

The College of Psychoanalysts – UK launched Berjanet Jazani new book ‘Lacanian Psychoanalysis from Clinic to Culture’, Routledge 2020, in the International Conference ‘Psychoanalysis in Adverse Conditions’, November 2020

## **How Can Psychoanalysis respond to the pandemic?**

### **Berjanet Jazani**

The COVID-19 pandemic was felt as a moment of interruption. Interruption of the continuation of enjoyment. The pandemic brought a variety of responses in each of us, all based on a subjective reality supported by an unconscious fantasy. Our everyday reality suddenly changed. The feelings we heard of in the psychoanalytic clinic ranged from fear to guilt to anguish. The fear of deprivation, of not having enough food and other essentials (toilet paper!), which corresponds to the Freudian oral drive; the fear of being restricted, limited or infantilised (the anal drive); the guilt of contaminating loved ones and others (which may point to an underlying desire to contaminate them), entailing avoidance and phobia of public places and people; or the anguish of not knowing what lay ahead for the subject. One analysand spoke to me of the unbearable shame she felt in her work place at being diagnosed with COVID-19. Many looked for an agent (the Other) who could be held accountable for the situation. Laying blame on certain groups of people was used as a way of tackling the guilt, and this even went as far as racist attacks, such as that on a Singaporean student in the West End of London in February 2020. The anxiety of not knowing what the future held or when the pandemic would go away was very present in the clinic, particularly in the first few weeks of the lockdown, and also as public places began to reopen a few months later.

What we heard from the psychoanalytical couch was the way in which each subject dealt with his unsettling feelings and the uncanny in the body. It may seem, to outward appearances, that we reacted or behaved similarly in the face of adversity, but the effect of the pandemic was

received in a particular way by each of us depending on how each subject had woven his mode of being in the language and how his body seeks pleasure. A single event can be read in various ways by a subject with a mortal and sexualised body. Where a subject positions himself in the language, how he forms his ethical stance towards the Other, how he gains his agency during the crisis, once again reminded us of the futility of trying to predict and generalise a course of action in a human society. We might have reacted similarly at the level of behaviour patterns, but certainly for different reasons. A subjective position towards the symbolic lack in the Other means that an unconscious strategy is at work in coping with this lack: to accept or reject (negate) it. There are different ways to negotiate terms and find a compromise with the desiring Other.

Some refused to follow the government's instructions or protested against all or some of the rules. In Freud's work, it is precisely refusal and contestation that signify a subjective agency. In the clinic of psychoanalysis, it is not uncommon to hear an echo of contestation from time to time on the side of the analysand when, for example, he or she is late or misses a session or a payment. One of my patients told me that, during her potty training, she had once fallen asleep in the toilet for more than an hour, while the rest of the family, unaware where she was, searched for her in a state of growing panic. She often complained of falling physically ill when approaching deadlines at work that she was expected to meet. She had a strict mother with rigid rules about times for eating and sleeping. Later in life, whenever she was situated in some major interaction with the Other, her body responded with an illness, or she stayed in bed and slept. As if the only space where she could exercise agency over her own timing was in her sleep, as when she had fallen asleep on the toilet in childhood.

Lots of vignettes where we observe a tendency towards exercising a free will by abstaining certain national/social arrangements. A couple of my neighbours avoided the Thursday clapping after a few weeks through the exercise because they thought it had become a

governmental instrument (too politicised). The same sort of attitude towards the Captain Tom Moore run up to his 100<sup>th</sup> birthday. Some raised a question on the reason behind the huge amount of money donated to his humanistic gesture. Did he become a national symbolism because he was a war veteran back in WW2 rather than being seen as a man turning 100 still wanting to push the imposing boundaries and move forward? Would he have the same impact and publicity, for example, if he were not a soldier or was not donated millions by the member of public and the royal family? Nations need monuments and symbols - as we learn from history - in the time of national adversity and war. Solidarity is encouraged and approached as a question beyond the individuality and individual choices. On the contrary, psychoanalysis looked into the formation of a desire/choice of each individual as to join or reject an ethos of national solidarity.

The subjectivity we understand from a psychoanalytical perspective is not the product of a direct effect coming from the culture or from a discourse. It is the agency of each subject in how to respond to the culture he is born in. Therefore, the envelope of symptom might differ from one nation to another but the underlying motif which indicates the subject's stance in the language remains all the same. The national strategies and responses of countries and governments to the pandemic have differed according to differences in culture; the culture which marks the symptom. The 2020 pandemic will certainly leave an invisible mark on contemporary culture, a mark that may even lead to the formation of a different social bond between speaking beings in the future. With what effect and, more importantly, in what way would the new social bond be interpreted by the subject of the unconscious? How would the subjective interpretation appear in the symptom of the next generation? These are questions which psychoanalysis is interested in and can approach. Perhaps we need more time to wait and learn from the bodily events that arise at the start of the new decade from the experience of the pandemic. A common, transcultural motto, heard from different generations in face of

the crisis was “how to survive”. Some suffered from physical and mental pain, others experienced overpowering anxiety over the loss of loved ones, and others simply enjoyed the enforced leisure.

