Safe spaces, unsafe spaces, and gendered spaces: Psychoanalysis during the pandemic

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Abstract
This paper explores the multilayered concept of space that has been unveiled during the pandemic and discusses our experience of space, what is safe and unsafe, and how it has become reconfigured and differently considered. The pandemic opens social fractures with regard to race and gender, and with that in mind the concept of space is discussed in terms of race, and also space that becomes gendered, as well as on those occasions when it is regressed. Further elaborated are the ways that the use of space can become perverse, as well as contain creative life-giving forces in an effort to defy the fear of illness and death.

KEYWORDS
gender, life force, pandemic, race, regression

1 | INTRODUCTION

Recent psychoanalytic papers have included a focus on space, the traditional ideas of the analytic space or transitional space (Poland, 1992; Winnicott, 1971), the liminal space of gender fluidity that can allow for gender inquiry (Hansbury, 2017; Saketopoulou, 2014), the potential space that lies between the internal and external world, mental space and thinking, cyberspace (Lemma, 2015), collapsed space (Bronstein, 1992), virtual space (Lemma, 2017), space to mourn (Amir, 2016), triangular or dyadic space (Birksted-Breen, 1996), feminine space (Gentile, 2016). My focus here is on revisiting the concept of space during the time of the pandemic. There is the too crowded feared space and the too vast space of isolation. We each write for our personal and professional reflections. The pandemic, while physically isolating us, has also put us in spaces, those of us partnered, with the closest of proximity to our loved ones. For 40 years, my husband and I separated each morning and rejoined each evening. Now, and for the past year, we share the same space without interruption. Furthermore, he and his three office suite-mates, all psychoanalysts, have ended their office lease and he moved his office furnishings into our
shared home space. My mind gathers my thoughts and experiences of the many facets of space that has accompanied negotiating these unique pandemic times.

2 | SAFE SPACE, UNSAFE SPACE, AND GENDERED SPACE: PSYCHOANALYSIS DURING THE PANDEMIC CRISIS

The past year has brought a wave of viruses—the virus of Covid and the pandemic, but also the virus of the racial divide both of which intersect with the overpowering class divide (DeParle, 2020; Kendi, 2020; Miranda, 2020). Intersectionality, the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage, is profoundly relevant to our understanding this year’s phenomena, especially in the United States but also globally (Coaston, 2019). From the most recent IPA Intercommittee on Prejudices and Racism report (October 2020), “We have known in all our regions that prejudice and anti-black and anti-indigenous racism is its own virus, and manifests along different lines depending upon the culture. The African diaspora, history of slavery globally, the genocide of the indigenous cultures in all our regions, the caste systems, the elimination of rights for those who depart from the norm, whether it is be based on gender, gender choice, ethnicity, class, religion, or race, all have been historically problematic and continue to be present, alive and active in our worlds today and get repeated and perpetuated in our institutional structures today.” Covid-19, in bringing experiences none of us would have ever before imagined, also brings attention to the concept of space, first and foremost, is there adequate space to feel and be protected, safe. This too manifests differently along racial and class divides and puts many of the disadvantaged population at high risk.

This paper examines concepts of space during the crisis of the pandemic with its multilayered meanings in terms of safe space, unsafe space, and gendered space. Additionally, we know that crises shake us from complacency and may even provide openings for opportunities (Erikson, 1959; Shoshani et al., 2010) but also unveil and perhaps even ignite areas of delinquency. Lastly, I discuss the pandemic crisis openings for meaningful psychoanalytic development along with the consideration of times when the analyst retreats into a self-enclosed corrupted space.

