The Ravaged Psyche: Impact of the COVID-19 Pandemic on the Human Mind

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Abstract

The paper attempts to explore how the COVID-19 pandemic is psychically constructed by us. The pandemic is more than just a disease pandemic affecting body and physical health. Its specter is being processed in our unconscious and subconscious registers evoking panic, paranoid suspiciousness, prejudice and exclusion, rage and violence. The paper lays open the intrapsychic processes operating to create three significant mass patterns of reactions and behaviours: fear and anxiety; othering, hatred and stigmatization; and grief and guilt. In addition, it analyzes the psychological impact of the measures undertaken to control the spread and deaths due to COVID-19 such as lockdowns, quarantine, isolation and social distancing, raising the crucial question—Is the cure worse than the disease? The paper also addresses the psychological underpinnings of the human need to envisage a future that awaits us. It responds to the popular question doing the rounds—How will the post-corona world look like?

Keywords COVID-19 · Fear · Grief · Othering · Prejudice · Unconscious · Unthought known

At the height of the COVID-19 pandemic in 2020, even if we were not infected by the disease, we were plagued by the specter of the pandemic: exponentially increasing number of positive cases of the disease, images of health workers in PPE (looking alien), reports of increased domestic violence and hardships faced by poor, empty streets and locked out offices, schools and factories and many more such scenarios. Entering in 2021, we are witnessing a new strain of the virus, more infectious and fast spreading, and many European countries have imposed national or regional lockdown again. The pandemic has locked down the world, which is dependent on the idea of flow and movement, while itself remaining in flow. Even now, as the world is limping back to a semblance of normalcy, the disease continues to move rapidly from person to person, spreading at speeds not usually seen in the physical world. It mocks our obsession with “making things go viral.” Even as the disease is invisibly snaking its way towards us, the swirls of information/misinformation/disinformation about it are surrounding us with dread and a sense of

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imminent foreboding. Information itself is a pandemic of sorts as it gallops ahead of reality. We are infected by doubt, by fear and by crippling anxiety, even if the virus has not harmed us. We devour information and are in turn devoured by it. It keeps us alive while killing us a little every day.

This pandemic is clearly more than just about the disease, COVID-19. This disease pandemic has precipitated not only a public health crisis but also a humanitarian crisis. The brutal inequalities of the societies, the world over, have been exposed yet again. At the core of it is not just a biological entity called coronavirus but also the outbreak of public fears, anxieties and panic, suspicion and stigmatization, trauma of being disconnected with our loved ones and livelihoods, rational and irrational actions to contain/prevent the disease and imagination of the new normal. All of them are as highly contagious as the disease.

The paper gathers together several reactions and behaviours seen amongst the people world over for psychological reflection. Using a psychoanalytic lens, it attempts to understand how coronavirus is being processed in the depths of our unconscious. It employs the psychoanalytic concepts such as “uncanny,” “nameless dread” and “unthought known” to provide an insight into how the virus is pervading our inner realities. A large part of the paper is devoted to examining the three significant mass patterns of reactions and behaviours constituting the psychological epidemic—fear and anxiety; othering, hatred and stigmatization; and grief and guilt—evoked in the individual as well as the collective by the pandemic. The paper then brings out the psychic processes at play in the public perception and treatment of the “Corona Warriors” and the behaviours of “Covidiot”. The psychological consequences of the administrative and public health measures like lockdown, social distancing and quarantine taken to prevent and mitigate the spread of the infection are also analyzed. The paper ends with musings about the possibility of creating a better, post corona world.

Coronavirus in the Register of Our Unconscious

Much has been spoken about the psychological impact of coronavirus crisis in terms of the psychological disorders like post traumatic stress disorder (PTSD), depression, obsessive compulsive disorder, panic disorder, somatization disorder, sleep disturbance and suicide. The signs and symptoms of these psychopathological states engendered by the virus are the surface manifestations of the deep psychic processes triggered by the radical state of danger posed by the virus. Not only is the coronavirus posing a mortal threat but also is presenting itself as an external danger which is undefined in terms of its scope, duration, methods of attack and means of defense. For human psyche, it is the most menacing combination of threats triggering the most primitive and disintegrative dynamics in the unconscious realm. An exploration of the unconscious through the psychoanalytic lens reveals how this virus enters not just our bodies but also enters deep into our minds making us experience and behave in “strange” ways—panic over common cold and cough, fear of touching a surface, paranoia about being infected by “others” and hoarding toilet paper! Psychoanalysis engages with the unconscious which remains as the “strange” and “unknown” part in us, nonetheless seeping into our actions, feelings and thoughts through the crevices. The psychoanalytic lens is useful to make comprehensible the incomprehensible, yet destructive workings of the human mind under radical danger.

