The pandemic crisis as a crisis of the symbolic order and psychoanalytic work regarding imaginary objects

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Abstract
The title of the article already indicates the structure of the text. In the first part, it is argued that the Corona crisis is a crisis as it challenges the symbolic order in many ways. The virus becomes an imaginary object that is uncanny. In the second part, psychoanalytic work on the uncanny object (how is it dealt with?) and work with the uncanny object (how can work be done under the conditions of the uncanny?) are discussed.

KEYWORDS
Corona, imaginary object, pandemic, symbolic order, the uncanny

1 INTRODUCTION

We cannot reflect on the Corona crisis at a distance; contrary to what we had hoped, we are still not facing it today from a distance but remain exposed to it. We lack the solid ground from which we could already draw a valid conclusion retrospectively. We do not know whether we have already been seized by the infection, at the very moment we try to master it. Therefore, all attempts to understand the pandemic and its effects must remain provisional and open to revision.

The Corona pandemic is a crisis, with great and unforeseeable consequences. It is encroaching on all areas of our lives. It has put us in a state of emergency. Everyday life has changed completely for a time, homo homini virus,
every person you meet on the street can be a source of danger and avoided. The hugging and kissing as a greeting and farewell, which is customary at least in Switzerland, have given way to a ritual-less state, we become aware of how helpless we are when our usual manners such as shaking hands are no longer permitted. We are also confronted with the fact that scientific medicine is more or less powerless against coronaviruses (COVID-19). It has also changed psychotherapy and the psychoanalytic cure. The pandemic does not stop at the entrance of psychotherapeutic practice, thoughts, and feelings as well as the everyday life of patients and of therapists are captured by it. It intervenes in our therapeutic work; despite all interventions and fear we can continue with it. Indeed, we must continue because it is urgently needed.

2 | PART I

2.1 | Corona as a state of emergency and crisis

Fundamental rights were radically curtailed in the first weeks and months of the crisis; for good reasons this was accepted, in this only comparable to life in a state of war. Emergency government decrees took the place of the well-rehearsed legislative process. Therefore, it is not surprising that the later mastermind of National Socialist political theories, Carl Schmitt, is being discussed again, because it was he, in the 1920s, who first thought about the state of emergency in terms of legal philosophy. The first sentence of his book on "Political Theology" (1922/2005) has become famous: "Sovereign is he who decides on the exception." Sovereign, because in the state of exception the existing law is not applied, but instead law is created. At the same time, another cultural philosopher with a quite different ideological background, Walter Benjamin, dealt with the state of exception. In the eighth of his famous "Theses on the Philosophy of History," he states succinctly: "The state of exception in which we live is not the exception but the rule." Benjamin (1940) on the other hand, describes as the task ahead for us the bringing about of a real state of exception. "Then it will become clear that the task before us is the introduction of a real state of emergency." (Benjamin, 1940, p. 84).

If we apply both theses, coming from such different thinkers, to the Corona crisis, we can say, on the one hand, that it represents a danger for democracy and its principle of legality and that the trust in those in power becoming sovereign is on trial; on the other hand, that the emergency refers to the (otherwise existing) rule, and that the rule may be an exception, in the sense that the so-called normality is in many respects externally determined. For example, sovereignty, uncontrolled power, is in the hands of non-democratically legitimized forces, such as Facebook or Google. The "real state of emergency" that Benjamin spoke of would only be the one that enabled all citizens to take their own lives into their own hands in a truly self-determined way. In any case, the current real state of emergency is a mirror image of the latent state of emergency in the normality of life, which is being called into question in a crisis. It is this mirror function that we will deal with in the following.

