

Notes from the Underground

The group initiates a discussion, sharing their sense of despair and rage with the current political situation. They lament, the president does not unite but splits the country into warring factions. They proceed to share their deepest fears and a sense of distrust about the future. Can we really remove this person from office in the next election? He is already, they fear, on the road to becoming a dictator.

A member volunteers to present a case. He starts off by sharing a feeling of hopelessness about ever making progress with the presenting patient. The patient intellectualizes and goes around and around in circles. All of his interventions go nowhere. The patient knows all the answers, but they are merely devices to keep the therapist and patient in a state of impotence and immobility. In his own treatment, the presenting therapist shares that he, too, feels impotent and unable to move. He is frightened of leaving his house for fear of catching the virus, in spite of all the precautions he is taking. He feels imprisoned but cannot find a way to break out of his confinement. He will not even get into the car for fear his car will break down or he will not be able to find a gas station. He is stir crazy but finds there is no way out. The therapist's father presents a very passive, quiet picture of a man unable to articulate his terror. He has lost all of his family or cannot speak about it. The therapist misses his father and knows that he is living out a life that is similar to this man; participating on some level as a holocaust survivor. His father comes from a family where there are many losses due to the holocaust. The presenting therapist presents a complex interconnection between generational trauma and a culture in turmoil. In his family of origin, the mother is the aggressive and controlling one. She uses power in an authoritarian manner, and controls others through helplessness or blame. The therapist has spent a lifetime avoiding and yearning to connect with his mother.

We return to the case: the therapist finds no visible way of taking hold of this case. I remind him that there is another way of using power if he so chooses. He could point out to the patient that he needs to get closer to him but cannot relate when there is constant repetition of things that they already know. I point out that the underlying communication should be one of him getting to know the patient better. He is frightened, though, of the patient's scorn, and tries to break out of being something other than a passive pawn that he uses as a waste disposal. Another member of the group outlines a course of treatment. The presenter feels not heard and not helped when he is told how to work. I commented to the other member that we miss really getting to know him, as well, instead of resorting to a semi-supervisory power position. All of us look at the various alternatives of the use of

power. We can see it as a source of wisdom, responsibility and care, or it can be used as a source of having control over another.

One of the members reminded me that power is not gender related. Today, both women and men search for power, which can either be used or abused. We go further into the case and talk about a new departure in the use of power means a further loss of contact with the therapist's mother.

Today, the entire group discusses power and impotency as part of the trauma of our times. We all search for a leader who will have power, not over others, but over themselves, and be able to search for healing and bringing people together. There are all forms of holding. One of the functions of a therapist is to create a safe atmosphere where aggression is not seen as disruptive but as a means to open up the space and offer possibilities of new definitions and meaning. Sometimes, care and holding is not enough. A therapeutic use of the therapist's authority can free patients rather than furthering a dominant submission position. When a therapist can inform or reflect, but can also accept differences, and be curious about each other's separateness. This is one of the conflicts of our time. Fear of power and impotence filter into all levels of communication. The group ends feeling more settled and heard.

The presenting therapist reads my past essay and, during our next individual contact, he presents a series of complaints. "Robbins, you don't get me. What do you expect me to do? My house is in the middle of a Republican county. My neighbors and I have nothing in common. They walk around without masks, oblivious to the fact that they can contaminate the entire environment." "What do you mean" he shouts, "when you say I live in a prison? I have done everything possible to preserve my sanity. I call people, and in fact, have attempted to meet one of my colleagues halfway from his house. He was unable to do it this week, because the highways were blocked, but we have arranged to try it again sometime in the near future. I have also attended the synagogue in the local area. There are nice people there, but they are too young for me, and we do not have much in common." He goes on, " My friends call me and I call them. What else should I do? You tell me," he challenges. I retort, "I am concerned that staying in the confines of your house is not healthy or good for you. You are an extrovert and need a lot of people in your world. I worry about that," I say. He then interrupts, "I have someone who helps me fix the car. Another neighbor calls upon me and asks if I need help shopping." I note to myself that the facts of his life have changed, but he has completely omitted these facts in our previous conversations. All of this, I said, I did not know. I commented to him, "I stand corrected". He feels relieved and seen. Our mutual feistiness creates a more intimate contact. This experience is very different from those that he has had in his past, and creates one further step in separating from his father's identification. He goes back to my essay. "It sounds very intellectual," he says. I retort that what he is up against needs some kind of

educational outline. This cognitive description creates a further boundary, and if nothing else, offers some clarity of what he needs, and a structure for him to bounce back from again.

All of us are part of a societal trauma that is full of chaos, anger, sadness, and confusion. Living in a chaotic atmosphere has not been easy. Working with our patients all day, who have equally been overwhelmed and are trying to hold things together, makes us exhausted. We are exhausted from our intense efforts to focus. In this brief vignette, we see how there is an interface between the societal forces and our intrapsychic pain. The patient admits that he understands more than he actually puts into interactions. I see, also, the potential in this man that comes into the forefront of consciousness. He is less sad and pathetic, and more forthright, clear and alive. We end our session feeling a little closer with each other.