EDITORIAL

Jill Savege Scharff

In January, 2020, the novel coronavirus appeared. The Covid-19 epidemic hit the United States and Europe and was soon declared a pandemic. Couples and families were in a state of disbelief and denial, or fear. But it was not until March 2020 that the leadership took action. Governments instituted quarantine to control or at least delay the spread of the virus and flatten the curve of its progression, and professional associations provided support and advice on how to maintain continuity of care for couples and families reeling from the impact of Covid-19. Social distancing helped to control the spread of the coronavirus in its physical expression, but its emotional impact was immense: no more hugs from grandchildren, no weddings for engaged couples, no funerals for grieving family members to find solace in mourning together. The constant threat of infection and loss of contact and ritual created a pandemic trauma stress experience in everyone and a pandemic of emotional breakdown in the most vulnerable of couples and families. It was a challenge for everyone, couples and families in treatment and therapists alike. But no-one then could really believe how many surges would follow, and how long a tail the virus would have. Two years later, as this journal issue goes to press, we see the enormous emotional, physical, and economic impact on individuals, couples, families, and societies—and fortunately we also see great opportunities for learning.

This special issue of Couple and Family Psychoanalysis leads off with Elizabeth Palacios’ brief description of a collaborative project in which well-trained psychoanalysts in Spain agreed to donate time for crisis intervention using technology-mediation for couples and families distressed by Covid. She provides a clinical illustration of her work with a couple whose financial security, emotional stability, individual sense of self, and couplehood were threatened, and shows what she learned about the teleanalytic space and its elaboration in the mind of the couple. Commenting on this paper, Graciela Abelin-Sas Rose, who first admires the community response, also focuses on the couple’s merger in which the partner is viewed without empathy, and therapy is seen as a danger zone until its containing function is appreciated; and Leora Benioff, who notes the couple’s merger, outlines the violent loss of a fragile defensive strategy of idealisation, which plunges the couple into fears of obliteration and invasion.

The strain of social isolation forced couples trapped at home to titrate closeness and distance as they re-experienced the nature of their intimacy in these new conditions. Two articles explore this theme, referring to the concept of claustrato–agoraphobic dilemma and core complex: Joanne Brown draws extensively from the literature as she explores a couple’s narcissistic retreat, inability to mourn in the face of lockdown, and the impact on the

Contact: Jill Savege Scharff, email: jillscharff@theipi.org
couple’s commitment to treatment when offered online; and Kate Thompson adds an imaginative concept drawn from a children’s toy, and illustrates it in three couple therapy examples: for one couple social isolation provided a protective skin, the second couple became endlessly lost in time and space, and the third couple’s dissatisfaction tipped them over into despair and then momentum for change.

One bright spot coming from the Covid experience is that therapists have learned flexibility and adaptation to the needs of couples and families as they had to give up control of the setting and allow their patients to share that responsibility. The couple chooses the location from which to present themselves to their teletherapist in cyberspace. Pierre Cachia introduces us to an intriguing concept from film theory to help us use the appearance of the couple on the screen to understand underlying dynamics. Here he makes use of his understanding of technology to observe the couple’s choice of camera angle, lighting, background, and position to guide his assessment of their relationship and transference to him.

To close the section on original articles, the lens widens to include the socio-politico-cultural dimension. Drawing from close study of heterosexual and gender non-conforming patients in individual psychoanalysis, Andi Pilecki Eliza-Christie describes the impact of early family experience on personality vulnerability to re-traumatisation during social isolation and threat to current couple relationships from the coronavirus.

Book reviews by Caroline Sehon, Christopher Clulow, James Poulton, and Robert Monzo address the strain of the pandemic, improvisational responses to it, and its effect on psychoanalytic thinking now and in the future; applying the device of power structures and co-constructed links to conceptualise couples and families in their social context; and noting the interrelationship of love, hate, and curiosity in the development from autonomy to creative coupling. Arts reviews from Elle Sidel and Nora Tsatsas cover a play and a musical event: in the play, a bereaved husband and his late wife’s best friend, who together negotiate the stages of grief as they deal with their loss, are pulled away from and towards becoming a couple; and at the musical performance, the strangeness of venturing out in Covid conditions was the prelude to an immensely gratifying, deeply personal response to the music.

Two reports by Anne Anttonen and Rosa Jaitin on the International Association of Couple and Family Psychoanalysis (IACFP) International Congress in Panama in October 2020, give two perspectives: one, that of an attendee from Finland who could not have travelled to Panama (even if it were safe) and was grateful to be in one of the windows on the screen; and the other, that of an organiser who developed a new framework as the conference moved from a multidimensional gathering of bodies to a collection of images on a flat screen. Rosa Jaitin’s obituary of the Argentinian psychoanalyst Janine Puget records the contribution she made to the IACFP.

As this issue shows, clinical work and thinking survived even though there was death and loss everywhere—loss of loved ones, loss of opportunity to visit the sick, and no way to say goodbye to the dying. We were afraid of being
invaded by the virus and afraid of contaminating someone. We felt unprotected by the agencies we expect to provide for us—hospitals had too few beds, too few ventilators, and not enough properly protected doctors and nurses. Those lucky enough to retain their employment—unlike the man in the couple that Palacios described—had to telework from home, whilst coping with the schooling of children and partners who were competing for time to work and time on the computer. Children were grumpy from too little time with friends and too much time on screens (Osofsky & Osofsky, 2020). Those young people who had early losses due to separation or hospitalisations were retraumatised, without knowing how to talk about it with their parents. Family therapists were overwhelmed with referrals of moody, risk-taking teenagers and children who were hyperactive, unable to sleep, aggressive, withdrawn, and rejecting, whilst others were clinging to avoid being alone.

