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# A Polemic on the Pandemic: Death Does Not Make Us Equal

## Summary:

Taking as a point of departure an open letter that I co-signed and was sent to the analytic community in New York (later published in the European Journal of Psychoanalysis), which created quite a polemic, I address the false premises shared early in the pandemic that the virus was an equalizer between rich and poor. The North American experience showed that for Black and Latino people, death rates were disproportionately higher. This leads to previous work accomplished in the Philadelphia barrio clinics. The population has been ignored by most official accounts of psychoanalysis as being not suited for psychoanalysis. I share my experience working as a psychoanalyst with a marginalized, racialized community suffering high rates of mortality. I contend that even there psychoanalysis can function as a life affirming practice.

The word “crisis” which derives from the Greek *krisis* “decision,” from *krinein* “to separate, choose, decide, judge,” has proliferated since the early days of the Covid-19 pandemic. As the media is always talking of some kind of ongoing crisis or other, is this overused word an accurate descriptor for such an unprecedented juncture? In March 2020, during the first weeks of the lockdown, a group of psychoanalytic colleagues asked me to sign a letter.[1] I read it, agreed with its contents, and signed. The letter was posted on a Listserv and on Facebook.[2] However, it soon turned into a viral letter.

The open letter was first circulated within the analytic community in New York, addressed to our colleagues in an online thread titled “Helpless.” Later on, it was published in the European Journal of Psychoanalysis in an Italian translation.[3] The letter’s effect was contagious. While it was very well received by colleagues in Europe and Latin America, it created quite a polemic among our North American colleagues.

It was written very early on in the pandemic; we thought that the tone was one of restraint and pessimism, perhaps even of despair. We were reacting to the inflated optimism prevailing in the media among “pop psychologists.” We sensed something cruel and irresponsible in their triumphalist tone. At the time, in magazines like *Psychology Today*, all types of upbeat advice proliferated.[4] Mental health specialists warned about the potential for trauma while praising the lockdown as a wonderful opportunity to be happier than ever, where you could reconnect with partners and spend more time with your children, relax while watching free-streaming concerts, attend yoga classes, sing Karaoke with friends, and binge-watch movies online. They even described the pandemic as a great opportunity to take a forced vacation. And when it came to psychoanalysts, they should use this as a unique chance to try out new and “interesting” ad hoc techniques.

We reacted a little violently to this American optimism, a sense of hope in spite of everything that we believed triggered false hope, and we did so by expressing a sense of impotence facing the enormity and the unknown weight of the circumstances. We wrote: “Let’s not follow all of the philosophies and politics of hope, nor even those of paranoia against the state who decry that this is just another ‘state of exception’; squaring oneself with Covid-19 as a moment to behold, imagining that things will surely change. It is too early; and there are too many in precarious positions in this country to know what at all this is going to be for them.”

Even in those early days, we had already lost one member of the community of psychoanalysts in the New York area, many of which are elderly, to the coronavirus. Facing the stark reality of death, we asked urgent questions that may have sounded impertinent to “our fellow psychoanalysts”:

What does it mean to do psychoanalysis in a situation like this? Why is it immediately assumed to be a good, or even a necessity? Can we dare ask if our services were best utilized otherwise, and perhaps afterwards? And if we want people to question themselves so thoroughly, should we not also, especially in times as desperate as this, seriously do so ourselves?

What we thought was a simple call to psychoanalysts to occupy a defined place, to analyze our actions, to share our impotence in the face of catastrophe, was interpreted by some colleagues as a reproach. They thought we were critical of their attempt to cope at any cost, which they tried to do by using video, Zoom, and any other technological devices available. They imagined that we were purists, dogmatic orthodox guardians of the couch, accusing them of not doing rigorous psychoanalysis. They believed that we were telling them to do nothing, to give up. Worse, they interpreted our letter as accusing them of trying to do something in such dire circumstances, as if we were asking them to give up both hope and psychoanalysis.

To quote our letter again:

Psychoanalysis can bring us closer to something that is more real and the analyst is there to listen to this; but what is that knowledge in the face of a moment of great violence and even collective delusion? Can it really be considered as a source of renewable hope? Where does the analyst sit while listening to where our patients are with respect to collective discourse, conscription into virtual pharmakon, and salvific narratives? Something here seems worth describing if we are going to use a hallowed term like countertransference, but we have to avoid cruel optimism and even a reflex like the idea that ‘the band must play on’ for the sake of continued mental health. The band plays on. Psychoanalysis tries to hear past its noise.

Looking back on the events of the pandemic, they showed that our pessimism was justified. We were asking our colleagues to remain alert and hear past the optimistic noise, past the US President’s advice that it was better to let older people die of Covid-19 than have people commit suicide because of an economic crisis. We asked them to remain skeptical, to question, to listen.

