

SURPRISING LESSONS FROM A LONG-DISTANCE ANALYSIS

About eighteen years ago I was doing some paperwork in my office, which at the time was in a small office building (it is now at home), when I felt the tremors of an earthquake. I left my third-floor suite, walked down the stairs to exit the building, and found its occupants huddled together outside the front door, concerned and anxious, but by now looking a bit relieved that the shaking had stopped. The building manager told us to stay outside for a while, in case there were aftershocks, so we all stayed there for another fifteen minutes or so. People started chatting with each other. Many of us did not know each other well because even though it was a small building, people came and went at different times. A few people met in the hallways occasionally, but tenants from all three floors had never been together in quite this way before.

As we were standing there chatting, people who didn't know each other began introducing themselves. Somebody asked me who I was. I told the person my name and said I was a psychoanalyst with an office on the third floor. At that moment, a young man in the group suddenly turned toward me and said, "Oh my God, *you* are Dr. Abbasi. I'm supposed to come see you!" I responded, "Looks like it took only an earthquake for us to meet." He burst out laughing and then, stepping a little bit outside the group with me, explained that he had been given my name a short while ago, when he told someone he knew in the area that he wanted to be in therapy. He had been carrying my name and number around on a paper in his pocket, but had not yet gotten around to calling me. He talked about how amazing it was that my office was in the very building where he worked.

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Thus started my working relationship with M. When we finally met in my office a few days later, I learned that M. was in his early twenties, a recent college graduate, originally from Bangalore, India. He worked in the information technology field and was trying to decide whether to stay on in America (provided his company was willing to sponsor him for a green card) or to return to India and his family, where many opportunities were available. In response to my question about why he thought he might need to be in therapy now, he told me that he was struggling to understand for himself whether he was gay. He thought he was, but it was not something that he felt settled with yet. He had never been attracted to women, nor had a sexual relationship with a woman. When he thought of going back to India, it was very anxiety-provoking to think about what it would be like to be a gay man there, something he was not sure his family would accept. I said these were important concerns about how his family and society at large would deal with his being gay, and whether or not he would be “accepted” by them. The most important issue, however, was whether or not *he* could accept himself, whoever he was and whatever his sexual orientation. He agreed that that certainly *was* the most important issue he wanted to work on.

M. told me about his family. His father had been a successful architect. M. recalled that in the early years of his life the family was quite affluent, but in his early teens it was discovered that some family members on his father’s side, who were heavily involved in the running of his father’s business, had made some dubious investments (the patient thought this had been done in order to create tax shelters). Ultimately this was discovered by the authorities, and heavy penalties were levied on his father. Tremendous financial losses ensued for the family, along with great shame and embarrassment. At that point, his mother, who had always been a homemaker, came forward as “the rescuer.” It turned out that she had been steadily saving money through the many years of her husband’s affluence. The family was able to relocate to another city and eventually build a new house. His early to mid-teenage years were marked by seeing his father as a failed man who had gotten into trouble through his overreliance on, and overaccommodation of, his relatives’ business ideas.

The patient told me he had two sisters: one was two years older and the other four years older than he was. After their father’s business declined, the mother, who had always been quite creative and artistic,

started an event planning business, and was ultimately joined in this endeavor by her daughters, who took the business further, branching off into related businesses. The family flourished financially again, due primarily to the business his mother had established. By the time the patient reached his late teens, his father had stabilized. Very gradually he started investing extra money the family was now earning from the new businesses, putting it into real estate. Eventually he developed a new line of business and financial income.

The patient described his mother as a loving, devoted mother who he recalled was devastated and very angry when the father's tax problems were discovered. She was particularly angry because she had been asking her husband for years not to let his relatives manage the financial aspects of his business. The parents had major arguments, but as the father was able to distance himself from his problematic relatives, and as things stabilized financially again, he saw his parents becoming closer, with his father feeling grateful to his wife for having helped him through a difficult time.

When I asked about his siblings, M. said he loved his sisters and felt they loved him, though there had always been a highly competitive tension in the relationship, with his sisters feeling he was favored by their parents because he was a son. He thought his sisters often tried to undercut him and put him down because of this rivalry.

