

PSYCHOANALYSIS & DIGITAL WORLDS

Figure 16: Outpatient clinic – Sigmund Freud University Ljubljana
 Source: <https://sfu-ljubljana.si/en/sfu-ambulanta/outpatient-clinic>



AT A GLANCE

STUDY FIELD:	Psychotherapy and Psychoanalysis
DIGITAL READINESS:	Explorer/Integrator
SOCIAL IMPACT EXPERIENCE:	High
LOCATION:	Ljubljana, Slovenia/Vienna, Austria
TARGET GROUP:	Students and analysands
PARTNER ORGANIZATION:	Sigmund Freud University (SFU), Outpatient clinic
TEACHING METHODS (DURATION):	Blended teaching methods - classical discussions (supervisions, interventions etc.), discussions and meetings over videoconferences; collaborative work tools and digital file sharing
WEBSITE:	LINK



DETAILED DESCRIPTION

FREQUENCY:



In the framework of Sigmund Freud University (SFU) Ljubljana, an Outpatient Clinic and an Outpatient Clinic for Children and Youths offers, on an ongoing basis, psychoanalysis and psychotherapy with experienced and learning therapists. The clinics represent a crucial learning space for the students and a means of social impact for SFU.

SOCIAL IMPACT



Social impact is twofold, with two target groups: students and analysands. Last-year students of the 5-year programme are obliged to work there, under expert supervision, for a minimum of 150 hours in order to complete their training. Broad social impact and inclusion are ensured by offering therapy in Slovene, Croatian, Serbian and English languages, as well as by taking socio-economic statuses of clients into account.

STRUCTURE



In the Psychotherapeutic Outpatient clinic of SFU Ljubljana they psychotherapeutic programs are provided by experienced psychotherapists and teachers from different therapeutic modalities, as well as the students under supervision. Its aim is to train the students to become proficient in psychotherapeutic clinical work. Experienced practitioners guide students and potential analysands, striving to create the best possible matches, and continue to supervise their progress throughout each individual therapeutic process. All this is normally done in person. However, during the Covid-19 pandemic the Outpatient clinic moved all its activities online. The use of digital tools affected the structure of teaching and therapy (here, the boundaries are often blurred); it changed the analytical dispositive that plays with (non)visibility and (non)speech. Many thus believed that what they were doing when using digital tools was nothing more than a method of waiting for real work to continue. At the same time, however, it called for creative appropriation and (mis)use of digital tools - turning cameras off, turned the computers away from the speakers, etc. So, despite being rather convenient and in specific cases very useful, in fact, the question that arises apropos analytic and therapeutic practice has, firstly, to do with the very form the analysis takes, and, secondly (consequentially), its (diminished?) effectivity. In the end, this may prove to be important for social impacts. For the area of psychoanalysis and psychotherapy, best audit practice, then, might be that digital tools are used “singularly”, no more than needed and, if they are utilized, it must be done in the context of each individual analytic or therapeutic process.