In a recent issue of the New York Review of Books, November 19, 2020, Pankaj Mishra in his essay, “Grand illusions” references Jonathan Lear’s 2006 book Radical Hope: Ethics in the Face of Cultural Devastation in which he explores the impact of the cultural shift of reservations, the change of living spaces, for the Crow Indians. Mishra writes, “Forced to move in the mid-nineteenth century from a nomadic to a settled existence, they catastrophically lost not only their immemorial world but also ‘the conceptual resources’ to understand their past and present. The problem for a Crow Indian, Lear writes, wasn’t just that ‘my way of life has come to an end.’” It was that “I no longer have the concepts with which to understand myself or the world I have no idea what is going on.” Mishra links the experience of the Crow to our western civilization’s problem today, “It is no exaggeration to say that many in the Anglo-American intelligentsia today resemble the Crow Indians, after being successively blindsided by far-right insurgencies, an uncontainable pandemic, and political revolts by disenfranchised minorities....” The focus of Mishra’s essay is on how the past 4 years have unveiled an historical process that suggests that “the world was moving into an entirely new historical period.” My focus is on how the pandemic effects have altered our perception and experience of space in a way that may be suggested by the Crow tribe’s dislocation and with it the reverberations on our experience of identity and self. We are likewise disoriented, shifted away from our usual positionings.

With the pandemic, space is encroached on by the virus and use of space changes, societally, in the home, and in the consulting room. Women revert to traditional familial roles while instances of domestic violence suggest regressive processes alike for men. The pandemic has produced social changes. A frightening, overwhelming regressive effect that exposes everyone’s fragility and vulnerability. And social changes impact subjectivities. With
the uprising of the call to action to address racism, we shift our attention to the subjectivities of the experience of space in the home and in public. The concept of gendered space is introduced to bring a lens to the particularities of space both societally and in our analytic practices.

For the first time in our lives, we are living through a global pandemic and with that, our relationship to space needs to be reworked. We are thinking about spaces, and primarily what has been predominantly on all our minds is securing safe spaces. Early on in the pandemic, we psychoanalysts retreated to the safe spaces of our homes and converted our homes into our offices—there is no differentiation of space for home and work. That is how it is safe to live right now.

Then, we emerged with consciousness about safe space outside our homes—the footage required for safe space between self and other. In this time of Covid-19, “otherness” becomes vastly exaggerated. While we are told and understand that wearing masks prevents the spread of Covid-19, we also know that the fear of the potential hazard in “the other” soars out of proportion in our minds. We dance as we move, to assure ourselves that we have the 6 feet of space between ourselves and “the other”—we hope that the 6 feet is the safe enough space. We learn that the virus can linger in space so how much space is enough space to create safety.

However, the concept of safe space is not new. Conceptually, closeness has always been risk-filled with fears of merger and loss of sense of self, yet now closeness carries grave risks. The virus concretizes the risks in our minds. Closeness brings risks of invasion, losing one’s sense of self, but also actually losing the self-facing death—and losing the other, the other who is beloved and needed. One of the enduring consequences of severe traumatization, especially of man-made disasters, is that basic trust in a ‘helping object’ as well as one’s own self-agency collapses and a paranoid mood dominates the psyche, because unconsciously, a repetition of the catastrophe is expected (Leuzinger-Bohleber, 2021). Covid-19 ignites the fears of narrowing space between self and other. The virus will invade, we will become deathly ill, we will cause death to the other through infection. I listened to a patient this morning who spoke about her problem with her closeness to others. She expresses relief and comfort with the safe space that Covid-19 demands and appreciates not having to engage with the others in her life. She says that being with the other means she takes on parts of the other as her own and she prefers to keep the other at a distance. She tells me that her closeness to others becomes her way to seduce the narcissism of the other, but she then loses herself in the other. She describes noticing that she sounds like me when she speaks to her clients. She feels that she takes on my intonations in the way she speaks to her friends and clients. She fills her sense of void with bringing pieces of the other into herself. She wants to have the space to find herself, her own choices, her own thinking/feeling mind. Closeness disturbs that space for her. Covid-19 actualizes the psychic risks of closeness and the urgent need for greater space from the dangerous other, evoking early issues of trust and betrayal (Bach, 2018).