Our letter inspired several responses that appeared in various publications among which *Division Review*, from which I quote the response of Philippe Gendrault, published in the summer of 2020: “In light of very grim statistics and tragic experiences, political issues are finally being noticed, with (hopefully) no possibility of a positive spin, as a consequence of this crisis that can no longer be ignored, dismissed, rationalized, or even interpreted psychoanalytically” (p. 16). Highlighting the limits of psychoanalytic action, we threw light onto the political dimension of this crisis that was being dismissed, or rather, forgotten because of the pressing need to wash our hands regularly all while keeping psyches as clean as possible. We were reminding our colleagues that psychoanalysis is not an orthopedics underpinned by a myth of cleanliness or normalization. We pointed to an irreducible discontent that nevertheless has an emancipatory potential because it can free us from super-egoic mandates as psychoanalysis radically opposes any adaptationist purpose.

As we wrote in that letter, we wanted to assess *our* role in the crisis. The etymology of the word crisis reminds us that we were at a turning point, a moment of decision, of separation, even of opportunity. Those who were offended by our letter of despair were denying there was space to question the role of psychoanalysis in such a crisis. Indeed, not everyone suffered trauma in isolation. And some people even seemed to relish the fact that everything had slowed down, almost stopped. We thus wrote, “against the predominant narrative of trauma and the dangers of isolation, we find many patients who are doing fine or even doing better, who like externalized chaos, or whose melancholia is abated by the nearness of death and reproach; those who are used to doing their own thing and who find their anxiety and sadness contained and cohered by the pervasive force of a virus that shuts all down. We hear those who have longed for everything to be cancelled, for life as we know it to be paused, hushed and stopped, even to the point of daring to express their own desire to, in fantasy, be one of the affected, which is to say, infected. Many admit that they are feeling strangely fine...”

Some patients were not doing well, indeed, while others were able to continue working productively in their exclusively remote treatments: everyone reduced to a stamp in the philatelic rendering of Zoom, getting ahead despite everything. In my own practice, as is the case with many of my US colleagues, I saw a great increase in my workload. I received many new patients who, in the middle of a global catastrophe, found that it was time to finally start working on themselves. I am seeing a lot of them make good progress.

One thought we had in those early days was proved wrong by experience: the false premise shared early on in the pandemic that the virus was an equalizer—that rich and poor were affected equally. The experience in the USA showed that for Black and Latino people, the death rates were disproportionately higher. The number of deaths from Covid-19 in the US have already surpassed 220,000 victims, and the death toll continues to increase. Clearly, poor Black and brown (Latinx)[5] people have been those who have been killed in highest numbers by the pandemic.

This is a fact confirmed by the US Center for Disease Control that has provided the evidence of “[l]ong-standing systemic health and social inequities [that] have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from Covid-19” (Centers for Disease Control and Prevention 2020). The US, a developed country, is also one with the most Covid-related deaths in the world so far. The number of deaths is so high that some media outlets have presented it as the equivalent of the September 11 attacks occurring every day for 73 days. These numbers are still growing as we enter a second wave of infections. If in the United States, Black people are dying at 2.3 times the rate of white people, the promise of the virus as a great social equalizer was proved wrong.

This leads me to my work as a psychoanalyst in the barrio clinics, where similar inequality exists. The Latinx population, which in the United States tends to be poor people of color, has been ignored by most classical forms of psychoanalysis, as if poor people were not suited for psychoanalysis. It has been my experience working as a psychoanalyst with marginalized, racialized communities suffering high rates of mortality, that psychoanalysis can function as a life-affirming practice.

However, whenever I talk about my experience conducting psychoanalytic cures with poor Puerto Ricans and other Latinx people, I am met with doubt. The idea of working psychoanalytically with minorities or people of color is often dismissed. It is as though poor people could not have an unconscious. In those situations, it is as though poor people were too different, too “other.” Especially relevant here is my work on *ataques de nervios*, the so-called Puerto Rican Syndrome (considered in the DSM as a culture-bound syndrome, as if “otherness” was pathological), which I argue is a curious return of the repressed racism of certain psychiatric practices in the barrio.[6]

It is worth disputing common assumptions that psychoanalysis is only practiced among middle and upper-middle classes. In my own experience, psychoanalysis was used effectively with barrio Latinx populations affected by poverty, illustrating the reach of psychoanalysis beyond class boundaries. Contrary to the idea that poor people are so consumed by the pressures of everyday life that they can only benefit from

behavioral modifications, an anti-democratic perspective that repeats the inequities of society, I argue that the psychoanalytic exploration of the unconscious has emancipatory potential, a promise of great importance for oppressed minorities. Psychoanalysis not only deals with unconscious repressed conflict, it also encourages the exploration of fantasy, giving great importance to dream-life as a metaphor of desire. Free association expands the imagination and opens a space of futurity beyond the constraints of repetition, enabling the capacity for change at both a personal and societal level. Psychoanalysis, instead of enforcing adaptation to oppressive social conditions, makes for subjective agency.