We inaugurated 2020 with the fear of being infected and to infect others by this new virus called Novel Coronavirus, renamed by World Health Organization (WHO)

as SARS-CoV-2. Fear is an unpleasant, strong emotion caused by the anticipation or awareness of external danger, from an actual object, an event or a situation (Akhtar, 2014). Examples include encountering a wild animal, an earthquake, a knife wielding murderer and losing control of car due to brake failure. Fear often gets muddled up with anxiety. Anxiety is an unpleasant reaction caused by threats emanating from the inside world such as dread of fragmentation due to loss of a loved one or being destroyed by a persecutory attack. This distinction between external and internal threats is not always clear. When blurred, external threats are fuelled by internal vulnerabilities and intrapsychic dangers are externalized (Akhtar, 2014). In the context of the COVID-19 pandemic, we are witnessing such a blurring of boundaries between internal and external dangers, an admixture of fear and anxiety. The fear of the external threat, the virus, is triggering many latent insecurities and reactivating primitive dreads around loss, bodily integrity and death, which in normal times are held in abeyance. These internal anxieties, when unbearable and unthinkable, are turned outwards and get linked with people, things, situations and events. People, surfaces and crowded spaces, thus, get shrouded by anxiety during COVID-19 pandemic. What is it about this coronavirus disease that lends itself so readily to our worst fears and anxious projections? To respond to this, we can draw from psychoanalytic works on “uncanny” (Freud, 1919), “nameless dread” (Bion, 1962) and “unthought known” (Bollas, 1987). How can the enigma of the virus be found in such psychic realities?

For Freud, the uncanny is the subject of aesthetics. But it is not the aesthetics of the “beautiful,” the attractive and the sublime but of the “fearful,” the ugly and the grotesque. According to Freud (1919), “uncanny is a class of frightening things that leads us back to what is known and familiar” (p. 195). He asserted: “An uncanny experience occurs either when repressed infantile complexes have been revived by some impression, or when the primitive beliefs we have surmounted seem once more to be confirmed.” Thus, it is a revelation of what is private and concealed, of what is hidden; not only from others but also from our own self. Further on, “An uncanny effect is produced when the distinction between imagination and reality is effaced, as when something that we have hitherto regarded as imaginary appears before us in reality...” (p. 244). Freud talked of uncanny in relation to the omnipotence of thoughts, instantaneous wish-fulfilments, secret power to do harm and the return of the dead. Many of us have surmounted such beliefs but are not quite sure of our new set of beliefs. The old ones, handed to us by our primitive forefathers, still exist within us, ready to seize us as and when the moment arises. As soon as something happens which supports these old beliefs, we get a feeling of uncanny, “...and it is as though we were making a judgment something like this: ‘So, after all, it is true that one can kill a person by merely desiring his death!’” (p. 211). The startling effect of suddenly and unexpectedly meeting one’s own image in mirror is also due to the remnant of feeling the look alike double to be somewhat uncanny, i.e. chillingly familiar and known. Freud (1919) shared his own experience of encountering his double and noted that not only did he fail to recognize his own reflection in the mirror but also thoroughly disliked the appearance of the intruder.

Coronavirus seems to easily fit into this “uncanny” class of frightening things which blur the boundaries between reality and imagination supporting our primitive beliefs about harm and death. Its tendency to spread exponentially, which the logical mind cannot fathom; its invisibility yet its fatality; and allusions to it in sci-fi movies and fiction which create illusion of familiarity and its mind boggling real-world spectacle—put it in the shadowy realm of real and imaginal. The fact that a person dies because of inhaling the air released by someone while breathing and talking and by touching something that someone else has touched feels like an ominous coming true of one’s own secret wishes to harm a hated other through the sheer power of one’s thoughts (omnipotence of thought) and also the reverse, i.e. feeling of being persecuted by the other. The pandemic has thus split wide open the can of dreads, envy, hatred and aggression that have been

part of intersubjective worlds from the beginnings of our lives. It confronts us with our fears and hateful wishes lurking in the background of our psyches.

