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# Some Thoughts on the Pandemic

## Summary

Given the strange collective amnesia around the Spanish flu in many cultures, will the covid pandemic undergo a similar repression? Starting with this question, we explore the themes of collective responses to trauma and emergency, obedience and disobedience, blame and guilt.

“Can you remember a time so full of death as the present one?” wrote Freud in early 1920, after the death of his daughter Sophie from the so-called Spanish Flu, the pandemic which claimed up to 50 million lives worldwide (Freud 1993 p. 370). Freud’s wife Martha and all his other children had also contracted the influenza and survived, yet it is extraordinary today to read through his correspondence and find so little about the pandemic. The published letters of other analysts and their books and journals of the time likewise barely mention the ravages of a disease that dwarfed the First World War in the number of dead.

Many of us might have learnt about the Spanish Flu from grandparents who were children during the pandemic years, and have heard stories about relatives who died. But the cultural memory of this massive event is strangely absent. One of the first major academic studies, by Alfred Crosby, is titled ‘America’s Forgotten Pandemic’, with its concluding chapter devoted not to emergent diseases but to amnesia (Crosby 2003). Looking through seven best-selling textbooks on American history, he found that between them there was only one single sentence about the Spanish Flu.

Will our ‘new normal’ also involve an amnesia, a forgetting of the dead and of the global effects of a disease that has had such a staggering impact already at all levels of society? Things might seem different today. There is a non-stop discourse on the pandemic, with the press, TV, newsfeeds and media telling us so much about covid that forgetting hardly seems possible. With this comes not simply information and data but a language of the pandemic, a new vocabulary to name our situation.

Every country now has its stock phrases: these are ‘unprecedented’ or ‘challenging’ times, with fears of a ‘second wave’, as we use ‘bubbles’ and hope for ‘air bridges’. The way that we are bombarded with these repetitive empty expressions is telling in itself. The minting of a new vocabulary is a basic human response to crisis and trauma. The first thing to do is to name, but what the pandemic shows so clearly is how there is a difference between naming and knowing.

The new language might suggest some mastery of our situation, but it adds nothing to what we know or can really make sense of. Yet knowledge is a key currency here, and it has taken two rather different forms during the pandemic, public and private. In the early phases, during March and April, there were constant references to personal, private knowledge: ‘My friend’ at the Department of Health, or in the Civil Service, or working in ICU, has let me know for a fact that lockdown will start – or finish – in a certain number of days, or that PPE will last till a particular date, or that a specific drug is the panacea.

Many people received the famous 'Stanford Letter', an email supposedly passed on from a doctor at Stanford Medical School that spelled out what to do to prevent infection. In fact, it turned out to be a fake, and the advice was trivial and already well-known. But what it brought out so clearly was the importance of having access to a unique source, a chain linking the recipient to a secret store of information. This might seem like an obvious antidote to our culture of 'fake news', to have a reliable source at last, but it touches on something deeper.

Remember that we are infantilised now on a daily basis. We are told what to do and what not to do to maintain our safety and that of others in a way that we have probably not experienced since our childhood. And this will inevitably bring out our earliest relations to knowledge: what do the grown-ups know that we don't? What are they not telling us? How can I get access to their forbidden knowledge?

It is difficult not to hear in the claims to an illicit, privileged knowledge about covid those of the child who arrives in the playground armed with new and devastating information about where babies come from. And in the almost compulsive need to share and pass on the Stanford Letter and what we hear from our source, don't we see a kind of childhood guilt about a prohibited knowledge that must be passed on in order to alleviate its weight?

This is echoed in the way that ICUs are represented to us with a mixture of fascination, awe and horror. What goes on in these inaccessible spaces where lives hang in the balance? How do people really behave behind the closed doors? The few televised incursions here fail to answer these questions, and they might even evoke the child's curiosity about the parental bedroom, a curiosity tinged with aversion and fear.

To evoke the questions of our childhood may seem irrelevant to the current crisis, yet they shape almost every aspect of our behaviour, even when it puts lives at risk. In infancy, we do not learn safety via trial and error, running into the street to learn that cars are dangerous. Rather, we learn safety by learning to obey, so that the rules of safety are effectively the rules of obedience. Now, if a child later runs across a busy road on its own, it may be more fearful of a parent finding out than of being hit by any vehicle.

Risk and safety thus involve not just the simple issue of avoiding concrete danger, but of how we are perceived to act, how we are judged and evaluated. Those studying the Blitz noted how many people would black out the front windows of their houses while neglecting to do so at the back. This would obviously not discourage German bombers, but it would keep the air raid wardens happy, as they would only be checking on the front of the house.

These acts of disobedience have different functions. When scientists and politicians are found to have flouted the very rules and guidance that they prescribe, the response tends to be outrage and anger. How could they! Putting lives at risk with such hypocritical behaviour! The fact that they see themselves as exceptions is deemed unacceptable, yet isn't this something that everyone secretly harbours? Popular culture – from 'Star Wars' to 'The Umbrella Academy' – plays on this motif of having a hidden specialness inside, to be discovered by others. And as infant researchers tell us, when parents greet their newborn child, things might not go so well if they see the new arrival as merely a population statistic rather than a unique, special and exceptional being.

That's why so many people can chastise others for rule-breaking while themselves breaking the rules, as if the only specialness that matters is their own. Historians of epidemics and pandemics from the Plague of Athens to the Spanish Flu have noticed this, how when rules and laws are laid down so stringently, many people act as if the law applied to everyone but themselves.

If life itself relies on feeling somehow different and exceptional, we may not only feel that rules do not apply but actively seek to break them. Think once again of the situation of the infant, unlike most other species helpless and totally dependent on its caregivers at the start of life. Spoken to and about, looked at, moved around, with practically no ability to assert itself. How, in such circumstances, can subjectivity and agency

come about if not through acts of refusal? Pushing away the breast or the bottle, for example, and later on shaking the head, may be early forms of self-assertion, and hence have a unique value.

