

**InSight: The Newsletter of the Society for Psychoanalysis
and Psychoanalytic Psychology (SPPP)
May 2020**

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From the Editor

Bill MacGillivray

Perhaps you have about had your fill of "news from the front," about the impact of Covid-19 on your practice and sanity. In case you have not, there are eight essays in this issue reflecting on the various impact of the shelter-in-place orders many of us (and our patients) are living under.

The other entries in this issue of *InSight* cover a number of current and future activities of SPPP. I am particularly hoping that members will consider applying for the Tabin Award and encouraging others in the Division who have not yet been published authors to consider this opportunity. The Marsha McCary flyer in this issue serves to remind us of the accomplishments of this fund during its short history and to encourage members to consider applying to the Fund for Psychoanalysis to support projects and initiatives that help educate the public and policymakers of the value of psychoanalytic psychotherapy.

And finally, a reminder. SPPP has two print publications, *Psychoanalytic Psychology* and *Division/Review*. All members should be receiving these publications as a benefit of membership. SPPP also can offer a yearly subscription to PEP/Web for \$65 per year, a considerable saving over other ways of obtaining this valuable resource. SPPP members are also able to join a number of listservs, especially Division 39 Forum (div39forum@lists.apa.org) and Division Announcement and Referral (div39annandref@lists.apa.org) listservs.

Launch Date for *Couched*: May 6

We are excited to announce the new launch date for Episode 1 of the *Couched* podcast, Restoring Reality What better way to honor our complicated pioneer Freud on his birthday than with a contemporary psychoanalytic podcast?

Renowned activists **Dr. Robert Jay Lifton** and **Dr. Stephen Soldz** share the wisdom that they have gained while fighting to expose malignancy in political and social institutions. From nuclearism to APA-sanctioned torture, from Trumpism to the destruction of the political order, our guests have confronted, exposed, and brought change to the most repellant of society's evils. In this episode we learn about modes of thought and action that can help us to restore our sense of reality in these troubling times. The clarity gained from listening to these inspiring guests will remind you of the power of community, activism, and connection.

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Stephen A Mitchell Award for 2020 Christopher Christian, PhD

Established by *Psychoanalytic Psychology* and the Board of the Division of Psychoanalysis, the Stephen A. Mitchell Award honors our esteemed late colleague, Stephen A. Mitchell, along with a graduate student whose paper is deemed exemplary by a panel of judges.

The winner of the 2020 Stephen A. Mitchell Award is John Garrett Tanner, MA, for his paper Symmetry and Mutuality in the Imaginary: Analyzing the (Lack of) Structure. The paper is available with open access online and in the April 2020 print issue of *Psychoanalytic Psychology*.

John Garrett Tanner is a doctoral candidate at Adelphi University in Garden City, New York. He has worked with many along a diagnostic spectrum in clinics throughout the New York City area. His empirical research concerns socioeconomic dynamics between patients and psychotherapists at low-income clinics. He also writes about psychoanalytic theory and is passionate about Lacanian psychoanalysis, in particular its applications to psychotherapy.

New Book Announcement

Play, Illusion, Reality and Trauma: What Can a Psychoanalyst Learn from Charlie Chaplin

Albert J. Brok, PhD, CGP

From the Introduction: This work presents some thoughts on *Play, Illusion, Reality and Trauma* in relation to the process between patient and analyst. A creative part of our journey of discussion includes a look at the long career of Charlie Chaplin in terms of his relationship with his audience as a metaphor for the analyst as audience to his patient and vice versa. Patient and analyst, audience and Artist are mutually and hopefully salubriously intertwined as “involved witnesses” with each other’s communication, be they verbal or non-verbal. The level at which these communications are reacted to, the attributions made about them, the connectiveness created and the therapeutic value derived in the case of analysis, depends on many idiosyncratic factors both external and internal to the participants involved. I will provide some examples of these factors, both clinical and artistic in later chapters of this work. In the process I will define and elaborate the clinical relevancy of play and the concept of a “Playing Alliance” vs “Working Alliance” (or if you will, a term I prefer “the playing relationship vs. the working relationship”). I will also discuss the idea of an aesthetic therapeutic contract and the differentiation of enactments from what I’ve come to term “actments,” as well as the paradox of reality and Illusion in human experience.

A note on Chaplin: Charlie Chaplin had a remarkably long career in motion pictures spanning some 53 years. His delayed transition from silent to talking pictures; is directly correlated with a shift in themes portrayed in his later work. As Chaplin found his cinema voice, his films moved from the world of illusion, play, humor and poignancy, to the more overtly rational/serious world of political/ social messages, focused on satire and existential-developmental dilemmas. Nevertheless, he still attempted to retain play and humor in his film narrative.

We shall see how this attempt led to the loss of some of his audience, that I suggest is similar to the difficulty some analysts might have in maintaining a connection with their patients who relate playfully and humorously in such a way that activates particular anxiety for the analyst; and vice versa; where the analyst resorts to joking as a way of avoiding the seriousness of a situation. Simply put, what may be funny or playful for one person may not be for another as a function of that other’s life experience. Chaplin I will suggest lost some of his audience by trying to keep inserting humor and play into serious topics that hurt too much; and whose paradoxical element where difficult for some to digest. Analogous examples from clinical work will be given in subsequent chapters.