Pre-existing emotional and mental problems currently under treatment were suddenly aggravated—such as obsessive–compulsive disorder made worse by fear of contamination, anxiety mounting to panic, previous trauma reactivated—as seen specifically in the articles by Brown, Thompson, and Eliza-Christie—and depression aggravated by the coronavirus’s external attack on personal integrity. Then, family members at home had to deal with the collapse of a partner or parent in addition to their own fears about the virus. The social threat of isolation and impending financial ruin compounded the physical threat, as seen in Palacios’ article. Couples with compromised ability to talk over and share their fears, resorted to violent exchanges, which led to increased rates of domestic violence which was most frightening to women. Those waiting for divorce were trapped because the courts were closed. Then in the months that followed the initial viral attack came an avalanche of grief not only for lost loved ones but also for a lost way of life.

All in all, this was a lot for couple and family therapists to contain. We would face the burden, but we could no longer do so from the safety of our offices. The international professional community which had looked down on teletherapy as an inferior form of treatment on the fringe, now asked therapists to embrace online work with hardly any time to prepare. Therapists listening and talking with couples and families and their upset children and acting out adolescents had to go home and deal with the same problems in their families.

There was so much to do all of a sudden. We took courses (or gave them if we had prior experience). We read journals and books, and checked with our association websites for tips on how to prepare our home office with attention to privacy, secure internet service, and secure software (Essig, 2020; Scharff & Sehon, 2020). We non-directive analytic psychotherapists had to become directive as we instructed our patients in how to arrange their private setting at home. Some couples preferred to use the telephone, and we explored the reason for that choice—a reluctance to be seen, a refusal to acknowledge the loss of the therapist’s office, a wish to exclude us from their domestic life, or a longing for a deeply immersive eyes-shut individual experience akin to re-entering the womb rather than differentiating in the couple relationship.
With experience came knowledge. For a couple in therapy, both members need to fit on the screen, perhaps by sitting close together (which can bring up conflicts over intimacy) or call in from separate locations (useful for divorced parents in parent counselling, commuting marriages, domestic violence, and spouses on work travel). For family therapy, we need to be able to see the whole family in the room, which means moving farther from the camera. Then, we may lose acuity of facial expressions and body language, but we see the group dynamic and so can work with the unconscious assumptions that generate behaviour and conversation. Or we may be asked to see the family members in different rooms which emphasises their individuality, and then we have to access their relational dynamics from their verbal interaction and placement against the background (or mise en scène as Cachia calls it), and from our countertransference to them. Looking at the couple or family as a 2-D image looking at you on the screen is very different from being with bodies in the office. The intersubjectivity has to be co-constructed in imagination. We become acutely sensitive to available channels of communication—vocal inflection, changes in breathing, and hesitations, and our own psychosomatic responses to the patient’s clinical material (Scharff, 2012). We are not in the office together, but we are together in real time, and we all still live in a body, each of us interacting with the other although not in physical co-presence. The body joins the conversation.

We expected glitches at first and we made some allowance for getting used to the technology, but as these glitches continued, we realised that each technical reality had a symbolic meaning to be explored. We found that unconscious communication is conveyed via the technology and the image on the screen, as Cachia proved in clinical vignettes described in the sophisticated terminology from film theory. Indeed, the technology becomes an object for the projection of internal objects onto it (Sehon & Scharff, 2017). The frame holds the mother–infant symbiosis, and any basic faults in it are exposed both during the move from in-office treatment to in-home treatment and back again. Without the lush possibilities of embodied co-presence, the teleanalytic therapist and the couple in treatment become more aware of what has been hidden behind that gratification—early anxieties of annihilation in the arms of a non-responsive other. From our adaptation to the deprivations of online work, we have a new perspective on the essence of psychodynamic couple and family therapy, in the same way that a writer living abroad is more able to reflect on the culture of his country of origin.

Life as we know it is gone and will never be quite the same again. Even though, two years later, we are vaccinated and some of us are back in the therapy office with our air filters running and our masks in place, many couples and families will prefer the convenience of online work. We will have new flexibility and choice in what we offer. But make no mistake, we are still dealing with a rolling disaster that threatens life, couple, and family relationships, livelihood, and national economies. The emotional fallout is the greatest problem, and its enormity is only now being reckoned with. For instance, a recent caller reported making forty calls before finding a therapist with space.
to take on a new couple. Therapists who are also dealing with the viral threat and the imposed limitations on personal freedom are facing a huge demand on their services.

There is a long way to go in dealing with the uncertainty of protection against mutations of the virus, Omicron being the latest threat as this issue goes to press. In the beginning, the novel coronavirus was passed from animals to humans. Looking beyond the office, we have had to recognise the interconnectedness of the human and animal worlds, and the need for collaboration amongst nations to find shared solutions to viral threat. As articles in this issue demonstrate, Covid really hurt couples and families and their therapists, but at least we can thank Covid for brutally waking us up to the need to respect our planet, its habitats, its human and animal populations—and ultimately its climate.

Note


References


Scharff, J. S., & Sehon, C. M. (2020). Basics for starting teletherapy and teleanalysis during the Covid-19 pandemic; Teletherapy and teleanalysis guidelines for sharing with patients: getting started on Zoom for secure videoconference psychotherapy or psychoanalysis during the Covid-19 Pandemic; A reference list for conducting teletherapy and teleanalysis. Accessed at https://apsa.org/content/coronavirus-information-providers