

our position. Already, observations are being made of how technology can degrade our human relationships, reducing them in complexity and richness in ways of which we are not even conscious and that we now take for granted. How, then, does the technology of simulation affect the psychoanalytic relationship, into which patients enter in order to locate a genuine sense of self? Until we know this clearly, neither we nor our patients can make informed decisions on how best to proceed together.

CHAPTER TWELVE

To be in the presence of someone

Speaking of the unique value of bodies together, other than the well-known possibilities for human bodily interaction that have nothing to do with psychotherapy per se, although it may be very therapeutic, just what empirical data do you have about the "unique value of bodies together in psychotherapy?" To my mind, sorry to use the term mind, but I think in psychoanalytic therapy we think what really matters is the unique value of two minds together. As I wrote in an earlier post, it's not the 20th century anymore and the idea that people actually have to physically meet in an office is a *passé* understanding reserved for people whose existence is in large urban centers with plenty of high priced therapists. Surely, if people can reasonably be expected to meet together I have nothing against office mediated psychotherapy.

So posts a psychoanalyst on the forum of Division 39, the psychoanalysis division of the American Psychological Association. Are co-present bodies indeed *passé*? Have we reached the point where, as Fortunati (2005) says, body-to-body communication is an increasingly ephemeral prototype? Are we losing, as she predicts, the social memory of the qualities of co-present communication as we progress in the twenty-first century?

Two minds together are, as we have seen, only half the story. This particular inconvenient truth is that bodies cannot be left out of the equation, although it continues to interest me that human beings persist in wishing to do so. The mind is inextricably rooted in the body, and all our emotional experience is bodily based, arising in the body before conscious awareness (Damasio, 1999). Communication is both explicit and implicit, and the implicit realm is highly nuanced and highly dependent on physicality. It requires the whole body with its complex array of non-verbal language.

"The relation between outside and inside is as central to psychoanalysis as breathing" (Parsons, 2007, p. 1444). Just as Winnicott said there is no such thing as a baby, there is no such thing as a mind. The external and internal are connected, just as the body and mind are connected. You cannot have a disembodied mind; neither, for long, can you have an internal setting without the checks and balances of a shared external environment.

Working in a simulation is fraught with difficulties. There is a tremendous amount of thinking involved to maintain the illusion of telepresence. It can be sustained in fits and starts, but the effort of concentration impedes the ease of moving between internal and external that promotes reverie. Having the freedom to dream together requires a sense of safety for both the analyst and the patient. Both must have a continuing sense of the other's presence to refer back to in order to be permitted the latitude to explore. Ignoring the "telescope" is like ignoring the man behind the curtain in *The Wizard of Oz*. The moment the technology intrudes, the illusion is lost. It is hard to connect the "functionally equivalent" moments into a flow, partly because of the highly unreliable state of our technology and partly because it takes such concentration—a concentration which is the inverse of reverie—to maintain a suspension of disbelief.

As studies in technological communication show, there is a danger that the participants stop themselves from knowing when the technology fails and when the functional equivalence ends. In that state, one is not occupying an internal space from which psychoanalytic understanding can emerge. It is a far shallower place, without the possibility of natural silences and the capacity to wait for the patient to discover how to make use of the analyst. There is a real danger of missing the shift and not knowing that it has happened.

Presence requires the sense of bodies together. We know that it is dependent on recognising the other as an intentional self, located in a shared physical space with the potential to interact with the other. That sense of presence, as defined by researchers in such fields as informatics and virtual reality, contributes to the capacity to use an object, which is perceived as external and part of a shared reality. The development of this capacity is central to the maturation of both infant and patient.

Very early in my training, I brought a session with a young patient to supervision. The patient had said, with great conflict, that she wanted to pick up a nearby pencil and throw it at me. I remember my supervisor saying, "You will know that she is getting better when she is able to pick up the pencil, throw it at you, and just miss you." You cannot throw a simulated pencil and risk hitting your analyst. The act of suspension of disbelief suspends something else. Imagination is a wonderful thing, but when exercising it you do not truly test the resilience and separate existence of the other. Yet, it is essential that the analyst survive. "The subject is creating the object in the sense of finding externality itself . . . this experience depends on the object's capacity to survive" (Winnicott, 1969, p. 714). Bodies need to be together to test that capacity to survive. It cannot be done with two minds alone.

Parsons (2014) writes about implicit transference interpretations. Referring to a paper by Ronald Baker (1993, which he quotes), he suggests that the actual survival of the analyst is therapeutic because it is an implicit transference interpretation, just as the analyst's providing a safe environment is an implicit interpretation that the patient is not in his/her original emotionally damaging environment.

These implicit interpretations cannot simply be replaced by verbal interpretations. If the analyst tries to tell the patient that the analyst is surviving, or draws the patient's attention to the safety and reliability of the setting, the patient still has to decide whether what the analyst is saying, or the motivation behind it can be trusted. (Parsons, 2014, p. 175)

Not only is Parsons referring to communication between analyst and patient that is not transmitted in words, but he is also pointing out the necessity that the patient experience the analyst's survival and the fact

that the environment is safe. This is not possible screen-to-screen in two separate environments. This is where, as the psychoanalyst Hannah said to me, "You hit a wall."

Parsons compares "states of mind" with "states of being", reminding us that the traditional psychoanalytic familiarity of verbal interpretation leaves out that which is not affected by the explicit.

