an array of sensations concerning corporeality, from posture and movements to

nih dijelova šireg vidnog polja. S jedne strane to može biti i korisno jer uočavamo suptilnije titraje emocije na licu, ali tijelo tada „manje priča“. Gubimo iz vida niz opažaja koji se tiču tjelesnosti, od posture, pokreta, do mirisa, emocionalne rezonancije, a koji nam mogu biti značajan izvor predivjesnih informacija.

Također, ono što se upotrebom kauča u klasičnoj analizi izbjegava, tj. kontakt oči-u-oči, ovdje je posebno naglašen, da i ne govorimo o distrakciji koju izaziva mali ekran na kojemu vidimo sebe. Znamo da eliminiranje kontakta oči-u-oči u psihoanalizi služi regresiji. smanjivanju otpora te poticanju procesa slobodnih asocijacija i širem otvaranju vrata u nesvjesno. Također i to da je taj kontakt prva direktna interaktivna komunikacija bebe s majkom koja se uspostavlja zajedno sa Spitzovim prvim organizatorom psihe – smješkom trećeg mjeseca, te da to izvlači kod odraslih pacijenata na površinu vrlo duboke i primitivne afekte.

Projektivna identifikacija je moguća i na daljinu, ali je u određenoj mjeri i osiromašena gubitkom ostalih subliminalnih percepcija i informacija koje omogućuje kontakt uživo. S druge strane, projekcije u transferu, osobito negativni transferi bivaju olakšani u ekspresiji jer je lakše biti projektivan i agresivan prema drugom u sigurnosti

scence and emotional resonance, which can otherwise be a significant source of preconscious information.

Furthermore, that which is avoided by the use of the couch in classic analysis, i.e. eye-to-eye contact, is here particularly emphasised, not to mention the distraction caused by the smaller screen on which we can see ourselves. We know that eliminating eye-to-eye contact in psychoanalysis supports regression, reduces resistance, and stimulates the process of free associations and hence the wider opening of the door to unconsciousness. Moreover, this contact is the first direct instance of interactive communication between the baby and its mother, which is established together with the first organiser of the psyche according to Spitz – the three-month smile, and also brings to the surface extremely deep and primitive impulses in adult patients.

Projective identification is also possible remotely but is also weakened to a certain extent with the loss of other subliminal perceptions and information that is enabled by meeting in person. On the other hand, the expression of transference projections, especially of negative transference, is facilitated as it is easier to be projective and aggressive towards the other in the safety of one's own room, firmly entrenched behind the computer interface.

When speaking of the communication with avatars on social networks, forums



vlastite sobe, ušančen na grudobranu kompjutorskog *interfacea*.

Kada je pak riječ o komunikaciji avatarima na društvenim mrežama, forumima i komentiranju članaka na medijskim portalima vidimo i to kako najregresivnija sirova agresivna projekcija postaje dominantna već nakon prvih nekoliko izmijenjenih poruka ili komentara i prerasta u „festival mržnje i perverzije“ u *cyberspaceu*.

Zaključili bismo: *online* je više projekcije nauštrb projektivne identifikacije,

SMETNJE NA VEZI

Ono što je noćna mora kod psihoterapije na daljinu su tehničke smetnje na vezi. Još uvijek nam tehnologija ne jamči da ćemo bez prekida ili teškoća održati kontakt na daljinu bez smetnji i ruptura. Ponekad, iako rijetko, dogodi se i to da je seansu nemoguće održati. Tada u pravilu ne naplaćujem seansu pacijentu, iako mi je termin nepovratno propao. „Kriv“ nije pacijent i njegovi otpori, već onaj treći između nas – nevidljivi *provider* internetskih usluga.

Mnogo su češće smetnje tona koje nas izbacuju iz optimalne analitičke funkcije i stavljaju pred dilemu da li da se dalje mučimo s razumijevanjem narativa pacijenta i ljutnjom i frustracijom zbog poteškoća ili da poboljšamo

and comment sections on media sites, we can also note that the most regressive projection, the raw and aggressive one, becomes dominant after the very first exchanged messages and comments, and grows into ‘a festival of hate and perversion’ in cyberspace.