As for his sexual development, M. revealed that he had first "fallen in love" with a boy when he, the patient, was about nine or ten. The boy was two or three years older. They were both part of a large group of boys who were friends. Some were in the same school, some were in different schools in the same neighborhood, and they would often get together to play cricket or hang out at a nearby store after school. The patient first felt a great fondness for this boy, D., and gradually a physical interaction developed, initiated by the patient, to which D. responded. The physical connection involved kissing, rubbing up against each other while fully clothed, and feeling very excited. He did not recall having orgasms during this physical relationship. He said his emotional connection with D. felt nourishing and vital.

The patient also talked about how his father was frequently absent during his childhood years because of long business trips out of town and out of the country. He and his sisters relied a lot on their mother, who participated in various activities with her friends, leaving the children on

their own for a few hours after school. It was during those hours that M. hung out with his friends and developed his romantic and sexual connection with D. The mother would return home around five to diligently attend to her children and help them with their homework.

The patient said that about two and a half years into the boys' relationship, D. suddenly broke off their connection and started totally ignoring him. He was completely heartbroken. This was his first serious disappointment in a romantic relationship. After this, M. was attracted to a few other boys, but he knew they were not gay. When he came to America to study computer science and information technology, he had some mild romantic and sexual relationships and interactions with a couple of young men who identified as gay, but he did not really love them. Ultimately, he fell deeply in love with a man he thought might be gay, but was "heartbroken" to discover he was not. It was in the context of this disappointment that he decided to seek therapy.

Given what the patient had reported, I told him I thought it would be useful for him to begin a psychoanalytic treatment to sort out the various issues he was bringing up and to understand the impact of his early life experiences on his current conflicts and struggles. M. listened very seriously and said he had heard about analysis as a college student and was interested in it. He said, however, that he was not sure he would be staying in this country long, as part of what he hoped to figure out with me as we worked together was whether or not he should stay on in America or go back to India. He said given this uncertainty perhaps it would be best if he started therapy once a week until, he hoped, it would become clearer to him what he was going to do. Further treatment could then be decided on. We agreed then to start treatment once a week, and during the psychotherapy rather complicated issues gradually emerged that the patient had never considered important.

He revealed to me that during his father's frequent absences, when the patient was a child, he would often go into the parental bedroom in the early hours of the morning, or on weekends, and lie on his parents' bed watching TV while his mother was in the shower. Sometimes she would come out of the shower half-covered so he could see part of her breasts. When I asked what he recalled feeling about this, he said he had never really thought about it much. His mother did not seem to consider it anything significant. I shared with him that I found this very puzzling, since he was describing a period of time when he was about nine or ten, and his

mother appeared in front of him semi-dressed and yet did not think much of it, and didn't consider that it might have an impact on him. I wondered what he thought about why she would not think of her young son having some feelings about seeing his mother in this state. He said that was an interesting question; he had never thought of it that way. However, it tied in with certain other aspects of his childhood development. He often felt as though he was a person who had to do whatever his parents wanted him to do and had to follow their lifestyle. Often this involved visiting his father wherever he was working, even if that interfered with the patient's connections with his schoolmates. He talked quite a bit during this time about his anger at his father, whom he felt had been very distant from him, and both his rage and disappointment with his father when the tax problem was discovered. During this therapy, I approached with him tentatively the idea that perhaps he felt some satisfaction seeing his father struggle as he had, given how much his father had ignored him. He acknowledged this was so but said he felt guilty about feeling that, and also felt very sorry for his father.

As we talked about these issues, he said he still felt unsure about whether he was really gay. Perhaps time and life would help him make that decision. In talking with me over the span of a year, however, he arrived at the conclusion that he wanted to go back to Bangalore, where he could get a good job in the information technology sector. He said that once he was settled, he might contact me to get the name of a good therapist or analyst he could see in India. We parted ways, each of us feeling that some useful work had been done but recognizing that a lot more work remained.

Over the next ten years I heard twice from my patient. The first time was about a year after he ended his work with me. He asked for the name of an analyst in the city where he lived. I checked with people I knew and gave him the names of two analysts, since the person who recommended them said the patient would have to see who was a better fit for him. About two years later, I received another message from M., saying that neither of the analysts I had recommended had worked out for him; he wondered if I could recommend another. I checked around some more and gave him the name of a third analyst. After that I did not hear from M. for many years. One January, about ten years after the patient and I had last met, while I was at the APsaA meetings in New York, I checked my office messages to find one from M.