2.2 | The Corona crisis as a crisis of the symbolic order

The objective state of emergency is mirrored in the subjective state of emergency that we as psychoanalysts try to understand and describe. To do this, I will use Jacques Lacan's basic concept, the triad of the symbolic, the imaginary and the real (Lacan, 2006). The symbolic or "the symbolic order" refers to all dimensions of human life that are defined and structured by signs and symbols the most prominent being language; they can be conscious or unconscious. The term "imaginary" refers to the pictorial visions of phantasy, the images; they are not stabilized by a system of signifiers and therefore tend to be illusive. The "real" is the third category defined by a negativity: the real cannot be grasped either by the symbolic or by the imaginary. This is why it cannot be pinpointed by language and understanding. The viral pandemic amounts to an incursion of the real that threatens
the order of the symbolic, in two ways, first because the crisis threatens to destroy it, and second because the crisis exposes its pre-existing fragility. What is meant by this is to be spread out into eight areas and thus described.

1. We hear in our psychoanalytic therapies that the discovery of slowness forced by the pandemic has made an improved feeling of life possible, at least initially. Time seemed to stand still in the crisis and to allow relaxing. In the paradoxical relief granted by the state of emergency, however, normal everyday life is mirrored revealing how heavily the seemingly well-accepted routine tasks weigh on many persons. The Corona crisis becomes a crisis of the symbolic orders of normal life.

2. Perhaps before Corona, we paid too little attention to the differences between social classes. Corona pinpoints who is poor and who is rich, who lives in a cramped three-room apartment with four children or a spacious house with a wide garden. The Corona crisis has not created social injustice, but it exposes it. It has called into question the symbolic order of equality of rights and opportunities.

3. The Corona crisis is a mirror that reflects political inconsistencies. It relentlessly exposes the inherent contradictions of the neoliberal model. In the course of privatization processes, the state has given away many hitherto sovereign tasks, for example, taking responsibility for its citizens’ basic security. Now it is compelled to take over these tasks anew. The Corona crisis is a crisis of the neoliberal economic order.

4. A society that cannot trust a convincing and supportive leadership, such as the US society under President Trump, is beset by fear because the collapse of the real is not mitigated by political representatives maintaining a symbolic order and providing orientation. The Corona crisis is a crisis of symbolic representation.

5. Ethical questions arise with great urgency. Who has priority, the individual or society? Is it permissible to let down many people into an economic crisis to provide intensive medical care for life-threatening illnesses? Who has the privilege for artificial respiration when the number of “artificial lungs” is limited? Suddenly, sensitive questions arise, difficult to answer especially in Germany, questions about assessing the value of life. The Corona crisis is a crisis of symbolic value systems.

6. In the crisis, the future is lost, planning becomes impossible, when one’s health is constantly endangered, when one’s economic livelihood wavers. Sandler (1960) spoke of the basal sense of security, and this sense of security is fundamentally under attack. The corona crisis is an existential crisis.

7. It has been extremely shocking to realize that too many people have died to be buried with dignity, let alone in the presence of their relatives. Likewise, being forced to face death alone, in an intensive care unit that does not tolerate visits, slaps in the face of our cultural habits that rely on being able to accompany the dying persons on their final journey. The corona crisis is a crisis of transgenerational cohesion and therefore of history.

8. The last dimension is maybe the first to interfere in psychoanalytic therapy. Most patients felt speechless, many explicitly stated that they lacked words. What constitutes the symbolic order, the ability to speak and have words to express oneself was failing. The Corona crisis is also a crisis of the use of language.

2.3 | The COVID-19 virus as an uncanny object

If the intrusion of the real can no longer be absorbed by the symbolic order, the imaginary, the third dimension in the triadic interplay of the real, imaginary, and symbolic, steps in as a substitute, in other words: unconscious phantasies intensify in searching for an orientation in a precarious situation. However, being subjectively distorted substitutes, they cannot mitigate anxieties.

A prominent imaginary constellation can be characterized in the more familiar terms of object relations psychology, by addressing the virus as the “uncanny object.” The uncanny interrupts and questions the sense of the familiar, the “homely.”
“‘Things are what they seem to be - or possibly something else.’ This unsettling statement [...] sums up that the uncanny is and is not part of everyday life. It operates from ambush, causing what should be familiar to us to suddenly seem displaced, maddening and haunting.” (Parsons, 2014, p. 419; my transl.).

