

When Illness Becomes the Cure: A Relational Account of Covid-19

Now is the time of dark invitation
Beyond a frontier you did not expect;
Abruptly, your old life seems distant.
-John O'donohue, For a Friend on the Arrival of Illness

Introduction

As the pandemic, political mayhem, social and racial unrest erupted into our history last year, we were brought to our knees through noise, conflict, and chaos. Daily, we witnessed human fragmentation. The question of how to find ourselves in our brother's/sister's eyes seemed like a dead hope. As the external world erupted into pandemonium, it was difficult to hear our own internal dialogue as we grappled with fears, tears, and frozen, helpless states. I asked myself, how do I be a psychoanalyst during all this?

Listening to and loving another human being is the foundation and framework by which relational psychoanalysis is built and conducted, the goal of which is to restore humanity to the person who was once estranged and disembodied from him or herself. In order to hear the depths of another human being speak, this deep loving listening requires the kind of silence poets employ and mystics seek in their meditations and prayers. In this way, I see psychoanalysis as soul work, a sacred practice which restores a person to their true embodied selves. This kind of soul work is even more important when physical illness disrupts the going-on-being the person once knew - something we have witnessed both on the world stage and in our own homes.

The stench of death in some countries is inescapable, too many bodies to find proper burial spaces for. City air regulators lifting cremation limits to help cope with the backlog of corpses, raising pollution restriction limits. Not enough hands to respond to the crisis of COVID-19. Doctors have never worked so hard in their lives, patients pouring into hospitals and onto

telehealth schedules for help with their symptoms. Hospitals filled to capacity and tents set up in hospital parking lots for patient overflow at the height of surges. How do we digest that 219 million COVID cases and 4.55 million deaths have occurred worldwide, and the numbers growing? And how do we metabolize the horror that became clear as time went on, that masses of people were not getting better after our supposed two-week virus? COVID encounters deteriorating into a chronic illness and disability all over the globe. Across the board studies report up to 30% of people who get COVID develop long term illness. How do we stomach that up to 30% of total cases, usually mild to moderate cases to begin with, remain ill, and disabled, up to 9 months and more?

Medically termed Post-Acute Sequelae of SARS CoV-2 infection or PASC, The New York Times calls Long COVID a mass disabling health crisis. The new England Journal of Medicine calls it our next national health disaster and others call it a potential second pandemic. President Biden declared Long COVID a disability making resources under the Disability Law available to this population because one in five people with Long COVID are unable to work. We've had nearly 40 million COVID cases in the US alone that's potentially 11 million people struggling with lingering illness. These numbers are incomprehensible, leaving the medical community in an inconceivable set of circumstances, not to mention the workforce. Almost overnight, a once marginalized, othered group – people with chronic illness and disability – has grown, and continues to grow, to staggering numbers. Long COVID clinics have popped up all over the world to meet the medical needs of this disoriented and disenfranchised group.

As noted earlier, our vocation as psychoanalysts is to lovingly listen to the depths of what is happening in our midst. More than ever before, I believe we are now being called into the deeper mystery of the incarnated experience of being human, which is to unite the individual

with themselves *and* with the collective. As Thomas Merton writes, “we do not find the meaning of life by ourselves alone - we find it with another.” What is ailing us? Human events of the past year are symptoms for the sacred work of psychoanalysts to dive deep, perhaps deeper than ever before, into an excavation of illness that destroys the essence our being human. We must do so to identify a remedy. We must do so for the sake of our loved ones. And we must do so to help find sanity amidst our current madness. I believe this to be our call.

I have had to dig deeper than ever before this past year. Why? Because I suffer from Long COVID. So, I have had to ask what happens when the psychoanalyst herself becomes the illness being individually and communally suffered? What does it mean for us as psychoanalysts when the bottom falls out? How do we do this work when illness enters the scene, takes over and crisis pervades?

