400 Italians psychoanalysts faced with the reality of Covid

Anna Maria Nicolò

Italian Psychanalytic Society - SPI

In March 2020 the Italian State decided to lock down the whole nation because of the Covid-19 epidemic. In Lombardy especially, the wealthiest region in the country, the daily update announced a terrifying increase in cases and deaths. The intensive care units of one of Europe's most industrialised regions were unable to accommodate new patients and it was whispered that health workers were being forced to choose who had the right to be admitted, which meant privileging those who were likeliest to survive. Televisions and newspapers bombarded audiences with their announcements of the worsening defeat by an invisible enemy never imagined before. The population was terrified and confused. Some colleagues had already contracted the virus, and most of us had started to work remotely. Alongside the health emergency a psychological emergency was also clearly taking shape on a vast scale. We looked at each other in dismay. I was feeling a great responsibility because of my role as President of the Italian Psychoanalytic Society, a scientific society which has nearly 100 years of history behind it and consists of doctors, psychiatrists, and psychologists – practitioners working in the field of health for the Italian state. "If you have good sense, use it," says an Italian proverb, and so I looked around and asked close colleagues if it might be appropriate to lend a hand in our specialist area as far as we were able. Colleagues quickly gathered around me and the number grew every day.

Groups of volunteers gathered almost spontaneously around the "Consultation and therapy centres" which most psychoanalytic centres have in Italy.

A large movement gradually formed around us. The Health Ministry had, on its own initiative, set up a public support service, bringing under its aegis the Italian Psychoanalytic Society (SPI) and other psychotherapy and emergency psychology associations.

And so, at the start of March 2020, the SPI volunteers organized an emergency helpline. This consisted of a limited series of consultations by telephone or online, with four free sessions which would not lead to a course of psychotherapy and responded to requests within 24 hours.

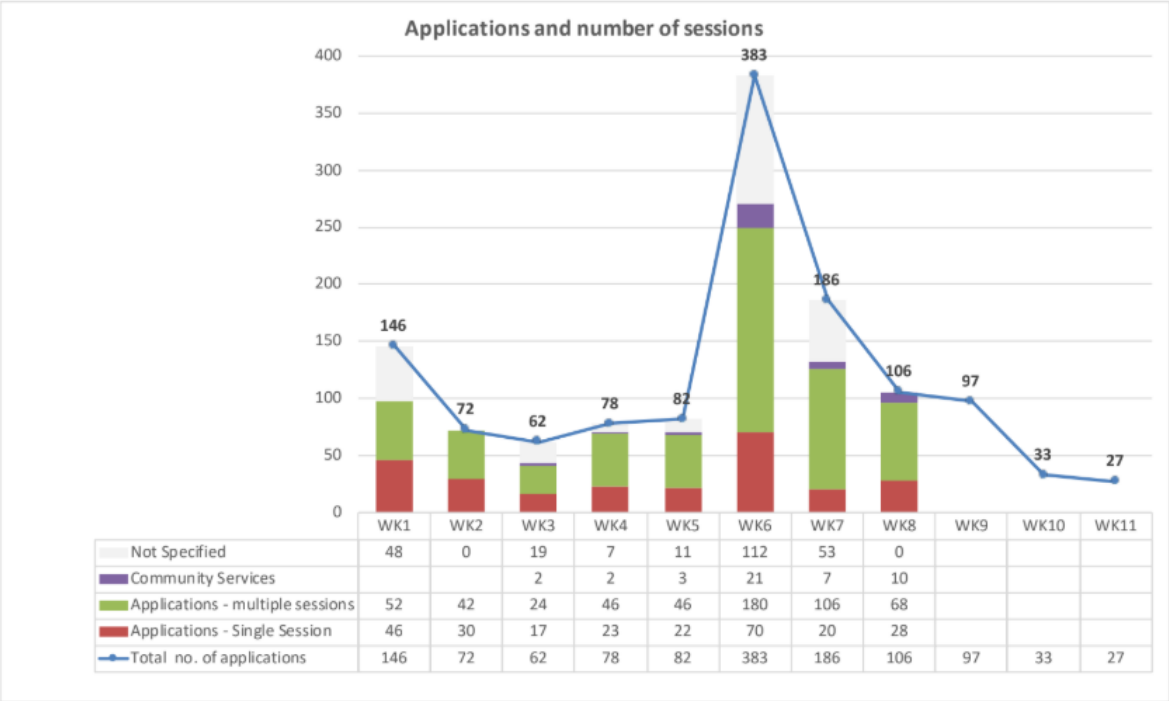
All the operators carrying out this work gathered regularly in peer-supervision groups where they compared their work and fulfilled a holding function for each other.