The coronavirus crisis is the embodiment of “nameless dread” (Bion, 1962) and “unthought known” (Bollas, 1987) because its shape is not clearly delineated. To explain “nameless dread,” Bion (1962) revised Klein’s concept of projective identification to develop his own model of mother-infant relationship. According to him, the infant projects into the mother the emotional experience that he is unable to process on his own, given the rudimentary nature of his mental capacity to give meaning to experience. The attuned mother does the unconscious psychological work of dreaming the infant’s unbearable experience and makes it available to him in a form that he is able to utilize in dreaming his own experience. A mother who is unable to be emotionally available to the infant returns to the infant his intolerable thoughts in a form that is stripped of whatever meaning they had previously held. The infant’s projected feelings under such circumstances are returned to him as “nameless dread” (1962, p. 96). The infant’s or child’s experience of his mother’s inability to contain his projected feeling state is internalized as a form of thinking (more accurately, a reversal of thinking) characterized by attacks on the very process by which meaning is attributed to experience. It results in an inability to make sense of one’s experience.

Bollas (1987) called for a term like “unthought known” to refer to the infant’s knowledge of being and relating stemming from his true self, determined by his inherited disposition and the mother’s care. But this knowing of the basic essentials of his human life has not yet been thought, if by thought we mean that which has been mentally processed accurately through mental representations and abstracting from them theories of existence. The unthought known is lived, felt in the body, but is not brought into speech and thought. The unthought known becomes thought through the infant’s use and experience of the mother who should be able to sufficiently mentally process the experience through her own internal cognitions, reflections and interpretations. Like in the course of transference and countertransference in therapy, the psychoanalyst may be able to transfer the unthought known of the patient into thought.

Fears of one’s vulnerability and mortality, aggravated manifold due to coronavirus scare, are very much a part of our prolonged experience of dependence on the maternal other. In our early lives, these sensations and fears are named and made sense of/thought through, in effect, detoxified by the attuned (m)other, before we acquire the ability to give meaning to our experience by identifying with our caregiver’s capacities. In the absence of someone who can mentally process these raw and primal experiences, they come to haunt us. Governments, medical science and global institutions like WHO are struggling to develop meaningful logic of and language around the virus which people can hold onto. The disease pandemic dodges our attempts to make sense of it. This creates an epidemic sense of helplessness, despair and panic which we are witnessing worldwide. Inability to accurately process our fears amplified by the disease is also leading to creation of pathologies of mind entirely unconnected to the rampant micro-organism which is at the centre of the pandemic.

The Anatomy of the Psychological Pandemic: Three Patterns of Mass Reactions

The Pandemic of Fear and Anxiety

The most pervasive emotional reaction to the coronavirus crisis has been fear and anxiety. Interestingly, when the news about coronavirus began to trickle in, many of us acted with

indifference, since in the recent past, epidemics like SARS, MERS and EBOLA were effectively contained. We knew it is out there but we believed that it is not for us. But then when we saw its exponential rise and spread in matter of days, the threat became real and immediate. “Now it is here,” “it is near.” Whether or not we contract the disease somatically, it infiltrated our personal and collective unconscious and filled us with fear. Fear and anxiety have been as contagious as the disease.

The (Un)known Enemy

A large part of the fear comes from our inability to wrap our heads around the source of our fear—what is this virus and disease about? How does it spread? What are its signs? We have been constantly puzzled by the nature of this disease. One, is its protean clinical manifestation. Proteus is a Greek god who could change its shape and form at will. While scientists and doctors have come up with a list of core signs and symptoms that define the disease, we are constantly receiving news about the various other ways in which the disease is manifesting in the patients. There is news about rash on the skin, discolouration of fingers and toes, loss of sensory ability of taste and smell, conjunctivitis and many other signs that are believed to be marking the disease.¹ It is wrecking havoc not just on the respiratory system but also on hearts, blood vessels, guts, kidney and nervous system. While many infected people develop mild symptoms, many need ventilators. The virus might vary little around the world, but the disease varies a lot. The virus has also mutated in late 2020 creating a more infectious strain, raising doubts about the effectiveness of newly developed vaccine against the new strain. In effect, it is constantly eluding us, slipping from our grasp and disguising itself in forms which we are not able to recognize.