This is a story of illness from the inside of illness itself. This is a story of becoming the other – the vulnerable, marginalized, weaker sicker other, the other in need. This is a story of inhabiting profound vulnerability and utter dependency, and the salvation and redemption that can be found in that, our truest nature. Through a personal and firsthand account, I will explore COVID-19’s gospel that offers a remedy necessary to cultivate the capacities one needs to grow and develop in order to do this ordinary, and yet, extraordinary work of uniting with the other. I will explore how the co-existing paradox of illness and cure are what call the analyst into being. That our immersion into illness and cure, dis-eased and healthy, fragmentation and wholeness – shape us into being by deepening and widening our human experience so we might truly unite with ours and other’s humanity.

The Story

Now this dark companion has come between you.
 Distances have opened in your eyes.
 You feel that against your will a stranger has married your heart.
 Nothing before has made you feel so isolated and lost.
 - John O'donohue, On the Arrival of Illness

On April 29th, 2020, I woke up with COVID, which a test a couple days later confirmed. Like any good psychoanalyst, I did not think it was COVID, I thought it was psychosomatic: I was simply stressed and it was showing up in the body in my gut. As the day went on, I felt tired, tired enough to cancel work midday so I could nap in my office. Again, I thought: wow, the stress is really getting to me and I clearly need some rest. I finished off my day, declining a dinner invitation so I could go straight home to rest, I took my temperature – 101 degrees. Dissociation set in. Temperature. Pandemic. COVID-19. Did I have COVID? Or something else? I just thought I was stressed. But clearly something more was going on. I had been sick before, flus, viruses - having an elevated temperature was nothing new. I was trying to make sense of what was happening to me. I texted one of my best friends, an ER nurse to tell her I had a fever to hear her say, *you need to get tested for COVID*. The reality began to set in.

I canceled all my patients and slept most of the days that followed. Profound fatigue, GI symptoms, nausea, headache, and muscle aches and pains like I had never experienced. The pain in my hips that radiated down my legs and woke me out of a dead sleep, felt like an alien had entered my body and might result in a paralytic episode. I moaned and cried in bed through the nights that followed. If you recall, April 2020 was back when we thought COVID-19 was only supposed to last two weeks at most, if you *even had* symptoms. My temperature remained elevated and the headache was like none other I had experienced. These symptoms went on for 32 days.

But on the morning of the 32nd day, I felt better. Aside from a residual headache, I got back to exercising, and everything normal in my life. I had conquered COVID. I smiled a lot. My loved ones rejoiced. I felt the strength of my body again: an embodied power and strength and agency with which I am much more familiar and comfortable.

On June 24th, however, all that came to a screeching halt when I felt sick again – fever, fatigue, nausea and headache. My doctor suggested I test for COVID *again*. An intervention that made some sense but not really – COVID again? A month was long enough in my estimation. The Summer went on, and so did the symptoms. I had a fever on and off, profound fatigue, headache, and nausea, feeling like I had the flu all the time. The doctors couldn't understand what was happening. We started calling it my “summer of convalescence.” Maybe I just needed more time to recover. We took vials and vials of bloodwork, which showed I was positive for other run of the mill viruses, Epstein Barr Virus, Herpes – amongst other off-levels that didn't point to any one thing – could these viruses explain my current state? Maybe I was just unlucky, contracting three viruses at once. I kept trying to make sense of my symptoms.

When summer neared its end, and my fever continued, my infectious disease doctor began to wonder what else could be going on, and suggested I take an Indian White Blood test to find the origins of my fever. I felt awful and slept often. And it continued. More bloodwork, stool and urine tests, ER visits, telehealth doctor visits, changes to my diet, inability to exercise, and the most supplements I've taken in my life. Research became my pastime, trying to find the right doctor who could help or the book that might shed some light on my illness. I couldn't wake up from the nightmare I was now living. I worked as I could, to maintain my practice, manage my income, and, truth be told, hold on to purpose.

