

Psychoanalysis in the Epicenter of the Pandemic

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I am writing this essay towards the end of several months of lockdown in New York City (NYC) and after twelve weeks of having only had sessions with patients in my home-office, via audio and/or video applications. Also, during these past few days a tipping point has been reached in the United States, with yet another murder of a black man by a white police officer in Minneapolis that set off protests against systemic racist violence throughout the country. The pandemic exacerbated the immense racist disparities, injustices and systemic racist violence in the US. It also highlighted racism as a global pandemic in itself – obviously with distinct cultural differences between countries around the world, based on specific histories (e.g. colonialism, slavery, Nazi-Germany to only name a few markers of such).

So, what has it been like to practice psychoanalysis and psychotherapy in the midst of this crisis? One statement made by psychoanalysts that I heard and read of repeatedly (e.g. during Zoom meetings or psychoanalytic listservs) was the idea that we were now going through the same trauma as our patients. I will attempt to briefly outline how a generalizing notion of the COVID-pandemic as trauma collapses diverse experience, including trauma, traumatic reliving, anxiety, helplessness and anger (amongst others). While individual traumas certainly interact with what we may call group traumas, those interactions are complex and call for careful distinctions. I propose caution when applying the notion of psychic trauma and only using it in the strict sense of the term, when a person's 'bodymind'[\[1\]](#) is being utterly overwhelmed, to the point where it is no longer possible to fully experience, let alone mentally process, the traumatic event. Psychic trauma has both short-term and long-term effects on the whole bodymind organization of a person.

Have many patients and analysts suffered trauma through the pandemic, that is, trauma either being brought about or re-activated by the pandemic and exacerbated by it? Yes. Have all patients and analysts in NYC suffered trauma through the effects of the COVID-pandemic? No. There is much to be differentiated here, and I would like to contribute in this small way to people's attention staying with the diversity of suffering (versus not suffering), as the recent events of protests against racism and systematic violence by law enforcement against black people have put on many more people's radars than usual.

The ways of suffering and the extent of it depend on many different factors, not the least, socioeconomic ones. As expected, the rates of serious infections and deaths are not only highly correlated with age and underlying conditions but also with socioeconomic status and – since the two are highly correlated in the United States – with race. People of color, especially Blacks and Hispanics, have suffered significantly more than Whites'[\[2\]](#).

The socioeconomic disparities in the United States in general, and in NYC in particular, were immense pre- pandemic – including the lack of adequate housing, nutrition and education for many disadvantaged and dispossessed people, as well as the lack of employment that would either include or pay enough for access to health care. Now, all of these disparities and injustices have been exacerbated. This also implies that the majority of people who have suffered from racist violence (intergenerational as well as acutely through contemporary structural and physical violence) do not

have access at all to mental health care in private psychotherapy offices.

What we encounter – and what we do not encounter – in our practices is reflective of the socioeconomic, racial and professional disparities. I have thus encountered diverse reactions between trauma or grief, on the one hand, and relief on the other, with the latter being expressed by highly socially-anxious and schizoid patients. They expressed relief to not experience the social pressure to be out in the world, to socialize, communicate, work and collaborate with other people in-person, often in close proximity. Other patients with high levels of anxiety expressed relief – even vindication – upon the wide spread of fear and anxiety around COVID.

People on ‘the front lines’, especially those working in hospitals, nursing homes and other places where they care for others who are ill or dying of COVID, have obviously been traumatized, which means they have to dissociate from feeling fear and pain in the face of suffering and death just in order to keep going and working. Some patients have lost and are grieving loved ones, or they have lived through intense fear when family members became severely ill and were hospitalized, while they could not even be with them in person.

Living through the pandemic brought to light more prominently people’s personal and interpersonal conflicts as well as resources (both socioeconomic and mental) to deal and cope with them. Due to the lockdown of all ‘non-essential businesses’ several of my patients lost their jobs during the pandemic. Others, who consider themselves lucky to still have a job, and especially those who work from home, have been working even longer hours than usual. Still, they are stuck in front of their screens all day and parts of the night, feeling stressed, if not panicked – not the least because they anticipate to lose their employment in the near future due to the economic crisis that has already started.

In short, people have suffered from increased fear and anxiety, professional and financial insecurity, social isolation or the exacerbation of interpersonal conflicts with partners, roommates and children or other family members they care for. Working with people who grieve the loss of a loved one to COVID is merely witnessing and accompanying them in their mourning, fostering mental space for grief work. For patients with a history of traumatic loss, COVID not only comes with grief upon losing someone, it also re-activates protective mental strategies to cope with anticipated repetitions of such trauma. Some patients who have suffered traumatic loss, suffer from intense anxiety of once more suffering a loss, all of which is exacerbated when combined with racial trauma.

I have thus often found myself even more confronted with the limitations of our work than pre-pandemically. While also being reminded of what psychoanalysis can do, e.g., work through painful relational patterns, internal and interpersonal conflicts, bring to a new awareness and, to some extent, help heal traumas, it painfully reminds us what psychoanalysis cannot do – at least not directly – that is, ameliorating the social conditions that breed and feed into suffering.

[1] Wrye (1998) quoted by Dimen (2000). The Body as Rorschach. *Studies in Gender and Sexuality*, 1: 9-39, p. 10.

[2] <https://www.nytimes.com/2020/04/08/nyregion/coronavirus-race-deaths.html>