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Psychotherapy Amidst Pandemic

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Editor:

Carla Bauer, LCSW | crbauer01@bellsouth.net
2801 Buford Hwy NE, Ste. T-80
Atlanta, GA 30329

Graphic Designer:

Mary de Wit

Business Manager:

Lisa Kays
1800 R Street NW #C-8
Washington, DC 20009

International Consultant:

Jacob Megdell, PhD, Canada

Emeriti:

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Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

“Where are we going, Pooh?” “Home, Piglet. We’re going home because that’s the best thing to do right now.”

—A.A. Milne

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

Psychotherapy Amidst Pandemic Winter 2020: Volume 56, Number 3

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Editorials

Enduring the Darkness

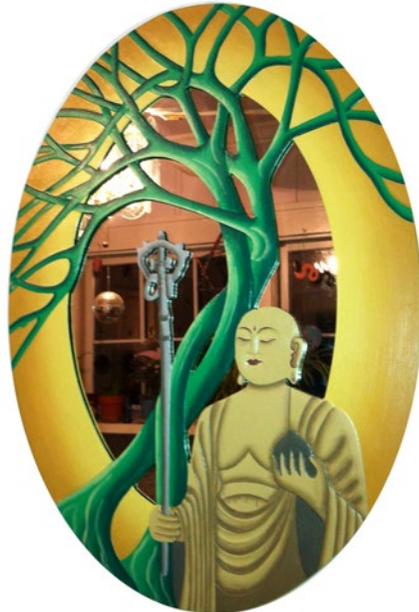
I will love the light for it shows me the way, yet I will endure the darkness because it shows me the stars.

—Og Mandino

I AM WRITING THIS EDITORIAL AFTER 9 MONTHS OF PANDEMIC, AS WE APPROACH THE WINTER SOLSTICE AND SUN RETURN. December has been a difficult time for me for many years: As a single person, I have found the emphasis on families and couples to be most difficult to navigate during this time. Some years ago, on the date of the solstice, I was particularly depressed, and I stopped in at a local health food store to pick up some items. I was talking with one of the staff people when I noticed an oval mirror with an image painted on it on the wall behind her. I was so taken with the image that I had difficulty concentrating on what she was saying. I asked about it, and she told me that they had just put it up on the wall that day. The image was of Ksitigarbha, who, she explained, was a Bodhisattva in the Buddhist tradition whose job it was to lead people out of hell into the light. This mirror now hangs in my dining room and helped me that day to turn my depression towards the light. This year, as the night lengthens, things are both incredibly difficult, with higher numbers of people testing positive for the COVID virus,

STEPHANIE EZUST, PhD, practices clinical psychology in Atlanta, Georgia. She has worked with clients in one form or another since 1976, currently seeing adults individually, in groups, and with their partners, usually working with her dog, Bodhi. When not “secluded” by the current pandemic, she enjoys dancing and mountain hiking, goes for long walks with Bodhi, reads voraciously, and dabbles on her piano. She continues her passion for politics, eternally optimistic about people’s essential goodness.

drezust@comcast.net



depressing numbers of people dying, and a new, even more infectious mutation of the virus surfacing in Britain, while at the same time hopeful, as there is now a vaccine available that may help to turn things around.

Carla and I imagined this issue of *Voices* back at the beginning of the lockdown, both of us curious about how therapy would change as therapists and clients accustomed to working in person shifted to telehealth platforms amidst the challenges of pandemic. Two authors submitting for this issue have survived COVID-19, and others describe the experiences of working with people affected by the virus. Three of my clients are front line medical workers, who have dealt with the terror of initially not knowing how the virus is transmitted. They have braved the ridicule of some coworkers as they masked and suited up, while others jauntily ignored the guidelines (I live in Georgia, but that is another story!). I believe that supporting them has been one of my most important jobs during this time.

Making the decision to work from home was fairly easy for me personally. One or two clients stopped seeing me, wanting to wait until we could meet in person again. One of those reluctantly came back some months later, still not happy with not being able to be in my office. Privacy came up as an issue for a number of my folks. Several people have seen me on their phones from their cars. One woman drove to the parking lot of my office and saw me in view of the building. Part of the reason the one client initially stopped was because her husband and two small children were now at home all the time, and she did not think she could do her therapy without privacy. She tried seeing me from her car and recently has settled on seeing me from inside a walk-in closet with a noise machine at the door.

The most difficult loss for me is that Bodhi, my dog, has worked with me for almost 10 years, and his work as a therapy dog has been important for most of my clients. He would sit on their laps, and as they stroked him and felt soothed, they would often begin to talk about things they had never told anyone. Bodhi does not get the computer, and even though people may call out to him from the screen, he does not respond. My cat, Lily, is another story. My clients had never met her, but now most of them are well acquainted with her querulous Siamese interruptions and the sight of her tail sweeping the computer screen. She does seem to respond to what is on the screen: a difference in species, I imagine, or perhaps in personality. The loss of Bodhi in therapy amplifies the loss of touch in this mode of conducting psychotherapy, and that loss is significant.

Dealing with interruptions is another difference in working from home. I was trained in a model where the therapy room is sacred space and interruptions of the session are taboo. Years ago I remember an older therapist in my practice being quite flippant, to my horror, about interruptions, taking them in stride as whatever was going on in the session continued. I have had to learn to be much more flexible working from home, as deliveries interrupt, along with Bodhi's objections to the intrusions. I have told clients that he wants to erect a toll booth on the sidewalk in front of my house, as he yells at people and dogs who walk by. There is also the daily intrusion of the neighborhood leaf blowers, which tends to elicit my rage. This past week I finally tried earbuds, which helped some. And of course there is the inevitable experience of one or the other of us being kicked offline or the constant freezing of the frame, often right in the middle of something important, which then has to be recreated.

Finally, there is the question of how deep therapy can go when we are not sitting in the same room with each other. I have found that this varies with the individual (are we surprised at that profound insight?). Some of my clients have not been able to venture much further than chatting and bringing me up to date on the week's events. Others have found that the distance afforded by virtual sessions gives them a sense of safety so they can go much deeper into their work. I have learned that I can do EMDR virtually, and as Jim Amundsen describes in his article, it is also possible to do psychomotor work virtually. I have also used the trauma resiliency model to work with traumatic memories and experiences.

In June, while my handy guy was on the roof over my home office fixing a leak, a sudden storm blew a portion of the roof off, and the ceiling collapsed. The metaphor of the roof over my head collapsing at this particular time was not lost on me. I am grateful that no one was harmed, but the disruption was enormous. It took several months before my office was restored. I saw people from my dining room table, and I'm attaching two photos that amused me greatly. One is what my clients were seeing from their screens, and the other is the clutter I was looking at on the other side of my computer, since in my small house there was no place for what I was able to salvage out of my office until it was rebuilt. Again, I thought this was a great metaphor. As one of the authors expresses it in her article, we have all been dealing with trauma during these months, and the boundary between us needs to be more delicately drawn. ▼



Carla Bauer



CARLA R. BAUER, LCSW, is in private practice in Atlanta, Georgia. A second career therapist, she brings over 25 years of corporate experience, as well as an earlier journey in theological studies, to her understanding of people and their struggles. Psychoanalytically trained, she seeks to blend psychodynamic and attachment orientations with a contemporary relational presence. When she can't be on the beach, the colors of the beach are on her! As editor of *Voices*, she offers her voice to AAP.
crbauer01@bellsouth.net

Pandemic Reset

OUR THEME, *PSYCHOTHERAPY AMIDST PANDEMIC*, EXPLORES HOW PSYCHOTHERAPY CHANGES UNDER ADAPTED MODALITIES AGAINST THE BACKDROP OF PANDEMIC, WITH ITS UNPRECEDENTED CHALLENGES FOR CLIENTS AND THERAPISTS ALIKE. In framing this theme, guest editor Stephanie Ezust and I recognized that even as modern world-wide mobility uniquely challenges virus containment, current technology also allows us to stay connected—working even—across distances in ways that would have been impossible in earlier times. We wondered how therapists and clients accustomed to face-to-face therapy would adapt to the distance work of telehealth: What would be lost; what perhaps gained? How would pandemic threats and the life changes brought by lockdown and isolation stoke patient anxieties, fears, and triggers? And how would the personal experience of the therapist, concurrently living the same trauma, impact the therapy?

The year 2020 will be forever remembered as catastrophic: illness and death on an epic pandemic scale, political turmoil that has shaken the very bedrock of democracy, racial unrest focusing us anew not just on our shameful national history but also on the reality of our continued shadow side, economic hardship for so many, co-occurring natural disasters and climate challenges, and a surreal year of virtual living amidst isolation, social distancing, and individual losses big and small. As I write, in the waning of the year, never have we been so universally glad to see a year end or turned the page in more hope of better times ahead! Diminishing none of that by an iota, on a micro, personal scale, my 2020 was not all bad. Surreal, absolutely! Challenging, yes! And there's

my ever-present rage at the inept governance of pandemic and at those who haven't taken it seriously. But I also recognize the layers of privilege in being able to work from home and maintain a tight bubble, remaining healthy, and not having (thus far, knock wood) lost anyone close to me to COVID-19. Game-changer factors under which pandemic isolation, though still bringing its challenges and lesser losses, has also brought a unique opportunity for life examination and personal reset that can only enhance my person and my work as a therapist.

I knew 2020 was going to be a challenging reset year for me long before we ever heard of coronavirus. I came into it grieving termination of my own long-term therapy, feeling thus ungrounded, and knowing it had to be a year of change and of forging new connections. The life review that comes with termination brought affirmation of therapeutic gains but also new recognition around the tenacity of some stuck places that I was going to have to find a different way to shake loose. To do that, I would have to rebalance and expand my life. I had no idea how I was going to do that—or do it alone. And then... pandemic lockdown... Wait, what?!

I could only laugh out loud upon recently re-reading my January 2019 journal entry bemoaning time again running out before my year-end to-do list did: “I just need the world to stop long enough for me to catch up with myself.” Be careful what you wish for! I could never have imagined then (and certainly wouldn't have wished for) anything remotely like pandemic, with its abrupt and protracted end of life as we knew it. Nor could I have imagined that after nearly 10 months at home (and counting) I'd still be far from caught up with myself. So much for that delusion! Even as life as I knew it stopped, it also continued, in new virtual forms, sometimes even at an accelerated pace. Initially, as others fought cabin fever by developing new hobbies and cleaning out closets, I was glued to my chair and keyboard: On top of figuring out therapy via Zoom (good enough, but not the same!), crunch time for the Spring issue of *Voices* coincided with an underwriting frenzy of pandemic payroll protection loans in my banker job. I couldn't believe that “the world had stopped” and I was still missing the chance to catch up! If not now, when?! Gradually I realized it was a slow-ticking clock; this was going to go on awhile. Sure enough, a slower summer pace brought a chance to tackle my pandemic to-do list: the accumulated backlog of unread books, unwatched movies, and myriad never-enough-time-for projects deferred from year to year. More importantly, it opened space for an intense journey with myself, building on the reassessment begun in termination and anchored by rereading my own journals spanning many years, which alone would have been a daunting endeavor in normal times. I only made a small dent in my backlog before work accelerated again, but I'm slowly rebalancing to make room for both. Learning, too, that the best way not to stay buried under a backlog is to not create one: Live the moment. Surely pandemic has taught us that!

If you had told me in March that I'd have to stay home for a year...well, I'm not sure many of us could have absorbed that all at once. It is good that recognition of the duration of lockdown unfolded more gradually than its onset—that we could first metabolize “temporary” before wondering what 2021 would look like. Notwithstanding my ready dig-out-from-under agenda, a year at home alone would have been an overwhelming prospect! It is the opposite of the year I had planned—one of growing and deepening connections. But I've been surprised at how easy it has actually been to stay home, to spend this much time alone, with myself. Lack of FOMO (fear of missing out) makes all

the difference: Knowing that everyone else is hunkered down also—that while I might be missing people or activities, I'm not *missing out*—I settle into solitary experience differently, until we can again be together. Leaning in, I can embrace the opportunities, both for catching up and for new virtual offerings, rediscover what refuels my soul, and even create my own good enough holidays when pandemic and politics foreclose on family gatherings. As the year ends and re-emergence from pandemic isolation becomes more visible on the horizon, I'm still working on that ever-unfinished to-do list: "If not now, when?" But if not now, maybe no longer important. There are key items checked off, and there were new (virtual) adventures and insights in lieu of more checks. Of course, it wasn't all good, and none of this mitigates the macro horrors of pandemic, but it does help me tolerate what I can't control and salvage something of value from this surreal but not completely lost year. Maybe deepening connections with others had to start with reconnecting with myself. And that all helps me guide clients in turn to what might boost their resilience. Maybe that is the most I can do amidst pandemic.

So I wonder, as we move back toward life as we knew it (will it ever be quite the same?), what will be shed, what kept—both from life before and amidst pandemic? What values, habits, priorities, or relationships have been changed for good, what narratives rescripted—in psychotherapy and in life? What has been reset—for my life or yours, for our clients, for society, for the planet?

In this issue, authors offer their experiences navigating this unprecedented time in their practices and lives. Lorraine Wodiska kicks us off with her pre-lockdown account of exposing patients to COVID-19 before she realized she was ill, a cautionary tale to all as we debate in-person versus telehealth sessions amidst the continuing virus surge. Elizabeth Field and Ruth Wittersgreen each narrate their journeys through pandemic and concurrent racial unrest, protests, and police brutality. Elizabeth Wallace and Murray Scher share poignant snapshots of pandemic through their windows. Martha Gibbons ponders whether more harm is done to the patient through the risk of in-person exposure or the withholding of face-to-face sessions. Lenore Pomerance tells of leaning into her simpler pandemic environment and pace. Betsey Edwards recounts how her retirement was radically changed by pandemic: terminating over Zoom!

No account of this pandemic time would be complete without addressing the racial unrest that permeates it, and Gloria Myers Beller gives voice to the experiences of people of color, so disproportionately impacted by both the health and economic impacts of COVID-19. It is a sad but poignant reflection of underlying racial dynamics that another author of color withdrew her submission prior to publication, fearing the reactions. An immigrant and person of color, she had shared both the pandemic's impact on her personal awakening to systemic racism in this country and an important call-out of White colleagues blind to privilege.

John Rhead considers spiritual dimensions of the pandemic experience, and several authors address various trauma facets: Jillian Thomas shares her loss of a client to suicide, Steven Ingram explores intergenerational trauma triggered by pandemic, and Tara Williams and Mindy Oshrain highlight the collective trauma being shared by therapist and client alike. The story of pandemic would also be incomplete without inclusion of the unique challenges of parenting through it or the perspectives of children. Lisa Kays shares her story of trying to work from home, often from her closet, while parenting young children. Marilyn Schwartz's photo essay gives us a view of pandemic

through the eyes of her grandchildren. Penelope Norton describes some benefits afforded by pandemic pause in the lives of her teen clients.

While much of our telehealth adventure is with individual talk therapy, other modalities present unique challenges. Tandy Levine shares an emotional visit to her now empty group room, while Peter Perl recounts his reconnection to group therapy through Zoom. Jim Amundsen and Murray Dabby show us how they have been able to adapt more somatic psychomotor and improv modalities to Zoom. New poems from Bob Schulte and Neal Whitman round out our theme, and book reviews by Giuliana Reed and Florence Shelso give us glimpses into earlier pandemics: the Black Plague of the 17th century and the 1918 Spanish flu epidemic.

I thank Stephanie Ezust for her work in curating this issue and all of our authors for sharing their voices. If you read something that resonates, let the author know; keep voices connecting.

As we close our 2020 publication year, *Voices* offers heartfelt thanks to Bob Rosenblatt (Intervision Editor), Jacob Megdell (International Consultant), and Natan Harpaz (Editorial Review Board) as they step down from years of service in the making of *Voices*. Since his first column as Intervision Editor in the Winter 2009 issue, Bob has brought us a wealth of clinical case exploration. Intervision has been a rich feature of *Voices*, and we hope someone(s) will step into Bob's big shoes. We wish Bob, Jacob, and Natan well in new pursuits. Sadly, we also mourn the loss of long-time board member and contributor, Steve Howard.

Onward, to a hopeful re-emergent 2021 and to seeing how reset holds! To the day we can be together again! And to the day when we can again say in session, "I wonder what that foot wants to say?" ▼

There are days when solitude is a heady wine that intoxicates you with freedom, others when it is a bitter tonic, and still others when it is a poison that makes you beat your head against the wall.

—Sidonie-Gabrielle Colette





First Do No Harm: Too Late!

I CAN REPORT MY COVID-19 STATS AUTOMATICALLY. From the 28th of February to the 6th of March, 2020, I was at a group conference of 1,100 therapists when there was only one reported case of COVID-19 in all of New York City. On February 29, the first case of a COVID death in the United States was reported in Washington State. On March 6, in waters off the shores of Oakland, California, the Grand Princess cruise ship news of COVID-19 cases was just breaking headlines. Although these places were a full 3,000 miles away, I paid attention to medical reports and informed advice from the conference organizers. I felt safe and cautiously attended workshops, plenary sessions, committee meetings, and dinners. I offered my workshop in relatively close quarters with 20 attendees. Safety guidelines were suggested for the conference: no hugs, no handshakes, wash hands while singing two verses of “Happy Birthday,” and use hand sanitizer frequently. Following directions, I washed until my fingers were red and used sanitizer by the pint—on me, in my room, and on all touch surfaces. But I hugged. I was in a Times Square hotel for 8 days.

I returned home on March 6 and joyfully back to work on Monday, March 8, full of bouncing energy. Continuing with my cautious attitude, I placed a sign on the external sliding glass door of my home office. “Upon entering, please take off your shoes. Go directly to the sink and wash your hands for 20 seconds. No touching, no hugging, and keep your distance. Thank you.” Many patients thought I was extreme in these directions, but everyone followed them precisely.

Monday, March 9, I met with six individuals, a fairly light schedule. Tuesday, March 10, I met with four indi-

LORRAINE WODISKA, PHD, ABPP, CGP, FAGPA, practices in Arlington, Virginia, and has worked with individuals, couples, and groups for nearly 40 years. She taught group courses at Johns Hopkins, presents on topics including trans-generational transmission of trauma, and is currently interested in canine-assisted psychotherapy, partnering with her dogs Stella and Teddy. Lorraine is a Fellow of both the American Board of Professional Psychology in Group Psychology (ABGP) and the American Group Psychotherapy Association (AGPA) and immediate past president of Mid-Atlantic Group Psychotherapy Society (MAGPS). lwodiska@gmail.com

viduals and led two groups. Based on strong member reactions to the sign on my door, I asked about their concerns regarding COVID-19. Almost every group member rated their concern at 2 (on a scale of 1-10); one person rated hers at 5 but only related to the economy. I rated my concern at an 8, and we explored why mine was the highest! At the noon group, there were seven members; at the 4:30 group, there were nine members and a co-leader. All normal activities. But then...

Tuesday evening, I was tired. Really tired. I had absolutely no sense that this was COVID-19. Instead, I thought the conference business, activities, and excitement was catching up with me, and I went to bed early. However, I could not get up the next morning and quickly canceled most of the day. I met by phone on Wednesday with only two people. That was the most energy I had for the next few weeks. I optimistically thought I would be back to work on Thursday. Nope, I canceled Thursday. Because I do not see patients on Friday, I thought surely I would be back to work by Monday. Not a chance. From my bed on Sunday morning, I canceled the entire following week. Without knowing it, I was now 7 days into COVID-19.

By this time—Monday, March 15, one week post returning home—symptoms were worsening, and a friend suggested that I go for a flu and strep test, believing that this was why I was suffering with such exhaustion. Going to the doctor then was the major event that we have come to expect now: wait in the car, wear a mask, touch nothing, and see a doctor wearing full personal protective equipment (PPE) as though he were going into a war zone. He heard my story and gave me a painful swab up my nose. I asked if that was the flu or the strep test. After hearing my whereabouts earlier in the month, he assumed I had COVID-19, gave me one of the rare tests he had available, and told me to go home, stay hydrated, take Tylenol for pain, and get more rest. And wait for the test results, which I might expect in 7-10 days.

As is true for many at that time with COVID-19 (perhaps the Wuhan strain), the second week is far, far worse than the first. Soon after that Tuesday appointment, I could not move, swallow, or smell; I lost 10 pounds quickly. Death seemed possible.

However, I was also a professional and needed to face the question of how to manage a full psychological practice when I could not even climb out of bed. I found I could focus for a short time in the morning—about 15 minutes. During those times, I wrote emails to patients about not feeling well and hoping to be back at work in a week. I asked if they needed to see another therapist, as I had already been away one week at the conference and now we were about to begin week three of my absence. I did not mention COVID-19 because I did not have the test results. I was just really sick.

And then the email responses started to come in. Each day, someone in one of the Tuesday groups wrote to say they were ill. They asked if I had COVID-19. I did not know. Perhaps. A few days later, Thursday, March 19, my results came in positive for the virus.

This necessitated that I write immediately to each person I had seen on Monday and Tuesday to give them my medical news. Nine days had already passed, and I encouraged them to quarantine for the full 2 weeks. Testing was scarce or non-existent. Was I too late to protect them? Had I already harmed them and those they loved?

In the noon group, two women who have school-aged children did not feel well. One was ill enough to go to the ER. The other miraculously found testing at a medical site.

Another woman has an autoimmune disorder and is raising a toddler; she needed to call an out-of-state relative for assistance with childcare. One group member (who did not contract the virus) has a serious lung disorder and lived in full terror for weeks that she had been close to me when my shedding was at the highest. Only two in this group were tested, and their positive results came in by the end of March—an endless month.

In the 4:30 group, two women in their 70s (why no men?) had symptoms of COVID-19, and again one went to the ER. She was the sickest of those in the group and had symptoms similar to mine. The other woman had symptoms the day after seeing me, so I thought it was probable she did not get COVID from me. I hoped that was so but will never know.

It seemed to me that I was causing harm to my patients, left and right. It was too late for me to stop the spread of the virus. My life in those weeks seemed like an endless misery. I was wretched, mentally and physically. I was ill but also had responsibilities. I was frightened for group members in the way I was for myself. I frequently emailed those who had COVID-19 symptoms and followed their health status closely. I prayed for them.

At the same time, other patients were frightened for me and spoke with my husband when they called, as my work phone is also my home phone. I was able to be conscious for small parts of the day, and during those times I focused on patients and responded to their emails.

During these weeks, the world of psychotherapy moved on without me. By mid-March, all physical offices (and schools) were closed. My colleagues were buzzing on Zoom and learning a new set of computer skills, retooling therapeutic skills to work virtually. I was still in bed.

During March and April, the lives of my patients changed. As their therapist, I was unavailable, and worse, I had created new anxieties for many of them to manage. The phrase “first, do no harm” echoed in my head. Too late. I had become a source of a deadly illness rather than a healer. This was a rough place to live as a therapist.

After 3 weeks, I regained a measure of health and returned to work part time: In the week beginning March 23, I saw two people a day. In the week of March 30, I saw three a day; by April 9, I was up to four patients a day and stayed at this half-time status for the next month. During the early weeks of my return, the Tuesday group sessions were challenging. Members who were currently ill (attending the group by Zoom) understandably wanted to talk about their experience, but there was a general reluctance to blame me for spreading the virus to them. Of course, they were frightened, wondering if they would recover and which family, friends, and vulnerable others they had unknowingly exposed before having symptoms. Three of the women shared a recent experience of feeling shunned in their families and communities when they were honest about having COVID-19, creating even more isolation in their already quarantined lives. This was my experience, too, and I found that my empathy shifted to more transparency, as we were living through the same crisis in real time. With the assistance of colleagues, I worked to find and hold a stable ground within myself in order to be able to manage feelings and experiences of others.

Where am I now? Healthy, out of the woods, and back to work nearly full time, I am appreciative of the recovery I have gained but reading about lingering symptoms of hair

loss, continuing exhaustion, and respiratory frailty. I am trying to deeply understand the position of patients who have managed these distressing months with me.

Have I done harm? Yes, I think so, but not *only* harm. I imagine our experience brings forward those old questions that sit deep within: existential challenges to face life, isolation, meaningfulness, and certain death. Thankfully, just not yet. ▼

Nothing in life is to be feared; it is only to be understood. Now is the time to understand more, so that we may fear less.

— Marie Curie



The Three Ps of 2020: Pandemic, Protest and Politics

Pandemic

SOME TIME AGO, ONE OF THE MEMBERS IN MY MONTHLY PEER GROUP ANNOUNCED SHE WANTED TO GO BACK TO WORK DOING ONLINE THERAPY. Outwardly, I said, “Oh, that’s interesting,” but inwardly I thought, “Such a waste to have her work at home and not in an office.” I had a judgment of her and also of virtual therapy. I viewed virtual therapy as second rate, far less real or effective than the traditional face-to-face work done in an actual office with a real person.

Honestly, I felt lonely in my practice, and I wished to share space with someone like this young therapist. Someday I hope to have an office space with colleagues who nourish each other while doing the good work of nurturing our practices and patients. I felt her decision a loss to good therapy and a loss for me.

The beginning of 2020 started out great. In January, I finally took an extended trip to Italy. My family and I toured Rome, Positano, and Tuscany. We took a day trip to Florence, and I was in the room with the statue of David. We missed our flight home and had to stay in Rome one additional night. Being good sports, we went right back out to tour the Spanish Steps and the Pantheon, then had another spaghetti dinner in an outside café.

As soon as I came home from my trip, I found myself having a conversation with my office landlord. He informed me he wished to sell the property and wanted to terminate our lease agreement a year early, by May or June of this year. I was immediately worried about where I would go. Like with many things in my life, there was a

ELIZABETH E. FIELD, MA, LMFT, LCAS, practices psychotherapy with individuals, couples, families, and groups. She lives in Charlotte, North Carolina, with her husband, two sons, and two Labrador retrievers. In 2020, she transformed to become a virtual therapist practicing exclusively online to serve her patients during the pandemic.
clt.therapy.elizabethfield@gmail.com

downside and an upside: I loved my space, but I had a prolonged contentious relationship with my suitemate. The thought of leaving this person after 4 years of stalemate was a delicious invitation. I welcomed relief from the tension that I felt as a constant part of being in that shared space, but I was in love with my little room. As luck has it, there is a vacant office above my old space, and I had a friendly relationship with the owner of that suite. He agreed that I could move in with him at any time. I felt immediately settled. I was laughing on the inside, as my potential new space was just as nice with more windows, the same commute, and a change of address only to a different suite in the same building. I was super excited at how fate was working for me. Yes, 2020 was off to a great start.

Every February my ongoing American Academy of Psychotherapists (AAP) peer group meets. I remember going to meet them with all this news and feeling exhausted. I assumed I had jet lag, or the time zone difference was still giving me some trouble as I adjusted back into my American lifestyle. I was quite literally falling asleep in our groupings. I secretly wonder now if that was COVID-19. The virus was just beginning to gain media attention when I was in Italy, and more and more noise was stirring when I came home, though life here was still business as usual. Until it wasn't.

On Friday, March 13, my emails were full of talk from our AAP listserv about how to manage our practices in the pandemic. I read and learned from some sophisticated people how they were protecting themselves and their patients. I quickly went to work. I created signs, rules announcements, and a Zoom account. I bought individual travel-sized tissue packs for my patients, zinc supplements for me, and hand sanitizers to put around my office. I felt prepared with my documents and rules to remain in my office setting. I returned the following Tuesday to what turned out to be my final day in my beloved space. There was no ceremony when I left. I didn't know I wouldn't return to work there again, but in fact I never will.

I continued to work that week and the next by phone. I took my sessions by asking my patients to call in. Three of my 25 or more patients immediately balked and refused to be seen virtually. One assured me, "I will see you when you are back in the office in a few weeks." When I replied, "In a few weeks things will be much worse," there was no response on the other end. Math is not my strength, but I do understand exponential growth, and I did recognize our gap in leadership to be a perfect storm for America to explode with this virus.

I was born in 1972. I got my first computer in graduate school in 1997. It was many years after that when I got my first cell phone and 2007 when I got my first smart phone, a Blackberry. I now only use a computer for word processing, some banking, emails, and occasional shopping. One year before the pandemic, I came off insurance panels for reimbursement of my services, so I took my computer out of my office and went back to paper calendars. Prior to that I used an elaborate online program to do my billing (with a CPA's help to make sure the bills were received and paid) and my calendar was online. I was ready to simplify my life by moving forward to fee-for-service only and starting therapy groups.

Thanks to COVID-19, I have been hurtled back into computers and technology. I am thankful for my systemic training, which informed my desire to have co-leadership in my groups. My co-leader is a younger woman, and she is much more adept at technology. She had our group online by the next session. We all met together in squares

on my iPhone. (I discovered I did not have a camera on my computer.) My anxiety was extremely high in those first weeks; I felt out of control without my work space. Time is a significant issue in therapy. We are paid for our time. How much time do we have? Is time running out? Are we using time wisely? When will we meet again? Will we meet again? How long will we meet? Is an hour really an hour or 45 minutes, 50 minutes? Who gets those last 10 minutes?