While the pandemic gives rise to the concept of unsafe space, our country’s racial divide has always carried the concept of unsafe space—only now this specific version of the unsafe space becomes fully unveiled for us all to witness given the technology of cell phones and videos (Davids, 2003; 2011; Holmes, 2006). In the midst of the George Floyd murder where his space was encroached upon and his neck deprived of the space needed to breathe, more public forums are offering spaces for critical discussions (Cobb, 2020). A National Public Radio correspondent and mother of three sons describes on NPR “the talk” that she must have with all three—the talk about how to secure safe spaces for themselves. She describes her “candy box of colors: dark, milk and white, with the darkest at the greatest risk.” She instructs especially the eldest son at 16, and the biggest, that if he goes to a park, “don’t wear a hood, don’t put hands in pockets, and if approached, don’t run, and tell the police that his mother works for NPR.” She knows that at over 6 feet, with his shade of color, he evokes the greatest fear in the other, and she talks with him about securing his own safe space. She knows that when space is encroached on with a knee on a neck for 8 min 46 s, life is obliterated, and she lives with an ongoing fear for her sons’ safety. She describes that George Floyd was crying “mama, mama” a few times, and that every black son has a mother who worries about her son’s safe space.
The recent documentary “13th” calls our attention to our country’s prisons and describes this space, as a black male space, racialized and gendered. I refer to the prison space as a racialized and gendered space to invite a perspective on this way our societal spaces become imbued with race and gender in how they are situated in our minds. The United States’ horrendous history of slavery has developed into our current system of incarceration that enables enslavement to persist. The percentage of black men that are incarcerated is astounding. Our prison system demands close examination to begin to undo the continuation of enslavement.

3 | PSYCHOANALYSIS, PRACTICE, AND SPACE

During this unusual time of the pandemic, I have become aware of aspects of our previously customary ways of practice that I never would have otherwise considered. Patients used to meet with us in our offices, our spaces. They leave their space behind, join us in a space that is uniquely ours, and also have always had an intermediary space before and after we meet. In our space, we select our furnishings, we select the colors, we decide what we put on our walls for our patients and ourselves to see during our hours together. What I have not realized is that our spaces may be gendered and that it could be illuminating to our work to consider the idea of gender in space. My office is in the lower level of my home, entered by my patients through an outside staircase that is accessed from my driveway. There is an initial hallway, a waiting room, and my consulting room. A while ago, I decided to change the color of the wall paint from off-white to varying shades of a warm burnt orange, and the color shade is gradated so that the hallway is a darker hue, the waiting room a bit lighter, and the consulting room even lighter, though I am not certain that the different hues are apparent to others. In my consulting room are a few abstract landscape watercolors, and a couple of lithographs, one, a beach scene, the other, a ballet dancer. The hallway and waiting room are below grade so there are no windows, and the consulting room is above grade enough to have one window that I face (behind my patient’s therapy chair) that opens to my treed backyard. I love my space and have worked in this space for 35 years. Typically, I receive compliments on my consulting space. Many colleagues remark on its warmth. Yet a different experience has emerged.

