



CAN I GET A WITNESS?: ON BEING SEEN AND HEARD IN A RELATIONAL PSYCHOANALYTIC TREATMENT

CYNTHIA C. CHALKER, MSS, LCSW

The cries have been loud and silent. Destruction and Stillness. Most of us have not seen our patients in person for close to a year. The tables have seemingly turned. The ways of being connected to our patients and ourselves have shifted. Who do we “see” in our electronic devices? What do our patients “see” when they encounter us in sessions? What could we not “see” in each other when we sat in the same room? What is the role of Relational Psychoanalysis in helping us “see” a way forward?

Keywords: COVID-19, racism, trauma, pandemic, otherness, witnessing

The Marvelous Arithmetics of Distance is the last volume of poems by Audre Lorde before her death in 1992. In an interview, asked about the title, Lorde said that when she looked back over all her work—journals, poems, speeches—she realized that the theme running through all of them was about difference: “How perspective alters the way you perceive difference. How distance alters what we see, depending on where we are standing, how difference alters understanding” (*Audre Lorde: The Berlin Years, 1984–1992*).

Where are You?

Where are you? This has become a call and response between me and my patients. At the beginning of the COVID-19 pandemic in New York City, everything shut down at once. When I left my office, March 13, 2020, I did what I always do: Wiped down surfaces, rearranged pillows, put papers of the day into a file folder, put the folder into my bag. Checked my bag one more time: keys, phone, electronics. I turned off the lamp. Looked around as I closed the door. I did not know that it would be October 12, 2020 before I would return.

This paper is my perspective on trauma.

How to capture the tumult that was 2020. The trauma: the collective, individual, racial.

The concept of trauma is something we cannot process clearly and completely. What actually happened, and what is filtered through memory? How

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does one put a narrative together? What do people tell themselves to form a coherent story, or incoherent one? How can people piece together information that will help them move forward with their own lives? (Locker, 2010).

Throughout the year, the media kept the world abreast of the world-wide devastation. Public health officials impressed upon us the ways to keep ourselves and others safe. Perceptions shifted. In New York City, we realized how much we take for granted: that there will be food on the shelves, people to serve us in restaurants, bars and drug stores open. That the subways will run 24 hours a day. All at once, economic inequity was brought into sharp focus.

Perceptions of Difference, Depending on Where We are Standing. How Difference Alters Our Understanding

WHERE ARE YOU?

Where are we if we are not in the office together to do our work? In his book, *In the Shadow of Freud's Couch: Portraits of Psychoanalysts in their Offices* (2020), Mark Gerald firmly locates us inside four walls. But in his chapter, "The Shadow of Loss and Impermanence In the Psychoanalytic Office," he quotes Avgi Saketopoulou:

Darkness is the unknown that a patient and analyst bring into the room. Illumination is provided by mutual recognition; that is by seeing one another. (pp. 23-25)

WHERE ARE WE?

March and April were the time of the biggest adjustments. I held sessions in our absent adult son's bedroom. My partner, also a psychoanalyst, worked from our bedroom. With those with whom I did occasional phone sessions before the pandemic, we continued to do so by phone. With those I began working with during the pandemic, we automatically moved to video sessions. A few patients with whom I would have preferred to have video sessions, could not manage it due to inadequate Wi-Fi or hardware that did not support video platforms. Finding a place with enough solitude for a session for both of us required negotiating with roommates, job responsibilities and the details of living.

I fretted at not being able to observe body language. I would end my work days frustrated that I couldn't always decipher from their voice on the phone where they were, emotionally. Psychically. Physically.

Will I be able to witness all that is going on around you?

Will you be my witness?

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WHERE ARE YOU?

Is one of the questions still asked during sessions. I ask: Is that a dog in the background? How did the baby end up in your lap right before the end of our session? Is someone hammering in the other room? Are you standing outside?

Cynthia you're on mute!

Say that again, your screen froze.

Are you safe?

Are you still in the city?

Is your family okay?

Some of my patients, if I am two minutes late for a session, panic: "are you okay? I was afraid something had happened ..."

I wonder, will we be able to manage the shifts in our perspectives?

Are you still with me, even if you aren't sitting with me?

Each passing day brought the news of deaths. Neighborhood stores closed and since then, many have gone out of business. All forms of education were now virtual. So much confusion. It seemed people who were able to leave the city did so. The streets and sidewalks were empty. The silence was loud. Blaring sirens made the silence louder. Lucky to have homes in which to shelter, it was hard for my patients, and me, to complain about the disruption to our lives, knowing that all around us people were losing so much. And this was only the beginning of the loss. The loss of livelihoods. The loss of school communities and in-person lifecycle events. Hospitals establishing protocols and procedures seemingly on the fly, banned family and friends from the bedsides of their loved ones. So many people dying alone. Recently, a patient sighed "if you are Black in this country, you know somebody, who knows someone, who's died from this virus."

