The COVID-19 pandemic and individual and collective defences

Anna Maria Nicolò

Italian Psychoanalytic Society (SPI), Roma, Italy

Correspondence
Anna Maria Nicolò, Italian Psychoanalytic Society (SPI), Viale Parioli 98, Roma 00197, Italy.
Email: anna.nicolo07@gmail.com

Abstract
At the start of March, 2020, during the Coronavirus pandemic, the Italian Psychoanalytical Society (SPI) volunteers organized an emergency helpline. This consisted of a limited series of consultations by telephone or online, with four free sessions which would not lead to a course of psychotherapy. All the operators carrying out this work gathered regularly in peer-supervision groups where they compared their work and fulfilled a holding function for each other. The reasons for the requests varied from the reappearance of a previous psychiatric situation, to the sense of loneliness, anxiety, panic, feeling of persecution, somatizations, and hypochondriacal experiences, and on another level the dysregulation of the familial environment, marital difficulties, and parenting problems. Because of the intensity of the trauma, alongside the commonest defenses, other defenses have been activated, such as externalization, exporting, and shifting into the other of a psychic suffering that cannot be worked through. Emotional withdrawal, the avoidance of contact in the state of heightened alertness are other characteristics of these situations. The suffering that derives from these traumas will then be at the center of a crucible formed by the intrapsychic, the interpersonal, and the transpersonal. Today psychoanalysis is encountering enormous cultural and social changes, and this recent experiment of ours has shown us the importance of working to give a response in moments of crisis since needs that are not worked through today risk being...
1 | PREFACE

This paper summarizes some observations on the specific nature of the trauma caused by the COVID-19 pandemic and the defenses that are being used on the social and individual level. It also sheds light on the possibility that the emergency may turn out to be an opportunity for discovering new societal commitments of psychoanalysts as well as modifications in psychoanalytic programmes and interventions. These reflections have grown out of 400 Italian analysts’ experience of listening to and supporting people who asked for help at various stages in the first phase of the pandemic.

2 | THE COLLECTIVE TRAUMA

Over time, we have learned from extreme trauma due to man-made disasters, such as the Shoah, genocides, and migrations: Traumas caused by the violent action of man against man. The end product of such traumatic experiences in specific historical situations has been unimaginable dehumanization. A substantial body of theory owes its origin to these experiences—we only need think of the discoveries made on the theme of loss and separations in the development of the personality. As a side effect, the social vocation of psychoanalysis in such societal trauma has become clear.

I will only recall one example: During the Second World War, Anna Freud founded the Hampstead War Nurseries, a home for more than 100 children injured in the war.

The present collective trauma has some specific features: Its sudden bursting into our world, calling into question our most normal habits—social distancing, for example—the persecutory feelings caused by an invisible element that generates anxiety, the sense of death and precariousness, and also the questioning of the parameters on which we base our everyday lives. The pattern of our days has been completely disrupted and we have had to keep ourselves shut away in enclosed spaces.

The collective trauma is imposing itself in all its raw, concrete reality, and the mind cannot overcome it. External reality has become predominant and overflowed the boundaries of the Ego, of the personality.

In order to provide explanations of what has happened, on the social level too, we should observe the inter-relationship between the individual and collective mental states which function according to different rules, both in their effects and in the defenses that they activate.

The first and perhaps simplest observation is that, albeit at long distance, we are united against the common enemy. In the first wave of the pandemic, the population’s reaction to an unusual and unforeseeable problem which imposed a radical change of habits was an experience of solidarity with the other and with the social group.

The psychoanalyst, Natalie Zaltzman speaks about a sort of Primary Identification as an original collective identification, a new human alliance which ties “the narcissistic integrity of the individual to the impersonal narcissistic development of the whole” (2007; translated by the translator of this article). This tie unites the subject to the group as “a direct and immediate identification [which] takes place earlier than any object-cathexis” (Freud, 1922, p. 31). Lorena Preta says, “This is a profound and productive feeling which perhaps needs to be amplified and rearticulated in its various forms—the generations, the sexes, illness, death—so that we can survive,
or rather, be fully alive, bringing with us everything that we are, not letting parts of ourselves be neglected or sacrificed” (Preta, 2020).

