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Neurotic Treatment Resistance in Screen- or Phone-Based Analysis

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The vast majority of our analytic literature on treatment resistance considers it from the perspective of in-person treatment, with the embodied face-to-face or on the couch presence of the analysand taken as its implied foundation. How then, does resistance manifest itself in phone- or screen-based analytic treatment? How might these manifestations be the same as or different from in-person treatment? How should the analyst work with them? This article will take up these questions from a Lacanian perspective as applied to work with obsessional neurotic patients.

As Freud put it, “whatever interrupts the progress of analytic work is a resistance” (SE V, p. 517). That being said, because in analytic work there are different types of resistance, I will address three types: conscious, linguistic, and transference. The first two types of resistance, about which I have less to say regarding the differences between their manifestations in remote versus in-person analysis, will be reviewed more briefly before turning to transference resistances which are manifest in strikingly different ways in the two different treatment contexts.

Conscious Resistance

One form of resistance is at least partially conscious and includes embarrassment and a sense that in polite or moral society certain things should not be talked about. This form of resistance is very common especially in the beginning stages of treatment. Analysts typically decrease it by telling analysands about the importance of the fundamental rule of psychoanalysis

for the success of the treatment and also in each instance of hesitation encouraging the analysand to continue, to say more even if it is difficult, embarrassing, socially inappropriate, hateful, and so on.

In one case I supervised, a phone analysand had previously gone through six mostly fruitless years of in-person analysis owing to never having been able to bring up his sexual fetishes in the presence of the analyst—acts that he found highly disturbing and embarrassing. Although there were other analysts in the area in which he lived and worked, he subsequently sought out an analyst who worked over the phone and by screen. When the analyst tried to set up the initial appointment using video-chat technology, he told the analyst about his past analysis and requested phone work, saying he did not think he could bear to speak about the “embarrassing acts” if the analyst could see his face. Of course, his fetishes were related to his other presenting problems that he had spoken about in his first analysis, and it was not until he was able to speak about his fetishes that his other symptoms began to abate. Further, although the analysand was aware that he had been avoiding talking about his fetishes in his previous analysis, as with any conscious resistance there are typically unconscious aspects to it as well.

Sometimes, then, the relative remoteness of phone or even screen-based work may function as the condition for the possibility of an analysand speaking about things that he finds highly embarrassing but are necessary for the progression of his treatment. (Certainly there are other occasions in which the analysand finds that the absence of the co-present relation gets in the way of his ability to speak and do the work of analysis.) Unsurprisingly, although he was finally able to speak about his fetishes and put them into question, he continued to have the same transference projection to his phone analyst—that the analyst was judging him negatively, being shocked and disgusted by his fetishes. Transference does not just disappear because something

changes about the medium of analysis. However, changes in the medium of the analysis change the ways in which manifestations of conscious resistance operates.

Linguistic Resistance

Another form of treatment resistance is the resistance inherent in speech itself. On this topic, Lacan said,

To know what happens in analysis, one must know where speech comes from. To know what resistance is, one must know what blocks the advent of speech, and it is not some individual disposition, but rather an imaginary interposition which goes beyond the subject's individuality, in that it structures his individualization as specified in the dyadic relation. (2006, pp. 461-462)

In other words, owing to the subject being split by language into conscious and unconscious processes, resistance is inherent in the attempt to put his experience into words. To put the unconscious or the traumatic real into words by definition means to have difficulty in so doing. Here Lacan alludes to Freud's conception of the pathogenic nucleus. The closer an analysand comes to articulating the pathogenic nucleus, the greater the resisting force that pushes him away from it (Lacan, 2006, p. 334).

Take for an example the case of a young girl who had repressed the memory of a homosexual experience. The girl's mother had informed Freud as to the details of the homosexual experience, but Freud noted that

Every time I repeated her mother's story to the girl she reacted with a hysterical attack, and after this she forgot the story once more. There is no doubt that the patient was expressing a violent resistance against the knowledge that was being forced upon her. Finally she simulated feeble-mindedness and a complete loss of memory in order to protect herself against what I had told her. (SE XII, pp. 141-142)

Such a direct route of making the unconscious conscious rarely works: patients need their resistances, so a technological alteration in how resistance is manifested should not be undertaken without thought. Instead, Freud recommends a number of ways of overcoming resistances (see, for example, SE II, pp. 271 and 282-83). Freud is critical of the attempt to “point out his resistance to the patient,” because when this is done “no change sets in; indeed, the resistance becomes all the stronger” (SE XII, p. 155). Freud suggests instead that analysts aim to “discover the repressed urges that are feeding the resistance” (SE XII, p. 155).” This aim is the guiding principle of psychoanalytic technique. This includes interpreting dreams and parapraxes and other unconscious mechanisms that manifest in the analysand’s speech such as negation, digression, understatement, ellipsis, and many others. Working with this kind of resistance, resistance as inherent in the act of speaking, differs in remote work from in-person work insofar as speech is influenced by communicative context and differences in the implicit processes those contexts afford.