Crucial to the feeling surrounding the uncanny is its weirdness, in German "Verrücktheit," meaning in a literal sense “displacement,” for example of routines in everyday life, or even “derailment”: something that has hitherto been on track is now called into question. Being no longer an acute and temporary crisis, the pandemic perpetuates the uncanny. The virus becomes an uncanny object, an object that is not a vis-a-vis (ob-jectum in Latin) after all, but everywhere and nowhere at the same time.

The thesis put forward here runs as follows: The Corona crisis is, according to the Lacanian triad, an incursion of the real that endangers the symbolic and allows the imaginary to proliferate. The second part of this paper is devoted to work with and on the imaginary or uncanny object.

3 | PART II

The psychoanalytic treatment under the sign of Corona

3.1 | The work on the uncanny object

The pandemic has overwhelmed us as an incursion of the real that reaches us all. To make it comprehensible, the power of imagination sets in, remodeling the pandemic threat as the uncanny object. It was and is necessary to come to terms with it. In the beginning, it was disconcerting to experience in therapy sessions that although almost everything had changed in everyday lives patients stuck to the usual topics. The uncanny object did not appear, no “enter ghost” as in Shakespeare’s “Hamlet” (Act 1, Scene 5), instead “business as usual.” Its presence was denied as an early reaction, as if a child states: “I close my eyes, and then the ghost or shadow that I would otherwise have to look at is gone.”

Freud (1919) showed us that the uncanny unconsciously represents the homely, the home, the infantile familiar that is repressed later on. The virus as uncanny object, in a second psychodynamic response following denial, mobilizes the objects that have inscribed themselves early in lifetime as uncanny. I give an example from my current therapeutic work:

A patient in advanced adulthood had grown up in a country where a military offensive had abruptly and harshly destroyed reforms and democratic movements when she was a child. At that time, she had experienced a first state of emergency, a long-term enforced ban on going out, a deep fear invading everyday life: Anyone who rang the doorbell could be an enemy, any careless word could end in deportation. Now, in the Corona crisis, once again confronted with the contact bans, she is haunted by the return of the eerie, threatening objects. Haunted by a constant restlessness that cannot be shaken off and the feeling of a diffuse and incomprehensible threat, the horror images of childhood return.

The confrontation with the elusive uncanny object cannot be endured for long. Therefore, it is sought to be incorporated somewhere and made tangible. The uncanny is replaced by a (seemingly) tangible, familiar object image. Like Bion’s bizarre objects, the uncanny object is externalized and projected into others, and so it is transformed and embedded, for example, in a conspiracy theory. If assimilation fails, it is located projectively as an agent of a hostile power, a Chinese virus. That is what makes populism attractive: To have a story in which to integrate the uncanny even though it may seem absurd.

But the encounter with the uncanny also fascinates. Normal life is suspended; the state of emergency conveys the felt chance that life might be altered. The uncanny object’s intrusion on the integration of the personality can
unconsciously be felt as an opportunity: "It is only here, in this unintegrated state of the personality, that which we describe as creative can appear," Winnicott (1986) states. Giving up integration, relinquishing integration, is necessary to be creative, to allow new experiences to happen (Küchenhoff, 2016). Even if an adversity calls into question the usual views of the self and the world, it can awaken hope for a new beginning, or at least generate a thrill. Thus, in some circumstances, the uncanny object is quickly befriended, as it were, and it is positivized as a quasi-liberating object.

Closely related to this is another way of familiarizing the uncanny object, by what I call a “secondary Corona gain.” Initially, many patients entered the online therapeutic talks downright relaxed and in a good mood, not at all threatened and shaken. They felt relieved because they could now stay at home, did not have to go to work every day, just as the children did not have to leave the house—a way of life that is otherwise only realized during vacations. The danger seemed abstract and far away, but the relief was immediate. Thus, many people experienced the restrictions violating fundamental rights, as a boon. As I said, Corona is a mirror reflecting how burdensome professional normalcy can be felt to be.