Yet another feature of the virus which baffles us is its long gestation before it makes an appearance in the form of disease. The large number of asymptomatic, yet positive, cases of coronavirus is like Schrodinger’s cat which is alive and dead at the same time. One does not have the symptom but one has the virus. Such a person is touted to be most dangerous in his/her potential to infect others, solely, because the disease is not identified and there is unwitting spread of infection. It also tears through our smug self confidence that we can track something like a pandemic in real time. The unreliability of screening tests—false positives, false negatives and the cases of “reappearance of infection”—all add to the medley of confusion.

An Intimate Enemy

The virus is not known to me but is too intimate like present in air I breathe, door knobs I touch, vegetables and groceries I consume. It cannot be seen because it is too little and also too big (a worldwide contagion). It can be present in the next door neighbour I chat with, or worse, in friends and family I live with or even in me. A potent source of anxiety is the terrifying realization that this affliction is passed onto us by our fellow humans, even our loved ones or that we can/have passed onto them. As humans, we need to take for granted the world and its people as safe to function in

¹ Siddique, H. (2020, May 6). Rashes, headaches, tingling: the less common coronavirus symptoms that patients have. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2020/may/06/rashes-headaches-tingling-who-lists-less-common-coronavirus-symptoms-covid-19>

a healthy manner. We all know that we are interdependent. What another breathes out, I breathe in and something of my breath can find its way into yet another person. To survive we touch/are touched by. The human trace that someone leaves on an object may well be what I touch, pass along on another surface or absorb into my own body. But now these reciprocal and material modes of intertwinements and interdependence of our embodied social life have become unsafe, contaminated and life threatening. What this pandemic has exposed for us is the human vulnerability, not only in the usual sense of a condition of being potentially harmed by other through words, slap or inaction, but by a mere sneeze or a touch. Judith Butler (2016) redefined human vulnerability as the porous and interdependent character of our bodily and social lives. Psychodynamically speaking, this vulnerability is an uncanny experience of becoming aware of our capacity to kill, something we become aware of in our fits of rage and hatred, but it is more horrifying now, because now it is without our bidding. We can now kill other by infecting him/her with an innocent touch or an involuntary act of cough and sneeze. We also now are more consciously aware of other's capacity to annihilate us, a terror that we have all lived through in the earliest parts of our lives and have repressed. Such threats of us being mutually dangerous to each other narrow and even push out our psychic capacity to love and relate because the intersubjective space is filled with paranoia, persecutory anxiety, hatred, anger and destruction. The feared intimacy with coronavirus makes us experience human intimacy with paranoia, fear and abhorrence.

God Is Dead!: Feeling Orphaned

Fears are augmented when we feel that there is no one to seek protection from, no one to make us feel safe from threats emanating from outside and inside. In the beginnings of our lives, it is the maternal person and later the father who holds our anxieties, our badness, to make us feel safe and secure about ourself and structure the reality. In the pandemic, it is science, world bodies like WHO, our politicians and mass media that we look upto to save us. But here again we are feeling abandoned. With fake news, rumours, propaganda and conspiracy theories swirling around us, there is a general breakdown of trust in the authorities. The unpreparedness of the health infrastructure, lack of consensual medical information and apathy towards the poor are glaring examples of how large sections of global society have just been orphaned by the establishments and governments around the world. Layoffs of employees and massive salary cuts have created fears regarding survival and rage at being dumped unceremoniously. With the protective sheath of trust and hope of rescue been taken off, depression and suicide have been on a rise.

In India, we have seen disturbing visuals of migrant labourers stranded in cities without food and shelter, crowding at bus terminals and railway stations to return back to their native villages, walking long distances (several hundreds) to their village homes with their belongings and little children in the night to escape police beatings,

and in one tragic incident losing their lives as the train runs over them when they slept off exhausted from walking on the railway track.² This immense humanitarian crisis has evoked mass scale despair, helplessness and mourning in the country. As Ravish Kumar, an Indian journalist poignantly summed up, “Migrant labourers are not leaving the cities. The cities have abandoned them, the same cities that they helped build.”

