

I'm exhausted: Working in the clinics in this time

by *Ntshediseng Tlooko*

I am exhausted. Tired in my bones. I believe we all are. Just before writing this I was in a telephonic session with a long term patient who is currently in matric. She is exhausted. She is exhausted by the overwhelming work load she has to get through before the lockdown is over. As she puts it, "I can't get my brain to work, it feels as though it has the Corona!" Before that I was on the phone with a colleague, managing her anxiety about the ethical implications of us seeing fellow staff members for debriefing. We received the mandate yesterday.

Some of my patients are very nonchalant about the virus, saying it is the rich people's disease. My elderly patients are panicked, too scared to even collect their grants, so they would rather send the son they know cannot be trusted with money.

All health workers are gripped by fear. Yesterday at Hillbrow clinic I overheard a conversation between a cleaner and a nurse about a staff member who may have tested positive. They were enraged that they were not given full information regarding the staff member's status as they now fear that they may have it. The health workers' greatest fear is that they will carry this virus home and give it to those they love.

We are gripped by fear. We are scared of a cough, we are scared of a sneeze. Any sign of a rising temperature on the skin and we panic. The clinics are manic. Patients who are not necessarily ill walk through our gates because they need to know they can be cared for during this time of uncertainty. One of my patients who lives in a single room with five other people feels as though she is caged in and her only escape is coming to see me for therapy. But even therapy has become some sort of strange captivity. We sit in therapy with masks and gloves holding us hostage. What used to be a very intimate therapeutic relationship has now become foreign.

The greatest pain is how our management has been treating us. On a good Covid-19 day they are punitive and mistrusting. On a bad one they are oppressive and threatening. Their main concern is that we come to work, regardless of the grip that the fear has on us. Regardless of the exhaustion that we feel in our bones. We must work. Every day we send stats of how many patients we saw, on the phone or in person. Every day we report via WhatsApp that we are at work. Never has healthcare been more careless. I am exhausted.

See page 2 for news on this year's SAPI Education Day

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DEAR MEMBERS

In a time when our lives have been turned upside down by the pandemic and the measures designed to safeguard us, the SAPI Exco achieved the remarkable feat of compiling this newsletter. A project waiting in the wings for some time materialised, with topical content and useful information. Congratulations to the team, and, heartfelt thanks!

As we try to continue treatment with our patients - in most cases remotely, in all cases under the extraordinary circumstances defining our days - we are all challenged in our professional identity.

Our SAPC/SAPI Code of Ethics says:

Psychoanalysis can be defined as a specific theoretical framework and a method of intervention and research that concerns itself with the relationship between conscious and unconscious mental processes. Psychoanalytically-informed practice is concerned not merely with symptom alleviation but with self-knowledge and the re-integration of projected and disowned parts of our psychological life.

There is no doubt that keeping our psychoanalytic minds, thinking under fire, is difficult. It is my hope that we will succeed often enough to emerge from this crisis with a renewed respect for and belief in what our exceptional discipline has to offer.

In solidarity and with best wishes,
Elda Storck (President SAPI/SAPA)

This year's SAPI Education Day on 5 September will happen via webinar. We are also welcoming colleagues from other organisations and disciplines, as well as honours and master's psychology students and mental community workers, to join us on this day. The SAPI Exco and SAPI Scientific Committee will work together to keep you informed. Cost details for guests will be released shortly. Education Day is free for all members.



The effects of Covid-19 on hospital sector psychotherapists

by Yael Kadish

There is a particular challenge presented by having to manage the same external stressor as one's patients, in real time. Most therapists in the world are suddenly faced with this challenge. In the government hospital sector Covid-19 has already had a profound effect on service provision. In regard to patient care we have had to think about how to continue with services, seeing that most outpatients are not coming in to the hospital anymore.

The patients typically seen in the public sector are sicker, poorer and more at risk than those seen in private practices. There is a real worry that they will regress or relapse without their regular individual and/or group therapies. While online therapy is being used in the private sector, this is mostly not an option for the government sector. Our hospitals don't have the internet quality necessary for online therapy. Instead, we are using telephonic counselling and check-ins to continue therapeutic care to patients. It's too early to say whether this will hold our patients over the duration of the lockdown or not, especially if isolation is extended.