The patient mentioned his name and referred to me in the third person, saying he was a patient of Dr. Abbasi's. He didn't know if Dr. Abbasi still remembered him but he had seen her ten years ago. He left no number and said simply that he would call back. It was a little bewildering. He was behaving as though I might have a secretary who would answer the phone and was hopeful that if he called a few times he would eventually find a live person at the other end. This was contrary to what he knew to be my routine in the year we had worked together. He knew that when he called he usually got my answering machine. Now I had to look at my Caller ID to get his phone number. Unsure which part of the number was the country code, I looked it up and called him back. I said that of course I remembered him, and I was wondering why he thought I might not. He said, "It's been a very long time." I said yes, it had been ten years. M. then told me that the three analysts he had seen one after the other had all been essentially unhelpful and practiced in ways he found puzzling. One of them said hardly a word during sessions. Another had a screen between his chair and the couch, and M. found it odd to be talking through the screen. He had worked with each of the analysts for anywhere from a few months to a year or so, but felt essentially un-helped. He tried to deal with his rising sense of anxiety by talking with his internist, who put him on anti-anxiety medication. M. used it for a while and then stopped.

He said there were periods in the last ten years when he felt fairly well and was "semi-happy," but for the most part he had not felt at peace. His anxiety had worsened a few months ago, prompting him to call me yet again, but this time he was not asking for another referral. "Ten years ago," he said, "you suggested I start psychoanalysis. I am ready to start now, but I don't know who to start it with." I had a deeply poignant sense of the suffering this man had endured in the last ten years, trying to find help, and wished he could have received effective help during an important decade of his young adult life. I told him I was sorry he had been struggling and suffering for so long, and that it wasn't until very recently that I had started doing long-distance work via phone and Skype. If he wished, I said, we could talk a few times to evaluate where things were with him right now and then see if we might be able to work together. If he decided he wanted me to refer him to someone else who might be able to do a long-distance analysis with him (he had tried all the analysts in town and things had not worked out), I would help with that as well. M. said, "If I could work with you, that would be really my first preference." Thus began my next period of work with M.

The patient told me that about two months before calling me he was in Europe on a work assignment. It was November and he learned that terrorist attacks had taken place in Mumbai. Terrorists had attacked a major hotel where many foreigners stayed, as well as a Jewish synagogue. There was suspicion that the terrorists had come from Pakistan. He felt glad he had not been in India when this happened. He was feeling very attracted to one of the senior members on the work team and felt that this man was paying more attention to another man. M. was not sure if his senior, Mr. Y., was gay or not, but the fact that he was being more attentive to another male colleague made M. feel very sad, insecure, and anxious. Over the period following the Mumbai attacks, as he experienced this painful situation at work, M. went to see a movie, after which he felt even more anxious. When I asked him for details about the movie, he told me that in it an infection started spreading among people that made them behave like rabid dogs. The infection was spread from person to person among people in close proximity. Those who were infected began to bite and attack each other. I said to M. that this sounded like a very frightening series of circumstances that could occur between people who were very close to each other. I said it made me wonder also about his own closeness, both emotional and physical, with people since he and I had last met.

He said that after we ended our work ten years ago, he had a series of “relationships” where he felt very involved with a man. The man would often be a friend of his but not gay, nor interested in a homosexual relationship. This would make M. feel very hurt. He said it reminded him of his very first romantic and sexual relationship when he was about nine and the other guy was eleven or so. There was a lot of kissing in that relationship but no masturbation or intercourse. Another important relationship was with a guy when he was in college in the U.S. They were both very emotionally dependent on each other, but nothing physical had happened. He said in the last ten years he had had physical interactions with a number of men, but they were all casual relationships, with what he called “fuck buddies.” Sometimes these were chance encounters with people he might meet on a plane while on a business trip. He said that he had never had intercourse with them, did not want a man to penetrate him (nor did he want to penetrate a man), but had intense orgasms by rubbing himself against the man he was with, and at times through oral sex. He said he felt rather lost in his life at this point, but it was now very clear to him that he was gay. There was no woman he had ever been attracted to.

