

Conquering Geographic Space

teaching psychoanalytic
psychotherapy and infant
observation by video link



David E. Scharff

Dimensions of Psychotherapy, Dimensions of Experience

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Conquering geographic space: teaching psychoanalytic psychotherapy and infant observation by video link

David E. Scharff

This chapter reports on a project teaching students in psychoanalytic psychotherapy who are at a significant geographic remove from each other

and from the teachers from whom they wish to learn. I will report on the establishment of a videoconference capacity in four centers, discuss briefly some of the technical challenges the equipment and technology pose, the opportunities and challenges to in-depth communication, and some of the dynamics that have emerged in our early experience with the technology. Examples illustrate some dynamics of teaching through this medium to overcome the barriers of geographic separation with large and small group

seminars, and in long-term group supervision.

Many students want to learn psychoanalysis and psychoanalytic psychotherapy but live and work at a prohibitive distance from the centers of training. The barrier of geographic space has historically posed a major obstacle to the teaching and learning of psychoanalytic theory and therapy for those areas without analysts. Students in such areas have either been precluded from training, or have only been able to train by dint of great

personal sacrifice. In addition, some of the teachers or schools of analysis, and some specialized analytic skills exist only in certain centers, making access to those teachers difficult and available only by special, often expensive, arrangement. Modern technology offers to change many aspects of this situation, and perhaps ultimately to alter the landscape of training. There have already been reports of psychoanalyses and psychotherapies conducted by telephone, and occasionally by video link (Aronson 2000; see also Zalusky, Chapter 8 in

this volume). There are also reports of supervision by video link (Arlene Richards, personal communication) and of online discussion groups and courses that offer a chance for students to communicate with teachers and other students at great distance (Sebek, 2001). Perhaps none of this is surprising in our era of information technology and of rapidly expanding communication. However, to our knowledge, there is no report of training in psychoanalysis or psychoanalytic psychotherapy that experiments with the use of the most

advanced methodologies in face-to-face communication in real time across large distances.

Part of the wonder of using the technology of live point-to-point video communication is how rapidly it allows participants to feel that they know each other even when they have never been in the room together. Many of us have now had the experience of meeting for the first time after participating in videoconference seminars, and have discovered that we feel we do know each other in a way

that holds up over time. If anything, the video link seems to heighten and intensify experience in the way that a special and highly anticipated learning experience can also do. For many of us, such conditions serve to hone attention and amplify ordinary situations, serving perhaps to idealize opportunities that might seem ordinary in ordinary circumstances. With time and experience, the situation tends to normalize, but has so far retained a special residue that helps participants to tolerate the technical complications

and occasional disappointments that attend the process.

ESTABLISHING THE VIDEOCONFERENCE TECHNOLOGY

After more than two years of deliberation and pilot tests, the training organization of which I am co-director agreed to invest in equipment that would let us make regular contact with our programs in Salt Lake City, Long Island and Panama City, Republic of Panama. We had also been in negotiation with the Tavistock Clinic in London, where the Chief Executive

Officer had bought video equipment to support the clinic's role as an international training institution. The work reported below is taken principally from varying uses of these sites, supported by working partnerships with faculty of our own programs and of the Tavistock Clinic.

I do not want to suggest that one can walk into using this medium without any difficulty. There are technical difficulties and adjustments in the use of this equipment. We had early frustrations requiring tolerance

and help from faculty, students and staff. A running-in period allowed us to become comfortable with the equipment, and we needed initial adjustments that were made fairly easily by the training provided in live-time by the vendor, and by the help desk that was always available. In undertaking this kind of venture, the technical difficulties should not be ignored. In our experience they can be dealt and lived with, but participants should be forewarned and ready to put up with some degree of difficulty, more during the early adjustment

phase than later. The intrinsic value of the project needs to be sufficient to compensate for initial annoyances and interruptions. Our students' strong support of this way of working has gotten us through.

The first project I will use in illustration was a seminar in infant observation run by an experienced child psychotherapist at the Tavistock Clinic in London, Jeanne Magagna. This method of observing infants in their families has been a mainstay of psychoanalytic and analytic

psychotherapy training in Britain for many years (Miller *et al.* 1989). Let me give two vignettes from this seminar with the lessons we have learned from early in the process.

The first comes from the initial meeting of the seminar, in which Ms Magagna introduced the methods of infant observation as developed in London and especially at the Tavistock Clinic. In this method of studying infant development, the student makes weekly hour-long naturalistic observations of an infant at home, after

which the student writes up the observation from memory, including personal reactions to the baby, the family, and the experience. There is no intervention, except in cases of extreme need, neglect or abuse. This exercise in observation and reflection without action provides first-hand data for learning about child development including the influence of parents and family. It also focuses on the use of the self as an observing and experiencing instrument in the presence of the infant mental state, a valuable preparation for working with countertransference in

the conduct of psychotherapy and psychoanalysis.

