

Making more from less in a Corona encircled analytic frame and Situation.

Ken Israelstam – Presented at the open day of APAS conference. September 2021.

At the start of this pandemic, I was confronted with an awful never- to- forget image seen on TV, of an electron -microscope view of the spiked virus, greedily devouring human lung tissue. Like all parasites, it cares nothing of suffocating us to death, as well as caring nothing of sucking the life force out of our crucial analytic frame and situation . This frame, like our ¹ vital organ the skin, is alive in holding the emotional bones and tissues of the analytic encounter together. Like our skin, it is a crucial boundary between the inside and outside world, and when functioning well it's alive, containing and activating, firm yet flexible. When attacked it loses its firmness and resilience. I hope to demonstrate how when this sense of safety was lost, a parallel process, a specific anxiety, was activated in both myself and my patient John, albeit asymmetrical. That is the anxiety in both of engaging closely, as well as venturing out too far. When I talk of asymmetry, it's not that I wasn't terribly anxious about infecting or being infected, but that John was due to his early emotional trauma, predisposed towards the activation of a primitive regression. I will describe how he was plagued by terrifying anxieties, mediated through projective identification, of his primitive destructive urges towards me. I hope to demonstrate the strong parallel that exists between the parasitic nature of the virus, and my patient John's frightening parasitic impulses, based on his intense and primitive needs to enter and fuse with me.

I will describe latter how my patient, struggled with core intimacy difficulties that resonated closely with these anxieties, which manifested for him, in the dis-regulation of the

¹ The frame for me represents the constant emotional-mental, physical and procedural elements provided by the analyst. The situation for me represents both the therapist's and patient's subjective interactions and reactions to the elements of the frame. Frame and situation, like form and function, are dialectically intertwined and interdependent, one cannot exist without the other. Birksted-Breen (2020), in her editorial, alerted me to the works of two authors, whose descriptions echo my understanding of this dialectic. Bleger's description of process vs. non-process (1967), and Donnet's (2001), analytic site vs. situation analysis. The Barenegers in the context of their field and systemic theory, understand the interactive nature of structure and form. They write that any change in position of furniture or analyst, reveals a particular internal attitude toward the patients (2008).

too- far (agoraphobic), too- near (claustrophobic) intimacy dialectic . As mentioned, I too² had to struggle with my own stress, although less intense than John's, in managing my own lockdown situation (akin to claustrophobia), as well as my anxiety in venturing too far from the safety of my home (akin to agoraphobia). In this sense the pandemic could be seen to be, in particularly vulnerable patients, both claustrophobogenic as well as agoraphobogenic. I will describe how prior to the pandemic; my patient John and I were in what might be called, and analytic slumber. He and I were stuck in the mire of what seemed, until Covid hit us, an endless impasse.

The role of tension and its potential for the facilitation of growth is not new. Martin Luther King Jr. in his letter written whilst in a Birmingham jail wrote:

"I must confess that I am not afraid of the word tension..... there is a type of constructive, nonviolent tension, which is necessary for growthThe purpose is to create a situation so crisis packed that it will inevitably open the door to negotiation.

Schumpeter (1942), an economist, described the notion of "creative destruction," as a situation where, the "gale of destruction" is followed by the creation of the new. I will describe how the "gale" of the destructive Corona pandemic, helped to "destroy" the collusive impasse that was co-created by my patient and I. I will attempt to show in more detail later, how the unconstructive analysis, prior to Covid came to be, and how this Corona force, helped to activate a third analytic reflective space (Ogden 2004).

I will drawing on Winnicott, be describing how the anxiety generated out of the shared external threat, although challenging, had a positive activating effect on both myself and my patient. In particular, how the increased tensions arising out of the too -near (claustrophobic), too- far (agoraphobic) dialectic, when contained, created a potentially transformational transitional space which helped to enhance my patient's mentalising and symbolising capacity, that is, a capacity to make more from less.

I first became aware of the concept of the too-near too-far situation in my readings of Byng Hall's papers on distance² regulation in families (1981,1989).

2

The virtue of irresolvable dialectical tensions

The idea that creative transformational moments can be born out of tensions relating to frustration, absence and unknowing, is central to many of our early thinkers. Bion (1962) notes that it is the absent breast, that gives the child his first opportunity to know reality through thought. Winnicott (1971) understood well the value of what he termed, "*desultory formless functioning*", and how he believed, that it is only in this unintegrated state that creativity can emerge. (Winnicott, 1971, p. 64)

It is important though not to lose sight of the emphasis that these authors also placed on the *presence* of the object as well. They emphasise that in order to think about an object/breast that is *absent*, there has to be a well-functioning *presence* of a holding Winnicott (1971), and containing object (Bion 1962).