Internally I carry another wound about time. The significance of my showing up on time has presented itself to me in a new way during the COVID-19 pandemic. As a girl, my father was often late for our weekend visitations. I sometimes waited hours for him to show up. I hated the waiting. I resented the wasted time, and it makes me anxious to wait. So, when I am scheduled to show up, it is a top priority to be on time because I imagine my patients will hate waiting. The fear that I could not be there, that I would abandon my patients or raise their anxiety because I am technologically challenged, felt overwhelming to me. I felt I was no longer me: calm, settled, and prepared. Suddenly, I was different: fearful, anxious, not wanting to disappoint or abandon, or frightened. I find myself frequently feeling overwhelmed, mad, and viscerally angry at the dependence on technology, while, in a quiet, almost bipolar fashion, at the same time grateful to the tech wizards that are allowing me and most of America to keep working.

I had to have an iPad, so I ordered one online. Guess what, it was delayed! So my husband purchased one for me from the box store. Soon, I had two, and then I had to send one back which meant donning protective gear and waiting in line at the UPS store. Meanwhile, I tried to buy a tripod to hold the iPad, which turned out to be a disaster—more stuff to return, more protective gear, more waiting in line, and more anxiety. I settled on just the iPad with no tripod, standing it upright so that my torso is visible to my patients. I wanted them to see my hands; that felt important to me as so much of our communication is nonverbal and I often use my hands.

Technology is a tricky master. I cannot control many parts of it. So my anxiety goes up, up, up: logging-in for example, passcode retention, and what if there is an update? What if my power goes out? What if the Wi-Fi is slow or spotty, or if I cannot hear because of a lag time in the connection? How will I do this most sacred work online? I cannot feel the screen. I cannot see their bodies. There is no real exchange of energy. Screens are so limited. At the end of the day, I feel fatigued from staring at a screen for hours.

Somehow, I muddled through those initial weeks and months. Many, if not all, of those what-ifs have happened, and my patients have been gracious and lovely. It is not just me; all of us are in this together. More than ever we are sojourning with our patients, as we walk side by side through this very real trauma.

Still, I had this synchronistic and nagging office issue to address. My ambivalence was becoming the new me. I couldn't decide when to move out of my space. When I did leave, should I move upstairs knowing I did not want to go into my office to work? I stayed home all of April and wore myself out deciding and redeciding on when and where to move. I decided to move out at the end of May, and I declined the office space above me. I lamented the decision, but it felt right. Why keep paying for a space that I would not use? I couldn't justify the ongoing expense, as my practice had dropped from a steady 25 hours a week to 12-15 hours. I am truly just a part-time therapist now.

My family became my full-time project. I had two boys at home full time now and

had to direct their education, on top of daily housekeeping, cooking three meals every day, and general clean-up, with additional cleaning to keep the virus away. So much had changed and so quickly.

When I finally moved out of my office, I had the sensation of free-falling. Where will I land? Nothing was holding me. I was floating in space, trusting the universe to open-up another opportunity. It did. I found another space within a week to rent a couple days a week. I was all set. Then the virus continued to spread, and they began identifying long term, residual effects with consequential impact to our nervous systems. Perhaps there is a possible vaccine at the end of the calendar year. But how to give a vaccine to seven billion people? I somehow believe or know intuitively that life will not return to normal again. I don't imagine that I will return to an office setting until perhaps late 2021.

Again, my AAP community was sending information out on our listserv. I read an article. I read another. I was settling into my new reality. I am a virtual therapist. I have a virtual office. It is not safe for me or my patients to meet face to face, as I cannot assure their safety and they cannot assure mine. It is just plain countertherapeutic in my mind to meet face to face for therapy in a pandemic. I won't do it, and I won't have it done to me.

I love doing psychotherapy, and I am driven to do it to the best of my ability. I have worked through the feeling of being a baker without a kitchen. I have worked through the ambivalence of moving out and not having a space. I have worked through what technological control I can and cannot have. I have worked through the "virtual therapy sucks, and yet it is all we have." I have worked and worked on myself in this most anxiety-provoking time. Now I rest in acceptance that I am doing the best I can to provide the skills I have to my patients, to give them my attention, presence, and reflections of who they are and how they are living. I feel settled in my decision to be a virtual therapist, until I choose to do it differently.

Protest

I cannot write on the pandemic without noting the other contexts that surround us. A Black man, George Floyd, was murdered on the streets of Minneapolis by a White police officer, Eric Chauvin, on May 31, 2020. Yet another Black life snuffed out in plain view. Someone's wisdom was to capture the murder on camera. How ironic: a uniquely American trauma in the middle of this great global trauma of the pandemic. Another Black life meets another White supremacist. But this time, with the Black Lives Matter movement, this death was different. The people have risen and protested in cities around the globe to show solidarity against racism.

I couldn't sleep with the news. I was disturbed on a deep level. All my life, I have gone to Black culture to soothe my soul, to relate, and to find wisdom. In the early weeks of being home because of the pandemic, I binge-watched *Good Times* (Lear, 1974). This was a TV show I loved as a young girl. I loved all the Black characters and their complexity. I loved the mother's faith in God and her tough love. I loved her son JJ's controversy over his depiction of Black Jesus that turned out to be a look-alike for Ned the Wino. The story they shared in each episode was about perseverance and being just in an unjust system meant to keep Blacks down. I needed the show again, because the pandemic made me feel powerless. I felt the rug ripped out from under me, and I felt a deep need

to adapt quickly or die.

In this pandemic, I have also done a great deal more work around my privilege as a White person. I was protected in the recession of 2008 by my education and privilege. I am protected in the pandemic of 2020 by the system that has for centuries elevated Whites at the expense of people of color. In some ways, my life is better now in the pandemic than it was before. I have time, things move slower now, and life is centered on daily living. I no longer commute, wait for dinner in restaurants, or wait for my friends to show up. I no longer sit and wait for my patients. I have untold extra time. That's a privilege in this life. "The greatest gift you can give yourself is time," Oprah Winfrey (2020) says before each of her Super Soul podcasts.

I do not have to hustle to make a living. My living shows up on my iPad. That's my privilege. I've had a lot of internal conflict around embracing my White privilege. Being the daughter of a Cuban refugee and a Southern woman, I was taught to "know my place." I was raised by a single mother of three in the '70s. It has been hard for me to accept what I now know is true despite my difficult childhood: I am not Black, and I do not know the pain of being hated or feared for my skin color. I do not know what it is like to be the object of systemic racial injustices, historic and current. I do not have the fear that my boys will be locked up or murdered by the police on the streets in my hometown. This is my privilege, and I am accepting that I did not earn that privilege; it was given to me as a result of my race. I am resolute and sober in accepting this position, now.

The virus is disproportionately impacting people of color. Many of the essential workers are people of color, and they are on the front-lines every day working to keep America going. Many people of color are caregivers. Many are currently underemployed or unemployed and suffering due to our inherent systemic injustice. Sadly, many of those who are struck by COVID-19 will not be covered by insurance. Americans will absorb the untold cost of this injustice in future generations.

Politics

In my lifetime, this is the first president we've had that I prefer the commentary of trusted news reports to his voice. I feel ashamed of our American leadership, especially in the pandemic. I cannot wait for a new administration, new hope for our country and for pandemic relief. Most days since the current president's inauguration, life has felt like a reality TV show: one horrifying transaction after another, sensationalized by a media driven by ratings, for those of us thirsty for an adrenaline rush. We are the problem, and he is the symptom. Our culture has lost its way. America is morally bankrupt, and the left and right are equally guilty.

I heard from one comedian (my most trusted media reporters in this time) that it is as if God has sent us all to our rooms for a time-out in this pandemic. I believe Mother Earth has taken a deep sigh of relief that her humans are stuck inside and not destroying her with the force we once did. The pandemic is challenging, but the thought of 4 more years of this current administration is far more frightening to me.

Afterthoughts

The pandemic is a fabulous teacher. The lesson seems clear: Now is a great time for self-reflection and change—in ourselves, our relationships, families, communities, country, and globally. Change is the best outcome when there is trouble. So, who are you now, and how do you wish to live? ▼

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Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good.

—Elizabeth Edwards

Nestled In for the Pandemic

“THEY ARE MATING—RIGHT OUTSIDE MY WINDOW!”

I manage not to vocalize this to my patient, who is on the other end of this virtual psychotherapy session, but I am filled with awe and privilege as I view my newly discovered bird companions vibrating with creativity right before my eyes. These sprightly, variegated creatures are at eye level because I am now working as a psychiatrist entirely from my home office, on the second story of my house in central Calgary.

The pandemic has taken me into a new space and a new level—quite literally. Early in the COVID-19 crisis, I discovered that my home location had elevated me to a layer of life of which I was woefully unaware. In normal times, I had spent little time at home and not much at all in this small office looking onto a spacious treetop. I discovered that the bird traffic up here is dense, while roads are emptied. In the midst of grieving the loss of so much normalcy—my professional office, the transitional drive to work, the ordinary freedom to come and go as I please, my Zumba classes, in-person meetings with patients, colleagues, and friends—I discovered a multitude of flying, warbling little creatures, abreast of the life I knew, and an evolving, leafing tree, intertwined.

I had never paid much attention to these birds before, nor to this tree. Their names are unknown to me. But in late March, as I moved home to work, I began to notice these brief sojourners on the bare branches, feathers fluffed out in the cold, chirping, fighting, and flying about. I noticed the fine etchings of feathers and the pulsing of dark throats as they proclaimed their being in insistent, staccato notes, as well as in occasional irritable spats over branches. April arrived and slowly, slowly, we made friends. I opened the window more and more, sad when the winds were too cold to allow it. I noticed curious bright eyes that looked right into mine as I navigated the screenplay of anxiety, discovery, and uncertainty before me. And I was feeling these same things as my patients.

To my surprise, my patients began to comment on the delightful chirping of birds, amplified by the microphone on my earbuds, going directly into their ears as a backdrop to my voice. My most traumatized patient tells me

CALGARY, ALBERTA
elizmwallace@gmail.com

that he looks forward to the soundtrack every session, feeling enlivened. Perhaps the birds are speaking louder than I am. I begin to imagine the birds as my co-therapists, conveying an implicit message of hope, continuity, and purpose, more potent than anything I could put into words. Bird therapists, helping my patients, sending vibrant coded messages, activating a sympathetic nervous system buzz in us that had been muted by screens. Then it dawned on me that the birds and their tree were actually *my* therapy, keeping *me* alive.

I began to have bird memories, remembering waiting for the school bus as a child, listening to a three-note bird call that I learned to whistle in reply. Calling back and forth each spring morning, companions starting the day together—I can still whistle that cadence. Proudly bringing a crumbly, grassy bird's nest for show-and-tell. Fat robins pulling worms under the spreading oak tree in our farmyard. Thimble-sized hummingbirds sipping daylily nectar in my mother's flower garden just outside our kitchen window, wings whispering of tropical locales, in my northern landscape. These daydreams reopen a space in me that had been flattened by viral uncertainty and fear.

May arrives in my office bower, accompanied by an explosion of activity. Flocks of parents and children appear on the sidewalk below. I see brightly colored t-shirts and bicycles with streamers, scooters and skateboards zooming by, dogs and strollers out for walks. All of us at home because of the pandemic, and the neighborhood blossoms. These days, I eagerly return to my perch each morning, viewing the ever-shifting theater of life before me, on and just beyond my laptop. I get to know the young family across the street, their patterns and rhythms, as my patients tell me about theirs. I watch the faint greening of branch tips, promising buds, followed by tender emerging leaves. I observe that my patients continue to change and grow, that virtual therapy is potent. I delight in beaks jammed full of long tatters of browning grass, twigs, and mossy bits—sometimes so impossibly loaded that I want to laugh out loud. I do laugh out loud when a speckle-head arrives with a beak stuffed absurdly full of a huge white fluffball. They bring offerings of feathers to me, proud of their latest finds—I know because we make shining eye contact. I am inspired to spruce up my nest too, and I bring treasures into my office.

Summer comes in verdurous, my birds camouflaged by full-blown leaves, but I hear their familiar tweets. My Zoom fatigue fades. The frequent fliers return again and again, as I contemplate a summer without flights—except these flights of fancy as I am touched by the layers of life before me. One dazzling summer day, a black-headed bird with brilliant white stripes chirps loudly all day. This is a particularly compelling song, and I fantasize about what he or she is saying; what message is being sent out into the world? Ancient bird words, older than human language, so insistent and clear but a mystery to my ears. All falls into place that afternoon when he—now I realize it is a “he”—is joined by a plain brown bird and the spark of life ignites, and a future is assured. ▼



Psychotherapy During Pandemic, Protests, and Police Brutality

PANDEMIC IS THE ELEGY HEARD CONSTANTLY IN THE BACKGROUND OF ALL THAT WE NOW DO; sometimes it is a quiet melody in a minor key, but at other moments, it's as though a pianist is pounding the chords with such force that one can hear nothing else. The rising outrage over inequality, particularly racial inequality, has merged with the viral epidemic in a poignant duet, and in every moment the music of this time elicits raw emotions: grief, fear, anger... and sometimes hope and a pure, deepened appreciation for the things most sacred.

RUTH WITTERSGREEN, PhD, practices in Washington, DC, specializing in health psychology and the treatment of trauma. Also an avid wildlife photographer, Ruth's passion for the natural world has influenced her therapeutic approach. She often hikes with clients during sessions and generally encourages people to spend as much time as possible in the woods. The pandemic prompted her to create a screened-in outdoor consulting room on the rooftop outside her office and gallery.
ruthie@wittersgreenwildlife.com

Swimming in Pandemic: mid-March to mid-May

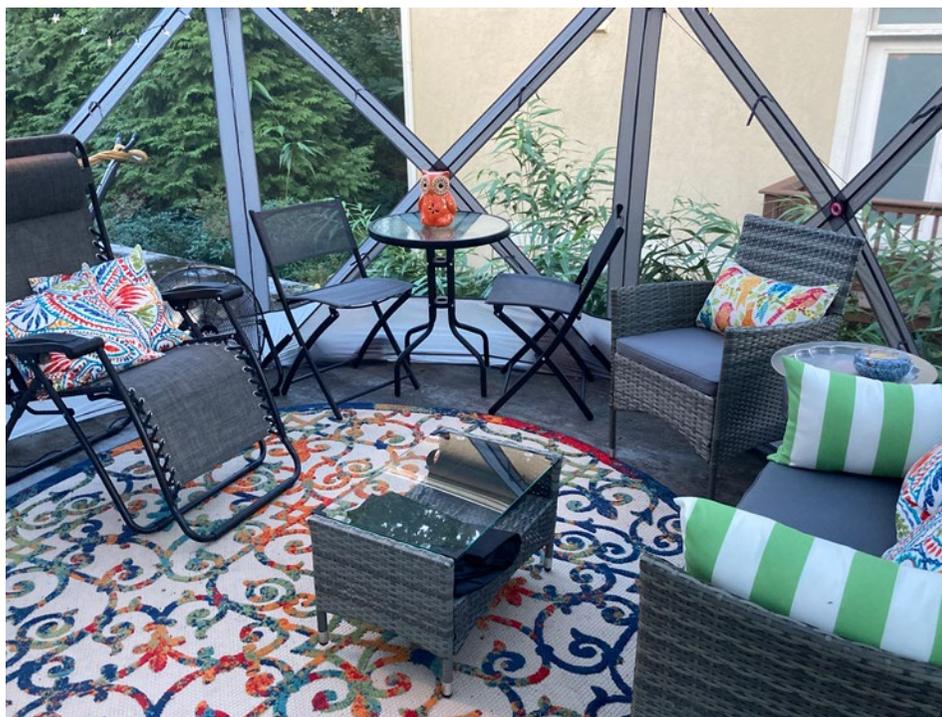
From mid-March onward, life was getting increasingly worse for clients. In addition to those with someone close to them who had died or become severely ill and those dealing with the negative economic consequences of the pandemic, I was increasingly hearing about fear, boredom, and irritability with other household members. I had five clients with weddings planned within the year and five who would not have a traditional graduation from college, medical, or graduate school. There were major losses and grief, certainly, but the number of medium or micro-losses (not that loss can or should be quantified) were nearly constant and universal, and involved not just the personal but also the meta/societal level. It became clear that the world would never be the same again. The amount of emotional processing necessary to cope with the drastic changes, constant losses, and enormous shifts in perspective caused by such seismic events was overwhelming for clients, and often, for me.



About two-thirds of my clients are students or young professionals, so about half are now living elsewhere in the country or overseas, as continuing to stay in DC became untenable or unnecessary. For some, going home to family is a comforting retreat, but for others it is triggering or even exposes them to new abuse. Due to the unrelenting stress of non-stop caretaking, teaching, housework, and cooking, with lack of external support or escape, on top of trying to work their jobs to provide for their families, some parents worry they are in danger of repeating with their own children the kind of parenting they endured.

Some clients say they would take living with family or roommates, and all the associated difficulties, over living alone, isolated from in-person, caring support. Even though they're only miles from friends, they are just as remote as a college student client who was stuck in a foreign city she was never able to explore, long after her roommates left. In contrast, I see a retired couple who canceled a long dreamed of international trip and have been hunkering down, acutely aware of their high-risk for COVID mortality, always on edge about decisions as seemingly benign as making a quick trip to the grocery store for necessary supplies, and often afraid and angered by the selfish behaviors of others who seem careless or non-observant with masking and social distancing.

Despite notable differences among clients, there's been an unusual level of predictability in themes, current struggles, and general mood, such that on any given workday, it can feel like I've had nearly the same session five out of six times. (However, the pattern is punctuated regularly with a session that ranks as the kind a therapist can never forget.) The uniformity is predictable, and often similar to my own feelings about



situations. Several clients have said the current monotony of life has made it so they feel they have much less to talk about. I've noticed increased variability in the quality of my therapy since the switch to telehealth. There are times when I feel I'm doing some of my best work ever, but there are hours when I feel I have little to give. This has mirrored what I've been seeing and hearing from others, including from clients about their jobs.

Regardless of the low energy of some sessions, after months of connecting with clients from my home to theirs during a time most of us will probably describe decades from now as one of monumental change and difficulty, I've identified that the clients of this time feel like *my* clients, in a different way than most I've seen in the past. It is more as though we're part of the same team. Though I'm usually the coach, I'm now increasingly on the field, too, and sometimes getting roughed up by the game. I find myself feeling invested and worrying about the daily lives of clients more than since the earliest years of practicing, before I learned the importance of and tools for leaving work "at work." For the most part, this has felt like a rediscovered gift. We know more about one another due to the windows into one another's homes. The seemingly universal types of experiences, like diminishing motivation as the isolation drags on, the loss of sense of time and date, and many other notable common perceptions and experiences both create a feeling of connectedness and serve to highlight each person's individuality. I feel I know most clients better than I've known clients before, and they know more of me. There's been more small talk mixed in with the serious, substantive material. We seem to have, in addition to the deep connection therapy often provides, another kind of connection based on greetings and pleasantries once shared with co-workers, neighbors, and such.

Overall, these changes haven't felt like boundary violations but as necessary and mostly positive aspects of the current times. It reminds me of difference in the connection between myself and clients I've seen in both group and individual therapy, versus those I've seen only in the context of individual or couples work. Yet some part of it has been very difficult. It's hard to determine if this is due to the demands of therapy or the suddenly diminished access to aspects of life outside of home and the associated grief and anxiety about the meta issues tied in and being laid bare by recent events.

One plausible cause of the difficulty is that, despite being able to set up a dedicated workspace separate from living areas, there's a lack of a boundary between when and what is work versus home, and between when and where is family time versus alone time. It often feels like ocean water is steadily seeping into the living quarters of a boat. The boat doesn't seem to be sinking, but increasingly much else about home, many of the things I usually enjoyed and/or found important, floats by me—not washed away or destroyed, but not currently anything I have much opportunity to utilize. Instead, the priority is all about swimming, resting, and then swimming some more. Though, I happen to like swimming, and the water usually feels fine.

Notably, there was a period of 5 years when my children were little when I saw clients, in person, at home, during the school day, for half or more of every week. Our family room served as a waiting room, and the living room became my consulting room during work hours. The remainder of the week, I commuted several hours each way to and from Washington, DC, where I stayed over at least one night. Office and living space in DC were also one and the same. I'd convert my therapy couch into a bed at night and transform the place into a consulting room the next morning. Yet, at no point in either place did I feel like my living quarters were being flooded. Whatever "water" came in with clients flowed out when the day was done. Family life took over, and I usually preferred working surrounded by home.

With those experiences to compare this time to, I'm inclined to conclude it's not the issue of living and working in the same space. It isn't that ocean water flows into the living quarters. Instead, I believe it's that the water flowing in is thick with seaweed and debris (metaphorically, the substance of the current societal circumstances), and I, like clients, am entangled in the flotsam. The water cannot completely flow out. Usually, I don't mind swimming because I'm swimming for myself, my family, and everyone I care about, including clients. I miss the other things floating close by, just out of reach, and I'm aware I don't have the endurance to swim indefinitely, but for now, it feels like it's the right thing to do—to keep swimming as much and for as long as I can until the flotsam has diminished and the water recedes, or until I lose strength and need to go ashore for a while, so as to not drown.

This Land is Whose Land?: mid-May–mid-July 2020

By mid-May, I could feel myself being dragged down. I was worn out and knew I needed a break. Nothing else, beyond my family, seemed more important than continuing to swim alongside clients. Life had become more reduced to work and absolute essentials than perhaps at any other point in my career. There have been many times as a therapist when I desperately needed a vacation, but I didn't want to pause sessions with clients. Neither my heart nor my brain would allow extended rest and relaxation at this time.

The pandemic wasn't going away, and the tragic murder of George Floyd in late May, following and followed by hundreds of other modern day lynchings, has pushed our society to a place where many people who've had their heads in the sand can no longer deny the existence of brutal, systemic racism in this nation. I grew up painfully aware of the privilege of my skin color but also identifying more with the minority than the majority, from growing up very poor, my siblings and I often the only White kids in our schools and neighborhoods, seeing racism right in front of me, sharing many experiences with friends who were targeted, and targeted myself for association, at times by my own stepfather who was blatantly racist. Once I'd witnessed so much racism with my own eyes, I could never unsee it. To me, the awakening, the outrage, and the critical mass of protest that seemed to be developing at the end of May, felt long overdue and welcome, though scary due to timing, coinciding with such a contagious disease, particularly because COVID-19 has disproportionately been infecting and killing people of color.

In recent months, I've felt more saddened by the persistent and pernicious racism and injustice in this country and simultaneously more hopeful that meaningful and lasting change is possible. I'm constantly learning from clients, my children, and from questioning and trying to adjust the lenses through which I see things. As the tension has built and been released in protests across the country and around the world, many clients were differently and personally impacted, and the swimming with them, without adequate respite, felt even more critical and exhausting. I didn't want to quit but needed a flotation device. I had to find something that could compete with my desire to swim and grab hold of something to pull myself ashore, periodically.

That was the point at which I grasped for a branch that's pulled me ashore and grounded me throughout adulthood: travel. Given the limitations and risks of travel during the pandemic, I rented a motorhome and drove from the Atlantic coast in Virginia to the Pacific in Oregon and back. Starting in the middle of June through mid-July, I was on the road, working remotely, holding 100 client sessions. I traversed 29 states in 29 days, visiting my beloved mentors and some family, all while self-contained with my own kitchen, bathroom, and 6-week supply of food on board. I visited 12 national parks and numerous other national forests, monuments, historic sites, grasslands, scenic rivers, seashores, and lakeshores, often sharing the scenery with clients. I hiked extensively, taking thousands of wildlife photos. When I took the show on the road, I got more out of each day and managed to regain the kind of self-care that sustains me while still helping clients. Indeed, it re-energized me such that I was a better therapist. I also re-learned that if you never leave, you miss out on the joy of homecoming.

Marching On: mid-August 2020

In over 20 years of providing psychotherapy, through multiple wars, natural and economic disasters, and terrorist attacks—foreign and domestic, never have I had so many clients experiencing such constant, situational distress. I have clients grieving and longing for a final moment with a family member or friend who has died from COVID. Some are haunted by images of loved ones struggling for their last breaths, alone, and some have themselves suffered through the infection in complete isolation. I've reassured one newly transplanted, single client—who fears she could languish, sick, alone in her

studio—that if she does become ill, I will do all within my power to have help delivered, or I’ll personally bring things she needs, like hot soup and toilet paper, and leave them outside her apartment door.

With a quarter of my clients representing visible minority groups (and another quarter belonging to a less obvious minority group—Jewish people, individuals who are LGBTQ, and those whose gender is non-binary), many have faced discrimination, inequality, and injustice throughout their lives. Like my daughter, many clients have protested in support of Black Lives Matter; two were tear-gassed and shoved at local protests, and one, a journalist documenting the event, was arrested, though later released without charges. A physician client, a Black woman, recently experienced blatant and scary racism from a police officer when pulled over blocks from work. Later during her shift, the same officer dragged a Black teenager, who he’d roughed up during arrest, into her emergency room. She feels besieged on all sides, at higher risk for COVID and police violence, while serving on the front lines.

Most clients are feeling uncertain and anxious about the future, and many feel the progress they’ve struggled to achieve—emotionally, in relationships, financially—is rapidly slipping away, or is in danger of doing so. Yet, this difficult time has paradoxically been one of the most meaningful of my career. The presenting problems clients seek therapy for vary greatly, yet lately, the substance of what is talked about has converged such that I can reassure clients with confidence that their thoughts, feelings, and struggles are normal—or at least normal reactions to very abnormal circumstances. The immersive, rapid learning has been fulfilling and empowering, and this year has gifted me so much. Though tragedy and death are everywhere, my gratitude and the depth of experiencing the world, of feeling truly alive, have grown. The deepened appreciation for the things that are most sacred and the fight unleashed to preserve those things, within clients and myself, bring strength and hope. In the strains of music in the background, intertwined with the elegiac chords, I can sometimes hear the major key and upbeat rhythms of a victory march. ▼

COLETTE (1942) WROTE A BOOK WITH THIS TITLE (“De ma fenetre”) based on what she heard through her window in the Palais Royal in Paris mainly during the Second World War. She was bedridden, but going out was not all that wise anyway in German-occupied Paris. She would listen and often make up stories based on what she heard.

AUSTIN, TEXAS
mhscher@earthlink.net

I have been thinking about that lately as I have been sequestered in my apartment in Austin. I cannot hear much as I am on the 13th floor and we have 1980's sealed windows, but I do have a panoramic view to the city in one direction and to the horizon in another. It is expansive, and sometimes I can feel that. At other times I feel closed in and as if something impenetrable keeps me from touching the freedom that lies within my sight.

It has been weeks of solitary confinement, and I continue to puzzle about it. I am beginning to think that privilege is a trap. At the same time that it gives comfort, it gives pain as the absence of freedom becomes more apparent. Is this whining or is this reality?

Questions or enigmas like this seem to plague me as I thread my way through the plague. Do I have the right to chafe when I am comfortable: still working, eating, walking, baking, reading, watching...and yet feeling sad, angry, anxious, frightened, and restive. Scintillation seems to be gone, and I have no idea where it went. I feel boring as all I can talk about with friends is the pandemic. I feel hopeless sometimes as there is nothing to look forward to in the foreseeable future and beyond that it almost seems delusional.

I feel a kind of lethargy which comes from my emotional state and from the absence of a good deal of physical activity because I am not out in the world doing all the things which were ordinarily done. Getting groceries delivered is a luxury but so was poking around in the supermarkets unearthing a piece of stilton or some beautiful leeks or fennel. I suppose I should feel guilty for thinking such thoughts as others wait in endless lines at food banks, but I have always thought guilt was over-rated, and the thoughts are my reality.

Some weeks ago I had a dream that I had driven somewhere, parked my car, and then gone off to do something, and upon returning to the parking lot I could not find the car. I have always thought of the car, a significant icon in our culture, as a symbol of one's life or self, and so in the dream I was revealing how my life and self seemed lost or stolen but definitely gone. This invisible, untouchable, unsmellable, untasteable weapon of destruction is out there, and all I can hope to do is hide from it so as to keep it at bay.

There is a heaviness that has descended, and I am not sure what it is about. Perhaps it

is the thought of having to give up things that have joyfully filled my life, like travel and meeting friends for coffee, drinks, lunch, or dinner. Touching and being touched are fond memories which may never return. Unlikely, but realistic at the moment.

I feel like I am living my life at a remove. As if I am seeing the world, my world, through a glass pane...far from sensing it as I have always. I realize, too, that writing this article is an act of faith, as I cannot know whether I will live to see it in print. Of course, that was always the case, but now that I am in a vulnerable demographic it seems more possible. I hate being separated from my world.

I am saddened (I used to be angered) by the disregard of so many for my safety and well-being. The absence of masks and the willingness of the unmasked to ignore social distances is frightening and unkind. I have always loved many people and was vigilant about others, but now I feel myself becoming unloving toward many. I am sad about that but cannot understand their callous disregard.