In this time of crisis most psychology departments are asked to conduct mental health interventions to assist with the high levels of anxiety experienced by colleagues from other disciplines. This request presents boundary challenges that have to be managed. One possibility currently being explored is the idea of offering interventions such as walk-in groups, rather than individual sessions. Such groups are conducted in large venues with the requisite social distancing. Where individual sessions are specifically needed, telephonic counselling across hospitals is being considered. The sombre reality is that as time passes, bereavement counselling will become a pressing need.

Psychology staff meetings are far more frequent and this helps contain our own anxieties. At the same time we need to contain the anxieties of interns and community service psychologists who are really struggling. We meet with them every few days to try to provide some sort of holding.

There is a sense that we are having to think on our feet in so many different ways to be as responsive as possible to the unfolding reality. Sitting with the unknown has a completely different quality than ever before. We are grateful to our colleagues in private practice for their support of us at this difficult time.

Working in the public sector in this time

by Zamo Mbele

Working in the public service requires almost all of us to remain on the ground, available and present in the hospitals and clinics. Conversations and confusion around the ability and need to continue delivering services during this period don't stop. Psychologists in state are considered essential services. However, this classification comes with very little preparation and clarity on what you are essentially to do to be helpful. So, it demands much leadership and creative thinking, both of which are very difficult in times fraught with terror, paranoia, uncertainty, dread and many more unsettling feelings.

What makes many of us angry is the requirement and expectation that we as psychologists need to hold the distress of everyone and contain them to keep going - as if we, ourselves, are not also at the edge of breakdown. While there are occasional manic responses - like that of the soldier who denied vulnerability and was, instead, feeding off the excitement of it all - mostly we are also paralyzed by fear. Creativity and leadership from the powers that be are absent. This increases the distress in most of us. However, we try and do the best we can with what we have which is very limited.

I noticed that after an initial breakdown of thinking, which is not fully recovered yet, we are returning to some capacity to hold onto our usually very available minds. Considering and reconsidering the classification as "essential" - once the terror of it recedes slightly, the narcissism of it fades and its politics are diluted - perhaps we need only do what is essential to keep going. Mostly, we had to regroup and reconfigure the therapeutic services: those that need to be cancelled and suspended and those that need to continue, carefully planning how to deliver the latter. Especially, because our population of mental healthcare users is a very vulnerable group and need much support now.

There is also a shift to paying attention to how we can capacitate our colleagues, through groups, debriefings, professional liaison, supportive proactive work and teletherapies which became the new normal fast.

Among the colleagues in our profession I experienced a consolidation of minds in meeting and meetings. Many colleagues try to form supportive groups and collectives, response teams and more. Professional reading groups and supervision groups continue online, with strong attendance.

Informally, social media sites report a dramatic surge in uptake. This is, of course, because of more time available to most and the convenience of engagement from the comfort and safety of our homes. However, I suspect and want to suggest that it is the insatiable human need to connect which is fighting and finding its way through this isolation period.

Where, during times of great crisis and depression, we want to intuitively come closer to each other for comfort, the dilemma here is we are asked to distance and isolate. Virtually breaching this ban against banding together is the closest to the closeness we need to stay safe and stay sane.

There is a fine balance in achieving social isolation in order to best manage this pandemic without falling into soul isolation. Hopefully this is where we are all headed in order to best manage this pandemic.

“Hello, are you still there?” and “Thanks for the chat”

A seminar group’s reflections on transitioning to online psychotherapy during the pandemic

By Nicola Dugmore

SAPI Group One, Cape Town found ourselves having to be flexible for our first ‘lockdown’ seminar; our first Zoom meeting required a novel format because our presenter couldn’t offer her final case presentation. John Tydeman, our facilitator, recommended a few pre-readings (on working online) and suggested members volunteer clinical vignettes relevant to the extraordinary situation we find ourselves working in. The three one-page vignettes (typed up and shared using the Share Screen function on Zoom) variously highlighted issues to do with the pandemic and/or the move to online and led us into a very rich and thoughtful discussion. (This notwithstanding the connectivity issues that meant we used video sparingly and relied on the audio channel.)

While by no means exhaustive, the seminar themes are shared here briefly in the hope that they stimulate further discussion and perhaps innovation within our SAPI groups.

John began by drawing our attention to the external and the internal and on reflection these two dimensions offer a useful structure for thinking about the pandemic in the world that enters the psychic space, the patient outside of the consulting room but inside the online encounter, the whole person’s physical presence vs parts of them when we work online, the dissociated aspects of the self that are excluded or included, the actions that are left out and the words that take up more space. John stressed the need for balancing the external events that affect us all with the internal events that are the

focus of psychoanalytic work. And he invited us to think about silence as a communication when we work online – “Hello, are you still there...?”