I am going to be elaborating on the specific and potentially creative tensions that are generated out of the irreconcilable opposites involved in dialectical processes. These dialectical entities, although may not be obvious, are endemic to our analytical processes. Ogden notes that Winnicott drew on a multitude of dialectical phenomena such as me-not me, subject-object and illusion-reality (Ogden 1992). Other early thinkers, although not explicitly, could also in my mind, be thinking in dialectical terms, Klein in her good-bad object, present-absent breast (1946). Bion, in his container-contained (1962). The dialectical tensions derived from apparently irreconcilable contradicting emotional states, are well described by Ogden.

A dialectic is a process in which each of the two opposing concepts creates, informs, preserves and negates one another, each stands in a dynamic ever-changing relationship

with the other. The dialectical process moves toward integration, but integration is never complete (1992 p. 208).

It is this lack of integration and the irreconciled nature of the dialectic that is the power generator of tension.

3

My mind turns to some co-dependent couples that I see, who can't be with one another yet can't leave each other, are dependent on one other and are defined by one another. These irreconcilable tensions as can be imagined, activate enormous emotional storms in these relationships. Life -death and closeness - separateness could be seen as such couples!

I have found Winnicott most helpful in trying to understand the relationship between the irresolvable tensions inherent in dialectical situations, and his understanding of transitional phenomena, and their potential for creativity and growth (Israelstam 2007, 2009, 2016, 2018,). The infant from birth is thrust into a developmental dialectical dilemma, i.e., needing to be with the mother, as well as without the mother; the need to hold on to the fantasy that it possesses the breast, yet to learn to accept reality. Winnicott recognised that the impact of the infant's fraught transition, needed buffering. For this he introduced the concept of transitional phenomena, notably the transitional space and transitional object (Winnicott 1953). He saw these transitions as arising out of the me - not me, or mother- not mother dialectic. He understood that the management of these tensions needed the presence of a good -enough mother/therapist, who could function as a third, that is able to hold the baby through these dialectical tensions and frustrations generated by these irresolvable dilemmas. If this is successful, the baby can begin to move from the black and white situation of being either omnipotently merged with the mother or frighteningly isolated. All being well the developing child will start to feel the comfort and pleasure of being either close or separate, as the situation requires. The developing baby's frustration and struggle with its irresolvable situation, together with the mother's capacity for holding and containment, sets the stage for its capacity to symbolise, to distinguish illusion from reality and to begin to understand, how one thing can stand for another (Segal 1978). For Winnicott the transitional space is a place of play, symbol formation and creativity. It is through the capacity to symbolise that the child can learn to face reality (Winnicott 1971).

Dialectics of life, death and intimacy

Hoffman (1994,1997,1998), drawing on his theory of 'dialectical-constructivism', describes how he sees the dialectic of life–death existing as a core organizing principle, a psychobiological bedrock. He declares that human beings can only create their sense of meaning in the teeth of the constant threat of non-being (1998, p. 16). 4

I will now focus on those dialectical tensions that are pertinent to my patient John and my analytic situation, that is, to the life-death situation of the pandemic that confronted us.

Death as the core organising principal, can be said to spawn other related dialectics that are meta to it (Israelstam 2007). I will attempt to explain how the closeness - separate dialectic is such one. Intimacy is traditionally understood to be equated with closeness and warmth, but if one looks at this dialectically, as a double description, a true intimate state could rather be described as a capacity to be able to tolerate sustained closeness, as well as sustained separateness. To be able to be with, and be without. (Israelstam1989,2007,2018). The capacity to remain in a positive state of intimacy though, requires the presence of a containing/holding/ mentalising third, initially externally and then ultimately internally (Bion 1962; Ogden 2004; Winnicott 1971). Without these positive and secure introjects, (as with my patient John to be described), being too close and or being too separate, can activate terrifying life and death fantasies. I will suggest that being stuck in fusion or in isolation, represents death, and where the capacity to be close, and to be separate in harmonious oscillation, represents life. In Winnicottian terms then, it is the intermediary space that exists between the irreconcilable dialectical entities of life-death and closeness separateness, that when contained by a third presence, has the potential to become a creative transitional analytic space (Israelstam 2007, 2009,2016,2018).

I will turn now to Rey (1994), Melzer (1992) and Glaser (1986), for a deeper understanding of the primitive mechanisms involved in the claustro-agoraphobic dynamic, that are very pertinent to my patient.

Rey (1994), formulated what he has called a 'claustro-agoraphobic dilemma'. He like Klein, evoked the dynamic of projective identification, where the patient projects primitive and frightening aggressive destructive elements, into the object (to control and possess). This leads to fears of retaliation, panic and claustrophobia. He then describes how the patient in

his attempt to free himself, takes flight, only to experience the terror and isolating dread of agoraphobia. He described a situation where vulnerable patients are unable to find comfort, either with or without the presence of the object.

