

**Contagion, Containment and Staying Connected:  
A Virtual Conference**

**Parallel Paper Panels  
Abstracts**

**11.10 - 12.25, Saturday 28 November 2020**

## **Panel 1: The Foundations of Object Relations as Experienced in Remote Work with Infants, Children, and Mothers**

**Chair: Christine English (British Psychoanalytical Society and University College London, UK)**

### **Double sensory deprivation: Online supervision of an Online Observation**

**Gianna Williams (British Psychoanalytical Society, UK),  
and Gil Son I (Moscow Psychoanalytic Society, Russia)**

### **Behind the Screen: Are We Too Detached To Explore Attachment? Remote-working in parent-infant psychotherapy**

**Dr Nidhita Singh (South London and Maudsley NHS Foundation Trust, UK), and  
Dr. Anne Ward (South London and Maudsley NHS Foundation Trust, UK and British  
Psychoanalytical Society, UK)**

### **On being touched: Psychotherapy with a five year old boy and his mother**

**Becky Hall (Association of Child Psychotherapists and  
British Psychoanalytic Association, UK)**

#### **Abstract**

In this workshop, three groups of presenters will describe experiences with three different types of mother-infant work each continued remotely in the Pandemic: the observation of infants, therapeutic work with mothers and infants, and individual therapy with a five-year old boy. The difficulties experienced are substantial. They affect those involved in ways that cannot be entirely grasped. Why?

It has been said that Freud discovered the child in the adult while Melanie Klein discovered the infant in the child; as well she found it persisting as a vital level in the adult. At this, the infantile level, object relating is both psychosomatic and psychophysical. As a mother feeds her baby, or uses her lap and arms to cradle, feelings are directly conveyed to the baby as much as milk; as well, the boundaries of a personal space are set up. The analytic room, couch, the analyst's chair, and the interpretations perform similar pre-verbal functions.

Thus living and working remotely in the Pandemic is an exercise in sensory deprivation. However, by virtue of the very lack of close-up types of sensation, we learn at first-hand about their function in the foundations of object relations - and the effects of variations in their availability as well.

The presentations will be followed by a discussion of their experiences between the presenters. Those attending will have an opportunity to contribute.

## **Panel 2: Two Effects of the Covid-19 Pandemic on Thinking and Working Psychoanalytically**

**Chair: Dr. David Bell (British Psychoanalytic Society, and Tavistock and Portman NHS  
Foundation Trust, UK)**

### **Psychic survival-of-the-object in the context of Covid-19**

**Professor Jan Abram (British Psychoanalytical Society, UK)**

### **Therapeutic Zeal versus Epistemophilic Enquiry in Corona times**

**Claudia Frank (German Psychoanalytical Association, Germany)**

#### **Abstract**

In *Psychic survival-of-the-object in the context of Covid-19* Jan Abram looks in detail at the significance of the situation of analysands whose senior analysts are more at risk than themselves from the virus. What it might do to their analyst should they infect them lays an actual burden of concern upon them. Using Winnicott's thesis that those in analysis need an opportunity to have an experience of maximum destructiveness towards their analyst if psychic change is to be possible, Jan Abram discusses whether this shift from an object relation to the analyst to a use of them is possible in current circumstances

In *Therapeutic Zeal versus Epistemophilic Enquiry in Corona times* Claudia Frank provides material in which the early anxieties stirred up by Covid-19 led to figures who zealously propose solutions supposedly offering salvation or deliverance, sometimes in an intimidating way, or with an implicit judgment of moral failure should one disagree: no alternatives can be tolerated. For a time, in some psychoanalytic treatments and Institutions, such figures were uppermost. Working through in the countertransference first is necessary for the analyst to re-orient himself or herself and recover the capacity and the appetite for psychoanalytic enquiry.