Telepsychology is associated with losses; for our patients and ourselves. Sessions are no longer bracketed with time for the patient’s processing of their experience; on their way to and from our consulting rooms. The sensual and proprioceptive experience of being physically together (refer Bayles, 2012) is forfeited and the abrupt End Meeting may leave either party feeling disposed of. John drew our attention to what it means to be ‘in touch’ when we are online, and related to this the loss of human touch for patients isolating on their own. While touch is a deprivation we choose to institute in psychoanalytic psychotherapy, we can recognise the double deprivation when the patient loses the embodied therapist (Bayles, 2012) in the switch to Zoom.

Unlike in our consulting rooms, with online work we are not singularly responsible for the psychoanalytic frame. While some patients pay thoughtful attention to sustaining the live psychotherapy experience by creating a replicable setting – well described by a group member who is continuing analysis from their own couch at home – and may need our help in being able to do so, many of our patients may consciously or unconsciously use the new online arrangements as a form of resistance to the therapeutic endeavour. Technological issues can add further complexity.

A Zoom session vignette that ended with the patient’s words “Thanks for the chat” led us to examine the importance of

CONTINUED OVERLEAF

Welcome to this first edition of the SAPI Newsletter which aims to inform in the time of Covid-19. Our colleagues Yael Kadish, Zamo Mbele, Nicola Dugmore and Ntshediseng Tlooko share their experiences in this time. Carin-Lee Masters and Enzo Sinisi show us how to write accessibly to reach the general public, something that is always important, more so in this pandemic. Therapy patient Deon Wiggett’s remarkable bravery in exposing the alleged serial rapist and abuser of young men and boys, Willem Breytenbach, at the end of 2019 ends this newsletter. Deon publicly thanked his therapist, Craig Traub. We want to salute them both.

This newsletter was compiled for and on behalf of SAPI by the SAPI Exco: Vossie Goosen, chairperson; Vanessa Dantas e Sá, vice-chairperson, Melissa Melnick, treasurer; Zamo Mbele, secretary; Francois Rabie, co-opted (psychotherapy diploma, other); Mary-Anne Smith, SAPA liaison. We thank former chairperson Coletta Canale and former treasurer Bhamini Rugnathi for easing us into office in this time. We also thank the SAPI Board for their support.

Contact us on sapi.exco@gmail.com with your thoughts and contributions.

SAPC RESPONSE TO VIOLENCE TASK TEAM: A CALL FOR PARTICIPATION

The Response to Violence Task Team formed by the South African Psychoanalytic Confederation (SAPC) would like to invite members to participate in a campaign against the brutality communities face at the hands of soldiers and police personnel, as well as at the hands of especially adult men in lockdown at home.

On Sunday, when Government reported 25 deaths from Covid-19, it also became known that 10 people had already lost their lives as a result of brutal acts at the hands of the forces who have been put on the streets to ensure the safety of our communities. President Cyril Ramphosa addressed the violence against women and children, and against communities, on Sunday saying these incidents must stop. On Monday the Pope made a world-wide call for violence against women and children in lockdown to stop.

We would like to urge our members to help us form a movement against the violence that our country is experiencing. Please contact Task Team chair Vossie Goosen via email vossiemand@web.co.za or on WhatsApp 082 447-7830 or SAPC chair Siobhan Carter-Brown on sapccontact@gmail.com or on WhatsApp 084 223-3440 if you are willing to join in the Task Team’s efforts.

The South African Psychoanalytical Initiative (SAPI)

Our umbrella body, the South African Psychoanalytical Initiative (SAPI), consists of two organisations, one for psychologists, social workers and counsellors called SAPI, also, and the South African Psychoanalytical Association (SAPA) to which all the psychoanalysts in our midst belong. All SAPA's members are also members of the International Psychoanalytic Association (IPA). World-wide SAPI is the first organisation for psychotherapists to be an allied centre of the IPA. Together the SAPI umbrella body has a membership of over 180.

SAPI offers 15 groups to our members. These are mainly Clinical Seminar groups which have nine monthly two-hour meetings this year, all facilitated by our psychoanalyst colleagues. In these meeting we focus on case presentations and clinical work.

The other groups on offer are Intergenerational Transfer of the Trauma of Apartheid (ITT) groups which also meet monthly and are aimed at helping our membership discuss, think about and work towards transformation.