Transference Resistance

Third, resistance can manifest in the form of transference. Of transference, Freud said, “Instead of remembering, [the analysand] repeats attitudes and emotional impulses from his early life which can be used as a resistance to the doctor and the treatment by means of what is known as ‘transference’” (SE XVI, p. 290). Freud’s term for transference, *Übertragung*, also means translation or transposition, and refers to “new editions or facsimiles of the impulses and phantasies which are aroused...during the progress of the analysis” and which “replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment” (SE VII, p. 116).

Transference resistance can take the form of acting out, which implies the analysand's behaviorally performing something that she is either unable to recall or feels her analyst has been unable to hear. It is far better to facilitate remembering rather than repeating through acting out. Acting out, then, is a message to an Other and one which calls for an interpretation. Of course, there is overlap but no equivalence in the forms of acting out possible in the two treatment contexts: people can act out online in ways impossible in person, and vice versa.

As an example of how acting out can be a message to the analyst regarding something to which he has turned a deaf ear, Lacan provides the example of Ernst Kris' analysand who, as an academic, was held back professionally by his conviction that anything he wrote was plagiarized. When he finally completed a manuscript, to his dismay, he found an already published book which contained his ideas. Kris researched the matter and found that the book, although on the same topic, had little to do with his analysand's writing. Kris was thus convinced that the reality of the situation was that his analysand was not a plagiarist, and so Kris set out to convince the analysand of this fact. However, the analysand shifted the complaint such that he had come to believe a colleague was stealing his ideas and that he could not tell the difference between his ideas and those of the colleague. The analysand then divulged his acting out to Kris, letting him know that "for some time, on leaving his sessions, he has wandered along a street full of attractive little restaurants, scrutinizing their menus in search of his favorite dish: fresh brains" (Lacan, 2006, p. 599). Lacan reads this acting out as a communication to Kris that he has a desire to steal *nothing*, which leads Lacan to compare it to anorexia, as a desire to eat nothing. Acting out, as a form of transference resistance, nicely shows one way to understand the applicability of Lacan's maxim the "patient's resistance is always your own" (1997, p. 48).

Insofar as they take on special forms in remote versus in-person analysis, this paper will turn to two manifestations of transference resistance: one, when family drama is transposed onto the person of the analyst and two, when a relation to the analyst occurs that is based on the analysand's structural diagnosis. These two are intimately related. For example, a treatment resistance such as an analysand's tardiness may certainly be an acting out or a manifestation of conscious or linguistic resistance, but it may also or instead reflect a potentially complex repetition of an earlier family situation as well as a habitual way of relating to the Other reflected by her diagnosis as hysterical or obsessional.

Lacan on Obsessional Neurosis

Before explaining how treatment resistance manifests itself in differentially diagnostic ways via analysis by phone/screen versus in-person, I will briefly explain the theoretical background and terminology behind Lacan's understanding of obsessional neurosis. According to Lacan, both types (hysteric and obsessional) of neurotic individuals recognize and want to be recognized by the Other. The Other includes sociocultural norms, laws and morality, and the structure of language and is the representative of the symbolic order. The Other can be embodied by the parents, any authority figure, and, at least in the early phases of analysis, the analyst. The child assimilates the symbolic order via the Oedipus and castration complexes, such that the child relinquishes the *jouissance* (or a kind of exciting, sometimes painful enjoyment) he gets from his nursing dependence and proximity to his mother in favor of an identification with the function of the father as representative of the symbolic order. In other words, the castration in operation amounts to giving up some of the satisfactions related to the drives and even prohibiting certain drive expressions since the child, now a subject, recognizes the authority of the Other; for instance, that it is wrong to be selfish and one must share with one's brother.

Corresponding to the symbolic cut of castration, the neurotic subject experiences a loss of jouissance, an internal lack from which eternally springs his desire. The neurotic then tries to find ways to retrieve his lost jouissance or his lost object (the fantasized breast, for example) and to annihilate the lack—although achieving either is structurally impossible (Lacan, 1998, pp. 261-317). In the late 1950s Lacan began calling these fantasmatic objects the objects *a*, which are the object-causes of desire and jouissance. In fact, Lacan's general formula for fantasy is the split or castrated neurotic subject in relation to or in desire for the object *a* (Lacan, 2006, p. 313). The subject's relation to object *a* reflects the manner in which she wants to be positioned with respect to the Other's desire; the neurotic's fantasy not only serves the purpose of perpetuating his desire but also of trying to regain the lost jouissance and become whole again. Not only are the fantasies of neurotic subjects determined by their ways of dealing with castration (lack and a loss of jouissance corresponding to the split by language into unconscious and conscious processes) but so too are their actions and their symptoms. Ultimately, neurosis is a strategy in relation to the Other with respect to jouissance.