Panic: An Unthinkable Dread

Due to contagion of fears and anxieties and absence of their containment by structures of authority, can panic be far behind? Poisoned by excessive information, fake news and propaganda, human mind loses its ability to think and contain the sense impressions and thoughts related to fear and anxiety. In panic, the “psychic skin” that protects us from excessive threats is torn and pierced. Our senses are overwhelmed, the boundary between inside and outside is lost, bodily integrity is threatened and one feels as if one is dying. This unthinkable inner dread about the health and well being of self and loved ones is in essence, what shapes the pandemic of panic. Unthinkable dread can lead a person to commit suicide due to the fear of the disease and the stigma it brings. Faced by the threat of a disease that can infect us any moment, people advise and perform the most irrational actions—like consuming disinfectants, hoarding toilet paper and drinking cow urine—which will actually do nothing to protect us but that is something that is beyond our ability to think. How many people are keeping a tab of how many infected people actually need hospital care, how many recover in comparison with how many die due to COVID-19? Not many, because insurmountable anxiety makes thinking and processing of information difficult. The unsymbolized dread keeps seeking targets of externalization. Anything or anyone remotely suspected to be the carrier of virus is mercilessly shirked.

“Hell is Other People”: Othering and Stigma

Related to emotional constellation of fear, anxiety and panic is the mass reactions of suspicion and stigmatization. Fear is brought on by an assault on our sense of omnipotence. If we do not know what is happening, who knows where the disease might spring from? There is hypervigilance and suspicion of everything. But what is striking is the way fear and suspicion may be wholly separate from the reality of the disease. Paradoxically, it is not the virus which is literally seen as the object of fear—it is “other people”, all seen as potential carrier of illness and death. We have seen enough examples of this during this pandemic—victims of the disease being ostracized, doctors and healthcare staff being discriminated against, even attacked physically, members of certain communities and ethnicities being singled out and vigilante actions taken by neighbours in an apparent effort to protect themselves better.

The link between imagining disease and imagining the other together is rooted in the notion of one’s own home as a safe and clean place that must be protected from lethal diseases and the “outsiders” who carry them. The psychic manoeuvre underlying the fear

² Chaudhary, A. (2020, May 8). Tired migrants sat on tracks for rest, fell asleep. 16 run over by train. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/14-migrant-workers-mowed-down-by-goods-train-in-maharashtra/story-Z6V8QkOY2CGvdKNHv2uPvI.html>

of “other” is defensive displacement of the blame for contamination onto people seen as responsible for the origin of the disease. This mechanism of defensive displacement is reflected obviously in the way the infectious diseases are referred to as “German Measles,” “Spanish Flu,” “South Asian Respiratory Syndrome (SARS)” and “Chinese Virus.” Along with coronavirus, ideologically divisive viruses also raise their ugly head during such contagion. The pandemic lends a particularly virulent edge to the social divisions already present in the society. India witnessed a rise in Islamophobia during the pandemic. There have been vicious attempts of calling an Islamic religious congregation “Tablighi Jamaat” that happened just before lockdown as an anti-national act of “corona jihad.” The brutal, daylight murder of George Floyd, an African-American, by a white policeman in Minnesota, USA, is another instance of murderous rage against the racial “other” being let loose by the hate aggravated by the pandemic.

The process of “othering” the diseased and those suspected to be diseased relies on the intrapsychic mechanism of splitting, a primitive defense used to deal with persecutory anxiety, which separates the good from the bad, keeps the good with oneself and projects the bad to the other, usually the mother in the earliest phase of our life (Klein, 1932; 1937). Gradually, we learn through our social experiences, many targets to which bad can be imputed. The “foreigner,” the “poor,” and the “religious other” are few such targets, which serve as ready targets in times of pandemic to be treated as “dangerous” (Volkan, 1988). The urge to protect, distance, disinfect and hide oneself from them is paramount. Not only is there blaming but also shaming and stigmatization. Othering leads to avoidance, segregation, abuse and end—at least potentially—in pogroms. Personal fear may be translated into collective witch-hunts. The line between caution and paranoia can blur and irrational and hostile reactions against real and imagined threats can go out of hand. This is evident in acts such as the poor being sprayed by disinfectants.

Disgust plays a big role in the psychology of stigma and exclusion. The targets of externalization are treated with disgust by us because it helps us to maintain distance from imagined sources of danger. Disgust instinctively evokes an avoidance response. In this case, disgust towards the diseased or the “potential” carriers of disease help us to prevent contagion. Disgust often dehumanizes. By reducing a patient of coronavirus to pathogen, calling a community of people “parasite,” we humiliate and vilify them and shore up a sense of health and safety for ourselves.