In the past year, pre-Covid-19, two older male patients, one mid-60s one early 70s expressed displeasure with my space. R, the 60s man, complains how dark, dank, and unpleasant it is for him to come into my space. I invited him to turn up the wall lighting switch if he wishes the space to be brighter with lighting. R talks about his hatred for and alienation from his wife who he believes married him only to have a child. They live in a parallel way, and he gives ongoing consideration to divorcing her. They live in a parallel way, and he gives ongoing consideration to divorcing her. He describes his hateful feelings toward his critical intrusive mother expressing that his older brother physician was the favored child. He continues carrying his resentment toward his inaccessible father and his financially successful preferred brother. He revels in telling me about his previous analyst from many years ago in his mid-west hometown (the space associated with home) who was tremendously helpful to him, and about the local analyst who he thinks so highly of who worked with him up until the analyst’s recent retirement, and who referred him to me, in addition to the many other male analysts who he has come to know and who he believes have helped him. I am in a geographically convenient location for him, around the corner from his house, but he never ever would have thought he would work with a female therapist. Because of convenience he would “give me a try.” In the course of the 5 months of our work (all pre-Covid-19), he talked about his life, his marriage, his work, his past analysts, his social isolation. He began each session with telling me how dark and dank my space felt to him and how unpleasant it was to be with me in my space. He ended each session with expressing that he feels a bit more comfortable talking with me, but that he thinks he will stop the work with me because he just cannot feel comfortable enough with me as a woman. One day he stated that the next session would be our last, and it was. In retrospect, I can see that it was for the full duration of our work together that the patient bemoaned his decision to meet with me, a female psychotherapist, expressing to me every session his discomfort and disgust upon entering my office. His predictable expression of such intense discomfort whenever he entered “my space” had a claustrophobic quality, as he commented on its “darkness” and “dankness.” It seemed that
during the session, his discomfort would settle a bit, but upon departing there would often be a resurgence. My office space I believe carried my feminine representation for him and brought him a too close experience with a feminine space.

The second patient, T, entered my space just prior to the outbreak of Covid-19 so we met in my space for two or three sessions and then continued on the zoom video platform. It was only when we were meeting virtually that T frankly told me that he cannot believe that I work in that “hole of a basement,” that it is so unpleasant there and he is relieved that with the pandemic, he no longer has to come into my space to meet. He is painfully struggling with the marital difficulties that arose when his wife learned about his recent marital affair (the wife’s having no idea that his affairs have been going on for the 40 years of their marriage, and that there are multiple women with whom T is emotionally intimate, engaging in daily conversations with them during his work commutes). T feels despairing as he is threatened with the potential loss of his wife and expresses his incessant unquenchable need for women’s attention. Yet something profoundly disturbing arises for him when he moves into the most intimate feminine space: a marriage, a psychoanalysis with a female analyst.

Since the beginning of the pandemic, my husband, also an analyst, has been working from home. I work in my usual basement office, he works upstairs. He recently commented to me “you are constantly downstairs in your hole.” While “holes” can frequently be considered as anal space, with the presence and threat of a dedifferentiating process as related to Meltzer’s work (Meltzer, 1990) on the claustrum, I believe that the “hole” of my office is poignantly referencing my femininity, the vaginal space that makes me uniquely female, that patients may imagine entering when they enter my office space to consult me. I associate to a lesbian patient whose analytic work was entrenched in a sadomasochistic transference and whose associations to Catholic proscriptions included being “like dirt” by engaging sexually; she is dirt as “the hole” for the guy, “nothing but a hole for him.” Central to her analysis was the problem of how pleasure can be realized while feeling like a denigrated disgusting hole. The “hole” of my office became more apparent to me through working during the pandemic—a time when we become more aware of our delimited spaces of living. I believe that there is something about my femaleness, my femininity, but also the femininity of my space that pervades the sessions and proves aversive or inviting in its gendered way to different patients depending on the nature of their conflicts.

My work with patient R predates the pandemic while patient T’s expressed disgust with my “hole” came with the onslaught of Covid. My growing awareness of “my space” as an extension of me, my femininity, likely stems from my mind’s working on the lost object of my office. The pandemic has brought much loss to the practice of psychoanalysis. The office as a space to be with the embodied other is gone. Also lost is the space that had belonged to our patients on their way to meet with us and when they leave us, a space, a time to reflect before our session, and then to metabolize following our time together. This space has disappeared and patients switch with immediacy from a work meeting to engaging with us in a session, and depart with the same immediacy to their next work meeting. We can continue to wonder how this loss, the loss of the time that frames our sessions with our patients, affects the ongoing analytic process.

As I consider the nature of my space, I also am struck with the varying spaces my patients occupy to safely meet with me virtually: the attic, the car, the bedroom closet, the basement room, outside for walks, all spaces that they move to for our sessions to speak about that which is most personal, most private. In these constructed spaces, they speak about sensitive topics, their extra-marital affairs, or marital discord when their spouse is close by—just upstairs or downstairs, or in the next room. They believe that if they expose to their spouses their need for more private space, they anticipate the inquiries: why the need for privacy? what is there to hide? Patients express their feeling trapped, unable to find protected space.