Unfortunately, the persistence of the trauma, the pandemic, the confusion of events, the lack of responsible, authoritative figures like good parents we can appeal to, gives rise to what French writers such as Green or Donnet would call a disconnection between Eros and Thanatos, the Death Instinct. Hence, very primitive defenses are activated.

Alongside the commonest defenses, we see the activation of externalization, projection, and denial, the displacement into the other of a psychic suffering that cannot be worked through. Emotional withdrawal and avoidance of contact in the state of high alert are other characteristics of these situations.

The suffering that derives from these traumas will then be at the center of a crucible formed by the intra-psychic, the interpersonal, and the transpersonal—that is, the individual psyche; that of the group to which one belongs, such as the family and the workplace; and society—as indeed, Freud pointed out when writing about group psychology.

3 | THE PSYCHOANALYTIC LISTENING OF 400 ITALIAN PSYCHOANALYSTS

In early March, 2020, a group of Italian psychoanalysts set up an emergency “listening service” consisting of a time-limited telephone or video consultation of up to four free sessions. Other psychotherapists gradually joined the project and finally the Italian Health Ministry brought together the professional psychotherapy institutions whose members included volunteers offering support services.

This service was not a prelude to psychotherapy. The volunteers responded within twenty-four hours. All the volunteer counselors met regularly in peer supervision groups where they compared their experiences, receiving group holding and working through their sometimes difficult and complex emotions. A sort of group reverie was produced, both in individual groups and in the group of professionals as a whole.

This work, though based on clinical practice, also became a rethinking of and a reflection on the foundations of the psychoanalytic method, on what might be meant by “extension of the method in settings other than the bipersonal,” and on what new theoretical and clinical meanings to attribute to the idea.

On June 30th of the same year, we concluded our intervention with a webinar to reflect and comment on the experience, the method, the technique used, and the outcomes.

Almost 400 psychoanalysts took part in this experiment, offering their services in alternate weeks. By the time the work came to an end, we had received about 1350 requests which were handled by one to four conversations as required, giving a total of nearly 3500 sessions, since each request resulted in three or four conversations. The majority of requests came from women and there were only a few from adolescents or elderly people. After the first week, there was an increase in the numbers of older people and individuals aged between 40 and 60.

We found it very helpful to remember what Freud (1923) said: “If psycho-analysis, alongside of its scientific significance, has a value as a therapeutic procedure, if it is capable of giving help to sufferers in their struggle to fulfil the demands of civilization, this help should be accessible as well to the great multitude who are too poor themselves to repay an analyst for his laborious work” (1923, p. 285). We therefore decided to extend our method as needed to people who would perhaps never consult a psychoanalyst, and this has taken place.

On a more general level, at least in Italy, the pandemic has brought to light the significant public need for intervention in mental health. The reasons for the requests ranged from the re-emergence of a preceding psychiatric situation to feelings of loneliness, anxiety, panic, persecution, psychosomatic symptoms, hypochondriacal experiences and, on another level, the dysfunction of the family environment, problems in couples, and problems with parenting.
Individuals came to us when they were filled with the sense of impotence and helplessness. Some were asking for help for themselves. Others were reporting the difficulties experienced by a relative, a parent, or a child whom they felt unable to help or were being prevented from helping.

In 1925, in *Inhibitions, Symptoms, and Anxiety*, Freud (1925) considers the state of helplessness the prototype of the traumatic situation.

The individual situation was also heightened by the sense of social helplessness which characterized communities and, for some groups, though their helplessness was not excessive, it generated a dangerously persecutory experience. One’s neighbor could be carrying the virus and some people even came up with conspiracy theories and a belief in plots. Winnicott (1965, 1974) shows anxiety about intrusion to be the expression of being in the power of an omnipotent bad object.

The isolation caused by the health and safety measures being enforced, which further distinguished this collective trauma from other societal traumas by breaking the social or familial ties which would have helped to make it thinkable for the group or the individual in the group, made the situation even more claustrophobic and increased the emotional intensity of the problem, to the point where some people felt imprisoned, brooding endlessly with no way out. One educated professional woman couldn't stop taking her temperature, night and day.

What was called into question once again was not only the nature of space, which took on a new form since every person was forced into lockdown and social isolation, unable to go outside or travel, and was often forced to work online, which meant giving up the space of the workplace and instead being constrained within the enclosed space of the home environment.

