

Dear Congregants,

For this year's Yom Kippur Dialogues, we are sending the readings in advance to give you time to read and review depending on what especially catches your attention. We begin with a Psalm and follow with two articles about the impact of this time of the pandemic that explore grief and in the impact of isolation. The last reading is a personal reflection on what may be found during the difficult time.

(Psalm 46:2-4)

God is our refuge and strength, an ever-present help in trouble. Therefore we shall not fear though the earth is changed and the mountains fall into the depths of the sea; even though its waters roar and foam, though the mountains shake as well.

Trouble Focusing? Not Sleeping? You May Be Grieving

"It's normal and natural to not be able to just go on as usual."

By April 9, 2020

I couldn't understand, at first, why I was having such trouble writing. In early March, following the advice of public-health experts, my husband and I had isolated ourselves with his septuagenarian parents, thinking that we could help them. At the end of each quiet day, I sat buzzing with terror but strangely listless, having accomplished very little. Until recently, I traveled a lot for work: Since publishing my first novel, I've often been on the road for speaking, teaching and other book-related gigs.

But now the speaking gigs were all canceled or postponed; my teaching had moved online; I was home. I had nowhere else to go. I had a novel deadline coming up. For so long, in planes, trains and cars, I'd wished to have an uninterrupted stretch in one place where I could really focus on my writing, and now, well, look, I had it.

But I couldn't focus. What's more, news aside, I could barely read. Instead, I ate an unusually large quantity of salt-and-vinegar chips. I was exhausted, but I slept badly, intermittently. I cried. Long-held desires and goals felt hazy, at times irrelevant. The days blurred together; deadlines pressed close. I couldn't fully recall why I'd ever cared so much about books, words. Other people who couldn't stay home were going to work every day — many without the option, the privilege, of doing otherwise — while here I was, home, and I couldn't, of all things, write. Yes, there's a pandemic, and yes, I felt by turns anxious, furious, and terrified, but it's 2020 in America, and I've felt quite anxious, furious and terrified for a while. The inability to work, though, was new.

But then it occurred to me, as I ate another astringent chip, that this lassitude, the trouble focusing, the sleep difficulties, my exhaustion: Oh yes, I thought, I remember this. I was grieving. I was grieving in early March, I'm still grieving now, and chances are, you are, too.

Consider how much has already been lost, and how much more we're likely to lose: the lives already taken by the coronavirus, along with the lives currently in jeopardy, and exponentially more people falling ill every day. The lost livelihoods, the blasted plans. Entire families destitute today who were getting by three weeks ago. Upended routines. Postponed weddings and funerals. Depleted savings. Isolation.

The quickly rising anti-Asian racism, stoked by a cowardly president trying to distract this country from his own negligence. Politicians arguing that our elders should die for the sake of the economy. The exhausted grief of those who already knew full well how hard it can be to be American and marginalized. Jobs vanishing, the jeopardized local businesses — restaurants, bookstores — that make a place home. Whole cities are changing, fast. Well, the whole world is, it seems, and there's that to grieve, too. I could go on; the list is long. "There's Grief of Want — and grief of Cold — / A sort they call 'Despair' —," [wrote Emily Dickinson](#), who knew a thing or two about loss.

Does any of this sound familiar to you, and if so, do you know what to do? I didn't, not really, so I asked an expert, Megan Devine, psychotherapist and

author of “It’s OK That You’re Not OK.” Devine points out how relatively unfamiliar we are, in the U.S., to talking about this kind of life-changing pain.

“As a culture, we don’t talk about grief, we don’t make space for sadness,” Ms. Devine says. Now everyone is carrying grief, she believes, but because many Americans weren’t talking about grief before the pandemic, we don’t know how to name it, let alone voice it.

That silence can result in what Ms. Devine calls “epidemics of unspoken grief”: “Everybody’s got pain they’re carrying around, but they never get to say it. It doesn’t go away if you don’t get to say it. It comes out in epidemics of suicidality and depression, social isolation, loneliness.”

More loneliness, even, than what we’re already experiencing, Ms. Devine says. This is, of course, part of the especial cruelty of this pandemic: how it isolates us at a time when, grieving, afraid, we might crave fellowship. This is when we most need to connect with other people, she says, but how to find true, deep connection when we can’t so much as touch anyone we’re not already living with?

