Self-care is paramount during the COVID-19 pandemic. However, our previous self-care strategies may currently be unavailable or ineffective. As psychologists, we are experiencing many of the same consequences of COVID-19 and the racial pandemic, as those we support. We may share a similar experience of trauma, grief, helplessness, fear and anger. We too are adapting to a changing society. For example, some of us have moved from eschewing to embracing devices and technology, as we adjust our practices, professional conferences, and connections to family and friends. We may feel the fatiguing effects of teletherapy as its own source of compassion fatigue. And, some of us have suffered dear losses.

We are also balancing opposing thoughts and feelings. The gratitude of being able to breathe unassisted, having a safe place to shelter, enough food and a profession that allows us to work from home. This is juxtaposed with the awareness that many do not share this privilege. Taking a walk outside for some is easy self-care; for others, it is fraught with danger from potential racism fueled violence. Shoring up our coping strategies and discovering new resources is necessary for our own professional sustainability. Unless we find ways to restore ourselves, we are at risk of becoming apathetic to inequity and the health and financial devastation all around us (Bush, 2015).

Twenty years ago, Dr. Shelly Harrell (2000) concluded that “mental health professionals must embrace the challenge of understanding the nature of racism-related stress and disentangling the complex relationships between racism and well-being.” This is especially relevant today. For us, in our profession, our wellness is intricately tied to the wellness of our colleagues, clients, students and greater community. We can collectively grieve and nurture hope.

Yet, to write about self-care in this climate is to enter a bit of a riddle. We know it is relevant and important to us all. Further, we know through research (Norcross, & Vandenberg, 2018) that it is beneficial. However, the act and concept of self-care is itself unique as it straddles the realms of the individual and collective, toggling between the poles. A paradox without a solution, it is simply to be managed (Perel, 2007).

Pre-shelter-in-place, individual notions of self-care may now appear privileged. Togetherness was literal, possible. Self-care, under these conditions, might have been more an...
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act of removing oneself, or choosing ways to wind down, disengage, or more deliberately engage with others. During shelter-in-place, self-care might actually lean towards emotional closeness or community activism. We are reminded that we are individuals, within a collective society, a society going through change and we are all affected.

We may cope with separateness in different ways. Those of us who have felt so responsible and pressured to be overly involved with others might experience this time as permission to stop and simply be with ourselves. Others who have experienced abandonment, isolation, and neglect might withdraw further; or perhaps feel freer to engage. The question remains: how to address coping and self-care within a reality where separateness, lack of safety and uncertainty may be a fact.

We know that as psychologists, we can and must engage in self-care in order to sustain resilience. Yet, what you do will be specific to you, your life circumstances, and what your clients and students do will be specific to them. We can perhaps embrace ways to refresh ourselves, savor time, and be with and process beautiful, painful, and difficult experiences as they unfold. And we remember again, that we are also struggling and holding the paradoxes for ourselves even as we assist others. This in itself is an incredible act of compassion and courage.

SUSAN GRAYSEN, PHD, FICPPM

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