My call as a Psychoanalyst, I kept thinking, is to live in the face of suffering and bear it. This is my chance to walk the talk. After all, I could work in contrast to what I was hearing from other long haulers who were bedridden. So, my life became about survival and fight. Horror and terror. Faith and dependence. Despair and hope. Paradoxes I was acquainted with in my conversations with patients on a daily basis but were now a part of the intimacy of my daily life, in my very body.

Part of what sustained me amidst all the unknown, were online support groups. Facebook had one called Survivor Corps started by a fellow Long Hauler which now has 175,000 members strong and growing. Another called Body Politic with more than 25,000 members also begun by Long Haulers. Incidentally, Body Politic is responsible for a lot of Long COVID advocacy work and spearheaded the research behind the initial 1.15 billion dollar grant with the NIH, which has since grown to 4.9 billion, for long COVID research. I began to know there was a bigger story going on because I met others struggling in a whirlpool of confusion and questions – remaining ill, positive for other viruses, developing yeast infections, bacteria in their gut, vision changes, rashes, cognitive issues, frozen shoulder, carpal tunnel, autoimmune trouble. Once strong healthy young people, typically 20s-50s, all over the globe were not recovering. They were comparing bloodwork, diets, and doctors to help shed light on a darkened path: I am not alone. I am part of a bigger story. A statistic of the pandemic.

By the Fall I found a new primary care doctor who was also a functional medicine doctor, (the kind of doctor I was told to seek out by the support group), in some ways the psychoanalyst of the medical field: a physician interested in following symptoms to their origins. More tests – scan after scan, bloodwork and more bloodwork, discovering things here and there then treating them – Candida, H.Pylori, Parietal Cell AB, Low Zinc and Iron, absorption trouble, pain in my

abdomen and left flank – my doctors agreed: we were in game of whack-a-mole in an attempt to restore my health.

By December I found another doctor through the online support group, patients saying she was helping them, putting them on medications. Although in NY, she agreed to see me through telemedicine. After all, the world was in global health crisis. She said, yes, we're seeing COVID cause all kinds of trouble for people, even when they were mild and moderate cases, including a low-level cytokine storm, overactive immune system, inflammation in the body and brain, latent viruses reactivating, mast cell activation syndrome, the MTHFR gene making it hard to fight off infection: all these were wreaking havoc on the body. We did bloodwork, 16 vials this time, to confirm all of this. I felt so relieved, I had finally found someone to help me get well in spite of the fact that during that visit she also told me I met the diagnostic criteria for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome, ME/CFS, a sophisticated disease unexplainable and untreatable to western medicine.

Needless to say, this past year I have had a crash course in chronic illness – dysautonomia, POTS (Postural Orthostatic Tachycardia Syndrome), multiple autoimmune disorders, ME/CFS – and the wild ways the body copes with the fury of inflammation and an immune system gone awry. I got my professional and personal will done, my medical directives to my doctor and trust in order. I developed Frozen Shoulder due to nerve inflammation, achy joints, and skin breakouts. I read books and contacted expert doctors, consulted with chronic fatigue coaches, had every organ scanned, know every virus lying around in my body, and what my blood says any given month. I mastered my fear of giving blood by the sheer amount I had to do. I befriended phlebotomists, techs, nurses, doctors and fellow long haulers in town. I joined a

medical team of our local long COVID clinic to offer mental health services to long COVID patients. Whole worlds have opened up I never knew existed.

My Double Life

When the reverberations of shock subside in you,
 May grace come to restore you to balance.
 May it shape a new space in your heart.
 To embrace the illness as a teacher
 Who has come to open your life to new worlds.
 -John O'donohue, On the Arrival of Illness

Oliver Sacks says any disease introduces a doubleness into life, with its own demands, needs and limitations. The feeling of the chronically ill person is the disease is both me and not me. The split arrives because of all the things we need to do and not do in order to just be here. It is this doubleness that set in on the day of the arrival of my symptoms. This is happening but it can't really be happening. I'm strong and healthy, this illness is not me. I will recover, I just need to find the right person to help me and learn what my body needs.