Obviously, I am in constant flux emotionally as this thing wears on and we continue to be unsure of how things will turn out. It is hard to know my feelings as they are changing some days almost constantly. I awake and then in a rush remember what is going on, and a sadness flows over me. I rally as the day goes on, but there are always moments when the heaviness creeps in.

Seeing clients has often been a respite from my own concerns as I can concentrate on whomever is sitting across from me and lose myself in their world. I can still do that. However, clients often have the same concerns as I do as a backdrop, which makes it hard to metabolize my own distress as I listen to theirs. This is also true of the distress of family and friends.

I begin to wonder about whether I am a false self or person with clients as I want to be encouraging and positive without being optimistic. I do not want to be pessimistic, but with the uncertainty and almost daily onslaught of problems and dark news it is hard to maintain a hopeful attitude. Should I try to do that or be more congruent and perhaps nurture depression?

I have never had difficulty being upbeat in some measure with all clients, even the most depressed, but now that seems especially hard. I know that is the appropriate way to be, as anything else would be false, and yet I regret that I cannot be more positive for clients. I can be positive about their struggles but not about the tragic circumstances of the pandemic and the dangers and dislocations it has introduced. That feels honest and congruent but supremely sad to me.

When I speak to my own therapist there is a part of me that wants him to make it better, just as I suspect all of my clients at some point have the same wish. One of my clients paused as we were talking about the difficulties being presented to him in his work and said, "I just had the craziest thought, 'How could you have let this happen?'" We both laughed, but.... ▼

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MARTHA BLECHAR GIBBONS, PhD, APRN, BC, is a nurse psychotherapist, nurse practitioner, qualitative researcher, educator, and author. She maintains a private practice in Washington, DC, where she provides clinical supervision as well as psychotherapy and medication management for children, adolescents, and adults, offering a diversity of treatment modalities. martha@marthagibbons.com

First Do No Harm

HIS VOICE WAVERED AS HE IMplored, “I NEED TO SEE YOU, BUT I CAN’T SHARE THIS ON A VIDEO SESSION. I HAVE TO MEET YOU IN PERSON.” Eleven months had ensued since I worked with Mark and his wife, Sari, in couples therapy. Over a period of 3 years we had previously struggled together to identify and comprehend the obstacles that were preventing them from sharing a gratifying marriage.

But this was April 9, 2020, and COVID-19 was extending its deadly tentacles over the landscape of our society, injecting fear and horror, seizing lives, and changing the way we live our lives. Psychotherapy was transferred from office to home, forcing therapists to turn to telehealth to continue to work.

Due to the shortage of health care providers, as a nurse I had been contacted by my city’s health care administration to provide care to patients during the pandemic. Yet I was engaged in a full-time private practice of psychotherapy and medication management that I had nurtured for 27 years. Here was someone in need in my own practice, pleading for an in-person connection due to what he described as a crisis of his own.

While many of my nursing colleagues were caring for patients in person during the pandemic, all of my colleagues who were psychotherapists were providing telehealth exclusively. I, too, had become familiar with a variety of video platforms and was attempting to master the technology that allowed me to maintain my practice. But like many, I found the frozen faces and distorted voices looming from disrupted video sessions vexing.

I consulted with medical experts and contacted my professional insurance. I reviewed pandemic clinical

guidelines for health care providers. I purchased a non-contact infrared thermometer (NCIT), products necessary to clean surfaces, and hand sanitizers and engaged a professional cleaning service. I was fortunate that the size of my home office granted an abundance of physical distancing, and I did not share a waiting room. I opened windows and doors to increase ventilation and incorporated an outdoor workspace to use whenever possible. I planned to maintain a distance of more than 6 ft between my patient and myself. I used an American Psychological Association (APA) template for informed consent for therapy. I would not have physical contact with my patient, but I refused to use the term “social distancing” once I learned that the health minister of New Zealand proclaimed that the correct terminology was “physical distancing with social closeness.”

I pondered the advantages and disadvantages of providing psychotherapy in person. In my deliberation, the first principle of nursing, nonmaleficence, or do no harm, came to mind. Born out of the Hippocratic Oath, this principle mandates that we do not cause injury to our patients. But what constitutes injury? Is it taking the risk of meeting a patient in person with potential transmission of the coronavirus, or is it refusing to see a patient encountering a personal catastrophe, who is pleading for the physical and emotional presence of the health care provider?

As I watched the daily televised reports from the COVID-19 Commission, it became evident that science and reason conflicted with speculation and intuition to determine public policy. Reports from the Center for Disease Control (CDC) were confusing, especially pertaining to the spread of the virus from contact with surfaces. There were too many contradictory accounts that resulted in a farrago of misinformation. Anxiety and fear were rampant.

One statement that was consistent was that the implementation of social distancing (SD) in communities across the globe was required to reduce the spread of the coronavirus. However, researchers speculated that SD could lead to long-term negative psychological effects including an increased prevalence of anxiety, depression, anger, loneliness, frustration, and boredom. Yet for some there could be benefits: increased sense of well-being derived from time with family, the ability to focus on self-care, and a greater sense of altruism as individuals begin to view SD as a way to protect others from illness and harm (Lewis, 2020).

The isolation resulting from the pandemic amplified the need for connection. I listened to patients, family, and friends express their grief as they experienced layers of loss. I, too, experienced isolation and loss, unable to visit a 93-year-old lifelong friend who had suffered a stroke, barred from holding my son’s first child due to pediatric restrictions.

My own grief deepened as I realized that in my decision to see my patient in person, I was confronted with barely concealed criticism. Even my closest friends and colleagues challenged my decision. One expressed horror that I would purposely put others in jeopardy. But my patient and I discussed the concept in painstaking details, and both of us accepted an unknown degree of risk. Unmasked, with 10 ft of separation, we engaged in a co-created alliance.

The weighty secret that Mark carried and deposited in my consulting room began to unfold. He had contained the burden for 23 years of marriage until it was suddenly exposed through an expensive medication charged on a credit card. Sari discovered it and called him in a rage. “Mark, are you gay?”

As he sat in the chair across the room, bent over in agony, he began to disclose his narrative. “How long have you known?” I inquired. He closed his eyes and sank back in the chair. “Probably 30 years.”

Mark’s chronicle continued as anguish contorted his face and stiffened his body. He had met Sari in New York City as they were both beginning their careers. Immediately drawn to her warmth and generosity, he found safety in her presence. She nurtured him in a way that he had not experienced before. Her humor and vivacity were healing, a sharp contrast to the stern rigidity he had experienced in his own family. Living a heterosexual life with Sari was Mark’s dream, to marry and share a home together. Children did not populate the vision, for his parents had not cared for him in a way that allowed him to imagine that he could father a child.

Sari was attracted to Mark’s charismatic character, strong work ethic, striking good looks, and dry wit. She had been reared in the warmth of a loving, nurturing family, with a mother and father who prioritized parenting. She was able to offer Mark the love and affirmation that he craved.

In the beginning of the marriage, Mark and Sari pooled their creativity to establish an elegant house with a vivid garden. They thrived in the company of loyal friends. They indulged in international travel. Sari abandoned a professional path that had not been gratifying when Mark assured her that he could support them both. Early in the relationship Sari learned that Mark paid considerable attention to his appearance. He was stimulated by fashion and conveyed this through the purchase of designer shoes and clothes. Once they were married, Sari was shocked by the monthly sum Mark spent on clothing and pleaded with him to confine his exorbitant choices. But her vexation mounted as he continued to spend large amounts on European clothing brands as they traveled abroad and persisted with this passion when they were at home in the United States.

Tension surged between the couple as Mark’s spending continued and Sari’s pleas for restraint were ignored. Mark gifted Sari with expensive jewelry in conciliation, but she resisted his efforts, chiding him that she did not require a collection of lavish items. Distressed by his habitual expenditures, Sari finally convinced Mark that they needed help and contacted me for couples therapy.

When I met them for the first time, they expressed love for one another, but a deep despondency permeated the session. Sari sobbed as she shared her concerns about Mark’s spending and her fear that they might plunge into perilous financial difficulty. Mark was reserved and appeared almost dissociated, as if not present in the room as Sari pleaded with him to amend his behavior. He denied that they were in financial jeopardy and refused to acknowledge that his outlay was incongruous.

We continued to meet, each session leaving me with the impression that there was an impasse we could not unlock. Sari reported that Mark was working long hours both on weekdays and weekends. She felt abandoned and coped with the isolation by joining friends on trips out of state. Sari and Mark were sharing the same residence but living parallel lives.

During one session chilled by the emotional and physical distance separating the couple, I challenged them with the query, “Do you sincerely want to work on this marriage?” Mark nodded that he did; Sari countered with a vacuous gaze. “I’m not sure anymore.” His eyes clouded with sorrow.

Time elapsed without a subsequent session. Both Mark and Sari expressed frustration and hopelessness. They doubted that their marriage could possibly change for the better. Our communication slipped into silence until Mark's tormented call that April morning early in the pandemic.

Mark and I labored to untangle the complex cords of his life while the unrelenting, ominous contagion of a deadly virus posed national and international peril. As governors lifted state restrictions, the number of coronavirus cases escalated. The resilience of many was tested as the exercise of freedom collided with the fear of contracting the virus. Incessant apprehension and hypervigilance transformed what the nation had previously experienced as normalcy.

The acute stress of thanatophobia promulgated anxiety, depression, and fear. The suicide rate increased due to the stress of the lockdown and the fact that the pandemic occurred during the annual peak time of this type of violent death, April and May (Nasrallah, 2020). The requirement of social distancing and omnipresent use of masks disrupted human activities.

As Mark and I progressed in our work together, I became even more convinced that our choice to meet in person was warranted. Having incorporated sensorimotor psychotherapy into my practice, I was ardently aware of the profound communication generated from the body. I was able to respond to the developmental trauma that externalized somatically and guide Mark through interventions to facilitate self-regulation.

While Mark and I met, Sari independently committed to individual therapy with a psychologist. Both Mark and Sari requested that we ultimately return to couples therapy, this time with the quest to conclude the marriage in a way that would constrain the acrimony.

Months passed while the pandemic insidiously pervaded every aspect of our society, disclosing the fragility of what had been considered a conventional lifestyle. A perturbed sense that nothing could ever be the same again shrouded humanity.

Mark and Sari finally acknowledged that their marital relationship could never be what they had envisioned, and our work together proceeded in the direction of divorce. The love that they had expressed for each other was still palpable, and they voiced the hope that it could be preserved.

By August 2020, more patients were requesting to see me personally for psychotherapy. I continued to weigh the risks and benefits, approaching the decision on an individual basis. The marked difference in the video and in-person sessions could be dramatic, confirming for me that whenever possible, the holistic, mind-body, in-person approach allowed for the essential connection that could not be replicated by video. But with each case a haunting voice whispered, "Do no harm." ▼

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Temporarily Permanent: COVID-19 and Me

Lenore M. Pomerance,
MSW, CGP

IN A PREVIOUS ARTICLE IN THE *AGING AND PSYCHOTHERAPY* ISSUE OF *VOICES* (Pomerance, 2017), I wrote about how the prospect of turning 70 had galvanized me to look back through my life to retrieve something important that I might have dropped, encouraged by Erik Erickson (1982) to choose integration over despair. What I had dropped turned out to be my passion for the Chinese language and China. So at age 68, I started to relearn Chinese and planned what turned out to be three visits to China in the ensuing decade, as well as acquiring a long desired training in tai chi and qigong.

Now, at 78, I'm facing another big decade change: 80! This time I'm turning to Stanley Kunitz's (1977) poem "The Layers" to follow his exhortation to live in the layers, not the litter. It's taken me several years and many readings to understand what that suggestion means. For me, the litter represents relationships that bring me more pain and anxiety than peace and joy, obligations that have become more onerous than satisfying, and distractions that keep me from the Jungian task of individuation.

Then suddenly what has become the tsunami of COVID-19 came crashing down on country after country wreaking havoc everywhere but especially in the United States. Here, those closest to the shore—the poor, the elderly, disproportionately people of color, frontline healthcare workers—have paid the highest price with their lives. The rest of us, depending on our means, have sought higher ground. As therapists, our higher ground has become, first, learning how not to get infected with the virus, and second, the challenge of converting our in-office, face-to-face sessions with our clients to online teletherapy.

I used to scoff at online therapy. How could that be as effective as meeting face to face? What about the sanctity I have built up around my private practice office? How responsible can I be to someone remotely who can vanish with the touch of a computer key? And finally, I'm too old to acclimate to this new technology!

Well, it turns out teletherapy is not the cold, impersonal remote mode of working that I once thought. I'm surprised at how quickly I've been able to adjust. Many of us complain, "Well it's working, and I'm glad I'm still able to work, but it's not the same." No, it's not the same. And it's beginning to dawn on some of us that nothing is ever

WASHINGTON, DC
lenore.pomerance@gmail.com

going to be quite the same, even once, down a long road, this virus takes a back seat in our lives. But meanwhile all I have is now.

This is what I love about my now: only having to get half dressed, not having to leave my home, and for me, the privilege of being able to live in the country which I have always secretly wanted to do. My husband and I are making a rural, 100-plus-year-old farmhouse a temporarily permanent home. It didn't have indoor plumbing when we first bought it in 1973 but now boasts two bathrooms, a kitchen sink, and Wi-Fi! I have started a vegetable garden and rush out there at first daylight to greet the ripening cherry tomatoes and to see whether or not the rabbits have decimated the cabbage: Oops, they have! There's also an unidentifiable huge, long-necked squash that is taking over the garden, going up one row and down the other, reminding me of Audrey from "Little Shop of Horrors" (Oz, 1986).

What I'm also able to do is Zoom with two tai chi teachers 9 hours a week, one of whom is my first tai chi teacher in China! Joining me with Master Ping is a woman from Iceland and another from Kuwait. It's an expansion of my life I could never have conceived. I've even started teaching tai chi to friends and family.

Zooming from my rural home is challenging the carefully crafted sacred space that my Washington, DC, office represented. I'm in a bedroom, but I'm making sure the Zoom screen doesn't show the bed's headboard, as that feels too intimate. Instead I place furniture and plants behind me as if I'm setting a stage. But sometimes the Wi-Fi is better in another part of the house, so I'll hear, "Hey, we're getting to see more and more of your house!" Or, "You changed rooms." I'm not ready to talk about what it feels like working here with my patients. But when I get up out of my Zoom chair to straighten my frozen back, I get to go outside and smell the country air and the subtle scent of the white Mega Mindy hydrangea bushes around the house.

Meanwhile back in Washington, DC, where I've had a private practice in a beautiful sunny office for well over 20 years, my office mate who is an acupuncturist closed her practice, precipitating a hasty shut down of our suite. For several weeks prior to the move I felt suspended in a hot air balloon, not knowing how long I could keep afloat or where the wind would blow me, and feeling I had little or no control over its direction. How could I lose my sacred space where my identity as a therapist resided? This Zoom thing works well enough, but it's only temporary, right? However, from the dismantling of my office I managed to reassemble my desk in a room at home. My sofa and chairs are scattered, and I won't know how it'll all come back together on the other side of pandemic until I get there.

I've had a hard time admitting it, but the COVID pandemic has given me permission to live and work in a way I never would have dreamed possible before. What I first thought was an existential crisis now feels like an existential transition. Apparently in Kunitz's (1977) words, "I am not done with my changes." ▼

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Less and More: Retiring in the Midst of Pandemic

“Everything that ends is also the beginning of something else.”

—Pema Chodron

“ARE YOU REALLY GOING THROUGH WITH IT?”
The client was remembering my initial try at retirement several years ago, an attempt itself terminated by my own ambivalence. But what I heard in her question triggered the ever-lurking guilt of a conscientious clinician quitting as the world lurched out of control. What I felt echoed the global sense of loss and confusion wrought by a pandemic that was both to intensify and undermine our termination efforts for months. No longer a predictable weekly 50-minute haven, our sessions were suddenly at the mercy of an electronic platform as quixotic as the virus itself. We struggled to make sense of the day to day, even as the 6 months I’d allotted to a farewell process back in January seemed sometimes more than we could handle, often less than we would need. And we immediately had less of each other—less time, less eye contact, less intimacy—and more, much more, to worry about.

I’d hoped for an orderly end to these therapy relationships of years, sometimes decades. I wanted our terminations to be thoughtful and sensitive, planful and straightforward. Unrealistic of course, since this ending was not of their choosing, but still I’d believed I could provide an ending somehow not totally reiterative of other uncontrolled and uncontrollable losses, a process that could heal rather than re-traumatize. (I had in mind a colleague’s abrupt death that upended the lives of her patients, many of whom subsequently landed in my office, their incomplete farewells for years a burden.) But then

BETSEY EDWARDS, MSW, LICSW, retired in 2020. Betsey’s professional life began in the 1960s as an English teacher, soon morphing into that of a high school guidance counselor. She continued to shift gears within the field, working as a supervising administrator in a women’s health center and a therapist in several inpatient facilities in the Boston area. In midlife, she attained her MSW at Smith and then worked in private practice for 40 years, specializing in individual and couple psychotherapy.
baedwards213@gmail.com

our world as we knew it ended. Life outside the office was never to be the same. (And ah, that office—with its containing chairs and energizing plants, its reassuring book titles always in the same sight line, its windowed view of the water, and most of all, its clocks calmly tracking that 50-minute hour. All seemingly vanished now, familiarity usurped by seductive screen glimpses of each other's domestic shambles that competed with our fading, distorted faces.)

I'd absorbed psychodynamic literature's predictions of the affect storms expected with terminations, and I thought myself ready for regression, acting-out and acting-in, rampant explosions, or denial of shock, fear, pain, and grief—actually, the gamut of human emotion. I naively hoped for moments of insightful gratitude, even as I struggled with my own discomfort with those patients' words of love and longing that had already come my way. Until Anne Power's (2016) examination of terminations triggered by retirement, few professional articles spoke of the resultant challenges to attachment bonds as perhaps equally difficult for both client and therapist. Even her thoughtful and cogent writing had its origins in interviews with therapists working in years closer to the best of times. And this seemed the worst of times.

Back in January when I initially announced my departure plan, the world seemed beset only by the usual winter dreariness. And many clients, having heard this announcement from me before, this time laughed gently, took the news in stride, and quickly returned to their own issues. I tried hard to remind them of our limited time together, the work incomplete, or even the progress made. After all, I had been the grateful recipient of 10 years of Paul Russell's supervisory wisdom. His words resonated, "The only mistake is not saying what can be said" (personal communication). Fighting my inherent reserve, I wanted to help people voice the unvoiced. Anxious glibness took over as I hoped to prompt farewell thinking, even by rewording the old therapist joke, "Speaking of apple pie, let's talk about your mother." to "While we're talking about losing your job, we probably should think about our own loss of each other that's coming up." Few clients took the bait, and for many, it was as if I'd never spoken of leaving. Though I had actually anticipated this experience, common to Power's (2016) interviewees, it never failed to sadden and unnerve me, as our clock ticked. I seemed more needing to address termination than did my clients, whose lives were affected in so many other ways by the world's looming shutdown, and I strongly sensed their very real need to talk about those impacts.

Because now it was mid-March, and my clients were feeling more and more physically, emotionally, and mentally vulnerable to the conflicting media and political messages of rising horror and confounding denial. They were fearful of losing their health and their jobs, sometimes simultaneously frustrated with their children and separated from their grandchildren, or perhaps worst of all, isolated alone in their homes, in the midst of unprecedented uncertainty. They tried to keep their online sessions, often overwhelmed by our technical difficulties that compounded rising anger and fear. My choosing soon to end even these unsatisfying hours seemed inconceivable, certainly unspeakable, magically wished away in the manner of "If you don't talk about it, it isn't happening." They couldn't afford to get angry at me for leaving...that seemed just too much risk.

Of course my own ambivalence was growing. Hadn't I hung in there for nearly 50 years, through multiple venues, thousands of students and patients, situations either

traumatic and complex or seeming insidiously mundane? Hadn't I mostly loved what these treatments included—human connection unknown in my only-child experience? Hadn't I prided myself on being of use, on doing more than taking up planetary space, or at least, to paraphrase a Buddhist blessing, doing as little harm as possible? And now, in what was rapidly morphing from inconvenience to cataclysm, I was going to abandon my clients? I added this to my own “more” category: more anguish, more guilt, more confusion, and more navel-gazing. And still, there was ever less time.

Very quickly, the daily challenges of practice emphasized that particular “less.” It started with that awful Sunday when an entire day-of-rest saw me failing miserably to master a telehealth platform. (Yes, my own fault...I had steadfastly declined to advance into this century's embrace of such mediums. I was admittedly a slow tech-learner, but I also believed “remote therapy” to be a contradiction in terms, given all that was compromised—physical proximity, body language, eye contact, nuance, even consistency. True, my nimbler colleagues were welcoming the challenge of change, experiencing telehealth as an opportunity for more, not less, focus, convenience, and even patient commitment.) Many of my clients were equally resistant, probably equally fearful: “No, I'm more comfortable with canceling this week than trying this new regime. I'll ‘see’ you next week.” That week was slow to arrive and very brief when it did. Then there came the initial insurance company dance of denial, as they refused to pay for the very telehealth sessions they themselves had been promoting. (They changed course eventually, but even as I write this, the status of future payment remains unclear.)

The long slog was more and more with us, as sessions seemed less engaged, more disconnected, less energizing, more exhausting. That widely-circulated cartoon of a therapist sprawling rag doll-like on her own couch under a clock registering 8:00 p.m. was more apt than funny. Clients' underlying themes were more diffuse, often overshadowed by the larger world's chaos, concerns which had previously been incorporated into the material. But now this *was* the material of people's lives, certainly not to be interpreted primarily as avoidance of impending loss and change. And again, such comments from me as, “I hate thinking this pandemic may prevent our ever meeting in person again,” were usually ignored as the awkward refocusing attempts they were.

My own issues were more starkly center screen, often paralleling my clients' themes, and often ironically illustrated on the actual screen. There was the time I'd just admitted exhaustion, and my computer robotically mocked me, insistently echoing, “-austion -austion -austion” in a weirdly stuck feedback loop. Or when I observed that a client might need some time off from home-schooling, and the screen darkened and died. I felt helpless in the face of these minor external challenges and even more so with serious dangers, including the very real isolation these mechanical disconnections illustrated. Now that I couldn't even remedy mechanical failures, I succumbed to wondering if I'd ever been helpful at all. I was overcome by my own fears, breaking into hysterics as I burned the rice after a long day. I'd always been an anxious type, but now my voice actually trembled and my hands fumbled at the keyboard. Even as I assured patients of the significance of their issues, I slipped into labeling my own as “First World problems,” as the world seemed ever more torn by unemployment and poverty, illness and death. I felt guilty about resenting the media's prevalent omission of psychotherapists from the roster of health care heroes. Did this profession to which I'd devoted my life really count in anyone's minds and hearts other than our own? And just what had I been doing with

the entity famously described by Mary Oliver as my “one wild and precious life” (2016, p. 94)? Had I waited too long to retire, believing my own immortality to belie the fact that age 76 had never been the middle of life? And then sadly, a patient close to my own age, hospitalized soon after his online session, fell suddenly ill, dying within days. His family was bereft at their inability to say good-bye; so was I. Time grew even less expansive, more immediately precarious.

Then somehow, maybe in late April, I pulled myself back from the abyss. Exercise and warmer air got me going again. The snow fell off the daffodils. Meditation paused my preoccupation with the pandemic, providing at least enough awareness to confront my egocentric moroseness. An empathic phone call from a happily-retired friend helped immensely, as did a glass of wine after I snapped the computer shut at day’s end. Some internal light began to dawn, even as the terrible numbers of shutdowns and victims climbed. Freed from the mixed blessings of canceled professional obligations and personal opportunities, perhaps I could breathe more slowly, appreciate more deeply, frown less intensively. The ironic timing of this personal opening contrasting with an even more intense global shutdown was not lost on me, and guilt rose up again. Whatever. I was coping more, lamenting less.

More and more, my patients finally seemed engaged in the processes of termination I’d tried to encourage...probably before they were ready. (Way back when, in that initial retirement attempt, I’d adhered to the 1-year termination notice recommended by clinicians with a more psychodynamic practice than mine. My patients laughed. They “forgot.” They saw a year as forever. Perhaps even the 6 months I’d allotted this time was more hypothetical and less useful than I’d thought.) Six weeks got our attention, though.

One patient grew enthusiastic about reviewing together the notes of her 10-year treatment, seeing the losses and gains of her evolution over that period, noting her own progress as she now coped with the pandemic’s threat to her business. Another actively grieved the losses wrought by a recent manic episode as she contemplated her search for “more meaningful work,” now constrained both by her illness and the state of the world. She wondered aloud, perhaps parallel with my own intimated retirement fears, how to find a way to contribute to this world that was changing even more rapidly than she/(we) were aging. A third client recalled our recent dive through her tumultuous divorce, as she finally surfaced, more secure and confident in a new relationship. People began asking questions previously unspoken—“Can we get together for lunch?”...“What will you do when you don’t have us around anymore?”...“Are you leaving because of us?”—and giving more voice to their own anticipated losses—“Maybe I should get a dog to talk to... but he probably would get bored and fall asleep.” I found myself more self-disclosing, even as I felt less protected by previously prescribed, and often comforting, boundaries. I answered direct questions more straightforwardly, expressing more of my own mixed feelings about leaving these longstanding relationships. All these shifts are undoubtedly typical of terminations in more normal times, but world crisis intensified our awareness of the risks of loss and the uncertainty of gain, the constant experience of less and more in the multiple guises of the therapeutic process.

As it always had, more mutuality energized our process. As the last few weeks approached, the end became increasingly real. Patients became more affectively available, often tearful, sometimes explosive. One patient screamed about her husband’s

job lay-off, her torrent of words uninterrupted, minimally interpretable as anything related to her own feelings of imminent abandonment. Another sobbed about being so alone in her singleness, a longtime situation once chosen for its freedom but now claustrophobic in that very lack of choice. But we began, together, to contemplate the challenges of our ending during this larger ending. The electronics were no more cooperative, but we'd begun switching more quickly to other hospitable platforms, despite the warnings about their insecurity. After all, what could be less secure than our own situation, and what more challenging than doing whatever necessary to talk about it? We even began watching the weather predictions to plan for a radical departure: final meetings to be in-person, masked, and both more and less distant on the deck outside my office. I fought mixed feelings about the multiple layers of exposure, but most clients seemed jubilant: "I've tried to get you to meet out there for years." Though hugs would be prohibited by more than clinical reticence, we again hoped to encounter each other more fully—visually, physically, and certainly, emotionally.

On the night before the first in-person meeting, I had a dream clearly related to the reality of retirement during these straits. I was renting a house, but on arrival found it occupied by an immigrant family whom I reluctantly, but summarily, kicked out. As the dream ended, I abruptly recoiled from the realization that I shouldn't have been moving into their space; such action was far from safe in a pandemic, never mind selfish and inappropriate at any time, and hardly well-intentioned. My unconscious was vividly reiterating all my waking worries and doubts. And indeed, that initial deck meeting was uncomfortable, made more so by chilly breezes, masked mumblings, and the very unfamiliarity of yet another surrounding.

But we were slowly dragging ourselves, patient and therapist alike, into the finality of farewells. I was beginning to relax, to let go of my own need for what I considered significant process. I was coming to remember that my overall mastery as a therapist was not fully contingent upon every patient's termination being "meaningful"—that a session I found forgettable or even boring was possibly a moment to remember for a client. And that this whole thing was, indeed, more about them than about me.

So now it's 6 weeks later, and my own D (for "Done") Day has past. (I'd chosen June 5th partly for its D-Day symbolism, but historical facts had obviously escaped me, since June 6th was the actual date of that more globally meaningful day!) The world's pandemic pause continues, with its legacy of less and more, throughout my own transition. Personally, there was certainly less bang at the end...no retirement parties during this contagion. But also less whimper, as I tried hard to heed the Buddhist admonition against expecting applause. Most clients expressed their sadness and gratitude, as well as a hope for both continuation and the completion of their work; few left wordlessly, and no one just vanished. But their preoccupation with a pivoting "real" world didn't just disappear either. That world was certainly very much with us. We all felt an uncertainty far beyond that of our own parting and a weight overwhelming whatever the extent of our own losses.

I continue to resist the "r" word to describe this new phase of life, even as it's filled with more sense of freedom than I've ever enjoyed in my adult, or even adolescent, years. I've always worked, and this very freedom still can make me uneasy. My grandmother's stern words, delivered daily to my prepubescent self, "Something accomplished, something done, has earned a night's repose," still carry much more power than they deserve.

My outgoing voice mail doesn't announce retirement, instead mentioning shifting to a consulting practice yet to materialize, a teaching gig currently prohibited by the virus, and nascent writing efforts like this very article. Ever more goals, but honestly ever more moments savored and remembered, less hurried and rushed through.