In this first meeting of the seminar, Ms Magagna reviewed the methodology of conducting infant observation that the students had already read about (Miller *et al.* 1989), and then surveyed the anxieties of students as they contemplated recruiting and interviewing families. In order to detoxify anticipatory anxiety, she used role play to rehearse the first interview with the family. She had often done this before in small

seminars, but this was her first experience at using it to overcome the barriers of spatial separation between seminar participants. She made time for hearing the participants' worries and ambivalence about asking families to let observers view their babies—babies that have usually not yet been born at the time the student approaches the mother. In order to get used to communicating across a distance of five thousand miles, the teacher in a room in London suggested that the student who would role-play the potential observer should be in

Washington, and those playing the potential parents be in Salt Lake. Then she asked the other seminar members to report on their impression of the feelings of each role-playing participant, rather like the ‘double’ in psychodrama who speaks for the inner thoughts of a participant. While this method may seem contrived to the psychoanalytic therapist, on this occasion it served two purposes admirably. First, it let the group members put themselves in the shoes of all participants of an observation, the observer and the parents. (In this

case, the baby had not been born yet. Presumably, in another case, someone could have also role-played a baby.) But more importantly for our purposes in convening a seminar by video link, it placed students at sites that were geographically remote from each other in an intimate exchange as they conjectured about the psychology of the unfamiliar infant observation situation. The role play was helpful practice for the new venture, to be sure, but it was even more effective in providing a bond for the learning project between students not in the

same room. They found they were able to talk across the distance, use each other's empathy, correct each other's perceptions that seemed inaccurate, and enjoy the relief of finding shared anxieties.

In the next meeting, one student reported her first observation, as she would have done in an ordinary infant observation seminar with all students in the same room. Other students had not yet found babies to observe. This focus on one infant let that group also secure their bond, and learn about

beginnings together. Each week, before that first student in Washington reported, Ms Magagna asked a student in Salt Lake to be ready to review the observations from the prior meeting of the seminar and give her own understanding of issues. This innovation provided for active participation at both sites. From this point, Ms Magagna worked with the students in Salt Lake to support their recruitment of families for observation, and when they soon found a first one, they felt a new sense of balance between the two sites. Soon

there were infants being observed in both sites, and the two subgroups came to feel like equal participants in the shared project.

At this point, the story of the seminar becomes more or less the story of an ordinary seminar teaching this particular psychoanalytic method, including any usual use of group dynamic interpretation to facilitate the study task. My second vignette concerns the study of that first baby, a girl I'll call Michele, who was born into a family where her mother's

attention was at first distracted because of the rivalrous importunities of the 2-year-old brother. The seminar participants in both sites experienced the drama of Michele's fight for room to come to life in a family that was ambivalent about giving her space. It was difficult for the group to tolerate hearing reports of the inattention of a mother preoccupied with her demanding older boy, who at times seemed to them to be the villain of the piece. Nevertheless, the liveliness of the entire family and of the student who conducted the observation infused

the group with energy and carried their hopes not only for the infant's development, but for their own progress and learning as well. This led to some idealization of the process. Soon baby Michele settled in to secure her place with her mother by competing quietly but competently with her brother, who then seemed less like a giant and imposing ogre, and more like a healthy and slightly anxious 2-year-old.

In a parallel way, the Salt Lake seminar group felt like a second child

who did not have her own space. At first they did not have a baby of their own to observe, and so they had to fight for space to relate to Jeanne Magagna. There were more students in Washington, and I was there with my own previous experience of infant observation, while the faculty member in Salt Lake, although skilled and enthusiastic, was inexperienced in the teaching of infant observation. Even though Ms Magagna adroitly gave Salt Lake its turn and paid kind and dutiful attention to students there, they were younger and lesser sibs. It was only as

they began to present their own observations that they came into their own. I could see the parallel to the way baby Michele claimed a space with her mother, and the relief and pleasure the mother took in making a more secure bond with the infant, just as now Ms Magagna and the Salt Lake students made a more robust working bond for which I could now see that the entire group had been saving space.

In many ways, the dynamics of this seminar divided by 5000 miles closely resembled the dynamics of any group

containing subgroups, of any such seminar teaching psychoanalytic concepts and method. The difference is that the use of the videoconference technology and the existence of two subgroups amplify certain aspects both of the group's dynamics and of the case or situation being examined. These can be understood and worked with using the same internal monitoring processes that an experienced teacher uses in ordinary teaching of a seminar.