Therefore, we can conclude that being online encourages more projection at the expense of projective identification.

CONNECTION DISTURBANCES

The stuff of nightmares in remote psychotherapy are technical disturbances in the connection. Technology still does not guarantee that contact can be maintained without interruptions, difficulties or ruptures. Sometimes, albeit rarely, the sessions become impossible to conduct. In that case, I generally do not charge the patient for the session even though I cannot get my time back. The patient and his resistances are not ‘to blame’, but rather the third party between us – the invisible internet service provider.

Sound disturbances are much more frequent, which exclude us from the optimal analytic functions and create a dilemma of whether to torture ourselves further by trying to understand the patient’s narrative and be angry and frustrated due to disturbances, or to improve sound quality by turning the camera off and sacrificing face-to-face contact. Increasingly often, I tend to quickly choose

zvuk tako što isključimo kameru i žrtvujemo kontakt licem-u-lice. Sve češće sam sklon brzo se odlučiti na ovu drugu, šahovskim rječnikom kazano *gambit*-opciju.

SPECIFIČNOSTI CYBERSETTINGA U PSIHOANALIZI NA DALJINU

Ako se ipak dogovorimo za organiziranje *settinga* psihoanalize na daljinu, važno je držati se sljedećega:

1. Analitičar radi psihoanalizu na daljinu na istom mjestu gdje i analizu uživo, tj. sjedeći u svojoj fotelji. Ne mijenja prostoriju niti šeta za vrijeme seansi.
2. Pacijent organizira vlastiti dio *settinga*, tj. uvijek je za vrijeme seansi u istoj prostoriji u kojoj su osigurane osim internetske veze i mir, tišina i zaštićenost od intruzije drugih, tj. ukućana.
3. Pacijent leži na svom kauču, a uređaj: laptop, tablet ili mobitel stavlja na uzglavlje s kamerom okrenutom prema sebi na kauču tako da analitičar ima istu perspektivu pogleda na njega kao i *settingu* uživo.
4. Analitičar drži svoj uređaj u rukama ili na krilu.
5. Jedinstvo mjesta i vremena, odnosno stabilnost primjenom uvijek istog *settinga* u prostoru i vremenu

the second or, to put it in chess terms, the gambit option.

SPECIFICITIES OF CYBER-SETTING IN REMOTE PSYCHOANALYSIS

Should we nevertheless organise a setting of remote psychoanalysis, it is important to adhere to the following:

1. The analyst conducts remote psychoanalysis from the same place from which he/she conducts analysis in person, i.e. sitting in his/her armchair. He/she does not change rooms or walk during sessions.
2. The patient organises his/her own part of the setting, i.e. he/she is always in the same room during sessions, which features – apart from the internet connection – peace, quiet and protection from the intrusion of other household members.
3. The patient is lying on his/her own couch, and puts the device – laptop, tablet or mobile phone – on the headboard, with the camera turned towards himself/herself on the couch so that the analyst maintains the same view of the patient as in the in-person setting.
4. The analyst holds his/her device in hands or lap.
5. The integrity of time and place, i.e. stability by using the same setting in space and time (room, frequencies and stability of the appointment time



(prostorija, frekvencije i stabilnost termina seansi) jednako je važno kao i kod psihoanalize uživo.

Unatoč ovim pokušajima oponašanja realnog psihoanalitičkog *settinga*, ovako konstruirani virtualni psihoanalitički *setting* nužno donosi frustracije i jednom i drugom sudioniku, a moj je dojam čak i više analitičaru. Između analitičara i analizanta kod psihoanalize uživo uspostavlja se analitičko polje, winnicottijanski prijelazni prostor psihoanalize, koji se u *online*-organizaciji *settinga* preklapa s *cyber*-prostorom i biva njime kontaminiran.

Analitički treći u Ogdenovom smislu pojma (4), sposobnost reverija psihoanalitičara, odsutnošću tjelesnih reverija u primanju i procesiranju projektivne identifikacije je limitiran i u stalnom riziku biti, da upotrijebim kao metaforu naslov poznatog filma, „izgubljen u prijevodu“, tj. u prijenosu slike i zvuka.