Meltzer (1992), in describing the dynamics of claustrophobic - agoraphobic situation, speaks of how what he terms the “claustrum dweller,” who through projective identification,

5

projects unwanted frightening destructive aspects of self into a suffocating claustrum. He described how he believed that the resulting terrifying phantasies, were experienced by vulnerable patients, bodily and concretely. They lacked the capacity to symbolize or represent these experiences internally.

Glaser (1986) describes the concept of the “core complex”. He describes a terrifying situation where the emotionally deprived infant is driven by powerful wish-fulfilment urges to merge with the mother. Once inside the mother, he fears that mother will either imprison him for eternity, or violently expel him. In fear and dread of these consequences, the infant then takes flight, only to experience the dread of isolation. Again, this compels him to return to the wished-for merger. A vicious cycle ensues. The infant enraged by their projected experience of the cruel mother’s rejecting behaviour, develops sadistic destructive phantasies towards her.

John’s narrative

John in his early 40’s, is a senior IT specialist, currently in a 2-year relationship. He expressed concerns about his difficulties in committing to his current partner, as well as his longstanding feelings of loneliness and emptiness.

John’s father “disappeared” just prior to his birth. He described himself as unwanted and unloved by his mother. His mother often reminded Jack, in a blaming way, about the severe depressive illness that she developed after his birth. He reported that he never recalls his mother smiling. “Yet she would go on and on about how unsmiling I was as a baby and child! I tried so hard to please her, I did well at school, hoping that this would bring her some joy.” His mother fostered children to earn money. He described how at the age of 6, he became aware that a little blonde girl, a little younger than him, kept on staying. His mother then

later informed him that she had adopted the girl! He described how this little girl, who was outgoing and affectionate, brought smiles and joy to his unhappy mother, in a way that he could never do. He felt devastated and alone, and would spend hours in his room, involved with computer technology.

John described himself as being fairly isolated, but for a few friends, who shared his interest in IT, both at school and university. He told me that he had a few relationships over

6

the years, but that these often ended in a similar way, in that he was unable to commit. He said that he had been with his current partner now for over 2 years and that he felt attached to her in a way that he has never felt before. John spoke of how much she had come to mean to him, and that he was worried that he would spoil this relationship as he had done others. He said that he noticed that when she started to talk about children and commitment, that he could see himself withdrawing, but when she threatened to leave, he would get panicky and start to beg her not to. He told me that his partner was losing patients with him, and that it was her, who suggested that he try psychoanalysis”.

I came soon to understand, that John had been severely emotionally traumatised, suffering from maternal neglect and rejection, as well as the effects of being abandoned by his father. It will become evident in my clinical description that John’s conflicts resonated with those described above by Rey, Meltzer and Glaser. His greatest wishes have also been his greatest fears. In this paper I talk of this as his too-near, too-far anxieties (Israelstam1989a, 1989b,³ 2018).

In our time prior to the Covid crisis, John appeared indifferent to our coming together and separating, this surprised me, given his early deprivations. I would have expected stronger reactions. I will later attempt to describe the dynamics that led to this rather unproductive analytic state of affairs.

I will be focusing in particular, on how each variation in the frame i.e., moving from couch to 6 feet, to screen, activated tensions that seemed to awaken both John and I, out of what I can, in retrospect, only think of as a co-created analytic slumber. I will attempt to show that it was only after the explosion of the Covid crisis, and the inevitable disruption of the analytic frame and situation, that John’s core intimacy anxieties became manifest.

Clinical Material

Pre-Covid.

I saw John for about a year, 4 times per week before the outbreak of the pandemic. He was always smartly dressed, well-coordinated in unchanging beige tones and was always exactly

7

on time. He started on the chair, saying that the idea of the couch made him feel uneasy, but was unable at that stage to explore this further.

It was not long before he began to complain, that I never smiled, and that I seemed unresponsive, and had a very "flat face." He began to wonder if I was really interested in seeing him, and that he believed that I was finding him boring. I was struggling to connect to him. He spoke slowly in low monotones, was unsmiling, rather expressionless and unresponsive.

I realised that this was not all projection, and that there was some truth in his observation. I did feel rather flat and unresponsive much of the time.

After about 3 months, John agreed to lie on the couch. He said at least that way he would not have to be looking at my "flat face!" When I remarked that I thought that he was projecting the unsmiling rejecting mother onto me, he reacted saying "You are not my mother!" I had become aware that this sort of response was not so much resistance, but rather an indication of his rigid and non-symbolic thinking. His understanding of his dreams at this stage, were also very concrete, and he had difficulty in associating freely. I became aware of the parallel situation where I too had lost my usual capacity for reverie and free flowing thought.