USING VIDEOCONFERENCE FOR A SEMINAR IN FOUR

CITIES

The next example of the use of videoconference equipment to teach psychoanalysis and analytic psychotherapy comes from a lecture/workshop given in February, 2001, by Anne Alvarez of the Tavistock Clinic, a renowned teacher of work with autistic, developmentally delayed and severely disturbed children, as described in her classic book, *Live Company* (1993). Teaching from London she was linked by video with approximately 30 students gathered in Washington, DC, Salt Lake

City, Utah, and Panama City, Panama. It began at 2 p.m. in London, which was 9 a.m. in Washington and Panama, and 7 a.m. in Salt Lake City.

For the first hour, Mrs Alvarez gave a lecture on a conceptual scheme for differentiating levels of interpretive intervention in patients with differing levels of illness. Drawn from her work with autistic and developmentally delayed children, this lecture sketched an innovative framework for kinds of interventions that promote self-observation, psychic integration,

transferential interpretation and genetic reconstruction. During and after the lecture, students interacted with her through questions and comments.

In the second hour, a student presented a case of a mildly autistic boy in analytic therapy. The student had the case in weekly supervision with Mrs Alvarez by telephone, but they had never met face-to-face. Their way of working in the video group supervision demonstrated the rapport they had already established, and their

pleasure in seeing each other for the first time was obvious. The boy was articulate with that brand of exaggerated and awkward insight not unusual in some mildly autistic children who arrive at ordinary insight with an intelligence that astounds their therapists. The therapist's process notes therefore provided moments of high entertainment. For instance, at one point the boy, who had come into the session with his fly open, talked about his father's pride in his 22-foot-long car, exclaiming that there was no way that car could be that long. The

therapist said to him that perhaps he was thinking of other things that might be longer than someone would expect. The boy agreed, astonished that she would know that, but was unable to bring himself to say the word. After waiting, the therapist said, ‘Like penises?’ ‘That’s it,’ said the boy, ‘but don’t worry. I won’t tell anyone you said that word.’

When the therapist read this part, the group at her site in Washington immediately burst into laughter, and on the screen, one could see the other

sites begin laughing a split second later. The pleasure and responsiveness among all four sites was obvious on the screen. At the end of the session, after the therapist had made another interpretation that met with the boy's approval, she announced it was time to stop. 'OK,' he said. 'I'll see you next time. And I want to congratulate you on your psychic powers today.' Again the three groups and the teacher burst into laughter a split second apart, and the mood of delight sparked by a wonderful session, the kind that brightens a child therapist's heart, was

palpable across the vast space—5000 miles of live communication. Then discussion of the case resumed, and Mrs Alvarez discussed the boy's situation and the therapist's handling of his internal issues and particularly his transference to her.

In this situation, we were able to demonstrate that intense learning and sharing can take place across sites, producing a teaching experience that is in many ways indistinguishable from ordinary analytic case conferences. Students can communicate the

intricacies of analytic process, carry on discussion that is rich in affect as well as intellectual understanding, and can profit from a teacher who would otherwise be unavailable to them. While this particular group supervision was entertaining, what is most notable about it for our interest here is the ordinary aspects—the ease of students’ communication with each other and the teacher, and the satisfaction the teacher felt with the teaching and learning situation.

TEACHING ABOUT VIDEOCONFERENCING

ACROSS GEOGRAPHIC SEPARATION

We had occasion to travel to the Tavistock Clinic to present this work. While the Tavistock had the equipment, few of their staff had so far been able to bring themselves to use it. To dramatize the live quality of the medium, we asked some of our students in Washington to join us live. Sitting in our conference room in Washington beginning at 6:30 in the morning, they joined us live throughout the presentation in London that began at 11:30 a.m. there. The

Washington students were able to see for the first time the edited video we showed in London at the same time the group in London saw it, a video that showed the examples I have described above. The London group expressed some interest and enthusiasm, commented on their own resistance as being typically British and in the nature of an analytic conservatism. They also spoke helpfully of an idealization of the process that seems to energize it in ways that analytic process can also be idealized, and that should be taken into account in its use.

The most dramatic moment occurred when a member of the London audience said that she felt there was a kind of unreality to the medium, a way in which people on the video screen felt to her as if they weren't quite there. 'I think I resent that,' one of the Washington students spoke up. 'I feel very much that I'm here!' The suddenness of the response caught the woman in London and the entire group off guard, and made the point that real people experienced themselves in direct communication with us as immediately as if in the room.