Where are you?

Can you see me?

Trauma: The Individual: Pam

I have worked with Pam for over 5 years. In her late 30's, she is brilliant, creative. A self-taught musician, with a PhD in physics. Pam grew up in punishing poverty with housing instability, witnessing domestic and physical violence. Pam's survival instincts are well honed, but also, because of her history of trauma, she suffers dissociation and dysregulation and can find herself in potentially dangerous situations when her anger overtakes her. She often justifies her behavior by claiming the role of a social justice activist whose purpose is to right the wrongs

of the world. With humor, she is drawn especially if she is prone to narcissistic intense fear of abandonment with Pam is what relational analyst.

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of the world. With her many talents, leadership abilities and fierce sense of humor, she is drawn to people and they to her. But Pam also turns people off, especially if she perceives others as weak or slow to organize their thoughts. She is prone to narcissistic injury. And despite her rejecting behavior, she has an intense fear of abandonment. One of the more successful ways I have to work with Pam is what Grossmark (2018) describes as the work of the unobtrusive relational analyst.

Such an analyst seeks to work with patients and states in their own idiom and form. In so doing allowing—and welcoming—the patient to be free to manifest all the dimensions of their being—however diffuse and confused—unencumbered by the requirements of relatedness and for the analyst to be real and present while tilting their subjectivity to be receptive to the development and present needs of the patient. (p. 4)

In the beginning of treatment, I had a hard time engaging with a person who was so engaging. Delighting in her intellectual gymnastics and humor, I could easily get caught up in stories and adventures which were fascinating, but also revealed her inner world of emptiness, chaos and fear. I often struggled to contain, and to create space in the room for our separate selves who could each recognize the other's subjectivity. I had to maintain my own stability to listen for what hurt. It was difficult because everything hurt. Pam could come into the office raging about a White man pushing her as she crossed the street. She screamed and cursed at him for being oblivious as he stepped in front of her. He didn't see her. Or being offended by the person in the elevator who offered to push the button to my floor and Pam would insist the patriarchy was subjugating women by taking over her right to push her own elevator button.

She is not wrong about the way patriarchy and White supremacy combine to justify not needing to see women, or People of Color. I have similar thoughts and experiences sometimes. Just that morning, I glared at the White person who pushed her way in front of me as I ordered coffee. "Excuse me, I am next in line." Giving me an irritated look, she continued with her order. The cashier who was Black, backed me up and told her to get in line. When I relay such an incident to a White friend, they ask "Why is this about race and not just someone with bad manners? My answer is the one Pam gives me: One doesn't preclude the other. The problem is that race has to be one of the questions I have to consider.

Racialized trauma is systemic, and for Pam, it is fuel for a fire already burning. This is not the only reason for her rage. It's a trigger and stands in for various aspects of her lifelong trauma. On days such as those, I would like to be able to make parallels between that day's lived and felt experiences and a traumatic event from her past, but that is not the emotional state she is occupying. So I sit with her as she screams and cries. I soothe her by not interrupting, just listening. To quote Grossmark again, "The analyst has to be

available to enter and dwell in altered, uncomfortable and sometimes traumatizing states, which may themselves elude description and elucidation" (p. 29).

The third week of February, Pam canceled her Thursday session because she felt like she was coming down with something. On Saturday she texted me and asked if she should go to the emergency room, saying her coughing had gotten worse and she was having trouble breathing. Her anxiety was making things worse. Clearly, I was standing in as a maternal figure; of course she knew she should get medical attention. I confirmed she should go to the ER and asked her to let me know when she returned home. COVID-19 was just reaching New York and there was a lot of uncertainty about how to treat it. Hospitals were beginning to fill up. Emergency rooms were overflowing. Sunday evening she reached out and we spoke by phone. She had gone to the emergency room in the hospital nearby. The guards at the front door stopped her and said she couldn't go in. The surrounding community is made up of Black and Hispanic immigrants, economically low to middle income. My patient and her spouse, Darleen, are both multi-racial with brown skin, she is from the Midwest and her wife is from New England. They met in graduate school. They are both social justice activists and are well aware they are the gentrifiers in their community.