This move to the couch was the first time that John revealed some reaction to change in the distance. He began then to become concerned that I could now doze off, or feel free to think of other things! He would frequently turn around to check, to catch me out. It did not take long for him though, to revert to his rather nonchalant attitude. At this stage I began to feel rather despondent about our lack of connectedness.

When I reflected later on my contribution to this unproductive state, I realised that a particular situation of mutual influence, had occurred (Cooper 1997; Slavin and Kriegman 1998). It was not only John's defences that were operating, but mine as well. I had, through unprocessed projective identifications, in keeping with Sandler's role responsiveness, become "influenced" by John, to become avoidant and withdrawn myself (Sandler 1976). I in turn, not managing my projective counter-identification (Grinberg 1997), re-projected into him, the avoidant unresponsive mother. I realise now that I had participated in a chronic, unreflective enactment of he being again with his cold rejecting

8

mother. It was only after some time, that I came to understand that John's withdrawal was a defence against the fear of his longing for closeness, and his dread of isolation. His fear and dread of being stuck at either pole of the dialectic of close-separate, or claustrophobia - agoraphobia, left him "floating" in a liminal emptiness, a deadly lonely place. With healthy intimacy the liminal space that lies between closeness and separateness is comfortably traversed when either is called for and desired. John though who cannot comfortably tolerate either too much closeness or too much separateness, is left stranded in an eternal nowhere land.

The time of Covid - from couch to 6 feet

When the storm of the pandemic hit us. I was, needless to say, deeply anxious as the reality of the virus, unseen and lethal, began to dawn on me. I was in the riskier age group, and had anxieties not only about the viability of my practice, but whether I would succumb to the virus! I was concerned also, as to whether I would in my survival mode, be able to offer Jack and other patients the containment that they needed?

John at this initial stage however, seemed relatively unperturbed while retreating into his intellectualising and quietly omnipotent defences. He stated proudly how his scientific knowhow put him at a strong advantage over those less knowledgeable. He proceeded in a rather patronising way, over the next days to teach "the less knowledgeable" me, about the rudiments of this little-known disease. He emphasised how his age placed him in a safe position, and how people in my age group have weaker immune systems, and should be more careful. In all this time, there was very little acknowledgement of his need for me. This omnipotent response could clearly be seen as his defence against his growing awareness of

his dependence and need for me.

With only one day's notice I informed John of our need to distance. He stared at me rather defiantly, blurting out. "The further away I get from you the better. I feel suffocated by your smell anyway!" My first association was to smelly toilets at the train station which then led to my thoughts on Melzer's notion of the "claustrum dweller." John, I realised had started to become very attached to my couch in a rather adhesive way, as a concrete representation of myself. When he was asked to move/distance from the couch to the chair 6 feet away, he became very agitated, as if cruelly ripped off /abandoned. I began to have a sense then of

9

how acutely sensitive John was to any change in our comings and goings. I thought, these were early signs of his agoraphobic-claustrophobic dilemma.

When he entered my room the next day, given the need for 6 feet distance, I was not there to let him in as I usually do. He looked rather bewildered and lost as he sat in the chair. His short burst of glory over his ascendance over me however, came to a crashing halt, with our move to 6 feet apart. His rather omnipotent defences breaking down, precipitated in him, a huge and primitive regression.

He sat up, red in the face. "I knew that you would be waiting for this opportunity, that you were getting bored with me, that you've had enough of me!" Becoming tearful he continued. "Perhaps you are worried that I will infect you, maybe I should leave and save you the trouble!" For most of the session he remained rather silent, head down, occasionally I thought, looking longingly and hatefully at the couch/me that had abandoned him.

At the end of the session, he left without looking at me, banging the door behind him. Clearly his past traumas of being unwanted and rejected had come alive. John's sudden and uncharacteristic outburst and tears, left me stunned. In the past year he had hardly raised his voice, let alone cry. John had come alive in a lived experience of me as the rejecting cruel object. I continued to be anxiously concerned about my own anxiety levels, as to whether I would be able to provide the containment that he would be needing.

The following day I was anxiously waiting for John to come, wondering about his reaction.

When John entered my rooms, he looked dishevelled, so unlike his usual neat and coordinated self.

“I had such a terrible night; I was so anxious. I had to stop myself from texting you. I had been watching a news report on the Corona virus. It all felt too close to home. It’s also becoming apparent that people at my age are getting ill, and some are dying. I’m surprised at how vulnerable I’ve been feeling”.

After sitting in silence with head down, for a while, he quietly muttered “I’m ashamed to admit this, but I began to panic at the thought of losing you to this virus. I sanitised my hands carefully before I came up here. I don’t want to be the one that gives it to you. I suddenly feel relieved that we have this distance”.

10

I realised that John’s isolation and fusion anxieties, had come alive in our relationship. John, I believe was clearly beginning to develop persecuting and destructive anxieties relating to a growing awareness of his dependency longings for me.