Cape Town also has an Instinct Research Group and started a Community Group. In Johannesburg the current Community Group will change its name so a new Community Group can be formed for psychologists who are doing their community service.

SAPI has an annual Education Day in the first weekend of September and Conference in the last weekend of February.

Write to us at sapi.exco@gmail.com if you want to become a member.



continued from "Hello, are you still there?" and "Thanks for the chat"

maintaining a professional, therapeutic attitude when working online - a platform that is associated by most people with casual conversations - and the ways in which transference and countertransference enactments manifest in these new encounters. John reminded us to think about the boundaries that we have to action - in his words boundaries like discipline are not things you can talk about; they are things we have to do - and the analytic attitude we should employ in making meaning of boundary transgressions.

The 'thanks for the chat' patient drew our attention to the potential for a new e-rotic transference stimulated by close-up, on-screen images of the therapist while excluding the below-the-waist bodies of both parties. Fantasies flourish in settings that may include a patient participating from their bedroom, in their pyjamas and an online encounter may take on the excitement of an illicit, secret affair.

While the internal lockdown situation may accord with a patient's blissful description of cocooning with her lover while isolating, the shared external pandemic experience is well-described by the same patient as "living in an emergency room". These contradictions make their way into the therapy space too. The Covid-19 virus infects and affects our work in multiple ways.

A vignette from a last in-person session before lockdown foregrounded both the patient's and therapist's fears of contagion; for themselves and for each other. Highlighted were the sanitising actions against the intrusion into the therapeutic space of the virus; including the patient's request that the air conditioner be turned off and the therapist's alarmed response to realising the patient had recently been abroad. We shared thoughts and feelings that veered from 'selfish' survival strategies and self-protective withdrawals to heroic, omnipotent responses. We recognised the regression in our patients and the pull to respond in parentified ways. We questioned whether our galvanised move online might model a capacity for self-care or reveal our own fears and vulnerabilities. We wondered what it would mean to 'break the rule' and see a patient in-person. And we contemplated the likelihood of online sessions continuing past the currently determined lockdown period.

Our group is considering a continuation of this format of shared clinical vignettes. We valued our discussion on the massive impact - internally and externally - of the pandemic and the switch to online psychotherapy. Our patients, the psychoanalytic frame, the therapeutic relationship and ourselves are not immune to the fallout.

We may know that the future will be different, but we are not experts on the pandemic or Zoom and we are not invulnerable. As John concluded; we are all in this boat together and admitting that we don't know may be a most helpful outlook to hold.

Bayles, M. (2012). Is Physical Proximity Essential to the Psychoanalytic Process? An Exploration Through the Lens of Skype? *Psychoanal. Dial.*, 22(5):569-585.

Tele-psychotherapy in the times of the Corona Virus: Here are useful links

by *Vanessa Dantas e Sá*

Below is a link to an online workshop shared by Diane Sandler. The workshop is by Todd Essig, a training psychoanalyst based in New York City, about his work in this time. In Diane Sandler's words:

"I have watched it in its entirety. It is really very good. An analyst's putting forward, with an open mind, a clinical understanding of our work. I thought SAPI members would find it really useful. I did. And do watch to the end. Really important ideas about when we go back into our consulting rooms."

<https://youtu.be/hZWILBrveo>

The International Psychoanalytic Association (IPA) is continuously updating their Corona virus dedicated webpage with useful and thoughtful resources. New papers written by colleagues from around the world include:

The Other as a Threat;

Covid on the Couch?

Transference in the time of Corona; and

#I'm not a virus.

<https://www.ipa.world/IPA/en/News/coronavirus.aspx>

Carin-Lee's Treasure Trove of Advice Columns



by Vossie Goosen

It feels almost by chance, this insight that I now have in Carin-Lee Masters' precious collection of psycho-educational writing. It started when Siobhan Carter-Brown, who now chairs the South African Psychoanalytic Confederation (SAPC), formed a Response to Violence Task Team and our new team got our first glimpse of the valuable work that Carin-Lee is doing within the Cape Flats communities. She writes an advice column addressing the mental health issues her readers face. Gender-based violence – the topic of our task team – featured in several of her columns over the years.