I will also suggest that Chaplin used cinema as a metaphoric "dream screen" and his film audience as important witnesses; much as a patient uses his analyst as audience and involved witness to his dreams, both for personal awareness/ development, and as a container for projections and the desire for feedback/ interpretation. In the clinical situation this is an example of what I term, “dual montage.”

Finally, as indicated above, I will introduce the concept, of an “ aesthetic therapeutic contract” between patient and analyst, as similar to that of artist and audience and compare the tendency of

film audiences to sometimes understand and sometimes misinterpret and artist's message at particular points in cultural- political history. This I compare with the analyst's ability to be an involved witness and experientially empathic audience to his patient's productions at certain times, while at other times being subject to blockage or countertransference as a function of the analyst's cultural/historical experience. Under the latter conditions, the "aesthetic quality" of the relationship may be lost.

Washington Professionals for the Study of Psychoanalysis (WPSP) Maurine Kelber Kelly, PhD, PA

WPSP had a bit of a rocky year from last March when we were all set to hold a conference co-sponsored with the Washington School of Psychiatry. Shortly before the date of the all-day conference, focused on the film, *Mother of George* and based on the program Al Brok and others had presented at the New Orleans Spring Meeting of 39 in 2018, the Washington School became concerned that the event would lose money due to low numbers of registrations. Later many reported that most registrants tend to wait until the last week to register. However, we postponed the conference and about a year ago agreed to hold it on May 3, 2020. Fonya Helm and I worked closely with representatives of the Washington School's Center for the Study of Race Ethnicity and Culture (CSREC). When the Washington School of Psychiatry closed in response to COVID-19, we submitted our proposal for a virtual conference, and it was approved by the Washington School. Then the DC Government formulated a policy of not approving any virtual programs until after the 30th of April. At that point WPSP was the lone sponsor; however, two representatives from CRESC continued to plan with us.

Presenting a virtual conference proved to be a most daunting challenge, especially as we wanted to stream the award-winning (Best Cinematography SunDance Film Festival, 2013) film *Mother of George*. Fonya Helm has acquired a great deal of technical knowledge as well as the necessary technology, and at the time of this writing, we believe we shall be able to carry off the impressive feat of streaming the film to our registrants on Saturday night from 7 to 9 PM and Sunday morning from 9:30 to 11:30 am. The presenters, panel, break-out groups and large discussion all will take place from noon to 3:15 PM on Sunday afternoon, May 3, 2020. We have APA approval to offer three CEs for Multicultural and Public Health.

If our May 3 program is as successful as we expect it will be, we have many ideas for future programs, and we are hopeful of recruiting many new members, officers and committee chairs. Our Treasurer is Andy Van Slyke from Virginia Beach, I am Interim President and Secretary, and Fonya functions as the Continuing Education Coordinator. Fonya and I are the two representatives to the Section IV Senate. WPSP continues to offer monthly seminars which give our members free CEs. Two seminars in which Fonya and I participate are Relational, now studying Bion; and Therapeutic Action, now studying Carl Jung's memoir, dictated at the end of his life.

Personally, I have been able to continue to meet with my patients and have been participating in many ZOOM meetings with colleagues every week: APsaA Town Hall meetings, and various topics offered by my institute, The Contemporary Freudian Society, and the Association for

Child Analysis which I recently joined as a colleague as I transition from play therapy in my office to meeting with children on ZOOM or FaceTime. My analytic patients prefer telephone to online sessions, and I do as well.

I've become passionate about gardening, walking, contacting family members, cooking and eating. I'll be glad when sheltering at home is a distant memory; while at the same time I am very grateful for the absence of traffic, the silence which allows the sound of birdsong, clear skies, less pollution, and seeing stars in the night sky. I am getting used to what at first seemed incredibly surreal.

Journals of the Plague Year

Intergenerational Transmission of Hope: The Legacy of Trauma in the Face of Covid-19 Galit Atlas, PhD

Over the course of the last month, my patients who are second and third-generation descendants of Holocaust survivors are all bringing to therapy intense dreams and associations alluding to their family trauma. Now, more than ever, patients are recalling their ancestors' survival stories, imagining their devastation and helplessness and counting their losses, this time colored by a very particular present moment. Many of us, however, are now more aware than ever of the legacy of trauma as a resource and not only as a psychological burden.

It was right after World War II that psychoanalysis first began examining the way trauma was unconsciously passed on from one generation to another, as emotional inheritance. Many of those analysts were Jews who had escaped Europe. Their patients were Holocaust survivors and later the offspring of those trauma survivors, children who carried some unconscious trace of their parents' pain.

After the war, Maria Torok, an analyst who was born in Hungary and moved to Paris, was known for her work with Holocaust survivors. In collaboration with Nicolas Abraham, and elaborating on Ferenczi's ideas on trauma, they identified the transgenerational aspect of trauma and introduced the theory of the phantom.

"What haunts are not the dead, but the gaps left within us by the secrets of others (p. 171)," they wrote in 1978, referring to intergenerational secrets and unprocessed experiences that very often don't have a voice or an image associated with them but loom in our minds nonetheless. Torok and Abraham emphasized the ways we carry emotional material that belongs to our parents and grandparents, retaining losses of theirs that they never fully articulated. We feel these traumas even if we don't consciously know them. Old family secrets live inside of us.