On 30 June this year we closed our intervention with a webinar for reflection in which 550 colleagues took part, commenting on their experience, the method, the technique they used, and the outcomes.

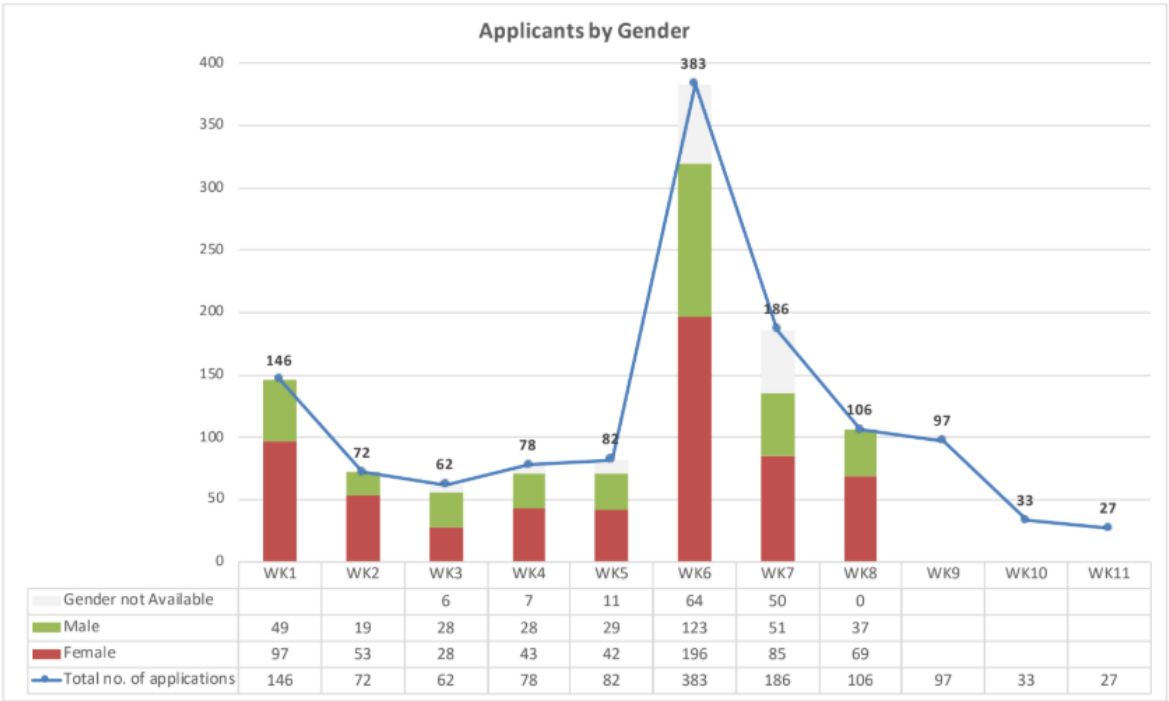
Almost 400 psychoanalysts took part in this experiment, offering their services in alternate weeks . By the end of the work we had received about 1,350 requests which were handled by one to four conversations on request, giving a total of nearly 3,500 sessions, given that each request resulted in three or four conversations. The majority of requests were made by women, and a few came from adolescents or people of advanced years. After the first week, the numbers of old people and individuals aged between 40 and 60 increased. The reasons for the requests varied from the reappearance of a previous psychiatric situation, to the sense of loneliness, anxiety, panic, feeling of persecution, somatisations, and hypochondriacal experiences, and on another level the dysregulation of the familial environment, marital difficulties, and parenting problems.

Some interesting slides have provided a picture of the situation as reported and evaluated up to a week before the end of the experiment (so the data should be updated with the cases added at the end).

