

## Living and Working with Trauma

The topic here of trauma surrounds every portal of my being. My colleagues constantly talk about it. They are fearful of the future and worry about exposure to the virus. I too am extra cautious and have moved up to my country house. I miss the city, even though some people find it a relief to get away from it all. I find that there is no respite. If it is not the virus that we talk about, it is politics or our troubles in using Zoom. All this amounts to a new reality that I find difficult to take in. Things will never be the same. As much as I dislike using the computer, I appreciate what it offers. Yet, I am constantly irritated and frustrated as the use of the computer is not my language. At the ripe old age of 91, I never anticipated using the computer as part of my daily life. I live in a self-imposed quarantine, as I am most vulnerable to infection, and probably would not survive any illness that arose from an exposure.

My use of the computer presents a parallel to many of the problems that quarantine creates. I miss face to face social contact. Yes, I am able to see people through Zoom, but it is quite a different experience. I often find faces are distorted. Only one person can speak at a time. I have also discovered that there is less static and interference when everyone is on mute except the speaker. Sometimes we forget that we are on mute and attempt to speak anyway. The voices of the people I listen to does connect me to an energetic space. However, I need to work on it constantly so that I can stay attuned. This becomes a very taxing experience. Even when I finish with a group session, I sometimes cannot get a word in to say we are nearing the end. I now learn that I must raise my hand so that people can see that we will have to stop soon.

There is a thin gray line that I constantly work with in my groups. Sometimes the sharing of anxieties and complaints have limited usefulness, and I encourage people to get down to a place where there is more contact. When we accomplish our mission, our complex dance goes on. We move back and forth on many different levels. There is the usual transference and countertransference. There is often a replica of the trauma of the present, and its stimulation of our past painful histories. I have learned to give people plenty of space for long pauses and reflection. Sometimes, however, this approach does not work. Borderline and addiction issues often call for a structure so that we do not go around and around in circles. Consequently, I am often working on a number of levels. I have a diagnostic framework, and yet I am free enough to go wherever the patient or presenter brings me. At the same time, I am constantly alert for material that starts having a repetitive and self-involved quality, rather than any true relatedness. This moving back

and forth between freedom of expression and structure becomes my guideline for any given interaction with a group.

I go back to my sense of reality. Everything seems crazy and upside down. I cannot believe the changes that have occurred in such a short time. The professionals that I work with are also aware of an intense deprivation and loss of a past reality. For some, moving to a country home has given them a newfound freedom. However, the majority often feel depressed and empty, and struggle with a sense of deprivation that feels overwhelming.

The most important challenge I find in working in this manner relates to my interacting on a full body level with my participants. Thus, I often find myself and others on an intellectual level. There is so often too much head stuff. As a result, I sometimes must push people to find out what their body is communicating while listening to a case or talking about one.

I find role playing as patient and therapist particularly helpful as this method facilitates a more experiential quality. The role playing brings out a stimulation of people responding and bouncing it up against the images that are projected. I sometimes use art or meditation to move people into a more body-level of relatedness. However, there is little question that there is much more difficulty in getting to this state when I use Zoom. I wonder whether younger people who have been brought up on Zoom find this as challenging.

There are often amazing coincidences that occur between the case presentation and the problems of working with Zoom. One presenter spoke about a case and there were so many echoes and static in her voice that none of us could understand what the case was about. However, she was also presenting a case on a person that was frightened of penetration and kept people at bay. Further complicating this challenge, the presenter also had a similar background to the case being discussed. There was a mechanical and emotional sense of unrelatedness and distance that we had to talk about.

It is very easy to fall into a pit of despair and even self pity. I cannot tolerate this form of regressive narcissism. I push people to talk in a more here and now manner. They complain “this is my here and now” and I challenge them again, and say they use self pity to avoid the reality of the present and everything that is possible for you to have. There is sometimes anger as I challenge people in their self pity, but the anger becomes a bridge toward building a relatedness rather than a withdrawal. I have given a rough outline of the framework and atmosphere that I work with. Now I think it is time to be more specific in terms of case presentations and actual dialogue.