The neurotic subject can be identified as either hysteric or obsessive in accordance with the particular manner in which he attempts to recover some of the lost jouissance associated with his separation from the mOther (or primary caregiver). The strategy of the obsessive (who tends to be male) is to attempt to overcome separation through constituting himself in relation to object *a*, to the breast for example, such that the object *a* is the cause of his desire. The obsessive's desire is maintained and supported by his relation to object *a*. This is well represented by the

matheme for the neurotic fundamental fantasy¹: ($\$ \diamond a$), meaning the split subject (or the subject divided by the internalized structure of language) in relation to or desiring object *a*. The obsessive thus operates under the assumption that the addition of the object *a* will make him whole and compensate for his lack of *jouissance*.

Despite—but also because of—the fact that object *a* was created as a result of his separation from the Other, the obsessive refuses to admit (to himself and to others) that object *a* is related to the Other. This is because the obsessive prefers to see himself as a complete and masterful subject (S) instead of a split subject ($\$$), and to attempt to do so means to deny, ignore, and destroy the Other and the Other’s desire (which was both responsible for his birth into the physical world as well as into subjectivity). This partially explains the obsessive’s preference for objects *a* that are manifestly unrelated to the presence of actual Others, such as pornographic images, drug use, and daredevil sports like motorcycle racing or skydiving. Paradoxically, the Other is responsible for his very subjectivity, and so if he were to succeed in denying his dependence on the Other he would at the same time succeed in causing his own symbolic—and perhaps actual—death. The obsessive, then, refuses to accept that the Other has affected his *jouissance* in any way, either by adding to it or taking away from it.

The obsessive unconsciously attempts to minimize the power of the Other through enacting various strategies of neutralizing the Other’s desire. In terms of how he views himself, the obsessive prefers to see himself as a having consciously chosen his desires and pursuits when

¹ “Lacan defined fantasy as “an image set to work in the signifying structure” (2006, p. 637), implying that fantasy consists of imaginary and symbolic order elements. Because fantasy supports and perpetuates the subject’s desire, it binds *jouissance* into the symbolic.

in fact his desires were unconsciously modeled after the Other's desire.² The obsessive tends to choose to desire or do the exact opposite of what his parents wanted for him—the opposite of the Other's desire seeming to the obsessive to be the most his own. However, desiring the opposite of the Other's desire is to structure his desire in relation to the Law and to the Other's desire. As Lacan said, "Law and repressed desire are one and the same" (2006, p. 782). When asked why he chose to be a market analyst, for instance, the obsessive will give reasons having to do with the prudence of the choice of career or how it allows him to exercise his specific talents rather than admit or even realize that he chose it because it seemed in radical opposition to the literary career his parents wanted for him.

The obsessional neurotic not only avoids facing the Other's desire but also avoids experiencing his own desire. Correspondingly, Lacan formulated the obsessive's desire as a desire for an impossible desire (2006, p. 683). Why is the obsessive's desire something he avoids, and why does he desire the impossible?

Because the obsessive subject refuses to admit that he has been castrated (i.e., that he is lacking and split by the structure of language) by the Other, he avoids facing manifestations of his own desire because these manifestations reveal the lack at the center of his subjectivity. Not wanting to see himself as having lost something, the obsessional tries to avoid everything he associates with the emergence of his desire. He marries a woman who has little sexual desire. He can only work well in jobs he does not enjoy. In other words, the obsessional paradoxically

² Howard Rourke, from Ayn Rand's *The Fountainhead* (1996), is an excellent portrayal of an obsessive (albeit fantasmatically without neurotic suffering). He claims to be an entirely self-made man, having no family and being impervious to the influence of modern society. As an architect, he has a distaste and disdain for the greats of classical architecture and especially those present-day architects who emulate their style. Rourke chose to be an architect so that he can create buildings that conform to no one's artistic vision but his own, and he has no interest in or respect for the desire of those who commission the buildings. Thus Rourke attempts to block out the Other and the Other's desire entirely.

maintains his desire by “ensur[ing] that every step toward it makes it vanish” (Lacan, Seminar VI, June 18, 1958)— by making possible desires impossible ones. Thus the obsessive attempts to maintain his status as a desiring subject by retaining his own desire, making the obsessive’s desire essentially an anal desire (Lacan, 2014).

One strategy the obsessional has for retaining his desire is to prevent himself from pursuing the objects of his desire by choosing as his object someone or something that is forbidden (e.g., by the law, by social mores, or by parents) or extremely difficult to attain (e.g., a celebrity). As Lacan put it, “[t]he condition of desire that especially grabs the obsessive is the very mark by which he finds desire spoiled, the mark of origin of its object—contraband” (2006, p. 634). For example, an heterosexual obsessional neurotic developed incapacitating symptoms of social anxiety when it comes to speaking with any woman whom it would otherwise be possible to pursue a romantic relationship. Another obsessive chose to pursue a career that does not interest him and developed depressive symptoms. Still another obsessive became fixated on a woman whose different faith prohibited them from marrying, and then when she converted to his religion he lost interest in her.