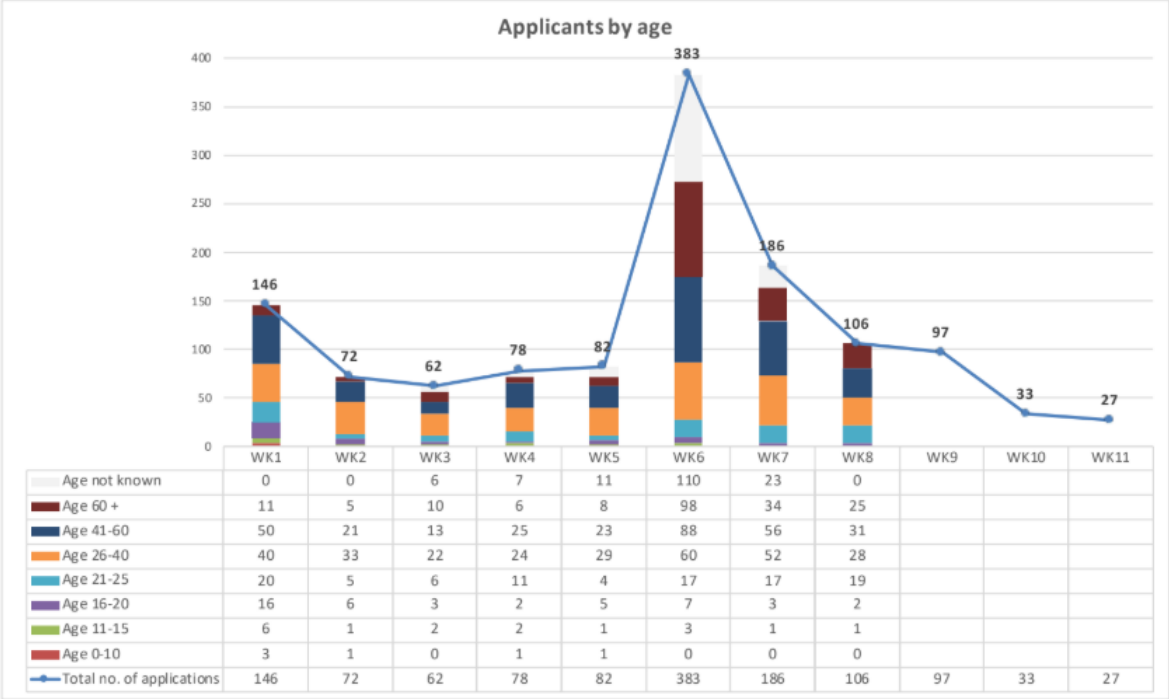
WK	Applications	Participants Members	Participants Candidates
WK1	146	218	51
WK2	72	226	84
WK3	62	184	56
WK4	78	217	52
WK5	82	238	71
WK6	383	224	71
WK7	186	205	72
WK8	106	229	73
WK9	97		
WK10	33		
WK11	27		
Grand Total	**1272**		



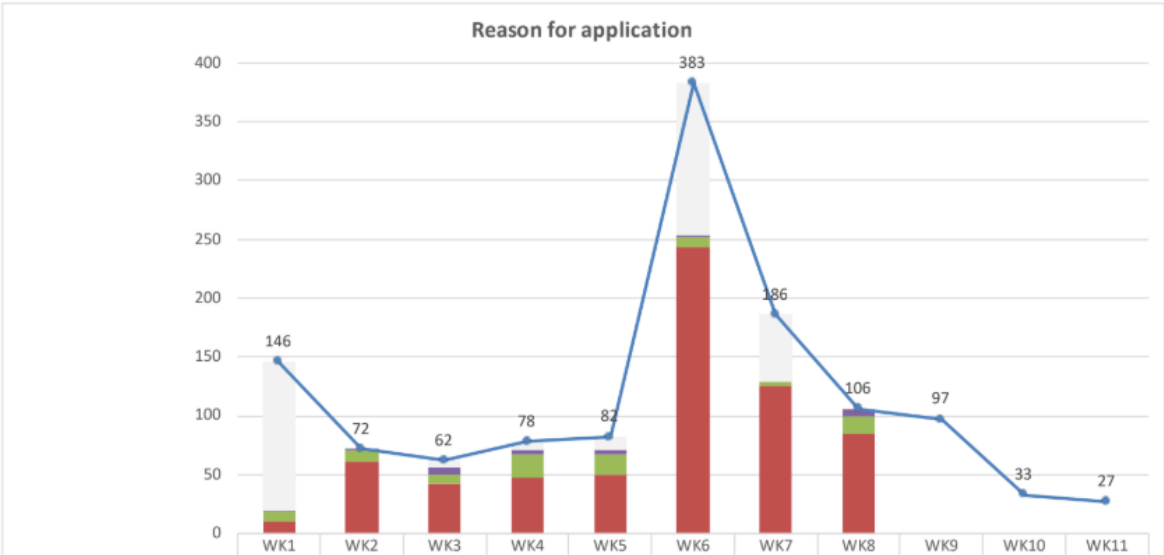
	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11
Not Specified	48	0	19	7	11	112	53	0			
Community Services			2	2	3	21	7	10			
Applications - multiple sessions	52	42	24	46	46	180	106	68			
Applications - Single Session	46	30	17	23	22	70	20	28			
Total no. of applications	146	72	62	78	82	383	186	106	97	33	27