Pam talked her way into seeing someone. They listened to her lungs, gave her an inhaler and sent her home. They refused to administer a COVID test. In an under-resourced community slowly being gentrified, Pam answered my unspoken question: When she looked around her, the patients being closely attended were not People of Color. The next morning, still coughing and short of breath, Pam and her wife rode into Manhattan to one of the major teaching hospitals. The waiting rooms were crowded but people were being seen. By then, Pam was certain she had the virus. Mustering up, using all of her big college words, something we sadly joke about needing to do in order to be taken seriously, she was seen by a doctor who ordered chest x-rays and diagnosed her with pneumonia. Again, asking for a COVID test, she was denied because she didn't meet the threshold. As she told me the story, she was coughing so hard she was having trouble catching her breath. We made a plan to talk at our usual time. By Wednesday the antibiotics had kicked in but her cough remained. Pam and I touched base but we did not have a session for three weeks. When we did meet, I was relieved to see her face. She still did not feel well but knew there was no need for the test. In late April she tested positive for COVID antibodies. By then, Pam felt well enough to resume some of her adjunct work. This story doesn't have an end. She is now suffering from the illness now known to be linked to the long term effects of the virus including fatigue, joint pain, hair loss, and debilitating headaches.

Pam's illness is a good answer to her seriously. With her mother unable to provide adequate attention to the system.

When there is a failure to regulate. She is a spouse in their view when her wife was a hair's breadth away. "Will you turn this should have realized. This particular issue reflect upon her as COVID- the illness we discovered that her focus and social her nails or sew. Again, Grossman you to be. Not the experience in, and flow with the patient treatment change herself, even when

7 JUNE 2020
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Pam's illness is hard in other ways. She was sick and because there were no good answers to her symptoms, felt healthcare professionals were not taking her seriously. With her experience of growing up poor and watching her mother unable to advocate for herself, Pam is acutely aware of the barriers to adequate attention and care in medical, social services and the judicial system.

When there is upheaval in Pam's life, like the illness, her ability to self-regulate fails. She's frustrated by COVID and having to quarantine with her spouse in their very small apartment. Our meetings required scheduling times when her wife went out for a bike ride or a run. Their relationship was always a hair's breadth away from ending, in part because a simple ask from Darleen, "Will you turn the TV down?" could send Pam into a rage. Pam felt Darleen should have realized that she "needed to decompress and liked the volume high!" This particular issue is one of the places where I have been stern and insisted she reflect upon her actions. These outbursts are now fewer and farther between, but COVID- the illness and pandemic- has been completely destabilizing. Together we discovered that being in touch with tactile sensations during our sessions helps her focus and soothe herself. So a session where she is folding laundry, painting her nails or sewing a costume for Halloween, helps us along on the journey. Again, Grossmark: "Listen to the patient and be the analyst that the patient needs you to be. Not the analyst you think you are or ought to be. By allowing the experience in, and ceasing to try to get the patient to talk about our relationship, flow with the patient and abandon any attempt at organizing the material, the treatment changes" (p. 24). Being an unobtrusive analyst to Pam allows her to be herself, even when she can barely recognize herself. I am her witness.

Trauma: Individual/Collective/Racial

From My Journal

7 JUNE 2020

COVID-19 has put the entire nation on pause. In New York City, we have been on lock-down/ shelter- in-place since March 13, 2020. We stayed in the city, in our apartment living and working for three months. Now we have relocated to our house upstate to continue to work. It brings into sharp relief how those of us with resources can use them to stay safe. Not always. But sometimes. Then the world caught on fire. When we psychoanalyze these moments 20 years from now, we'll surely talk about psychic energy. The collective trauma as world citizens. The questions will be studied: Who did what? Who did the most they could and who just stood by watching?

I feel like I have been saying this stuff, all this stuff, for so long. With the nation-taking to the streets in peaceful but not always peaceful protests. I feel some relief. I can stop speaking on this for a while. Let some of the White people carry this load for a while.

I am so tired.

11 JUNE 2020

A colleague sent me a note this week, checking on me. It is not the first "checking in on me" e-mail I received. But this is the one that made me cry. The one that opened the floodgates. It put me in touch with how vulnerable I feel. All of the time. Especially now. I had a moment when I thought—is the protest good for the Black people? I am worrying the protests will do more harm than good. The hardest battles to win are our own internalized -isms. The protests have smashed all the ways we thought we saw and knew as Americans. All the ways ...

Later ...

I just finished a meeting where the subject was the ways the organization will respond to the protests. The organization is predominantly White. Cool, I'm not mad about the plans. There were eight minutes of silence for George Floyd.

Why am I so cynical about these things?

15 JUNE 2020

My cat died May 23, 2020. I've never owned a pet before Butterscotch. I didn't know about grieving a beloved pet. My cat died and I was not ready to deal with the murder of George Floyd.

You see my cat died.

I raged at Amy Cooper for messing with Christopher Cooper who asked her to leash her dog. Instead she called 911 to report that a Black man had tried to assault her. Why does this sound so familiar? Why do I want to list out every Amy Cooper I've ever worked with? Every time I refused to smile as I reminded them I did what I did because that's what I was supposed to do and I do not need to explain that to you since I do not work for you. Then the supervisor calls and wants to know why I was mean to "Amy."