The obsessive in his everyday life often refuses to ask for directions even when he is clearly in need of them. Not wanting to seek professional help to fix his car, for instance, the obsessive reads “how-to” internet sites and attempts to fix his car by himself. The obsessive prefers to do everything on his own without the assistance of the Other. Correspondingly, another meaning of the obsessive preferring to see himself as a complete subject (S) instead of split ($\$$) is that he wishes to deny his unconscious, preferring to see unconscious manifestations as accidents that have nothing to do with him. For this reason, he is less likely to seek analysis as to do so would be to admit that he is not master in his own house—that he is driven by his

unconscious—and that he wants the help of an Other who possesses specialized knowledge that he lacks. Instead, an obsessive tends to engage in “self-analysis” involving solitary activities such as keeping a diary. Oftentimes, the request for an analysis from an obsessive occurs after a traumatic encounter with the Other’s desire. When his usual defensive strategies fail to protect him from recognizing the Other’s desire, the obsessive’s subjective world is disturbed, revealing the uncanny (i.e., Heidegger’s *das Unheimliche*) and inciting anxiety (i.e., *angst*). For the obsessive, the encounter with the Other’s desire is to experience the uncanny, the not-at-home, which is at the same time more truly his home than his ordinary relation toward the world would show.

A Lacanian analysis is only considered to properly begin when the subject has a specific type of transference projection in which he views the analyst as the subject-supposed-to-know something about his unconscious. In other words, the beginning of analysis, rather than being marked by a neurotic asking for emotional support or advice about time management skills, is initiated when the subject formulates a desire for the unknown that manifests in an enigmatic question about himself and the whys and wherefores of his symptom. This question is addressed to the clinician as Other with the expectation that the Other knows something about the answer that eludes the awareness of the patient himself.

The obsessional neurotic typically struggles with the subjective component of the subject-supposed to know. That is, his wish to annihilate the desire of the Other makes it difficult for him to believe that the analyst as Other has knowledge about him that he himself lacks (and wants) and that the only way he can get it is through subjecting himself to the analyst’s method. This is why Lacan speaks about the necessity to hystericize the obsessional’s desire, which means that the obsessional analysand can and must achieve a position in relation to

the analyst that is more like the hysteric's habitual position (of believing the Other has something which she herself lacks. In order for symbolic transference (the subject-supposed-to-know) to function, it is not necessary that the analysand believe that the analyst possesses infallible knowledge, but simply that the analyst has a *savoir-faire* about how to uncover the unconscious and reduce suffering which involves hearing things in his speech that he himself is unable to hear. (Importantly, the analyst should not believe in the transference projection of the subject-supposed-to-know and act in the analysis under the fantasy that she is the master of all knowledge.)

Interestingly, this symbolic transference can also be perpetuated by the analysand's belief that at the conclusion of his analysis he will have achieved complete self-realization and know all there is to know about himself. This is a common fantasy, especially for an obsessional, who by wanting to become the master of his own house, via analysis, paradoxically undergoes a process which helps him encounter and accept his own lack, including the limits to his (and all) knowledge. For example, one analysand of mine dreamt that he *found his case file on top of his pillow. He knew I had written it and it contained the whole truth about who he was. He had the sense that his analysis was complete, which he was happy about and felt like an accomplishment. He was very excited to read the file.* The thirst for self-knowledge kept this obsessional neurotic engaged in doing the work of treatment—a treatment which ultimately undermined his hope that there is such a thing as complete objective self-knowledge but thereby enabled him to cease his symptomatic suffering.

Many times, the obsessional who does seek out analysis does not wholeheartedly wish for a cure. The analyst should take with a grain of salt the obsessional's consciously articulated overly emphatic “thank you”s and pleas for help. Some obsessionals seek analysis not to get rid

of a symptom but to get the jouissance associated with learning about themselves with the analyst as knowledgeable authority figure guiding their way. Others secretly hope to be told that they are unsuitable for analysis so that they can stick it to all the people in their lives who want them to change or so they can tell themselves they gave it “the old college try” and then derive jouissance from seeing themselves as a hopeless case so as to retreat further into the solipsism of avoiding or neutralizing the Other’s desire. The obsessional’s treatment resistance in these cases is, more often than not, at least partially unconscious.

An obsessional whose relationship with his mother was filled with resentment may remain seemingly cooperative with the analyst (whose voice, for instance, reminds him of his mother) while at the same time secretly having little faith in the analyst and ridiculing her interpretations in his mind. He might even promise himself that he will keep certain key details of his life from her. All of this is consciously thought but functions unconsciously to render useless the analyst’s efforts. He may be unaware that he has negative thoughts or feelings toward her or that he is adopting a position toward her that is strikingly similar to that with his mother, one in which he is secretly rebellious.