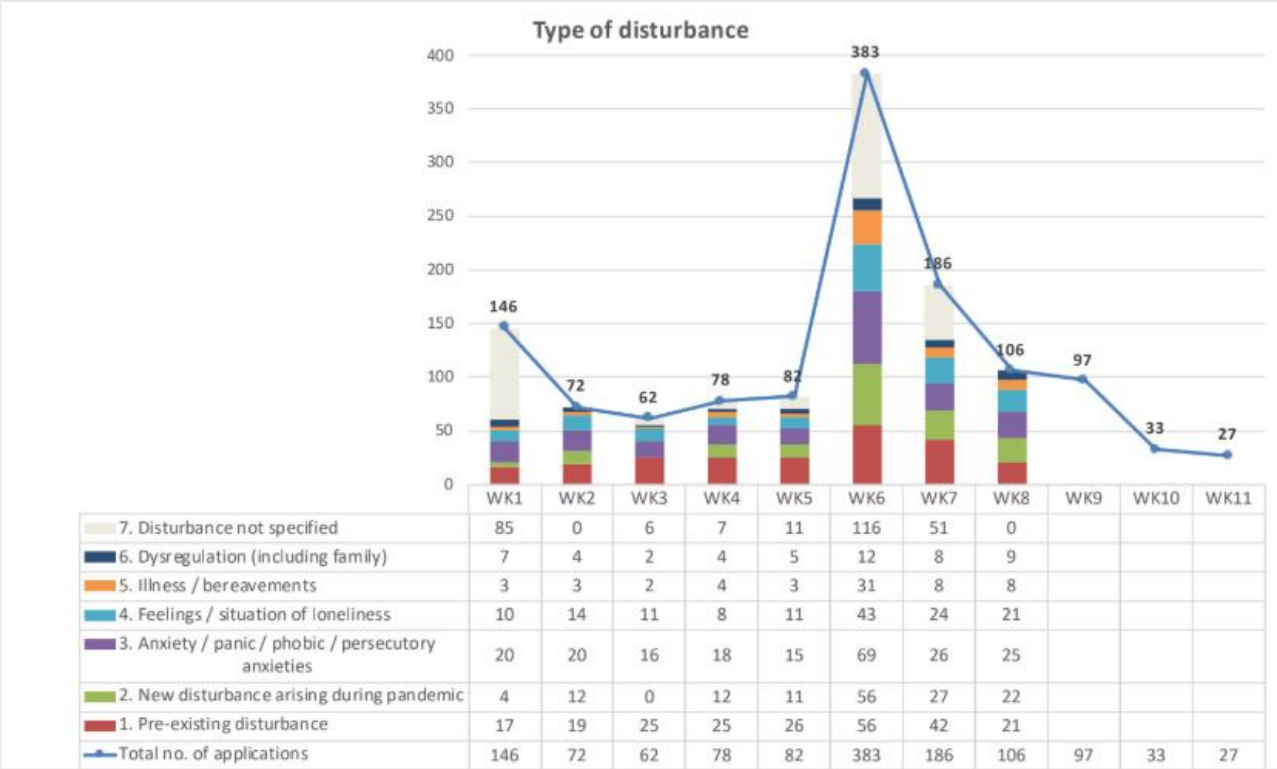
	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11
Gender not Available			6	7	11	64	50	0			
Male	49	19	28	28	29	123	51	37			
Female	97	53	28	43	42	196	85	69			
Total no. of applications	146	72	62	78	82	383	186	106	97	33	27



	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11
Age not known	0	0	6	7	11	110	23	0			
Age 60 +	11	5	10	6	8	98	34	25			
Age 41-60	50	21	13	25	23	88	56	31			
Age 26-40	40	33	22	24	29	60	52	28			
Age 21-25	20	5	6	11	4	17	17	19			
Age 16-20	16	6	3	2	5	7	3	2			
Age 11-15	6	1	2	2	1	3	1	1			
Age 0-10	3	1	0	1	1	0	0	0			
Total no. of applications	146	72	62	78	82	383	186	106	97	33	27



	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11
N/A	126	0	6	7	11	129	57	0			
for an acquaintance	1	1	6	4	4	2	0	7			
for a relative	9	10	7	20	17	8	4	14			
personal	10	61	43	47	50	244	125	85			
Total no. of applications	146	72	62	78	82	383	186	106	97	33	27



	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11
7. Disturbance not specified	85	0	6	7	11	116	51	0			
6. Dysregulation (including family)	7	4	2	4	5	12	8	9			
5. Illness / bereavements	3	3	2	4	3	31	8	8			
4. Feelings / situation of loneliness	10	14	11	8	11	43	24	21			
3. Anxiety / panic / phobic / persecutory anxieties	20	20	16	18	15	69	26	25			
2. New disturbance arising during pandemic	4	12	0	12	11	56	27	22			
1. Pre-existing disturbance	17	19	25	25	26	56	42	21			
Total no. of applications	146	72	62	78	82	383	186	106	97	33	27

Reflections on the trauma

In order to gain the best possible understanding of these data, we should make some observations on the nature of the trauma we have suffered.

