

# Psychoanalysis in the times of Covid-19<sup>1</sup>

A personal ramble<sup>2</sup>

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Dear friends and colleagues,

We are certainly living a unique historical time and I am grateful to be able to share these thoughts with you as I am seeking both a sense of comfort and meaning in this sudden new reality.

These are my personal wanderings and they have no other pretensions than breaking a painful cognitive-isolation and stimulate a dialogue.

Two questions come to mind:

- How to *practice* analysis under the Covid-19 pandemic? and
- how to *apply* analysis to the Covid-19 crisis?

## Is psychoanalysis possible at times of crisis?

Whereas the body is hopefully uncontaminated and asymptomatic, the mind is already fully colonized and saturated by the virus. All what the analyst-patient can think about is the new *external reality* and its management. I therefore ask myself about the luxury of psychoanalysis.

It was going on in practice it seems during WW2 but mostly theoretically: From Anna Freud to Bion. (Freud anticipated the worst in *Beyond the Pleasure Principle* with the concept of the death instinct and repetition compulsion. The revision of his rejection of the seduction theory admitted external Trauma). The external reality (i.e. the external object and (actual) trauma) was added up in the world of the unconscious. The sexual theories of infantile neurosis as organizers of the mind are somewhat replaced in contemporary analysis by the need to attend to existential forms of anxiety as mobilisers of the mind for both survival and search for meaning. In this, I believe that theory adapted itself to patient's observation. The recent literature on trauma is exponential. Ferenczi is undoubtedly the first traumatologist.

Back to my question, if psychoanalysis was possible in WW2 it should therefore be possible in the time of Covid-19. I know; it is a wishful thinking! The field of psychoanalysis was already on respirators for the past decades, failing to take its place in the New World in spite of the exciting giant clinical and theoretical developments since Bion and the post-Bionians. And in spite, I should add, to the fact that the high-tech world we live-in and its Global Unrest, needs *more than ever* to recapture the roots of the inner world.

Tele-analysis was already a current practice for some time. With the Covid-19 it has become the norm. On top of all its limitations and *technical* – pun meant – adjustment of the

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<sup>1</sup> Written to the Adolescents and Young Adults (AYA) Psychoanalytic Study Group; the Canadian Psychoanalytic Society, Quebec English Branch.

<sup>2</sup> The title is inspired from Gabriel Garcia Marquez' master piece « L'amour au temps de Cholera ».

frame, it only applies to people who have reasonably acquired good-enough verbal representation. This excludes from treatment many children, forms of play therapy, some early adolescents and many adults with severe pathology. I also think that tele-analysis is not ideal for the highly intellectualized patient who is *already* disembodied (The Bion « severe» –K type of patient). Another problem with tele-analysis is the difficulty to assess new cases.

We all hope that this will be temporary of course, in the mean-while we have to adjust and be creative.

Psychoanalysis is practiced today in a borderline/psychotic kind of state: the pandemic eliminates the difference between patient-therapist (who carries the illness?) akin to the organization of the borderline patient with poor symbolic functions and self-object differentiation. Working on the transference is more difficult and, until it becomes possible again, we cannot deny the contamination of the analytic space.

Furthermore, the anxiety is itself endemic, socio-syntonic, shared by the analytic couple, fading even more the patient-therapist difference. Fonagy is helpful here as he suggests the acknowledgement (Vs analytic questioning - not to be confused with support which *enables* existing defences) of the borderline patient's reality as a first step towards increasing the patient's awareness of the consequences of his/her reactions on the object. Hopefully this reduces splitting and negative projections and diminishes the diverted anger that such a patient has for living in a (*now real*) dangerous world. This is not new as we've been talking about this type of patient for a long time, from different theoretical angles and with different vocabularies but it is presently intensified. There is hence, it seems to me, - and while patients' basic inner dynamics are unchanged - an adaptive regression of the field and its practice.

Our present challenge is help patients deal with the dangerousity of both the external *and* internal worlds. The danger from our perspective is not only biological, but more importantly the eruption of projections, splitting, existential anxieties deflected in blind anger and repetition compulsion. Our hope, like for all survivors of trauma is what Henri Rey (a post-Kleinian) describes so well: Reparation (Vs restitution which is a form of repetition compulsion): i.e. the safe internalisation of a good internal object (i.e. more love) in spite - or maybe because - of the present adversity.

Evoking Bion<sup>3</sup>, the danger is that a psychotic mode of dealing with emotions becomes normalized. An awareness of group psychology is here crucial. The Group is a psychic entity that speaks through each of its members; therefore, *each member is also a group*. The question of *contact* (barriers) takes all its meaning here. Groups turn psychotic if uncontained by higher common reasons carried by the leaders (The reverse of that statement is unfortunately also true). The containing function is transformative via the two types of Alpha function: digestive (metaphorization – from Beta to Alpha elements) and reproductive (or *fertility* of the contact, transformation into O) (see L. Brown, *Intersubjective Processes and the Unconscious* (2011); A. Bergstein, *Bion and Meltzer's Expeditions into Unmapped Mental Life* (2019) and G. Civitarese *Sublime Subjects* (2018).