Often, it is the case that the neurotic says and would like to believe that his relationship with his mother is “pretty good” but that his choices and actions belie the opposite (e.g., he promises to visit her but rarely does, he asks for her advice but rarely follows it, etc.). Repression is clearly at work in such a case in which the analysand consciously believes that his relationship with a parent is good when manifestly much of it is not. If he is aware of taking a symptomatic oppositional stance toward the parent or other authority figure at all, it consequently seems mysterious. The analysand’s transference to the analyst in such instances is unlikely to be expressed in overt displays of disagreement or displeasure but might in time lead to treatment

resistance in the form of recurrent lengthy silences, tardiness, and absences which come with ready-made plausible excuses. These excuses often seem justifiable to the analysand because he is unaware of the transference treatment resistance that lay behind them—one which may be quite complex.

Screen Relations Enabled Secretive Treatment Resistance

There is something about treatment via phone and screen which seems perfectly suited, to the point of providing an irresistible temptation, to engage furtive and secretive attempts to subvert the Other's desire to prove that the analyst as Other does not really *know*.

One obsessional analysand who requested analysis to help him cut down his drinking decided after three sessions that he did not really want to drink less because drinking made him “feel like a man” and helped him coax business secrets out of business partners when he met them at bars; nevertheless, he continued his analysis because he felt an intervention I had made helped him make a good business decision. He only told me this six months later, once he had again decided to do something about his drinking and had begun to question other aspects of his life. In his early work, then, he was attempting to neutralize the subjective component within the subject-supposed-to-know by trying to position me as possessing the same kind of knowledge he himself had, that being business advice, rather than as an Other with know-how about his unconscious (of which he is by definition unaware). So too was he reticent to view me as an Other with any power to affect his *jouissance*, that is, his drinking—although I never made demands about his alcohol intake.

He told me that he had found himself sometimes going out drinking after his sessions. He said he had not really thought much of it until, before a video-chat session we were having while he was on a business trip, he had an impulse to drink a few shots of whiskey before the

session to see if, lacking the evidence of the smell of his breath or the unsteadiness in his gait, I could hear the slur in his voice and “tell” that he had been drinking. He was taken aback by this thought and decided to share it with me in the session rather than act on it (and also to divulge his post-session trips to the bar). This session marked the beginning of his true stance of questioning about himself, although of course he continued at times to challenge my interventions and annihilate my desire as analyst (for instance by claiming he had a very stressful upcoming week at work and could only meet once that week). He realized that at some level he had decided not only to avoid cutting down on his drinking, but to increase it in order to prove to himself that I didn’t have any power over him. He had assumed (a transference projection, since I had never said anything of the sort) that I espoused the Alcoholics Anonymous model of complete abstinence from alcohol and that my secret plan was to get him to give up drinking entirely. As his analytic work gradually progressed, a transference projection to his mother was uncovered by way of a commonality in his mind with the shape of our lips. It turned out that he found his mother to be quite “lippy” with him, and that in response to her requests for his good behavior he would say “Yes, ma’am” and then either do the opposite or do just enough that he would escape punishment. In this example, then, we have conscious and unconscious aspects of a treatment resistance that has its origins in his childhood and his habitual obsessional stance in relation to the Other.

In a similar example, in a screen-based analysis, an obsessional analysand during several months of his sessions viewed pornography off to the side on a second computer (out of the analyst’s line of sight). In yet another case, an obsessional analysand smoked marijuana shortly before his session, knowing his analyst would be unable to smell the marijuana smoke and wondering if the analyst would detect a change in his speech, but thinking that marijuana, after

all, should make him better at the fundamental rule of psychoanalysis. Although these are two examples of the obsessional trying to cling to his symptomatic jouissance and render impotent the analyst-as-Other's desire (for the analysis to progress), what stands out as interesting is that on account of the medium of the screen the analyst would have little to no chance of knowing about the specific treatment resistance unless the analysand chose to come clean to the analyst. In the first example, in fact, it is virtually impossible for that specific resistance (viewing pornography while engaging in an analytic session) to occur in an in-person session. An analysand having an in-person session may think of pornographic images and not choose to tell the analyst, but actually viewing pornography in that context seems highly unlikely. Technology-mediated sessions in this way tend to bring out the "testing" behavior of the obsessional. It is important to note that obsessional treatment resistance in the form of hiding or trying to protect one's jouissance-providing activities can, and often does, occur in sessions that are in-person; the analysand may engage in the activity before or after the session or even during the session in fantasy and not choose to tell the analyst about it.