"Less," though, truly describes my diminished ambivalence about closing a direct clinical practice, changing that part of the work I've been privileged to do and fortunate to love. Ironically, the anguishing difficulty of retiring during this crisis helped to accomplish what I could not do several years ago. I do feel more completion than loss. I'm afraid this pandemic has irrevocably altered many of the aspects of providing psychotherapy that were most appealing to me, and quite honestly, I'd now rather do things other than adapt to those shifts. I'm excited to explore the simple wonders that even an altered world holds, to prioritize cooking and walking, reading and contemplating, more truly encountering friends and family. A colleague's recent self-perception will hopefully ring true for me as well: "I'm a much nicer person now that I've retired." Those friends and family may not have such an altered perspective, but I am beginning genuinely to feel it in myself.

Some guilt may always remain about departing the field when the world situation cries out for more, not less, mental health response, I watch the evening news reporting wildly exploding numbers of sick and dying, hungry and outraged, and I want to *do* something, not just observe. I feel vaguely uncomfortable, reveling in my own less-structured days, thinking myself happier than anyone has a right to be in a world apparently going to hell in a handbasket. But I'm cheered by the memories of those last days of treatment, full of my own gratitude for the patients who spoke of theirs, relieved in knowing they'll probably be as all right as any of us can be. That though the issues that brought them to therapy are ongoing and perhaps even magnified by the world's precarious state, we all did the best we could. And the urgent complexity of that very world situation continues to demand hope, rejuvenate faith in the process of connection, and teach us all about less, more, and enough. ▼

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Founders Park on a 7th day. I sit. Breathe. Watch.
Neighbors and strangers divining *six feet apart*.
Seurat should be sketching these tender hearts.

Two love birds are cooing and wooing, up close.
What's social distance when souls seek a mate?
None of us protest. Truth is, we'd all like a dose.

Young couple plays with two German Shepherds.
The HE with four legs but the SHE, counting three.
Raising dogs as if children. Uh, what am I missing?

A real mommy and daddy with two little kids.
Lapping up ice cream like young pups will do.
Sundaes before Mondayz to soften the skids.

Uber-calm mother. Brother & sister no trouble.
Hanging and laughing and chasing and racing.
Imagine them twins, in their own little bubble.

Two seniors benched are poised for intruders.
A purse clutched lightly. A grudge held tightly.
Too still to be noticed. Too still to be not.

The twins zooming by, graze the couple ungently.
The grudger lets loose: GET AWAY! LET US BE!
Tears flow, "We're sorry." Mom beckons intently.

Walking home, a man with his dog greets me dead on.
My ease off the curb earns a nod and a "thank you."
Best friends forever? No, I get it. No rhyme this time.

Lobby to penthouse to steamy hot shower.
Crooning like Bangles to a *Manic Monday*:
I wish it was Sunday, 'cause that's my fun day...

Ringling quarantined Katie. "Leave message...
"How you doing? And Connor, Ian—and us too."
Fingers crossed. Make a wish. Say a prayer. I do.

Dreaming of dreams let go.
Like feathers floating in free fall.
Stampedes rage below.





Processing Racism: The Other Pandemic

THE GUEST EDITOR OF THIS ISSUE OF *VOICES* CONTACTED ME WITH “AN AWKWARD” REQUEST TO WRITE ABOUT RACISM AND PSYCHOTHERAPY DURING THE PANDEMIC. Extra time was allotted because the request came one week prior to the deadline for submission. My initial reaction was to refuse, but I was influenced by the expressed concern that I might experience the request as insensitive or offensive. I had to work through my negative defensive reactions of feeling like an afterthought and a token. I also had to take responsibility for choosing not to initiate writing an article on my own. This lack of initiative is rooted in my own confusion about how much to be proactive versus reactive in responding to racial issues. Navigating these racial boundaries can feel amorphous and obscure to me.

The guest editor is deeply embedded in race work and believed the pandemic could not be separated from the racial issues that had surfaced. I, on the other hand, believed the pandemic illuminated racial issues that had always existed. The phrase “had surfaced” was interpreted by me as an unknowing or a minimization of systemic racial health disparities. I was intrigued by how the different use of language had already initiated our engagement in processing the racial vicissitudes inherent within the context of this pandemic.

George Floyd’s murder was a gift in that it spotlighted the atrocities, brutality, and cruelty that African Americans suffer daily at the hand of law enforcement. The touted “few bad apples” are well known as bushels to the African American community. Where are the voices of the majority of good apples? How do African Americans take in, process, and metabolize events that appear to be

GLORIA MYERS BELLER, LICSW, has been in private practice in Washington, DC, since 1991. A particular interest in cultural diversity and multicultural relationships informs her work with couples, individuals, and groups. She believes authentic engagement begins with hearing and taking in the lived experience of the other. Every encounter is a cultural exchange that requires deciphering.
beller217@aol.com

intentional homicides? They are often inundated with justifications, lamentations, and excuses that explain the excessive use of force. As a psychotherapist, can you imagine the protracted multigenerational impact this had on the African American psyche? When one's lived experience is so different from that of the "other" it is extremely difficult to fathom that there could be a cruel and brutal alternative reality that is also true.

Being a product of the deep segregated South, I have a particular sensitivity to what I feel is the hypocrisy of preserving the accoutrements of the Confederacy. For me, the Confederacy represents humiliation, economic exploitation, and death. What is the actual history and heritage lost by the removal of Confederate statues? Are we losing the history of rape and violent "midnight integration" forced upon African American women? The many shades of blackness represent the carnage left behind by the Confederacy. African Americans once again get to hold an ugly alternative reality. We want to *right* history, not rewrite it.

Current events, historical antecedents, and professional experiences have significantly influenced my psychotherapeutic assessments, interpretations, and interventions during this pandemic. I would like to share clinical examples that illustrate conflicts with racial themes that were expressed in my practice.

Recently, a young White male referred himself to me from *Psychology Today*. He wanted an older African American female therapist who had "been through some shit." Was this a compliment, an insult, or a combination of both? Did I represent someone who had weathered many storms, and could I offer shelter from the harsh realities of life? The client and I have entered into the uncertain therapeutic journey trusting in whatever process evolves. The challenge and opportunity to incorporate race into the therapy requires both the client and me to be open to the unknown and willing to accept that old understandings could be debunked.

Being an African American therapist, it can be painfully disconcerting to hear reports of racially inequitable pain management protocols. My White client was appalled at being prescribed an excessive amount of opioids, while my African American client was disappointed in being prescribed Tylenol with codeine. An old familiar voice in my head said, "African American people can handle pain, but White people should not be allowed to suffer." After pushing through my outrage and disgust, I felt compassion for how they each suffered and encouraged them both to advocate for better self-care.

A White female, 30-year psychotherapy client expressed feelings of futility about the efficacy of talk therapy during this pandemic. Feelings of despair, hopelessness, and powerlessness made her feel incapable of being an architect of her destiny. She could not envision what a post pandemic world would even look like. I felt annoyed and irritated to also be engulfed by feelings of impotency and disempowerment. Was my own racism and implicit bias fueling anger, self-righteous disdain, and a fractured sense of competency? Did my racism serve as a defense to impede my ability to be with my client in her despair? To feel such despair would have challenged the African American ethos "We shall overcome." Nevertheless, the more I allowed myself to fully embrace this impotent emotional space, I slowly began to experience a sense of strength and vigor. I came to an awareness that this pandemic was about running a marathon, not a sprint. The challenge for me and for my client was to endure in the face of uncertainty. As an African American, I know a lot about having resilience without any assurance of the outcome.

A pandemic casualty for me was the dissolution of a 20-year psychotherapy group.

Through attrition the group had diminished to two White men and two White women. I, wisely or maybe unwisely, decided not to add new members during the pandemic in order to minimize disruption. The group had also gradually become intolerably split along political lines. I exhaustively tried to hold and bridge the divide. Interventions attempting to broaden the dialogue and expand diversity of thought were repeatedly met with failure. Group members would ultimately revert back to expressing anger, frustrations, grievances, and disappointment about how the pandemic was affecting them. I decided to terminate the group because the communications became hostile and dysfunctional. After disbanding, group members expressed both relief and remorse. They also expressed a wish that the group would be resurrected after the pandemic.

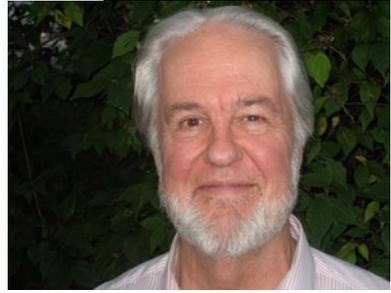
In retrospect, I wonder to what extent unconscious racism was operating within me and the group. The group's only reference to race was a discussion about people of color dying at a greater rate during the pandemic. Was I slowly dying as the only person of color in the group? Had I absorbed and metabolized racist projections by becoming the group's savior? All I know is that I have not experienced any remorse, uncertainty, or regret about terminating the group. Perhaps my peace of mind is confirmation that the right decision was made.

As we all grapple with this exhausting race work, I want my White colleagues to either push through their guilt or expand their capacity to tolerate it. Eliminating the guilt impediment opens up the pathway to racial reckonings and reconciliations that engender authentic connections. Create the space for former "enslaved persons" to just tell you their stories. This would become the container we have all been trained to hold. ▼

If you follow your truth down the road to peace and the affirmation of love, if you shine like a beacon for all to see, then the poetry of all the great dreamers and philosophers is yours to manifest in a nation, a world community, and a Beloved Community that is finally at peace with itself.

—John Lewis





Spiritual Considerations in Psychotherapy During the Coronavirus Pandemic

MY CURRENT DEFINITION OF PSYCHOTHERAPY IS THE FACILITATION OF THE ACQUISITION OF WISDOM THROUGH INTIMATE INTERPERSONAL PROCESS. Wisdom is in turn defined as the knowledge of that which makes possible the greatest degree of deep happiness and fulfillment in the client. A particular kernel of wisdom may be applicable to all of humanity, to a subgroup of humanity, or uniquely to a single person. A psychotherapist may facilitate the acquisition of wisdom in the client in two ways within the deep intimacy of the psychotherapy relationship: (a) through direct sharing of wisdom the therapist has acquired, and (b) by helping the client's introspection deepen in order to access wisdom that is available in the client's personal unconscious and in the collective unconscious of any groups of which the client is a member. What follows is based on this way of looking at psychotherapy.

The coronavirus pandemic, with its forced isolation and concomitant arousal of unrest and exploration of the intrapsychic and interpersonal causes of hatred and maltreatment of one group of people by another, raises profound psychological and spiritual questions for psychotherapists and for all of humanity. To the extent that psychotherapists successfully engage in examining these questions in ourselves and in helping our clients to examine them, we potentially serve not only our clients, but also the rest of humanity. The idea that psychotherapy can affect many more people than those who are directly engaged in therapy is based on the concept of the *collective unconscious*, whether it is applied to a particular group of people or to all of humanity.¹ The coronavirus

JOHN RHEAD was born in Utah and grew up in Colorado. He was expected to die from acute liver disease when he was 5 years old but surprised his doctor. He sometimes wonders if that experience had something to do with his long-standing interest in spirituality and the meaning of life. His first job as a psychologist involved studying LSD-assisted psychotherapy for terminal cancer patients, whose doctors were rarely surprised.
jrheadpbd@gmail.com

1 I am using the term *collective unconscious* in a somewhat broad way here, in that I am applying it to the whole of humanity and also to the shared consciousness of subgroups of that whole. The term *groupmind* is sometimes used when speaking of a group that is only part of the human whole. In any case, the term *collective unconscious* as used herein is not the same as Carl Jung's original meaning of the term.

can be seen as a physical metaphor for the collective unconscious in that its effects spread between people in what often seem to be mysterious ways.

The outpouring of sustained interest in racial justice in response to yet another horrific example of racial injustice in the United States (George Floyd's murder) may have to do with forced isolation that is a result of the coronavirus pandemic. Many people were at the time of that murder spending much more time alone or interacting with very few others. For some people, this aspect of pandemic-based isolation has a certain similarity to a meditation retreat, in which one's attention goes more toward inner experience. In such a state of deeper-than-usual introspection access to unconscious process, both personal and collective, may be enhanced. For White people, this unplanned introspection may have led to greater awareness of shame and guilt associated with one's previously unconscious acceptance, if not exploitation, of White privilege. For Black people, it may have brought awareness of Black rage (Cobbs & Grier, 1968) closer to the surface. More importantly, the collective nature of the pandemic experience may have allowed everyone greater access to the collective unconscious components of White guilt and shame as well as Black rage.

As psychotherapists wade into these waves of unconscious material with our clients and in ourselves, our work, both personal and professional, becomes much more challenging and potentially much more meaningful. A couple I began seeing online early in the pandemic gave some dramatic examples of this. They have been married about 7 years, have two children, and are ethnically different from one another. Their marriage was close to being ended, and contacting me was a last resort before getting divorced. Shortly after we started our work together, the husband found himself with some coronavirus symptoms. They agreed that he would be quarantined within their home, with no contact with his wife or children, for a number of days. During that time he was surprised to find himself literally feeling as if he were on a meditation retreat. He had a number of emotional (personal unconscious) and spiritual (collective unconscious) experiences. He emerged from quarantine with a far greater awareness of how much he loved his wife and with a vaguely-defined sense of the spiritual significance of his life and of their marriage. When we resumed the therapy it was a couples therapist's dream! Although there was (and is) still significant interpersonal work to do, the material he had accessed had an enormous impact. His wife's attitude toward the marriage had also changed, apparently with minimal contact between them. Could this be a reflection of the collective unconscious of this group of two? Perhaps.

In individual therapy, and in my own personal self-examination, there are obvious places where the personal unconscious comes into play during this pandemic time. This often has to do with a greater awareness of personally-held racial biases. It also opens up awareness of the kinds of unconscious feelings of inadequacy that make it appealing to have a group of people to whom one feels superior. At the collective level, this can even take on a more spiritual framework, in that one can see one's own group as the "chosen people" in one way or another, whether or not one consciously believes in a God that goes around choosing favored people. For White people, this can be all the more powerful in that it may seem an antidote for the shame and guilt associated with the history of enslavement of African Americans and the genocide of Native Americans.

A particularly intriguing question arises when one looks at the intersection of racial bias held in the personal unconscious and in the collective unconscious of the members

of a particular group, such as Whites. It may be possible for an individual's violent racist behavior to be motivated by the dynamics of the collective unconscious, even in the absence of such dynamics in the personal unconscious. One of the most dramatic examples of such violent behavior apparently coming from something other than the personal unconscious was reported by Larry Dossey (2013). A man who had a history of violence and hatred toward his wife killed her while in a drunken rage. Many miles away his twin brother, with no such history in his own very solid and sweet marriage, went into a sort of fugue state and murdered his own beloved wife. There seemed to be no explanation other than some kind of mind-to-mind connection between the two brothers. Although this would represent a collective unconscious involving only two people, the possibility of such an effect seems affirmed by this example. Psychotherapists would do well to remain open to such possibilities as we attempt to grapple with our own, our clients', and our culture's motivations for hatred and violence.

In addition to bringing into one's conscious awareness the contents of the personal unconscious and the collective unconscious, the current times may offer the opportunity to go a step further. Just as the collective unconscious might influence the attitudes and behavior of an individual through invisible processes, so perhaps might an individual exert an invisible influence on the collective unconscious. Almost every religion and spiritual tradition has some version of the Golden Rule. The suggestion that one treat others with the same kindness and mercy one would hope to receive from them may simply be a behavioral way of conveying the idea that we are all one. It is as if the footnote to "Do unto others as you would have them do unto you" would be "because they *are* you!" However, even if this suggestion is simply taken literally as advice pertaining to how one should behave, it could have value. Practices like praying for the well-being of others or Lovingkindness meditation directed toward all of humanity may actually have an effect on the collective unconscious. This effect could be conceptualized as the displacement of hatred by the intentional infusion of love. Many psychotherapists report feeling love for the clients whom they have encountered in a deeply intimate way over a period of time.² It could be that the deep knowing of another may automatically evoke feelings of love toward the other. Spiritual practices like Lovingkindness meditation suggest that we might feel that way toward everyone if only we had the time to really get to know them. This idea is worth considering and even suggesting to others, including psychotherapy clients. As defined in this paper, psychotherapy may help people discover the deep happiness and fulfillment that can arise from surrendering into one's inherent interrelatedness with all of humanity, if not all life forms.

A client recently began to explore his fear of missing out, or FOMO, (Dossey, 2014) and how it had controlled much of his life as he tried to make sure he attended every potentially interesting event that might be available to him. With the onset of the pandemic he decided to confine himself to his home most of the time for safety and found that his FOMO began to manifest as almost constantly checking his phone or

2 This process can be more complex when the client has behaved toward others in ways that are abhorrent to the psychotherapist, such as the murder of strangers based solely on racist hatred. However, if the process of psychotherapy reveals to the psychotherapist the deep pain that motivated such behavior, it may evoke compassion in the psychotherapist. Similarly, the psychotherapist may feel compassion for the deep moral anguish the client will feel if the therapy is successful enough for the client to realize, and feel the moral pain of, what they have done.

computer to see what might be happening online that he might be missing out on. (I have since learned that this is called FOBO, or fear of being offline.) Although he was physically isolated in his home in a way that might have looked like a meditation retreat, his FOMO-turned-FOBO kept him just as distracted from his inner world as he had been prior to the pandemic, when he was running around to various events in the outer world. About 3 months into this quasi-isolation he had some powerful experiences during a psilocybin session, something he had wanted to try for a long time, with his wife as his companion on his psychedelic journey. As he and I worked on processing and integrating his powerful psychedelic experiences into greater wisdom (as defined above), he began to see FOMO as subdivided into two types: internal and external. Most of his life had been spent in the grips of the external version, even when he was frantically checking his phone and computer while physically isolated from other people. After the powerful internal experience facilitated by psilocybin, he realized that there was a danger that he might over time forget or repress some of what he had experienced that seemed so profound and valuable to him. I told him I supported him in seeing this as a danger and potential great loss for him and in working to integrate his deep experiences into his ongoing life so that their value would not be lost. One of us (not sure if it was him or me) had the thought that the danger we were seeking to address had to do with the internal, as opposed to the external, version of FOMO. That is, he was appropriately afraid of missing out on something very important in his internal world if he allowed it to slip away from his awareness. He was now in the territory of what psychedelic researcher James Fadiman (personal communication) used to call the “psychedelic graduate.” Having had a profound experience with a little help from LSD, many people moved on to find ways to sustain the insights gained, usually through some kind of depth psychotherapy or spiritual practices.

I suspect that my client was moved to go ahead with his long-desired psychedelic experiment in part because of the pandemic-induced isolation he was experiencing. Even with the distraction of his electronic devices, the personal and collective unconscious may have moved closer to the surface of awareness because of the absence of the more potent distractions of in-person socializing. The circumstances of the pandemic also left him much more time to reflect deeply on the powerful experiences the psilocybin had facilitated.

Such powerful experiences can sometimes occur without the help of psilocybin or any other psychedelic substance. These experiences are usually presumed to be a manifestation of psychosis. In fact, what we now call psychedelics, meaning mind-manifesting, used to be known as psychotomimetic, meaning that they mimicked psychosis. However, part of what has been learned from research with psychedelics is that experiences induced by them could be highly therapeutic and transformative when they took place in a carefully planned and supportive environment, with an experienced guide present before, during, and after the period when the psychedelic is taken. As psychotherapists during this pandemic we may be in the position of the psychedelic guide with our clients who are catapulted into very unusual states of consciousness by their new circumstances.

In some ways the pandemic, with its associated challenge of bringing into conscious awareness the causes of hatred and violence between groups of humans, might be regarded as an acute psychotic episode arising from the collective unconscious of humanity, at a minimum, and perhaps the collective unconscious of all living things on the planet. If

this material from the collective unconscious can be successfully integrated, it might lead to great healing and ongoing growth for all humans. This might be a group application of the old “blow-out center” research done at places like Soteria House (Mosher, 1999) many years ago. This research showed that a person having a first psychotic episode early in life would be more likely to have recurrences if treated with antipsychotic medicine as opposed to deep and intensive psychotherapeutic exploration of the psychotic process in a safe environment over a period of days or even weeks. The suppression of the psychotic experience with medication came to be seen as “sealing over,” while the extended deep psychotherapy was called “integration” (Levy, McGlashan, & Carpenter, 1975).

An important finding from research regarding the Soteria House model may be frighteningly applicable. When people having a first psychotic episode were randomly assigned to Soteria House’s model of inviting deep exploration and integration of their experiences, versus traditional treatment with antipsychotic medication to suppress these same experiences, the results were intriguing. Antipsychotic medication led to a more rapid return to normal functioning, while the Soteria approach led to a reduced probability of recurring psychotic episodes. This research leads me to imagine that if the material emerging from the collective unconscious during this time of pandemic is deeply explored and successfully integrated we may be less likely to have recurrences of such collective psychosis in the future. On the other hand, if the current collective upheaval is suppressed by increasingly dictatorial or totalitarian governmental structures, like the suppression of an individual’s psychotic experience with antipsychotic medication without any attempt to explore and integrate such experience, recurrences may be more likely.

The nature of the experiences to be integrated may be somewhat revealed in the latest evolution of vocabulary. Just as *psychotomimetic* evolved many years ago into *psychedelic* as the nature of the associated experiences became more clear, so there has been a more recent tendency toward a new term: *entheogen*. This new term refers to the way that these substances can lead to the experience of discovering, and perhaps becoming, the divine within. This possibility is reflected in the following excerpts from a poem written during the coronavirus pandemic³:

And the people stayed home...
and learned new ways of being, and were still.
And listened more deeply....some prayed...
people began to think differently.

And the people healed...

They grieved their losses,
and made new choices,
and dreamed new images,
and created new ways to live
And heal the earth fully,
as they had been healed. (O’Meara, C., 2020)

3 The poem went viral on social media, initially reported to have been written in 1869 and reprinted during the 1919 Pandemic, but later debunked as written in March 2020 by Catherine (Kitty) O’Meara of Madison, Wisconsin, for the COVID-19 Pandemic. The poem is widely circulating on social media, with publication pending as an illustrated children’s book.

The coronavirus pandemic, with its attendant social upheavals in terms of how people view and treat others, issues of justice and equality, and the potential for a plague of dictatorships around the world, invites and demands greater exploration and understanding of unconscious processes, both individual and collective, in individuals and groups around the world. Psychotherapy can be a midwife to some of this expansion of consciousness, helping more people discover that which leads to deep happiness and fulfillment in life. I am quite convinced that if we can nurture the spread of this kind of expansion of consciousness we can create a consciousness awakening that can heal the world. ▼

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The living can't quit living because the world has turned terrible and people they love and need are killed. They can't because they don't. The light that shines into darkness and never goes out calls them on into life. It calls them back again into the great room. It calls them into their bodies and into the world, into whatever the world will require. It calls them into work and pleasure, goodness and beauty, and the company of other loved ones.

—Wendell Berry

Practice Parameters:

Loving, Loss, and Laughter During COVID-19

"Grief has always been a difficult emotion in America, disenfranchised in a culture fixated on happiness and positivity." (Marano, 2020, p. 36)

IT IS JUNE 18, 2020, AND A FEW DAYS BEFORE MY BIRTHDAY, FATHER'S DAY, AND THE SUMMER SOLSTICE. It has been about 3 months since COVID-19 led to massive closures across the United States and a shift in many of the ways I practice psychotherapy. This day is memorable because today I get a call from a family member of a long-term client. She identifies herself as the sister of my client and tells me she found her unresponsive this morning. She overdosed and is gone. The caller asks me if my client had made and followed through with an appointment this week. I had not seen or done teletherapy with this client for a few months, as she wanted to wait until in-person sessions resumed and said she was doing well. Then I got a text from her on Tuesday, the 16th of June, asking for an appointment. I had just had a cancellation for the next day, and we thought that was fortuitous. She did not keep that appointment, which was unlike her. I tried to contact her to reschedule, but she had already killed herself on that day. Her sister was wondering if I was the last person to hear from her. My client had not responded to her sister on the 17th either, so she went to her home and found her the morning of June 18. I am exhausted. I get through two more tele-sessions and then luckily have a last-minute cancellation and can go into my studio and do some yoga to clear my head before going home to my family. Thank God for my family...

In February of 2020, my husband and I celebrated our 20th wedding anniversary with a honeymoon of sorts. Prior to getting married, we lived in England and had to travel to Chicago (my hometown) for the wedding and then to Louisiana (his hometown) for a second reception for relatives who couldn't travel to the wedding. Needless to say, we were traveled and partied out and opted to take a honeymoon at a later date. That later date finally came 20 years later, with perfect timing. We had a magical, romantic week in St. Lucia, reconnecting and relaxing, before returning home to the March 2020 COVID-19 lockdown.

Jillian M. Thomas



JILLIAN M. THOMAS, LPC, RYT, has been working within the military community or in private practice for 20 years. To reach a wider population, she opened up Camden Wellness, a holistic, integrative medical practice that includes a yoga studio, psychotherapists, and other therapy modalities. Fusing movement and traditional psychotherapy has been the focus of her work for the past several years, as well as enjoying lake life, her family, and friends.

Jillian@jilliantbomastherapy.com

When lockdown occurred and I transferred my clients to teletherapy, it worked out fairly well. My daughter was forced into online learning since the schools closed, and she and I enjoyed “working together” at home. The dog was happy that we were home more, so we decided it was the perfect time to get a new puppy. My husband still had to go into work some days since he is deemed “essential,” but he had more flexibility and was allowed to work from home other days. We felt fortunate that our jobs were secure and adaptable. We felt fortunate that our daughter was a motivated learner and could navigate online school easily. We enjoyed spending more time with one another. As things started to get more complicated and the country started opening up in waves, I made the decision to close the yoga studio of my wellness center indefinitely. The hope is that once there is a vaccine, it can reopen, but it just is not necessary to rush into anything we feel is currently unsafe. That said, I still have conflicting feelings about its closure. It feels odd that a place of healing should be closed when so many could use a safe, healing space, and I continue to be asked if or when it can re-open. Sadly, like many things, it feels out of my hands. There is no other choice but to proceed with extra caution. Even spaces previously thought healthy are no longer what they used to be due to COVID-19. The emptiness of the studio can feel suffocating at times. That forces my daughter and me to blast music throughout it and dance like we are at a club to remind the space that we haven’t forgotten it. Somehow, it helps.

Complications continued to arise as my husband had to go back to his four 10-hour workdays starting in June. I wasn’t sure if I should use my summer babysitter, but I was feeling neglectful of my daughter as my practice was still extremely busy and only getting busier. I had to make tough calls, like see a client who needed a higher level of care to get her into an intensive outpatient program. The two younger therapists I supervise were stressed out, and I had to reassure them about virtual therapy and that we had referrals aplenty. It was difficult, but manageable. At times it felt like I was trying to reassure myself as much as them. This is not anything I could have anticipated or prepared for, but I seemed to be convincing myself well enough. Or it felt that way, until the 18th of June...

What can I say about my sweet, 6-year relationship with my client? She was intelligent, bold, caring, and generous. I can still remember our initial session in which she had a medical boot on her foot from a stress fracture. Although G was 17 years older than me, she was in better shape and tougher. The stress fracture had resulted from her long distance running and in the absence of that outlet to manage her stress, she felt therapy was needed. She presented with caregiver’s stress, having moved back to the area to care for her elderly parents. She also spoke of unresolved grief concerning her daughter who had died from a car accident in her late teens, a special needs grandson, and her son’s injuries and subsequent medical discharge from the military. Her trauma history was significant, yet she had continued to have a rewarding career, raise her children primarily as a single mother, and put one foot in front of the other day in and day out. We had an immediate connection although she could be challenging at times...the best working relationships always seem to be. Ironically, I would have to take leave in the summer of 2019 when my mother had a major medical issue, and G had to hospitalize her own mother during that timeframe and send her to memory rehab and nursing care. We could speak about the limitations of elder care in both South Carolina and Illinois and had a mutual affection and respect for one another. She was the type of client a therapist

looks forward to seeing weekly. She had insight, life experience, and a sense of humor and worked hard in her life and therapy. The hours passed quickly, and the sessions often did not feel like work.

“I never thought she would kill herself.” Her sister’s sentence echoes as I write this. Nor did I. G was a client who sought out higher levels of help when she needed it and had a great nutrition and exercise regime. Not only did I see her in therapy but also as a student in my yoga classes. It didn’t make sense; she didn’t miss appointments! What occurred in the 24 hours that had her contact me for an appointment, confirm she had done so with her sister, and then commit suicide before the appointed session? None of us will ever know—not I, nor her sister, not her father, nor her son, not her grandchildren. My hope is that as G ended her life on this planet, she was reunited with her daughter for afterlife...I don’t know what else to wish for. I didn’t have the opportunity to have a final conversation with her, and that feels like such an enormous loss. I took for granted there would be another session, more time together, and we could pick up where we left off after this pandemic was over. I never foresaw that we had already had our last session or that we would not have the ability to meet again. The confidence I previously conveyed to my supervisees evaporated and was replaced with what felt like a never-ending uncertainty. As this pandemic loomed onwards towards becoming endemic, I thought about how unlikely it was that I would be able to see some of my elderly, vulnerable clients again. This was accompanied by an unsettling feeling of miscalculating who else I had seen for the final session. That was the sticking point I found myself in as I tried to process the grief of losing G. If I had felt so certain we would meet again in my office or studio, who else could be lost in this pandemic that would completely blindside me?

