

“Grief and Covid 19”.

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As a Lacanian psychoanalyst in formation, my profession is centered around grief. This is not because I am a Lacanian psychoanalyst in formation, but because ninety percent of my clinical work takes place at a small non-profit, in which pro-bono services are provided to people (mostly young women, but not always) who have experienced the sudden loss of a young child, or infant.

Much of my day is spent listening to the words of people grieving for the loss of not just what was, but what was to be. Entire worlds end, abruptly and suddenly screeching to a halt. What was supposed to be the “normal” course of events for these patients (birth, childhood, and beyond) is traumatically derailed by premature death. The fact that there are so many of these patients, whose children died a premature death, is a constant reminder of the fragility of life.

With the onset of Covid 19, I moved fairly quickly to “tele health,” that is to say, phone analysis. As the services of the clinic are pro bono, the majority of my patients are young working class mothers who work in healthcare, childcare, or, primarily in the care of their own families. Recognizing that Covid disproportionately affects the most vulnerable in the working class, I opted to move totally to phone analysis before the state of Colorado mandated “tele health” wherever possible a week later. Given that I work with people from all over the state seeking the services of this nonprofit, not just Denver (the city in which I live), I have had some experience conducting a mix of in-person and phone sessions for some time¹.

Currently, my work is conducted entirely via phone analysis, with all the same patients I was seeing in the office; as well as a few more that have sought treatment that, as of this writing, I have yet to meet in person. Yet, they still speak of their dreams, and their anguish. They still have slips. And, yes even make jokes. My own clinic is a clinic of grief, as many of the patients I see have lost an infant or child; yet, that doesn't mean there is never the laughter of *bonheur*, of a

¹ A short footnote may be applicable here for the kind of listening one does over the phone: From Bruce Fink's *Fundamentals of Psychoanalytic Technique: A Lacanian Approach for Practitioners*:

“[In phone analysis] the analyst must pay extra attention to the fewer cues available to him such as subtle changes in breathing, short exhalations associated with laughing, and changes in an analysand's typical ways of expressing herself. In short, the analyst must, as always, make the most of what is available to him given the constraints and parameters of the situation. Whereas in face-to-face work, a hand gesture or opening of the mouth, may indicate that the analysand is about to say something and then stop herself. The only medium available in phone analysis is sound, the analyst must be attentive at moments at which the analysand breathes in and seems about to say something and then stops. One might be surprised at how much one can pick up once one becomes attentive to such things.” (Fink, p. 199, 2011)

sudden surprise at a formation of the unconscious. Now, more than ever, it is important to maintain that clinical work, especially in the face of crisis.

The biggest change has been in the discourse of my patients, in which I have heard a surge in enthusiasm in this time of pandemic. Yes, they are still speaking about their grief, their loss, their lack – but many of them are also speaking already about new ways of living, in their own way. A way perhaps, not just of sadness, mourning, and melancholia, but of a kind of happiness. A happiness not to be confused with the affect of the same name, necessarily, but more from the Middle English term “hap,” meaning “chance or accident, a person’s luck or fate.” A recognition in speech of an unforeseen occurrence, such as a plague, or the death of a first born child – a recognition that may ultimately change the position of the subject from one to which things happen, to one who makes things happen. What happens? Wanting to know more of their suffering, and wanting to overcome it, this is the motor of the treatment. After this initial surprise, of happenstance, may come enthusiasm, and a lust for life.