I too was having difficulty in managing my own growing anxieties. I was alarmed to find that the images of the parasitic virus invading lung tissue came back into my mind. I wondered later, if I was being “infected” via projective identification, by John’s undigested anxiety. I sat for some time, while I struggled, without too much success, to find my mentalising self. In my rather uncontained state, I attempted some interpretations, relating to his feared wishes, which only served to render John more persecuted. At this point, I focused rather on trying to strengthen my capacity to be able to be emotionally present with him. I continued to see John at a distance in my rooms for about another 10 sessions.

6 feet to flat screen

We had just in the previous few weeks begun to make some adjustment to the new frame, when the government declared a lockdown. I eventually succumbed to the pressure from my concerned close ones, to go virtual. I was very worried about not being able to do effective therapy using virtual media for therapy, as I had little experience of doing this. I was dreading so much John’s response to this change, recognising now how sensitive John is to shifts in our frame. In my anxious avoidant state, I put off informing him of this until his last session of the week on Friday!

John became very angry and persecuted. “You just spring this suddenly on me. You could have given me more notice! Why can’t we continue this way? We have distance and sanitiser. You would know that in lockdown it is still permissible to leave home to see your psychiatrist or psychologist. So, this is clearly your choice!”

He carried on like this for about another 10 minutes, then suddenly went silent, becoming very tearful.

“I was getting used to the distance, even your unsmiling face, at least I could see you. I fear that with the screen I’ll lose you! I’m worried that I’ve become too dependent on you. I would like to be able to tell you to go to hell, but I can see that I’m going to have to comply! Why did you leave it until Friday to have to tell me, how do you think I’m going to manage over the weekend, it’s all about protecting yourself isn’t it!”

11

I felt deep shame at my avoidant behaviour in leaving it to the end of the week to inform him of the changes. This time I realised that I had yet again participated in an enactment. It has occurred to me, that although enactments are usually co-created (Jacobs 1986), this one could be thought of as a ‘triadic enactment’, in that it involved John’s coercive projective identifications, my identification with these, plus the added effect of the external corona virus. This enactment opened up in John, his lived awareness of both his need for me, as well as his fear of losing me. Yet again, I had to work hard at recovering my third reflective position. I knew that for his increased tensions to become constructive, I would need to be able to function as his containing and mentalising third. (Ogden 2004).

I remarked, “I can see that I have pushed things too far for you. It was insensitive of me not to give you more notice of the change in our setup. This thoughtlessness on my part must might I believe reenforce your feelings that you don’t have needs, and that it’s only mine that matter. It might be an idea then, if we meet in my rooms one more time, before we move to online. We will need to spend some time working out the best way to do this”. He sat silently for a few minutes, “Yes I do think another day will help.

It was our last session before moving onto Zoom. As I waited for John’s arrival, I was aware of my anxiety, both in regards to what reaction I should expect from him, as well as my own

anxiety as indicated regarding the radical change in our frame.

John looking tired and dejected. "I had such a terribly disturbing dream last night. I was in a tented refugee camp. I could hear bombs exploding around us. I was cold, hungry and terrified, waiting in a long line to receive food rations. A man in a red cross uniform was handing out the food parcels. By the time I got to the end of the line, I was told that it's too late, that he has gone home. I know that this is about you and me. I couldn't fall asleep after that, feeling so angry and let down by you being so uncaring and insensitive. After a while the churning that I was feeling settled, and I began to think about our session on Friday. How you apologised and spoke of how we could work on the best way to make this change. I felt a little more included, and warmer towards you and fell asleep. I'm not used to people apologising. At home it was always my fault!"

Yes, I agree that the dream is about you and me. You who's about to become a casted out refugee, and me the unavailable Red Cross man."

12

John replied: "Yes I do feel lost and confused about you".

We spent most of the rest of the session discussing the various options available for us to connect virtually. He immediately discounted the telephone. "I could never find you that way! I prefer to try with the screen, I need to be able to see you."

The Flat screen

It was with great trepidation that I anticipated this change to screen. John and I, had only just began to adjust to the first assault on our frame. I could hear though the echoes of O'Shaughnessy words (1964 p.34).

"This fact, that the internal situation declines in the absence of the external object, poses a difficulty for development. The internal object must be kept alive, or else at each re-union so severe a setback has occurred as to make a continuous relationship impossible".

The day we started, it felt to me like we were like a couple on an awkward first date! John had to call me, to let me know that the Zoom password that I had sent him didn't work. It was only a few seconds into our session, when John exclaimed, "This is not going to work.

I'm worried about your lack of IT skills; you couldn't even set this up properly! I'm not feeling safe with all this".

I suggested that he was letting me know that he had lost some of the trust that he had been developing with me. That he had become concerned that I might not have the skill to manage him under these new circumstances.