He added that he really wanted to start analysis with me and hoped we could make it work. I said it was very poignant that first it took an earthquake for him to approach me to start therapy, and now it had taken ten years for us to be able to work together in analysis. Thus began a five-times-a-week analysis that lasted about ten years. The total period of time that M. and I knew each other was over twenty years: one year of once-a-week psychotherapy, followed by a ten-year hiatus, and then another ten years of working together in analysis.

I have already described the work leading up to the start of the analysis. I will now focus on the early part of the analysis and go up to about eight and a half years of the treatment. The patient started discussing termination in the ninth year of our work together and ended after ten years or so. The last part of the analysis was not detailed in my original clinical plenary, since that phase did not begin until several months *after* I had presented it..

M. and I first started talking on the phone five times a week. For a number of months at the beginning of the treatment, the sessions would take place at about 9 P.M. my time, at which time it would be morning in India. (Subsequently, time freed up in my schedule, and I was able to schedule sessions with him during my routine workday.) Something curious occurred in this beginning phase. I started making notes (on a small notepad) after each session, which was very unusual for me. I would staple the notes for each session together, number them, and stack them one on top of the other. I didn't know quite what to make of my need to do this, and kept wondering, within myself, what was going on. In session I found myself being very attentive to sounds I would hear from M.'s environment when he was talking with me, sounds of the morning birds chirping in India; sounds of the air conditioner when the weather was hot; sounds of the ceiling fan when it was mildly warm; sounds of "the servants" (a term used for household help in the Indian subcontinent) outside in the yard, talking, which could sometimes be heard through the open windows of his room. I felt almost as though I were there and yet was glad I wasn't. I was very curious about the environment he was living in, but at the same time felt relieved that I was experiencing it only at a distance. This too puzzled me. His environment felt very much like the one I had grown up in, in Pakistan, yet I felt a need to distance myself from it, or perhaps from him: a feeling I could not make sense of.

I found myself in these initial several weeks to months of the analysis having a hard time following him. It was as if something was literally

coming between us, even though I could hear his voice very clearly, with the telephone against my ear. I kept having the feeling that I couldn't hear my patient the way I should, and that something was interfering. Not understanding exactly what was going on, I sought a consultation. In the very first session with the consultant, as I started describing what I was doing with M.'s notes, the stapling, numbering, and stacking them one on top of the other, tears suddenly came into my eyes. I said to the consultant, "Oh, my God, I think I know what this is about. I think I know what's coming between me and my patient." I understood in that moment something I had not allowed myself to clearly recognize, something that was obviously going to impact my work with this patient: the fact that my father had been a prisoner of war in India for three years from the time I was ten, not to return home until I was a bit over thirteen. This was after the Indo-Pakistani war of December 1971. The war lasted ten days. At the end of the war, Pakistan surrendered to India and approximately ninety thousand Pakistanis were taken by India as prisoners of war, my father, a colonel in the army, among them.

I felt now that what I was trying to listen to in the background when my patient spoke was a question that came from that traumatic time during my childhood: What did India "sound" like? It was as though I had been transported back in time, to when I first received news of the Pakistani army's surrender. For a number of weeks, my family and I did not know whether my father was alive or dead. At some point the International Red Cross intervened. A system was started whereby POWs from different camps were allowed to speak on a radio broadcast for a few moments each. They were allowed to say their name, which regiment or battalion they belonged to, and the fact that they were alive and well. When this started happening, all of us in Pakistan whose family members were held in India would sit by the radio every night, night after night, listening to hundreds of messages, waiting to hear the voice of our loved one. My family and I did this too, until one night we heard my father announcing his name and saying that he was alive. I now understood that in the nightly phone sessions I was having with my patient, I was experiencing a repetition of that childhood scenario of sitting every night around nine or ten in Pakistan, listening to the radio, waiting for the sound of my father's voice, wondering if he was alive or dead. My patient thus felt to me both like the father who had disappeared, whom I had now refound, *and* the enemy who had taken him away. None of this had been in my

mind when I was seeing M. face to face in the U.S., but as I started working with him long-distance while he was in India, this material started surfacing.

