WHAT IF I DIDN'T GO OUT ANY MORE?

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Abstract: *One of the psychological reactions to the Covid-19 lockdowns is psychic withdrawal, claustrophilia. The author asks why this paradoxical reaction occurs, naming the death drive and fear of freedom.*

Keywords: Covid 19, psychic retreat, claustrophilia, death drive, lockdown, narcissism.

Introduction

Psychoanalytic reflections on psychic retreats in the time of Covid-19

The lockdown due to Covid-19, experienced by almost every country, has triggered many and various reactions in individuals: panic, fear, anxiety, denial, depressive states, and so on. As psychoanalysts we have seen how each, each patient and ourselves, has reacted, consciously and unconsciously, in a way that is sometimes unexpected, or apparently inexplicable. It would be easy to assume, in fact, that the most frequent reaction to forced closure and isolation is the irrepressible desire to go out, to break the rules, but experience has shown that this is not always the case, and just how complex the internal world is; for some, in fact, the reaction was *to make themselves comfortable*, acclimatize, find their own niche, their own protected space *inside*, and

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not outside. I have given this state the name of *claustrophilia* and I try to describe, in this brief work that assumes no scientific pretensions but instead relates impressions and experiences, the possible causes, after a brief review of literature (not a lot, actually) on this subject.

What if I didn't go out anymore?

“What if I didn't go out any more? After all, I could carry on like this forever.....”

Luca, a young, very intelligent, schizoid patient in a session during the lockdown, reports this sentence, halfway between fantasy and desire, between constation and provocation: I am fine like this, basically, I'm not missing anything at home, I have my books....Why go out?

This article, which does not try to be scientifically rigorous but in which I allow myself free association and reflections based on my recent experiences, does not, however, concern patients like Luca; coming from him, this fantasy or this way of life does not surprise me. However, other patients, people heard on the media, friends, I can say I felt it myself, at some point during those days when it was forbidden to go out – and forbidden *everyone* – that same sensation: what if I didn't go out anymore? Life would, after all, carry on.

In Italy, the country where I live and work, the imposition of lockdown was the first in the Western world, particularly tough and severe, lasting two and a half months and, as is well known, has reaped its rewards, the country has now returned to an almost-normality. It was quite surprising to notice how the entire population quickly adapted to such extraordinarily unusual rules: not to be able to leave the house, except for serious reasons that could be justified to the police, to work and study remotely, abandoning meetings, conferences, gatherings, sport, dinners, all the inveterate habits of common living in our cities. Yet no one made a fuss, there were no incidents, people obeyed. One

might argue that we were forced into it, and that is true; but, as a psychoanalyst, I wondered if there had been something more, something deeper and apparently unexplainable so that, at least in some of us, the external trauma has intercepted internal unconscious nuclei, resulting in a tendency to which I would give the name of *claustrophilia*.

Much has been said on the subject of Covid in psychoanalytical debates as well, about some aspects in particular: having to face an invisible and hidden enemy has made it a very particular type of trauma, closer to the Uncanny (Freud, 1919) than to actual trauma; loneliness and detachment from one's loved ones; the loss of freedom and human contact; the consequences and the psychic impact, still to a large extent to be studied, of remote working, of psychoanalytical work as well – to which we have all adapted. However much less has been said about the opposite of the desire for escape and freedom, a phenomenon to which some Italian media have given the name “cabin syndrome”: the retreat into the *claustrum* as an element of charm and appeal, the retreat into the nest, inside the safe perimeter of our home and of our certainties, legitimized by the fact that we are not the ones who choose it, appearing indolent and lazy, but a Father imposes it upon us, the State. In the face of the reassuring name of the Father (Lacan, 1955 – 56), what would have been a retreat that we would not have allowed ourselves, becomes legitimate instead. A sort of hidden, perhaps widespread unconscious desire that in normality is expressed only by solitary individuals or personalities like Luca, has been able to bashfully come to consciousness *Claustrophilia*.

The term comes from the Latin *claustrum* (closed place) and *filia* (love, tendency): love for closed places. But what does it mean psychoanalytically? Should we treat it, in analysis, or respect it? Is there a psychoanalytic history of the concept? There is not specific literature, and I will make just a brief mention here.

If we think of Freud, he never spoke of it in explicit terms. However, if we assume that the claustrophilic state consists of something pleasant, where the Ego is sufficient to itself, we can place claustrophilic phenomena in the area of narcissism (Freud, 1914); all libido, that is, withdraws into the Ego, detaches itself from external investments, and the being is, so to speak, self-sufficient. Luca's "*I am fine like this*", concerns just that narcissistic cabin: the possibilities (or the obligations?) of external investments have been lost because it is the social super-ego, and not just the individual, who has ratified it. The Ego can delight in its libido and spare itself the energy and libidinal profligacy of investing in objects of the world. The other is always risky, fickle, capricious. He can disappoint us and abandon us, it can make excessive demands as well as satisfy us, yet this result is never certain: in the para-schizoid state of claustrophilic fantasy, the Ego perhaps realizes an ancient desire for fusion and unity with one's own being.