“Right now, what we have are words,” Ms. Devine says. “One of the reasons we avoid conversations about grief is because it tends to make us feel helpless, and nobody likes feeling helpless. When we feel helpless, we tend to do things to make the other person’s pain go away so that we can stop feeling helpless.”

This is why, she says, in the face of pain, people so often give unsolicited advice, or try to dismiss pain by saying it could be worse, or that everything happens for a reason: it lets us skirt feeling helpless. Even in the way I first brought up my own pandemic-related grief, I’d gestured at dismissing it: I was sad, but at least I had a schedule that could, in theory, let me write.

What if I didn’t need the “but,” the “at least,” what if I didn’t need to try to brush away what I felt by also explaining why I shouldn’t feel as I did?

It’s also possible to use words to listen, Ms. Devine says. “Grief can’t be fixed, but it can be acknowledged,” and acknowledgment is the best medicine. “It seems like it’s too simple to be helpful, but it’s actually often the only thing that works.” For others, but for ourselves, too. With our own grief, Ms. Devine advises that we take time to check in with ourselves, to slow down to name our pain. Not to fix it, since it likely can’t be fixed, but to notice it.

It's true that, in the midst of a pandemic, finding this kind of focus might be challenging. Annika Sridharan is a clinical psychologist and social worker at Partnerships for Trauma Recovery, a Berkeley, Calif., organization that works with asylum seekers and refugees from 45 countries. She notes that in a situation of insecurity, such as what the world is facing now, it can be difficult to attend to mourning and grief while we're also afraid and anxious. Things are not as usual now, Dr. Sridharan says, and, "It's normal and natural to not be able to just go on as usual."

The last time I suddenly found myself in a state of deep grief, utterly unable to go on as usual, I was 17. One day, I lost the all-consuming faith I'd grown up in, with a Christian God I'd loved so much I'd intended to become a pastor, a woman of God. Just like that, the world I'd known shifted, cracked open, and fell apart. I lost a faith, a vocation, a community and salvation all at once, and, for some time, I felt as if I might be the loneliest person alive. I wasn't, though, nor am I now. Coronavirus grief is already a vast, monstrous grief, its reach and breadth expanding daily. It's also a collective grief, a worldwide loss that — physically isolated though many of us have to be — a lot of other people are, in one way or another, also mourning. I hope, in this extraordinarily difficult time, to be better than I've been at letting myself mourn. I'll start at the beginning: This is hard. I hurt. If you're hurting, too, you're not alone.

R.O. Kwon is the author of [“The Incendiaries.”](#) Her writing has appeared in *The Guardian*, *The Paris Review*, *Vogue*, *Buzzfeed* and NPR.

When the Pandemic Leaves Us Alone, Anxious and Depressed

Andrew Solomon



Hans Thoma, Loneliness, 1880.

For nearly 30 years — most of my adult life — I have struggled with depression and anxiety. While I've never felt alone in such commonplace afflictions — the family secret everyone shares — I now find I have more fellow sufferers than I could have ever imagined.

Within weeks, the familiar symptoms of mental illness have become universal reality. A **new poll from the Kaiser Family Foundation** found nearly half of respondents said their **mental health was being harmed** by the coronavirus pandemic. Nearly everyone I know has been thrust in varying degrees into grief, panic, hopelessness and paralyzing fear. If you say, "I'm so terrified I can barely sleep," people may reply, "What sensible person isn't?"

But that response can cause us to lose sight of the dangerous secondary crisis unfolding alongside the more obvious one: an escalation in both short-term and long-term clinical **mental illness that may endure** for decades after the pandemic recedes. When everyone else is experiencing depression and anxiety, real, clinical mental illness can get erased.

While both the federal and local governments (some **alarmingly slower** than others) have responded to the spread of the coronavirus in critical ways, acknowledgment of the mental illness vulnerabilities has been cursory. Gov. Andrew Cuomo, who has so far **enlisted more than 8,000 mental health providers** to help New Yorkers in distress, is a fortunate exception.