Grieving the Loss and Guilt over Surviving

New losses are being created by the COVID-19 pandemic. The most tragic is the loss of human lives due to COVID-19 along with deaths due to unavailability of health services to patients with pre-existing diseases and deep poverty. And then there are daily reminders of death: loss of work, loss of routine, loss of plans for future, loss of unselfconscious and taken for granted notions of safety, loss of human contact and being together with loved ones. We are mourning a loss of the world we knew and grieving for the suffering that people are going through world over. Death is more present than it usually is in daily life now-a-days. People are surrounded by reminders of it in the news, in stories from friends and loved ones and in the sirens of ambulances. The pandemic has led to a loss of the usual protections that keep the idea of death at a distance. We can no longer say, “I am safe!” with any degree of certainty. People are experiencing grief reactions for anything that is really a part of our identity. And people are losing their identities in this pandemic: Someone opened a new business a couple of months ago and now it is going to go under. It

was someone's dream, and now it is gone. These losses are more abstract than deaths, but grieving them is no less valid.

Even the clear-cut losses like biological death have also become ambiguous—unclear and lacking resolution. Grieving and mourning for the dead has been altered by this pandemic. Many people are dying apart from their loved ones, and many others are mourning apart from theirs. The pandemic has made the funeral gatherings dangerous, depriving mourners of a traditional practice and the comfort of friends' and loved ones' physical presence. Unable to be physically together, many people have conducted memorial services on group video calls. Because of the risk of viral transmission, many people whose loved ones die in the hospital are unable to be with them in their final days. This adds extra layers of suffering. There is self-reproach for why one was not with one's loved one as he/she took the last breath. These people also lose an opportunity for last words and closure. Many people do not get to see the bodies of their close relatives for a certain amount of time as they are being whisked away. It is a human need to see the body of our loved one, to have their remains, in order to know that our loved one has been transformed into another state. When people do not have a body to bury/cremate, it is quite natural for them to hope that the person who died is still alive somewhere. The media images of bodies piled high or stacked in closets created shock in our failure to respect the dead. When someone dies of COVID-19 or due to some other disease or some other mishappening during this time, the death occurs against the backdrop of a historic event, instead of being a self-contained story by itself. That fact could shape the grieving process. For some it could mean a support in collective mourning, for some it can mean a tragic erasure of the cause of personal significance.

Tied with the experience of mourning is the suffocating experience of guilt over having survived the death of someone close. To have outlived one's spouse, one's parent and one's child creates unbearable psychic quandary of having wronged them in some way. One is hounded by questions: Did I pass on the infection to them? Why did not I realize that someone was ill sooner? Did I not care enough? Am I not a good father/child/spouse? One's acts of omissions and commissions in caring for an ill relative during an unprecedented crisis like this can create burdensome feelings of regret and remorse. One is filled with a bothersome "if only.....fantasy" (Akhtar, 2014), a wistful rumination to somehow erase or undo the events of the past.

The deep divisions exposed by the pandemic, whereby, few could work from home while others lost their jobs or were forced to report for work, few took to cooking and baking delicacies in their kitchens while others did not have the means to have one decent meal a day and few could attend online classes from the comforts of their homes while many others struggled for internet connectivity, also trigger uncomfortable guilt at one's fortunate circumstances and complicity in robbing others of such privileges that one enjoys.

Two Human Faces of the Coronavirus: Covidiot and Corona Warriors

Pandemics and other crisis of such global order are known to reveal the deep chasms that exist amidst humanity, whether it is between rich and poor, healthy and ill, majority and minorities, natives and foreigners and many other. Coronavirus pandemic has created another split between "Covidiot" and "Corona Warriors." The psychology of Covidiot is also an interesting study of nature of fear. There is one set of Covidiot who engage

in the irrational actions of hoarding groceries for what looks like a lifetime and ingest unnecessary medicines to prevent the disease. They are clearly acting out of acute fear of and need to avoid the invisible contagion. Then there is another set who are not following the norms of social distancing, wearing masks and remaining indoors. They too are seeking to avoid pain and anxiety, however, through intensive over empowerment of their abilities to remain safe. They also show contempt, wariness, rage and disdain for the importance of guidelines, denial of the magnitude of the moment and refusal to heed instructions. They often invite derision and hostility because they are perceived fearfully to be putting themselves as well as others at risk. During such crises, our anxieties make us more morally vigilant and harsher while judging a breach of rule or when someone fails to respect an authority.