Here is a vignette concerning a secondary corona gain: Mr. W does not feel confident and self-assured as a male person. When he is alone with a female partner, he feels safe at first; but as soon as he compares himself with fellow men, he feels a biting sense of inferiority. Normally he can't stay at home after work imagining his friends going out, visiting a bar or a disco. During the lockdown he is happy thinking that everyone is restricted bound to stay home, so that he doesn't miss anything.

### 3.2 The work with the uncanny object

After having discussed working on the uncanny object, the psychoanalytic work under the conditions enforced by the pandemic, the work with the uncanny object will now be highlighted, reflecting on the implications for setting and frame, the therapeutic relationship, countertransference and for the bodily encounter. Closing this section, the question of whether a psychoanalytic conversation is possible at all under these conditions will be raised.

#### 3.2.1 Setting and therapeutic space

Corona has interfered with the treatment setting that we normally choose autonomously and in agreement with our patients. We could not meet our patients personally because they became a danger to us and we to them. We have had to decide whether we can continue psychoanalytic therapy and in what way. The crisis has forced patients as well as therapists to refocus attention on known but neglected connections between setting and therapeutic work.

If the couch in psychoanalysis, if the seating arrangement and posture familiar in psychoanalytic psychotherapy in face-to-face sitting are no longer available, then a central psychoanalytic tool, the work with and on free associations and free-floating attention is seriously called into question.

Only if they are threatened or lost, we appreciate the value of things that are otherwise taken for granted and that—in the case of psychoanalytic therapy—contribute to success. This includes the fundamental importance of the therapeutic which can hardly be remodeled by video or telephone. It is the room itself, the furnishings, the atmospheric environment in the practice, which conveys a trustful background; many of my patients have emphasized how much they value this special place, which "belongs to them," where no one interferes or listens in, a "safe place"—hitherto taken for granted and unspoken. Time, of course, adds to the place, the foreseeable, reliable hour; however, it has been less attacked by the uncanny object and has been easier to preserve. Of the longing for the office room, of the grief of no longer being able to participate in the analyst’s personal environment, many of my patients spoke during the lockdown.
No psychoanalytic therapy can do without a therapeutic setting. It often had to be replicated in some way during the corona crisis. Some patients recreated the therapeutic situation by defining a protected place at home at the usual time or by lying on the couch at home while phoning. I always went to my office, even when I was connected to my patients only on the phone or by video, so that I could at least work from a familiar place.

The video calls distracted my own attention with the camera allowing insights into the domestic milieus and arousing an unpleasant, sometimes voyeuristic curiosity that was not easy to dispel. Because they could not find a protected place at home, some patients went for a walk while talking to me. Depending on how insecure the inner objects and the basic trust are felt, the loss of the familiar setting and space have a more serious effect.

A patient repeatedly took long walks himself sometimes lasting several days to cope with the loss of the setting. Once, he talked to me on the phone at the usual time, but he did not pause at all for our conversation but kept walking. So, we were interrupted again and again when he entered a dead spot; even then he did not stop, and I was literally cut off. I felt devalued, but on second thought I realized that he could not stand the loss of security, felt inferior to me because he depended so much on me and therefore had to reverse roles: Now I had to wait, not he himself. Enclosed in this “action dialog” triggered by the corona, the drama of his early biography and his serious illness was represented: He grew up in very restricted circumstances which did not allow a basic trust. In adulthood, he fell ill with a bipolar disorder. At the time outlined he was balanced in mood and drive, so the acting out could be understood as a shaking off of a hardly bearable feeling of being at the mercy of others.