I also remembered that after the radio messages, again with the intervention of the Red Cross, the Pakistani POWs were allowed to write letters to their families. These letters were written on thin, lightweight aerogrammes. As letters started arriving from my father, we would open each one, read it, and then collect them, stacking them one on top of the other on a table. I realized, with immense surprise and shock, that that was what I was doing with my patient's notes. I was stapling and stacking them up in the way we used to stack my father's letters. These were not brand new memories. It was not as though I had suppressed them and they had now resurfaced. In fact, I had talked about these memories in my analysis years ago, but I had never experienced them as vividly as I did now, in working with my patient. My tears in the consultant's office were the beginning of my recognition of how powerfully difficult, yet moving, it was for me to work with this patient across the miles, in a country where my father had been a prisoner of war, a country I told myself I was not "interested in" visiting, despite the fact that I had had several opportunities to do so. I recognized also that I wished deeply to help my patient but at the same time felt afraid, both of him and of my anger at him.

As I worked with M., I continued to work internally with my own memories and conflicts. I realized in a fresh way something that again I had worked on in my analysis but now could feel more clearly: when my father was taken captive, the feeling I had was not just of missing him and being sad and angry about his imprisonment. A part of me was also relieved, given the difficulties he and my mother had in their marriage. It was as though his being away had created a temporary peace in the home. That was a feeling I felt very guilty for having. During my analysis, my analyst and I had discussed often that there was something suspect about the black-and-white way in which I presented memories from that period of my life, vacillating between the fact that I had lost a deeply loved father, and the fact that I was glad he wasn't there, because life was much more peaceful without the arguments between him and my mother. My analyst and I had both felt there was something I could not get in touch with, most likely for protective reasons: something more complicated about my feelings about my father. I felt my analyst was right but could not feel certain feelings, especially feelings of loving my father deeply or

yearning for him. To complicate matters further, my analyst's first wife died in the very early years of my analysis, making it, I believe, even harder for me to get in touch with such feelings toward him or my father during the early part of my analysis.

It was in the much later years of my analysis that I came to understand that my idea that my father had not loved me as much as he loved my sister may have been protective against my feeling very special to him, knowing that he had named me after his mother.

It was only in my work with M., a gay man, that I found myself remembering aspects of my father's voice and laughter that I had found very stirring as a young girl. As I would talk with M. on the phone, I found myself imagining my father as a prisoner in India. When my father returned to us, he looked like a changed man. There was a seriousness and nervousness about him that had never been there before, but the story line he maintained with all of us was that he had lived quite comfortably with the other officers and was treated very well. They were allowed to play golf, he said, and to read books. In other words, he made it sound as though he had come back from a three-year sojourn at a country club, something I very much doubt. It was only as I recalled these memories, yet again, and experienced newer and deeper feelings about them, that I felt I could start hearing my patient in terms of who he really was and what he was really saying.

M. and I had planned when we started the long-distance analysis that he would come to see me once or twice a year. However, as the time neared for his first visit, he acknowledged that he found it difficult to consider coming to see me: "It would be a special visit, especially to see you." It made him feel weak that he needed me in this way. It took a lot of work over many months to help him understand his severe criticism of his sense of neediness and vulnerability, and how he protected himself against those feelings by pretending he wasn't interested, something I resonated with, given my feelings about my father. Over the next several years, my work with M. continued, and he did come see me in person from time to time. In the first few years he experienced the in-person visits as disturbing and intrusive to the treatment. It was hard for him, he said, to go back home and adjust, but not because he missed me. Rather, it was simply because when he came to see me he worried about all the aspects of his business that were left unattended, and jet lag and other factors made it hard for him to settle down when he returned. In the past two years, however, as I have

come to understand more about myself, I have understood more about M.'s struggles. I worked hard with him to analyze his protective stance against real intimacy and his terrible fear of it. I linked it to the story he had told me (when he reconnected with me for treatment) about the movie, *Quarantine*, in which, when people are in close quarters, they infect each other and start behaving like rabid dogs. I said also that I did not think it a coincidence that he had thought of calling me and asking for analysis soon after the terrorist attacks in Mumbai. I thought there was something about the viciousness and violence of those attacks that had made him so anxious. With a great deal of trepidation, he acknowledged that he was afraid he might become like those terrorists, or was like one of them already; that one day his anger and rage at being treated like a "thing" by one or both of his parents would erupt and make him want to attack them.

M. reported that when he was at home in India, he would stretch out on a couch or his bed and talk with me, looking in front of him at a wall of bookshelves at a distance, as if he were on a couch in an analytic office. I brought up several times the possibility of Skyping so we could at least see each other at the beginning and end of each session. He did not seem at all interested in doing this, giving all kinds of external reasons why he couldn't do it, reasons that did not make rational sense. We continued to speak on the phone.