AN EXAMPLE FROM GROUP SUPERVISION

For two years, a group of six therapists from one of our institute's 'satellite programs' in a geographically distant city had been meeting with me for twice-monthly supervision by video link. Each meeting was two and a half hours. Each participant had an hour for the group to discuss their case once every six weeks, and that left thirty minutes of general group discussion, which usually included time for the group to work with their own process in the mode of the

affective learning groups developed at our institute (Scharff and Scharff 2000). They were close colleagues before the supervision, and so from the beginning they had been able to share relevant personal material in the group in order to explore the resonance of such material with the supervised cases. Such events were shared occasionally during the case presentations, or in the group affective process usually held during last part of the meetings.

On this day, it was Sherry's turn to present. She began by telling a dream she thought pertained to supervision. 'I was sitting with you (DES) on the patio of a restaurant with your wife and 7-year-old granddaughter. You had stitches on your face and forehead, and your wife also had stitches and obvious recent scars on her face. I wondered if I should bring it up with you. Finally I asked, and you said, "A month ago there was a terrible accident, but we're recovering." It seemed OK to discuss, but I felt badly as we went on. Behind me someone

leaned over a balcony, smiling at me, like “Have a nice dinner.” I thought that person was you too, but it couldn’t have been. Then I was awakened by thunder.’

Sherry said she has a patient who was hit by a train. The accident had scarred her face. She also thought the dream pertained to the fact that because she had missed the previous supervision, she had gone a month without meeting with me and the group. She missed the group, and thought that it had been also a longer

time since all members of the group were present at the same time. One of the members, Julia, had twins recently, and she had paid her a visit, but worried that this new mother wouldn't have time to continue the group supervision. Another member said he also wondered if Julia would rejoin the group, and Julia acknowledged the internal debate she had experienced about rejoining. Her life had changed altogether—dramatically like the train wreck connected to Sherry's dream, only in a positive way. Sherry said the dream also made her aware of wanting

grandchildren herself, but, she said with humor, ‘My own children aren’t ready to oblige me just yet.’ Another member, Kathy, said that this group supervision is where we discuss scars, and where she often also wonders about the safety of revealing herself here. Sherry agreed that she also shared the quandary about whether to present a case that had not gone particularly well, exposing her own scars to the group and to me. She said, ‘I felt I needed the help with that patient and I didn’t know how to get it safely.’

This discussion had taken about fifteen minutes, when Sherry now proceeded to present her continuing case. He is a man with significant trauma history, much improved. The wife has areas of difficulty, too, but generally hides behind the husband and acts as though all the problems are his. Sherry sees the man individually weekly and meets with him and his wife every other week. We have discussed this arrangement, which the group and I support given the needs of the case. Sherry apologized profusely for not having prepared an individual

session. ‘All I have is a rather ordinary, not very interesting couple session. Nothing earth-shattering.’

The session opened with the patient saying he felt deflated because he had been unable to surprise his wife as he had wished. He had ordered a satellite dish for her, hoping it would be installed in time for a special annual program not carried on regular channels, but this week he had to tell her about the surprise as she was making plans to watch the program at her mother’s house. The wife said, ‘I

really like that program and want to watch it every year. We haven't had cable installed in our new house, but once he told me about his gift, I was fine planning to watch it at home.' The man said he did have an ulterior motive. He also wanted to help his wife be less bound to her mother and be with him more. She said that was fine with her.

Sherry paused in her presentation for group discussion. Members of the group noted the positive change in quality of this couple's work, from a

time when the couple's material was shot through with effects of the husband's early trauma. This so-called ordinary material seemed to them to reflect both the individual's and couple's progress. In this material, he had expected her to be disappointed and angry, while she had been able gently to hold him psychologically. The scars had faded for him and for them, like the scars in Sherry's own opening dream. They noted the resonance of Sherry's dream with the treatment. The couple is expecting their own first child, a kind of

therapeutic grandchild for Sherry, when she is still attuned to their scars. They liked the way this ‘ordinary’ material from the opening of the session demonstrated individual, couple and family growth, a fading of the scars on every level.

Sherry resumed. In the session, the man now began to reflect on his wife’s TV watching. She will watch anything, when much of the time he would like her to do things with him. He feels defeated when she seems to disappear into the TV. The wife is a bit

defensive, saying she thought her TV-watching had been better lately. The husband started to cry when Sherry asked if he would be able to negotiate with his wife about watching TV. Sherry asked, 'Are you afraid the relationship won't survive if you ask her to watch less TV, that she won't love you enough to give it up?' The man said that's true, that he didn't feel he could negotiate at all about TV. The wife now said, 'Of course you can ask me, and I'll turn it off. There's only one show a week that's important to me, and I can give up all the others.'