You see, my cat died.

The world began to burn. I tried to follow along. The protest. The riots. A Brown journalist was arrested, because brown is scary, even with press credentials and a microphone.

I am trying to work on a report. I slam my laptop closed. I miss my writing buddy that was always inches away from the keyboard, ready to pounce. If he were here, he would have his paw on my hand and would stare at me with

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18 JUNE 2020

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My cat died. I look through my photos of him at night. I am numb from all the grief. From racism and White supremacy. I grieve for the Black men, women and children who keep dying at the hands of law enforcement.

You see, Butterscotch died May 23, 2020. I am just coming up for air.

18 JUNE 2020

Dear Anyone Who Needs to Hear This:

Thank you for your thoughtful e-mails and texts as the world burned. Please know I appreciate all of your love and support. And don't expect to hear from me in response. I don't mean any harm but, as my best friend from college often says, "I can't be the one. Not today."

We are deep into the fourth month of the pandemic, people are dying. Black people are dying and of course other people are dying too. All lives matter in a pandemic. Or do they? Sitting with my well educated Black friends and colleagues, we talk about our anxiety when we have to see a doctor, attend a PTA meeting, announce our visit to the door attendant of a building who, seeing our brown/black skin questions our presence at the front entrance.

The National Football League will now begin every game with the Black National Anthem. **Who asked for that?!**

Instead of a day off for Juneteenth, look around the table of your senior staff. Your board members. Are any of them Black? I am asking you to rectify **THAT** problem.

Oh, and I will also take that day off.

Racism kills. Racism grinds people down. So down that when we all start talking about it, our stories are the same and different. Yesterday a Black patient said to me, "I feel like the problem with protesting is that I have to be mad all the time. I can't do that."

Can I Get a Witness?

Trauma: The Collective

The United States withstood four years, in my opinion, of horror. A collective trauma that will have lasting effects for everyone. I won't elaborate on it here. You were there. We were witnesses. The election season was brutal and

election day was fraught. It was seven days before the winner was announced. EVERY ONE of my patients talked about the election. Nausea. Fear. Anxiety. No one was happy. Including me. Joe Biden and Kamala Harris won the election. It was a day of relief. Two days later EVERY ONE of my patients and I were back down and angry. We are all still trying to understand. Given the past violence, encouraged by the current president, 12 days before he leaves office, it seems we knew in our gut this presidency would not end well.

"The concept of trauma is something we cannot process clearly and completely. What did happen and what is remembered? How does one weave a narrative together?" (Locker, p. 36)

My Office

We returned to the city in September. Soon after, I went to my office for the first time since the lockdown, to pick up mail and look around. This is the first time I have had since finishing my analytic training. I had missed it but it wasn't until I returned that I realized just how much. My red couch. My pictures. My chair. The way the light comes through all three windows. Gerald has a chapter "Making Friends with Loss and Impermanence." There he writes: "Darkness is an origin state and loss and impermanence are inevitable in every analytic office" (p. 19).

The area where my office resides is barren. Shops catering to the community and office crowds are shuttered. There are no more swarms of people pouring out of Penn Station and surrounding subways. I am leery about taking the subway, so I only go to my office every two weeks, to check my mail and stop to do my virtual sessions. I am not sure I will keep this office or rent another closer to home, when my lease is up in a few months.

Recently, while there, I was ending a phone session with a patient. I must have said something that indicated I was in my office downtown. My patient gasped! "Where are you?!? Are you in your office?!? Just knowing you are there makes you feel closer!" She wanted to know what the area is like. I took a picture of Seventh avenue from my North facing window and sent it to her. Pre-COVID the avenue was packed with vehicles four lanes across for blocks. In the picture I took at 4:00 p.m. on a rainy day, the sun was setting. All the lanes were empty except for the occasional taxi.

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Epilogue

This paper was written and finalized in late December, 2020: Before the attempted insurrection at the United States Capitol. Before the new president implemented a plan to manufacture and distribute the vaccine in the United States after over a half a million people died from COVID-19. Before the state of Georgia passed voting restrictions that mirror Jim Crow laws of the South in the beginning of the 20th century, in reaction to the state sending a Democratic president and their senators to Washington, DC.

Before the mass murder of 8 people, six of whom were of Asian descent, in Atlanta.

Before my elderly neighbor died.

Before my neighborhood dry cleaner closed his store for good in April, 2021.

And after the trial of the White officer who knelt on the neck of an unarmed Black man and watched him die began. The trauma, collective, individual and racial continues on.

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