We define ourselves through acts of saying No to our earliest authorities, and it's why in novels and films when a computer, say, starts to become 'like us' and develop its own agency, its first act tends to be one of refusal. It says No to its masters. Our subjectivity is shaped here in relation to standards of conduct imposed from without, and the classic example of this is potty training. The child learns to do its business when told to, but there is a difference between doing so out of fear and out of acceptance.

As an alien standard of conduct is imposed, we can acquiesce yet harbour a burning resentment inside. This might mean that we go through life with a kind and yielding personality, which covers over a vengeful obstinacy. Anyone who works in a team might have noticed this feature of human behaviour, that someone who says Yes all the time might actually be acting out a No. When, during the pandemic, we suddenly start to receive instructions that regulate so many aspects of our actions, it is no surprise to see both discrete and overt acts of disobedience start to multiply.

When these come to public attention, the culprit may be punished and pilloried, yet we should recognise the wider framework here of guilt, blame and responsibility. Early studies of national emergencies in the 1950s and 60s found that a fairly predictable pattern emerged (Form and Nosow 1958, Merloo 1950, Quarantelli 1978, Wolfenstein 1957). First of all, idealisation, usually of healthcare and rescue workers. Concurrently, scapegoating of either political figures or ethnic minorities, or both. Finally, a local or national culture of blame. People who gave generously start to regret their charity and seek reimbursement; suspicions arise about those who accepted aid; media stories start to appear about false claims for government grants; more and more people think they haven't received their share of the aid pot; those who volunteered find their enthusiasm waning.

This third phase where we seek to find someone to blame must be recognised and reflected on. The virus itself seems oddly blameless, and we seek a human cause, an act of negligence, greed or corruption where we can localise responsibility. How we identify this can range from the remark made by a five year old child – 'I hate the person who ate the bat' – to the many popular conspiracy theories around the Wuhan lab or 5G. There must be some point of crime or transgression at the origin of this global crisis.

When a particular theory is collapsed, we search for others, part of a search for blame that mirrors the concentric pattern of infection. Given the devastation of the covid pandemic, how can one localise rage, anger and the sense of injustice? This question of responsibility can help to explain an odd phenomenon noticed by therapists in many countries: those with a previous history of acute anxiety symptoms, often around contagion fears, seem to be less anxious while those with little or no anxiety may now experience it. But why isn't everyone just more anxious?

Contagion ideas are very common, and are classically understood to conceal a wish to touch. We inhibit ourselves from touching because we actually want to touch, with either an aggressive or a sexual intention imagined to damage its object. The underlying wish is repressed, so we are not consciously aware of it, and instead we suffer from painful symptoms where we worry about picking up and spreading infection. Should I give my parent a hug or not? What will they think if I don't? The new rules of social distancing and hygiene are good news here, because they replace an internal prohibition with an external one. We no longer have to struggle within ourselves as an external law supplies the injunction for us. And hence the reduction in anxiety.

This removal of personal responsibility is welcome also to those who have problems with distance. How close do I want others to come? How can I create the right distance from others? How can I get others to respect my personal space? The external imposition of very literal and concrete rules for observing distance helps create and strengthen the boundaries that many people experience as missing in their lives. Now that distancing rules are being weakened or abandoned in some parts of the world, we could expect an increase in

efforts to re-establish the right distance – which may take, in some cases – violent forms.

The other thing that therapists have noticed here is how the fear of infecting others is far more frequent than the fear of becoming infected oneself. Now, this may be an artefact of our patient populations, but it echoes a more general concern. Many social theorists were uneasy at the start of the pandemic as their belief systems required an update. Late capitalism privileges the financial markets over human life, so how could the economy be imperilled so brazenly by lockdowns? It didn't make sense, unless it seemed that too many workers might lose their lives, but even this didn't fit the data given the difference between morbidity and mortality demographics.

We could remember here the doctors' joke that if fifty years ago it was a tragedy to lose a patient, today the catastrophe is to lose the patient's notes. In other words, the key is to be held accountable, to be seen as bureaucratically responsible for human life. And this is where the pandemic has brought out once again one of the most devastating consequences of modern forms of neoliberal governance: the reduction of a human life to its most basic biological parameters.

We see here the savage division of two conceptions of human life: life understood as a biological body being kept alive and life as involving our attachments and experiences. What is a life, we could ask, if a dying person is unable to say goodbye to their family? Or if one is not allowed to say goodbye to a parent or sibling as they depart? To what extent does that devalue a life or allow a life to be lived after the loss?

The fact that some hospitals were able to change their practices when a covid patient was close to death was a positive sign, allowing farewells, yet the broader paradigm of seeing life as just a biological event is pervasive. Care home workers documented this also, observing how people could die due to a loss of the link to life that human contact allowed. The loneliness and isolation that distancing introduced meant that there was less reason to stay alive.

Many readers felt – and still feel – let down and deeply disappointed at the end of H.G. Wells's 1898 'War of the Worlds'. An alien invasion, heroes fighting it, but then victory comes not as a result of some act of bravery or invention but simply because earth's bacteria kill the invaders. We want more. We want, perhaps, an act of violence to respond to an act of violence. Wells was drawing on the recent discoveries of the links between infectious disease and bacteria in the late nineteenth century, but the human search for blame and responsibility craves human targets.

After his daughter's death, Freud wrote "Since I am profoundly unbelieving, there is no place where one can lodge a complaint. I have no one to blame and I know that" (Falzeder and Brabant 2000, p.6). But how many of us really know that blame does not always have a neat, single and nameable target?

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