Over the course of time we have experienced traumas that have had a significant impact on history, such as the Shoah and the Second World War, and which today characterize the genocides and migrations caused by the violent action of man against man, the distinctive feature of which is dehumanisation as its end result. The title of Primo Levi's book *If this is a Man* (1947) refers to this.

Dozens of psychoanalytic societies were founded as a result of such events and a substantial body of theory has originated from these experiences – we need only think of the discoveries on the themes of loss and separation in the development of the personality; and the social vocation of psychoanalysis was brought into being.

I will only recall that, during the Second World War, Anna Freud founded the Hampstead War Nurseries, a home for more than 100 children wounded by the war, and Winnicott's work had important social effects, enabling the passing of the Children Act in 1948, an Act of Parliament which set up the childcare service in Great Britain.

The present collective trauma, like those caused by natural disasters such as the earthquakes or tsunamis which have characterized our past, has certain specific features: its sudden descent on our world and the calling into question of our most common habits; for example, social distancing, the feeling of persecution caused by an invisible element that generates anxiety, the feeling of death and precariousness: in other words, vicissitudes that were not common a few years ago, and the calling into question of the parameters on which we base our everyday life. Our daily routines have been completely disrupted and we have had to stay in enclosed spaces.

Naturally there are differences from the personal trauma that is characterized by an *après coup* – i.e. by being produced in two times, the time of the event in the subject's history or prehistory and the time of its reactivation *a posteriori* – but it is also different from the historical trauma that affects man as a political being.

The collective trauma imposes itself in all its raw reality; it is a fact even before it is an experience, and the mind can be overwhelmed by it. External reality has become predominant, it has broken through the boundaries of the ego, of the person, and has imposed itself in all its concreteness.

The sense of impotence, of helplessness, which characterizes the victim of any serious trauma and which, in this case could involve society or the whole of humanity, has provoked group and individual reactions aimed at dealing with it. Even before observing the interconnectedness between the individual's mental functioning and the trauma, we need to observe the interconnectedness between the individual and collective psyche, types of functioning which answer to different rules both in their effects and in the defences that they activate.

The first observation, perhaps the simpler of the two, has been how, even at a distance, we are united against the common enemy.

It has transformed singularity into community and – unlike the historic traumas produced by men which offend the dignity of the human being, as in the case of the Shoah – our sense of humanity has been protected.

Doctors and nurses have become the heroes of humankind, its finest part.

However, naturally with variations according to individual mental functioning, personal histories, and occasional causes, we have been able to observe the emergence of psychological problems and corresponding defences.

Because of the intensity of the trauma, alongside the commonest defences, other defences have been activated, such as the externalisation, exporting, shifting into the other of a psychic suffering that cannot be worked through…. Emotional withdrawal, the avoidance of contact in the state of heightened alertness are other characteristics of these situations. A particular problem concerns the sense of time. Varvin (2003, p. 203) says that "a traumatized mind fixates on specific moments which may even lose their grounding in the flow of time that is subjectively felt to obstruct the chronological perception in which the past precedes and is distinct from the present and the future… This way of perceiving the environment can be called a 'time-collapse' (Volkan, 1997)". But there are still further ways of pathologically facing tension. As Ferenczi (1930a, 1930b) told us, dead and splitting fragments of the mind can appear by means of other languages, along the somatic path, for example – as we have seen in many cases, that inscribing in the body which represents one of the most primitive vehicles of communication. But everyday action may also be an expressive language, above all that everyday activity constructed in the group, especially in the family groups which become an organizational mode for the traumatic links that are transmitted from parents to child. The great risk of these traumatizations is the fact that they are not exhausted in the here and now but enter into the transgenerational chain of transmission which, as we know, consists in a passing on, between generations, between psychic spaces, of contents which it has not been possible to work through and transform.

If we are overburdened by stimuli that are too powerful, as Gampel reminds us, "an external reality enters the psychic apparatus without the individual having any control over its entry and its establishment or effects". Our perceptual and representational systems then become

laden with “non-representational remnants which go on to permeate transgenerational transmission.” (Gampel, 2000, p. 192).