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<sup>3</sup> Three things about Bion: I do not claim to understand Bion; I don't think that Bion wished to be understood and I suspect that Bion didn't understand Bion.

In the case of the Covid19 the question would then be: **How to think the crisis?** And, **how to turn it into something else** that cannot be presently thought? A leap of faith. The Psychotic part of the self takes over when the point of *contact* with reality is delusional, either because it is too diffuse (*no* mind of one's own) or too rigidly impermeable (*too much* of a mind of one's own: ex. conspiracy theory). While I wonder if group therapies are continuing on Zoom, it is certainly intensely practiced at a national scale via the media, by our leaders. We can witness, using loosely Jack and Kelly Novick's *Two systems of self regulation*, open system leaders « We're all in it with the rest of the world » and closed systems « We are attacked by a *Chinese* virus (sic and sick) and will send soldiers to the borders to protect our inherent purity ».

The various forms of regression that we see when the psyche is mobilized to face an external traumatic situation could be seen as various types and degrees of containing - transformation - failure: Disaffection (Joyce McDougal); autotomy (Ferenczi); Denial (Manic defence, see C. Bollas *Meaning and Melancholia* (2019)); Paranoia; Fatalism (Maktoub: written in advance) and Nihilism (a Nostradamus position: It is already too late for humanity – The term «Collapsologie» appeared in the French philosophy literature in 2015). Conversely, the Ego can seek mastery through knowledge or ascendancy through spirituality and we also observe these psychic postures in our patients.

So, following my ramble, analysis is perhaps possible if we adapt to the individual's regressive movement and to the borderline/psychotic state of the world for the moment, and consider analytic management (a form of containment), short of the goal of analytic treatment, until couch-associations could be free again from the grips of the external reality. The play ground of detached intersubjectivity may not be accessible for the moment and possibly replaced by reciprocal grief and empathy but *remote* analysis should do for now.

I learned that analysis is still going on in Italy, where the crisis is far worse. Analysts use Skype or phone sessions and are even able to carry some play sessions. The anxiety in children often manifests in uncontrolled anger or exacerbation of their condition (ex. Cognitive rigidity in ASD kids, when adaptive plasticity is even more required).

I've observed interesting differences with my patients (Who all switched to phone sessions except for one who never accepted the couch and found the single phone session he had intolerable as he imagined I would not be listening and would fall asleep). Some patients are less inhibited on the phone: For example, a very shy young adult who is gaze avoidant and hardly speaks unless prompted, became much more talkative and insightful in her phone session. A big difference that she noticed herself. Other examples of different psychological postures come to mind but needs another ramble.

Myself and other colleagues find these tele-sessions extremely exhausting physically and mentally. While doing what we always do, we seem to use different psychic and cognitive muscles. Add physical, depending on the new set up you need. I think it is *a question of posture*, while we usually sit back and listen, with the technical third we tend to lean forward. This leaning forward is not only psychomotor but *also psychodynamic*. It is as if *we tend to compensate* (overcompensate?) for what we know consciously and mostly unconsciously is lost from direct interactions. Phone sessions are often intensive due to a lifted inhibition but the countertransference is more complicated because of the situation of uncertainty, as if each

session could possibly be the last one. Maybe this is why we are depleted at the end of the day. One thing for sure, it is not business as usual.

**In summary**, the issue of psychoanalysis under the Covid-19 raises some questions regarding the management, negotiation, and working through of:

- The technical mediating third (the phone, Zoom, etc...);
- The invading third (the Covid19);
- The changing individual and family dynamics under social confinement, mostly for child analysts like myself;
- The transference/counter-transference when the tension between inner and outer realities is redefined;
- The psychomotor and psychodynamic posture of technically mediated sessions;
- Other questions regarding *content*: the question of grief and loss (past, present and anticipated) seem to emerge often as well as containment and lack of it.

### **How is the psyche (individually and collectively) reacting to the Covid-19?**

For the psyche, the Covid-19, I suggest, is an orally sadistic invading and fusional object.

The actual *oral* aspect of contamination / protection and consequent *destructive incorporation* may carry a psychic resonance. It is invading because of its penetrating power and its ability to overwhelm the stimulation barrier. Once internalized, it turns into an ego alien bad object. It is fusional because the invasion spares no part of the self and phagocytes it.