Starting in the 1970s, new empirical research analyzed the alteration of genes in descendants of trauma survivors. That research on epigenetics studied the non-genetic influences and

modification of gene expression and examined the ways in which the environment, and especially trauma, can leave a chemical mark on a person's genes, which is then passed down from generation to generation. They found that healthy offspring of Holocaust survivors, war veterans and those whose parents experienced major trauma were more likely to present symptoms of PTSD after traumatic events or even after witnessing an interpersonal violent incident (See the Icahn School of Medicine at Mount Sinai by researcher Rachel Yehuda and her team).

Nevertheless, from an evolutionary point of view, the biological changes could be not only a way the body is damaged by trauma, but a forward-planning strategy to help the next generation survive. Epigenetic changes might prepare children for an environment similar to that of the parents. Perhaps this is a way to equip the next generation, helping it adapt to the challenges ahead.

Focused on the unconscious, psychoanalysis is familiar with the ways traumatic experience invades the psyche of the next generation (See Harris, Klebanoff & Kalb work on ghosts). The people we love and those who raised us live inside us; we experience their emotional pain, we dream their memories, we know what was not explicitly conveyed to us, and these things shape our lives in ways that we don't always recognize. In analysis, we often focus on the parts of ourselves that are kept in captivity by the secrets of the past, so it is especially interesting to realize that intergenerational trauma can also serve as a source of resilience.

Many therapists are observing that their most anxious patients are coping with the current crisis better than those who were not previously worried about "the end of the world." For those patients, external reality has caught up with their internal one; they were already afraid of potential catastrophe, so paradoxically, they now feel less anxious. For them, the hidden crisis that they always felt was just around the corner has finally arrived, and in some ways, it's easier for those patients to deal with the actual, present crisis as opposed to the one that they were constantly expecting.

When it comes to inherited trauma, though, there are additional factors that are in place. It is through identification with the previous generations that we integrate past, present and future, not only as an ongoing sequence of trauma, but also of survival. The memory of the past is now re-enacted in symbolic daily acts and feelings. For example, for many children of survivors, being quarantined is an enacted memory of their parents hiding during the Holocaust. Some of my patients mention the empty shelves in the supermarket and the way it activates their identification with their ancestors' search for food during the war. Those are ways to live out their ancestors' history, only this time knowing that the end can lead to survival.

The intergenerational transmission then is not only of trauma and despair but also of resilience and hope, because the patient's own existence is the evidence that their family survived, and that one can have a future. It is both a way to process and recall the past liberation and look forward and anticipate the future redemption. Reliving our ancestors' pain allows us to reference the traumatic past to imagine a possible future, a trajectory from chaos to order, from helplessness to agency and from destruction to re-creation.

References

- Harris, A., Klebanoff, S., & Kalb, M. (Eds.). (2016). *Ghosts in the consulting room: Echoes of trauma in psychoanalysis*. London, UK: Routledge.
- Harris, A., Klebanoff, S., & Kalb, M. (2017). *Demons in the consulting room: Echoes of genocide, slavery and extreme Trauma in psychoanalytic practice*. London, UK: Routledge.
- Torok, M & Abraham, N. (1978). *The shell and the kernel: Renewals of psychoanalysis*. Chicago: University of Chicago Press.
- Yehuda, R. Schmeidler, J. Wainberg, M. Binder-Brynes, K. Duvdevani, T. (1998) Vulnerability to posttraumatic stress disorder in adult offspring of holocaust survivors. *American Journal of Psychiatry* 155:1163-1171

Galit Atlas, Ph.D. is a faculty member in the postdoctoral program in psychotherapy and psychoanalysis at New York University. She is the author of The Enigma of Desire: Sex Longing and Belonging in Psychoanalysis and of Dramatic Dialogue: Contemporary Clinical Practice (with Lewis Aron). Her next book The Secrets of Others, on the legacy of trauma, will be published by Little, Brown in 2021.

Depth Therapy in the Age of Covid-19 Graciela V. Andresen, PhD

Teletherapy in the age of Covid-19 has surprised me in satisfying ways. Therapy has deepened with several of my clients. I will illustrate with two case summaries below. Because both clients had maintained a tenuous connection with the therapy in the last several months, I thought perhaps they would find it convenient to disconnect from therapy at this juncture where sessions could only happen by video conferencing.

Case #1: An 11-year-old girl was referred by her dermatologist who was treating her for alopecia. She was completely bald. She suffered from severe anxiety about growing up that she associated with losing her family and their death. A highly intelligent and hard-working girl, she entered therapy under protest. She was convinced no one would be able to help her anxiety or her hair loss. Her parents made her come regularly despite her relentless complaints. She sat in silence most of the time during sessions. Unless I asked specific questions, she did not say much. She generated nothing. Understandings came to her only if I articulated my intuitions about her experience. She refused to play games or do activities with me. She wanted out. Her anxiety was so severe in the early phases of therapy that I encouraged the family to go for a medication consult. Her parents set a firm boundary with her that psychotherapy was a condition for medication.