I've become quite familiar with this doubleness for the past 18 months of my life, bearing my own suffering while cultivating a consciousness that would allow me to make sense of the madness. Living the symptoms on an hourly basis all the while showing up for other's pain in my work and seeking new rhythms to my days. Sometimes, when I attempted to convey my illness to others, I got comments like, "well you look good," which both comforted and pained me. I so wanted my insides to match my outsides. I worked hard to center down to know my own reality so I could respond to my needs and get well. From my own spiritual practice, I was reminded to ask—okay, it's here now, what does it have to teach me?—to be nonjudgmental and curious in a way that might invite something new. You are here: what do you want me to know? Why did you feel the need to come? How do you want me to change?

These are the tides that have washed up on my shore this year. I had no idea how much stamina is required to deal with being chronically ill, including when the chronic illness is invisible to others. I asked, how do I make something of value out of ruin? How do I get support for an invisible illness? And most importantly, how do I get well? Mary Joan Gerson says ‘the existential inequity of illness that is, who is well and who is not, is disturbing to all of us, illness is unique, unshared and unfair. The chronically ill are forced to grasp the enormity of what is happening to them. I have been forced to grasp the enormity of Long-COVID. I have faced my extinction point: the madness of needing and being in need with no one able to remove my suffering. No one.

The things life asks of us.

May you find in yourself a courageous hospitality
 Toward what is difficult, Painful, and unknown.
 May you learn to use this illness
 As a lantern to illuminate
 The new qualities that will emerge in you.
 -John O’ donohue, On the Arrival of Illness

Carl Jung said, “the principal aim of psychotherapy is not to transport the patient to an impossible state of happiness, but to help him acquire steadfastness and philosophic patience in the face of suffering.” (1943, p.81) *Lest we forget, to be alive is also to suffer, and people must bear it.* The first of Four Noble Truths of Buddhism states, life is suffering. Mystic and Franciscan priest Fr. Richard Rohr says life is about great love and great suffering, we need great love to cope with great suffering. None of us is exempt from suffering. We live in the denial of death, as Ernest Becker states in his book of the same name, in order to get on with living. Suffering comes our way whether we like it or not, in the form of heartbreak, loss of a loved one, illness, disease, abuse, neglect and more. We are faced with the task of learning to *live* in spite our pain. Those called to the vocation of psychoanalysis are called to bear the suffering of others,

see the patient in his or her suffering so as to offer sanity in madness, and sort and sift to make meaning out of meaninglessness, in an effort to help them go-on-being. The call to psychoanalysis is a call to bear the world's pain. In no small way, I am bearing something of the world's pain as I continue to suffer with Long-COVID. I am not a commentator on the sidelines, but a fellow participant in the drama of being human.

Jung's psychology believes there is value in illness in a similar way Buddhism sees the value and place suffering has in life. In Buddhism, suffering is a part of things and a way to a new vantage point—an opportunity, in fact, to experience more joy. Likewise, Jung believed that pathology has an unconscious purpose. Neither the symptoms nor the person who has them are pointless. He writes, “there is no illness that is not at the same time unsuccessful attempt at cure.” (1939a, p.46). And, “It is impossible to tell at first glance whether we are dealing with a regrettably persistent fragment of infantile life or with a vitally important creative beginning.” (1934c, p. 162). And finally, “A man is ill, but the illness is nature's attempt to heal him, and what neurotic flings away as absolutely worthless contains the true gold we should never have found elsewhere.” Symptoms are our pearl of great price. Vocations as Jung calls them. Callings. Our healing fiction. It is our task to listen to the message they are trying to get across planes of consciousness. What possibly could be the purpose of my suffering? I must lovingly listen to the depths of me.