3.2.2 | Therapeutic relationship

The uncanny object unbalances abstinence and sympathy. When becoming aware to be in the same boat with our patients, to be equally affected, abstinence is easily abandoned. If everything goes well, feeling close may lead to solidarity. But the therapeutic neutrality may as well be threatened in the crisis. The therapeutic intimacy grows when analyst and analysand share fears and uncertainties. Faced with the uncanny, the therapeutic attitude might become more “maternal” or holding. As the symbolic order, the safeguarding principles of everyday life fail the therapeutic relationship becomes even more existential than might be expected for patients in crisis. Rather than speaking of a regressive I prefer to speak of an assuring tendency once insecurity becomes the principle and basis of everyday life.

Some patients feel threatened by the fact that their therapist is obviously as powerless as they feel. Others enjoy the fact that the therapist becomes more palpable in his or her concern. As therapists we verbalize the uncanny experience, the intrusions of the real, even when sitting in the same boat as our patients. What about the “normal circumstances”—do we forget the boat we are in together when it is a big ship? Once again, Corona serves as a mirror reflecting background assumptions and unspoken attitudes. We share general social and political conditions and limitations with our analysands normally as well although they are much less obvious. Do we neglect them too readily?

When we are affected as much as our patients, we cannot encourage our patients. But we don’t do that otherwise either. We can’t encourage the patient at all if we ourselves have lost courage. But what we can do is to verbalize the encroachments, the loss of civil liberty, the dangers to health, the economic security and prosperity, and to help to come to terms with them. In the midst of the depression that is spreading around us, we can maintain the depressive position in Melanie Klein’s sense.

3.2.3 | Countertransference

There are specific countertransference reactions, such as the anger reported by an IPA colleague when talking to young adult patients who clearly deny the seriousness of the crisis and stay indifferent to their parents’ concerns.
Having the same age as them he interprets the indifference as an unconscious death wish directed against the parents and his generation at the same time.

A colleague responded to him that adolescents are in a panic that their first steps towards a self-designed, new and independent life could be endangered. They therefore want to remove all obstacles at once and act recklessly fearing that the uncanny object will force them to renounce to the changing inner and outer world, will prevent the new beginning and rob autonomy. They even fear that it will reinforce disintegration as part of adolescent turmoil. They repress the fear projecting it into the parents’ generation who in turn feel challenged and harmed by their own children.

Countertransference may also be formed by guilt feelings. As corona reveals the differences in living conditions, therapists repeatedly become aware that they live in privileged circumstances allowing them to work and earn money even under uncanny conditions. Here, too, the Corona crisis acts as a burning glass: it relentlessly exposes social differences. This might arouse guilt feelings and concomitantly, as supervisions have shown, a change in the therapeutic attitude, for example, confronting less, giving interpretations in a justifying, almost apologetic tone.

### 3.2.4 Corporeality and intercorporeality

The corona crisis changes the sensuality of the therapeutic situation. I want to add some thoughts about the body and bodily experience in the times of Corona.

First, the real, biological body is altered or endangered: Like any flu, corona flu can be subjectively distressing, possibly debilitating, and physically invasive. In rare cases, it is fatal; the acute respiratory distress syndrome causes terrible anxiety as oxygen uptake may fail even under the best conditions and intensive medical care.

The body as an experienced body is affected by the sinister threat of the virus even without any disease. Since the body is part of the self, the integrity of the body-self is questioned. The virus is everywhere, so any cough or fever can herald disaster. The hypochondriacal attitude towards one’s own body is not only enhanced, but in a certain way downright demanded: everyone is supposed to observe him- or herself, every physical movement is under suspicion, the body temperature is measured and the fever thermometer becomes an arbiter, hardly anyone dares to cough in public, it could be a signal that the virus already has gotten the upper hand. The mask does not allow forgetting that I can become the source as well as the addressee of the infection. One’s own body is constantly and necessarily under suspicion.