The most powerful initial transferences in the analysis were related to M.'s feelings about his mother and sisters. In the maternal, and in fact even in a (paternal) grandmother transference, I was experienced as loving, but somewhat intrusive, and not thinking of him as a really capable man. The more difficult transferences were the sister transferences, in which it felt to him that I wanted to undercut him, undermine his successes, and belittle him. These transferences meshed with remnants of my own earlier life, when, as a sister of two very smart (and as I have come to understand over time, deeply loving and now deeply loved) brothers, I felt inadequate and defensive about my limitations and abilities. M. homed in unerringly on this part of me, and declared, a few years into the analysis, that he believed I did not know how bossy I could sometimes get, and not even know it. I acknowledged this was indeed so (without revealing further details) and that I was continuing to work on this problem. Such spontaneous and genuine interactions between us seemed to make him feel more genuinely heard, and less demeaned, as he said he had often felt, with his sisters. His understanding of his issues deepened,

allowing him to develop more meaningful friendships, to assert himself more clearly with his parents and sisters, to express a wide range of feelings with me in the analysis (ranging from suspiciousness, to indifference, to anger), and, very gradually, to know that he depended on me to help him, and missed me deeply, when we were not meeting. He was *not* able to talk about loving me, and I couldn't tell if he even felt that within himself. Things were, however, slowly but surely changing, and M.'s life was improving. His own internal criticism of his sexual orientation came to be more apparent to him and allowed him to feel more at ease as a gay man, though this was very much a work in progress.

M. would often lament that the reason he did not have a regular, long-term relationship with a man was the rampant homophobia in India (having same-sex partners is literally against the law, he told me), and his worry that coming out publicly would injure his standing professionally. He had come out to his mother, and thought she had most likely told his father, but neither spoke openly about it with M., something that obviously was painful to him. I acknowledged with him that indeed living in countries like India and Pakistan made it more difficult to find a long-term partner, but noted that, at the same time, openly homosexual people were living and maintaining successful professional lives in both countries. Also, there were others who had long-term partners but managed the relationship more discreetly. He admitted that was so. We talked, often, about his externalizing his own homophobic attitudes about himself, onto society at large (the society he lived in allowed such externalizations to be more easily rationalized, even though there was a reality to what he was saying about the constrictions of his environment). I thought that as his internal terrors about genuine intimacy were better understood by him, we would see a more meaningful relationship emerge: a partner would somehow appear, whatever the external constraints.

Early in the eighth year of his analysis, when M. came to see me for his annual visit, something about him seemed very different. For the first time, he had prepared ahead of time to get an international driver's license so he did not have to rely on relatives to drive him to his analytic sessions and could travel around more easily on his own. Also, he told me he was not thinking every day he was here about what he might be missing at work in India. He could allow himself to be present with me, much more fully than ever before. And he acknowledged openly, and without a sense of feeling "weak," that he liked the in-person sessions much, much better than the

phone sessions. He said, with great longing, "I wish we could meet like this all the time. It has such a different, and better, feel to it." And suddenly, remarkably (but to my mind not surprisingly), M. was introduced to a gay Indian man: a man who was well-educated, good-looking, lively, and deeply attracted to my patient. M. was very excited, but shocked. He said he couldn't believe how this could happen so naturally, and so suddenly. I said he seemed to be forgetting the hard and long work he had been doing on his issues about being in a serious relationship with a man. Surely it was not a coincidence that at this point in his analysis, when he could feel and acknowledge his deep sense of connectedness with me, his longing for me, and after he had done a lot of work on his shame about his homosexuality, that a friend (with whom he had not openly come out) had introduced him to a gay man eminently suitable for him.

As M. and G. (the man he had been introduced to) became first emotionally closer, and then sexually involved, M. could clearly feel his internal emotional walls rising up. G. openly professed first his attraction to, and then his love for, M. And M. confessed to me, "I'm terrified I'm going to ruin this. I can feel myself wanting to withdraw, to push him away. So much of what you've pointed out to me over the years, about my being scared, for some reason, of being really close to another person, is starting to make sense. I'm going to need your help with this, I don't want to mess this up. I really like this man, I'm attracted to him. I even feel I might want to penetrate him, something I've never wanted to do with another man. It's really the first time in my life that I am with someone whose family background, level of education, and professional success is similar to mine. It feels almost too good to be true. I don't want to lose him. And yet, I worry about making a commitment. I don't get it." I could see that for the first time in the analysis M. actually believed that there were internal obstacles that made a genuinely close long-term relationship difficult and frightening for him. I said I was very glad for him that he was aware of this, because only a true awareness of such feelings in oneself could allow for work that would help us develop a deeper understanding of what was at work in him.