As some authors speculate, traumatic recollections are preserved in an entirely different way from autobiographical memory (Van der Kolk, 1996).

These recollections are sculpted in the memory, perpetuating themselves in a sort of atemporal dimension and mirroring “a historical truth that has not been modified or remodelled by a subjective meaning, by one’s own cognitive schemata or unconscious expectations or fantasies” (Bohleber, 2007, p. 817).

The suffering that derives from these traumas will then be at the centre of a crucible formed by the intrapsychic, the interpersonal, and the transpersonal – i.e., the individual psyche; that of the group to which one belongs, such as the family and the workplace; and society – as indeed, Freud signalled in writing about group psychology.

Listening

In my account of this experiment, which is the only one of its kind, I cannot convey more than a few faint hints at the problems we observed and the technique we laboriously constructed as we went along, with many doubts and anxieties, letting ourselves be guided by the experience we were having. To this end, the peer-supervision groups we organized for ourselves were extremely helpful because, besides offering containment for the anxieties and perplexities of those who were engaged in such emotionally intense work, they enabled us to reflect on the method, technique, and objectives of the project. A book about this subject is in preparation.

As I said earlier, the listening took place in a situation of urgency but was not an emergency service. In concrete terms, the response was given within 24 hours of the phone call. This give us time to filter the request and select the psychiatric patients who had lost their link with their carers because of Covid and thus had to be carefully referred back to their public institutions.

We wondered whether the work would involve consultations like those that happen in our consulting rooms or brief, focused interventions with quite limited objectives. A wide range of real situations unfolded before us: psychiatric patients, old people on their own, abused

women, parents in difficulty, desperate healthcare workers, people who would never have entered a psychoanalyst's consulting room. At the start of our work, some of us felt confused when faced with the heavy emotional impact and especially the need the manage the loss of our reassuring parameters.

Our callers almost always felt they were receiving an attentive, present listening capable of containing an emotional tension which, if it overflows, risks turning into a flood and becomes dangerous. If I may, I will call it "an elaborative listening" which is not only an attentive and engaged listening by a prepared professional. It is the listening of a psychoanalytic mind capable of performing a therapeutic dissociation which lends a part of itself to the harmonizing encounter with the other, while enabling the flow of free associations into consciousness and paying attention that is, on the one hand, free-floating and on the other discriminating and focused, that "easy but conscious mental effort" (Winnicott, 1965, p. 161) which the analyst makes with his mind.

This kind of listening contributed to setting up the narrative which the subject needs in order to rediscover or reconstitute the thread of self that has been tested by tension, emergency, or the subject's own incapacity. Elaborative listening did not only attend to the other's words but also to the unconscious in its different manifestations and hence also to actions, somatizations, and acting-out, to our own and the other's sensations, to all the ways in which the archaic experiences reactivated by the massiveness of the present trauma and emergency have been expressed.

What emerged in many of these encounters is the fact that the analyst let himself/ herself be used by his/her interlocutor: the psychiatric patient found a reconnection to his carer, old people found an attentive ear for their life stories. At other times, the listening revealed an opportunity which the person took to express a longstanding need to know and understand but had not had the courage to make clear to themselves or to someone else. In this way they found support for referring themselves in the future, once lockdown was over, to a psychotherapy centre of their choosing for a possible deeper exploration. In other situations we could observe traumatic experiences becoming present. In these cases it was necessary to intervene by giving support and removing the sensation of passivity and impotence and restoring the ability to face the danger.

One particular feature has been the presence of the analyst as a witness on many levels of the interpersonal encounter, of the repressed, denied, or rejected history, but also of the dramatic real event which the analyst and the other person were sharing. This reduced the pain.

This witnessing was also significant in terms of the social pact because it meant being able to regain trust in the other, in the acknowledgement of your existence that the other can bring. Freud had described a figure well-suited to the purpose, claiming that the psychoanalyst is called upon to be the *Nebenmensch* (Freud, 1950 [1895], p. 331), a fellow human-being near at hand, the person who listens appropriately to the child's cry and gives support.

This is what happens in the service provided by a young female colleague who with her attentive presence and her elaborative listening leads a woman in an abusive relationship and on the brink of suicide, self-destructively ignoring further diagnostic investigation of a possible tumour, to resume her hospital appointments and carry out the necessary checks. All these service users and their requests multiplying one after the other left the analyst with a difficult task. There was the risk of overestimating the problem or of underestimating it in a person who could seem impotent and passive, without resources or solutions. The dialectic of activity/passivity is crucial in these cases because one may feel helpless and desperate, especially in certain situations. These emotions are common when people feel shut up in the house, obeying an unknown threat, or when they are forced to undertake work that frightens, terrifies them, and they think they have no alternatives (as in the case of a healthcare worker in burnout or a woman in the power of a violent partner).