How can the analyst working via screen or phone deal with such potentially secretive manifestations of treatment resistance? On the one hand, since a transference treatment resistance is one manifestation of a transference relation to the Other, the analyst can expect that it will manifest in other, perhaps more discernible ways as well. Further, the work of analysis should be aimed toward remembering instead of repeating (in the transference, for one thing), and so via dreams, symptoms, free association and so on the analysand's relation to the Other should be spoken about, brought to light, and worked through. Once the repression is lifted it may be a moot point that the analysand has kept a few of his treatment resistances secret (indeed,

if he was ever even aware of them, as in the case of an unconsciously rebellious stance) since that aspect of the transference will have been resolved.

On the other hand, sometimes transferentially-based treatment resistances can cause premature terminations, and so optimally the analyst should detect them early on and use that knowledge to help direct the treatment. In addition to wondering about more obvious transferential treatment resistances, there are ways to notice and intervene with the less-obvious resistances that can manifest in screen-based treatments. In the case in which the analysand was looking at pornography while conducting his screen-based session, the analyst may notice the analysand frequently looking off to one side and ask about it. Likewise, in the case of the marijuana-smoking analysand, the analyst might very well see (via the screen) the tell-tale droopy eyelids and dilated pupils of a marijuana smoker or wonder about the analysand's uncharacteristically disjointed speech and inability to follow one train of thought. But these subtle signs will only be found by those who know to look for them—and only then if they're lucky!—which means maintaining an awareness of how resistances may manifest differently via technology-mediated sessions.

Obstructive Environments as Screen Relations Enabled Treatment Resistance

Another way in which an obsessional analysand can use screen- or phone- based analysis in order to block out the analyst as Other is to hold sessions in environments in which the session could easily be interrupted, such as in a business office (where a co-worker or supervisor could knock on the door) or even on a park bench. Along these lines, I heard about a case in which the analyst realized his analysand was driving in her car during the session when she rolled down her window and began speaking to the toll-booth operator. She may have been communicating to the analyst just how (un)important he was to her at that moment! Cases like these show that it is

a priority to communicate at the start of treatment to the analysand the paramount importance of maintaining a private space. In lieu of the analyst being able to ensure this privacy for the analysand—as is the case in in-person sessions—the analysand must take on some of that responsibility if he is going to participate in screen- or phone-based sessions. What is more, the analyst should explicitly tell the analysand about the importance of not letting any undue distractions invade the “space” of the session. This means the analysand should not be “multitasking” in any way during his session. Checking email, browsing the internet, reading and sending text messages, doodling, letting in the housekeeper and certainly driving are all activities that should be refrained from during a session. However, all of these are actual examples of activities obsessional (and hysteric) analysands have engaged in during sessions, and warning the analysand about them is not a sure-fire way to prevent them.

On the one hand, the analysand may be interrupted despite his best efforts or intentions. The family cat might open the door and jump into his lap. His young son might burst in the room with what seems to him to be a burning question. These intrusions into the psychoanalytic work can in most cases be kept to a tolerable minimum, with some analysands and analysts having more trouble than others in handling them. On the other hand, the analysand may engage in texting or have the session in a public place as a manifestation of obsessional treatment resistance. Although the behavior, like texting, may be consciously chosen, as always with transference there are more likely than not unconscious determinants of his behavior. The analyst conducting sessions via phone or screen would do well to carefully attend to any signs of such behaviors. For example, the analyst may be able to hear the ring of incoming text messages and ask the analysand to turn off the sounds and put the phone out of sight. Or the analyst might hear the road noises as the analysand drives in his car. Or the analyst might hear the analysand

walking around and opening or closing a door. Or the analyst might see the analysand's eyes moving back and forth across the screen as he reads something. In all of these instances, the analyst who points these resistant behaviors out should do so as both a request for them to stop and an invitation for the analysand to wonder about why he engaged in them.

Blocking Desire in a Techno-Enabled Master-Slave Dialectic

Lacan applies Hegel's master-slave dialectic to the way in which the obsessive can relate to the analyst in analysis. Lacan said that although the obsessive is not really present in the work he is doing for his master, whom he hopes to depose, he "nevertheless strives to fool the master by demonstrating his good intentions through hard work" (2006, pp. 315-316). Likewise, in the analytic relationship "the [obsessive] subject's 'working through' is in fact employed to seduce the analyst" (p. 316).

And it is no accident that, once the dialectical process begins to approach the challenging of the ego's intentions in our subjects, the fantasy of the analyst's death—often experienced in the form of fear or even of anxiety—never fails to be produced.

And the subject then sets off again in an even more demonstrative elaboration of his 'good will.'

Can there be any doubt, then, about what happens when the master manifests disdain for the product of such work? The subject's resistance may become completely disconcerted.

From then on, his alibi—hitherto unconscious—begins to unveil itself to him, and we see him passionately seek the why and wherefore of so much effort. (p. 316)

When the obsessive is doing work at the level of the ego instead of at the levels of the unconscious and the real, he is simply a slave who, while awaiting the master's death, excessively (betraying reaction formation) demonstrates his good intentions by doing what the

analyst asks of him. But when the analyst succeeds in situating the work at the level of the symbolic axis, the obsessive's fantasy of the analyst's death is revealed.