She entered several different alopecia treatments, but no medical treatment worked. She continued to come to therapy under duress, her anxiety started lessening and she moved from her infantile position of dependence to a more differentiated state. Her parents noticed her improved ability to speak her thoughts and feelings to them and to teachers. My client continued to express she did not like therapy, and it would not help her. When we mused about changes in her life, her response was: “Yes, it has helped, but it won’t help anymore.”

After about two years, she was taken off all alopecia medications. She continued in therapy. A few months later, her hair started growing. It is currently healthy and long. About six months ago, she initiated a discussion about ending her therapy instead of complaining to her parents. I advised against quitting the

therapy and the medication at the same time. Her parents' condition that she should be in therapy to continue antidepressants put her in a quandary. She asked her psychiatrist about getting off the antidepressant, and if all went well, then we would terminate the therapy. We talked about conditions for termination and how to recognize the signs for returning if needed. She continued in therapy but still spent many hours in silence or talking only when prompted. When I would inquire as to her silence, she would say it was not anger about being there but she felt pressure from school and extra-curricular activities and during the sessions, she often worried about having enough time to do her work.

The Covid-19 shelter at home order hit about three weeks after she started phasing out the antidepressant. She had been out of therapy for two weeks due to a vacation. I spoke to her and her parents about teletherapy being the only option at this time. She showed no ambivalence. We have had 4 sessions since. She is psychologically present as I have never seen her before. She initiates what she wants to talk about, brings up her feelings, shows what she is feeling, becomes vulnerable in session. She has been exploring issues of disappointment and loss.

Without the work of the previous few years this deepening in therapy would not have occurred. However, I also think that having more time available without planned activities, allowed her who was constantly on the go to reflect more and connect with her inner self.

Case #2: For several years, I have been treating a professional man in his mid to late forties with multiple failed marriages and relationships. For most of the duration of the therapy, he has had therapy twice per week. During crises, which occur when a relationship fails, he gets deeply depressed and ruminates about what he could do or should have done to maintain or return to the relationship. The ruminations involve presenting himself as someone he is not, agreeing with the partner or giving her what he thinks she wants without regards to what he wants or needs. These periods of rumination and depression have in the past lasted for months. In the last two years or so, although these periods continue to exist, they do not lead to a deep depression, or last for months.

In the last year, he moved to a neighboring state with a different time zone in order to stay involved in the daily care of his daughter. He continues to work in the state where I practice and has continued the therapy, although only once a week. Even at once a week, he often cancelled due to childcare and job responsibilities he could not have predicted. The therapy had become supportive, as frequent sessions were missed. He had talked about whether he should continue in therapy at this point.

When the shelter at home order came into effect, we started video conferencing for sessions. During the first telehealth session I sensed a change in the depth and the tone of the session. The work moved seamlessly into the transference and he requested to increase his sessions to twice per week. He reports this kind of deep work is helping him integrate many of the intellectual insights we have worked on before. He is becoming conscious of his internal conflicts and how he plays them out with me. His work is deep and rewarding. I follow the same techniques and theory I followed with him before. The only change in the therapy is that he is not torn between engaging in deep therapy and rushing from one task to another.

I do not know if others have had similar experiences, but it makes me reflect on how external life conditions are factors in impeding therapeutic deepening and progress perhaps more often than we realize.

Graciela Andresen is a clinical psychologist who has practiced psychodynamic psychotherapy for almost 30 years in Champaign, Illinois. She has treated adults, children, adolescents and consulted with preschools. She has also practiced in Spanish and is fully bilingual.

The O in Now
Ellen B. Luborsky, PhD

My phone doesn't recognize me with my mask on.
An orange faced alien, I need to put in a code to prove that it's me.
Is it?

I stop to watch a robin as I walk through the park.
It flies into a high branch with a nuance of leaves.
The sky is pale gray, with large clouds hanging in place, as the river flows left.

I see a person walking directly my way.
I run to the right.
Don't get close to anyone

I used to walk in that strange state called *carefree*.
I used to follow a trail to see where it leads.
I used to talk to people sometimes.
Now I follow the lead of a deer.
If anyone comes anywhere close to near, I dart away.

Yesterday I went to a store.
I called first.
No one was there, they told me. "Come on over."
But when I entered the store, I saw a person. Two of them actually.
I could not get close to the bananas. Forget about the coffee.

I wash my hands. Wash them when I touch a bag. Wash them after daring to go into the outside world.
Wash them at three in the morning when touching my face wakes me.
Lady Macbeth may have wanted to wash away her sins, but I want to wash away my fear.

How can I feel secure when invisible danger lurks?
How can I feel serene when yellow tape covers the benches and people are dying from this virus all around the world?
How do I feel alive with a mask on?

Rays of sun have made their way through the clouds.
I leave my gloves and mask in a quarantined corner and walk to the window.
Color is coming back to the sky.

I hear a bird sing and another answer.
I see a dog running ahead of his owner.
I see children climbing up a dirt mound.
Signs of life, seen through the distance.

Signs of life, and I will drink in every one -
The lime colored leaves on the tree to my right,
The sound of a boy hitting his ball against a wall,
A seagull soaring above the river.

My work is made up of phone calls and encounters on my computer screen.
Behind each voice is a person I know. His or her words bring us to the journey we began
together.
Some people cannot do that. One man tried to talk on the phone, but when he started to speak, he
sounded like he was being shot. He ended up concluding he was better off huddled on his couch,
talking to no one.
A three-year-old walked away from my face on a screen and would not come back.