Uzmimo samo kao primjer zajedničke šutnje u sobi, koje su obično vrlo „rječite“, odnosno analitičar može osjetiti razlike u kvaliteti i tonalitetu šutnji i to mu može biti značajan izvor reverija i dovesti do ideja za interpretaciju. Zajednička šutnja u *cyber*-prostoru je zapravo gubitak kontakta, aktivira separacijsku tjeskobu kod oboje i ne može potrajati dugo koliko bi mogla uživo, te

of the sessions) is as important as during psychoanalysis conducted in person.

Despite these attempts at imitating the real psychoanalytic setting, the virtual psychoanalytic setting constructed in this manner inevitably brings frustration to both participants, and my impression is that this is even more so the case with the analyst. During psychoanalysis in person, an analytic field is established between the analyst and the analysand, a Winnicottian transitional space of psychoanalysis, which overlaps with cyberspace in the online organisation of the setting and is contaminated by it.

The analytic third in Ogden's sense of the term (4), the psychoanalyst's ability of reverie, is limited due to the absence of corporeal reveries in the reception and processing of projective identification, and under constant risk of being – allow me to use the title of the famous film as a metaphor – ‘lost in translation’, i.e. during the transmission of image and sound.

Let us consider, for example, the instances of shared silence in the room, which are usually quite ‘eloquent’ as the analyst is able to sense differences in the quality and tonality of silence, which can serve as a significant source of reveries and lead to ideas for interpretation. Shared silence in cyberspace is actually loss of contact, it activates separation anxiety in both parties and cannot last as long as it could in person; after a while, someone usually cannot sustain it any longer and asks: “Can you hear me?”

nakon nekog vremena obično netko ne izdrži i upita: „Čujemo li se?“

Ogden vjerojatno nikad ne bi pristao na konstrukciju virtualnog *online settinga*, dočim mnogi američki psihoanalitičari rade gotovo i jedino u tom *settingu* pa imaju analitičke pacijente diljem Amerike ili, posebice, u Kini.

Ako je psihoanaliza povremeni ritmični susret i mentalni „odnos dva uma i dva tijela u istoj sobi“ koji se odvija kroz dulje vrijeme, onoliko koliko je to potrebno da se analitički proces dovrši, ova odsutnost tjelesne komponente odnosa predstavlja poteškoće i za pacijenta i za analitičara.

Frustracije analitičara i kontratransferni otpori su pojačani, primijetio sam i to da mi se mnogo češće zadrije-ma u *online-seansama*.

Nakon četiri godine trening-analize s kandidatkinjom u *Shuttle settingu*, koji je zahtijevao žrtve i sa strane analitičara, ali kudikamo više sa strane analizantice i njezine obitelji, kada smo ispunili normu od 400 seansi, dogovorili smo se za zajednički eksperiment – nastavak psihoanalize *online*. Mogu reći da mi je prvu godinu bilo dosta teško, bio sam ljut na sebe kako ne mogu postići u ovom novom *settingu* optimalnu analitičku funkciju. Imao sam dojam da se analizantica bolje prilagodila promjeni *settinga* nego ja.

Ogden would have probably never agreed to the construction of a virtual online setting, whereas many American psychoanalysts are working nearly exclusively in it, so they have analytic patients all over the United States and China in particular.

If psychoanalysis is a periodical, rhythmical meeting and a mental 'relationship of two minds and two bodies in the same room' that proceeds over a longer period, as much as it is required to complete the analytic process, this absence of the relationship's corporeal component presents difficulties, both for the patient and the analyst.

The analyst's frustrations and the countertransference resistances are increased; I have also noticed that I am much more often slumberous during online sessions.

After four years of training analysis with a candidate in a shuttle setting that demanded sacrifices from the analyst, but much more so from the analysand and her family, having reached our quota of 400 sessions, we agreed on a joint experiment – resuming the psychoanalysis online. I must say that I found the first year quite difficult, I was angry at myself as I could not achieve optimal analytic function in the new setting. I was under the impression that the analysand had adapted better to the change of setting than I had. Now, things are easier. Still, we also do a couple of sessions in person when she comes to Zagreb; we both look



Sada ipak ide lakše. Ipak svaki put kad dođe u Zagreb i imamo nekoliko seansi uživo, oboje se radujemo susretu uživo i te su seanse drugačije.