As opposed to most Latin American countries, where psychoanalysis is seen as a practice tied to social justice, in the United States psychoanalysis is seen as a luxury for those who can afford it. It is also assumed that poor people would lack the sophistication that psychoanalysis requires, thus reinforcing rigid class boundaries.

My clinical practice directly engages with marginalized Latinx communities in the barrio and members of gender variant and non-conforming communities. I offer those who consult in my private practice an unconditional welcome and apply a sliding-scale fee, allowing me to see patients of all socio-economic backgrounds. Besides English, I speak Spanish and Portuguese, letting me welcome, for instance, undocumented Brazilian patients (cleaning persons, construction workers), bringing the barrio back into psychoanalysis even in a private office setting. Thus, I prove that psychoanalysis can be successfully practiced with analysts of marginalized race, gender, class, or sexual identities.

By embracing cultural difference by way of race, class, and identity, the emancipatory potential of psychoanalysis and its ability to implement social change is revealed. At the intersection of psyche and community, we can address modalities of individual suffering that are also allegories of social conditions. This focus is a crucial step towards making psychoanalysis accessible to all those who can benefit from it.

Since 1995, I have been pushing for a socially responsible practice of psychoanalysis, one that does not forget that the origins of this profession were quite radical.[7] Freud (1919) envisioned a “psychotherapy for the people” whose structure and composition would follow the model of “strict and untendentious psychoanalysis” (p. 168). When he gave this soulful call for social justice, Freud was stating something that should have been obvious: both poor and rich have the right to psychoanalysis.

As Elizabeth Danto (2005) has shown, Freud’s social activism and his deep commitment to progressive ideas, such as the treatment of the working class, have been erased not just from collective memory but also, most importantly, from psychoanalytic history. In the years between the two world wars, many analysts made psychoanalysis widely available to people of all backgrounds. About 20 “free” clinics opened all over Europe, from Vienna to London to Zagreb to Trieste and Paris. The treatment was free of charge, like the public schools and universities of Europe. Analysts at the time saw themselves as brokers of change, both on the level of society and of the individual.

This radical Freudian initiative found an equivalent in New York City in 1946 when “an interracial trio of intellectuals” (Doyle, 2009 p. 753)—psychiatrist Fredric Wertham, director of the mental hygiene clinic at Queens General Hospital, prominent novelist Richard Wright, and Earl Brown, a staff writer for Life magazine—opened a psychoanalytically influenced clinic in the basement of Harlem’s St. Philip’s Episcopal Church. Committed to social justice, they supported a “race-blind universalist” belief that there was no difference between the psyche of a black and a white person and challenged widespread prejudice, putting in practice the idea that proper treatment was a necessity and not a luxury, because disadvantaged and underserved populations needed psychotherapy the most.[8]

With uncompromising psychoanalysis as “an essential frame and method,” (Mendes, 2015, p. 103) their Lafargue clinic, named after the Afro-Cuban physician and philosopher Paul Lafargue, who was “proudest of his Negro extraction”[9] and was also Karl Marx’s son-in-law and the author of the notorious essay “The Right to Be Lazy” (1883).[10] The clinic challenged the racism of psychiatric services that failed to take into

account the psychic consequences of oppression in the assessment and treatment of poor African-Americans.

The impact of psychoanalysis was not just meant to be palliative: they believed in the potential of psychoanalysis to rethink race and usher in new strategies of academic inquiry so as to develop an anti-racist clinical approach that could overcome segregation (García, 2012). Unhappily, this project remained incomplete, urging us toward a pressing question: What can psychoanalysis offer in today's crisis? This is a question that raises both possibilities and responsibilities.

The global spread of the pandemic forces us to examine the relationship between the two supposedly antinomic fields with which psychoanalysis grapples. On one hand, there is the biological reality of the body and its fragile defenses facing invasion by an organism on the border between living and nonliving. On the other hand, we have the emotional storm that the crisis unleashed: our reactions that ranged from panic to boredom, from despair to indifference, all while we asked this insistent question: Is this real? Is this actually happening?

Psychoanalysis operates on the echoes of language in the body. But the truth is that we do not know with certainty what a body is, or to what extent language is effective. This crossroads is where my clinical practice lies. There are those who question what it is to be a woman or a man, and their survival in a mortal and sexed body is precarious. I derive my work with transgender analysands from strategies to overcome this precariousness for those who propose new frontiers of the body, not a body that one is born into but rather a body one becomes.

With hysterical patients from the Hispanic ghetto, the same problem persists: bodies affected by history, individual symptoms at the intersection of the social and the individual that function as an allegory of a social situation, symptoms that speak through the body, a body that, as William Burroughs said, is infected by the virus of the word, or of language.