But now that the office walls no longer hold us, I am glad for any form of connection we may
find. A phone call can be a portal that transcends place. Like Alexander Graham Bell, I welcome
a live voice coming from an invisible other side.

Sometimes children I saw in my office come onto my computer. We may play Winnicott's
squiggle game. We may find other ways to bring life to a blank screen.

In the evening I watch the sky.
Yesterday the sun was a hole in a vast gray space.
Today it brings a band of tangerine light all the way along the horizon.
Each evening is its own silent surprise.

We are in a liminal now. The O in Now expands into an oblong that stretches as long and far as
this strange time will go. As it stretches, time becomes a different dimension, one that moves to
its own rhythm. I watch the sky.

*Dr Ellen Luborsky is a clinical psychologist with psychoanalytic training from The NYU PostDoctoral
Program & the Mitchell Center for Relational Studies. She works with adults and children of all ages in
her private practice, does consultations in preschools, and uses creative writing as a resource.*

Completing Each Other's Nightmare **Nilofer Kaul**

A few days before the lockdown, many of us in India had gone online with our patients. It
was spring in Delhi and my garden was ablaze with colors. The bougainvillea that had been
mere skeletons through the harsh winter months. Most patients love the garden outside my little
office. They tend to come a few minutes early to sit there, stretching the session just a little bit.
On my phone I take pictures of the early Easter lilies feeling their absence.

The first week had been really tough. It wasn't just I couldn't seem to find the right angle to hold
the phone or the battery ran low all the time, or that they could not hear me, when they saw me

and vice-versa. And yet here we are after a month of the lockdown, working more or less seamlessly on screens and phones.

The unpreparedness of the European world--the tremendous envy the third world has of the first and the incredulity with which we in India (still far from its peak) saw it crumbling. Here was envy being slowly replaced by nostalgia. And nostalgia must be for the loss of the world that one never had. And now it seems, one never would have any part of.

By now it seems that the world is divided into those of us who live in retreats where even Covid can't penetrate, and those of us who have thin walls that are either crumbled or crumbling. And of course we move from one category to the other sometimes in the course of minutes. But I do want to speak of the first week and the sense of catastrophe.

I speak to Mini who has an innate sense of the catastrophic. She lies on a couch and closes her eyes and to her that is the closest to how we meet. She is the last patient of that first day. I am exhausted and can scarcely tell their terrors apart from my own. Uncannily we often sound the same, especially in that first week. She talks about her mother's cancer in remission, her niece who is expecting, her partner who is severely diabetic: "They are all compromised. I am the only one who can go out. That is all. I don't know how I will cope if something happens to ..."

I am silent as the terror mounts in me. I am making sounds that acknowledge her fears.

She says: "For once I feel everyone now is in the same boat as me. Now they know what it feels like..."

Even you. I do not feel safe with you. For the first time, my therapist is as frightened as me."

Luckily, I meet my supervisor on Zoom and pour out all this and more. He mentions how caesural thinking allows one to go on working with one's patients. And it takes me some weeks to digest this. This feeling that threatens to engulf our minds and render everything meaningless is not the end of the world, but the end of one world. There is life after the break, even though it may not be the one we had imagined. The caesura, Bion reminds us, is the place of turbulence but also of transformation. It is change that we dread the most. All this that one has read begins to fall into place slowly. and with this slow processing, I am finding some parts of my mind that are waking from paralyzed thinking.

Mini returns for her session. This is the first time I have appeared in her dream. She is sorry for it, she says.

"I don't know what to do about it. I just want to be rid of it. I have no right to dream of you. But it was terrifying...I dreamt it was time for our session and I text you and say, I am near your home. Please could I have a session in person? And you reply: Yes you can come, but nothing is the same.

I come here and nothing is the same. You are with a small circle of your close friends and you are all mourning..."

I find myself tensing up. Mini has dreamt my nightmare for me, I know. I am afraid of saying it aloud. I am stimulated to making a lot of interpretations. Her hostility which she will deny. Her intrusiveness which she will shamefully acknowledge. Her projection of her worst fears onto me. But I know these are all obfuscations. My heart is racing- I fear saying aloud what she has omitted to tell me. She has intruded enough into my life to know where my vulnerabilities lie. That she is ashamed to tell me about. But now she is afraid of saying aloud things that might come true:

“You are afraid that if you tell me who I lost in your dream, it will actually happen, so you are actually trying to undo this dream.”

This felt closest to the emotion I felt then. And I was relieved to find I could give words to her nightmare. And thereby to my own.

A Familiar Unfamiliar Place

David Smith

We’ve benefited here in Belfast from having had our Dublin-based Lacanian colleague Dr. Eve Watson join us last November to present a paper on the film *A Quiet Place* - which we’ve recently come to realise was a really useful grounding for this eerily deserted, post-apocalyptic landscape in which we’re currently living and working.