Trenutno imam još jednog pacijenta u psihoanalizi na daljinu koji je započeo u *settingu* psihoterapije uživo, ali se morao preseliti. S vremenom smo spontano i u *online* odnosu prešli iz psihoterapijskog u psihoanalitički *setting*. Analiza je u tijeku i dobro se odvija u danim okolnostima, ali vjerujem da će u budućnosti biti prilike da se vratimo i u *setting* uživo.

PREPORUKE ZA OPTIMALNU PSIHOTERAPIJU I PSIHOANALIZU NA DALJINU

U zaključku, nekoliko naputaka, što službenih od strane IPA (5), što mojih nastalih na temelju osobnog iskustva. IPA ne propisuje kriterije za *setting* analitičkih terapija već samo za training analize. Organizacija osobnog *settinga* u radu s pacijentima je domena svakog pojedinog psihoanalitičara, ali ovisi ponajviše o tome kako je on kreirao svoj unutrašnji *setting* tijekom vlastite psihoanalitičke izobrazbe.

Opći je stav da su *online*-psihoanalize i psihoterapije zapravo nešto drugo i da se ne trebaju uspoređivati s kla-

forward to meeting in person and those sessions are different.

I currently have another patient in remote psychoanalysis who began in the setting of psychoanalysis in person and then had to move. Eventually, we also spontaneously moved from the psychotherapy setting to the psychoanalytic one in our online relationship. An analysis is underway and proceeds well in given conditions, but I believe that we will also have the opportunity to return to the in-person setting in the future.

SUGGESTIONS FOR OPTIMAL REMOTE PSYCHOTHERAPY AND PSYCHOANALYSIS

As a conclusion, I would like to present some suggestions, the official ones by the IPA (5), and my own on the basis of personal experience. The IPA does not prescribe criteria for the analytic therapy setting, but rather solely for training analyses. The organisation of the personal setting when working with patients is the domain of each individual psychoanalyst, but depends primarily on the creation of their inner setting during their own psychoanalytic education.

The general stance is that online psychoanalyses and psychotherapies are, in fact, something entirely different and should not be compared to the classic in-person setting as to which is better.

sičnim *settingom* uživo uz pitanje što je bolje. To je jednostavno drugačije i *online*-terapije su tek nova forma terapije koja omogućuje dostupnost psihoanalitičkog liječenja i onima kojima to ne bi bilo dostupno bez primjene tehnologije.

Terapije u kontaktu uživo bi uvijek trebale imati prednost pred *online*-terapijama, ako postoji mogućnost izbora.

Kao i uvijek, od centralne je važnosti dobro postavljanje indikacije.

Vrijedi i za terapijske, ali posebno je bitno za trening-analize da se barem prva godina terapije odradi u *settingu* uživo. Usporedimo to s prvom godinom života kada je apsolutna posvećenost majke djetetu manifestirana kroz njezinu fizičku prisutnost i dostupnost, što prepoznaje i zakonodavac kroz pravo na porodiljni dopust. Kako se separacija i depresivna pozicija razvijaju tijekom procesa, lakše se prelazi i na terapije na daljinu. Ako dolazi do promjene mjesta stanovanja pacijenta u već razvijenom analitičkom procesu, najčešće ga je bolje nastaviti s istim analitičarom na daljinu nego započinjati novi proces s drugim analitičarom.

Psihoanalitičke psihoterapije licem-u-lice lakše se odvijaju u *settingu* na daljinu i proces manje trpi nego u *settingu* psihoanalize.

They simply differ from each other; online therapies are merely a new form of therapy that also enables the availability of psychoanalytic treatment to those to whom it would not be available without the use of technology.

Therapies that occur in person should always be prioritised over online therapies if there is any possibility of choice.

As always, giving a good indication is of central importance.

That which applies for therapy analyses, but is particularly important for training analyses, is that at least the first year of therapy is carried out in in-person setting. Let me compare this to the first year of life, when the absolute commitment of a mother towards the child is manifested through her physical presence and availability, which is also recognised by the legislation as maternity leave. As separation and the depressive position develop during the process, the transition to remote therapies is also facilitated.