Carin-Lee seems unaware of how valuable a collection her columns are, I thought after spending some time on Skype with her, discussing how she can make them available to a larger audience. Easy to say, of course, especially when the effort will not have to be yours. But, I'm convinced: they should be brought together in a collection to teach all of us how to write and engage with the lay public. And, **Carin-Lee can start a Facebook page to disseminate them more widely. I told her that, marvelling at how modest she is about this work:**

I write, she says, with the hope of engendering greater psychological awareness for the people "out there". My aim is to carefully and mindfully attempt to make psychological theory more accessible to the lay person, whom I believe, needs it more. I discovered, through the column, people are, in fact, hungry for this information.

Thing is, Carin-Lee simply tells things how they are, psychology jargon and all, in her **quest to make knowledge available to the man and woman on the street through newspapers delivered to their homes free of charge:**

It is my strong conviction that many people in our broader communities can benefit significantly from psychological and psychoanalytical concepts and ideas put together in a more user-friendly way. If mental health professionals accept this, they will be able to work towards changing how they practice psychology to make it more relevant within our country, reaching out to people who cannot afford the services that are available, adjusting to the broad variety of cultures and languages in our country who all, essentially, suffer mentally, psychologically, spiritually and otherwise in the same way.

Pain is pain, suffering is suffering. Pain and suffering disregard colour, race, status or creed. Understanding our emotional pain and why we suffer can serve to attenuate part of the problem, especially when the "working through" aspect of "psychological treatment" is not obtainable or affordable for many in our country.

Many mental health practitioners live and work in leafy green urban settings, far removed from the reality of everyday lived experiences of the majority of our people.

Carin-Lee grew up on the Cape Flats. Writing for these newspapers is also a form of giving back:

Personally, I often drive through Athlone, Mitchell's Plain, Hanover Park, Gugulethu and Lavender Hill. I see children, women, mothers and fathers, seemingly happy, carrying on with their lives. But, I am also cognisant that many of them witness or experience ongoing stark poverty, gang-related violence and multiple traumas. Their apparently happy faces belie a dark reality. So, I often entered these spaces and connected with people there, leaving with an overwhelming sense that working in private practice alone is not doing justice to my true "calling" as a healer.

Also, friends from "the hood" often teased me for catering to the needs of the "bourgeoisie" now. This often left me wondering what I can do to make a difference in the lives of these communities where my roots are and my heart lies. I would think surely something is possible, no matter how small.

These thoughts got Carin-Lee to take the bull by the horns. Despite resistance from within the 'newsroom', in the form of the senior editor, she made a proposal to the Cape Community Newspapers, arguing the benefits for the community. Many emails later, the editor conceded, offering a three-month pilot period to test readers' responses.

The newspaper staff was bowled over by the overwhelming positive response they received. And, since 2015, Carin-Lee has been writing a column every two weeks.

In this time various journalists on the staff consulted her for input about specific problems and issues that affect the communities including child abuse, rape, murder, violence, drug abuse, bullying, femicide, patricide and the like. At the same time they also started asking her to be their therapist as they were suffering from secondary trauma symptoms. **Carin-Lee referred to colleagues to keep work boundaries intact. This is what she says about the advice column:**

The more we find creative ways to contribute towards healing the greater community, the more its ripple effects will reverberate right back to our rooms, homes and neighbourhoods, just as the ripple effects of oppression and past to present traumatic experiences are impacting on all of us in the here-and-now. We are all affected by the violence, anger and hatred acted out in spaces outside (and more often, inside) our comfortable and seemingly protected urban bubbles. We can no longer say, "That's the problems of the wretched and the poor and I cannot be bothered. I'm ok, safe here behind my high walls and ADT response team". Sooner or later this bother penetrates the high walls.

Yet, I also believe the spirit of Ubuntu is "hard-wired" in all of us and never really lost. For many deeply traumatised and seemingly angry people, violently responding to their desperate inner and outer realities the spirit of Ubuntu is hidden by complexes springing from painful psycho-sociopolitical histories and even more recent distressing experiences. But there is hope and there is the spirit of Ubuntu. I have seen it and touched it. It gives me hope.

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There are so many people who care about and are deeply concerned about what's going on in their communities that are ravaged by alcohol and drug abuse, gangsterism and violence of all kinds. There is a palpable sense of despair about the disconnect that is unprecedented in these communities. Many community members want things to be different, they wish to do something to change these problems. They too are worried and wish they knew what they could do to help themselves, their children, their families and their neighbourhoods. The advice column was not intended to be a solution to these problems, but it gives a glimmer of hope, as some readers indicated. In my view, that is good enough.