While Covidiot are damned, Corona warriors/heroes are idealized. The health workers, police personnel, the providers of essential supplies and services, and the good Samaritans sheltering and feeding the needy have all been come to the aid during this crisis. An Indian columnist hailed these corona warriors as “Hanuman,” a Monkey God, who epitomizes selfless service beyond the call of duty. Idealization, a psychic tendency to perceive others as powerful and perfect, particularly becomes sharp during the times of uncertainty like the pandemic. It allows us to combat our fears of abandonment and helplessness by seeking refuge in their care and expertise. Worldwide, health workers and police personnel have been hailed and applauded for “rescuing” us from COVID-19 at the cost of their own life. However, the precariousness of our psychic manoeuvres continues to reveal itself when idealization quickly slips into denigration towards the same Corona warriors when they contract the illness due to their heightened exposure to the pathogen. Worldwide, there have been many ugly incidents of health workers being asked to evict houses, been spat on and so on.

Is the Cure Worse Than the Disease?

The crucial mechanisms of breaking the chain of infection include lockdown of cities, social distancing, isolation and quarantine. Lockdown is not a public health term but it refers to mandatory recommendations to people to stay at home, closures of certain types of businesses, shutting down of schools and universities, bans on events, gatherings and travel. Social distancing is a non-pharmaceutical intervention for preventing and controlling disease causing pathogen by avoiding gatherings and maintaining optimal physical distance from others. Isolation is a method that separates ill people who have communicable diseases from those who are healthy. It is usually implemented in healthcare facilities, like the COVID wards and hospitals that we are witnessing now. Quarantine separates those who are still healthy but possibly exposed to an infective agent from those who are healthy and have not been exposed.

All these measures evoke ambivalent emotions of relief and terror as they pit human safety against human freedom during the pandemic times. Lockdown, isolation and quarantine conjure the fear of being watched, caged and breakdown of social relationships. State surveillance of our personal life is at an all-time high in the form of mandatory disclosure of travel history, contact tracing, detention of people suspected of being infected, surveillance apps and the list goes on. During lockdown, as people withdraw into their homes, exchanging furtive glances with their neighbours, suspicious of any “outsider,” social relationships become brittle

and hostile. Our emotional bandwidth with people narrows down. Social distancing and lockdown have the potential of creating an unbridgeable split between the inside and outside spaces, the inside as safe space and the outside as the dangerous space. While it serves the purpose of slowing the spread, morbidity and mortality of the disease, it is also potentially anti-social, leading first to mistrust and withdrawal, then to exclusion, ostracism or even persecution of the scapegoated other. Solutions like social distancing make us think small. It makes us think of our immediate surroundings—one's family, community, and at the most, one's country. As one seals off one's borders to prevent the contagion from coming in, othering is perpetuated.

Persons who are isolated or quarantined are faced with a sudden realization that their plans for their immediate future have suddenly and dramatically changed. They may be taken to an unfamiliar setting and separated from their family. Their anxiety is likely be worsened by the inability to conduct their affairs or to provide for their dependents. Quarantine and isolation aggravate psychological alienation due to physical factors (contact barriers, protective equipment, physical separation by glass or locked doors) and psychological reasons (separation from loved ones, inability to read facial expressions from masked faces, deprived of feel of human touch on one's skin, inability to make out a human shape underneath protective equipment). The loss of visual cues of feelings (due to masking) and tactile contact (due to social distancing) are forms of psychic deprivation. With shrinking of our multisensorial experience, our interpersonal relationships are also in the danger of losing their vitality. Mazzucco (in Schiania, 2020) says, "...the intensity of a handshake or the breadth of the contact surface of the skin when we hug someone else are some clear examples of the hierarchy of our feelings and emotions in our lives. This hierarchy is radically questioned in traumatic situations like the present COVID-19 outbreak."³

The other crucial psychological aspect of quarantine and isolation is uncertainty—those who are ill in isolation are uncertain about their survival and recovery, those who are healthy in quarantine are uncertain about whether they are going to get sick, those whose loved ones are in quarantine, isolation or unaccounted for are forced to deal with uncertainty from a different side. Uncertainty holds one in suspension in the current moment. It interrupts the flow of life, stripping it of any meaning.

The active social avoidance of people, even the loved ones, along with the stigma of disease creates psychological trauma involving feelings of being uncared for, fear of abandonment, deepening of hypochondriacal anxieties. When the situation of isolation and quarantine involves more dramatic events, including seeing loved ones stricken by disease and suffering, seeing patients dying from the illness, or witnessing violence and the use of force (including forceful separation), those experiences, coupled with fear for own safety and the safety of loved ones, may give rise to symptoms of traumatic stress (resulting in acute stress disorder and posttraumatic stress disorder).