*The unconscious doesn't know that the Covid19 is self-destructive* (neither the Covid19 itself it seems). However, the Ego *knows* (or else *should* know) that it is not smart to destroy the host on which you depend. The expansive drive of the invader, paradoxically, leads to its extinction. Whenever this mechanism is internalized, it is akin to a deadly auto-immune disorder. This is how a French psychoanalyst (whose name I forgot) describes the extreme ideological systems (ex. Extreme populist right-wing) and radical religious fundamentalism, that are plaguing the New World. They are destructive and at the end, inherently self-destructive.

I suggest that beyond the shared objective reality of the fear of contamination (the traumatic situation), there is possibly a psychic trauma of another kind.

It seems to me that three things characterize the deeper *trauma* linked to the Covid19:

- The enemy is *invisible*.
- The enemy is *universal* (the whole planet) through *physical contact*.
- The *outcome is unknown* for the duration as well as the final individual and group consequences.

These characteristics, I suggest, confer to the trauma a distinct *anticipatory* type of anxiety: «what's next? What should I do? » in contrast to the reflex-arc reactions of acute traumas that bypass higher circuits (ex. a tsunami or a state of war). We now have plenty of time and space to wonder. This ramble is an example.

**First**, the danger today is *invisible*. The apparent external normality of things (streets, people and the spring) creates a state of un-reality akin to dissociation or emotional alienation. It is as if we were both actors and spectators of a planet-wide tele-reality show. Is this really happening? Clifford Scott would say a dream-like state. This state of dissociation is also the result of the *speed* of the changes to our daily lives. The psyche (individually and collectively) had no warning and no time to adapt to the new reality.

We lost all of a sudden, a previous Winnicottian « going-on-being» or Hartman's normal «average predictable environment» triggering new adaptive systems. We went in a blink of an eye from an accelerated mode of life to *rapid deceleration*. It is as if an exasperated Gaia decided without notice to press on the «pause» button of the world. The management of overstimulation for many (I am thinking in particular of my young patients) gave place to dealing with boredom. The stress of climate changes and the general Global Unrest of the world lost its immediacy in the Corona-intoxicated mind. Another explanation, derived from the practice of medicine, is the concept of acute on top of chronic: a caesura with continuity.

We gave up almost magically the harassment of the multiplicity of choices of our consumer's selves for the quietude of submission to our sanitary selves. Our asserted individuality gave place to a retreat to recovered family, community and national ties (ex. The European Union has never been weaker, and Nations' authority is relatively restored in the face of multi-nationals). And the list is long.

The point to make is that all this happened prior to our ability to *think* these changes.

**Second**, the enemy is *universal* and specifically through *physical human contact* (Vs for example Chernobyl's nuclear catastrophe or 9/11). Covid-19 has no borders, not even of species. The world pandemic aspect of the Covid-19 is a matter of *person to person contact* in a globalized world (and hence the vital importance of social confinement). In addition, the virus propagates through an *infinite number of animate or inanimate intermediates* including the air we share – the potential space of individuation and culture is potentially unsafe.

The dangerousity of physical contact is matched by its vital importance to development and to human interactions. (Isn't it uncanny that the hand shake which initially signified «I'm not armed and neither you» carries today the possibility of its exact opposite? And the sanitary citizen cannot wash his hands off...). Physical contact is where we all come from to start with, and is essential to human development and wellbeing throughout life. The recent degradation of *embodied* self and relations in particular for the young *homo-numericus* has been written about (see A. Lemma *The digital age on the Couch* (2017)). Ironically, new technology, specially that which allows the *visualization* of the object is now highly prized and largely compensatory to social confinement.

What is rare is precious. *By being presently rare, physical contact has become precious*. In the same way as separation triggers the attachment systems; the physical privation triggers a primary wish of physicality. This is what the parent who cannot kiss his child who has returned from abroad, and is quarantined, feels; or the love partner in the same situation. The paucity of physical contact forces us to recognise a need that was in a blind spot.

The individual potentially infected is just a «transmitter object» in a sense borrowed from Christopher Bollas, it is to say, passive. The *sanitary citizen* is neither good nor bad. No other *meaning* or *moral value* are attached to the *biological* danger. We do not wish any harm to the other. This is in contrast to the mechanism underlying racial discrimination or political adversity where the projected enemy *is* the danger (i.e. it is who they are *in themselves*) and requires his elimination. A Manichean black and white thinking is behind this logic: « If you're not with us, you're against us» or « It is me or him».

The wondering psyche reacting to the Covid-19 seems to be more complex in my opinion. There is an admission to mirror reciprocity: «I and the other are in the same boat» and a sharing of obligations. The time is also gone when illness was seen as a divine punishment. I fear this could change if the situation is prolonged and essential goods for example (else than toilet paper) become rare. The danger in that case would be of a different nature (privation Vs contamination) and so its dynamic.

