

“How has the pandemic affected my practice?”

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As I was following Italian news from the region of Lombardy without the mediation of the American press, I started embracing for impact weeks before many in the US. I remember seeing children in the playground in the week before Mayor De Blasio closed the schools here in NYC and wondering why they were not home as I had started my children's lockdown a week prior. I remember following list-serve emails with colleagues talking about upcoming national professional conferences. In both cases I felt a cognitive dissonance: “Don't they know that it is coming?”. I was incredibly surprised about how New Yorkers around me were out of touch with international news. I feel a sense of isolationism in Americans. When you turn the evening news in Italy, whatever is the headline, journalists ask themselves “How is France addressing this, how is the same thing happening in Germany, UK, Spain, etc..?” As far as I can tell, most Americans don't even wonder how neighbors like Canada or Mexico are doing or handling a similar situation. By that time, my mother and siblings in Lombardy had already started the lockdown and I had already implemented a policy with my patients that if they had recently taken any flight, at their return we would have done teletherapy for at least 14 days. Then finally Governor Cuomo took the lead and everything closed down. The rest is history.

The transition to telehealth has been smooth because I had been preparing my patients. Many things happened with my patients during the past months: a patient resized his wedding into an out-of-State small gathering (immediate family only) with a consequent emotional tightness; a patient said goodbye to her father on a death bed in Spain via video-chat; a patient did video-sessions with me from a private corner of an ER as he was reassigned from his surgery practice to be a frontline physician in the ICU. Things have been slightly different between counselling patients and psychoanalytic patients. A few of my analytic patients requested to have eye contact during video-sessions with consequent new dynamics as they were eager to read my facial expressions in a way they couldn't do from the couch before and we are still analyzing why, without frustrating their wish.

We -- both my patient and I -- sense that tele-psychoanalysis is not providing the whole experience of an in-person session, but we agree that getting a fraction of it is better than nothing. When we talk to a lit piece of glass, we are tricking our body into believe that there is someone else in the room, but our body knows that there are no cues of flesh and body in our proximity. In this setting, things started evolving. More and more articles (for example in the NY Times and the New Yorker) were posting testimonies of a new therapeutic dimension: many talked about more intimacy in seeing and being seen at home. My way

of keeping the frame was also ludicrously visible in keeping the same attire (at least the top part!). I processed patients' comments about my jacket and tie while in the backdrop they could hear my 5-year old daughter's voice. Albeit the white-noise machines have been more abundant and louder than in my office, now all my patients know that my little one is quite a chatterbox, if not a singer. This also opened up fantasies that we are still analyzing, without saying "this should have not happened".

As we are all experiencing new dimensions of reality, the so-called new normal (and even "newer" in the next few months when we'll return to business), I also started reflecting and paralleling us to how an infant meets and embrace her reality, being that a "new normal" for her, and how fears are wrapped up around her earliest sensory taste of the world. While my children have been homeschooled in these months, I thought of homeschooling myself too: I started re-reading Loewald's thoughts about how reality meets the infant's eye. I like to explore someone's early papers to observe the dawn of their thinking (i.e. I enjoy studying Freud's pre-psychoanalytic years as he was riddled by the physical symptoms of hysteric somatizations as a neurologist who didn't know he would have later come up with psychoanalysis). So, I was curious about Loewald's early papers where he wonders about how we take reality in --- how an infant internalizes early impressions. The Infant is juggling her new reality trying to come to terms with a "new normal" and it seems like that the whole interface with the world is tinted with fear. Paraphrasing Loewald, "fear [...] is the [...] climate in which Freud conceived his ideas of the psychological structure of the individual and the individual's relationship to reality" (1952).

During Covid we have shown to be cornered animals in fear while facing something bigger than us; whether the virus was a wimp of chance, some conspiracy's trick, or something else beyond the veil of Maya, we all felt that mother nature has not been very motherly to us. Gripped by atavistic fears we are noticing more and more how ultimately cornered animals' fear of annihilation is the root of all the spectrum of our anxieties. Kierkegaard was probably right in saying that ultimately "The Sickness unto Death" is the soil of every anxiety: an inability to come to terms with our fading away. We are cornered animals and we are mortals.

I have always been curious about how psychoanalysts privately envision the physicality of their own moment of death. Ultimately between Eros and Thanatos, it feels that the latter has received less attention in our psychoanalytic discourse. Still, in our effort to treat our secondary anxieties we have the (illusory?) wish to impact their primary root: The Sickness unto Death. And, additionally, we notice as there is also an unjust variety of death options in the racial inequality of our nation. How shall we deal with death by virus and death by brutality when we don't have an equal slate? Perhaps by addressing the

narcissism of our self-centeredness: we are blindly focused on our own self-preservation instincts in “privileging” ourselves over others. Privilege is a word that is better understood not as a noun but as a first-person verb, conjugating intrinsic narcissism. As a cornered animal, “I” privilege my own protective shields over others’ safety. “Your mask protects me, and my mask protects you” and the same should apply to racial inequality if we could stop privileging our own over others’ safety. But psychoanalytically, is such an aspiration of narcissism reduction just a question of will power and intentional stance? Is our handling of narcissistic self-preservation instincts something we drive or something we are driven by?

Hopefully, at least in our intentions, we can aim to address it inside and outside our consulting room. In our consulting room, can we tweak a therapeutic action that is helpful for a cornered animal to be less in the crunch of her pressing fears, without denying Thanatos? And outside the consulting room can we become more invested in the much needed “political action” against inequal paths unto death?

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