There have been such a myriad of thoughts and emotions over the past few months as I have continued to reflect on my relationship with G. It feels curious that some clients have thoroughly enjoyed and utilized teletherapy well, while a high functioning client like G insisted on not even trying it. I don’t doubt that she was doing well back in March and agreed with her then that waiting was a viable option, yet I find myself getting angry about all the people and things that are slipping through the cracks even as I write this. As more and more months pass, I feel this silent rage at the injustice that many will suffer in silence until they become too lost and despondent. I loathe having to practice in a virtual vacuum and am frustrated with my own futility and losses during this time. However incongruent it may be, I don’t feel incompetent. I don’t feel that I failed G or reflect on the work we did together as insufficient. One would think with such a poor outcome, there would be some regrets, but I can’t muster any. To focus solely on G’s death and how it materialized feels like I would be cheating us both of a journey we needed to take together regardless of how tragic the ending. Many days I still feel engaged at work, at home, or in life in general. As angry as I feel, there is little doubt that I need to continue to engage with others and put myself, my wounds, and my heart into my practice. In part, I don’t know any other way to do it; in part, it helps dislodge some of the heaviness of this universal isolation. My heart does feel bruised and battered right now, but my commitment and motivation remain. Perhaps it is partially obscured by my tiredness, but it is there.

The week after my client’s suicide, I attended a makeshift virtual summer workshop of the American Academy of Psychotherapists (AAP). It felt important to have a space to talk about G. In fact, it felt absolutely necessary, as if not talking about her might

allow the void of her absence to engulf me. At first, it felt risky sharing my loss, but the more I spoke of it, the more my resistance gave way to relief. I felt deeply grateful for this community I am part of, and I worked hard to take care of myself, process some things, and actively hear other members' experiences. I felt connected and cared for by not only the AAP community but my husband, family, and friends. Sharing G with them brought her back to me just as writing about her does now. A member of my AAP peer group said to me, "For some people, this is not a world they can live in any longer." Somehow, that helped me find a way to center myself more than my friend will ever know...or maybe she will now. It also allowed me to return to a place of love and empathy that I normally have felt towards G and let her go a little. In finding some acceptance of the path she took, I can still allow love and compassion to prevail. In fact, this wouldn't be such a big loss if the relationship didn't have a richness and depth to it. Somehow my imperfect attempts to make sense of the senseless allow me to feel close to G again and recognize that our relationship is not over, albeit transformed. I started to give myself permission to do things I often felt there was no time for, like signing up for piano lessons, reading books I bought long ago, and taking extra time to just be still and feel. Somehow, there aren't the boundaries on my life and career that I thought there were; COVID-19 removed many of them. In some ways it expanded both my practice and my time to be home with my family and allowed us to re-set in important ways. The amount of love, loss, and laughter that has occurred during this time is hard for me to process. It is going to take more than a few months to work through all of the changes that have occurred for practicing psychotherapy during COVID-19 and hereafter.

Covid-19 has made many things feel like a whole new world, and it will remain a world forever altered. Yes, many will continue to live in it, thrive in it, lose in it, and love in it...maybe it isn't all that different after all...maybe COVID-19, social unrest, and institutional racism and biases have been the monsters lurking under our beds for far longer than any of us wanted to acknowledge. This time in life might be challenging, but it might also prove to be a time of greater honesty and growth than I have yet to witness. To be honest, I'm not sure I am ready for all this honesty and growth. It sometimes just feels like too much, but then I remind myself that I believe in our capacity to heal and love to bear witness to that healing. I know I, too, have a lot of healing to do and that there is still much to gain from this and many other losses. As much as I can acknowledge that, I also must admit that practicing psychotherapy is incredibly hard work for me right now. I am not immune from the collective stress, anxiety, and grief that this pandemic has brought. I absorb it daily, recognizing that we are practicing in unknown, unprecedented times which make me acutely aware of my limitations and strengths. There is an awareness that life can evaporate in an instant and that I am just as vulnerable to these uncertainties as the next human being. I do not like feeling so exposed so much of the time, but the rawness of these new experiences feels necessary. Perhaps my current reality is more solemn than I was prepared for and that disappoints me on some level. As Marano (2020) said, grief is a difficult emotion, and just because I may help others navigate through it doesn't mean it is an easy journey for anybody. ▼

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Our Connection is Unstable

OF COURSE OUR CONNECTION IS UNSTABLE. HOW COULD IT BE ANY OTHER WAY? My adaptation to the pandemic has been to go into the area of least input—virtual therapy. While I appreciate Zoom, there is no denying the fact that there is less input that flows compared to a live, in-person experience. When in person, I am always listening and watching for the gaps that reveal themselves in the lives of my clients. Often the most popular tell is when a client is breathing very shallowly and denying themselves the full expression of their experience. On screen, I find their breathing more difficult to discern.

When I speak to my 95-year-old father, I speak slowly and loudly to make sure I am heard on the decibel level. Even though my clients assure me that I am loud enough to be heard, I wonder if I am being distracted by the medium of teletherapy and the one not hearing my clients at the deeper layers of their need for self-reflection, soothing, and connection. So, as much as I would like to blame electronic tools for my closed-ended questions and reductions of conversation to “this *or* that” rather than “this *and* that,” there is more to the story. I often wonder if I am speaking too loudly when I’m Zooming to actually be heard by my clients.

Honoring silence, making space for tears, and valuing experience of the moment can get eclipsed by the need to get things done that electronic tools often propel. This is a common culprit in my life from an early age—racing to get things done. Impulsively trying to decide too quickly in order to move on—whatever that may mean. This rush to judgment also shows up outside the crucible of the counseling session. During the pandemic, everyone

STEVEN A. INGRAM, DMin, LPCC-S has a private practice in West Chester, Ohio, seeing adults in individual, couples, and group psychotherapy and offering supervision. In practice for three decades, his interests are trauma, grief, character development, and teaching clinicians spiritually integrated psychotherapy. A member of the American Academy of Psychotherapists since 2004, he currently serves as Secretary. Steven is a husband, father of two young adult children, violinist, and woodworker.
d Ingram79@gmail.com

is asking, “Is wearing a surgical mask in public a necessity?” My clients talk about this dilemma and have many compelling reasons on both sides of the question. One client states his commitment to protecting others and wears a mask as mandated, but doing so stirs his family of origin issues of being told what to do by authorities, like parents and siblings. Another states that wearing a mask “feels safer for me...helps me manage my fears and stay vigilant about my social distancing from others.”

Arguing about face masks is a way to camouflage the bigger reality of complex dimensions of ourselves, as well as any virus. Focusing on the surgical mask gives me a distraction and feeds my illusion of confidence in the face of so much uncertainty. What is the common denominator of this mask-or-no-mask question? Perhaps it is the willingness to explore the existential uncertainty of our world and allow our vulnerability to speak and be heard. There is so much suffering to be heard and healed. Behind my surgical mask is a plethora of intense emotions, a history of familiar fear, and a keen desire for the healing of connection.

When the COVID-19 virus began to gain initial notoriety, I was called to the hospital to attend to four deaths in 3 days at the 200-bed hospital. In my main role as licensed counselor, I am also a hospital chaplain. The deaths were not firmly diagnosed as deaths from the virus. They were considered “presumptive COVID-19 deaths” in the early lack of testing for the virus. Even though I was reassured by the medical staff that the dying patient was not experiencing any pain, watching a person’s body taper breathing down to cessation was not a peaceful sight. In fact, for me, it was gruesome. In those moments, each gulp for air spoke to me of being numb and yet gasping. My parallel experience is that I can be numbed by debate of point and counterpoint and desperately gasping for the true breath that comes from connecting with myself and others. I am often gasping for breath even though I don’t look like it. I suspect, like my clients, I look unaffected or oblivious. However, give me some silence, space for tears, and then I am actually getting something done—connecting with my humanity.

Gasping for breath is something that I have done all my life. Clamping down and opening up the airways has been a lifelong struggle. I don’t have COPD or asthma. I have fear. My flight, fight, and freeze responses were learned long ago, inherited even. My mother became a displaced person in 1939 Germany. She frequently recounted the day everything changed. Her father made the vow to save his girls from the encroaching Russian rapists. Life stopped. Terrified, she walked as a zombie into a cattle train bound for the warmth and safety of Bavaria. She and her brothers and sisters were coldly shunned for their audacity to honor their fear and seek a new home. In childhood, my mother often over-reacted with me. At the end of my first day of first grade in the United States, I innocently asked what it meant to be a Nazi. A kid in my class had asked me, and I didn’t know what the word meant. My mother responded to my query by refusing to speak German in the house anymore, choosing silence, and not addressing my question. I internalized that I was not safe in asking questions. This event, one example of many, anchored my fear, took my breath away, and set me on the path of isolation with more questions.

After many psychology classes and a good dose of personal psychotherapy, I dove into asking my mom about my uncles. They had appeared in pictures that had been stored, as if buried beneath other things hoping never to be found, in the back closet of my childhood bedroom. Uncle Ginter was in a German uniform. If my mom had been on Zoom

with me years ago when I attempted this conversation, I would have been saying, “You are frozen now...Mom, you froze up.” She was traumatized by my curiosity. She became paranoid and scared, accusing me of trying to find a reason to put her in a nursing home. At that moment it seemed that she was being interrogated by the Nazi Gestapo again. Just as she had been displaced before in Hitler’s Germany, she thought I was trying again to displace her.

Trauma is pandemic and the current pandemic is traumatic. Just like grief, trauma accrues and gets triggered. The powder keg grows when the disavowing of feeling goes on. Neither my clients nor I like fear. It causes us to do crazy things that, in the guise of protection, lead us to destruction.

The pandemic has triggered my trauma. Response to the pandemic has led me to stay home and extremely limit my in-person interactions. In impersonal treks to the grocery store, I do not look at anyone. I only notice figures and their proximity to me, anxiously darting away from anyone approaching. No longer do I go to church, the gym, or conferences (most canceled), and I no longer meet to play violin in groups. My life changed. I began to have a thought that is old and familiar: “I’m no damn good.” I became so afraid that I had nothing to offer. My usual impulsive ways of quickly moving away from my internal fears of unworthiness brought me face to face with a core belief that I am only as valuable as my ability to do something. My worth was in being a human “doing” instead of a human “being.” I froze. I cried a lot.

This changed when the complexities of my internal landscape emerged and I shared them with human beings displayed on the screen of my laptop computer. My fears exposed, my tears witnessed, and my voice heard—these developed into a web of connection affirmed by my colleagues and friends. This experience helped me feel less alone and reminded me that I am not the only one suffering. My colleagues, friends, and clients are navigating these same currents and need (like me) less of my doing and more of my being.

My fear of being has tributaries into anger, sadness, and hurt. It is only in taking the courage to uncover my emotions that I have found a way to recover my being. Then, I have the solidity to recalibrate my proprioceptive notions of feelings, thoughts, and emotions—and my physical presence in the world...my body is affected too. Dealing with my inherited trauma and the pervasive new trauma of this pandemic has been like constantly attempting to regain some kind of stability and balance.

The best metaphor to describe my experience is the BOSU ball (Bionic Oscillatory Stabilization Unit), a fitness training device. It is an inflated rubber hemisphere (often referred to as the “blue half-ball” because it looks like a stability ball cut in half) attached to a rigid platform. When the dome side faces up, the BOSU ball provides an unstable surface while the device stays stable. It can be flipped over so that the platform faces up. In this position, the device is highly unstable and requires vigilance to stay balanced.

The BOSU ball demonstrates the threat of becoming unstable. When I “fall off the BOSU ball in my daily life,” my experience is traumatic. I begin to believe I am walking like a zombie into a cattle stall and eaten alive with no trace or meaning gained—obliterated, split, and gone. It is also similar to my experience of indoor skydiving, when the wind tunnel is never shut off and I have no escape—just a constant sense of falling with no relief. Smaller degrees of trauma visit me throughout the day, and I balance myself. When a big one is triggered, I feel like I am crawling with no breath or strength,

yet still fighting my ego that taunts me to go it alone.

When I believe I am sure to die, I reach out to friends, colleagues, supervisors, therapists, and some family—those whom I think might know the hell I am experiencing. To my absolute amazement—every time—I am welcomed and affirmed for reaching out, wrapped in a warm blanket, and given a place of peace. All of this virtually now. When I attempt the connection—in the loss of myself—others remind me that we, together, are still alive and can re-balance.

As much as I have been involved intimately with death all of my life, I still like to deny that there are endings. When I first read Earnest Becker's (1973) *The Denial of Death* as a freshman in college, I denied its relevance for my life because I had fraternity parties to go to. More recently, DeBotton (1997), writing about Marcel Proust, reminds me that endings improve the relevance, meaning, and intensity of our experience in this very moment. I have been struggling to accept endings as a pathway to deeper life. Using the method of Last Breath Awareness (Quiles, 2017) is helping me see how living powerfully into this very moment fortifies a connection that gains stability and tapers into the relief of being reassured again, until the next time.

The pandemic of 2020 raises the consciousness of death and dying. It also can raise the consciousness of living and evolving. One of my supervisors suggested years ago that what we do as psychotherapists is to be a catalyst for change at a cellular level. Staying alive, literally and figuratively, is for me, at the cellular level, my hand and your hand touching. And I imagine you asking me right now, "How's your connection?" My answer, with the understanding that I'm on that BOSU ball, is "Stable at the moment." ▼

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She stares at me through the screen like a frightened doe. She is terrified of the coronavirus. She wipes down everything that comes in her house. She is angry at our governor for not shutting us down. She is angry at people who attend events unmasked. She is fuming. I feel myself at odds with her level of fear of the virus, based on what I know about it, but aligning with her in her anger at our governor (whom I refer to in my head as a “total asshat”). I feel like commiserating with her about the irresponsibility of others. I feel like telling her people *are* crazy to attend mass gatherings during a pandemic.

“I wasn’t trained for this,” I sigh to myself. But the truth is I was, and I wasn’t. For those of us trained psychodynamically, we were trained (hopefully) to separate our own personal countertransference towards clients based in our own issues from the countertransference we are experiencing in response to their transference. But here we sit, patient and therapist, looking at each other through keyhole cameras, enduring the *same* trauma, experiencing the same chaotic whiplash and disconnection that life has offered us since March 13, 2020. Here we sit, both having intense transferences to the same perpetrator(s). I wasn’t trained for *this*. Not one time in graduate school over 20 years ago did anyone talk to us about doing psychotherapy during a collective trauma. “Sheesh,” I sigh again, “there should have been a course on this.”

I fare reasonably well. I do slip up and commiserate a bit about people being too nonchalant about the virus, but we are able to identify what the pandemic activates for her and to free her up a bit from the internal chains she is trapped in so that at least she can attend some needed appointments and occasionally get take-out to relieve the burden of cooking. Not too shabby given that I feel like I have no idea what the hell I am doing, while also preoccupied by the fact that my child is watching way too many screens and has no social interaction, and my husband’s business may be going down the tubes.

Two months later, a different client is describing to me her reactions to the shutdown (which has since ended even though we need to be in it now more than we did then). She doesn’t view the shutdown as protective. She thinks our governor is one of the best, allowing her the freedom to move about, to go where she wants. I do not

ATLANTA, GEORGIA
drtarawilliams@gmail.com

tell her I think the governor is an asshole, although I am sure she can perceive the tension in my shoulders as she expresses how glad she is to live in Georgia. (Meanwhile, I am fantasizing about moving to Australia.) “Breathe,” I think to myself. “Just ask questions.” “What did it feel like to be in shutdown?” I ask. She describes to me the utter trauma of confinement, which is a perfect re-enactment of the many days spent locked in rooms during her abusive childhood. Empathy comes flooding in. I can see how she would see our governor as helpful to her, a savior almost...someone who lets her out instead of locking her in. I make the interpretation. She seems relieved to be understood.

I am learning. Not only am I learning how to use online platforms to send forms to clients and to do virtual therapy, but I am learning to be a better therapist. Doing therapy on any day is hard. Doing therapy during a collective trauma is challenging beyond comprehension. I have had to learn to divorce myself from my own reactions to the pandemic when I enter virtual space and to become fully wedded to exploration of my clients’ experiences with a level of commitment I have never had to have before, despite having working over 20 years with chronically traumatized individuals.

There are many benefits to the pandemic: a slower lifestyle, finding joy in nature, re-evaluating what connection really means. But probably one of the most beneficial outcomes for me has been to sit back and learn to listen and to truly understand why someone is reacting the way they are. We view the pandemic and its players through our own personal lenses. The transferences are intense. They are rooted in old wounds.

When we come together as therapist and patient during a pandemic, anxieties and unresolved pain run high in both of us. It is stormy outside and equally unsettled inside. How can I navigate this turbulence? “Breathe,” I say to myself again. “Just ask questions.” ▼

In 2020, therapists counseled people through
a global pandemic, an economic crisis, a politically polarized election,
a racial justice movement, chronic uncertainty, anxiety and depression...

with no preparation, warning, or special training.
All while they went through the same experiences themselves.

—Facebook meme, Jan 2021



Psychotherapy in the Time of COVID: Experiencing the Trauma Together

THE MORNING OF SEPTEMBER 11, 2001, BEGAN LIKE ANY OTHER TUESDAY. I was standing in the kitchen of my office, making a cup of tea to tide me through my 10 o'clock patient, when a colleague came in, looking stunned. "Two planes crashed into the World Trade Towers, and they're burning." She had to repeat the words again, before I understood the incomprehensible.

I sat with two more patients that morning, sharing the helplessness, shock, and fear, not knowing what else to do. I cancelled the rest of my day to sit by the television, watching the horror unspool on film again and again. The planes hit; the towers burned, then collapsed in plumes of flame and ash.

Almost 20 years later, the inconceivable happens again. On a sunny day in mid-March, I call all my patients to tell them I will be working from home. For the next weeks, the dry taste of terror in my mouth, the accelerated heartbeat, this appropriate response of my sympathetic nervous system to flee this new unseen enemy, becomes the norm. I watch scenes of overwhelmed ICUs first in Italy, then New York; I read daily medical newsletter updates. Bodies stack up in refrigerator trucks. The virus is everywhere; I scrub the groceries delivered to my door. My daughter, a pediatrician pregnant with my first grandchild, and her husband, an ER doc, seem especially at risk. I am crazed with fear.

Hour after hour, day after day, from a cozy chair at home, I sit and talk with patients. "It is an enormous loss," I say. "We are grieving the loss of so much, of normalcy." One patient has a Zoom dissertation defense, so different from the imagined celebration, no chance to say goodbye after so many years. For others, it's a wedding

MINDY OSHRAIN is a psychiatrist, practicing integrated psychotherapy and medication management. She spent decades supervising family therapy at the Duke Family Studies Clinic. She is currently caring for her new granddaughter 3 days a week, talking to patients from her cozy chair the other 2 days. She is active in grassroots politics and enjoys writing, sewing, knitting, and walking in the woods. Photo by professional photographer Anna Carson Dewitt. moshrain@duke.edu

cancelled, a job lost, or the impossible juggling of small children, jobs, and school. Adult children move home; toddlers are always there. The already lonely become even more isolated. There is an hourly existential confrontation with the fear of death: our own mortality, the terror of a husband at risk, or an immunocompromised child. All this on top of whatever trauma we were already managing. Repeatedly, I speak of tectonic plates shifting under our feet, changing the landscape of normalcy, creating instability. I remind everyone of how much energy it takes just to stand up when the ground itself is moving. We are all exhausted, not sleeping well, having intense dreams. I count myself among those who cannot fathom this sudden shift in reality. I wonder what I have to offer, as I myself struggle to comprehend, to stay emotionally afloat in this tsunami threatening to overwhelm us all.

This is a new model for therapy, my patients and I experiencing this trauma together. I am real with them, admitting that this is hard for me, for everyone, validating their experience while trying to make certain my emotions, my needs, don't intrude. This is always true as psychotherapists; we use our own experiences as touchstones, trying to dart back and forth between our internal signals and what we hear from the other, always landing on the other. COVID times have been different only in that it has felt essential to more fully address the reality of this pandemic. When my patients ask if it is hard for me, I answer honestly, albeit briefly. We are all having trouble procuring food, toilet paper, and effective masks. I find myself joking more, having trouble concentrating, wishing the day would go by, counting the minutes of sessions. I repeatedly worry that I am not offering enough.

Yet people continue to schedule appointments. Things slowly shift, patients expressing guilt, feeling they should be grateful for safe homes, jobs, and food, and wondering why they are still anxious. "We are living in the eye of a hurricane," I say. "The sun is shining; the wind is calm where we are. But we hold an awareness that right outside, there is swirling death and devastation. And the storm could shift track at any moment and head straight for us. It is no wonder we are all on edge." I talk, hour upon hour, about increased anxiety due to understandable fear and exacerbated depression that is really normative grieving of so many losses.

The energy of holding the space for others to process is enormous. The constant exposure to the trauma I am simultaneously experiencing wears at me, like dripping water hollowing out a stone. I emerge from my study spent, more exhausted than I have ever been from my work. I find that I can no longer schedule back-to-back hours; I need space to expand, interstitial quiet. It is a glorious spring with week upon week of clear blue sky, warmth with no humidity, and just enough rain to plant tomatoes, peppers, and squash in a desperate victory garden. I watch the bluebirds, chickadees, and wrens build their nests; seemingly overnight the fledglings are clustered in trees around the suet feeder, cheeping with wings trembling, demanding to be fed. They are unaware of a novel coronavirus.

My daughter's belly grows larger. We meet at a distance. When the baby starts moving, I can't lay my hand on the solid, rounded surface of her belly stretched taught by this child to feel my granddaughter doing flip turns inside. We visit at a distance, among the spring flowers now rampant in my garden: violet irises, yellow and white daffodils, and indigo columbine dancing in the breeze on impossibly delicate stems. After she leaves, I feel my heart contract with pain, and I cry; I can't hug my child.

Daily emails keep me attuned to the horror of this virus. New discoveries about the myriad ways COVID-19 destroys the body: sodden lungs, failing kidneys, cardiomyopathy, massive strokes in young adults. It is imperative to understand, to be able to interpret for my patients who have questions, to discuss risks and benefits. I do the best I can; translation of scientific findings is another way I can be of help.

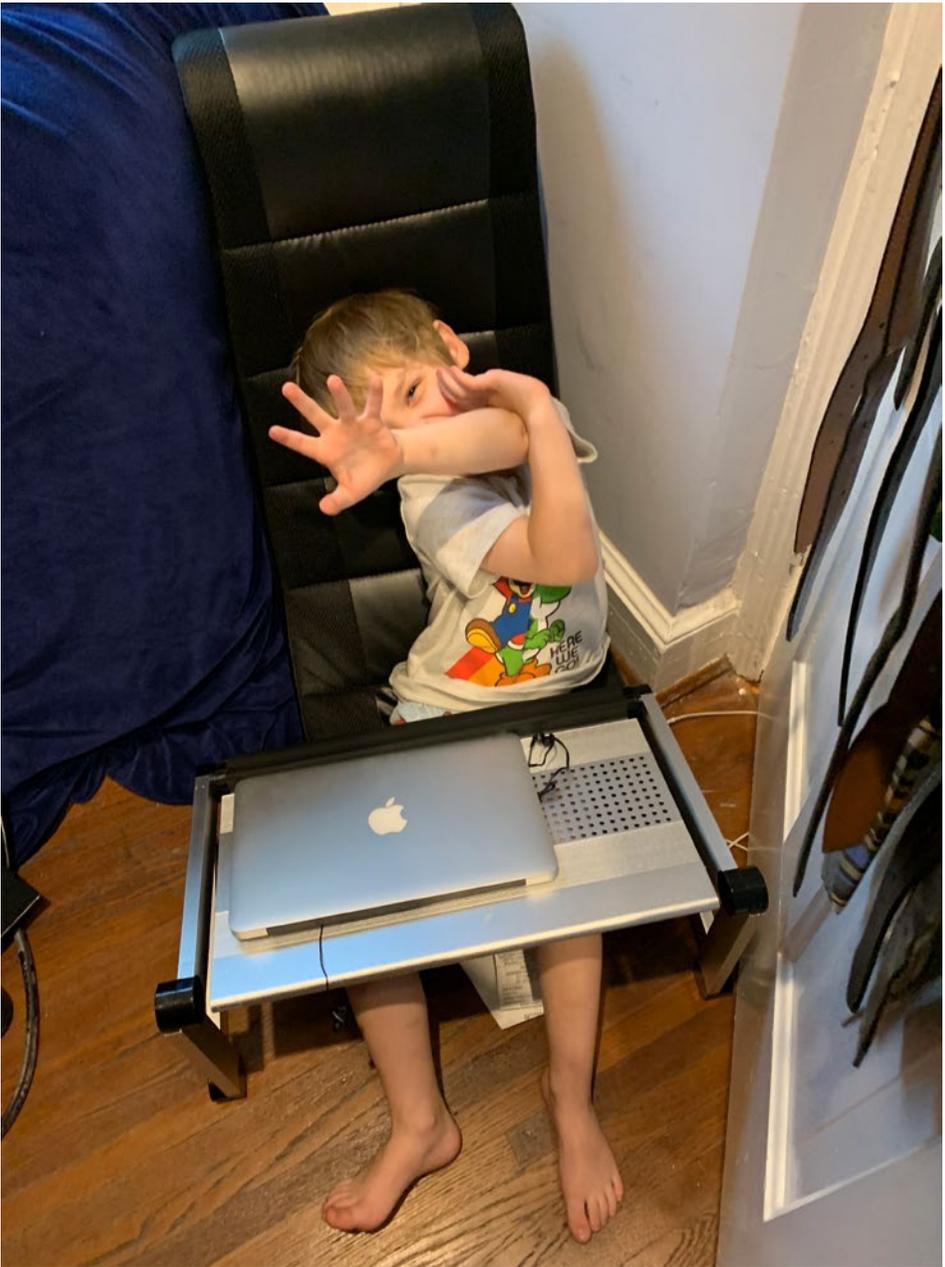
At the end of May, George Floyd is murdered in Minneapolis. Protests engulf the country. I am terrified at the sight of faceless police in riot gear shooting at non-violent demonstrators; I am heartened by the continued peaceful throngs. Would that the phoenix that arises from these ashes be an end to structural racism, rather than codification of hatred by an authoritarian state. I have patients also consumed by these events; I have limited attention in the first days for those who are not. I can hardly think of anything else; it is difficult to concentrate on my work while cities burn and people are spirited away in unmarked cars. In time, the urgent immediacy of this new catastrophe diminishes but does not disappear. I decide to increase my political activism, allowing me to better attend to my therapy work, knowing that I am taking part in wider structural change.

Slowly, a new normal emerges. Summer arrives with oppressive humidity and heat. We are not going anywhere, anytime soon. When my daughter safely delivers my healthy granddaughter, a tension I held for months releases. Wearing a mask, I cradle this exquisite, tiny new human in my arms and send a small plea of hope to the universe.

I notice that a number of patients have begun doing the trauma work they have circled around for years, digging deep into the pain. Is it the radical intensity of the present moment propelling them, or is it that we are not in the same physical space and they feel safer? I appreciate their work and find it easier to focus when managing the shifting dance of identifying hurt places and working to heal them. Past trauma exacerbated by current events is something I can deal with.

I realize once again that what I have to offer is the capacity to hold another's feelings, to create a space for their process. They alone must experience the suffering, but they don't do it alone. I know how to connect the dots of past and present, of mind, body, culture, and family systems, to create narrative and understanding. The invaluable essence of relationship and connection is what counts. Fancy footwork or manualized treatments with an alphabet soup of names are no match for simply being present with another soul in pain. The totality of my work is to care, understand, and attend to the other. Especially during these uncertain times, perhaps the best we can do is to help others, and ourselves, to be fully present in this moment.

That afternoon of 9/11, I was called to my children's school to sit with a group of middle schoolers distraught by the news. We sat outside on benches; I listened to their feelings. They were unsettled, shocked, and confused. I decided that we should go for a walk around the campus, which bordered a forest. When we rounded the corner of the gym, we saw hundreds of tiny tree frogs, the yellow green color of new leaves, clinging to the side of the building arrayed from roof to ground. The children stopped; I stopped. We stood, absorbing their quiet stillness. We all began to breathe again, as something eased inside. ▼



Lisa Kays: David, age 4, “working” in mom’s “office closet” before she decided to return to her practice office. March 31, 2020.



The Therapist Parents of the Pandemic Are Fed Up

AS THE PANDEMIC WORE ON, I KNEW THAT I NEEDED BADLY TO TALK WITH OTHER PARENTS IN AN INTIMATE WAY. I was swirling with exhaustion, worry, rage, grief, sadness, and fear at a level that seemed different than what non-parents were experiencing. Patients talking about being bored and isolated or embarking on new hobbies and going to cabins for the weekend gave me pangs of jealousy and envy I had never before experienced. Hearing similar things from colleagues left me feeling alienated and isolated.

