

### **The Traumatic World We Live In: Grief, Fear, and Loss**

The group seemed to take an unusually long time in getting down to a case. We spoke about cultural issues, what was happening to each other, and our computer problems. No one seemed ready to talk about a case. Finally, one of the members volunteered.

The supervisee shares her problems with a new case. The patient, at some point in the future, wants to adopt a child. She feels that she will need somebody to talk to about being a future mother. She only desires to see the therapist every other week. The patient talks in a concrete manner, and touches very little of emotional significance. Finally, she tells the supervisee that her original therapist was murdered ten years ago. The supervisee reflects how awful this must have been for the patient, and what a significant event it was in the patient's life.

The patient cries briefly, but then the therapist changes the subject, and states that she wants to get to know her better. She knows nothing about her history except for the fact that she has had very few relationships. I point out to the supervisee that she has changed the full material. She does not enlarge upon the entire experience of loss and shock, but the therapist states that the patient has very few words to say about the experience. Suddenly, it enters the therapist's consciousness that she, too, has had a similar traumatic experience. Her caretaker committed suicide, a very important person who was with her from ages 5 to 12. She rarely spoke about this shock to her parents. Her parents believed that she was fine, but she was far from it. She was not quite sure why she could not talk more about her feelings, but the parents were content that things were going well.

The supervisee now switches back to her patient. She wonders if unconsciously she has avoided the exploration of this experience of shock and trauma, as it was touching to a raw point in her own history. Members of the group started to share some of their own experiences about loss and the processing thereof. One member gave an example that seemed quite pertinent to what we were dealing with. In a psychodrama exercise with someone who was not her therapist, she suddenly played out the role of a child who had lost her parents. The tears rolled down quite unexpectedly, and could not stop for the next two days. Another member of the group spoke about the loss of her husband, and only now after a year later was she able to feel loss, sadness, and some grief. There was a good deal of discussion in the group as to what would be an appropriate timing to start pushing this patient's experience of being in a state of heavy shock. We left it up to the therapist's judgement for when would be a comfortable time, either to do some

psychodrama in this therapy, or even relate to her story about the loss of a caretaker. Members of the group spoke of the numbing yet upsetting experience of loss and shock. One member almost lost a patient who became very sick from the virus. Others remember the struggle they have had in experiencing loss. I too remember not being able to speak at my mother's funeral. It probably would have helped me open up my own sense of grief in sharing my saying goodbye to her.

We all suspect that the patient has not only had a traumatic loss with her past therapist, but also has had some other very deep losses in her history. We all have struggled as to how to deal with trauma and losses in our own lives. We are living in a society where sudden losses and deaths are all around us. Loss, shock and trauma seem to surround us. It is difficult to assimilate these experiences, for they are simply overwhelming. We need time and space to discuss this complex interrelationship of death in our society, our personal losses, and the trauma of our patients. As the patient begins to feel safe and trusting in the relationship, I suspect that more emotional material will emerge. In the meantime, the therapist needs space to process her own experiences of being retraumatized. Some therapists report that for some couples, living with one another under this period of quarantine has brought them closer together. For others, it has created more stress. Thus, this period of social upheaval creates not only some possibility of retraumatization, but also opens up new possibilities. Encountering a sense of hopelessness about our future needs to be challenged. Chaos and disruption ultimately set the stage for new structures and institutions to arise out of all of this debris.