But I know there are other things you do for me that are about your fear I won't love you. Like when we're out for dinner, you save the last good bite of your food for me, or push dessert on me even if I don't want it.'

A member of the supervision group interrupted Sherry here to remember the wife's eating disorder, noting that the husband was doing a mild version of what the wife's mother had done to her chronically, pushing unwanted food on her. Sherry hadn't noticed that echo, and thanked him for calling her

attention to the link. After brief discussion, she returned to the session. She had asked the husband why he offered his wife the ‘best food’ in that way. He said, ‘I want her to feel that she loves me.’ The wife answered, ‘You’re very generous with me. I want to do things for you, too.’ The couple went on to discuss the way his mother was so awful to both of them, that they could see this would lead to his worry that the wife would treat him badly. The wife said, ‘Your mother dismisses you and me, too.’ The man grew openly sad and wiped tears from his

eyes. The session was almost over. He began to write Sherry a check, noting he had not paid her in some time, and said, 'This isn't much, but there's more coming soon.' Sherry said in summary, 'It felt good! They talked about the core of his fear, and she was gentle and responsive.'

The group noted the continuation of the trusting feeling in the session leading to the linking of the husband's fear of loss of love and the relationship with his mother. This session was calmer than earlier ones, even though

it moved rather smoothly into the core issue for the couple of the husband's fear that the wife would not love him if he asked her to give anything up, and the way the wife took care of this fearful residue of his trauma in a loving way. They then turned to a more extensive discussion of the wife's way of turning attention away from her own issues, and that this brief mention of his pushing food on her was a small inroad to the struggle over food with her own intrusive mother, which she avoids discussing. She has turned down Sherry's suggestion for

individual therapy several times, so the only therapy she can allow is these couple sessions. Then a member of the group said, ‘Well the satellite *dish* he wants to give her is unconsciously related to food too, so his gift is a displaced, symbolic offer of food that comes from him instead of her mother. He’s afraid she won’t take it from him. In a hidden way, he’s dealing with her eating disorder and the way it has tied her to her mother.’ The group discussed the way the husband tries to get her to accept his care of her, and how she vigorously avoids an

awareness of her own needs and fears by solicitous discussion of his situation instead of her own buried hurts.

As the group carried on the discussion, I noticed how well they were working as a group, making thematic discoveries with much less input from me than usual. I felt a little left out, superfluous, in resonance perhaps with the husband's feeling left out by his wife's connection to her mother rather than to him. In a way, I wanted them to connect to my satellite TV, to be fed more by my 'satellite

dish'. It was getting close to the end of the time for discussing Sherry's case, when Kathy said, 'I just thought: David is watching our TV channel. It's like he's on the balcony, watching and smiling at us.' The group now began to discuss the way they felt I was tuned into them and providing a holding environment, one in which they could face their patients' scars. I said as I now thought about Sherry's dream, I saw the way the group often saw the reflection of their own scars in me, like the way their patients often felt their scars reflected by the

therapist's face, painful but also holding out hope for change. Sherry's hope for grandchildren was a countertransference to the couple's expectation of a child, the fertility of the treatment, and at the same time, the members' own hopes for growth of themselves as therapists. In resonance with the case, they use TV at a 'satellite' location, ergo 'a satellite dish' to get professional feeding and repair, for opportunities to lessen their connection to old ways of doing things through a strengthened connection to me across a significant geographic

separation. I now felt better about the ‘dish’ I could provide in standing by as they were able to feed themselves. In later reflection, I also realized that Sherry’s dream contained some residue from reactions to facial cosmetic surgery I had about the time the group began meeting with me, and with previous surgeries my wife had and about which they might well have known. The dream resonated with the feeling of need for repair at all levels, for individual patients, couple, therapist, and in the supervisory relationship with me.

The dynamic resonance of this session of group supervision demonstrates the parallel processes found in ordinary group supervision, unimpeded by the use of the distance-learning video technology. In this particular session, the group was able to identify ways that the television technology itself became part of the theme that tied together experience echoing up and down the line from patient, to couple, therapy, and to supervisory relationships. The technology, far from interfering in the process, instead became part of it.

CONCLUSION

The use of the new videoconference technology enables us to link groups that would otherwise not be able to join in analytic study. With improving technology and decreasing cost, it is now feasible to join colleagues, students and teachers at several sites across any distance in real-time teaching and supervision. In our experience, the technical and personal adjustments to the use of this technology are surmountable, and the opportunities then open up to allow the

sharing of analytic ideas and clinical experience in a way that we are only beginning to explore.

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