Myself, I’ve found things very hard going at times over these last few weeks. I had an initial spell of feeling quite lost and all over the place, trying to regain my balance and to find my feet in a world that suddenly and shockingly felt so unfamiliar and so unsafe. But I began, through the help of my own analysis, to realise that some of the powerfully painful feelings generated in me, of overwhelming sadness, aching loneliness, and dreadful fear, were actually very familiar ones - deeply rooted in traumatic early experience of having had my own world turned upside down, with key attachment figures suddenly disappearing, and finding myself unexpectedly isolated and relationally distanced, in a very distressing form of emotional lockdown.

And this understanding, combined with a conscious focus (through yoga nidra) on my breathing, has, I think, helped me to breathe a lot deeper, and in turn to recover my capacity to think a bit more, and to be able to engage more usefully with the varied emotional experience of my patients at this time. It’s true, up to a point, that we’re all in this together - but I’m coming to see that what exactly *this* is, what its *particular* meaning is to different people, will have something to do with how it resonates with their own personal infantile experience of separation and loss, and the way in which such experience has been contained and processed in the past.

There’s something about the current physical threat which taps into deeply-rooted, often unconscious fears about the psychic dangers associated with getting too close to other human beings; the very real threat of the deadly virus resonates powerfully and disturbingly both with our dread about finding our mental equilibrium somehow contaminated and upset by emotional

contact with others, and with our anxiety in relation to the frightening potential in all of us (in turn) to infect, to hurt, and to damage other people through close contact with our own hearts and minds.

And of course, one thing which we *have* always been in together is having to come to terms with our own mortality and the mortality of the ones we love the most, and upon whom we depend the most. It's as if the music has suddenly stopped now, putting us in mind perhaps of Philip Larkin's late poem *Aubade*¹, with its sober early morning, dawning recognition of "what's really always there.....the dread of dying, and being dead.....the total emptiness for ever, the sure extinction which we travel to and shall be lost in always":

*.....Most things may never happen: this one will,
And realisation of it rages out
In furnace-fear when we are caught without
People or drink. Courage is no good:
It means not scaring others. Being brave
Lets no one off the grave.
Death is no different whined at than withstood.*

*Slowly light strengthens and the room takes shape.
It stands plain as a wardrobe, what we know,
Have always known, know that we can't escape,
Yet can't accept. One side will have to go[.].....*

I think the light is slowly beginning to strengthen, and that the room that we're in is now gradually taking shape--and I suppose what I'm trying to do here is to find my bearings in order to help patients and colleagues to find their own bearings. Thankfully, I still have a bottle of whiskey at my side, but I also find bleak comfort and take heart from drawing (amongst many others things) on Larkin's poetry, on TS Eliot's suggestion that somehow 'we must be still and still moving'², and on Samuel Beckett's notion of 'I can't go on, I'll go on.'³ And therapy, I think, has a key role to play in creatively providing one ongoing version of what Eliot describes as 'the still point of the turning world', a steady, secure space - a vital therapeutic clearing if you like - in which to gather ourselves in an intimately remote and remotely intimate way to reflect upon and to contain the current emotional and psychological fallout.

David Smith is the Chair of the Northern Ireland Institute of Human Relations. This paper was originally presented to an online seminar on Practicing Psychoanalysis in a Time of Pandemic, on Friday 24th April 2020 (Freud Lacan Institute, Dublin).

¹ *Aubade*, (Times Literary Supplement, 1977).

² *East Coker, Four Quartets* (Faber and Faber, 1944).

³ *The Unnamable* (Grove Press, 1958).

“I am in Bed with the Bunny”

Tali Silver, LMHC, MA, IAAP

It's been a rocky six weeks since I loaded the folders into my car and took them home. The hours saved by not commuting to my office were swallowed up with adjustments to the quarantine. My practice ballooned, despite needing more time for myself. Even though some patients dropped out, others returned or dove into a myriad of crises that required more frequent sessions. It took over a month for my workstation to be consolidated: I switched computer locations, facing this way and that, changing the height and the light, seeking comfort for feet, back and neck. I needed to restrain hands that suddenly sought to stealthily take notes beneath the radar of the camera. I had to reject funky bottoms and crazy socks, who am I kidding, out of sight is not out of the interconnected psychic field. Finally, I placed a sticky note over my own image and was relieved from observing my outer self. I feel like I have almost returned to my pre- Corvid presence. Yet all is different.

A few patients fought the need to switch to a virtual platform. I allowed two to continue coming to my home-based office. Was it them or me that lingered? When I finally decided to end what seemed like a little rebellion, the last female and the last male left the ark. They were bookends of my practice: My very first private patient, who I have seen for the longest time and without a break, and my newest patient. Reluctantly, they elected to continue by phone. The wonders of voice over image and the added layer of separation ended up being a positive experience for both, and for me a revelation. I think I talk less on phone sessions, I wonder if I listen better. Is it a superior way of working, then? It ushers a Freudian whiff and feels like a small departure from Jung's model of embodied presence.

My overly dependent patient had a tantrum over the change; therefore, it came as a surprise when she opened our first phone session with a happy giggle and said, “I am in bed with my bunny.” I noticed a warm tone and a relaxed, low decibel in her voice. Had they fallen on deaf ears during our ten years of weekly sessions, or were they freshly minted? Her vitality during the phone session seemed to affirm that adapting to hardship can sometimes be empowering.