A few days after his return to India from this trip to see me in person, M. asked if we could start Skyping. I was thrilled for him, and happy for both of us, that he knew he wanted the greater intimacy a visual connection would allow us, even though we were not in the same room. I asked what he thought was making it possible for him to do this now. He said he

wasn't sure, but it had become very clear to him that he really wanted to "see" me when he talked to me. He was also Skyping with his boyfriend. During the first few sessions on Skype, a little over eight years into the analysis, M. wanted to look at me during the entire session. He was on a couch but would place his phone in such a way that we were looking at each other directly, unless one of us turned away. He made clear links between his Skyping with G. and Skyping with me. There was both hunger and, I thought, a sexual excitement in his looking at me. He had shared with me that sometimes he asked G. to show him his body when they Skyped, though they had not yet had phone or Skype sex. I said nothing explicit about this, but listened, and waited. He said, after a few days, "I'm addicted to this, I feel." I asked: "And how does that feel?" He said, with great feeling "Very scary." I asked if he could tell me more about the fear. He said it wasn't clear to him. At some point I noted that since we had started Skyping, and were face to face, our work had a different quality. He seemed to be chatting with me, rather than also reflecting on what he was saying. I then asked if perhaps the face-to-face sessions he had structured were not only a way of taking me in, and looking at me sexually, but also a way to hold the work at bay: the tough work that still lay ahead of us, in terms of understanding his fears of intimacy with me and with G. He said he had been aware that looking at me was making it difficult for him to think freely, the way he used to, when we were speaking over the phone. "And I know," he added, that when I'm looking at you, it's harder for you to think really freely about what you're hearing from me. You mentioned that all those years ago, when you first talked to me about analysis and using the couch, if possible." I said it sounded as though he felt our relationship could advance in terms of being connected visually, even across a distance of thousands of miles, but something had to be given up: the freer range of thought, feeling, and discourse that *not* looking at each other often made possible. "It feels to you that something has to be carefully controlled," I said; "otherwise things will spiral out of control."

In the next session, M. connected with me and said hello when the Skype session started, and then stretched out on the couch so I had a view of him, the kind of view I would have of a patient on the couch in my office. He had some worries initially about whether I could see and hear him properly. Something interesting and curious occurred to me. With him reclining and us not looking at each other face to face, I had a view of the window beyond him, and then, through the window, a view of the

evening sky in India. The room he was in was on the third floor of his home (like the office we met in during the first year of our work together). It seemed to me that there were lights in the trees outside his room. At some point, as he was looking around, quietly, I asked about the lights beyond the window, and he explained that what I was seeing were the lights of his room, *reflected* in the window. He spoke about a tiff he and G. had had, related to G.'s being upset that M. was not taking their relationship seriously. He said: "In a way, he's right. I seem to be more okay with not seeing him again, soon, and he gets really sad and upset about it. I do like him though, and miss him, if we fight and don't talk, even for a few hours. So why can't I acknowledge that more openly?" I said that was an excellent question, and wondered: "Is it that you can't acknowledge it, or is it also that you can't even feel it?"

I found my eyes going again to the darkening sky outside M.'s room. I wondered if that was how the sky had appeared to my father when he was imprisoned in India. I found myself remembering his wonderful laughter (which, in a poem I wrote for him after his death, I described as "laughter that could awaken a thousand storms of passion within the womb of the Earth") rising up from the garden of our home in Pakistan, when he and my mother hosted parties during my childhood years and my siblings and I could see and hear what was going on if we looked down at the garden from our bedroom windows. Then I remembered the shock of seeing him after he came home from India. He had developed a strange habit of biting the inside of his lip: the only outward sign of all he must have been through as a POW, and something I had never seen him do before. I remembered feeling scared at this change in him, and feeling deeply worried about him, and pained for him. And I recalled, vividly, being a thirteen-year-old girl, and the rage I felt at the Indians for "doing this" to my father. And yet in later years, having come to America, and developing close friendships with several Indians, that old rage seemed childish and unreasonable, its only vestige a seeming lack of interest in ever visiting India.