### **Panel 3: Losing the brick mother but keeping the organization in mind**

**Chair: Kate Pugh (British Psychoanalytical Society, and Central and North West London NHS Trust, UK)**

#### **Working with severely ill patients in the time of Covid**

**Dr. Miriam Barrett (British Psychoanalytic Society, Consultant Psychiatrist in Medical Psychotherapy and Cassel Hospital Inpatient Lead)**

#### **Abstract**

**This session will address different aspects of the experience of working with severely ill patients at this time, both specifically in the context of the Cassel and more generally in psychiatric services.**

The Cassel is a national NHS Tier 4 specialist personality disorder service offering assessment and treatment to young people and adults with emerging and severe personality disorder. Treatment consists of a combination of individual and group psychoanalytic psychotherapy and psychosocial nursing in the safety and containment of a therapeutic community setting. In order to access inpatient treatment at the Cassel, patients are required to meet the criteria for inpatient admission, i.e. have a level of need and risk that can no longer be managed in the community, or require greater intensity of treatment than local services can provide. “The Hospital as a Therapeutic Institution” (Main, 1946) asks of Cassel patients that they are actively involved in their treatment and that of their fellow patients.

On the 20th of March, following a directive by the COVID19 response committee of our Trust on March 12th to close “community” inpatient units, all Cassel inpatients were placed on home leave. For the first time in its almost 100 year history, the Cassel Hospital temporarily closed its doors to patients and for the next 3 ½ months was to support its patients through treatment remotely.

In this short paper the author describes the impact this decision was to have on the work and life of patients, staff and the therapeutic community and reflects on underlying organisational dynamics. Importantly, it also provides an opportunity to think about what happened and to learn from this.

Staff worked hard to develop a day programme with out of hours support and secured a virtual platform, but patients soon started to disengage from the programme or to switch off, bar a few who kept this going. As time went on, patients became increasingly despairing, hopeless, and furious with each other and staff who couldn't make them attend. Staff in turn were impotent – the only option available being to discharge patients – and low in morale, the patient community fragmented and afraid of voicing anger with each other for fear of their destructiveness and impact on each other.

Thus staff found themselves in the unusual position of working in a hospital without patients in the building. It soon became apparent that the virtual programme was not the same as meeting face

to face, but a transitional arrangement. Patients were missing each other, the sense of community and more informal spaces (not just therapeutic structures), although staff tried to accommodate these, too. Staff could equally feel unsure of their role and task, or worry about patient safety. Therapeutic work took place in two rather than three dimensions, had an as if quality, was disembodied, with staff straining to hear and listen out for the patients which seemed to require a gargantuan effort.

In time, and after many delays, the Cassel senior management team was able to secure agreement that patients could return to inpatient treatment at the Cassel Hospital, albeit with new measures around infection control, and to invite the patients back from early July. Whilst this has in many ways been quite a traumatic experience for patients, staff and the community alike, the Cassel has been able to hold onto its patients and the majority of them have returned (having been given an extension to their treatment for the time of lockdown). With this there is an opportunity to try to make sense of and process this experience.

Using Bob Hinshelwood's concept of the "organisation in the mind" the author reflects on what it may have meant to patients to have been sent away in this (unplanned) way and some of the feelings evoked, a feeling of being abandoned and too much to bear, and ensuing issues with trust, particularly in this patient group. The author concludes with some reflections on underlying organisational dynamics, questions of authority and an ensuing lack of democratisation for the work of this therapeutic community during lockdown, which will now need renewed focus and attention. In the end it was the patients, according to Eileen Skellern "our greatest resource", fighting for their well-being, safety and needs, that made it possible to resume the much-needed therapeutic work at the Cassel itself.

## **Panel 4: Five Uneasy Pieces: analytic work in the shadow of Covid-19**

**Chair: Vic Sedlak (British Psychoanalytical Society, UK)**

**Donald Campbell (British Psychoanalytical Society, UK),**

**Dr. Eileen McGinley (British Psychoanalytical Society, UK),**

**Dr. Tobias Nolte (British Psychoanalytical Society, University College London and Anna Freud National Centre for Children and Families, UK),**