The virtual platform stretches many boundaries. We enter private rooms, bear with unedited views as persons struggle with devices and move about mindlessly. One of my patients prefers to take me with her on walks, and so we partake in the philosophical peripatetic tradition. Some sessions have reached new depths, is it a coincidence? A suicidal patient meets me for walking-meditations in a park, weather permitting and in keeping with social distancing. New kinds of decisions must be made on the spot. The ground is in flux.

The office plants arrived home with the folders. After some breakage and multiple relocations of pots, a certain plant settled behind the computer and onto its left side. A bright patch of lemon green leaves shaped like an umbrella springs out of the canopy and catches my eye. From my left cornea it beckons to me with springy freshness. It sings of things emerging out of dank darkness and the natural cycle of renewal. It is an image from the times of the Corvid that I will remember. It seems to say, keep a sprout in sight, just as a reminder of the invisible momentum of the soul up, towards the light.

Some Covid-19 Reflections

Catherine Ambrose, MSS, LCSW

It has been a month of boundaries contracting, changing, and collapsing into each other. Abruptly we are all, even those of us formerly dubious about telehealth, suddenly on screen 25 hours a week, working mostly from homes that have been until now private and separate from our work. Everyone I know is surprised to discover how exhausting it is to work this way. There are new divisions and new mergers. At times I feel like Harlow's wire monkey mother, fleshless, disembodied, a chicken-wire simulacrum of a caring therapist. At the same time, I am very much more conscious of my physical presentation as I see myself abstracted from myself on the screen, she and me in a new and uneasy internal dialogue about the light on my face, the action of my eyebrows, the widening expanse of gray in my hair, the quality of my expression. Even what I am wearing reflects this theme of merger and division--on top, I am a professional wearing lipstick and earrings, below, my weekend self in yoga pants and slippers. I can hear my family moving around the house while I am in session, in spite of the sound machine outside my door humming a fragile boundary between two identities.

In session I hold myself still in front of the screen, feeling the effort between my eyes, around my nose, in my shoulders and neck as I focus on the face that looks as if it is 18" from mine, but is really farther away than mere miles. My context together with my patients is no longer the shared space of an office, even though I am in one. We are in our separate worlds, physically unjoined from each other and the only place where we have ever been together. There has been no time to prepare for this separation. There is now an element of grief in every session the moment we click onto our screens, even before we speak of Covid-19, or furloughs, or weddings and graduations postponed, or loneliness, or past pain revisited, or fears, or illness or dying.

We are experiencing our clients in all new contexts—pajama-clad and tousled on beds, on their couches, or in their cars. Cats walk across keyboards, dogs rest their heads on laps. Children appear to ask questions or to see who we are. Sometimes familiar faces are frozen or pixelated; words sometimes stretched out, lost, or stuttered. Sometimes we are treated to a view of a forehead and a ceiling, other times only a chin, or maybe the screen goes suddenly dark when calls and messages come through. The technological issues feel like an extended metaphor for our struggle to find a new rhythmicity and pattern in this suddenly scrambled reality.

My internal boundaries feel in similar motion. Although I am far too busy to binge watch Netflix shows, I am still experiencing a sense of slowing down—and it occurs to me as I write that I have literally slowed to a walking pace apart from my anxious once weekly drive to the grocery store. My thoughts feel less linear and focused, fantasy less distinct from other thoughts, and my memories feel as though they are pushing and jostling each other in a race to awareness, so I find myself in the shower this morning remembering very clearly and with an odd precision another shower 30 or more years ago. My middle-aged self is recalling exactly the time and place as well as my experience of my young body—its slimness and length, its unthinking strength--and I can recall the zeitgeist of my younger self, remembering the fragility and awkwardness and ambivalence that was as familiar as the body I moved in. I am shocked by the clarity of this memory and the many others crowding forward. It feels just like those few seconds when first

waking from a dream, its essence clear and precise even as the dream is already fading, a fleeting scent in the air. Similarly, my afternoon walks are a pastiche of memories without a conscious narrative, an extended reverie, an analytic session with the world, or a daily Proustian snack of madeleines. I have no sense of a pattern, only that the pieces are re-arranging themselves. It is change that has not yet coalesced, the tarot cards shuffling but undealt.

The unconscious has no regard for time, and this indifference is bleeding into my conscious experience. In many ways, time is not moving along at its usual pace, and it feels like everything is sped up or strangely slowed. I find myself—and I find myself trying to observe the self that is doing this “finding” over the last weeks, in a recursive, Escher-esque self-inquiry--ducking aside from thoughts of the future. The future feels outside of imagining, the present almost the future in itself, so odd and new and unfamiliar that the moment I am in now is both intensely present and difficult to imagine even as it is here.

Last weekend I woke thinking of a client I had not seen for several years and wondering how she was doing in this crisis. She is not the only former client to have to come to mind in the last few weeks, but I was thinking of her with a particular intensity—perhaps because we worked together for so many years, through her adolescence and young adulthood. I found myself imagining her home, her family—images invented in sessions long ago, created in my mind as a kind of background screen to contain her and her descriptions of her life. Because this kind of “mindreading” happens so often in the context of a therapeutic connection, I was barely surprised when two days later I received an email from her. She said she had been thinking about me, and about people who are unable to see their therapists at this time. She wanted me to know she is well and happy, and I am filled with relief and gratitude—for her happiness and fulfillment, for the ongoing value of our work together these many years since it was completed, and for the reminder that even within all of this disorientation and change and fear, it is connection, however maintained, that sustains and heals. It helps me to remember that re-makings, however unwelcome their causes, contain the seeds of creativity if we can nurture them.