### 3.2.5 Excursus about masks in therapy

Wearing a mask means hiding facial expressions from each other. Masks enlarge the physical distance and shut off facial expressivity in face-to-face psychotherapies. But masks also signal something else. When patients are afraid of infection, the masks are a response to the fear and a confirmation: “yes, the threat is real, not at all made up. Yes, I as a therapist protect you and myself, so when I wear a mask, I also protect the therapeutic relationship.”

The “intercorporeity” (Küchenhoff, 2012) is altered and loses its self-evidence due to the uncanny virus. Not only one’s own body is put under suspicion, but also that of the other. The pre-reflective and spontaneous dialog of gestures and facial expressions is interrupted and replaced by a clumsy body language lacking spontaneity because we do not have alternative habits, for example in greeting, at our command and because the bodily attunement to each other is restricted and altered. The customary way of bodily addressing others may even be turned into its opposite in everyday life: To care for others now no longer means to take them in one’s arms, but on the contrary to refrain from touching them.

The short interpersonal encounters at the beginning or the end of a session are abolished. An analysand of mine reflected on the moments of greeting quickly passing but imperceptibly important: When she hears me only on the
phone, she misses my look when I open the door to my office and give her a smile that is a welcome greeting for her—we had never talked about it before. The intercorporeity quickly emerging between us had allowed her to be relaxed, assured her that I am there and attuned to her. Another analysand, who has experienced severe object losses in early childhood and whose trust in relationships is markedly unstable, reacts massively to the abstention from a handshake in greeting and farewell under Corona conditions; she feels the lack of a touch as a sort of retreat on my part and feels abandoned and let down. In her case, the physical distance, the necessity of which she consciously acknowledges, provokes the transference of failing, even destructive object images.

The physical dialogue falls completely silent on the telephone and is distorted via the video. The eye becomes dominant, in the video I see more of the other than I sometimes want to see; the video is also shameless, revealing to me the view of the other's body with an immediacy that can seem intrusive. When I use a headset for therapeutic conversations by phone, the voice of the other is in my ear, with a peculiar intensity. But I do not smell or feel his or her presence. As a rule, the body image does not fragment, but it can become grotesque, just as the great Russian literary scholar Bakhtin (1941/1993) described the carnivalesque body: a strange homunculus may emerge presenting large ears and possibly very sharp eyes, but lacking skin, sweat, smell, and not resonating with the other.

3.2.6 | Is a psychoanalytic therapy under corona conditions possible at all?

Is a psychoanalytic therapy under Corona conditions possible at all, if the therapeutic frame and the bodily encounter cannot be provided by the therapist? We are confronted with a fundamental question concerning psychoanalytic insight: to what extent are frame, setting and bodily encounter the conditions "sine qua non" for psychoanalytic therapeutic work? Indeed, they are indispensable—but I would add, the sine qua non does not apply at all times. I do not choose to continue conversations via phone as a good alternative to talking to an analysand in person. But on the other hand, I want to hold on to the therapeutic process even in the face of the state of emergency, knowing well that it will be altered by these external conditions. I need not suspend my analytic understanding in the bi-personal field of analysis; I can find out together with the analysand what the effects are and how the setting changes produce altered or even new thoughts and feelings. Admittedly, the therapeutic work becomes incomparably more complex because now form and content, frame and words, both become mobile and it is not the form that can be kept constant to be able to grasp the content. I must at the same time grasp how an altered therapeutic frame shapes and reshapes the words—a difficult, but not impossible task, at least temporarily.

Virginia Ungar, in a significant work on interpretation, has spoken of the analyst's toolbox; she closes with a remarkable statement, which applies also to working under Corona conditions:

“To conclude, let us once again take up the question relating to the toolbox: which tools of our clinical practice must we call into question in order to continue working as psychoanalysts? In the case of interpretation, the principal tool, this question is complex as it does not involve substituting one for another as the artisan might do whilst looking in his workbox. Rather it involves looking again at its use in light of and in tension with present-day variations. There is no doubt that this is not a straightforward exercise. Be that as it may, it proves a necessary one. One that is fast becoming an invitation we cannot pass up.” (Ungar, 2015, p. 609)

4 | CONCLUSION

My concluding thoughts return to the beginning. I am convinced that even in the times of COVID-19 the intimacy of the analytic encounter can be preserved, that the work can even intensify—under however difficult conditions.