I have a renewed appreciation for the secure space that our offices provide to us and our patients, without questioning, without doubts—a safe space for psychoanalytic process. Perhaps it is the occasion to reflect more on our spaces and to consider that space itself may take on gendered attributes, reflections of who we are, how we identify, and that when we invite a patient into our space, even if it is virtual space, there are gendered ways that we do not necessarily consider until we meet with a reaction, often unanticipated.
In my listening to my patients’ and supervisees’ clinical material in this time of the pandemic, I find that much of the content is space-related, in a way that has more prominence than previously. For example, an analytic candidate I supervise has yet to work with an analytic patient in person, in his office space. His two analytic patients are meeting with him virtually. Recently, his patient asked to meet with him on the grounds of the hospital where he works. He expressed to me his awe at the experience of meeting with her in the same space, and of the three dimensions of the experience of being with his patient. Having been swept up in the newness of his first in-person encounter, he used the term, “we,” to speak to her about his work at the hospital and the group he just led. He found that his patient quickly became enraged with him when meeting in the next session’s virtual space. I thought perhaps, that having suffered sexual abuse as a young woman and devoting her life’s work to addressing misogynistic issues, she may have felt her analyst’s words as coming from a gendered space, a male space, and felt excluded and imposed upon. The patient has expressed to him that she is willing to work with him only because he has a female supervisor who she knows is involved with women’s issues. She searches for a female space and reacts to what feels like the encroachment of a male-imbued space.

One patient describes to me that her daughter and son are returning home for extended visits during Covid-19. She, in her customary role of the providing mother, wishes to create the spaces needed for each of her family members to work, to study, to live. Her husband retreats to his office space in the house, remaining uninvolved. She procures desks for each family member, cleaning off a desk in her bedroom that has 20 years of her “stuff” piled high on it. She will move her stuff and herself elsewhere, to a different space, to create space for her family. It is up to the female, the mother, to create the space, to protect the space, to provide the space for her family. The giving of space is the maternal giving of love, comfort, and nourishment and appears to not be equally shared by the male.

I have observed that during the duress of the pandemic, there is a trend where many have retreated to traditional gendered roles in the household—the woman oversees the household chores and needs of the family even though the man is also working from home. Perhaps in such a time of uncertainty, we hold tight to the concreteness and familiarity of our gendered identities, and our sense of our space takes on the familiarity of our gendered selves. What the pandemic may stir in those who are not binary and are more fluid in their gender identities is an area that deserves inquiry and study.

I now move from consideration of the concept of gendered spaces to an exploration of the impact of foreclosing of our customary spaces during the pandemic on our psychoanalytic practice and our psychoanalytic institutions. Our efforts to contend with the losses and limitations can make for problematic decisions worth examining along with unexpected creative solutions that bring meaningful opportunities.