I felt trapped at the bottom of Maslow's (1943) hierarchy of needs. Even some of my basic needs—like toilet paper—were, in the beginning, unavailable. I remember the feeling of not being able to find my son's formula at the store or diapers online. A previously thoughtless task had become yet another gauntlet to run, along with so many ongoing worries: Was my child being raised by YouTube, and was it safe and ethical to have our nanny work? To what extent should I process or just ignore invasions of my clinical sessions by statements like "I just have to tell you one thing, Mommy...there are guns all over the house..." because they were just so, so frequent?

I'd become disconnected from my closest friends, the ones with decades of history, because they are single and not parents. They could and should base their social distancing decisions just on themselves—putting them outside of our family's risk parameters. Meanwhile, I had to account for my kids' needs for playdates in our calculations, and while I really like the parents at those playdates, they aren't the adults *I* need.

My best friend, who is also my son's favorite adult human, moved to California to be with her family so she isn't cooped up in a studio apartment. In this, I lost a favorite adult I can be around, who can entertain the kids so I can make dinner, and who is also adored by my son.

LISA KAYS is mom to two boys, aged 2 and 5, only one of whom has Zoom-bombed her sessions. She has learned that even with commute time, she prefers working in her office to working from her bedroom closet. She is a clinical social worker in private practice, working with individuals, couples, and groups. Professional adventures include writing and conducting trainings on ethics and social media for therapists, as well as the integration of improv with therapy. Her improv classes have been featured on NBC4 and in *The Washington Post*. She lives in Washington, DC, with her husband and boys...literally all the time now.
lisa@lisakays.com

We are all a little heartbroken. He likes to FaceTime her, and that brings some relief, but he still ends almost all of these calls with “When is Auntie Mela coming over?” Another therapist friend, with whom we shared our nanny every day, moved to North Carolina to get more space, so there are no more backyard hellos or in-person meetings before group. I no longer get to watch her daughter grow up with my younger son.

In the beginning, probably March-May, before we knew more about the nature of spread, the mental load of motherhood (Berberio, 2018)—already a significant, but manageable burden—had leapt into a constant barrage of potentially life-altering decisions every moment of the day. These questions would change and ebb as the pandemic wore on and we learned more about the virus, but a general list that comes to mind is:

- Is it safe to go back to my office if I have to walk through a lobby?
- Is it safe to go to the grocery store? How often? How do I feed anyone anything fresh if I can only go every 2 to 3 weeks? Is it better to have someone do our shopping for us? But then aren't they being exposed? Is that fair? But they probably need the money...
- Can we get take-out?
- When is the store going to have Lysol again? Or dishwashing detergent?
- How do you give a kid a haircut?
- How much has my son been traumatized by walking out of the school he adores one day and never going back? How do I talk to him about this, and when? And can I do it without crying myself? Why am I crying anytime I think about my son's pre-school?
- When my kid gets sick and screams through the night, and I suspect an ear infection, is it better to just wait it out or risk going into a doctor's office?
- How is my rising kindergartener going to learn to read if there is no school? He can't tolerate learning by computer, and he's definitely not taking to learning from *me*.
- What about our nanny's family, financially? Her husband can't safely drive an Uber anymore, and her adult daughter was laid off, leaving two kids vulnerable, not to mention the three other adults she supports.
- Is it safe to go for a walk? Use a playground? If I take my roaming toddler to play in our alleyway, do I have to keep him from touching ...literally anything? Or follow him around frantically with hand sanitizer?
- What is the emotional cost of constant rejection for my son, with parents working from home and accessible but unable to play?
- Can my patients tell that I'm working from my closet, because it's the only place I can go and have some reasonable expectation that I won't be interrupted?
- Is it safe to get packages delivered? To what extent do I need to panic and keep my son, who loves opening packages, away from them, and for how long? Do we wipe down all the groceries? Do I change my clothes after shopping?

- What do I do about my child's birthday?
- Can my child wear a mask? Will he? Is he going to be scared if everyone else is?
- Am I going to lose my practice, which I have fought to build over two maternity leaves, because someone needs to be a homeschool teacher?

To the ultimately terrifying question, what if both my husband and I get this and get really sick? Who takes care of the boys?

And, more than anything, the constant and droning questions, how long are we going to be living like this, and what emotional, intellectual, and social toll is it going to take on my children?

The pressure of these decisions is no longer about “Will this make my kid a good person and likely to succeed in life?” but now “Will this decision orphan my child?” Or, “Will this decision kill my child?” or “Could this decision kill someone I love or care about?” That’s a whole new ball of pressure on parenthood that no amount of meditation or wine could mitigate.

I watched my own stress levels rise over time and become more and more unmanageable, in ways I had not previously experienced. I found there were weeks of what I came to call the “emotional wall.” I would be okay for 2, then 3, then even 4 or 6 weeks at a time, and then I wasn’t. I would be depressed, unmotivated, hopeless, and irritable.

I would cry a lot. I began to notice that this was mirrored in my caseload and often was tagged to a news event: the death toll climbing, announcements that no one could leave the country, and then schools going virtual. I wasn’t sure if this was a true mirror or if I was projecting onto my caseload, until I joined a pay-what-you-can national therapist support group held by a clinician I respected and had come to know via Twitter. It turned out we were all seeing it, even a participant in the UK, these waves of being okay and then, “the wall.” Haelle (2020) gave words and a theory for what might be happening, citing the toll of the ambiguous losses we were experiencing, the chronic nature of it all, and that we were attempting to function on “surge capacity” as a long-term strategy, when it is intended only for short-term crisis.

I would say to others, as I eventually got words for what was happening, about 6 months in, “I feel like my nervous system is on fire.” Of course it was. Not only had the stress, trauma, workload, and isolation in my life increased by a huge magnitude, but all of my known supports and coping mechanisms were eradicated at the same time—date nights, friends, hugs, mom’s group dinners, 10 minutes *alone*, in-person therapy, travel, haircuts, pedicures, massages, *going anywhere at all*.

I was used to having my time and space limited by parenthood, but with the pandemic, I am suddenly in a space of complete and total deprivation—there are no date nights for escape, no fun places to take my kids to alleviate the mundaneness and boredom that parenting young kids is rife with, no dinners with friends or anyone at all who is not my husband or children, no school drop off and the knowledge that my child was stimulated, having fun, and feeling happy in an environment other than that provided by me and my husband or our nanny. My world felt like it had collapsed in on itself, and I was in the loneliest vacuum I had ever experienced.

And all the while, knowing, *I am one of the lucky ones*.

No one I know is an essential worker. Or going to lose their job. Or likely to be murdered by the police. Or facing some sort of abuse, neglect, or hunger as a daily reality.

Because my husband and I could both work virtually, we could afford to make sure our nanny and her family were financially okay through this. We had child-care accessible to us, once we decided to have our nanny return after a two-week quarantine. After a few months, my brain would function enough that it would occur to me to have our nanny's daughter become the homeschool/day camp leader and bring her own daughter each day, who was our son's age, which was life changing for the better.

Since March, I have felt, much of the time, like I am barely hanging on. *Where is everyone?* I often thought, before I resigned myself to the isolation of this. Why weren't non-parent colleagues checking in on how we were surviving? Then I'd feel bad. It's not like I'd have time to return a call if anyone made one.

As is often the case for me, my deprivation comes out as anger, and I often felt and continue to feel angry about the level of not just abandonment from the outside world of us as parents, but of the overt denial or shaming of our reality. Chloe Cooney (2020) expressed society's abandonment of parents and the way the pandemic didn't alter it but revealed it, in her appropriately entitled, "The Parents Are Not All Right."

On the first day of "work" after the shutdown, when we had no nanny, life was chaos, and we were frantically trying to piece together a day that even remotely made sense, my husband informed me that the talking point from his office, on a call at 2 p.m., by which he hadn't even been able to shower yet, was "This is not a snow day." Lest we were, what, I thought, having too much fun?

The week prior to that day, I was overwhelmed with the decision-making and the logistics of making my practice virtual. I said to my co-therapist on that Friday, "I feel like I'm going on maternity leave, only I just found out I'm pregnant yesterday, and I'm having the baby tomorrow." My patients were mostly mad at me, thinking I was over-reacting, until the next week when the world would follow suit. I hadn't adjusted my work schedule for the coming week of no-nanny madness, because I had assumed everyone would stop therapy, not wanting to go virtual. I remember opening my email on Monday, expecting all cancellations. Instead, the demands increased. A lot.

And again, I am *one of the lucky ones, with one of the more ideal situations.*

So when the call came out for workshop leaders for the American Academy of Psychotherapists virtual Summer Workshop, I offered "Parents of the Pandemic" from 8:30-10:00 p.m., post bedtime, for 3 nights. In one of our first group meetings one participant said, "I didn't sign up for this. I didn't sign up to be a parent whose child had to be attached to me every moment of the day."

We laughed and nodded. I flashed to an article I had read a few weeks before the American shut down. It was advice from a father in Wuhan to others as they approach quarantine. Number one, "Don't have kids" (Palmer, 2020). I read that and laughed the uncomfortable laugh of *"It's funny because it's true."*

I don't regret having my children, of course. Not really. But I'd be lying if I said that thought didn't come up. A lot. Especially as lockdown wore on, with the endless whining, nagging, and neediness and the constantly being *on*—going from patients to kids to patients to kids—along with the knowledge that all of their neediness was appropriate given what my kids were experiencing, while also having no remedy in sight. There is a certain kind of pain you feel as a parent when a kid is experiencing grief and loss, whether they give over to it or, almost worst, you watch them try to "be okay." I don't have words for it, but I've felt it in this pandemic in ways I never did before.

in my adulthood, but at the ever-unfolding and evolving childhoods of my sons, who were developing and changing in the fast, frenetic ways kids do, in a landscape I didn't recognize, didn't understand or have answers for, and was scared of.

The parents are, indeed, fí up.

And while I feel now that I have adjusted, somewhat, and gotten some bearings in all this, I am very aware, with much dread, that winter is coming. ▼

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“I wish it need not have happened in my time,” said Frodo. “So do I,” said Gandalf, “and so do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us.”

—J.R.R. Tolkien



What the Pandemic Means for Patients and Ourselves: Just Ask a Child

IT IS THE SECOND TIME IN MY LONG PROFESSIONAL CAREER THAT THE CHILDREN IN MY LIFE HAVE PROVIDED ME WITH WISDOM AND HELP WITH HOW TO BE AS A THERAPIST. The first time was very early in my career, at the 10-year mark, when the experience of birthing and caring for three young children taught me what no textbook or supervisor could teach about how to meet the profound human need for deep connection and how to foster the growth of a unique other. Fast forward 35 years now to this most challenging period of my life, living amidst COVID-19. I am struck again by how much the youngest souls in my life, namely my six grandchildren, are helping me to navigate a hopeful path.

As a grandparent rather than the parent, my movie role has changed from lead protagonist actor and producer/director to that of a camera person and patron. Nevertheless, in participating as grandparent, I am learning much from this next generation about fostering connection in a period of persistent contact deprivation and creating meaningful purpose in a time of trauma. These are the very themes that fill my therapy hours with patients during this challenging time.

My particular brand of grandparenting has regularly featured receiving and responding to the creative arts that my young souls are producing. I try not to pry into why they create or what exactly they are feeling or meaning, because here I am grandma, “Mimi,” not art therapist or teacher. Still, I find that their work speaks to me and conveys meanings that are transparent and transcendent.

I am including their drawings and photos that capture the essence of what is being expressed by patients in my practice. These themes are predominant no matter the

MARILYN SCHWARTZ, PhD, has been in private practice in Washington, DC, for 45 years, providing individual, couples, and group therapy and clinical supervision. She co-created and co-directed the Adult ADHD Center of Washington and has been a consultant to the Smithsonian Institute. As a long-term member and fellow of the American Academy of Psychotherapists, she is chair of the Ethics Committee and has presented ethics workshops locally and nationally. Marilyn is grateful that her years of parenting have led to her promotion to grandmother of six.
drmarilynschwartz@gmail.com

overlay of personal historical narratives and individual dynamics. To me, the visuals reflect what feels unique and true about practicing during COVID-19: i.e., that to varying degrees, adults and children alike, patients and therapists alike, are all experiencing the same pandemic-related life changes, threats, uncertainties, longings, and losses.



Miss Claire

Margot, Los Angeles, March 2020

Margo, age 2 ½, renders her first drawing of a person by memory. It is a picture of her babysitter, Claire, wearing a pleated mask. It appears that for Margot, the mask doesn't alter the enduring lure and power of the human connection. In her words, "I know people are smiling inside their masks if their eyes are smiley, too."



Buddies

Margot, Los Angeles, June 2020

Margot's buddies are drawn with attention to fine detail. Most striking is her depicting her friends in multicolor. In this time of the COVID pandemic and our awakening to social injustice, there's hope to embrace when the youngest among us seem to understand that we are all connected and in this together.



Quarantining with Friends

Sara, Greenwich, CT, June 2020

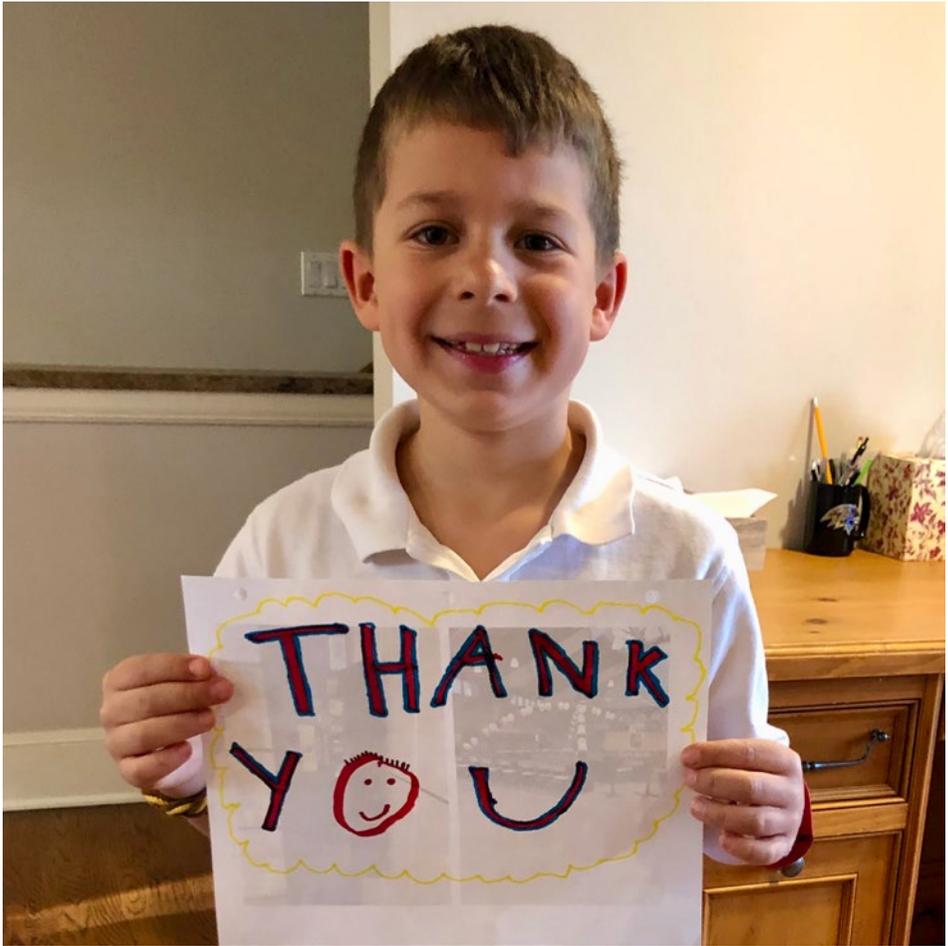
This photo of Sara, age 3, contains a pandemic lesson of how much we hunger for contact and inclusion. As Sara has created her dinner party, we see that owning our naked needs allows for the possibility of nurturing the pleasures of connecting and care-taking.



Two Sisters in Central Park

Eleanor and Madeleine, NYC, March 2020

Two siblings, Eleanor and Madeleine, ages 3 and 5, home-sheltering during the pandemic, have been with each other 24/7. They have learned to work on their relationship to become best friends. A frequent gift of the pandemic has been to tend to relationship work and repair. Our isolation has served to awaken our need to seek deeper connectivity with those we feel we can truly love.



Thank You to My Teachers, Front Line Workers, and Dr. Fauci

Paul, Greenwich, CT, June 2020

Paul, age 9, was moved to create this thank-you sign for his heroes of the pandemic. Gratitude, as author, Melody Beattie (2017) aptly put it, “turns denial into acceptance, chaos into order, confusion into clarity...it makes sense of our past, brings peace for today, and creates a vision for tomorrow.”



The Show Must Go On

Abigail, Chatham, MA, August 2020

This summer, Abigail, age 11, played the role of the Cowardly Lion in the New Canaan Summer Theatre production of *The Wizard of Oz* (streamed on August 16, 2020). As the Cowardly Lion, she discovered that you may already possess the qualities you need to feel whole and address scary life challenges, a pandemic story of resilience worth telling.

Why listen to what children have to say during the pandemic? I believe there is wisdom expressed by our youngest, as we endeavor to comprehend the challenges to our spirit and our need for human connection, which lie at the heart of this pandemic. “Pretty much all the honest truth telling there is in the world is done by children” (Holmes, 1872, p. 231). ▼

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Reflections: The COVID Pause

REFLECTION IS BOTH A DOUBLE ENTENDRE AND A METAPHOR FOR MY PANDEMIC EXPERIENCES, AS A PERSON AND A THERAPIST. Once, on a visit to the Massachusetts Museum of Modern Art (MassMOCA), I had the opportunity to experience an untitled sculpture by Anish Kapoor (2012). The sculpture is a large concave mirror, comprised of a mosaic of mirror shards fitted into the stainless steel concave frame. The experience of this sculpture has been described as follows:

The piece will draw in the viewer standing in front of the sculpture, as the viewer becomes part of the work itself. Every encounter with the sculpture is different as you witness a varying reflection that is neither static nor predictable. We say ‘experienced’ because it’s not a sculpture one just looks at; rather it prompts the viewer to interact with it. ‘Concave’ means curving inward, and this sculpture contains countless little mirrors pieced together and since they rest in a concave shape, they reflect against each other, creating interesting visuals based on where the viewer is standing. (<https://www.maoping.art/sculpture-concave-mirror/>)

Experiencing Kapoor’s sculpture parallels my recent work with teen girls. The girls reflect me in myriad ways, especially the me of my teen years; my work reflects who they are becoming back to them. It is a curving inward for them and for me as we experience together their anxieties and sorrows, their hopes and dreams, forging of identity and independence, connection with me and others in their lives, and reconnection with themselves. Where I stand impacts their view of themselves, and each of them in turn, from their particular shard, reveals more of me to myself. The COVID-19 pandemic has given me more time than usual to process their reflections, as many of my own regular activities have been reduced or discontinued.

PENELOPE NORTON, PhD, practices psychology in Ormond Beach, Florida. She provides psychotherapy to children, teens, adults, couples, families, and seniors. She and her husband have three adult children. She offers readers the following wisdom: In case of fire, save the relationships!
psynorton@aol.com

Anxious and depressed teen girls make up a significant percentage of my psychotherapy practice. As I still accept insurance, they are diverse and from a range of socioeconomic backgrounds. They have varied presenting issues: e.g., loss, romantic heartbreak, family conflict, medical challenges, academic struggles, and more. Most have some level of anxiety and depression; some have ADHD or PTSD, and one or two have an eating disorder. Admittedly, this is a particular subset of the teen population, and what I have to say may not be true for all teen girls. But the dozen or so in my practice during COVID have one thing in common: Social distancing and remote education have been gifts to their mental health. The COVID pause (as I refer to it) has given them relief, self-efficacy, perspective, autonomy, and more. Relief from their usual stressors has deepened and enriched their work in therapy; still waters run deeper and clearer.

Inevitably, psychotherapy with clients in an earlier developmental period elicits memories of the therapist's experiences during that period of their own life. Working with young mothers reminds me of being a young parent; working with teen girls reminds me of my own teen years and those of my daughter. I attended three very different high schools in 4 years: one semi-rural Midwestern, one semi-urban Midwestern, and the last a more affluent suburban school in south Florida. The norms for each of these cultures differed significantly. I alternated between being lonely, sad, and stressed to having the flexibility of a chameleon, with its apparently externally determined identity. The benefits of these experiences eluded me for years, but as the scars began to fade, I realized the profound impact of context on my own well-being.

Referencing the American Psychological Association's *Guidelines for Psychological Practice with Girls and Women*, Stephanie Pappas (2019) writes of the importance of understanding teen girls and women in their social context, underscoring the myriad current negative experiences of girls that can engender or exacerbate mental health issues: e.g., discrimination, devaluation, sexual harassment, and appearance-based appraisals of their social worth. Context is multi-faceted; it involves the events of the wider world, the culture, the school and family, and the peer group.

Thirty-five years ago, in his book *All Grown Up and No Place to Go*, developmental psychologist David Elkind (1984) wrote, "Teens need a protected period of time within which to construct a personal identity" (p. 5). He went on to explain that the lack of pressure-free time impaired the building of a secure, integrated identity within which to form goals. At that time, the experiences that interfered with this process included time pressure, premature sexuality, and drug use. In his view, pressure-free time also included the space to integrate the shocks of adolescence, including betrayal, disillusion, exclusion, and romantic disappointment. Neither Elkind, nor many of the rest of us could have imagined the warp speed impact of Facebook, Twitter, TikTok, Instagram, or Snapchat.

My client Laura is a 16-year-old who lives with her mother and stepfather and has minimal occasional visits with her mentally ill biological father. She has been depressed about her confusing relationship with her father and about her conflict-laden peer relationships. She is anxious and insecure, using social media until late into the night as a form of reassurance and connection. She is tired and sleep deprived due to her late nights and the very early school start time. Laura is not alone in experiencing the negative aspects of a context connecting excessive social media use, depression, and academic performance. In fact, the correlation between social media use and depression

is strongest in girls (Kelly, Zilanawala, Booker, & Sacher, 2018), and a negative relationship has also been found between compulsive texting and grades (Lester-Landman, Domoff, & Dubow, 2017). Social media use is an omnipresent contextual force in and among current teens. During COVID, this expertise in social media use was mostly a boon to our teletherapy. They were much more comfortable with it than I and enjoyed taking an instructive role with me in the inevitable telehealth challenges.

When I reflect on the current context of social media use, I think about the contexts of my own cohort and those of my family. Reading my mother's high school diary after her death, I found note of blackout drills, an element of World War II American life. Her mother, my grandmother, was a literal Rosie the Riveter, at the Willow Run B-24 bomber manufacturing plant. She had left the south and her husband for the opportunity to make her own money for the first time in her life. My daughter volunteered many hours for the first Obama campaign. Each generation endures and is shaped by their particular societal fears and purposes. My own teen years were first marked by racial strife and riots, causing significant fear since rioting and burning were occurring not far from where we lived. They were also marked by the Vietnam War, with its protests and divisions in American opinion. Neither my fears nor my opinions were welcomed by my family, unless I wished ostracism. My silence was my sanctuary and also a crucible for independent, thoughtful reflection that I use as a therapist every day. Even chameleons can have an internally consistent identity.

Laura has loved the COVID pause (with home school) because she has more control over her school schedule and also more flexibility and control over her visits with her father. She feels less helpless. Her social media use has dwindled from daily drama to "there's nothing going on and so there's nothing for anyone to post." She has invested more time in her gardening hobby, and her grades have gone up. Her sleep has improved because she can adjust it to her more normal bio-rhythm (for a teen) of later bedtime and later awakening. She has gained a sense of autonomy, self-efficacy, and self-control. The social media silence has given her a form of sanctuary, with therapy as an additional crucible in which to construct identity.

In Rachel Simmons' (2018) book about current conditions for teen girls, she lists "new rules of stress," in today's teen girl culture, which include: (a) "being overwhelmed is the new normal," and (b) "stress is equated with worthiness and productivity" (p.154). Annie and Kaylie are two clients whose lives offered little space in which to develop an emerging adult identity.

Annie is a great student, a multi-sport athlete, participating on both school and traveling teams. Her parents want her to obtain an athletic scholarship to a prestigious school. She eats most of her meals on the run and has chronic stomach aches. She cries a lot. And then there's 15-year-old Kaylie, who lives in a rare two-parent-in-the-same-home family. Her parents are religious conservatives. Kaylie regularly reports feeling imprisoned by them by being forced to attend religious services, eat family meals, and attend multiple family and group experiences sponsored by the church, such as mission trips. Kaylie lives in fear of being shamed as immature by her peers due to her parents' restrictions. She occasionally purges, and she has suicidal thoughts.

As I think about Kaylie and Annie, I also think about the pressures I experienced as a teen. Even then, I knew how to attend to others' needs and to respond to changes in context—how to be a chameleon with a varying identity. The central task of adolescence

is the development of identity. Probably the only thing my parents had in common was their strong work ethic. I was voted “hardest worker” by my third high school class, which though they had only had a year to observe me, picked up on my drive and its close cousin, perfectionism. The Bible verse, “To whom much is given, much will be required” (Luke 12:48) would have been re-written by my family as “From whom much is expected, much will be produced.” A related aspect of my family’s culture was the demand for obedience and compliance; ascribing to the family world view was the price of inclusion. In my inner world of reading, daydreaming, and learning, I held my own opinions and rebellions, albeit without the space to test them. I am aware of the potential for stress and oppressive pressure to inhibit the development of identity.

The COVID pause has reduced Kaylie’s peer pressure and given her time to think through some of her own beliefs. Though she does not share her parents’ religious views, with less stress she is better able to avoid conflict. She has decided to take up running to care for her body. She no longer purges and seldom now has suicidal thoughts. Her grades are markedly better. Pandemic has given Annie her first break from her main athletic sport in 5 years. Although she jogs to maintain fitness, her schedule is dramatically less pressured from the drop in school and athletic events. She has a boyfriend and her grades are better. She is thinking more about what she wants for herself, and she is smiling a lot. Both Annie and Kaylie are better able to work, in therapy, on differentiating themselves from external forces and family of origin, another important developmental task.

Other elements of context for the teen girls with whom I work are sexual harassment and racism. Consider Angela, a 15-year-old patient of color who is a foreign adoptee. Angela has ADHD and a very mature, attractive body. Her appearance has given her a somewhat undeserved reputation, causing her to be bullied by girls and harassed by boys for being boy crazy. She had been failing in school and was facing having to repeat at least one semester of high school.

This context is not foreign to me. My mother had a sexual trauma during high school. Her mother married her high school teacher at a very young age, which at the time was not seen as abuse of power, though we are a bit more “woke” in that regard now. I was no stranger to harassment, taunts, and grabs from males, nor was my daughter. My mother and grandmother attended segregated high schools. My last year of high school was the first year of integration in Palm Beach County, Florida. I ached for the few Black girls in my school, one of whom wrote in my year book, “Thank you for you know what.” I was appalled to be thanked for common courtesy which should have been expected; her struggles with racism were beyond words. My mother was never able to embrace my relationships with those of other cultures. Thankfully, my daughter’s high school was very diverse, albeit with more hidden and covert racism and sexism. These two themes of oppression run deeply through my work with my teen clients.

The COVID pause has given Angela time off, freedom from boys, bullying, harassment, and within-school racism. She is able to focus on one school subject at a time, which works better with her ADHD. Her grades are excellent for the first time since elementary school, and she is focusing on one or two reliable friends with whom she talks on the phone. Her pandemic context is healthier for her. Her work in therapy has helped her come to like, value, and care for herself, strengthening her for her life ahead.

In my observation now, few teen girls feel much link between their efforts and re-

wards. Rates of depression are directly linked to effort driven rewards. According to neuropsychologist Kelly Lambert (2008), the “healthiest, most resilient brain activates effort driven rewards in the context of a socially rich environment” (p. 136). The use of hands has been found to be as important as the use of language in building cortical reward circuits, and further, “each new technological advance that reduces the need for our physical engagement may compromise the integrity of the accumbens-striatal-cortical circuit,” (Lambert, p. 215), i.e., the circuit that builds the connections between effort, reward, and motivation. Yet, the use of one’s hands to create or produce a rewarding product has been replaced by screen time and organized activities. Very few of my clients do any form of hobby or other significant work with their hands. When I ask girls what activities they enjoy doing with their hands, most of them respond with a blank look, even though such work might provide a counterbalance to the lack of control felt in their current school and social media life. When I ask them who benefits from their efforts, very few have responsibilities to others through work, chores, or volunteer work. Yet, we know that teen girls derive a sense of identity and self-esteem through opportunities to show care and to contribute responsibly to communities to which they belong (Horne, 2020).

Sara, for example, is a sensitive, introverted 15-year-old. Her parents are business professionals. She also has an athletic brother. She is bright, but her grades do not reflect that. She participates on an athletic team which practices daily and has meets on weekends. She had recently begun having panic attacks. Like my other teen clients, she was sleep deprived. She had had conflict with friends who were less mature and dependable than she. She craved quiet and time for painting and sketching. Her extroverted parents were concerned about her isolation.