Should there occur a change of residence of the patient, most often it is better to resume the already-developed analytical process with the same analyst remotely than to start a new process with another analyst.

Psychoanalytic psychotherapies face-to-face are more easily conducted in a remote setting, and the process is less affected than in the case of the psychoanalytic setting.



ZAKLJUČAK

Tehnologija nepovratno mijenja našu sadašnjost i determinira budućnost pa bi bilo suludo, misleći na budućnost analitičkih terapija, odbacivati tehnologiju u cjelini.

Na pitanje treba li se psihoanaliza prilagođavati tehničkim novotarijama ili ustrajati na održavanju svoje jedinstvenosti i specifičnosti *settinga*, ne možemo odgovoriti drugačije negoli : treba i jedno i drugo.

Winnicott nas je poučio o ulozi paradoksa u mentalnom životu čovjeka izraženom kroz genijalni koncept prijelaznog prostora koji je istovremeno i vanjska i unutrašnja psihička realnost - prostor kulture, umjetnosti i religije, ili pak prijelaznog objekta koji je istovremeno došao iz vanjskog svijeta ali ga je i dijete, koje time postaje psihički Subjekt, samo kreiralo. (6)

Nastavimo li ovu usporedbu i u odnosu na ulogu *gadgeta* kao tehnoloških igračaka s kojima se možemo kreativno (ali i destruktivno) igrati, a igra je temeljna, biološki uvjetovana potreba čovjeka kroz koju se uči, transformira Self i stvara društvene odnose i hijerarhije, dolazimo do zaključka.

Psihoanalitičke terapije su u winnicottijanskoj paradigmi kreativne i vrlo sofisticirane forme igre. (7) Zato se

CONCLUSION

Technology irreversibly changes our present and determines the future; considering the future of analytic therapies, it would be insane to reject technology as a whole.

The only answer to the question of whether psychoanalysis should adapt to technical novelties or insist on maintaining its uniqueness and specificity of the setting is the following: it should do both.

Winnicott (6) taught us the role of paradox in a human's mental life expressed through the genius concept of transitional space, which is simultaneously the outer and inner psychic reality – the space of culture, art and religion – or the concept of transitional object, which simultaneously comes from the outside world and is also singlehandedly created by the child, who thereby becomes a psychic Subject. Should we also continue with this comparison in relation to the role of gadgets as technological toys with which we can play creatively (and also destructively), considering the fact that play is the basic and biologically conditioned human need through which we learn, transform the Self and create social relationships and hierarchies, we arrive at a conclusion.

In Winnicottian paradigm, psychoanalytic therapies are creative and quite sophisticated forms of play (7). Therefore, we should continue playing, with new

igrajmo i dalje, pa i s novim igračkama, ali pametno i kreativno. *Cum grano salis*.

Završit ću odgovorom na naslov ovog mog izlaganja, u kojem to nisam niti formulirao u obliku pitanja, upotrebom paradoksa i ustvrditi kako su *online*, *remote*, *cyber*, *tele*... ili kako ih već hoćete nazvati, psihoanalitičke terapije istovremeno i moguće i nemoguće.

Mogu „biti u dovoljnoj mjeri psihoanaliza“ ako nema drugih mogućnosti ostvarenja analitičkog *settinga*, no promatrajući ih uopćeno, ali ne i kroz pojedinačne slučajeve, najvjerojatnije nikad u potpunosti neće moći dosegnuti dubinu i intenzitet odnosa i procesa „uživo“.

toys at that, albeit smartly and creatively. *Cum grano salis*.

I shall conclude with the answer to the title of my lecture – even though I did not formulate the latter as a question – with the use of paradox, and affirm that the online, remote, cyber, tele or however you wish to call this type of psychoanalytic therapies, are simultaneously possible and impossible.

They can serve as psychoanalysis 'to a sufficient extent' if there are no other possibilities of analytic setting implementation; however, when considered generally and not through individual cases, we will probably never be able to reach the depth and intensity of the relationships and processes conducted 'in person'.

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