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“Reckoning: The Best of Hindsight and Foresight”

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If 2020 has been touted the year of hindsight, 2021 must be the year of reckoning. Now, as there is a small glimmer of light at the end of the global-crisis-tunnel, we as psychotherapists can begin to help our patients, and ourselves, mourn the loss of a year and imagine life beyond COVID-19.

A global pandemic presents a unique substrate in an analytically-oriented psychotherapy. Now more than ever we are aware, along with our patients, that we are in a crisis *together*. Typically, the life events patients bring to treatment, be it past suffering or current trauma, form stories into which we can enter, offering a felt experience of being seen and heard. The unique material presented to us as therapists is not our own, even when there are reverberations with our own histories. Empathic holding creates space for perspective, allowing for connections to be established, patterns to be explored and resolution to begin. However, living through the same crisis alongside our patients creates an unusual set of clinical circumstances that have the potential to short-circuit the holding space and dampen perspective. Human before psychotherapist, we are grappling with our own sets of challenges, losses, and fears.

The first two weeks of the pandemic for me were marked by a stay-at-home order. I recall a sense of panic rising in my chest at the prospect of no school and no childcare for two weeks. As the mother of a developmentally disabled, non-verbal child, I rely on the supportive infrastructure that school provides. Last March, I was terrified at the prospect of being at home, trying to work with my own patients with my daughter downstairs. When the full scope of the pandemic revealed itself and the reality of no school for the remainder of the year was made clear, I felt as though I was losing parts of myself necessary to being a good therapist.

I needed space in my own analysis to express my fears and frustration. I felt safe to verbalize the envy I felt for parents of neuro-typical children. Children able to log on to a computer

unassisted and follow a set of instructions. Children who didn't make excessive sounds. Children who could independently pour a bowl of cereal. Children who could continue to learn. It was in this analysis, after all, that I had learned how to differentiate my love for my child from the sadness of being her mother. I experienced a sense of freedom that my dismay was not perceived as complaining. I was not reminded that others had it worse. Instead, I was able to see myself as a human whose life had veered off the anticipated, well-worn path of "typical motherhood." In the dense, path-less woods of special needs, medical diagnoses, and unmet milestones, I was able to sit down and cry. The tears did not mean I do not love my daughter. The tears meant it was and is hard being her mother and with that acknowledgment, the grief came and continues to come. With grief there is sadness, anger, disbelief, and bargaining. And by acknowledging those feelings there is a chance of acceptance.

As I brought my attention back to my practice, and perhaps because of a reckoning with my own challenging circumstances, I was increasingly aware of a consistent message from many patients that felt clinically problematic: an overall tendency to minimize the impact of the pandemic. Patients were seeming to denigrate their feelings and experiences because they were not suffering in ways similar to those who were *truly* suffering. Verbage of not wanting to complain, appear ungrateful, or unaware of privilege persisted.

Hearing patients compare their pain to others is not a phenomenon unique to the COVID era. As psychotherapists, we all have heard some version of "it was bad but it could have been worse." The man anguished by his history with a narcissistically-injured mother underappreciating his pain because the mistreatment was never physical. Or the young woman whose father committed suicide qualifying her grief because she had set a boundary and had not had contact with him for three years prior to his death. Disowning pain is a common defense.

Yet under the guise of offering the bulk of collective empathy to an imagined other, our patients unconsciously are defending against the palpable reality of their own circumstances. To state that someone else has had it worse prevents one's unique suffering from being named. If our patients' suffering cannot be named, it cannot be felt and meaning cannot be made.

Unconsciously defending against and deflecting pain produces a dissociated grief response, leaving our patients trapped in inchoate waves of sadness, anger and disbelief. As Pierre Janet pointed out at the end of the 19th century, what is dissociated remains outside of ordinary consciousness, insidiously dominating psychic space with emotional and somatic distress. What if our patients are not suffering with depression and anxiety solely because of the impact of the pandemic? What if our patients' suffering is compounded by a dissociated emotional experience, that by its very nature, displaces an opportunity for reckoning?

When treating dissociated experience, a central challenge seems to be the absence of the proverbial grist for the mill. To find material with which to work, we must re-enter the suffering and pull apart the threads of affect and somatic experience in order to uncover and name the root cause. If we are not addressing death or even long-term illness due to COVID, in general with the pandemic and our patients, the sadness, anger and disbelief represent the experience of unwanted adaptations and a lost year. It is precisely in this psychic space where we as clinicians need to meet our patients, to make the connection between emotional pain, disowned experience and loss, and offer the invitation to feel and grieve.

It is essential that we offer our patients a space free of judgment to acknowledge the uniqueness of their pain and suffering and consequently, the uniqueness of the impact. How can we as attuned holders of our patients' experiences encourage them to honor their suffering? Keeping the idea of mutual vulnerability in mind, I have found myself using self-disclosure more

frequently to build bridges toward a shared holding space for loss and grief. In doing so, I am modeling that the permission to feel is not the same as complaining. I am conveying that being overwhelmed can be eased by naming and externalizing. I am sharing that owning one's vulnerability is a profound measure of courage.

As it turns out, I realized at some point in late spring that COVID would not be going anywhere any time soon. I heard rumblings about school going virtual for the entire next academic year. I, along with my partner, made the decision to move our family from a quaint university town to the east coast city where I was born and raised, where we would have family support. For my patients, most of whom are quite long-term, this came as a shock. However, because of the pieces of information they learned about me through the act of self-disclosure, they understood that this move was about needing necessary support.

Strangely enough, I have experienced my patients' presence as steadying, the cadence of our work together providing a rhythmic balance to this new phase of my life. I recall noticing in early September during my first tele-session, the "backdrop" of a full bookcase and art behind me while boxes were still scattered around the room. My life was simultaneously upended, though my day-to-day patient schedule was the same.

My own patients have become anchors for me, as I have been an anchor for them. I continue to offer permission to each one of them to see the unique impact this pandemic has wrought on their lives. Together we have explored that it is possible to both have privilege and to suffer - that one does not cancel out the other. Additionally, a mutual lesson has ensued. When we own our suffering it does not get buried, as anything buried will make its way to the surface, in any form it can take. The era of COVID-19 has produced a collective trauma. The fact that my patients know that I, too, have been impacted is another reminder of our shared humanity and

mutual vulnerability. In addition to therapist and patient in a professional yet mutual relationship, we are people walking alongside one another, reckoning with loss and looking toward the glimmer of light at the end of the COVID tunnel.