The question of mortality – as the main question of any pandemic - arose again, but was mainly reduced to statistics – the number of deaths in each country by the governments. Our attitude towards the question of our death might be described as perverse. We know that we will die one day, but we disavow the fact. So we have a double knowledge: we die but we do not die. This knowledge can haunt us in our adult life, when we are trapped in a situation where we experience the marks of primary jouissance – an experience where a subject is cornered and cannot move or recognise his agency. 2020 might also be called the year of “Nobody knows” or perhaps the year of “No, body knows”. For some, the body attested to a knowledge, which could no longer be disavowed: that of mortality. It is the year when the Lacanian concept of sexual non-rapport – non-rapport between two Real bodies – found tangible meaning.

The pandemic reality can also be interpreted as a moment in history where the reality of some subjects suddenly became everyone’s reality. For example, walking through an eerily empty central London reminded me of a sci-fi movie by Christopher Nolan, *Inception*. In the dream of protagonists, all the buildings of their city were abandoned or deserted. It also reminded me of my mother’s account of the aftermath of the 1979 revolution in Iran, when all the public places of celebration and entertainment, dance and music, cinema and theatres, wineries and bars, clubs and brothels were closed down overnight. Fundamentalism became a virus eating through the flesh of culture or any symbol of freedom for men and women (particularly for women). Womanhood was reduced to an object of sin and temptation. Kisses and hugs in public spaces were forbidden. The same echo could be heard in an evening in late March 2020. I felt once again for my parents’ generation.

The COVID-19 pandemic crystallised another question for me: that of space and the Real body. 2020 was a year when a subject's life and death was overshadowed by numbers and statistics. It can also be called the year of the screen (but not the big magical screen of cinema, which was sorely missed!), because, as well as targeting the body directly, the virus also cut the body off from its real presence in the social bond, reducing it to an image in video calls.

Indeed the body knew that our subjective reality was changing. Not simply because it became unfit, became fatter or thinner, not simply due to lack of movement and various scientific and medical facts. The Real body was not fooled by the screen and software applications. The sexual non-rapport and mortality of the subject are approached via subjective reality in terms of how to deal with such a non-rapport and with the anguish that arises from it. When the question of mortality was approached without the mediation of a proxy (a fantasy), the body knew what was happening. The Real body of the speaking being experienced an overwhelming anxiety or responded through bodily symptoms. Although some of us tried to maintain our social life by means of internet and social media, this could only support a minimal aspect of the subject's social bond with the Other. The sexual non-rapport can only be mediated by the agency of the subject and it takes time for each subject to produce a subjective knowledge for the gap in the Real, a knowledge that can help the subject to find his new grip in the new reality/normality.

Which body we speak of in analysis?

Let us take an example from the cinema to elaborate on this question:

In the *Westworld* series, a recreation of a 1970s film with the same title, the bodies of the so-called "hosts" – androids at a theme park, on which paying guests act out their (sometimes erotic or violent) fantasies – do not follow the same rules as an organic body. They are made in the lab, can be replaced, modified or repaired. These hosts do not age. They have not experienced an organic birth, which is the first traumatic experience of human beings. They

have come to life at a certain age, repeating a loop scenario. Eventually, one of them manages to solve the “maze”, leading to awareness (“sentience”) of their inception and the role they are designed to carry out. Their creator had designed the maze as a possibility, by which the hosts would be able to set themselves free and choose a life purpose that suited them. In particular, they would be able to make a choice: to stay or to leave the Westworld park. In this context, what in the series is called “sentience” is a close enough analogy to subjective agency in psychoanalysis. It is an ability to interpret the ambiguous mother tongue into whatever meaning a subject can make of his being and then to form (or not to form) a symptom based on this initial interpretation. The symptom is equated with a life purpose for each subject of the unconscious.

The concept of the body and subjectivity presented and dealt with in the clinic of psychoanalysis is situated between the Symbolic and the Real rings of the Borromean knot. Likewise, in the Westworld scenario, the Imaginary aspect of the body is minimised and the main focus is on the Symbolic and Real body. Each host’s body is a home to a new role in a different theme or narrative in the park. In the main theme of this fictional scenario, the body is a structure where a host’s internal core (the pearl) is placed in or can be replaced. Moreover, the fact that each host’s core is transferable to another body of a new generation of robots can indicate the trans-generational continuity of a discourse. This pattern may remind us of the effect of a certain discourse/culture on the Symbolic body of the subject of the unconscious. On the other hand, the pain experienced by the hosts, the fear of death (signalling the question of mortality), all sorts of suffering they face, such as loss and grief, their bodily dysfunctionality, can all be understood as the Real aspect of the body. Here, the idea of pain plays two roles: pain referred to as a host’s cornerstone, motivating him/her to go through life (similar to the function of a subject’s symptom), and pain as a precondition for the host to take action on their true desire. Bernard, a host character in the Westworld park, was left with the

pain of grief over his dead child. This pain acted as his cornerstone/symptom: “this pain is all I am left with”. This form of pain can be understood as a morbid jouissance induced by a dysfunctional symptom. To leave Westworld the hosts need to suffer more in order to be able to make a choice. The choice, here, is how far a subject is willing and ready to go through his pain (being a programmed host) in order to fulfil and act upon his desire.

Now, did we carry on speaking to the real body of our analysands during this period of online/phone sessions? Did it work? In some cases it certainly did not. The work was distracted or simply impossible to be conducted. In some other cases, I'd like to think that we managed to treat the narratives around the pain of lock down, loss, illness, social restrictions (all the complaints) at the level of the subject of the unconscious.