Only we must remain aware that in the Corona crisis it is not just a matter of continuing work as usual in the midst of the uncanny threats, but also of allowing horror and suffering to become eloquent, and that means
admitting and allowing wordlessness, even sharing it with the patients. If we want to preserve our speaking capability in existential threats, we are confronted with the crucial question of how to speak, how to find words in the face of the silence that opens up in the crisis when it becomes difficult to endure that the future is unpredictable and when symbolic parents or institutions fail to interpret and safeguard reality. Words might not be ready to put the threat into words and thereby alleviate it. But the abyss of silence generates, it virtually constitutes speaking—an abyss that has a productive or constructive side. Only it must be possible to expose oneself to the threat, to surrender to the lack of symbols, present even in the analytical conversation. Even if the manifold experiences of shock cannot yet be interpreted, construed, and narratively linked, it is not the lack of words that is a threat, but the pretention to have everything under control.

In hardly any other literary work the enclosure in an eloquent wordlessness, filled only with an “empty speaking” to avoid the abysses of danger, is depicted better than in the short story “The Mask of the Red Death” written by E. A. Poe (1942). The escape of Prince Prospero having retreated from the plague to one of his fortified castles with his court fails. It fails because the real danger is discarded, faded out and masked by an enjoyable life in the enclave of the castle world. But the rejected reality returns during a masquerade, it is the Red Death, which at first is mistaken by the party for a blasphemous mask. But it is not a mask, the title of the story is intentionally misleading, without a mask Death enters among the guests and kills one after the other. “And Darkness and Decay and the Red Death, which they had carefully tried to exclude, held illimitable dominion over all,” this is how the text ends. The rejection of reality, the inability to think danger and to mourn losses, virtually brings about the catastrophe from which they were supposed to protect us.

What is positively demanded and necessary in the crisis can be well described by the term solidarity. The philosopher Jaeggi (2020) has emphasized that solidarity is a process of empowerment that is neither altruistic nor egoistic in orientation, but rather allows us to achieve goals that cannot be achieved alone. If solidarity is thus understood as a "collective empowerment experience," then solidarity opposes the feeling of powerlessness, then solidarity responds to the crisis of symbolic orders with a shared new beginning. Eight areas of crisis have been described, and a response to each engendered by solidarity is or would be possible. Some answers are easier to give and to implement. The well-established working life, for example, can be effectively rethought and simplified; the political initiatives to legally secure home office activities can serve as an example. The media have been working on overcoming the widespread loss of language since the beginning of the crisis until today. Dying under Corona conditions has become more humane, for example, through modifications of hygiene regulations in intensive care. The ethical dilemmas posed by the Corona pandemic are no longer concealed but discussed publicly. The crises of superordinate symbolic structures, however, are tackled only slightly or not at all; these include social injustice and the failure of a neoliberal economic system that does not include solidarity. Finally, the crisis of political representation meaning the loss of confidence in persons who can represent solidarity in democracy remains unaddressed. It is left to the head of the Catholic Church, Pope Francis, to identify the major overarching areas of crisis in his latest encyclical on fraternity and to the new president of the United States Joe Biden to emphasize unity.

To understand the Corona crisis as a crisis of symbolic orders does not mean to forget about it as quickly as possible once it is over, but to take it seriously and to respond to it, individually as well as socially. The American philosopher Richard Rorty, who has worked on the conditions of practically useful solidarity, links it to the duty “to keep trying to expand our sense of ‘us’ as far as we can” (Rorty, 1989, p. 196). Symbolic orders can become new orders of the “we” through solidarity. This would be the chance of the present crisis.

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