From readers' responses to her column, Carin-Lee is aware that the communities she serves in this way, profoundly appreciates the information she provides.

I'm inundated by responses from readers that show that they experience the psycho-educational input given via the advice columns as very helpful in understanding their own emotional struggles and situations. If necessary, I also refer them to an appropriate, affordable resource in their area.

At our recent Conference where we were looking at how few older people of colour are available to lead, a colleague remarked that it is as if academia take people away from local audiences, it's as if those among us who are more and more learned turn towards global audiences, for global recognition (not that it is true for SAPA). It doesn't have to be either/or, but both is possible. **As Carin-Lee says:**

There are so many platforms and avenues that can create a space to share psychological ideas and to psycho-educate lay people: radio, general newspapers, social media, television, as well as free talks at community centres and clinics.

Many practitioners don't have the time or don't like putting themselves "out there". I had the same thoughts and worries but now feel more convinced. I say:

**IF NOT NOW, THEN WHEN?
IF NOT YOU, THEN WHO?**

Here is an extract from a recent column Carin-Lee wrote about Covid-19:

"TERRA INCOGNITO" - LIVING WITH UNCERTAINTY

We are living in extraordinarily uncertain times at this moment. The Covid-19 virus and its rapid and exponential spread across the globe engendered massive anxiety in all of us. More than that, we are forced to change our behaviour, how we live, for now. And ... I also believe for the future. Living in uncertainty is an experience most people fear and want to avoid. The virus threw our livelihoods, health and, more poignantly, matters of life and death into great uncertainty.

A significant part of being human is our predisposition to cling to certainty, routine, safety and security. To live a life that is predictable and known. The global threat of the Corona virus forced all of us into a deep and profound sense of not knowing when this invisible and potentially deadly "enemy" will strike our communities, our families, ourselves. We are frightened and that's human. When danger lurks we instinctively feel driven to protect ourselves and our loved ones. As part of this response we mostly adhere to the restrictions imposed by government under this "state of emergency" - a very different state of emergency than what we experienced under the Apartheid government. Then we knew who our enemy was. We could experience them with our senses, our bodies and minds. They were knowable, albeit treacherous and dangerous. However, this invisible "enemy", Covid-19, that's all-pervasive and spreads like wildfire across land and sea, is unknown. All the stringent efforts we make to be extraordinarily hygiene-conscious, self-isolating and quarantined can help but still, within us, is a profound fear, deep anxiety and sense of total disruption of life-as-we-know-it. How do we protect ourselves against that?

We are now in 21 days of enforced isolation announced by President Cyril Ramaphosa on Monday, 23 March. The focus of our national lockdown is to help flatten the curve of infections. We are all expected to stay home and only go out for emergency shopping/medication. Furthermore, how does one deal with not knowing what is going to happen next, with the tremendous uncertainty? We are aware, based on countries who have been in this before us, such as Italy and Spain, that this moment for us is only the quiet before the storm. Many South Africans are anticipating that we will be hit exceptionally hard by this disease because we have not even begun to deal with our sociopolitical and economic vicissitudes. And now, this "massive attack" as well!

We know that the majority of our people are poverty stricken and cannot afford to stay home. Additionally, most South Africans live in poorly serviced communities where the policy

of social distancing will not be possible. Moreover, if you don't have money and your family is starving of hunger, extreme hygienic practices may not be a priority or even feasible. But, still, to flatten the curve of the pandemic it is strongly advised that we follow the measures imposed by government: stay indoors, stay home and do not go out unless it is essential, so we can all hopefully survive this merciless pandemic.

There are funny and informative jokes and memes on social media about staying put and we see people doing inventive and creative things to help them cope with being isolated. Here is a list of what is recommended to manage isolation and quarantine:

- physical and relaxation exercises;
- spiritual practices which bring stillness and calm;
- learning in a fun way through puzzles, hobbies or online;
- reading books and magazines;
- reducing time spent looking at fearful images or catastrophic stories, rumours or fake information or even looking for information from reliable sources;
- staying in contact with family and friends via online platforms;
- managing your own anxiety so your children can feel a sense of safety and protection and allowing them to express their feelings about the virus and talk about it in a simple, easy-to-understand way.

The World Health Organisation (WHO) advises the following for dealing with stress in the Covid-19 outbreak.

It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis. Talk to people you trust. Contact your friends and family. If you feel overwhelmed, make contact with a health worker, social worker or a trusted person in your community (religious leader or community elder). Draw on skills you used in past difficult times to manage your emotions during this outbreak.