To think only in terms of states of mind is to think of psychic growth as resulting solely from understanding which can be put into words. This blocks a more radical opening of horizons to new orders of experience, and new registers of psychic life. (2014, p. 125)

A prime concern with technologically mediated treatment is that the elimination of co-present bodies largely confines the psychoanalytic process to "states of mind" rather than "states of being". It is when one can dwell in a "state of being" that one can take part in the psychoanalytic process of communicating with oneself and the other. Without a true sense of presence, we miss the opportunity to experience a space of internal and external reality, as well as that intermediate space which can be used for joint play and the creation of symbols. Simulation may take the potentially symbolic into the realms of the inauthentic because it is not counterweighted by the experience of body-to-body communication, with all the palpable potentiality that it implies.

We work much more often than not with patients who will need to remain a very long time in areas where words are not available. The days of the "good neurotic" who is highly responsive to verbal interpretations showing up in our consulting rooms seem be over. In any case, neuroscience is telling us that we need our whole bodies with other whole bodies to communicate most deeply and completely.

Asking a patient to provide his/her own safe space is also foreclosing an area of potential healing and growth. Balint (1950) spoke of "creating a proper atmosphere for the patient by the analyst". The provision of a safe space for the patient, in addition to providing a "good-enough" environment enabling the patient to heal psychic damage and foster psychic change, is akin to Turkle's (2009, 2011) concept of "sacred space". This is the place where people can feel most fully themselves. It is the protected place where both analyst and patient have the freedom to be just as they need to be in order to find

joint analytic understanding. The security of the external space makes possible a similarly secure internal space (Parsons, 2014). Significantly, Turkle describes it as a place where people can hold themselves apart from simulation.

There are times when mediated communication can go some way to include a mutual experience of "states of being". There are times when unconscious to unconscious communication can take place, despite the limitations of the medium. Maintaining the illusion of presence could give real moments of deep understanding because our desire to connect is so strong and we instinctively make the most of what material we have. Knowing a patient very well before using mediation might provide a sort of bridge of familiarity on which to travel for some time. It might enable one to be more sensitive to communications because one recognises previous patterns. However, the current state of technology, coupled with the fact that we have evolved to relate as bodies together, militates against it. Although needing further study, the information we have about communication, the limits of technology, and the way we are neurologically wired points to the fact that we need to experience presence to "keep it real". Mediating our relationships degrades them. It is not the same as co-present relating. Being bodies together is neither *passé* nor unnecessary, and making that argument appear as if it were offered in the name of the "common people" is disingenuous.

While making psychoanalytic treatment available via mediation to those who have no other option is certainly better than nothing, it should not be offered with the understanding that it is the same thing as co-present treatment. We cannot justify modelling to our patients that our bodies are just incidental. Neither can we allow them to think that the path to authentically being alive and psychic growth can travel along cables and be confined to two-dimensional screens. At some point, they deserve the experience, many for the first time or they would not be seeking therapy, of the "primacy of safety" (Model, 1988). At some point, they need to test the analyst's capacity to bear the impact of their love and their hate in the flesh and not protected by the barrier of a screen. The truth of these experiences needs to be lived, not simply described and not simulated. As Tanya said about kicking and kissing, "When not in a shared space, all the physical potential is taken away, but the important thing is to have the potential..."

In Spike Jonze's near-future film, *Her*, the protagonist, Theodore, is a lonely man whose job is to compose and dictate "beautifully handwritten letters" into a computer for clients who are too busy or too inarticulate to write their own intimate communications. He falls in love with his operating system, artificially intelligent software with the voice of a woman who seems to pass the Turing test.

Negotiating the "limited perspective" of the non-artificial mind, Samantha, the disembodied operating system, engages a human sex surrogate to stand in for her in a physical encounter with Theodore. It ends disastrously for all, because Theodore cannot maintain the illusion that Samantha and the physical surrogate are one.

The love affair is doomed as Samantha evolves beyond the limitations of human beings. In the final scene, Theodore sits on a rooftop overlooking the city with his embodied friend, Amy. She puts her hand on his hand. He puts his other hand on top of her hand and looks at their hands together. He rubs her skin with his thumb. He could not have done this with his operating system, Samantha. The film is about many things, but in the end it is about the constraints and the joys of having a body and about the need to have a real relationship in order to learn to have a real relationship.

People far more experienced than I in the studies of the relationship between human beings and technology are sounding alarms about the costs of technological mediation on intimate human connection. "The well-known possibilities of human bodily interaction", to which the psychoanalyst writing on the Division 39 listserve refers, have *everything* to do with psychotherapy. What is psychotherapy if not a process to realise the depth of one's full humanity? "Discourse without embodiment is ill-fated discourse" (Alessi, 2001, p. 537). The practice of psychoanalysis is to restore discourse, internally within oneself and externally with the other. "The presence and engagement of the self in the analytic process is inherent bodily in all its manifestations" (Meissner, 1998b, p. 277).

I write this from Boulder, Colorado, a university city and an American technology hub offering the fastest cable connections in a dramatically beautiful natural setting. I see a former UK patient, whom I have known for nearly two decades, at my noon and her evening. In a moment of speculative non-fiction, technologically mediated communication makes it possible for us to reconnect. "I wish I were in the States," she says. "I would like to be in the

peaceful, calm setting of your consulting room. It was a safe place to be. The memory makes me gravitate toward that thought. There is something very special about being in the presence of someone else. You know, just lounging wordlessly . . . to sit beside someone . . . to be in the presence of someone . . ."