The mourning and the problems

The urgency of the emotions, their intensity, can be difficult to deal with; they hurtle into us and break through our boundaries. Those emotions become our emotion. This is obviously one of the most difficult aspects for the analyst, without considering the impact of the engagement with the specific features of that person. We are talking about powerful experiences even when in the hands of expert, skilled analysts who see the transference relationship unfolding, which is helpful in linking but naturally hard to interpret in that specific experience. The peer supervision group also often wondered if it is necessary or helpful to interpret the transference. But the transference is a process which manifests itself in the most varied contexts, and as happens with particular patients, we sometimes work IN the transference rather than

interpreting THE transference. But these shared emotions I mentioned earlier, feeling the other in our skin and in our body with all his tension, has enabled us to have that "sharing in a moment" which we sometimes find in long treatments and which was perhaps facilitated in these cases by the critical situation which made the boundaries of the self more fluid and tore away the veil of resistances.

What was obviously missing from these experiences was the long process of maturation and working-through that analysis permits, but none of ever likened this experience even remotely to psychoanalysis.

The thousand calls we received gave us an extraordinary immersion in a reality to which we do not ordinarily have access in our consulting rooms. We were confronted with the problems of the university professor, the paramedic, the cleaner who had lost her job, the non-EU citizen working in the black economy, the pregnant woman, the sick old man, the new parent, and many, many others. The mourning for time.

To do all this as analysts, we had to do a lot of short-term mourning: of our setting to begin with, and of certain characteristics of our method, in particular of a really crucial aspect: time. Psychoanalysis does not predefine when the end will come, and by definition the helpline, with very few exceptions, consisted of a time that was limited to what could be fitted into four sessions. Occasionally, the end loomed over the work and, as I said earlier, may have sharpened our senses and capabilities. The vicissitude of lacking, limited time, drastically unlike what we are used to, forced us into repeated mourning, for time too. It amazed us to have results in a short time, but as Freud (1933, p. 74, Lecture 31) wrote, "There is nothing in the id that corresponds to the idea of time". This work also compelled us to mourn our objectives. We always left our callers with a certain puzzlement because the analyst's expert eye had seen the other's mental functioning with its conflicts, its old trauma that was actualized into the present or the subject's thousand resources that would need to be discovered. And yet many of the thousand callers tell us they were happy, some have written about having had an extraordinary experience, others would have liked to continue the dialogue, and others have asked for information about how to continue later on, when COVID is a nasty memory.

One effect among the many.

I personally believe that this experience is producing many effects. I do not want to dwell on how and if the image of the psychoanalyst has changed on a societal level, becoming closer to people, more accessible, a person with whom one can speak simply. Rather, the most important effect is the one produced on us, as people who have participated in it and as a working group. In all the peer supervision groups a particular climate has been experienced, one of sharing and discovery: of the other, of ourselves, and of the efficacy of psychoanalysis. We have discovered how flexible and powerful the psychoanalytic method may be and, paraphrasing Anzieu (1975), psychoanalysis can be applied in all the places where the unconscious manifests itself. We are of course not talking about the psychoanalytic process that occurs in a predetermined setting and has the objectives of working through conflicts and the development of the capacity for thinking. We are talking about a very particular experience, the moment in which two people meet. But many of us have observed, as some of the people referred to the service have said, that "this experience has healed us:" that is, it has been a curative one for us too. In the peer supervision groups, the climate of the group has been warm and collegiate, and someone said that this exchange of supervision among us has changed the atmosphere that is sometimes present in scientific meetings. The group worked in unison to understand, probe, share, support the colleague.

Conclusions

Before the Fifth International Psycho-Analytical Congress, held at Budapest on September 28 and 29, 1918, Freud, who had lost his daughter Sophie in the Spanish flu pandemic, wrote prophetic words: "Now let us assume that by some kind of organization we succeeded in increasing our numbers to an extent sufficient for treating a considerable mass of the population. On the other hand, it is possible to foresee that at some time or other the conscience of society will awake and remind it that the poor man should have just as much right to assistance for his mind … When this happens, institutions or out-patient clinics will be started, to which analytically-trained physicians will be appointed, so that men who would otherwise give way to drink, women who have nearly succumbed under their burden of privations, … may be made capable, by analysis, of resistance and of efficient work. Such treatments will be free. It may be a long time before the State comes to see these duties as urgent. … Some time or other, however, it must come to this. We shall then be faced by the task of adapting our technique to the new conditions. I have no doubt that the validity of our psychological assumptions will make its impression on the uneducated too, but we shall need

to look for the simplest and most easily intelligible ways of expressing our theoretical doctrines. … But, whatever form this psychotherapy for the people may take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict and untendentious psycho-analysis." (Freud, Freud, 1919, p. 167). Today, so many years later, similar problems have been raised.