What was powerfully called into question was time, as will be discussed in the following section.

### 4 | TIME IN THE TRAUMATIC REPETITION CAUSED BY COVID

A particular problem concerned the sense of time. Varvin says that “a traumatized mind fixates on specific moments which may even lose their grounding in the flow of time that is subjectively felt to obstruct the chronological perception in which the past precedes and is distinct from the present and the future... This way of perceiving the environment can be called a `time-collapse'' (Varvin, 2003, p. 203). But there are yet other ways of pathologically facing the tension.

The great risk in these kinds of trauma is the fact that they are not played out in the here and now but enter the transgenerational chain, transmitting the trauma which, as we know, consists in a passing on, between generations and between psychic spaces, of contents which it has not been possible to work through and transform.

As some authors speculate, traumatic recollections are preserved in an entirely different way from autobiographical memory (Van der Kolk et al., 1996).

These recollections are sculpted in the memory, perpetuating themselves in a sort of a temporal dimension and mirroring “a historical truth that has not been modified or remodeled by a subjective meaning, by one’s own cognitive schemata or unconscious expectations or fantasies” (Bohleber, 2007, p. 817).

What we observed in some of our interlocutors was the re-awakening in the present of a pre-existing traumatic situation. This repetition became one of the axes on which we were able to organize the new request for help. Thus, a young woman who had problems in her relationship with her mother and felt rejected by her, asks for help because, having tried to get back in touch with her because she was afraid her mother might catch the virus, she realises that she has once again been drawn into quarreling with her.

However, the most significant element has certainly been the sudden confrontation with the risk of death. This realization was difficult given that, faced with the news of the enormous rate of mortality caused by the virus, people lived by splitting off and denying the possibility of illness and death. For many, this has resulted in a paradox: The clash between linear time and suspended time.
On the one hand, it was necessary to regain the linearity of time, since the pandemic brought the risk of death sharply into the present, along with the fact that all our lives are therefore inserted into a linear time which runs inevitably through successive phases. Every living thing goes inescapably towards death and, as Freud says, “the aim of all life is death” (Freud, 1920, p. 38). On the other hand, however, with the epidemic we entered a suspended time which was simultaneously the time of the pandemic, the time of waiting for vaccines and drugs, or waiting day by day for the disease to manifest itself. Suspended time was represented by the suspension of life until the virus had been eliminated or everyone was dead. Thus, contrasting dimensions of time met and clashed. In certain cases, this produced an abrupt shock which could generate confusion, or else reveal itself to be beneficial in the sense that people who until that moment had not lived a meaningful life, people who covered their existence with a compliant false self, could feel beneficially called on to answer for themselves.

A woman who has lost her low-paid job, is abused by her husband, and whose son is unable to see her illness and her personal difficulties, telephones to talk to a psychoanalyst. As she recounts what her days are like, she states with apparent indifference that a few months earlier she had been given a diagnosis of suspected cancer but had not bothered to follow this up. She contacts the listening professional telephone service in a state of denial and dissociation with regard to this possible diagnosis, but at the same time she points it out. Covid had brought into the foreground the possibility of a real death and had prompted her to seek help.

This reminds us that there is only life insofar as there is exposure to death and negotiation with it.

5 | MODIFICATIONS OF PSYCHOANALYTIC TECHNIQUES

The pandemic has not only induced modifications in everybody’s life, which will be hard to reverse, but has also allowed the possibility of experiencing transformations in psychoanalytic techniques in our interventions with people who are unlike the patients we usually see in our consulting rooms.

The enormous experience gained by psychoanalysts in varying the setting in other situations—for example, with adolescents or with patients who were about to go abroad or were ill, prevented from moving and therefore from coming to the consulting room—has supported our idea that we could extend the analytic method to other settings, as in the physical and psychic emergency of the pandemic. Hence, analysts who had never worked remotely by Zoom, Skype, or telephone have begun to experiment with this way of working, which is certainly quite unlike clinical practice in person in terms of intimacy, privacy, and depth, all of which are more readily achieved when working in person. In work of this kind, it is certainly necessary to widen the use of other senses, such as hearing, or the ability to pay closer attention to what is happening to the patient.