**Finally**, there is *the question of fear*, a most powerful motivator of the mind and the most *contagious* social element. The question here is, *what type of fear are we presently dealing with?* The Covid-19 belongs unconsciously, I think, to the register of a primary fear of what belongs to the universe of the invisible (Le monde invisible). All what humans cannot rationally apprehend. What escapes control, factually or illusionary.

The obvious fear of contagion is not, in my opinion, the main issue in the Unconscious but something much more primary that *ontologically* links us to our ancestors: *the fear of the infinite unknown*. A fear that no anticipatory anxiety can manage. In contrast to sudden natural catastrophes that activate survival drives or purely existential crises that stimulate a search for meaning, the fear of a threatening infinite unknown blends the two together: Something like: « If I survive, I will find meaning to my life; and if I have meaning now, it will help me survive.»

Ontologically, humans had to confront the inevitability of death – and what's after death. Prior to Freud, and throughout human civilizations, humans were confronted with the world of what is invisible to the mind (and anthropologically belongs to the soul Vs the mind). It is not possible to use today the usual denial and magical thinking applied to smaller personal dangers « What I do not know doesn't affect me » or « What I don't understand doesn't exist». We presently have a visual representation of the virus (which helps) but the *danger* itself is undeniable and invisible to us.

Humans have faced similar catastrophes and ontologically again, we hardly change. I want to suggest that we are collectively experiencing various shades of that kind of fear that activates a distinct register of adaptive/defensive mechanisms identical to those of our ancestors. For example, a higher sense of ethics (ex. *being good* (salvaged) is now to adhere to social isolation); a greater openness to a form of K knowledge (Vs possessive knowledge) « How will this experience transform me and the world» ; and most importantly, a need to transcend (transformation into O) what cannot be thought. Religion in the past played a strong

heavy part in these functions but also magical and superstitious thinking. Many people today are turning to spiritual spheres, meditation or religious affiliations and find needed help.

Collectively, we look up to our political leaders in the same way High priests and kings were idolized. We are disappointed and feel let down if they are just human size because we need them *bigger*. We also collectively have dimmed our critical thinking and overvalue Science (our new Savior) the way our ancestors turned to Oracles for answers. Emmanuel Macron and Justin Trudeau often refer to Science as if a *higher authority* in the same way priests since the time of the Pharos referred to their deities, and monotheists to God. *I pray God they are correct to do so.*

Tons more could be said about analysis applied to this extraordinary crisis and want to hear from colleagues.

### **Kudos to the Covid-19!**

Who would have thought just a month ago that the Homo-Economicus could be dethroned or at least put on hold? And so fast! That the implacable, infinitely complex and intricate logic that sustained our economy-driven lives for so long could ever be questioned? That we would discover suddenly that most of our activities, needs and preoccupations are non-essential?

Covid-19 achieved overnight a rise of individual and collective conscious awareness that analysts, environmentalists, artists, philosophers, educators, activists of all kinds would have never dreamt of. Of course, people all over the world are suffering directly and indirectly and many are dying. Living in a pandemic and in social confinement is neither a normal nor a good life. Nevertheless, in the same way as war provokes heroism and produces heroes, Covid-19 stimulated exceptional manifestations of human solidarity and creativity. Italians turn to art and music, French to humour. A collective psyche takes expression everywhere and health professionals are the new heroes. In Paris, everyday at 8 PM, everybody goes on their balcony to applaud health professionals. A comforting ritual that conveys meaning beyond simple gratitude.

Since this is a traumatic situation, we expect, by definition, that there will be a before and an after. What forms will a new reality take that would not be a status quo-ante, a repetition-compulsion? The limitation of what is positive behind the tragedy is that it is *imposed* by the drastic circumstances rather than the outcome of insight, gained from intra-psychic expansion and transformation. It may not last. We can only hope that after Gaia pressed the button «pause» humanity will press the «reset» one so as to better resume play. There is no doubt that things will be different; however, I strongly believe that the *relative depth and permanence* of any positive changes depends on the degree of psychic transformation at the individual and collective level, and we analysts have a unique role in this.

We know as analysts that Trauma is not only inevitable, but constitutive and formative of the human psyche as Ferenczi has shown. The crisis created by the Covid-19 pandemic is therefore a unique form of knowledge that could aid placing, *life* as and essential

psychoanalytic object (Ferenczi, *Thalassa*, 1914) and *the human person* in the center our of civilization so as to put a break on the different means of the objectivation of the individual and its instrumentalization (or de-subjectivation; J. Kristeva would say its automation). The slow *subjecticide*<sup>4</sup> of the past decades was not a lesser danger.

This scattered ramble is an invitation to dialogue and stay alive.

Be safe with your loved ones,

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<https://www.fondationaquarium.ca/>

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<sup>4</sup> The term is borrowed from the French philosopher Alain Badiou.