The Chinese government moved **psychologists** and **psychiatrists** to Wuhan during the first stage of self-quarantine. No comparable measures have been initiated by our federal government.

The **unequal treatment** of the two kinds of health — physical over mental — is consonant with our society's ongoing disregard for psychological stability. Insurance does not offer real **parity of coverage**, and treatment for mood disorders is generally deemed a luxury. But we are in a dual crisis of physical and mental health, and those facing psychiatric challenges deserve both acknowledgment and treatment.

The mental health ramifications of pandemics were identified long ago but have been studiously ignored by the federal government. **A study** following the H1N1 outbreak in 2013 said: "Because pandemic disasters are unique and do not include congregate sites for prolonged support and recovery, they require specific response strategies to ensure the behavioral health needs of children and families. Pandemic planning must address these needs." **Another observed**, "While information for the medical aspects of disaster surge is increasingly available, there is little guidance for health care facilities on how to manage the psychological aspects of large-scale disasters that might involve a surge of psychological casualties."

There are roughly four responses to the coronavirus crisis and the contingent **social isolation**. Some people take it all in stride and rely on a foundation of unshakable psychic stability. Others constitute the worried well, who need only a bit of psychological first aid. A third group who have not previously experienced these disorders are being catapulted into them. Last, many who were already suffering from major depressive disorder have had their condition exacerbated, developing what clinicians call "**double depression**," in which a persistent depressive disorder is overlaid with an episode of unbearable pain.

Social isolation generates at least as much escalation of mental illness as does fear of the virus itself. Julianne Holt-Lunstad, a psychologist, found that social isolation is **twice as harmful** to a person's physical health as obesity. Solitary confinement in prison systems causes **panic attacks** and **hallucinations**, among other symptoms. Isolation can even make people **more vulnerable** to the disease it is intended to forestall: Researchers have determined that "**a lonely person's immune system** responds differently to fighting viruses, making them more likely to develop an illness." The belief that things are not OK is reasonable; the belief that nothing will ever be OK again appears to indicate a clinical condition. A gradual adjustment to our changed circumstance is the appropriate trajectory; the feeling

that every day this becomes increasingly unbearable is a pathological one. There is the thinnest of membranes between sensible and unreasonable, spiraling anxiety. I know I have both, but trying to separate them is like untying the Gordian knot.

We have two triggers for mental illness in the current crisis: sadness when we fear for our lives and stress when our emotional attachments decay as a result of social isolation. We as a country have not taken adequate steps to address either of these crises and fall particularly short on the second.

The spread of the virus cannot be mitigated for now, but the anticipatory fear it instigates can be tempered through the time-honored techniques of augmented medication and increased contact with therapists. It is not a weakness or a failure to seek such supports. Do what it takes to head off a breakdown. It is a lot easier to prevent than it is to repair, and we have good tools for psychic overload.

Isolation, too, has remedies. Zoom cocktails and FaceTime do not temper it adequately for many people, and it is to be determined on a case-by-case basis when the mental health benefits of seeing someone you love (even outside and six feet away) are greater than the physical health dangers of such encounters.

Fear of contagion has pushed people into behavior that exacerbates depression and anxiety and so can lead to suicide — raising the mortality of Covid-19 among people who don't even have it. Lonely people can succumb to “touch deprivation” and need to be embraced. Dr. Tiffany Field, the director of the **Touch Research Institute** at the University of Miami's Miller School of Medicine, has argued that **touch deprivation exacerbates depression** and weakens the immune system; **positive touch stimulates the vagal nerve and reduces cortisol**, a stress hormone that can impair immune response. We should be figuring out when and how people deprived of touch can get the physical contact they need as safely as possible. It won't be completely safe — but neither is their sensual deprivation. If people are dying from going untouched, then touch, however regulated, becomes a necessary remedy. It is neither expensive nor complicated.

These are the ways to transcend pathology. As someone who already had depression and anxiety, I didn't want a crash course in empathy, but I've had one. I feel singularly well placed to comfort those who are taking their first deep plunge into depression, and I reach out daily to those who need contact, psychological or physical. It has become a calling for me.