4 | PROFESSIONALISM AND PSYCHOANALYSIS AND COMMITTEES

On the darker side, with the pandemic crisis and the eclipsing of our usual spaces for our work, there has appeared what seems to me to be aspects of a perverse use of space on the analyst’s part. In a recent conversation with my colleagues, I felt disturbed to hear about their treatment of space. One colleague reported with a chuckle that during her video session, her patient took her laptop around her home to show her analyst the paintings she had created that she had hung on her walls. My colleague remarked to me that just as the pandemic was breaking when they were still meeting in her office, she told her patient that all the paintings on her office walls were ones that she herself had painted. I entered a reverie thinking about my colleague’s imposition on her patient. What should be a safe space in her office became laden with the analyst’s desires—the analyst’s exhibition of herself. Rather than providing a safe space for the patient to bring her mind forward to her analyst, instead the analyst used her space to impose on her patient. Then, emerged the need of the patient to counter the analyst’s actions with her exhibition of her own artwork and I wonder who is the one to judge as the winner. The analyst’s laughter in her recounting the narrative prompts me to wonder if the analyst became self-aware or did it reveal the analyst’s competitive depreciation of her patient.
Another analytic colleague tells me about his zoom videoconference set-up for his work. He describes his having his desk top computer for zoom video sessions and his laptop positioned adjacent so he can check his emails while he is having zoom video sessions with his patients. Here I believe he has destroyed his space, in a corrupt self-serving way, misusing it and eliminating the analytic space. Here I am using the term "perverse" not in a sexual sense of a perversion but in the sense of "turning away from what is right, good; wicked or corrupt" (Miriam Webster). I am disheartened and disturbed. A later conversation brought a chuckle from him as he spoke about his playing online chess on the adjacent computer during his video sessions. When in a state of deprivation or even terror, our minds are vulnerable to corrupt perverse processes. In crisis, the psyche is in a state of need. I am reminded of the television series, "A French Village," depicting the lives of the villagers living in a rural French village during the German occupation of the 1940s. These villagers, who had been living full contented lives prior to the occupation, when in the crisis of the sudden shift impeding their freedom and ordinary comforts, resorted to corrupt choices that would bring them gratifications. When deprived, needs are awakened and drives heightened. During this unusual time of a pandemic, we are all vulnerable to regressive processes that risk destroying the integrity of our analytic spaces.

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On the brighter life-giving side, during this pandemic, I have become aware of efforts to open up space for creation in the context of our experience of the constriction of life and fears of illness and death. Do we attempt to defy the forces of death by our efforts at creativity, even the work to create this monograph? Crises have a way of generating openings for creativity, for something new (Elise, 2015; Slochower, 2003). While currently bearing with the encroachment on our spaces by the necessities of living safely in a pandemic, I am often reminded of a personal trauma of my having faced the possibility of death when a few years ago I was suddenly diagnosed with an acute leukemia which began a 6-month course of treatment, transplant, and recovery. I had no choice but to leave my life and devote myself fully to medical intervention; however, my effort to grasp onto life manifested in my devotion to my writing—reviewing journal submissions, writing proposals for psychoanalytic congresses and meetings, and working on developing a paper on the recent termination of a longstanding psychoanalytic patient. My insistence to hold tight to life through writing during a time of medical interventions to stave off death, has its corollary in opening space for creative collegial committee work during the current pandemic. While we may be tempted to think of this as a response of manic flight from fears of dying (Heimann, 1952; Klein, 1940), we can also view this as a libidinal grasping onto life and creativity. The organizational work with which I have been involved has been currently engaged in a life-imbued course of activity rather than the course that teeters on annihilation fears and panic. The three International Psychoanalytic Association committees that I chair, the IPA Committee on Women and Psychoanalysis (COWAP), the IPA Intercommittee on Prejudices and Racism Work Group, and the North American planning committee for a conference on gender and race with sponsorship by the IPA and The American Psychoanalytic Association, all have worked productively during the pandemic. In each arena, the group has been motivated to create consistent online space to meet regularly while carrying on online correspondences in between live meetings. It is the creation of a workable space that allows for such connectivity and creativity in this isolating time. In the following paragraphs, I offer descriptions of instances of generating psychoanalytic work-space to illustrate this thesis. Psychoanalysts all over the world need to communicate on international (Zoom) networks in order to have a possibility to share a kind of intermediate space and thus to guarantee creative opportunities, the continuation of our commitment to psychoanalytic work and thought, and even our own mental health in these dark times of the pandemic.
For one, since the pandemic, COWAP meets monthly on zoom to plan COWAP-related events and endeavors, and also to allow for an exchange of our regional challenges with Covid-19, personally and professionally. Our Committee meetings captured the experience of a wave of the emergence of the virus, hearing first from our Chinese colleague in Wuhan (where I had been traveling to teach regularly over the past 8 years—now, of course, shut off to me and our North American psychoanalytic faculty), then our Italian colleague in Milan, our other European colleagues (Barcelona, London, and Paris), our North American colleagues, and lastly our Latin American colleagues, each region experiencing the impact of the virus somewhat differently. We engage in discussions of the challenges of practice, family, loss, fear. We continue to plan for conferences, congresses, book publications, budget submissions, newsletters, and so forth. An outgrowth of our contact was establishing regional zoom meetings in Europe, North American, and Latin America where exchanges are invited and discussions unfold focusing on the gender challenges, and the challenges of gender-based and racial violence during the pandemic. The last European zoom meeting had at least 16 countries represented—a rich meaning-filled conversation of experiences and psychoanalytic formulations of these experiences. A COWAP group of 70 Brazilian psychoanalysts invited me to join a discussion about the prevalence and exacerbation of violence against women during Covid-19, and the challenges for analysts in working with these patients. COWAP has not only persisted but has flourished during this difficult time.