The Salvation that resides in our vulnerability

May you find the wisdom to listen to your illness:
 Ask it why it came? Why it chose your friendship?
 Where it wants to take you? What it wants you to know?
 What quality of space it wants to create in you?
 What you need to learn to become more fully yourself
 That your presence may shine in the world.
 - John O'donohue, On the Arrival of Illness

In the beginning of the pandemic we started out with our all too familiar othering, drawing lines in the sand between people groups. Determining the “vulnerable populations,” who we needed to worry about, who we needed to take care of and protect. We needed to care for our healthcare workers, as to not overwhelm them, because what would we do if our hospitals were full. Protect the elderly, the brown or black people, those with pre-existing conditions, frontline workers, those who didn’t have the means to stay safe and healthy.

Now. That might have been necessary at one level. But look at how, in doing so, we inadvertently split off our vulnerability and projected it into *those* people. We needed to worry about *those* people who might die from it. The vulnerable *others*. It’s no surprise we did this—consciously we were taking care of others, unconsciously we may have been in denial of our own vulnerability.

Psychoanalysis is a mission to recover lost and abandoned parts of ourselves. Usually, they are the more vulnerable dependent parts in need of emotional holding and healing. Psychoanalysis provides an opportunity to traverse our inner landscapes of the unconscious and become intimately familiar with the particularity of our own story, the ways in which we have been hurt, demoralized, and disembarked from our own vulnerability. Disenfranchised from our true self as Winnicott highlighted. We consciously and unconsciously take the plunge into a safe and sturdy relationship with our analyst in hopes of recovering and restoring a truer version of ourselves to ourselves. To be less defended and guarded. More at one with ourselves. To come home to ourselves.

At the beginning of the pandemic I remember feeling much like I did when 9/11 happened, just as scared as some of my patients felt. A trauma on the world stage that left us feeling unsafe, thrust into the unknown. The virus the great leveler, also did this, -- both patient and analyst sent

home, both vulnerable to illness. When I got sick, I was stripped of any illusion of the paradoxes – sick/well, weak/strong, fragmented/whole. Our shared vulnerability was undeniable. I felt my vulnerability every day I went to work – bearing my own suffering while showing up to my patient’s suffering. I believe my illness allowed me to be at one with my vulnerability, which also allowed me to be at one with my patient’s vulnerability. I believe I was able to meet my patients at the heart of their pain because I knew my own pain. For example, when one of my patients told me his aunt and uncle had gotten COVID from their son, that his aunt died and his uncle was still unconscious, and that his cousin committed suicide because he could not stand the guilt of having gotten them sick. My body was heavy with death and guilt at his sharing. I felt the pain of the illness in his family on a very deep level, recognizing the way this virus has ripped through this family wreaking havoc and leaving an unbearable aftermath. The weight of my—*I’m so sorry, John* – and my empathic gaze cut through the confines of Zoom to convey an embodied knowing.

Through Long-COVID, I have discovered that this is where our greatest strength and power lies – our vulnerability. When all our defenses fall away, we recognize our tender humanity. We can then respond to it. Protect it. Ensure safety from human catastrophe and disaster. We can recognize that we are at-one with ourselves when we are able to sense our vulnerability and stay connected to it. Concurrently, we are at-one with others. It’s the only chance we have at true connection and true love. Why? because this is our unification point – our shared vulnerability.

The history of psychoanalysis illustrates an evolution in its own understanding of humanity. At first primarily untouched by others, a medical model, taxonomic science, object to object not subject to subject. Moving from a one-person psychology, then one and a half, and

finally a two-person psychology. Now a co-created mutual relationship focused on growth. Psychoanalysis is a vulnerability restoration project for both analyst and analysand. The pandemic is requiring us to face our common vulnerability by recognizing that we are no different from our fellow humans. Could we not be using this pandemic to restore our global community to itself, to recover lost and abandoned parts of each other, instead of entrenching ourselves further into the madness of the illusion of our grandiose individualism?