I can help them assess what is pathological and remediable. I know these unwelcome alleyways — and the paths out of them — like the back of my

hand. It's not that an antidepressant will make people unafraid of this mysterious and awful virus, nor that a single hug will mitigate their profound aloneness, but they can help.

The other day, our fifth-grade son said shakily: "How long until I get to see my friends again? What are we going to do if they cancel camp?" And then he asked more tremulously: "And what if you and Papa both die? What will happen to me?" Was he showing some of my depressive tendencies, or was he just frightened and sad? He snapped out of it pretty quickly and hasn't returned to the topic, though I've made it clear that he can. It is my galvanizing project to keep up a good face for him. Being forced to deny depression can be a dangerous social tyranny, but choosing to vanquish outward signs of it for someone more vulnerable pulls me back from the brink. Partly in his name, I've adjusted up my meds and am in contact with my therapist, and I make sure to hug him and hug my husband, knowing that all three of us save one another.

I take a daily walk through the woods with my son and our dog. Sometimes, my son and I jump on the trampoline, which, despite jolts to my back, is immensely physically cozy. My husband, my son and I pile in together to watch a movie every night; my husband is also obsessively reading books about epidemics, from the Black Plague to the 1918 influenza pandemic, and teaching himself Portuguese online. We all find comfort in our own curious ways.

The authorities keep saying that the coronavirus will pass like the flu for most people who contract it, but that it is more likely to be fatal for **older people** and those with **physically compromising preconditions**. The list of conditions should, however, include depression generated by fear, loneliness or grief. We should recognize that for a large proportion of people, medication is not an indulgence and touch is not a luxury. And that for many of us, the protocol of Clorox wipes and inadequate masks is nothing compared with the daily task of disinfecting one's own mind.

The following is from a recent interview on Democracy Now between Amy Goodman and Ariel Dorfman author, playwright, activist. He went in to political exile in 1973 when the Democratically elected government

of Chile was overthrown by a military coup. Mr. Dorfman is the child of Holocaust refugees. He shares his experience of exile raises the idea of possibilities during this time of great challenge.

AMY GOODMAN: Well, let me ask you about the U.S. topping 6 million cases of coronavirus, 187,000 deaths, could be 400,000 by January 1st. You say the pandemic is teaching Americans what it's like to live in exile. Explain.

ARIEL DORFMAN: Yes, I think that we are — you know, I've lived in exile a great part of my life, and I've been an immigrant a great part of my life. And we are used to distancing. We are used to discovering in distance the capacity that we have to connect with one another, the capacity we have — if you think about the immigrants, immigrants have come into a country, and when we come into this country, we see everything with new eyes. And I'm suggesting that that experience is one which Americans are going to have to have.

In fact, I'm suggesting that even confinement may lead to enormous advances in literature and art, some of the greatest art. I have a novel that just came out called *Cautivos*, which is about Cervantes in the jail of Seville. And he created the greatest novel of all time, *Don Quixote de la Mancha*, right? And he created it in circumstances of confinement, of extreme confinement. And some of the greatest literature has been done either in exile — in other words, when you're distanced from others, when you've lost everything, when you've lost your country and you have to refound everything, you have to rethink everything — or in confinement, when

you're isolated and you have time to look into yourself and say, "What is the real meaning of life? What is real happiness? How will we connect with one another? How will we seek and imagine a different sort of future?"

So, those are things that, strangely enough — you know, I'm an optimist. I think it's terrible, what's happening. I would not wish it on the worst of my enemies, this pandemic we're living through. But it is a chance for us to think again about what it means to be isolated, what it means to lose a country, what it means to lose everyday life, what it means not to go to the funeral of the people we love, not to be able to hug the people we love — like immigrants all over the world. We can't do that, right? We're separated from ourselves. And yet, from that pain, I think that new things can be born. We're like phoenixes in that sense. We rise from the ashes. And we rise from the ashes with our imagination, with our compassion, with our ability to think and to rethink the world in a different way.

I think that's what's really, really going to happen in the next few months. We have to decide whether we're going towards a different sort of future, imagine the possibility of that future, or whether we're going to get in a stranglehold of a past and die in that. And many people will die because of it. I mean, death is on the ballot. Death is on the ballot this November. It is a matter of life and death, what's going to happen.