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Reflections of a Rebel During Covid-19

Karen Weisbard, PsyD

All of us have a story about Covid coming at just the wrong time. So many young people about to launch out of high school to college, out of college to new careers, out of old careers to new ones stopped, for now, in their tracks. I have my own story too. After 23 years of marriage, at the age of 58, I told my husband I no longer wanted to be married. My 18 and 21-year-old boys were on their ways, exploring new adventures--one in Southeast Asia, the other in Israel. I had been preparing for my own adventures, held in abeyance while I fulfilled the dreams of family life.

As the restrictions in Seattle, Washington slowly came down I could feel myself fighting and resisting. I would and did take all the sanitizing precautions, but the social distancing ones were harder. When we were told to shelter in place, I felt the walls closing in around me. In April I was supposed to have been trekking in Nepal for 10 days and would have been gone from my practice for almost three weeks. I was not mentally prepared for endless telehealth sessions. That week I told my patients I would be taking the following week off work--to shelter at home and prepare myself to return to work. Yet, I held many fantasies that it would be possible to keep my life as it was. I rearranged my office to allow 6 legitimate feet and I sent clients a letter detailing the precautions I, and the building, were taking so they could have a choice to still come in. On the first day, no one opted for that choice and when I told my kids (who were now home and living with me) that tomorrow one person was choosing to come in, they flipped out. A colleague told me it was a terrible idea. I was induced with shame and anger, and for my children's sake I let that client know that I was not seeing anyone in person *this week*. That week I did all phone sessions as I could not get my head around Zoom.

I have caught up. Entering my fourth week of all telehealth I do some sessions on speaker phone and some on Zoom. I am getting a new computer as my current one was part of my resistance. It is big, the screen is cracked, and I only use it for email and Word, I insisted. I feel the surge of anxiety around anything technological daily, something I diligently avoided before. No electronic billing or records. Everything done by paper, pen and pencil. My defenses to buck the system are rather transparent--I feel like I am screaming, "I can't do it" behind the façade of fearless independence. Outside of work, this independence was literally exercised in my body. Hiking in the mountains and all the fitness to be prepared for those outings were part of my identity, my joy, my solace, my companionship. Some days it feels that my very soul is no longer allowed to be fed. I have joked, "they are trying to kill me before I kill them." But it is no joke as I recognize how much I resist feeling that I am the dangerous one and the one to be stayed away from. I feel it in my Jewish ancestral bones even though none of my family was in the Holocaust. As the things that nourish me and give me meaning are restricted, I am reminded of how it felt to have your shabbat candlesticks confiscated, your stores closed, your house of worship forbidden to be attended. I am aware that Covid is nothing like the Holocaust but the feeling of it remains in my body.

I am feeling my knowing in ways that are transformative. It is one thing to know something in my head and another to know it in my body. My patients' experiences are being revealed to them and to me in ways that words under normal circumstances could not quite convey. I am grateful for this knowing even though it is jolting and painful. It is true that life will never be the same. None of us will be the same. This is what we want as analysts, as Philip Bromberg so oft quoted said, "to stay the same, while changing."

The 2021 Johanna K. Tabin Book Prize Competition Request for Submissions

Division 39 and APA Books collaborate on two awards for members of Division 39: The Johanna K. Tabin Book Prize and the New Century Book Prize. The prizes are offered every other year. The Tabin Prize is for a *new* book author; the New Century Prize is for any author regardless of book publishing history.

We are delighted to announce once again the Johanna K. Tabin Book Prize Competition for 2021. The competition is open to any Division 39 member who has not previously been a published book author. The book may be on any topic relevant to psychoanalytic theory, thought and practice. We look for good writing, originality, as well as clinical and scholarly relevance. The proposed book should promise to be an original and coherent monograph. Edited collections of previously published papers are not acceptable, nor are edited volumes of contributions by more than one author. Simultaneous submissions to other publishers will disqualify the entry.

The proposal should consist of:

- A cover letter to include the author's identifying and contact information and Division membership information;
- A full CV;
- A statement of sufficient length to describe the mission, scope, and potential contribution of the project to psychoanalysis;
- An annotated table of contents;
- One, and only one, sample chapter.
- There must be *no* identifying information concerning the author in #3 through #5, that is, the Statement of Mission, etc., Table of Contents, and Sample Chapter.
- Submissions are accepted as *separate* attachments in, Word, Rich Text only, or similar format. Blind review evaluations are conducted by the Book Proposal Committee, the editor of APA Books, and an Honorary Judge.

The winner receives a certificate of recognition from Division 39 and APA Books a book contract with APA Books, and \$1,000 advance on royalties.

All submissions for the 2021 Johanna K. Tabin Book Prize must be submitted by September 9, 2020 to Ruth Helein, Division Administrator, at ruthhelein@gmail.com. Please use subject line Johanna K. Tabin Book Prize Competition. Questions should be addressed to: Bill MacGillivray, drmaccg@comcast.net