When isolating, maintain a healthy lifestyle (a proper and balanced diet, sleep, exercise and social contact via telephone or online telecommunications). Don't use alcohol or recreational drugs to cope with difficult emotions.

Get the facts about your risk and how to take precautions. Use credible sources to get information, such as the WHO website or a local or state public health agency. Have a plan of where to go for physical and mental health and psychosocial needs.

Are you a narcissist?

by Enzo Sinisi

These days, the term “narcissist” is used so loosely that it’s almost become interchangeable with “ex-boyfriend”, “president I didn’t vote for”, or “just plain jerk”.

But what is a narcissist really, and how can you tell if you are one? Clinically speaking, a narcissist is someone who meets the diagnostic criteria for narcissistic personality disorder (NPD). It is not a value judgement and isn't synonymous with being a bad person. Instead, this is a severe psychological condition. It's more than behaving like an arrogant, overconfident ass and often applies to people in pain and struggling.

Narcissism isn't always easy to spot. Sure, some narcissists flagrantly display an exaggerated and oblivious sense of self-importance, but not all. Some are meek, withdrawn, and easily injured. Others hide their grandiosity in private fantasies about beauty, power, brilliance, or success.

Warning: If you are starting to get uncomfortable, don't panic. Many people enjoy fantasies of success (they are fun and motivating), and everyone overestimates themselves at times. Also, we need a certain amount of narcissism to function. As with most things psychiatric, it comes down to a matter of degree, rigidity, and impact on functioning.

Fantasy or fact

So, what is it that defines a narcissist? A true narcissist has a disorder of the mind (using the term as an insult is as politically correct as calling someone retarded). While the symptom checklists focus on behaviours, these indicate something that is underlying. Narcissists confuse feelings and wishes (fantasy) with facts. They are not delusional, but their view of themselves, their needs, and others is easily distorted.

It's as if they're caught up in a not always pleasant fantasy that blinds them to facts and the difference between ridicule and reason.

How does this play out? Being in tune with reality means being aware of the limitations and strengths in yourself and in others. You appreciate your gifts, but you are also mindful that others bring value and have much to offer. This makes people interesting. The narcissist, on the other hand, might see themselves as the source of all good things (a ruse that hides vulnerability). From their point of view, others are not interesting. Instead, they should be grateful for the opportunity to listen to the narcissist's entertaining wisdom.

Bursting the bubble

See how vulnerable this leaves the narcissist? There are a great many people who are willing to listen to and admire confident, intelligent people. But many more eventually want a dialogue, a share of the space and to be acknowledged. Also, being narcissistic doesn't equal being smart. This only increases their chances of being called out, which is never pleasant.

It's especially not pleasant if it bursts the bubble upon which you base your identity. There are two common responses. Thick-skinned narcissists disown their vulnerable feelings and turn the tables by denigrating others or accusing them of feeling threatened or jealous. Thin-skinned narcissists plunge into agonising self-doubt, often in ways that provoke you to console and comfort them.

Turning the tables is common with narcissists, and it's one of the reasons people in relationships with narcissists feel gaslighted and broken down. A consequence of narcissists acting as if they are the personification of everything good is that they simultaneously behave as though others are the opposite. Instead of ever feeling inferior or guilty, they triumph over others, pointing out their faults, shifting responsibility,



and cherry-picking facts. Arguments become bewildering and confusing; words are twisted, memories distorted and blame misplaced.

Self-awareness not a strong point

Relationships don't do well under these conditions, and those that do are often shallow or transactional (based in material gain). Love, closeness, intimacy, trust, and respect can't thrive unless both parties see each other and acknowledge their need for and appreciation of one another. How willing are you to have warm feelings for and speak openly with someone likely to ridicule you, blame you, and deny that you mean anything to them?

If you are on the receiving end, you'll understand why narcissists don't get much sympathy. But I hope this might help people to see how painful and tragic the narcissist's existence can be. They desperately crave love and admiration, but fail to achieve it, often without understanding why. Instead, they are caught in a cycle of acting as if they already have these things only to crash into humiliation each time reality asserts itself.

So, are you a narcissist?

Self-awareness is not the narcissist's strong point. If you are one, you might not know it, or you may have already dismissed what I have to say, and possibly the entire realm of mental health as an idiotic practice.

