Psychoanalysis in the Time of Covid-19

Steven Jaron

[This article was first posted on the *Wild Thoughts* blog of Free Association, March 18th, 2020]

We have moved on to remote analysis. No longer – for the time being, at least – do analysands enter the consulting room and lie down on the couch for the duration of their session. They speak to us from afar, and in different positions (stretched out, sitting, or even standing), from places we may be familiar with only from how they might have evoked them in the past, while we listen from our armchairs in our offices, as usual. At the behest of government and encouraged by our psychoanalytic societies, the partners comprising the Freudian Pair (C. Bollas) are confined to distinct sites.

Psychoanalysis in which the analysand and the analyst are no longer in the same room and which relies on the telephone, Skype, or a similar device or application is atopic in the Greek sense: it is 'placeless', 'siteless'. Or perhaps it would be more accurate to say that it is polytopic, that it has no single site but multiple ones. While it is not always practiced as such – far from it, and many analysts have till now refused or even dismissed the disembodied or disincarnated setting as falling outside the parameters of the ordinary frame – in the time of the present sanitary crisis it is in fact used this way. It is a matter of reality testing. In today's climate, dematerialized psychoanalysis is practiced as a prophylaxis: the modification in the setting seeks to prevent the individual from contracting or spreading disease or infection. Clinical work has become 'guard-like' and, ironically, if we were to understand the word literally, 'watchful'.

'Essentially, one might say, the cure is effected by love', Freud wrote to Jung, speaking of transference (Freud, 1906, p. 12-13). Freud and later analysts would develop positive transference motions alongside the negative motions and further consider them as they arise in the analyst. That psychoanalysis is at bottom a cure through love – that singular love experienced in the relation aroused by the patient's transference and the psychoanalyst's countertransference – continues to be the case in the time of Covid-19.

How does the turn to prophylactic psychoanalysis, that particular form of remote analysis at a time when infectious disease threatens the individual and imposes itself on social ties, modify psychoanalytic practice? What areas of psychic reality, in both the analysand and the analyst, are touched by it?

A patient speaks to me from his telephone. He hears me cough and tells me so. While I am surprised – I can't recall coughing – I don't intervene immediately. My silence prompts him to say, 'You're hiding something from me! You're sick!' He thinks I've come down with the coronavirus infection. I reassure him that in fact I'm well but he persists in telling me that I've coughed and adds that my voice has changed, that it's raspy because I have a sore throat. Sure signs of the potentially deadly illness, he insists.

The patient, a bank manager who's been in analysis for many years, has gone through periods when he experienced negative hallucinations, such as when he did not see himself while he passed in front of a mirror. On the couch, he once hallucinated me out of the picture. I had disappeared entirely, he was utterly alone. Such phenomena can be attributed, as Green has written, to his mother's turning

away from him affectively when he was very young. In my patient's case, like the negative hallucination Green describes as part of the dead mother syndrome (Green, 1983), the auditory hallucination is an effect of absence. As we began telephone sessions, the patient's anxiety greatly increased. Where was his analyst's body? The positive (auditory) hallucination filled in a void. But what did the patient associate the analyst's silence with?

Prior to modifying the setting, and over a lengthy period, from time to time he would find himself overcome by my silence, as if he were grieving a terrible loss. There were moments when he associated it with that which his parents expressed towards him repeatedly when he was a child. What had he done to merit such withdrawal of love? There was no indication of his wrong-doing from his parents nor did his solitary self-examination offer any clues. In analysis, he could not say what might have happened and this uncertainty was the source of bewildering confusion and recurrent anxiety. At such times, he could hardly speak and what he did manage to say seemed to have little sense.

During our first telephone session, however, he managed to find the words to express how he felt, accusing me of treating him as his parents had done when he was a child. He believed I was punishing him through my silence for something he had done wrong, though he had no idea as to what the misdeed could be. I asked myself if moving to remote analysis was foolish, if it was too much for my patient to bear. Even though I was told to do so, had I nevertheless done something wrong? A consideration of my countertransference led me to believe that my patient was projecting his disarray and guilty feelings onto me. I was feeling as he was feeling.

The following day, near the beginning of the session, the patient reported that his anxiety had diminished. His voice in fact expressed a certain calm. I was relieved by what he said about how he felt. He described his neighborhood under confinement. Hardly anyone appeared. It was quiet, save a few local residents grocery shopping – 'panic buying' – or standing in line – 'with requisite distance between them respected' – at the bakery. Anxiety altered up and down between acute manifestations and its decrease through heeding a shared guideline. But the silence no longer had the same 'oppressive, deafening' quality as he'd felt the previous day. There was some movement, some life. It occurred to him that all the while evoking what he saw outside his window, in a certain sense he was describing himself and what was occurring in his mental life.

As I listened to him, I wondered if he recalled how he was convinced that I had contracted the Covid-19 illness but till now, at least, he hasn't made any mention of it.

References

Freud, S. (1906). Letter of December 6, 1906. In *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C.G. Jung.* William McGuire (editor). Ralph Manheim and R.F.C. Hull (translators). Princeton: Princeton University Press, 1974.
Green, A.(1983). The Dead Mother. *On Private Madness*. Trans. Katherine Aubertin. London and New York: Karnac, 2005.

https://www.freeassociation.pt/post/psychoanalysis-in-the-time-of-covid-19