Here is where psychoanalysis is particularly equipped to play its unique role. This is an epidemic of inequities. The recent mass protests that spread throughout the United States threw light on the marginalization and discrimination suffered by Black Americans, including 250 years of slavery, 100 years of state and local statutes that legalized racial segregation (marginalizing African Americans by denying them the right to vote, hold jobs, get an education, or access class mobility), high rates of incarceration, unanswered calls for action combined with racism even beyond death with pervasive injustice occurring in the aftermath of police shootings of unarmed Black Americans. At the same time, disproportional Covid-19 infections and deaths are exposing the deadly structural racism that protestors seek to overthrow.

After the Covid-19 pandemic and the growing awareness of violent discrimination, structural racism, and the impact of the Black Lives Matter movement, it appears clearly that no analyst can be immune to the cultural context in which we work. It is unavoidable to take a position, for our practice is affected by the current socio-political context. Psychoanalysis is not outside of history. It is quite revealing that most of the psychoanalysts who signed the letter I discussed earlier are currently organizing an ongoing series of online discussions on the Whiteness of psychoanalysis and Afro-pessimism featuring Frank B. Wilderson III.

Wilderson explains in *Afropessimism* that the curse of slavery has not yet been lifted, and that the subjugated position of African-Americans prevents them from “ever being regarded as human beings.” This structural exclusion would place them in a position of “social death” (Wilderson, 2020 p. 95)—a deathliness that saturates Black life. If our letter was written today, it might be seen less as a document expressing our personal pessimism, than as one engaging in a dialogue with Afropessimism, which implies that we all have to be aware that in psychoanalysis, at least, we must work at the unconscious intersection of race, class, and gender.

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## Notes:

[1] Marcus Coelen, David Lichtenstein, Evan Malater, Jamieson Webster.

[2] Das Unbehagen listserve, <https://dasunbehagen.org/about/>

[3] M. Coelen, P. Gherovici, D. Lichtenstein, E. Malater, J. Webster, *European Journal of Psychoanalysis*

<https://www.journal-psychoanalysis.eu/lettera-ai-colleghi-psicoanalisti-a-proposito-dellattuale-pandemia/>

[4] See for instance, [https://www.psychologytoday.com/us/blog/psychoanalysis-unplugged/202003/psychological-responses-quarantine-what-expect-and-do?utm\\_source=dlvr.it&utm\\_medium=facebook](https://www.psychologytoday.com/us/blog/psychoanalysis-unplugged/202003/psychological-responses-quarantine-what-expect-and-do?utm_source=dlvr.it&utm_medium=facebook)

[5] Latinx is used in the United States to refer to people of Latin American origin or descent. The x is used to render it as a gender-neutral or non-binary alternative to Latino or Latina.

[6] See Gherovici, P. (2003) *The Puerto Rican Syndrome* (New York: Other Press).

[7] See Gherovici, P. (2017) *Transgender Psychoanalysis: A Lacanian Perspective on Sexual Difference* (New York: Other Press)..

[8] Doyle; see also Addin, M. *The Brooklyn Thrill-Kill Gang and the Great Comic Book Scare of the 1950s*. pp- 67-8.

[9] As he said when asked about his origins (Derfler, 1991, p. 15)

[10] Lafargue claimed that the “right to be lazy” could be a form of resistance to the capitalist imperative to produce and he hoped that industrialization would eventually free us from work. Against the protestant work ethic, he praised the liberating value of well-spent idleness; laziness was a way to eliminate the service class and oppose conspicuous consumerism.

## **Bio:**

**Patricia Gherovici**, Ph.D. is a recipient of the 2020 Sigourney Award for her clinical and scholarly work with Latinx and gender variant communities.

?She is co-founder and director of the Philadelphia Lacan Group and Associate Faculty, Psychoanalytic Studies Minor, University of Pennsylvania (PSYS), Honorary Member at IPTAR, and Founding Member of Das Unbehagen.

?Her single-authored books include *The Puerto Rican Syndrome* (Other Press: 2003) winner of the Gradiva Award and the Boyer Prize, *Please Select Your Gender: From the Invention of Hysteria to the Democratizing of Transgenderism* (Routledge: 2010) and *Transgender Psychoanalysis: A Lacanian Perspective on Sexual Difference* (Routledge: 2017).

She edited two volumes with Manya Steinkoler: *Lacan On Madness: Madness Yes You Can't* (Routledge: 2015) and *Lacan, Psychoanalysis and Comedy* (Cambridge University Press: 2016). Most recently, she published with Chris Christian *Psychoanalysis in the Barrios: Race, Class, and the Unconscious* (Winner of the Gradiva Award for best edited collection and the American Board and Academy of Psychoanalysis Book Prize; Routledge: 2019.)

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