The clarion call of "Stay home, Stay Safe" is not equally reassuring for all. Not everyone experiences the privacy to carry on their routines, collective sharing of personal beliefs and biases, protection within the four walls. Instead there may be suffocation, intrusion, violence. Also, what about millions of homeless people or people living in cloistered spaces? Staying home in no way is a recipe of staying safe

³ Schinaia, C. (2020, April). Words that Touch. Retrieved from <http://aapipna.es/wp-content/uploads/2020/04/WORDS-THAT-TOUCH.pdf>

for them. For many children, school is a safe, joyful space. It is also a space where they get food. That is no longer available to them.

How Do We think of the "new" Post Corona Future?

It has been a year since the COVID-19 pandemic started. In the wake of the second wave of infections, lockdowns have returned back in many countries of Europe and states of USA. Even though the much awaited “vaccine” against COVID-19 has been launched, one is not very sure of the timing of end of the COVID-19 nightmare. One way of dealing with the altered reality of living is to adjust to it. Even though, we have adapted to many changes necessitated by the pandemic like wearing masks, avoiding crowded places, work from home etc., we are waiting for the pandemic to get over and to recover the “unselfconscious” ways of living again. Many amongst us fantasize of the post corona times—when we will socialize with family and friends, will attend to work in our physical spaces, travel to our favourite holiday destinations, shop in malls and go to theatres and restaurants. In short, we fantasize our life as we knew it before. In our waking life, we counter threats through the use of fantasy. The human capacity to daydream and fantasize serves to soothe our frayed nerves in stressful times. It is through fantasy that we ward off the imagined as well as all too real dangers. This dissociated state of fantasy fuelled by the “wish to return to the past” provides us with temporary escape from the trauma of the present times.

However, this fanciful exercise does not do much to enable us to question—Will the world as we knew it even be available to us to return to, as and when the ravages of the pandemic will subside? Is the “past” worth returning to? What can we create “anew,” as a “new normal”? Dissociation creates vertical division of our consciousness where depressing reality can co-exist with fanciful reality. It is unproductive because it splits experience and does not allow for building bridges. So, while we can fantasize a recreation of the past in the future, we cannot think of how the mistakes of the past are responsible for the present mess and what can be done to imagine a new future which learns from the past mistakes. Why this inability to think?

Bion (1959) opines that we do not allow ourselves to think. He calls it “attacks on linking” because the links between the deeply unjust economic-political structures and the enormous social suffering (Kleinman, 1988) that we are witnessing today are too intolerable for us and we cannot let ourselves make them. The ethical consciousness ignited by the news reports of unequal death burden falling on the poor, the racial and caste disadvantaged groups, the old and the infirm and imaginative sensing of the unjust, exploitative world order reaches its maximum and sinks back into itself; it is too much to take in. It fills us with vicarious pain at other’s misery which we cannot handle. It unsettles our power and privilege. In Bion’s language, it is more than just a simple powering down of the imagination. It is a “destructive and mutilating” attack on linking (Bion, 1959). It is not that we cannot see or do not understand the human suffering. It is that we actively make ourselves stupid to that knowledge. If we do not want to hear the cry of the poor, just produce a hysterical deafness. Attack not only our thoughts and sensations, but our very ability to think and to feel. Attack our own capacity to imagine the lives of others. That is why many of us either feel numbed or feel our empathic reactions as so fleeting and fake.

This is a pretty pessimistic picture of the possibility of a transformative change towards a more equitable, democratic and compassionate world. Is it possible that our enhanced awareness of interdependency does not create higher walls against others but rather builds

a bigger table around which solidarity can be forged? What, if at all anything, can be done to fuel such transformative forces of change to make the best use of the “interruption” caused by the virus? One step can be to find “containers,” in the form of people and conversations, images and words, that can transform our anxiety ridden sense impressions into tolerable thoughts and feelings. No longer should the fact of human interdependencies and vulnerability from the interpersonal to the global level, be a cause of fear defended by denial and destruction, but a matter of care and response-ability upheld with love and light. Instead of making ourselves stupid, let us suffer pain, hear cacophony, tolerate frustration, accept unknowing (and the curiosity that Bion argues comes along with it), learn from experience and act with courage. Let the “uncanniness” of the pandemic throw open for renewed consideration our firm but faulty positions in life, our illusory knowledge and the secret arrangements we have made with life.

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