The question we asked ourselves during the three months of our intervention was if psychoanalysis as a method can intervene by offering help, or instead, in the face of phenomena such as this one that is social and collective in nature, we must take a step back.

The psychoanalytic research of the past 70 years has investigated and founded the bases of psychoanalytic intervention, applying the psychoanalytic method to other contexts, beyond the individual setting. Whereas, up to 20 years ago, extensions of the method aroused dismay, at least on the institutional level, today many people study them.

The experience we have had in these three months may also be helpful in this regard.

About the method, we asked ourselves this question: is psychoanalysis in a position to re-modulate itself in contexts other than the dyadic setting and, even in experiences like the one we are talking about, to foster containment and a transformation of mental pain?

Does the psychoanalysis method offer a specific tool for this purpose? How much of our method survives if we extend it into different settings? On the basis of the experience we have had, can we identify some invariants which characterize the psychoanalytic method in whatever setting it is applied?

And so we wondered if, even in this situation so far removed from the psychoanalysis that we do in our habitual setting, we might not be able to find some invariants in the way we re-modulate the psychoanalytic method in different contexts. Some of us have tried to imagine a few responses. The most important invariant is, of course, the functioning of the analytic mind at work.

As far as the SPI and Italian psychoanalysts are concerned, I believe that this experience has taught us a great deal. Many of us have seen the richness and flexibility of the psychoanalytic method that offers extraordinary resources. This does not mean that the experiences we have had were a psychoanalysis for us. It only means that psychoanalysis offers us a method that can illuminate many panoramas and help in many situations, and that the different settings are vehicles which convey psychoanalysis and the multiple forms in which it is embodied.

Today psychoanalysis is encountering enormous cultural and social changes, and this recent experiment of ours has shown us the importance of working to give a response in moments of crisis since needs that are not worked through today risk being transformed into serious psychopathological problems tomorrow.

This experience has also taught us that in order to transform we must be transformed; the patient's transformation is always and inevitably also our own, as was testified many times in our peer supervision groups, during the course of which we observed the change within the group and in ourselves.

Bibliography

Anzieu D. (1975). La psychanalyse encore. *Revue Française de Psychanalyse*, XXXIX, 1-2, pp. 135-146.

Bohleber, W. (2007). Remémoration, traumatisme et mémoire collective. Le combat pour la remémoration en psychanalyse. *Revue française de psychanalyse*, 71(3):803-830.

Freud, S. (1950). Project for a Scientific Psychology (1950 [1895]). *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume I* (1886-1899): Pre-Psycho-Analytic Publications and Unpublished Drafts, pp. 281-391.

Freud, S. (1919). Lines of Advance in Psycho-Analytic Therapy. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVII (1917-1919): An Infantile Neurosis and Other Works*, 157-168.

Freud, S. (1933). New Introductory Lectures On Psycho-Analysis. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXII (1932-1936): New Introductory Lectures on Psycho-Analysis and Other Works*, 1-182.

Gampel, Y. (2000). Io sono (il feroce e trionfante) re del castello. Richard e Piggle, 8, 2, pp. 191-202.

Levi P. (1947). *Se questo è un uomo*, Torino: F. De Silva, coll. "Biblioteca Leone Ginzburg" n. 3.

Van der Kolk, B.A., McFarlane, A.C. & Weisaeth, L., (1996). *Traumatic Stress: The effects of overwhelming experience on mind, body and society*. New York: Guilford Press.

Varvin, S. (2003). Il trauma e le sue conseguenze. *Rivista di Psicoanalisi–Monografie/International Psychoanalytic Library*, Varvin S., Volkan V.D. (eds), *Violence or Dialogue? Psychoanalytic Insights on Terror and Terrorism*. It. ed. Rome: Borla, 2006.

Volkan, V.D. (1997). *Bloodlines: From Ethnic Pride to Ethnic Terrorism*. New York, Farrar, Straus & Giroux.

Winnicott, W.D. (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. The International Psycho-Analytical Library, 64:1-276. London: The Hogarth Press and the Institute of Psycho-Analysis.