For example, a famous philosopher labored to memorize his dreams and all of his associations to them prior to his sessions so that he would avoid being surprised—or perhaps affected at all—by his analyst's interventions. At face value, his plethora of associations must have seemed like “good work.” As another example, taken from David Hafner's case, which is described in more detail below, he said his analyst “told me to go out and meet a girl or girls and to talk to them. I chose all of them” (2013, p. 148). In response to his analyst's demand, Hafner said he often met a woman and then “deceive[d] the woman into thinking that I am available and then mention my partner at an inopportune time” (p. 148).

A specific technique Lacan recommends to analysts here to deal with the obsessive's “demonstrative elaboration of his ‘good will’” (p. 316) that corresponds to imaginary order work is expressing “disdain for the product” (p. 316) of the obsessive's “good work.” In an individual session, the analyst might utilize *scansion* for this purpose, *scanding* the session very early instead of later on. To scand a session means to cut or end it such that the end of the session itself functions as an intervention. Typically, the analyst would end the session after the analysand put into words a previously unavowed desire or said something polyvalent which relates to his symptom. This scansion may occur after forty or fifty minutes in the session elapsed; it is not necessarily the case that variable-length sessions are shorter than most standard-length sessions, but rather that the ending of the session is used as an intervention, as something to put the analysand's unconscious to work, instead of simply being dictated by the number of minutes that have passed. Nevertheless, in cases in which an obsessional analysand repeatedly engages in a “demonstrative elaboration of his ‘good will’” (p. 316) which gets in his way of making

progress, the analyst might very well choose to scend the session very early so as to jolt him out of his resistance.

Alternatively, the analyst might interrupt the analysand's discourse and point him toward material more closely related to the unconscious or the real. The analyst might even comment that the obsessive has not passed beyond the early stages of his work or that the obsessive is not truly present. Or the analyst might sarcastically commend the obsessive for all the good work he is doing. These interventions will bring out the analysand's fantasy of the analyst's death. In addition, these interventions should function to subvert the obsessive from playing the role of the slave and to enable him to do the work of the unconscious. The obsessive will consequently be able to discover that his former role as a slave was but his own strategy of resistance to avoid truly living, desiring, enjoying, and taking action.

The obsessive's "perpetual whirlwind of destroying the other" (Lacan, 2015, pp. 245-246) or negating the Other's desire can also manifest itself by virtue of choosing screen- or phone-based analysis in the first place. Technology-mediated sessions may be an all too convenient option for some obsessives because the reduced presence of the analyst is one way to buffer oneself against the impact of the Other's desire. The analyst's gaze, physical presence, choice of office location and décor, are all ways in which the analyst working in-person can helpfully "intrude" on the obsessional's solipsism.

As an example of this, consider the case of a candidate analyst who wrote about his personal by-phone analysis in a chapter in *Culture/Clinic 1 Applied Lacanian Psychoanalysis: "We're All Mad Here"* (2013). His symptom was "excessive sleeping" (p. 146) and he "would sometimes wake up at the appointment time, stumble down into the teaching studio and call him [his analyst], still half-asleep" (p. 146). The analysand, David Hafner, explained that this habit

was intended to help him recall his dreams, saying that his “dreams tend to hide themselves behind the curtain of repression very quickly, and this half-asleep state assured their lucidity” (p. 146). That being said, his “comatose state, however, insulated him from the effects of interpretation. Also since these calls were being made in [his] parents’ house, in [his] mother’s studio, specifically, there was an extreme, paranoid reluctance to say everything on [his] mind” (p. 146). (Quite possibly Hafner’s fear of being overheard belied a wish.)

As a probable obsessional (he did not provide his diagnosis in the chapter), sleeping until his session time functioned as a transference treatment resistance as it “insulated him” (p. 146) from the Other’s desire in the form of the analyst’s interpretations. I read along these lines a dream Hafner provided that occurred during his phone analysis: “I dreamt I was in some ghastly butcher’s shop, with blood-soaked cadavers lying out on tables under tarps. The artisan was cutting up the phallus of Bruce Lee, which was enormous. Mr. Fink [Hafner’s analyst] reminded me that his name is also Bruce” (p. 146). Hafner’s wish seems to be to cut up the enormous phallus of his analyst, to castrate him or cut him down to size. His dreaming that his analyst’s phallus was enormous may have been a reflection of his well-deserved fame (like Bruce Lee) but it may also have been a depiction of the anxiety-provoking enormity of the Other’s desire.