A somewhat similar path has been taken with the complex and not very well-known theorization of the Italian psychoanalyst Elvio Facchinelli, with his main text on the subject entitled *Claustrophilia* (1983). A refined thinker who questioned Freudian thought and contemporary themes, throughout his work Facchinelli was always interested in the issue of *time*; the book's subtitle is in fact *Essay on the telepathic clock in psychoanalysis*. Facchinelli started from *Analysis Terminable and Interminable* where, as is known, Freud was concerned about the excessive length of analyses, the tendency for them to drag on into an infinite and indefinite time; subsequent history was to confirm this. But why does this happen? Paradoxically, according to Facchinelli, analysis has become the victim of its own unconscious: it can itself become a defence against change, creating "a claustrophilic area" where a relationship of "dual unity" is established between the analyst and the patient which refers to that between mother and child.

“Finally – the author writes – after several months, an idea suddenly came to me” (1983, p. 56).

The intuition was that of the existence of a claustrophilic area characterized by a strong thrust to the claustum, to a closed place, on the model of the maternal uterus, but also understood as an act of closing, of battening down the hatches. The basic idea is that the temporal structure of the analysis, as established and codified, may encourage a return to an evolutionary level in which relationships are dominated by a dual unity with the other and that includes the last months of foetal life and the first months of neonatal life (perinatal area). “I prefer to use the term "claustrophilic area" instead of "perinatal area" because in analysis we are always faced with fantasies, dreams and behaviour that involve a movement toward the claustum that is clearly evident, and within the analytical experience itself” (Facchinelli, 1983, p. 95).

If this level is not recognized in the analysis, unbeknown to the analyst and the patient, it will end up producing an indefinite prolongation of the analysis.

It is from this "enlightening intuition" relating to the existence of this area in the early stages of development that Facchinelli focuses attention on those phases of *intellectual excitement* which give rise to a sort of ecstatic experience.

The ecstatic experience – writes the author in the last of his essays – is not an extreme, exclusive experience, belonging only to the field of mysticism. It is not even a pathological experience, but it is something potentially present, always available in each of us, if we simply want to accept it. Facchinelli’s argument apparently takes us faraway from our theme, yet I do not think this is so: the pleasure of the claustum experienced during lockdown was also given by that *intellectual excitement* of which the author speaks, which covers a whole spectrum from the most modest to the almost ecstatic states.

In those weeks, some patients normally very distracted from life and very dependent on mechanisms of escape or denial, felt “*more in contact with myself*,” “*it seems I can think better*,” some of the comments. Of course, this was not the case for everyone and, indeed, the opposite cases certainly predominate, but here we are focusing on a phenomenon that is not massive, but of particular interest.

Within another strand of thought, the Kleinian one, we find Meltzer’s metapsychological considerations in *Claustrum* (1992). Meltzer integrates the metapsychological extension with the use of projective and introjective identification, making the claustrum a place of the mind, a structural model of the mind, theoretical and clinical speculation together. The focal point of Meltzer’s thought is “life in the claustrum”, understood as life within the maternal inner space built by the infantile unconscious phantasy of omnipotently intruding into the parents. In different terms, it is a discourse not too dissimilar to Facchinelli’s: it is in the womb, in the phantasy of reuniting, intruding it, that the claustrum comes to life.

Unconscious autistic nuclei were recognized by Tustin (1981) within a spectrum of personality, from a normal one to an actual autistic one. Similarly, Bollas (1989) in his accurate differentiation on the uses of the objects, identifies in the “alternative object” the particular type of internal object of a patient with schizoid tendencies, a sort of internal mental space that creates and animates alternative worlds.

The main scholar of psychic retreats was perhaps John Steiner, in *Psychic Retreats* (1993). In eminently clinical language, Steiner describes the analyses of some patients with schizoid traits, all united by the fact that, over time, starting from childhood, they have built retreats of the mind, protected internal areas, difficult to reach from the object, in order to protect themselves from persecutory or depressive anguish. It is not easy for the patient to abandon his withdrawal, and the analyst must move with tact and caution; withdrawal has seductive, protective characteristics. Withdrawal can become addictive, leading in

extreme cases to those Betty Joseph called states of “addiction to near death” (1982). If the patient leaves his refuge too early, he may find himself exposed to unbearable anguish. Luca called his withdrawal, when he was a child, his “den”; through a schizoid development, he has derived a marked intellectual capacity, and a blocked affective life, unknown to himself.