M. was speaking. "I feel angry at G. when he gets upset and stops texting or calling me. I told him, you can't just dump me every time you feel hurt by me, or angry at me. I could also get very angry in response, but that might ruin things altogether, so I feel I have to be mature, and not get angry at him."

"It's very important to you to not get very angry at someone you're in such a close relationship with," I responded. "Dangerous things could

happen.” I realized in that moment that the conflicts he was struggling with were similar to ones I too had struggled with, and that continue to come up for me from time to time. The lights from the inside of the room, *reflected* in M.’s window, symbolized a dawning awareness in me that what he needed help with was something *I* had experienced within myself. I knew what it felt like to believe that my anger at my father had caused him to become a prisoner of war. To feel that the father I longed for, and loved, was also the father I at times hated. And to feel immense pain at what could happen to people I was close to, presumably because of my rageful feelings.

I found myself thinking of what M. had talked about when he called me, after a ten-year hiatus, in a state of great anxiety, wanting to start analysis: the terrorist attacks by a group of Pakistanis on India, and the 2008 horror film *Quarantine*. “I think,” I said, “that you are so terrified of being close to someone, because you worry that sooner or later, you’ll feel angry at the person you love; and for you, that’s not a simple kind of anger. It’s the kind of rage that makes terrorists kill others viciously, and the kind of rage that makes one behave like a person infected with rabies, as in that movie you talked about years ago.” He interjected, thoughtfully, “*Quarantine*. Yes. It was rampant, what was happening. One person bit another, and bam, the next one got infected, and people kept dying.” I said: “Destructiveness and death. Very frightening. It took a long time in the analysis for you to even realize how angry you were at your father for being so absent while you were growing up.” M. said, sounding surprised, “I still don’t feel angry at him, more indifferent.” A long pause, and then he said, “You’re right, actually. I do remember confronting him a few years after I started analysis. I said: “How can you expect me to suddenly have a loving relationship with you when you were never there for me growing up?” I had forgotten that. Most of the time, even now, I like to think I was not even angry at him. He was just not important to me. *It didn’t matter that I hardly saw him*, unless my mother took us to visit him where he was working on projects.

I said, understanding something in a fresh way now, “Wow. This had not occurred to me before, but just now, when you said it didn’t matter to you that you hardly saw him, your father . . . it made me realize something. In all these years of our working together long-distance, it’s as though it never mattered to you that we hardly *saw* each other. I had to be the one, asking about how come you didn’t want to Skype, to *see* me? And you were the one who didn’t care. You see, I think you felt as a child

that your father just didn't care about whether he saw you or not. And that's a lousy feeling for a child to have. So you turned it into indifference on *your* part. That's why I've had to be the one who was interested in *seeing* you. Now G. has to be the one *who needs to see you in person*, while you are fine with just talking to him over Skype." After a while, M. said, very sadly, "I still remember going with my mother and sisters to see him, to see my father, where he was working. The hotel rooms we were in, and the lights of the hotel on the other side of the street. My parents would leave us with the nanny and go out for the evening. Even when I went to see him, I didn't get to see him." Deeply moved, I said, "That's heart-breaking. No wonder you have to be so careful now, so cautious with getting involved, expressing longing."

In later sessions we talked about another aspect of his wish, in the past, to dispense with a visual component in our long-distance sessions: the fact that as a young boy *he had seen too much* of his mother, when she would casually step out of the shower, partially clothed. (During his discussion of my plenary, Dominique Scarfone, in his usual deeply thoughtful way, pointed out to me that I used the words "partially clothed" to describe a mother who had in fact appeared "partially naked" in front of her son. I believe this was a defensive move on my part, one I was not aware of as I wrote my presentation.)

We continued to work on M.'s sadness about his father's failing to recognize him, and on full acceptance of his sexual orientation, as well as his sexual and loving desire for his father. These and other discussions, a fleshing-out of M.'s feelings around these issues, and experiencing them powerfully in the transference with me led us over the next year and a half, in a meandering, not always clear-cut way, on a path toward ending our work together (at least for now).

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