Sara’s needs remind me that, in addition to being academically productive, I worked many hours babysitting and at my job as a bookkeeping assistant, but two activities were linking threads across my three schools. One was participating in band. Since all three high schools had bands, playing the clarinet provided an introduction to friends and a sense of inclusion. This required many hours of practice, with the side benefit of helping my asthma. I also made many of my own clothes, spending hours with the sewing machine, fashioning everything from sportswear to prom dresses. Both of these activities produced tangible results and contributed to a sense of self-pride. I also learned to cook and bake. During the pandemic, I have made clothing and finished two quilts; I have cooked daily and baked pies. These pursuits have been relaxing and meditative, as well as serving a purpose.

The COVID pause ended Sara’s sport. She began quiet walks or jogs by herself which gave her time to think. She provided the family a service and gained purpose by staying at home with her younger brother who was in middle school. She had time to produce some form of expressive art daily and was proud of her efforts. Her panic subsided, and she was better able to articulate to her family her need for less intrusive stimulation than her large public high school provided. She will work from home when school re-opens, except for studio art and one other in-school class. In therapy, Sara’s work set the stage for finding purpose, a foundation for the later choice of vocation.

For my clients, an aspect of pre-COVID teen life included active shooter lockdowns and regular active shooter drills. The periodic drills, by themselves, evoke anxiety. However, in two very large local high schools, there have been multiple incidents of

lockdowns that were not drills, one of which had fireworks accompanied by explosions. During these incidents, which were presumed to be real by students and teachers, a few of my clients experienced terror for their lives while hiding in closets or being hidden by teachers. One experienced shame for her paralysis and inability to act because of her degree of terror. Following these incidents, although therapy allowed them a bit of debriefing, these girls' anxiety symptoms worsened when attending school or revisiting rooms in the school where they had been hiding. They all have experienced some relief and increased sense of safety while being homebound during the pandemic, affirming Elkind's (1984) idea that teens need a "protected period of time" (p. 5).

I understood their need to escape because another element of my own teen years was the marital conflict and addiction of my parents. I was often relieved to be at school or at work, though I hid these secrets from adults and peers. I do see one or two girls that reflect to me that familiar situation. While they have gained from time out of school for all of the above mentioned factors, they are choosing to return to school, rather than continue home-based schooling, when the COVID pause ends. Two girls in particular have had a difficult time escaping when they needed to, lacking driver's licenses or opportunities to visit extended family or attend large gatherings. Their sense of being trapped was exacerbated. Helping these girls to become less stoic and heroic, to seek the safety they need, has been the primary task of therapy.

Generally, the COVID pause has benefitted my teen girl clients in myriad ways: e.g., reduced symptoms due to increased free time, reduced hostile social pressures, increased discretionary time, improved ability to integrate negative experiences, and more opportunities to pursue hobbies and interests. In most cases, it has also led to improved family relationships, perhaps especially mother-daughter relationships. With less stress and pressure on both, there are fewer conflicts and more opportunities for genuine connection.

Although I do credit several months of psychotherapy for some of these girls' progress, clearly, their improvements have exposed the school and lifestyle pressures that were a detriment to their mental health. The COVID pause has highlighted the negative impacts of overscheduling. Teen girls need time to think through and assimilate the many changes they face as they move closer to adulthood. They need to hear their own voices within. The COVID pause has also highlighted the lack of control and autonomy inherent in current high school schedules (seven or so classes per day, one right after the other) as well as in activity and athletic overscheduling. Social media and high school overcrowding is overstimulating and distracting to many girls, reducing their ability to focus and concentrate. I am reminded of the benefits for teen girls of quiet protected spaces, where there are pauses from too much engagement with boys, sexuality, and toxic societal stressors including drugs, violence and aggression, racism, and more. The COVID pause has made obvious the helplessness girls can feel when they are not able to make choices for themselves about timing and amount of sleep, school work, exercise, and peer interaction that works best for them. Like many clients with post-traumatic stress disorder, these girls needed a break from the stimulation of their own particular continuous stressors in order to reap greater benefit from psychotherapy. Relieved from their chronic stressors, they could develop insight, check in with themselves, try new behaviors, and make use of recommendations.

Most of my teen clients want to continue some level of remote learning even when

schools re-open. They want to have sufficient sleep and healthy levels of exercise. They want time to make healthy eating choices. Some want fewer, higher quality relationships, rather than the ubiquitous herd pressure. One or two teens want to discontinue their traveling teams with their inherent schedule pressure. They want to be able to hear and respond to their inner voices.

I am grateful that my work allows me to help them with these goals. I have missed my own adult children more than ever during this pandemic. Geographically far away, with careers and partners, my children do not want me or their father to risk COVID with the flights necessary to visit. Although we Zoom and talk on the phone, the rhythm of our regular connections is different. In her book, the *Bond Between Women*, author China Galland (1998) describes the spiritual lives of senior women of a variety of faiths. She posits that, once a woman raises her own children, the task of her senior years is to contribute to the lives of the children of the world, beyond her personal family. My work has allowed me to fulfill that spiritual quest.

Almost all of my teen girl clients have discovered that less is more: more calm, more self-control, more peace, and more happiness. I want to encourage them to hold on to this unplanned, unintended dose of wisdom, to better know and like themselves. I only hope that their contexts of school, family, and culture will become more flexible and will support them in their life's journeys.

In the view of Erik Erikson (1982), the task of my developmental stage of life is integrity versus despair. Through my shared journey with these girls, I have been better able to integrate the experiences of my own teen years into my life's story. Through my reflections, I have come to know and to feel more positive about the teen girl I was; she is still in me, with her wounds and her gifts, but especially in her resilience. With this opportunity for life review, I have come to feel more congruent and peaceful within and can therefore offer these girls, and others to come, a more authentic therapist. ▼

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Why Am I in This Chair? An Unexpected Pandemic Reflection

WASHINGTON, DC
tandylev@aol.com

THE PANDEMIC HIT ALMOST TO THE DAY WHEN I WAS FLYING HOME TO WASHINGTON, DC, FROM A VISIT WITH MY DAUGHTER AND HER FAMILY IN FLORIDA ON MARCH 10, 2020. The Fort Lauderdale airport was practically empty and so was the flight. I put up a notice in my office outlining safety procedures for washing hands and doorknobs. One week later, on March 16, I started seeing patients by Zoom from home. Life as I had known it had changed.

I adjusted. I pride myself on being adaptable and hopeful. I learned how to do Zoom and was seeing patients all day long: current patients, new patients, and former patients. I had my mail forwarded to my home address.

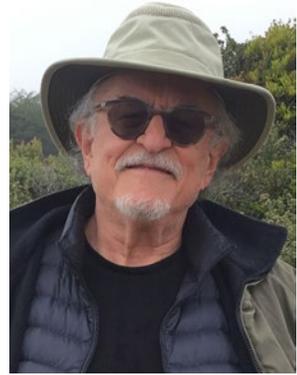
On the 20th of May, I ventured from my home to go back to my office building in downtown Washington, DC. I am a solo practitioner and have two offices in my suite. I walked into my building and opened the door. Everything was as I had left it 2 months and 10 days before. I was counting. It was oh so quiet and very still. It seemed as if the very air had not moved in all that time.

I went into my office and sat at my desk. I looked through my papers to see if I had left anything behind when I had scooped up paperwork, never expecting I wouldn't be back for so long.

And, then, I walked into my group room and sat in my chair. No papers, no distractions, just my comfortable couches and chairs that hold a history. Unexpectedly, I started to weep. I cried and cried and cried. I cried for 15 minutes. I cried with such tenderness and gratitude for all the souls who have trusted me since 1985 with their emotions, their pain and joys, and their childhood stories. Every seat in the room had been occupied by hundreds of patients over the 35 years. I could look at a seat and remember with palpable affection each person's life stories.

I didn't want to get up. I treasured the silence and the exquisitely deep emotion. I was given the opportunity to access how deeply I care about each and every person who walks through my door. I was able to cherish what an honor it is to sit with people and their pain and contribute toward their healing.

Those precious moments connected me to a younger version of my professional self and reminded me profoundly why I chose this calling. ▼



Reconnecting with Group Therapy, Thanks to Zoom

LONG BEFORE WE DISCOVERED A DREADED NEW WORD THAT OVERTURNED ALL OUR LIVES—COVID-19—a high point of every week for me was my Washington, DC, men’s psychotherapy group, gathering at precisely 7 a.m. every Thursday in the comfortable den of our beloved therapist, Arthur. Seven men whom I had come to love over the course of nearly 10 years would gather together before our workday to share our latest personal news in a 90-minute session filled with laughter, wisecracks, teasing, and searching—often highlighted by intimate, serious, painfully honest discussions of our deepest fears, frustrations, and small victories.

My wife and I had moved to the West Coast in 2017 to be near our kids and grandkids, and I missed the group dearly. I was left with fond memories of how helpful this band of men had been for me and how therapeutic the process. I kept in touch with Arthur intermittently, but four of us had left the East Coast and the group had dwindled to three—until COVID.

Thanks to our three “youngsters” (the tech-savvy 40-somethings among the rest of us, who range from 68 to 83), we’ve been back together for the last several months, and the group is more rewarding than ever. Not just for me but also for several of the other guys, who openly say how deeply thankful they are for each other’s presence and how important the group has again become for them in lonely, troubled times.

“Love you guys...Stay well,” one or two of us will invariably say at the end of our 90 minutes. As intimate as we were in Arthur’s den, nobody ever really literally declared their love in person. But over Zoom, it feels very natural, authentic. Zoom somehow makes it easier to

PETER PERL retired as assistant managing editor of *The Washington Post* after a 33-year career as a reporter, editor, and magazine writer. He also supervised personnel matters, skills and management training, and leadership coaching in the 600-person newsroom. He recently has served as a volunteer tutor in the Washington, DC, and Oakland, California, public school systems and done freelance writing and editing. He lives in Oakland with his wife, Nina Shapiro-Perl.
peterperl621@gmail.com

declare love from afar, and perhaps the apocalyptic nature of a pandemic also makes the expression of love feel more appropriate.

Another notable pandemic change is that attendance in the group has increased dramatically. Pre-COVID, we inevitably had one or two guys missing at every session for a variety of reasons ranging from workplace demands to illnesses to hangovers. But since COVID, we can almost count on one hand the total number of absences.

As much as I love my new home and new life in the San Francisco Bay area, I am again deeply savoring this intimacy with other men and realizing how much I had missed it. In the most psychologically disruptive time of my era—not just COVID-19, but the deepest racial turmoil and the most perilous moment for American democracy—I have regained a deep sense of community at a time when I didn't really know I needed it. As a special bonus, two of us are Black men, and we have had some of the most honest discussions of race I've ever participated in.

On our most recent Zoom call were (a) Arthur, our benevolent but challenging 83-year-old psychiatrist/father figure, speaking from his cabin on the Eastern Shore of Maryland where he summers with his wife; (b) Jack, a 40-year-old ex-CIA analyst and Iraq War veteran, who relocated to Washington State to start a new job and live with a new woman after a series of difficult relationships; (c) Marty, a 77-year-old retired computer guy, now living on a remote lake in New Hampshire with the woman he found late in life after several turbulent romances; (d) Jim, a 71-year-old bachelor in Maryland, whose father squandered a fortune and whose mother took out her frustration by mistreating him since childhood; (e) Doug, 68, in Virginia, who recently married an Indonesian woman, partly to help her avoid deportation and because he is a big-hearted man who loves needy women—sometimes several at a time; (f) Andrew, 42, who moved to Oregon near his only child after learning 10 years ago that—(1) his mother had been a high-priced prostitute, (2) his father was not actually his real father, and (3) his wife was cheating on him with his best friend; and (g) Ben, 41, in Baltimore, still optimistically struggling to find the right woman because he is still recovering trust after being sexually molested by his oldest sister as an 8-year-old.

And then there is me, a 70-year-old semi-retired journalist, happily married for 46 years with two great sons, four sweet grandkids, and a lovely Northern California lifestyle—with the constant underlying challenge of being bipolar and occasionally suffering severe breakdowns, though thankfully none in the last 15 years.

They are all wonderful men, gamely and often painfully trying to make the best of the traumas that life has dealt them. We all started as private patients of Arthur's and, once we had recovered from acute conditions of depression, manic depression, and other ailments, were invited to join the group. We had only one strict official rule: Everything that happened in the safety of Arthur's living room stayed in Arthur's living room. (This story mixes pseudonyms and locations. All the men have read it and supported my writing about us.)

We treasured the group because over time it truly became a family—but *not* a dysfunctional one. Under the warm blanket of confidentiality, we felt increasingly liberated from our inhibitions in a shame-free, guilt-free zone of trust. Family problems, work anxieties, existential, political, financial, and, yes, even sexual problems were all laid out. It wasn't all idyllic, though. Like any family, ours had its blow-ups: hurt feelings, perceived insults, inappropriate humor, and sibling rivalries when one guy thought another

was getting too much attention from Arthur. Despite such wrinkles, that precious gathering place was, and remains, a truly unique space in all our lives.

Over Arthur's many years practicing group psychotherapy, his group expanded and shrank frequently; some men lasted a year or two, a month, or even just a single, fearful visit. We had compulsive gamblers, sex addicts and virgins, gender-benders, mother-haters, father-haters, and wife-haters, just to name a few among the infinite variety of human frailties and oddities. (Arthur needed to impose a no-firearm policy, but that's another story.)

We never socialized outside the 90-minute sessions, except the younger guys occasionally got together to bar-hop. Outside of Arthur's, we came together only rarely—funerals, hospitalizations, and for me, a memorial service for my mother when I was deeply moved that three of the guys showed up.

In an era when so much is written and discussed about isolation, alienation, and the loss of community, my group has again become a precious oasis that every week reminds me of three important and sometimes contradictory lessons: All men are fundamentally very similar in our needs and our hopes, regardless of race, class, and circumstance. Yet we are all ultimately alone, because despite our best efforts, nobody truly knows the depth of what another is confronting. Finally, though, we are deeply connected because there are few things more meaningful than getting a chance to really be heard and understood by the people you love, even virtually.

Zoom, to me, clearly has its limitations, but these are greatly outweighed by the benefits. We do miss the up-close subtleties in each other's facial expressions and body language. But I think there is also something liberating about the distancing that allows us to speak even a bit more candidly from afar. It feels easier, somehow, to say something particularly challenging or confessional when you are not sitting directly across from each other. It's also enjoyable to see each other in our native habitats, where we occasionally give each other a quick virtual tour of our homes and backyards or a peek at a favorite artwork.

Zoom also allows some vivid moments of reality: Recently, when we all signed on, we could see that one of the guys was busy talking on the phone rather than focusing on the group. We teased him, yelled at him, and one of us even held up a sign saying: "Andy, Get Off the Phone!" Only when he actually joined us did we learn that he'd been talking to his ailing father and troubled sister about an urgent family problem. This led us to a lengthy attempt to help him sort out his priorities and feelings. That kind of immediacy and real-life drama would not have happened in Arthur's place.

In our latest sessions, something remarkable seems to be happening: Several of us report that we are making a bit of progress. The former spy who moved to the West Coast is working hard to learn how to be patient with his latest potential mate and how he cannot fix all his family's serious psychological problems back East. The ex-lawyer is growing closer to his daughter and slowly beginning to make peace with his father's impending death. The tech guy has finally realized that his current romance is toxic and that he needs to take steps to fix it. For me, the group has been an invaluable sounding board as I adapt to the role of the aging patriarch trying to lead a family of three households through a time of intense personal and shared stress.

Nobody among our group has fully resolved their issues, of course, but we've often remarked lately on the sense of personal growth and learning,

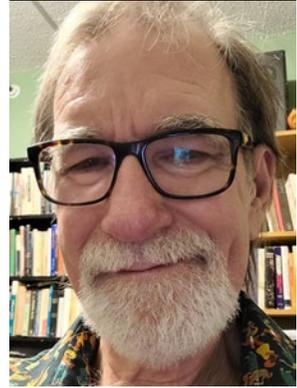
thanks in large part to the renewal of our bond. In the time of the pandemic, we are able to use a new technology to help each other in powerful ways, and for right now, that's about the best that we humans can do. ▼

Sometimes you find yourself in the middle of chaos, and sometimes in the middle of chaos, you find yourself.

— Boonaa Mohammed

In the midst of winter, I found there was, within me, an invincible summer.

—Albert Camus



Zoom and Embodied Mental Images

WAS 2 DAYS INTO A VACATION WHEN THE GOVERNOR OF MINNESOTA ANNOUNCED A COMPLETE LOCK-DOWN DUE TO THE COVID-19 VIRUS. I was able to complete my vacation, but the streets of Minneapolis and St Paul were completely deserted as all but “essential” workers were asked to stay home. I quickly contacted all my patients, mostly by email, and informed them that our sessions were going to be by phone, Skype, or Zoom and asked them which they preferred. I was not looking forward to my first week back from vacation. Much to my surprise, I thought all the sessions went smoothly. I do remember being in a grocery store, with everyone wearing masks and the cashiers all behind quickly installed plexiglass, and everything feeling very strange. I contemplated writing an essay on experiencing the world through plexiglass. The greater feeling of anonymity from not seeing faces, not being able to read their emotions, gave my existence an eerie feeling. This feeling extended into my second week of working via telehealth. It felt strange to be with people, while at the same time not be with them. However, the therapy sessions kept feeling surprisingly “good enough.” Some people preferred audio phone sessions, and for those people I had the feeling that there might even be some advantages. Mostly, they felt less constrained by automatically assessing how I was responding to them. This, I thought, is not unlike the arrangements of classical analysis where the patient and therapist cannot see each other’s faces.

By the third week, looking at all the analysis and projections about how long the pandemic was going to last, I decided that I was going to shut down my regular office. Being over 60, I placed myself in the high-risk group, and

JIM AMUNDSEN is a psychologist in private practice in the twin cities of Minneapolis and St Paul for over 30 years. Before attaining his PhD from the Fielding Institute, he served as a pastoral psychotherapist and director of clinical education in the chaplaincy department of Abbott Northwestern Hospital. After Albert Pesso, discoverer of Pesso Boyden System Psychomotor (PBSP) psychotherapy, died, Jim and his fellow PBSP trainers formed the nonprofit USPBSA, dedicated to training therapists in the method. He is currently serving as its president.

jamundsen70@gmail.com

it seemed apparent to me that things would not get back to normal for face-to-face visits for a year or two. I was not interested in paying rent for a space I did not think I would use for that amount of time.

The greatest challenge I faced was that I practice a body/movement-oriented therapy called the Pesso Boyden System Psychomotor (PBSP) psychotherapy. Another portion of my practice was running training programs for therapists in that method. My transition here is harder to describe to people not familiar with that method, but I will give it a try. PBSP is most often done in a group setting, so I will describe the method briefly as used in that setting: As the client talks, as they would in any therapy session, the therapist *micro-tracks* the narrative. Micro-tracking is similar to but a more complicated form of active listening. As the narrative unfolds so, too, does the patient's history around the topic. If the starting point was, for example, feeling rejected by a boss, the historical antecedents emerge: The patient may have felt unloved by one or both parents. As the narrative develops, the boss and the parents are represented by enrolled figures. The notion here is that whatever the patient is seeing in their mind's eye is represented by an external figure. As the figures are represented, either by objects, such as pillows, or people, which would be other group members, the therapist is carefully observing the patient's responses, with special attention paid to bodily movements. As the historic scene emerges—in this example, that the patient never felt loved by her parent—another figure is enrolled. This figure represents an *ideal* mother who, had she been there back then, would have loved the patient in the ways for which she yearned. The kicker here is that usually such yearnings are revealed in the patient's body: in their movements. For example, the patient's hand may have twitched in a way that suggested she wanted her hand held. When all of this is read accurately, and the therapist asks if the patient would want her ideal mother to hold her hand, tremendous things happen to the patient as a life-long, unmet yearning is finally met (by a group member who is role playing). The goal is to help the client escape the affectively, bodily-based belief that she is unlovable through a simulated, new memory. When everything goes according to plan (a frequent occurrence) the patient is shown what it would have been like to have the love she craved and how things would be different if this simulated history had occurred.

Naturally, the actuality of the process is more complex, but I hope readers have an idea of the challenges faced in attempting to do such work, first, with an individual, without a group to provide the *accommodators* who provide a physical sensation, and second, via Zoom. I made the first transition a few years ago, when I started employing PBSP in my individual sessions. Before then, I only used it in group settings; with individuals, I worked in a psychoanalytical (self-psychological) mode. Working with individuals involved using objects, such as pillows, rocks, stuffed animals, and so forth, for the enrolled figures, both historic and ideal figures. I was inspired to make this transition to using PBSP techniques with individuals by psychoanalyst Martha Stark (unpublished talk), who described PBSP as being “controlled enactments.” Enactments are analytic situations where both participants are acting out of their unconscious, whereby the unconscious material is enacted, or performed, in the behaviors between the two. It is the analyst's job to make sense of such enactments while both participants are being swept up in them. By using PBSP techniques of representing the patient's internal images with objects in the room, both of us can look at what is produced and figure it out. The second step, unique to PBSP, is to provide an antidote experience in the form of ideal figures

providing, in simulation, the missing pieces of developmentally needed interactions. Much of psychoanalytic therapy, in my experience, stops at the identification of the history. After that, the patient must grieve what was missing in order to move on. In PBSP, there is still the grieving but with the added support of being given, symbolically, an experience of what was missing.

A whole host of techniques are needed in using things like pillows for the ideal parent. If the patient, for example, wants to be held, a pillow (I have a great collection of them in various sizes) is enrolled as representing an ideal parent. The pillow is propped up, sometimes by me holding the pillow, so that the patient can lean her weight into it. Then, a blanket is added, draped over the patient's shoulders, to represent being held. I enroll my voice as the voice of the parent, saying things like, "Using my voice to represent the voice of your ideal mother, if I were back there then, when you were 5 years old, I would have held you like this whenever you needed." Such wording is always provided by the patient. When patients are in the memories of their deficit experiences, they seem to know exactly what words they would like to hear. All of this individual adaptation of PBSP had been so successful that I stopped thinking of myself as a psychoanalyst (although that background is still very relevant) and saw myself more as a PBSP therapist.

But could I still be an effective PBSP therapist over Zoom? When I started using virtual platforms, I found I could still do the phase of constructing the historic scene by asking patients to pick objects that were within reach and enroll the figures that they were seeing in their mind's eye (remembering). The picking of something—an object or even just a location in the air—is important because it allows for easier differentiation between the memories of the actual historical figure, and the next step, which is to enroll the antidote figure. The antidote figure is totally made up by the patient. Most of the time we want our actual parents to be the ideal, and I can tell, usually by their language, when the enrolled figure is representing the patient's yearned for response from the actual historic figure. The patient might say to the ideal figure something like, "I know I'm a difficult person to love." By having the historic figure represented alongside the ideal figure, I can say, "That was your actual mother who thought you were difficult to love. Your ideal mother would have never thought you were difficult." Even using telehealth, I was startled to see my patients collapse into tears, holding a pillow that represented their ideal mother. These tears have the quality that we call *grief relief*. There is grief because the patient is hit with the full force of what was missed back in their childhood. But there is also relief when they experience, in a symbolic, simulated way, what they have yearned for ever since the deficits occurred.

What I have learned from doing all this on Zoom is how incredibly powerful our inner images really are. As the researcher Damasio (2018) recently put it,

When emotive stimulus is recalled from memory rather than actually present in perception, it still produces emotions, abundantly so. The presence of an image is the key, and the mechanism is the same. The recalled material engages emotive programs that yield recognizable corresponding feelings. (p.112)

The constructed antidotal images of the ideal figures work in the same fashion. They give the patient the same emotions as if the experience had been real. Zoom sessions highlight what seems to be the fact that it is the emotive stimulus that is the crucial

therapeutic ingredient, not the *how* of the stimulus. From my years of analytic practice, I was accustomed to working with my relationship to the patient as the emotive stimulus, otherwise known as transference. In both my analytic practice and my PBSP practice, I assumed that the stimulus had to be something concrete, such as the relationship or the physical accommodators in PBSP. What working on Zoom revealed to me was that stimulus very much starts off in the internal image-making stage within the patient. As Damasio confirms, images evoked from memory produce the same emotions as the images evoked from our relationship to external reality.

As I noted earlier, the sudden onset of the pandemic with the need to isolate, wear masks, and so on, put me in a strange sort of mood. I remember thinking that it could be like an episode from the old TV show *The Twilight Zone* (1959). The plot would be that I wake up one morning missing half of my perceptual abilities. If I ventured out of my house, everyone I encountered was wearing a mask. It was spooky to be amongst people and not have the faintest idea what they were feeling. It seemed like a zombie world, and I was turning into one too. That was the backdrop against which I started doing telehealth psychotherapy.

I was startled, pleasantly, to feel immense relief to be able to see people's faces. I was both relieved to see my patients doing fine in our therapy sessions and relieved to feel more alive; the zombie feeling receded. In the midst of all the isolation, I felt grateful that I was involved in a line of work that gave me the opportunity to see and to be seen.

I once saw a play performed in London, where the only props were a chair and a crate. There were two actors. Throughout the play, actors switched scenes, going to different locations, constantly. At first, I was disappointed to realize how minimalistic the play was going to be. Living in Minneapolis, I was used to the Guthrie Theatre which usually makes sets as complicated and real as an elaborate Hollywood movie. However, I was quickly swept up into the drama of the play and realized that by the end I hardly noticed that the set was only made up of two objects. My experience with telehealth has been very analogous to my experience of that play (this was years ago, and I'm sorry to say I don't remember the name of it) in London. To paraphrase Damasio (2018), our experience of the world is largely a product of our emotions, and our emotions are largely a product of the images we mentally construct that map out the world that most allows us to survive and thrive in the world. Emotions make all of our internal mental constructs *embodied images*. To a surprisingly large degree, we as therapists can access this inner world of embodied images through electronically mediated images as well as through non-electronic embodied images. ▼

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Playing with the Pandemic

In order to truly laugh, you must be able to play with pain.

—Charlie Chaplin

PRACTICING GROUP THERAPY IS A LOVE OF MINE, AND I PRACTICE AND LEAD GROUPS IN VARIOUS FORMS. At the time that the COVID-19 pandemic started to appear in other parts of the globe, I was leading or co-leading several groups: social therapeutic process groups, an improv therapeutic process group for people with social anxiety using movement and play, three groups for couples, and more. Having developed group skills over 35 years of practice, I have learned not only to listen to the group dialogue and the emotionality of conversation but also to notice the subtle movements, silences, eye motions, and energy in the room that speak to the dynamic created by the interaction of pain, connection, openness, joy, disconnection, and intimacy. However, with the pandemic, new challenges and possibilities were presented, and changes were required.

Group Therapy Challenges and Outcomes

I had always been reluctant to participate in or lead therapy sessions, whether individual or group, online or by telephone. I do participate in long distance learning and supervision. In the training sessions I've attended as a participant, I tune out too frequently for my comfort, which has felt disrespectful to the leaders of those learning groups. Being fully present and tuned in to all of the nuances that come with person-to-person sessions is very important to me. Pre-pandemic, I believed that the

MURRAY DABBY, LCSW, is a psychotherapist, teacher, and performance activist based in Atlanta, Georgia. He has a long-time group therapy practice. Murray cofounded The Couples College and Curtain Up, Anxiety Down and is a lead trainer at the globalplaybrigade.org. He is a longtime associate with the eastsideinstitute.org. Married to his greatest friend, Lori, they have a wonderful adult daughter. Among other hobbies, you can often find him performing music and singing around town.
murray@atlantasocialtherapy.com

creative intuition that grows with experience required face-to-face meetings and that both individual and collective growth depended upon in-person work.

Then the pandemic hit the world, spreading beyond China and Europe and moving into the United States. I had all of January 2020 to start thinking about whether to move to a fulltime online format, though I must admit I was in denial. As we watched the virus spreading to Seattle, parts of California, and right near my old neighborhood in New Rochelle, the move to an online format seemed inevitable. At that time, I was running and co-leading six groups and had scheduled upcoming trainings and group consultations, along with a full load of individual and couples sessions that I felt relied on face-to-face contact. While there is much to share about the general transition of my practice, my improv group therapy format gave me the most pause. I wondered anxiously how I could run a therapeutic improv group online, where we couldn't make use of the full body work and movement that improv relies upon.

I have partnered with improviser, creativity coach, and theatre director Lesly Fredman in creating and running *Curtain Up, Anxiety Down* groups for the last 7 years. Our groups consist of 8 to 12 members, from college-aged to people in their 70s, working on severe social anxiety of all kinds. We help people deal with social fears, perfectionism, fear of failure, obsessional processes, paranoia, higher functioning autism spectrum challenges, and the emotional inhibition and isolation that frequently come with social phobia or social anxiety.