Let us leave aside the pathology, which is only an extreme of ‘normal’ claustrophilia observed during and immediately after lockdown, to return to our considerations. Literature and art would not have been surprised by these phenomena; as Freud teaches us, poets always get there first.

Sartre considered freedom as a condemnation for human beings, a condemnation that forces us to choose. Do you want to wrong a man? Dostoevsky asked himself: Give him freedom.

“For fifteen centuries we have struggled with that freedom, but now it is all over, and over for good. [...] and particularly in the days we are currently living through, those people are even more certain than ever that they are completely free. They themselves have brought us their freedom and have laid it humbly at our feet. But we were the ones who did that, and was what you desired, that kind of freedom?” (Dostoevsky, *The Brothers Karamazov*, 1880, p.328)

What is there that is so terrible in freedom? Why do we flee from it? It is responsibility. The weight of responsibility is what makes freedom for human beings persecutory. And you cannot escape it, unless in madness or in the various degrees of pathological mental withdrawals. In the months of lockdown it was not just a few well-known personalities interviewed on television confirming this assumption, but above all the most culturally informed: free at last to not go out! It sounds like a paradox! What has happened? Has the super-Ego order given by the Father-State relieved us of the burden of freedom, of the weight of confrontation with others, as we are all

constrained to the same life? We no longer had to choose, we no longer had to be jealous of other people's lives. As if we were suspended in a bubble, or in a seemingly timeless limbo just like the maternal womb discerned by our authors: we have been de-responsibilised. This was not the case for everyone. We know how many people had to live with panic or with the resurgence of symptoms that they had thought to have left behind. But for some, and not just a few of us, psychoanalysts included, the so-called 'cabin syndrome' has loomed.

As psychoanalysts, this trait should not surprise us. In order to do this work, shut in a room for hours and hours and sitting in an armchair, freely fluctuating our listening to the patient's unconscious and to our own, we must have in ourselves, to a different degree in each of us, a claustrophilic trait, a love of the closed, of withdrawal, of reflection, of eyes for the internal rather than the external.

Due to the impetus toward this claustrophilic trait, in my experience of these months I have seen some patients improve: being closed up in their home had forced them to have contact with themselves, to have a worthwhile solitude that I would even call creative which they would not have allowed themselves otherwise, or that they would have feared or maniacally denied. It has been a fruitful experience for some, not compromised by having to carry out remote analysis via skype; but I will leave off talking about remote analysis, which has been much discussed during this period, and that would lead us to yet another field.

This brief and spontaneous reflection of mine had no intention, as I said, of being scientific, but only experiential. I myself suffered the urge to claustrophilia, it was not easy to start going out freely again, and not for fear of infection as a certain nostalgia for the claustrum remained. As a scholar of the Freudian death drive (Valdrè. 2019), I couldn't fail to ask myself what role Freud, in *Beyond the Pleasure Principle* (1920), called *the death drive* had in all this. A concept that has been debated and has always lent itself to a lot of confusion, the

death drive is not the desire for death, it is the death of desire. It is not death as commonly understood, it is Nirvana, literally ‘the extinguishing of breath’, a concept of Hindu and oriental philosophies (that Freud takes from Barbara Low). It is the extraordinary, incomprehensible drive to return to the inorganic, to before life, to the extinguishing of tensions (even freedom tensions). It is the rejection of Eros’s solicitation, which is not necessarily the rejection of life, but of the *desire* that animates life.

Without going as far as the extreme cases, in my opinion visible only in certain forms of asceticism, autism or drug addiction, I assume that the bubble of suspension from reality and desire formed by the lockdown has represented for some of us an un-confessable unconscious aspiration that has nourished itself with all these variables, and perhaps others have tried to list, which normally lives contained among the various demands and compromises of the Ego, and which has been able, protected by the Law and for a limited time, to express itself freely.

Conclusions

We have tried to trace a path attempting to explain the unconscious complexity behind the so-called “cabin syndrome”: libidinal withdrawal, narcissistic protection against external insult, escape from the anxiety of freedom and consequent responsibility, to the point of hypothesizing the activation, even temporary, of the nirvanic tendency that exists in us, described by Freud in 1920 as the *death drive*. As an analyst, I have observed it in some patients, sometimes even with benefit, and I cannot say I am exempt myself as, in the solitude of analytical work, a love for the closed, claustrum, withdrawal is not lacking. At the moment, the observation period has not been long enough to allow us to draw further conclusions, so the fascinating discussion on the paradox and mysteries of human nature

remains open. If the Covid-19 pandemic, on the one hand, may have for some people compromised or reduced psychoanalytical work, at the same time, like all the important and incisive experiences that reality imposes, it allows us and will allow us, in my opinion, to investigate human nature further.

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