He responded with a sarcastic bite. "There you go with your fancy analytic words again! How can I trust you, if you are hardly here, just a 2D cut out, you are more interested in being a clever psychoanalyst than in me!" At the end of our session, he did the equivalent of banging the door without a goodbye, with a flick of the exit mode!

I realised that with this move to screen, I had, together with the demands of the pandemic, precipitated another enactment. When John spoke of my lack of IT skills, I suspect that he had picked up in me my anxiety and doubt about my capacity to cope with this new virtual setup. This was not all his projection.

13

The next day we connected on time. John was very agitated, shifting about in his chair. "This is not going to work I'm telling you! I hardly slept, I had terrible nightmares. I was surfing huge waves, like the ones that I usually do. I was suddenly thrown off my board. I saw the fin of a large shark, I shouted to the lifesaver. He was so engrossed in reading his book, that he didn't notice me. I felt myself drowning, struggling for air, then woke up sweating".

When I asked him for his associations he exclaimed, "Please this is not a time for psychoanalysis, there's a fucking virus out there that could kill both of us, and when I most need you, you are not with me, I'm seeing that flat dead face again".

While sitting in the long silence, thinking of John's experience of me with the "flat face", my mind drifted to Tronick's still face experiments (1989,2007), I could hear Tronick saying in the same vein as O'Shaughnessy (1964), that the repeated experience of the mothers returning engaging face is important for the child's development. The problem arises when the mother's reappearance is absent or erratic. The real shift away from the bodily proximity of my consulting room, plus the concreteness of Jack's experience of me as 2D, left him struggling with my still flat face. I felt some despair, wondering if Jack would be able to find

me, under the new conditions of this Covid restricted frame. I was also concerned again, whether I would have the containing capacity to be able to “save” him in his unbalanced precarious state, leaving him as in his dream, to be thrown to the sharks.

For the first few weeks, it was again, as if John never stopped complaining about my deadness and my lack of interest and concern for him.

We continued with the remote analysis for the next 12 weeks. As the weeks unfolded, Jack spoke little. When expressing his concern at not being able to feel enough of my presence, I noticed though, that with time, he was becoming more sad than angry. He was also less rejecting of my attempts to link his feelings to his early experience of deprivation. At one point he told me how he had considered recording our sessions, so that he could have me in- between sessions, but decided not to. When I enquired about what stopped him, I noticed him beginning to wipe his tears away as he spoke. “I felt so ashamed. Recording the sessions would have highlighted how much I needed you.”

14

In one of our sessions, John asked if I could have more light in my room, saying that I was too backlit, and on another occasion, he asked if I could move closer to the screen, and not sit so back in my chair. I took this as a desperate and concrete plea to try and find me, and not a means of control. On this basis I moved more forward and added the light from my desk lamp. John seemed relieved, and in a quiet voice said, “That is better”. In a tearful voice, just before the end of the session, John uttered “I so miss being in the same room with you”.

I reflected to him how confused and unsettling it must be for him, missing me when I’m too far away, but when we were in the room, he complained about being too-close. “Yes, it is confusing,” he remarked quietly.

We were getting closer to the end of our three months of on- screen therapy. John was beginning to talk more openly of how he missed me between sessions and over the weekends. He would be very tearful when he began to recall how neglected and lonely, he had felt as a young child. He spoke often of how he would cry himself to sleep, and how he was determined not to be heard, as he knew that he would probably be reprimanded. “I

tried so hard to please, not to be any trouble”.

His anxiety about my health also became more apparent, the slightest cough or clearing my throat would make him anxious. There were growing signs of him being able to begin to have concern for me.

Return to 6 feet in room

Almost a year had passed since the Covid pandemic began, when the Corona situation was such, that I began to feel safe enough to see my patients in my room, at the required distance. John was on the one hand clearly relieved at being able to be together with me, but not unexpectantly, my bodily presence continued to activate his too-far, too-near anxieties. He spoke about how the virtual set-up, on the one hand gave him some safe distance from me, but how this also frustrated his wish to be closer to me. John was clearly more open now, in being able to reflect on his experience of my comings and goings. He slowly began to feel safe enough to speak of his anxieties, as well as his hostilities towards me, both when he started to feel more attached and dependent, and also when we parted after sessions. He began to share more dreams, that spoke of both his claustrophobic and

15

agoraphobic anxieties e.g., one where he was being engulfed in a tsunami, and the other where he was lost alone in an endless desert.

Although John still has a long way to go, there was evidence of a distinct shift in his development.

John has become committed to his work and continues to see me regularly. We only recently, because of a sudden lockdown, have moved to screen again. This precipitated a small regression that settled down in a few days. He is clearly becoming more able to feel connected to me in a virtual situation. This I believe is a sign that he was beginning to show early signs of a capacity to mentalise and symbolise.