In these situations, it was certainly more difficult to remain in a state of free-floating attention, and another important aspect was the fact that the analyst was virtually entering the patient’s home, observing her, seeing her. Thus, there was a state of equality, not only because of the danger both were living through, but also because each was hosting the other.

The limit imposed on time—that is, the series of only four encounters—undoubtedly set the intervention within a precise spatiotemporal boundary and gave rise from the outset to multiple experiences of mourning. The first mourning was for the analyst’s adherence to the emotional security provided by classical technique. Sometimes analysts relied almost childishly on the indisputable security of the rules, forgetting what Freud (1928) himself had written to Ferenczi: “the obedient ones didn’t take notice of the elasticity of these dissuasions and subjected themselves to them as if they were taboos. That had to be revised at some time, without, of course, revoking the obligations” (1928, p. 332). In this letter, Freud was emphasizing the importance of tact, though within the rules.

We also mourned because of our awareness that we could not completely meet the needs of those calling us, that we were only doing so to a limited degree.

Nevertheless, we were able to observe that these four conversations were able to produce some changes, perhaps because the analysts and their interlocutors were together sharing a problem caused by the pandemic. All
this produced a better understanding and an overcoming of the difficulties thanks to the awareness of our shared human condition, of the limit set by the disease and by the possibility of death.

Naturally, work of this kind was complicated because it also presupposed a swift diagnostic assessment to be discussed with the interlocutor, activating their capacity for resilience and for self-therapy.

A continual confrontation with reality was therefore necessary in this situation, given that we had, from time to time, to assess whether a more specialized intervention might be needed, such as sending the caller to another practitioner who, after the emergency intervention, would be able to take the caller on, if necessary.

In any case, we were presented with a panorama of people who, for a range of reasons—money, education, class—would absolutely never have consulted a psychoanalyst.

Maybe this is a new frontier of psychoanalytic work, work on the periphery, on the margins of classical technique.

In the past, variations of the analytic setting for children and adolescents revealed themselves to be extremely helpful and have also been applied to work with couples and families, institutions, and groups; we have also changed the setting in psychotic and borderline pathologies, and hence can consider these scenarios as challenges promoting growth.

All of this has in many cases produced astonishing changes and left us with serious questions about how far the scale of the emergency and the emotional sharing in a crisis are capable of resolving them.

ACKNOWLEDGMENTS

The author thanks Adam Elgar, her translator, for his work on this article.

REFERENCES

Bohleber, W. (2007). Remémoration, traumatisme et mémoire collective. Le combat pour la remémoration en psychanalyse. Revue Française de Psychanalyse, 71(3), 803–830.

Freud, S. (1920). Beyond the pleasure principle. S.E., 18, 3–64.

Freud, S. (1922). The Ego and the id. S.E., 19, 3–66.

Freud S. (1923). Preface to Max Eitingon’s Report on the Berlin Psycho-Analytical Policlinic (March 1920 to June 1922). S.E., 19, 285.

Freud, S. (1925). Inhibitions, symptoms and anxiety. S.E., 20, 77–176.

Freud, S. (1928). Letter from Sigmund Freud to Sándor Ferenczi. The Correspondence of Sigmund Freud and Sándor Ferenczi, 3, 1920–1933. January 4, 1928, 331–333.

Preta, L. (2020). Umano/disumano. Verso quale forma di umanità? https://www.huffingtonpost.it/entry/umanodisumano-verso-quale-forma-di-umanita_it_5ea2cae9c5b6d376358dcc29

Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). Traumatic stress: The effects of overwhelming experience on mind, body and society. Guilford Press.

Varvin, S. (2003). Il trauma e le sue conseguenze. Rivista di Psicoanalisi–Monografie/International Psychoanalytic Library.

In S. Varvin, V. D. Volkan, & R. Borla (Eds.), Violence or dialogue? Psychoanalytic insights on terror and terrorism 2006. Borla.

Winnicott, D. W. (1965). The maturational processes and the facilitating environment. Hogarth.

Winnicott, D. W. (1974). The Fear of breakdown. International review of Psycho-Analysis. 1, 103–107.

Zaltzman, N. (2007). L’esprit du mal. Édition de l’olivier.

How to cite this article: Nicolò AM. The COVID-19 pandemic and individual and collective defences. Int J Appl Psychoanal Studies. 2021;18:208–213. https://doi.org/10.1002/aps.1704