Answering yes to the following questions could point to narcissism, but don't take them too seriously. The items encourage self-reflection. Diagnosing a narcissist is complex and requires professional evaluation.

Do people frequently argue with you, even though they know you are right?

Ever get the feeling that you KNOW what other people are REALLY thinking?

Do you struggle to believe ordinary people have something to offer you?

Have people repeatedly told you that you behave narcissistically?

Do you dislike others being the centre of attention?

Do people judge you because you threaten them?

Are you answering these questions dishonestly?

Should people do what you tell them to?

Do you need admiration to feel okay?

Are you better than other people?

CONTINUED OVERLEAF

Deon Wiggett's brave act of social activism helps scores of men

by Vossie Goosen

Former advertising copy writer Deon Wiggett spent a substantial part of 2019 tracking down and finally getting apprehended the man he alleged raped him at 17. Since Deon's expose of former media executive Willem Breytenbach another 40 men claimed he sexually abused them. The youngest victim was reportedly 12 at the time of his ordeal (News24, 3 February 2020).

MyOnlyStory.org chronicles Deon's brave campaign which is narrated in four podcasts. The website also gives access to pertinent interviews. According to news reports Deon is currently working on a book which will be published towards the end of this year.

Deon's exposure of Willem Breytenbach, who will make a court appearance again on 26 June this year (News24, 30 March 2020), is comparable to that of Harvey Weinstein in America by the #MeToo movement (TimesLive, 5 December 2019). On 11 March this year, Weinstein was sentenced to 23 years for sex crimes (New Yorker, 12 March 2020) and he started his prison sentence soon after.

While Weinstein was accused of sex crimes against scores of actresses and women working in the American movie industry, Breytenbach apparently preyed on boys and young men working on school and other newspapers. When News24 published the first podcasts, Breytenbach closed down the media agency he was running for some time (3 February 2020). At these online businesses, called Lumico and Lightspeed Digital Media, Breytenbach stands accused of allegedly abusing nine employees. Breytenbach's former businesses ran publicity campaigns for well-known South African singers, amongst other things.

In his podcasts Deon relates how he encountered Breytenbach at a time when he was involved in a school newspaper and Breytenbach ran the school newspaper project for Media24. Breytenbach not only taught Deon the school newspaper business, but also Adriaan Basson, now the editor-in-chief of News24, and Waldimar Pelsner, now the editor-in-chief of Rapport. It is to the credit of these scribes and Deon – and Deon insists his psychologist, Craig Traub – that Breytenbach was stopped in his tracks (see the coverage in News24 end of 2019).

Deon generously gave us permission to use the logo for his website here. "Go right ahead – the podcast was created to help people," he wrote in his email to me.

I am highlighting Deon's bravery and the bravery of the journalists and Deon's psychologist here because we need to applaud a new generation of men who don't close their eyes to the sexual abuse of boys and young men. The exposure of Harvey Weinstein in America was big. The exposure of Willem Breytenbach in South Africa is big.

Recently I wrote an opinion piece which was published in *Psychoanalytic Voice*, the Facebook page of the South African Psychoanalytic Confederation (SAPC). In it I said that the almost primordial initiation practices at schools like Parktown

My Only Story

by Deon Wiggett



Go to www.myonlystory.org to hear Deon's story

Boys High and the botched circumcisions in the Eastern Cape and other areas in our country which leave scores of boys dead, mutilated and psychologically affected need to be highlighted and changed. Across all our communities we need the men of today to stand up against abusive practices which beget further abuse.

We cannot keep sacrificing boys and young men in a kind of lawless Greek tragedy that never ends.

We need more people like Deon Wiggett and the team who supported him to turn the tide of violence in our country. I salute them. I encourage all of us to salute them. Their sacrifice is generative and creative and it builds rather than destroys.

continued from **Are you a narcissist?**

Do you overreact to criticism?
Do you put people down? (Very important)

What to do if you are a narcissist

If you are, the first step is to be kind to yourself. Chances are you have faced many humiliations, painful, lonely, and shame-filled episodes. There is also a good chance your early years were far from perfect. Many narcissistic behaviours are strategies that you learned to protect you from feeling horrible and ashamed.

Fortunately, help is available. While few narcissists are willing to attend therapy, it has much to offer. Good therapy provides the chance to form a trusting connection with another person (the therapist) and then work with them towards facing the truth of who you really are.

When successful, psychotherapy not only helps you feel better about yourself, it also helps you enjoy and appreciate the people around you.