Discussion

As described above, when confronted with the existential reality of death, John and I shared the same anxieties of being too-close or too-far. On further reflection, I have come to realise how difficult it was for me to function as a firm containing third and mentalising figure for

John, given the effect that the deep death anxieties brought about by the invasive Corona, had on me. John's experience of me at times, of my not being there for him, was not simply based on projection, but of his recognition of my own insecurity and anxiety.

It could be seen that the situation that John and I were in, had been one of mutual influence, or not to overplay the metaphor, one of mutual 'infection' (Cooper 1997). The threat of suffocation and isolation generated in us both, albeit asymmetrically, primitive and destructive anxieties such as described earlier by Rey (1994), and Meltzer (1992). These primitive phantasies as these authors described, were mediated through the process of projective identification. John, filled with sadistic and aggressive impulses towards me would, as Rey and Meltzer described, project these onto and into me, only to be persecuted by his destructive impulses and fear of my retaliation. In order to manage my own anxieties, it is conceivable then that I like John, evacuated that that was unprocessed in me, back into John. It is this recursive vicious cycle that I see more in retrospect, that has made my work with John, that much more challenging of my containing capacities.

Rey (1994), has referred to patients, similar to John, who lack symbolic capacity and think concretely. He points out that because of their concrete thinking, the damage that they have

16

done to their objects, is experienced as real and actual, rendering their anxieties more intense. All the more important then, has it been for me to be able to facilitate this process, to work at being able to provide the containing mentalising third that was not available to John himself.

Given the importance that I have given to the function of containment of the dialectical anxieties generated in the context of our struggling frame, I believe it is worthwhile describing the notion of containment in dialectical terms. In this mode then the reflective third is represented by what might be termed a dialectically attuned therapist (Israelstam 2007). The dialectically attuned therapist functions by mentally/emotionally processing the anxieties that are continually being generated by the colliding differences activated by opposing, yet interdependent dialectical elements. The dialectically attuned therapist, regulates the oscillation according to the system's demands, by attending to each dynamic figure-ground oscillation in relation to each unique moment in its relational configuration. In practical terms, John when too-close panics, seeking air moves to a too-far position, then

panics seeking connection etc. My containing/holding John while in panicked close mode, as well as when he is in panicked separated mode, allows him gradually to begin to confront and reflect on his subjective fears, hopefully to the point where he feels safer when close and safer when separate.

When there is however a breakdown or absence of a dialectically aware 'third', fluid dialectical oscillation is lost. It is under these conditions that there is then a risk of rapid dialectical ossification and what I have termed dialectical atelectasis . (Israelstam 2007).

4

Conclusion: Making more from less

It is an irony, that it took the anxiety generated by the "gale" of the destructive force of the suffocating and isolating pandemic crisis, to breathe life into our pre-covid slumbering analysis. It took as Luther King wrote, a "crisis-packed situation" to bring about a resuscitation, resulting in the potential development of a third reflective space! I have emphasised also how my own anxieties, together with John's, contributed to the mutual and escalating "infecting" of the other, and how this rendered my task of

Atelectasis is a medical condition describing instances of a collapsed lung, due mostly to infection or trauma.

⁴As it turns out, a fitting metaphor for the Covid situation.

17

containment and dialectical attunement, so challenging. I described the part played by the intrusive pandemic, in the activation of a number of enactments that evolved in our analytic work. As noted earlier, I have suggested that we could talk of these, as being not only co created, but tri-created, the third element being the pandemic itself.

As the time progressed, although often with the utmost difficulty, I was more and more able to process my own anxiety and fears as described above. This enabled me to offer John the containment and dialectical attunement that he required in being able to manage the increased tensions arising out of the too -near too- far dialectic. This resulted in the creation of a potentially transformational transitional space, a third presence, which helped to enhance John's mentalising and symbolising capacity. This growing capacity, reduced the potency of his concrete persecuting and sadistic phantasies as described earlier (Rey 1994). As a result of this, John was gradually able to find some comfort when connected to me, and

less anxiety and hostility when we were apart. He was able to spend less time alone lost in a liminal wilderness, as he had done prior to his analysis. It is this growing capacity to symbolise, that has enabled John to make more from less.

References

Baranger, M., Baranger, W. 2008. "The Analytic Situation as a Dynamic Field". *International Journal of Psychoanalysis*. 89(4): 795-826.

Bion, W. 1962. A theory of thinking. *International Journal of Psychoanalysis* 43: 306-310

Birksted-Breen, D. 2020. Editors' introduction. "The current sociosanitary coronavirus crisis: Remote psychoanalysis by Skype or telephone. *International Journal of Psychoanalysis*. (3): 572 - 579.