**Dr. Joan Schachter (British Psychoanalytical Society, UK),**

**and Dr Rachel Sharp (British Psychoanalytical Society, UK)**

### **Abstract**

**Five psychoanalysts of different generations and traditions describe their experiences of situations when the visceral threat of death from Covid affects the analyst's functioning, even when the analyst himself or herself may not recognise it. In other situations, whether because of youth or gender, the analyst herself or himself may be truly less vulnerable, which can mean that other factors such as exceptionalism, triumph, or guilt may be operating. In yet others, there exists an insidious effect of remote working, which produces a strange combination of physical absence together with intimate presence. Recognising how such factors operate is important if remote psychoanalytic treatments are to satisfy the obligation of acknowledging psychic reality and personal truth.**

### **Working Through COVID 19**

**Donald Campbell (British Psychoanalytical Society, UK)**

### **Abstract**

I turned to Freud's Remembering, Repeating and Working Through to understand my initial reaction to COVID 19, which was the realisation that it could kill me, my family and my patients. This made it difficult to think. I found myself resorting to disavowal. Engaging with the reality of the virus, for me, meant remembering early primitive anxieties about my body rooted in a life-threatening illness I had as a child. The current anxieties about COVID19 acted as an *après coup*. Repeating meant recognising how these early fears were revived in the present. Working through meant returning again and again to challenge a disavowal, a knowing and not knowing about the daily threat posed by the virus, in order to think about the new reality of COVID 19 and its impact on me and my patients.

### **Five Uneasy Pieces**

**Dr. Eileen McGinley (British Psychoanalytical Society, UK)**

### **Abstract**

In response to the growing world-wide spread of Covid-19 in mid-February 2020, I took public health precautions in my psychoanalytic practice when it was not commonplace to do so. As the rates of infection increased, I doubted that the precautions were sufficient to keep me or my patients safe from being exposed unwittingly to the virus in my consulting room. I then made the

unprecedented decision to suspend my usual analytic practice before the government announced the first national lockdown on 26th March. I will describe responses from five different patients on the day they view me for the first time working online, sitting in front of my computer, not in my usual consulting room. Each patient, in their own unique way, voiced fundamental anxieties about where I had moved to, not only physically, but in my thinking and their fears about the viability of their analyses in the time of Covid.

## **What does adapting to the “new” reality of working remotely mean for the analyst’s internal setting?**

Joan Schachter (British Psychoanalytical Society, UK)

### **Abstract**

I am concerned to think about the effects and “costs” of adapting to the new reality of working analytically remotely. Whether the analytic contact is by telephone, Zoom, or Skype, the contact is mediated by a third, a technology which is not completely under the control of the analyst. The analyst is no longer providing a secure and safe external setting for the patient; all patients experience this loss in their own individual way.

I currently work on the phone and on Skype and Zoom. Being able to see the patient albeit on a computer screen, mitigates slightly the physical absence of the patient on the couch. Working on the phone brings a rather paradoxical closeness and distance at the same time; the voice in one’s ear and the absence of the physical level of communication. I will give a brief clinical vignette to illustrate some aspects of my experience.

## **Working in the Remote Setting**

Dr Rachel Sharp (British Psychoanalytical Society, UK)

### **Abstract**

I will describe a dramatic moment from the analysis of a patient whose sessions shifted from the consulting room to the telephone in response to the pandemic. Considerations will be offered concerning the question of the patient’s as well as the analyst’s anxieties about acting out in the context of the remote setting.

## **The Impact of the Pandemic on treating a Patient with an ‘Asset-Stripping’ Superego**

Dr. Tobias Nolte (British Psychoanalytical Society, University College London and Anna Freud National Centre for Children and Families, UK)

### **Abstract**

In this brief account I will try to trace some aspects of the transference counter-transference dynamics in the treatment of a patient experiencing a repetition of early deprivation due to the change in my setting after the outbreak of the pandemic. I will describe how two concepts that were elaborated in supervision, Eric Brenman’s ‘asset-stripping’ superego and Michael Feldman’s notion of oedipal underpinnings of a grievance position, helped to work through

certain countertransference experiences when faced with the patient's internal world of 'solitary confinement' and on-going struggle for psychical survival.