Just prior to the spread of the pandemic, when Wuhan was battling Covid and many of us had the mistaken belief that such a virus would never enter our borders, I initiated a collaboration among the IPA COWAP and APsaA Committee on the Status of Women and Girls, along with the IPA and APsaA Committees on Sexual and Gender Diversities, to establish and plan for the first IPA/APsaA cosponsored conference in North America. My hope was to establish a stronger link between the two larger organizations using the study of gender diversities as our focus. A group of nine colleagues from east and west coasts representing the IPA and APsaA created a monthly online space to meet since February 2020. We exchanged our witnessing and our conceptualizing what unfolded in the United States during the year: the spread of the virus, the racial tensions, the discord and assaults, and the region-specific challenges of heat waves, fires, tornadoes. While our initial conference topic was “gender diversities,” with our growing awareness of the exacerbation of racism and political intensities our thinking about a conference theme further evolved to include the current pressing issues of racism, economics, and social class that have become heightened issues during the pandemic. The effects of the pandemic have unveiled social fractures that have existed for much time. The crafting of a conference over the year allowed for the evolution of timely conference themes, along with a collegial closeness through our regular exchanges. The Conference title: "The Intersection of Gender, Sexuality and our Current Crises: The Psychological Impact of Race, Politics, Economics and Covid19" was planned for April 9 and 10, 2021.

Lastly, I was invited last July to chair a newly establish IPA Intercommittee on Prejudices and Racism with the chairs of three other IPA committees: Committee on Violence (London), the United Nations Sub-Committee of the Humanitarian Organizations Committee (Brasilia), and The Sexual and Gender Diversities Committee Study Group (Toronto) where we also established a monthly meeting space to formulate recommendations and suggestions to the IPA to address racism and prejudices. We each consult in our spaces with our separate IPA committees to further our Intercommittee effort. Initially four strangers, we generated energy together in creative and productive ways—webinars, pilot projects, resource compendia, curricula, reports. I have to believe that we join so effectively in a space at least in part due to the isolation of this global virus. This time-limited Intercommittee is making efforts to create spaces, safe spaces, where this relevant historical and current topic can be seriously considered and worked at together.

In conclusion, this paper considers the concept of space in this unusual context of the global pandemic that we are attempting to live through. I bring a psychoanalytic lens to thinking about the ways our use of space has been dramatically altered. I discuss our experiences of safe and unsafe spaces, along with aspects of gender and race that enter our ways of experiencing space. While the shutting down of our embodied connectivity with others renders
us profoundly isolated in our separate spaces often bringing despair and loneliness, the capacity for our minds to generate openings during this crisis for generative creative work is heartening.

Addendum: Since completing the first draft of this contribution, last week we witnessed the violent attack on the United States Capitol—the sacred space of our government—10 miles from my home and office. However, the life force persists. Our incoming United States Congress is now well-positioned due to the outpouring of the black vote in Georgia last week to fully support our incoming President’s social justice policies. And I accessed my first Covid-19 vaccine. Hope continues.

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