Covid-19's Remedy

May you be granted the courage and vision
 To work through passivity and self-pity,
 To see the beauty you can harvest
 From the riches of this dark invitation.

May you learn to receive it graciously,
 And promise to learn swiftly
 That it may leave you newborn,
 Willing to dedicate your time to birth.

- John O'donohue, *On the Arrival of Illness*

There was a point in time in the last year when I began to refer to my experience as “my year of Job.” I even read his story in the Bible, searching for wisdom and guidance as I navigated my own version of devastation. While I identified with Job, it was Job’s friends who reminded me that when we hate our own vulnerability, we tend to hate it in others. Sometimes I find myself hating my patients in my impatience with their healing, wanting to speak the cure mostly to get out of facing the unanswered questions of their anguished state. But is this not because I have hated my own vulnerable unknowns? “Our real choice”, writes Thomas Merton, “is between being like Job, who knew he was stricken, and Job’s friends who did not know that they were stricken too—though less obviously than he.” (*Faith and Violence*, p.145). We humans beings are all made up of the same stuff: we are all full of power and agency and we are all

stricken. Only by embracing and living in the reality of this paradox will we fully live. Like the poet Rumi says, “*Let everything happen to you, beauty and terror. Just keep going. No feeling is final. Give me your hand.*” In doing so, we discover the truth that has been there all along: we are only truly alive when in a deep embodied communion with others.

Psychoanalyst Dr. Beverly Stoute, spoke at a conference this past year at New Center for Psychoanalysis entitled *Otherness as a Psychoanalytic Subject: Race, Culture, Class and Difference in the Clinical Encounter*. When talking about empathy and our call as psychoanalysts, she boldly stated—we are called to become our patients. ‘This is the only way they will feel understood by us. This is the only way we can know what it is truly like to be them.’ That is, to allow ourselves to be moved, touched, flattened, terrorized at times by what life has been like for them in their skin color, with their particular parents, and socioeconomic life. This is our task in order to truly love the other: to become the other.

Through my experience of becoming the other, the chronically ill, an expanding and deepening of my human experience has occurred. I now know, more of what it is like for so many living with chronic illness—to not have answers, to be stricken. My surrender to this transformation has felt like death, but it has resulted in a more authentic liberation from my false self-states, paving the way for a more authentic inhabitation of my humanity.

Likewise, the pandemic surely is a call to surrender to our transformation as a global human community. We have the opportunity to surrender to the horror and terror of our fragility. Yes, it will feel like a death, as it may already have, but if my personal story has any legs to it, it will also result in a more authentic liberation of our false lines in the sand between us and them, and to recreate a more robust human community. The pandemic is a call to incarnate our universal vulnerability. But, do we dare become the other?

We have the chance to step more fully into the heart of the world's suffering and bear it. This includes the cries of the planet and animals – to hear their cries, their symptoms as our own. And to recognize that there is a way in which there is an undeniable, undebatable unity and solidarity in our vulnerability that we all now know. We have a chance to dedicate ourselves to stewarding our lives and the planet in a way that might sustain generations to come.

But where do we start? Thich Nat Hanh might help. In his book *True Love: A Practice for the Awakening Heart*, he suggests a way to be with someone who is suffering: “Dear one, I know that you are suffering, that is why I am here for you.” Such a simple phrase but it contains everything necessary to meet the world's wounds. “I am here for you in your suffering.” And somewhere in the gift of this common space, we will wait for our mutual transformation. For I am you and you are me.

These are the first fruits of the journey, a journey I would have never chosen for myself. I'm still in this, 18-months of Long COVID. Though, I have discovered something really alive here. Paradoxically generative. I now know other worlds from the inside.

I close with a passage in the Bible that kept coming to mind this past year...*so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it* (I Corinthians 12:24b-26, NRSV). Another way of saying we are all connected, made up of the same stuff. We must care for each other, because we are one. Realizing this is how my illness has become the cure.