Hafner engaged in phone sessions because he had wanted to work with a Lacanian analyst, but there were not any in Hawaii where he had been living at the time. After a year, he moved to Paris to begin a doctoral program in psychoanalysis. After “many dropped Skype calls,” (p. 147) Hafner stopped his phone analysis and began in-person sessions with one of the many available Lacanian analysts in Paris.

Hafner’s sleeping in until the appointment time would be a very difficult behavior to replicate if he had in-person sessions. At most, he could take a nap in his car or in the waiting

room. In fact, this is what happened. Hafner said, “[i]n the waiting room, I often found myself becoming exhausted and falling asleep as I used to see my father fall asleep in front of the television. Sometimes I would even miss my turn because of these naps” (p. 148). Excessive sleeping was his symptom, and so it persisted in his in-person analysis. Referring to the first year of his in-person work, Hafner said, “I slept an inordinate amount of time, missed sessions regularly, and generally had nothing to say beyond lamenting my boredom as my sleep cycle slowly but obstinately drifted later around the day, leading me toward nocturnality” (p. 147). Hafner’s symptom did abate during the course of his in-person analysis, just as it may have if he had continued phone analysis—we will never know. It does seem, however, that his transference resistance was more powerful when he did work by phone. I am referring not only to his resistance of missing sessions because he was sleeping or being sleepily “insulated” against the power of the analyst’s interpretations (which was intimately related to his symptom) but also in general of trying to negate or oppose the analyst as Other’s desire (e.g., via skipping sessions).

The phone or screen analyst can try to combat such transference treatment resistances that take the form of trying to block out the Other’s desire. For example, sometimes in sessions the obsessive speaks on and on without pause, as if to block out the analyst’s chance to speak. The analyst should resist whatever urge she might have to remain silent and avoid “interrupting” or “intruding” upon the obsessive, because doing so is to agree to assume the position of the dead Other and to perpetuate the obsessive’s false myth of being a complete subject. On the contrary, the clinician should ensure that she makes interventions that intrude upon the obsessive’s defense against the Other’s desire. In fact, the clinician’s speech can function to remind the obsessive of her analyst’s desire—that is, of her desire for the obsessive to do the work of the unconscious,

which in his case must take into account the Other and the Other's desire. Even uttering "hmm" at frequent intervals can function to disrupt the obsessive's transference resistance.

Nevertheless, the analyst must assess anew with each analysand the specific conditions that will allow for the analytic work to continue, and with *some* obsessional analysands in-person analysis might be best as the medium of the phone or screen may work all too well to bolster the strength of their treatment resistances and insulate them from analytic progress.

Conclusion

When analysts conduct technology-mediated sessions, they must attend to the ways in which resistances manifest that may differ from in-person sessions. In this paper, I have discussed three types of resistance and how they arise and may be handled in technology-mediated treatment. Resistance that is at least partially conscious, such as not wanting to say something socially inappropriate, must be discerned by lengthy pauses in speech, unfinished sentences, hesitations, slips of the tongue. Analysts can gently remind analysands of the fundamental rule of analysis as well as encouraging them to say what they were thinking during a pause in speech or to finish their broken off sentence. "Linguistic resistance," or resistance that is part and parcel of the difficulty of putting repressed thoughts into words, calls for the analyst to methodically work around the traumatic nucleus, punctuating manifestations of the unconscious and helping the analysand put himself into question. Since speech is influenced by communicative context, there may be some differences in the instances of linguistic resistance via phone/video-chat versus in-person.

The main type of resistance discussed, transference resistance, manifests in technology-mediated treatment differently according to the analysand's structural diagnosis. In cases of obsessional neurosis, in which an analysand problematically attempts to neutralize the Other's

desire, some analysands may find the “distance” or reduced presence of the technology-mediated medium to foster their resistances against the Other’s desire. Technology-mediated sessions are prone to eliciting the “testing” behavior of some obsessionals, wherein he might try to hide some form of jouissance, like smoking marijuana, from the analyst, knowing that since she is working with him via a screen she cannot smell the marijuana. The analyst can be savvy to these obsessional transference resistances by keeping a steady focus on remembering versus repeating, so that by way of dreams, free association, wondering about symptoms, and so on, the analysand's relation to the Other can be put into words and worked through. The analyst working via technological means can also keep an eye or an ear out—if not a nose—for signs of resistance that she can either hear or see, such as a marijuana-smoker’s disjointed speech and inability to follow one train of thought. She can also communicate to the obsessional analysand that he is responsible for maintaining a private space in an effort to reduce times when environmental intrusions may be a way for the obsessional to block out the analyst as Other. Finally, the analyst can intervene in a way that reminds the obsessional analysand of her presence, of her desire (for him to continue to do the work of analysis), by speaking (evening “hmm-ing”) more often than she might otherwise do when conducting in-person sessions. Technology-mediated sessions provide special challenges for analysts, but attending to the analysand’s transference or habitual relation to the Other can provide helpful pointers on how to handle transference resistances that may take on forms specific to the technology medium.

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