Bleger, 1967. Psycho-Analysis of the Psycho-Analytic Frame. *International Journal of Psychoanalysis* 48:511-519

Byng-Hall, J. Campbell D.1981. Resolving conflicts in family distance regulation: An integrative approach. *Journal of Marital and Family Therapy*, 3, 321–330. 18

Byng-Hall, J. 1980. "Symptom Bearer as Marital Distance Regulator: Clinical Implications", *Family Process*, 19: pp. 355-365.

Cooper, S.H. 1997. Modes Of Influence In Psychoanalysis. *Journal American*.

Psychoanalytic Association, 45:217-229

Donnet, J. 2001. From the Fundamental Rule to the Analysing Situation *International Journal of Psychoanalysis*. 82(1): 129-140.

Glasser, M. 1986. Identification and its vicissitudes as observed in the

perversions. *International Journal of Psycho-Analysis*, 67:9-16.

Glasser, M. 1992. Problems in the Psychoanalysis of Certain Narcissistic Disorders. *International Journal of Psychoanalysis*, 73:493-503.

Grinberg, L. 1979. Countertransference and Projective Counteridentification. *Contemporary Psychoanalysis*, 15:226-247.

Hoffman, I. 1979. Death Anxiety and Adaptation to Mortality in Psychoanalytic Theory. *Annals of Psychoanalysis*, 7:233-267

Hoffman, I. 1994. Dialectical thinking and therapeutic action in the psychoanalytic process. *Psychoanalytic Quarterly*, 63:187-218.

Hoffman, I. 1998. *Ritual and spontaneity in the psychoanalytic process: Dialectical-constructivist View*. Hillsdale, NJ:Analytic press.

Israelstam, K. 1989. Intimacy and distance regulation; from homeostasis to structural Coupling and coherence. *The Australian and New Zealand Journal of Family Therapy*, Vol. 10:7-11.

19

Israelstam, K. 2007. Creativity and dialectical phenomenae. From dialectical edge to dialectical space. *International Journal of Psycho-Analysis* 88:591- 607.

Israelstam, K. 2009. The doubting analyst's facilitation of a creative analytic space. *Australasian Journal of Psychotherapy*, 28: 15-34.

Israelstam, K. 2016. Enactments at the Edge: Transformational Moments in Psychoanalytically Influenced Couple Therapy. *Couple and Family Psychoanalysis* 6 (1) 59-77. (Tavistock).

Israelstam, K. 2018. The narcissism of minor differences as distance regulators in core intimacy problems. *Australian and New Zealand Journal of Family Therapy* 39, 134 – 143.

Jacobs, T. 1986. On countertransference enactments. *Journal of the American Psychoanalytic*

Society 34: 289-307.

Klein, M. 1946. *Notes on some schizoid mechanisms. International Journal of Psychoanalysis* 27: 27-91

Meltzer, D. 1992. *The Clastrum: An Investigation of Claustrophobic Phenomena*. Perthshire: Clunie Press

Miermont-Schilton, D., Richard, F. 2020. The current sociosanitary coronavirus crisis: Remote psychoanalysis by Skype or telephone. *International Journal of Psychoanalysis*. 101. (3), 572-579.

Ogden, T. H. 1992. Potential space, in T.H Ogden (Ed.), *The Matrix of the Mind. Object Relations and the Psychoanalytic Dialogue*. (pp. 203–232). London: Karnac Books.

Ogden, T. H. 2004. The analytic third: implications for psychoanalytic theory and technique. *Psychoanalytic Quarterly*, 1: 167–195.

O’Shaughnessy, E. 1964. The absent object. *Journal of Child Psychotherapy*, 2, 34.

20

Rey, H. 1994. *Universals of Psychoanalysis in the Treatment of Psychotic and Borderline States*. London: Free Association Books.

.

Sandler, J. 1976. Countertransference and role-responsiveness. *International Revue of Psychoanalysis*, 3: 43–44.

Segal, H. 1978. ‘On Symbolism’. *International Journal of Psychoanalysis*, 5, pp. 315–319.

Schumpeter, John A. 1942. *Capitalism, socialism and democracy*. London: Routledge.

Slavin, M.O. and Kriegman, D. 1998. Why the Analyst Needs to Change: Toward a Theory of Conflict, Negotiation, and Mutual Influence in the Therapeutic Process.

Psychoanalytic Dialogues., 8(2):247-284

Tronick, E. Z, Cohn J. F.1989. Infant-mother face-to-face interaction: Age and gender differences in coordination and the occurrence of miscoordination. *Child Development.* 1989; 60:85–92

Tronick, E. Z. (2007). *The neurobehavioral and social-emotional development of infants and children.* New York, NY: Norton.

Winnicott, D. W. 1971. *Playing and Reality.* London: Tavistock [Reprinted London, Routledge, 1996].

Winnicott, D. W. 1953. Transitional objects and transitional phenomena: a study of the first not-me possession. *International Journal of Psychoanalysis.*34:89-97.