I have learned that the mechanisms and effects of improv have tremendous benefits for adults who have trouble socializing. It had that effect on me when I first tried it, in 1996, at an all-weekend social therapeutic conference/workshop where I performed in front of 150 people. I was terrified! Before this experience, I remember being intrigued with finding a way to do some kind of stage performance as therapy ever since attending training with Virginia Satir in the early '80s. Satir mesmerized me and the audience by constructing a family dynamic improvisationally as an onstage performance using the participants' responses. However, I was quite shy and thought I could never consider doing this. As a child of immigrant parents—Iraqi-Jews—I was encouraged by my family to quietly assimilate. I did just that: learned to listen, fit in, and not talk much. As a result, I became extremely uncomfortable in social groups. Fortunately, as a musician, I learned to perform on a stage, which helped me to survive my quiet adolescence and young adulthood. But the experience of participating in group conversations was excruciating. After a few bouts with different therapists, I entered a group where it took me 2 years to speak.

Back to the improv workshop I attended, the risks I took did not come easily. My experience of standing on stage, tasked to improvise a performance of my life in one minute, was mortifying. As I acted out the story of my life, I repeatedly yelled loudly that I hated being on stage. Subsequently, I was asked by the supportive improv director to create a poem on the spot out of that experience. This was a transformative moment for me. It ultimately helped me move from having to evaluate everything I say, judge my words, including everything from giving public talks to small talk, to relating to conversation and presentations as a more creative and improvised activity.

Doing improv can create fun situations where people can play with making mistakes and experiencing failure and let go of the longstanding internal judgments and criticisms that can crush spontaneity. In the therapeutic improv group, when somebody in

the group makes a mistake, we make sure that it is loudly celebrated by the group. This helps people overcome the fear of being shamed. We find that people, many of whom may tend toward introversion, will suddenly discover, “Oh, I have a voice,” or “I can say things spontaneously and people enjoy it.” They notice that people applaud or build on what they are saying. Lesly would remind the group that you don’t have to be funny. Scenes can be serious, and humor will organically happen. Clients who tend toward introversion come to find that the vast world of their inner voices has value in a public sphere.

Pre-pandemic, the value of being together in person seemed a critical part of the group. The experience of proximity, seeing each other, dancing together, touching, moving our bodies, and being visible to others seemed critical to growth. We wondered whether the group could do this work on Zoom. Could an online group provide the value to members that the in-person group had? We had to creatively develop ways to do groups: for example, to create the order of a circle by numbering people. We used facial exercises as a way to get people acclimated to the severe discomfort of looking at themselves by asking the group to bring their faces up to the screen and camera rather than disappearing, which was the inclination of many group members. Since many were working from home, we dealt with some embarrassment people felt about opening their living spaces to observation.

Some of our first exercises were simulating phone conversations between Zoom boxes or asking folks to take an object in their room, look at it in a new way, talk to it, and have another group member perform the voice of the object. We created a mock support group for emotional saboteurs, that is, those internal critical voices that undermine risk taking and spontaneity. We helped people look at their internal voices and personify them as characters, giving them names and a personality. The group members then played out those characters in a simulated group therapy session about how effective they are as saboteurs in order to improve their undermining. We also created a way to overcome inhibitions in doing improv scenes by choosing pairs to develop a scene together while the group watched. As all of us became more comfortable with the medium, the flow of the exercises seemed endlessly creative.

The group members were learning that they could create the group environment by performing as if a “head taller” than they are (Vygotsky, 1978), or by performing as other than who they thought they were, by bringing their experiences, history, and conflicts into the performance. Like good actors, they could simultaneously be who they were and perform as other. As I understand it, that is the fascinating dialectic of performance (Salit, 2016).

Play and performance are critical to my understanding of growth and human development. My training, in the ‘80s, at the East Side Institute for Group and Short Term Psychotherapy in New York, an international training and research center for social therapeutic and performance activism and a think tank for humane approaches to human development, taught me about performance studies. Human development can mean many things. The Institute’s powerful characterization of development is different from its frequent uses in childhood stages of growth, social planning, fundraising, and other contexts. The Institute approaches development as something that we as human beings create, by continually transforming our circumstances. I like to think of it as a theatre-like stage we perform on (living room rugs will do) where new forms of play and

life are possible. This is in contrast to a more linear notion of climbing a ladder to reach a next stage. Developmental psychologist Lois Holzman (2020) would say, “As we change the environment and world around us, we change ourselves, and as we change ourselves, we change the world.”

The move to a performative and improvisational paradigm is valuable in giving people the experience of our capacity to shape ourselves and our world. This has particular importance to me given my sensibility that psychotherapy needs to have relevance for changing the conditions of our lives. People will often say, “I am seeing things in entirely new ways,” or “I had not noticed things before that were right in front of me.” The value of seeing things in new ways, or seeing old things in new ways, means you are creating possibilities and hope. Instead of being only bound and shaped by the culture we live in, often individualistic and isolating, people begin to get the experience that we may have the capacity to be culture changers, whether in the workshops or in other social settings.

Taking Improv to the World Stage

Paralleling and responding to the onset and quick global spread of the pandemic, a new organization, The Global Play Brigade (GPB), came into being. The GPB has sought to provide a portal for collective development. The inspiration came from three improvisors, one from China and two from the United States, who teamed up in late January 2020 when the intense quarantining took place in Wuhan, China. People were isolated at home without others to connect to. The improvisor from China reached out to nearly 100 homebound residents and, together with U.S. improvisers, created a virtual space in which to play improv games in a large group.

As the pandemic engulfed the globe in March 2020, these improv leaders began to reach out to improvisers, performers, clowns, and therapists around the world, including me, to create a voluntary organization that would offer free improv for people impacted by the pandemic. As a group, it is our belief that integrating play, improv, theatre, clowning, and therapeutics is vital for creating hope, possibility, development, and emotional well-being. We see ourselves as part of a new global surge of needed human creativity. We hope to build a global community for change, part of which is the creation of equitable access for people economically, socially, educationally, and culturally, with the ultimate aim of contributing to the end of discrimination and poverty. We were inspired by the words of Arundhati Roy:

Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it. (Roy, 2020)

Through social media, the GPB created a way for people to sign up for free virtual play workshops for adults, children, activists, and anybody really, to participate in anything from learning language and dance, playing together, clowning, stress relief, teen spaces, sharing and playing with politics, and more. We offered free participatory workshops in numerous languages, in all time zones, led by some 160-plus people who

joined the organization.

We decided that we would offer play in two categories. The first one we considered pure play, that is, play for play's sake, for fun, laughter, relaxation, and connection. The other category we called "Voices," which is meant to be more therapeutic play, giving people opportunities to share their pain, joy, struggle, resilience, and aspirations. Of course, the distinction is not so cut and dried; the focus of these groups took many forms. I signed up to be in the "Voices" group. The creative work allowed me the opportunity to improvise, find creative means to explore therapeutics, and partner with people around the world to collaborate and find new resources for learning.

While in the midst of the pandemic, like many human beings, I was becoming more reflective, recognizing the fragility of our social structure and all those daily life circumstances previously taken for granted. In this moment, and perhaps because of it, the explosive fight for racial justice took the foreground. Beginning with the outrage over the public execution of an African American man, George Floyd, in Minneapolis, and continuing with several other incidents of racial violence across the country, many people all over the world, particularly young people, are taking to the streets and to social media. We watch as mostly peaceful protests sometimes break down and are often sabotaged. Nevertheless, the global surge of protest gives hope and strength to people addressing longstanding systemic racism.

As a child of the '60s, I would typically be outside participating in some kind of organized protest or march. However, I could not do so mid-pandemic for fear of jeopardizing my health and that of my life partner. I began to explore the possibility of creating a protest on Zoom through the Global Play Brigade. I created a workshop series called *Protest and Play: Creating Power and Connection Worldwide*. The first one was focused in the United States to address racial injustice. I developed this workshop in collaboration with theatre professional Kat Koppett and conducted exercises that gave participants an opportunity to create political memes out of our group. We performed protest stances on Zoom, created sounds, songs, and signs of protest that were photographed, distributed, and used in our own social media forums. We also created improv exercises specific to protesting social injustice. Participants were instructed to express their emotional feelings and passion in gibberish, with another participant translating what they said and how they said it. The fun thing about gibberish is that people tend to show their passion without having to worry about words. The subsequent translations created a powerful intimacy that participants described as helping them feel less isolated at home and more powerful in a socially active community. This experience would be hard to achieve by reading or listening to the news at home.

I also initiated international *Protest and Play* workshops. For example, I teamed up with Fernanda Liberali, an activist and professor from São Paulo, Brazil, and Charly Ford, an African American improv comic from Atlanta, GA, to create a workshop that was internationally diverse and multi-lingual. People attended from Brazil, Peru, Costa Rica, Mexico, the United States, Canada, and Austria. After showing videos and participating virtually in demonstrations around the world, led by women from Chile fighting against rape, we led an exercise where each person in our Zoom rooms briefly shared the challenges in their own country and highlighted those that were priorities for them. Out of this came some beautiful performances of unity and connection; breakout groups created multilingual poetry to present to the whole group. Participants

expressed that the workshop led to an experience of shared connection, love, ownership, and commonality.

My personal interest in slow reflection then led to an effort to explore slowness and silence in a playful and therapeutic way. Along with Annie Rose, a professional performance coach, we led another workshop called *Playful Reflections: A Place to Clear, Share, and Connect*. In developing this workshop, we wanted to explore the speed and quickness that we often experience in life, especially in this historic moment of anxiety and loss. We wanted to create a workshop to help people appreciate the value of slowness and silence. For example, we adapted an exercise created by Cathy Rose Salit, called “Gorgeous Conversations” (Salit, 2016). In this exercise, we had each member share how they were doing in this very conflicted, tumultuous moment in history, and then pass the conversation along by asking the next person to reflect. That person had to sit quietly for 10 slow seconds before responding and then share their emotional experience of what was said, then their own experience. They then passed the question to the next person. This slow thoughtful experience of listening and sharing created a powerful sense of emotional connection, honesty, and intimacy in a group of people, many of whom had just met for the first time.

The Dialectics of Collective Development Embedded in Performance

Exploring the power of performance in therapeutics brings me to the implications performance has on my view in understanding human life, resilience, activism, development, and who the human being is. One of the challenges I have experienced with the practice and study of psychotherapy over the years has been how to address dualities that are inherent in the practice and teaching, such as mind-body, inner-outer, or thought-language. A duality of particular relevance to this article is the individual-society dialectic. Given my cultural history, I have come to appreciate the inseparability of my cultural history from my persona, my sensibility, and the struggles I have experienced and grown through. I appreciate the personal and experiential home that the American Academy of Psychotherapists (AAP) has provided to therapists who embrace the complexities of relationality and experience in facilitating movement. I would love to add the social therapeutic view of human beings into the mix, to share how I experience the complexity and the dialectic approach of human beings. Social therapeutics, seeing life from a performatory perspective, may be useful here.

Developmental psychologist Lois Holzman and Cathy Rose Salit, founder of *Performance of a Lifetime* and chief organizer of the GPB, presented at the Taos Institute, “Why Be Half Human?” (Holzman & Salit, 2020). In this talk, they shared that a traditional view of psychology tends to address one side of the human being. That side consists of seeing human beings as (a) shaped by our environments, (b) tool users, (c) adapters to culture, (d) members of identity and geographical communities, (e) learning to behave, and (f) shaped by our history, that we are who we are. Note that these descriptions tend to be passive. In the paper, the authors point out that we are more than these characteristics. We also live in a dialectical space where we are simultaneously (a) shapers of environment, (b) tool creators and makers (c) culture creators, (d) community builders, (e) performers (note a much broader sense than behaving) and (f) continually becoming. Note the contrasting sense of activity and activism in these descriptions.

We are seeing in this moment that millions of people are creating new forms of being with one another, new forms of cultural communities. Of course, we have been doing this since the dawn of the human species. We continually create culture even while aspects of our society remain intact, even resisting change. On the one side, we are a “behaving species” in so far as we learn and adapt to the rules of the societal world, whether it is stopping at the red light, where to place our knife and fork, or learning how to behave in front of our teachers, employers, our spouses, and our therapists. At the same time, we are performers. We are able to bring brand new performances, improvisations, passions, and new ways to be with others, using all we have experienced and learned in the creation of something new. We are simultaneously who we are and who we are becoming. For me, the notion of the simultaneity of being and becoming is exemplary of what it means to think about human beings as a performative species. Great actors understand this. They use who they are, their history, to perform who they are not. Young children do that, too. In therapeutic work, clients can learn to move from an evaluative stance to an improvised stance, using language improvisationally to discover new experiences.

To close this paper, or to offer a way to continue, I want to offer a statement made by Lois Holzman, who said,

Playing, as we understand it, is beyond imagining, beyond dreaming, beyond learning social skills, beyond cognition. It’s a social activity that brings new possibilities into the world. Playing is about experiencing our society and species consciousness. Over and over again people of different ages who have stopped playing—because play is either disallowed or only something little kids do—have said to me after playing for the first time in years, things like, “It helps me belong;” “I don’t feel so alone;” “I created something with these other people;” “I never saw my boss except as my boss, but now we created a new relationship.” We can play with anything, we can play with words and sounds, we can play with fear and anxiety. We can, indeed, play with the pandemic. (Holzman, 2020)

I hope we can all play with the pandemic to help lead the people we work with to humanely create a world that is better socially, emotionally, intellectually, and politically. ▼

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BORDERING ON INSANITY
a fib sequence*

By Neal Whitman

“They sacrificed us,” complains a woman living in a quarantined town, but whose butcher shop is “a stone’s throw away” outside the red zone. She asks, “Why us and not them?”

Secugnago, Italy (February 29, 2020)

Spread
East
To West
Firenze
Was Struck by Black Death
Sick people were denied entry
Ten storytelling-souls seek shelter in a villa**

global threat is high
CORONAVIRUS
keep out foreigners
CORONAVIRUS
shut out and lock down
CORONAVIRUS

History teaches two ways to fight epidemics:
The Medieval and the Modern
Close or open doors
Iron fist
versus
Hand
Wash

*In a fib sequence, based on work of 12th century Italian mathematician Fibonacci, the first two numbers are 0 and 1. Each subsequent number is the sum of the previous two. A “fib” poem uses those numbers for syllable count per line. Think of the 0 as the pause before starting to read the poem.

**In Giovanni Boccaccio’s *Decameron* (1353), ten Florentines escape the city and, over a 10-day period, tell one story each per day—tales ranging from the lighthearted to the erotic to the tragic.

A Book Review During the Pandemic of 2020

Giuliana Reed, LICSW

AT THE END OF THE SECOND DECADE OF THE 21ST CENTURY, AS A DEADLY PANDEMIC SWEEPS ACROSS THE GLOBE, the wealthiest, most scientifically and technologically advanced country in the world is unable to mandate the simple use of face masks, the most effective way to combat the spread of the deadly virus in the absence of a vaccine, due to a failure of leadership at the highest levels of government. Tens of thousands, in numbers that grow exponentially week by week, die helpless, agonizing deaths separated from their families and loved ones.

Conversely...

In the mid-17th century, on the heels of the discovery of the compound microscope and an emerging understanding of the transmission of disease via newly discovered organisms called bacteria, an impoverished rural village in the hills of Derbyshire County, England, courageously decides to self-quarantine to stop the spread of the Black Plague in England. Inspired by the impassioned exhortations of their broad-minded, charismatic leader, Michael Mompellion, the citizens decide that no one will enter or leave the village for one year. The outbreak is the last documented emergence of the pandemic that ravaged Europe in the 14th century, killing nearly three-fourths of the population by some estimates. In Eyam, as this village was called, 260 of approximately 300 villagers died within the year.

Scant yet stunning historical data conjure, by their absence, an evocative scaffolding upon which this accomplished writer constructs her tale. Brooks' rich narrative beguiles the reader into a story at once tender and harrowing. It is the year 1666, when an invisible, silent killer is delivered to Eyam in the luxurious folds of a piece of cloth destined for the town tailor and the garments of the privileged gentry. The unfortunate soul who delivered it from London soon thereafter becomes ill, dying a mysterious death of suppurating pustules, high fevers, and lurid lesions. His breath feverish and urgent as he expires, he whispers repeatedly, "Burn it all, burn it all." Not understanding, the villagers instead gather around in excitement, the cloth a beautiful wonder offering a momentary respite from the otherwise quotidian monotony of their hardscrabble lives.

BETHESDA, MARYLAND
gumreed@gmail.com

Book Review

A Year of Wonders

by Geraldine Brooks,
Viking Press, New York
2001, 400 pages

Four main characters carry the narrative through the vagaries of this cursed year. The heroic Anna Frith, an uneducated but wise and kind shepherdess, rises to the challenges of tending to the ill and dying. She learns the mysteries of the herb garden that is left behind when the villagers, fearful and suspecting witchcraft, kill the mother and daughter who ministered to them in illness and childbirth. She also teaches herself midwifery and at the side of the devoted and kindly pastor's wife, Elinor, learns to read and write in her spare time. Surprisingly, she becomes proficient in Latin as well, a detail which serves the plot but is in itself unbelievable under the brutal circumstances of that cursed year. Michael Mompellion, the village pastor, entreats his parishioners each Sunday to reach for the goodness he believes each of them holds within themselves, at the time a progressive belief that set him apart when puritanism and Catholicism held a grip over most the land. The insatiable illness devours his flock one by one, as weekly his hallowed hall fills with the sharp echoes of their absence. Saintly Elinor, his wife, embodies the epitome of kindness, compassion, and generosity as she and Anna work tirelessly to relieve the suffering of those stricken.

The main character is, however, the plague itself, perversely claiming not only the victims' bodies but their hearts and minds as well. Murder and mayhem, debauchery and insanity, take root as the village struggles to cope with the pandemic. The author is at her most brilliant and realistic here. With the keen eye of an experienced war journalist and the evocative, sensuous style of a poet, she transports the reader into both the dark and brilliant labyrinths of the human soul. We see then, as Albert Camus once said, that "each of us has the plague within him" (Camus, 1947, p. 229).

About half-way through the narrative, however, the reader might begin to wonder how the main characters, gifted with their unfaltering altruism, their boundless generosity, and unflinching kindness, can find such superhuman strength within themselves amidst so much darkness. By the time Brooks ascribes shadow aspects to each one, it's almost as if she's decided in hindsight to add their darker voices. By then, her characters have become caricatures of themselves, a trio of superheroes worthy of an adult comic book. Her narrative ability and skill to create the vast landscapes of human suffering and love lose credibility. In the end, in an epilogue no less, how she chooses to resolve Anna's narrative is, if wonderfully romantic, preposterous. Not so much a year of wonders, it is more a year of fantasies.

Nevertheless, this tale, at this moment in history, is eerily and uncomfortably prescient. ▼

References

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READERS MAY BE FAMILIAR WITH EMMA DONOGHUE FROM HER EARLIER BOOK, *ROOM* (2010). Her new book, too, takes place primarily within a small room, this one a converted storage room in a Dublin hospital during the Spanish flu epidemic. This story begins on October 31, 1918. There is a world war going on, the Irish are unhappy with British rule, and the flu is killing people all over the world.

Nurse Julia Power, the protagonist, lives with her brother in Dublin. Their mother died after Tim's birth, and Julia became his little mother. Tim has returned from the war with his body intact but mentally or emotionally damaged. He is mute but does respond wordlessly. One might not think that 3 or 4 days in a nurse's life could be that interesting, but the story draws readers in.

On October 31, Nurse Power arrives at the hospital to find that she is going to be in charge of the one-room makeshift Maternity/Fever ward all by herself. The hospital is so overwhelmed with cases that they can spare no one else. In this room, three cots can be squeezed in to care for women who are in a later stage of pregnancy and also have the flu. During the ensuing 3 days, the tiny room will hold birth and death, pain and kindness, anger and forgiveness.

That morning, Bridie Sweeny arrives offering help. She is neither a nurse nor one in training, and has no real qualifications, but she proves to be very useful and empathic. Bridie is about 22, but she has no idea of her actual age or birthday. She was born in a convent or a home for unwed mothers, and she has been doing chores for the sisters ever since. The two make a formidable team, working in unison against all medical and human odds to deliver and care for the living as well as the dead and dying mothers and infants. It is from Bridie that Julia learns some of the horrors that women suffer in homes that take care of mothers and their children. (It brings to mind the movie "Philomena." [Coogan, Seaward & Tanner, 2013])

The second day, November 1, is Julia's birthday. Turning 30, she thinks about what that means to her, unmarried and not expecting to have children at that age. Since Bridie did not have a birthday, Julia invites Bridie to share hers. It is All Saints Day, the day all those who have gone before us are celebrated. November 2 is All Souls Day, commemorating those who have died and may not have

OMAHA, NEBRASKA
fls1030@cox.net

Book Review

The Pull of the Stars
by Emma Donoghue,
Little, Brown and
Company, Boston, MA
2020, 304 pages

made it all the way to heaven. These days reflect the theme of the book.

This book was inspired by the 100th anniversary of the Spanish flu epidemic that killed 3-6% of the human race. The publishers hurried the book to press upon the arrival of the current pandemic. Of course there are differences. Medical care is vastly improved. They did not know what a virus was in those days. The drugs that were given to patients for comfort were chloroform, ipecac, and whiskey. They did procedures that would not be done today. Ireland is an independent country and more prosperous than it was in those days. And there is now birth control. It was illegal in Ireland at the time of the Spanish flu. Women have the right to vote. Children are not taken from their mothers—usually. Yet, we are still overwhelmed by an illness that infects and kills many. There is a similarity in the top-down government propaganda, devoid of facts. And those who live in poverty again have the worst outcomes.

The book's title is derived from its obstetrician, Dr. Kathleen Lynn, an actual historical figure, who attributes "influenza" to the Italian "influenza delle stelle," the influence of the stars, believing that the heavens determine our fates. The name Nurse Power is also meaningful, as we see Julia move into her power as the story progresses.

As I think of the impact of the pandemic in present day life, I see a great deal of fear and anger within and around me. Retired and living alone, there have been many changes in my life. I stay home a great deal more. I see friends occasionally. Traveling is out of the question, so I will not see my daughter until the worst of this is over. A good bit of my time is spent on my iPad deleting most of the hundreds of emails, watching online presentations about various things, reading email from acquaintances, and checking Facebook. I suppose this is all an attempt at feeling connection in these days of isolation. The quiet does allow for reading, contemplation, and becoming more aware of myself and others. Although Nurse Power is very busy during the few days that we know her, she, too, becomes more self-aware during that time.

My friends are overwhelmed by the amount of work they have to do in these times, much of it virtually. Therapists are busy, in part due to the pandemic related stress people endure. Teachers, who already had too much to do, now have to teach virtually as well as in person. Parents are working at home and caring for and schooling their children at the same time. Healthcare workers are strained by too much work, sometimes less pay, and exposure to infection. Many have lost jobs and struggle to pay rent or get food. And although we do not have World War I going on, we have fires blazing through the West, drought in the plains, temperature above 100 degrees above the Arctic Circle, demonstrations for police fairness and justice, and a political environment that sometimes feels like war. W. B. Yeats (1919) wrote "The Second Coming" in Ireland in response to the flu, WWI, and the surge for Irish independence. His poem speaks to the moral chaos of our time as well:

Things fall apart; the center cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere
The ceremony of innocence is drowned;
The best lack all conviction, while the worst
Are full of passionate intensity.

This is a captivating book. One wants to get back into the story to see what happens. Given the circumstances under which Nurse Power works, one would not expect all

things to turn out happily. For therapists, it shows the quality of care and caring that she gives, and we know that the best therapy occurs where the therapist genuinely cares for the client. The story also illustrates the effects of trauma, from the war causing Tim's lack of speech, to the early loss of Julia's mother that probably led her into a care-taking profession, to the horrors suffered by Bridie and all of those children who go "into the pipe." That is Bridie's expression for those who go into the system, whether the convents and abbeys of her day or the foster care or family welfare systems of later days—or the children at the Mexican border. Although the story recounts a lot of pain and suffering, it also reveals much resilience and goodness prevailing amidst the horrors of pandemic. ▼

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Deadline for submission:
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Direct questions and submissions to the editor, Carla Bauer, LCSW crbauer01@bellsouth.net or to the guest editors.

See Submission Guidelines on the AAP website: www.aapweb.com or in any issue of *Voices*

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Guest Editors:

Penelope Norton, PhD
penelope.norton@gmail.com
Jonathan Farber, PhD
jonathan.farber@gmail.com

“Every true love and friendship is the story of unexpected transformation.”

—Elif Shafak, *The Forty Rules of Love*

Psychotherapy, too, is a story of transformation—of both therapist and client. While much has been written about romantic love and attraction both within and outside of the therapy room, less has been written about friendship.

Like romantic love, friendship holds a mystery. Sometimes a chance encounter serendipitously leads to friendship—a felt sense that begins instantly—and other times a friendship is built brick by brick, through multiple encounters over long spans of time. But there is mystery in the fact that, like romantic love or familial love, friendship cannot be willed. Friendships play out across the lifespan or they are tied to particular stages of life; elements of friendship may include: initiation, sustenance, rhythms, unintended consequences, and endings of friendships.

How do our clients' friendships shape the psychotherapy we do with them? How do therapists' friendships shape our work with clients? How does our work as therapists shape or limit our own friendships? In what ways have you been a friend to your clients, and in what ways

have you not?

Psychotherapy is often seen as a journey. Friendships have a journey quality, too, and can be an adventure. “As soon as I saw you, I knew an adventure was going to happen,” says Winnie the Pooh to his friend Piglet. And, psychotherapy, like friendship, is often reciprocal. How does each see the other? How accurate or inaccurate is the mirror of friendship?

For this issue of *Voices* we seek your voice on friendships, in and out of the consulting room. What brought you together with an important friend? What has kept you together, or what nearly or actually broke you apart? When a client reports having trouble with friendships, what do you feel? And then what do you do? How have your own friendships changed over time or as a result of your profession as a psychotherapist? How have your friendships ended, and what feels finished and what doesn't? What transformational experiences in friendship do you know intimately? We are also interested in friendship dyads who may want to write—together or separately—about the evolution of their friendship.

Voices welcomes submissions in the form of personal essay, research- and case-based inquiry, poetry, art, cartoons and photography. ▼

Dynamic Engagement: Relational Connectedness Amidst the Many Faces of Change *Voices*, Summer, 2021

Call for Papers

FOR THIS ISSUE OF *VOICES*, WE EXPLORE THE QUESTION OF HOW WE STAY RELATIONALLY CONNECTED TO EACH OTHER AMIDST THE MANY CULTURAL SHIFTS AND CHANGES TAKING PLACE AROUND US: changes occurring via the #Me Too movement, increased focus on gender as a non-binary concept, increasing knowledge and awareness around racism and white privilege, and more. Add to those the most recent force for global change: response to pandemic, the need to remain connected over distance, for mutual safety. What lasting cultural and connectivity changes may come from pandemic experience even when we re-emerge from isolation to rejoin our communities? These many winds of change are blowing strongly, requiring organizational structures, social conventions, and relational dynamics to respond. The impact is felt everywhere: in our society, in our organizations, in our relationships, and in our consulting rooms.

Consider: How do we stay connected to our clients amidst all of these changes -- especially if we do not speak to / think about / process these dynamics? How do we stay connected to each other in our offices and in our organizations if we are of a different ethnicity, race, gender or gender identity, sexual orientation, age, socioeconomic level, religion, or political belief? How do we bring these differences into the open, in ways that deepen relational connectedness? How are we staying dynamically engaged with our clients, partners, friends and family, and with each other amidst these many faces of change – some requiring us to reach across divisive ideologies, others over physical distance, to remain relationally connected?

For this issue, consider how these dynamics show up in your life and in your practice.

Voices welcomes submissions in the form of personal essay, research- and case-based inquiry, poetry, art, cartoons and photography. ▼

Deadline for submission:

April 15, 2021

Direct questions and submissions to the editor, Carla Bauer, LCSW
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Each issue has a central theme as described in the call for papers. Manuscripts that fit this theme are given priority. Final decision about acceptance must wait until all articles for a particular issue have been reviewed. Articles that do not fit into any particular theme are reviewed and held for inclusion in future issues on a space available basis.

Articles. See a recent issue of *Voices* for general style. Manuscripts should be double-spaced in 12 point type and no longer than 4,000 words (about 16 to 18 pages). Do not include the author's name in the manuscript, as all submissions receive masked review by two or more members of the Editorial Review Board. Keep references to a minimum and follow the style of the *Publication Manual of the American Psychological Association, 5th ed.*

Submit via email, attaching the manuscript as a Word document file. Send it to Carla Bauer (crbauer01@bellsouth.net). Put "Voices" in the email's subject line, and in the message include the author's name, title and degree, postal address, daytime phone number, manuscript title, and word count. Please indicate for which issue of *Voices* the manuscript is intended.

If a manuscript is accepted, the author will be asked to provide a short autobiographical sketch (75 words or less) and a photograph that complies with technical quality standards outlined in a PDF which will be sent to you.

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Poetry. We welcome poetry of high quality relevant to the theme of a particular issue or the general field of psychotherapy. Short poems are published most often.

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