

Sixteen analysands' and large groups' reactions to the COVID-19 pandemic

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Abstract

The first part of this paper describes 16 analysands' reactions to the COVID-19 pandemic, from early March 2020 until mid-January 2021 when this paper was written, when different vaccines for the virus have become available and when the new COVID-19 variant showed its face. The data come from the author's supervision via telephone of 10 younger psychoanalysts who were treating one or two of these cases. Most of the analysts and their analysands are located in Istanbul, Turkey, others in the United States and one analyst and her patient in Germany. The second part of this paper describes how the initial response to the virus pandemic has increased some of the 16 analysands' investments in their large-group identities. The pandemic's impact on "border psychology" is also described. Lastly, this paper poses suggestions about the psychoanalyst's role in making helpful suggestions in dealing with the impact of the COVID-19 pandemic on large groups.

KEYWORDS

border psychology, grief reaction, large-group identity, mourning, shared trauma, womb fantasies

1 | PART 1: SIXTEEN ANALYSANDS' SHARED AND INDIVIDUALIZED REACTIONS

After the spread of COVID-19, the International Psychoanalytical Association and other psychoanalytic associations provided guidelines for distance treatment by taking advantage of phone or online technologies. Some of the 16 patients considered in this article preferred lying on a couch in their homes during their sessions. Others selected different private locations without a couch. One young patient often locked himself in his car parked in front of his crowded family house in order to have privacy during his psychoanalytic sessions. Some analysands would actually see their analyst only at the beginning and the end of their Internet sessions, talking and hearing him or her during

the rest of the therapeutic session. Most of the 16 analysands preferred reaching out to their analysts on the phone, without seeing them.

Initially, one analysand did not accept distant psychoanalysis and stopped his treatment. Four months later he called his analyst and they resumed their work together, this time via Internet. This patient made a statement identical to what was said by one of Ricardo Lombardi's patients in Italy. Lombardi (2020) writes that after starting distant communication, this patient remarked that if the treatment had stopped, all they had achieved up to that point would be lost, and treatment would require restarting analysis from the beginning once the pandemic passed.

1.1 | Shared responses

The reality of experiencing the “loss of the analyst,” as the analysand saw and perceived him or her during sessions in the analyst's office, initiated grief reactions in the 16 patients. Like other psychoanalysts (see e.g., Bowlby, 1961; Pollock, 1961) I divide adult individuals' responses to a significant loss into different phases and differentiate “grief reaction” from “the work of mourning” (Volkan, 1981).

The grief reaction may start with a sense of shock when there is no preparation for losing a psychologically significant person or thing. It also includes responses such as denial and bargaining to reverse the outcome. The mourner splits an ego function so that opposing perceptions and experiences can take place simultaneously. For example, a woman knows that her dead husband is lying in a coffin at a funeral home, but she “hears” her husband's car as it crunches the gravel in the driveway and then his footsteps walking towards the house. Pain and anger, especially anger, eventually lead to the beginning of an emotional “knowledge” that the lost object is indeed gone. Before grief is completed, “the work of mourning” (Freud, 1917a) begins. It refers to a lengthy process that involves revisiting, reviewing and transforming the mourner's emotional investment in the images of the lost object and healthy, and sometimes unhealthy, identification with these images. The work of mourning comes to a practical end when the mourner makes the mental images of the lost person or thing “*futureless*” (Tähkä, 1984).

When their analysts suggested distant treatment, most patients in the pandemic study began exhibiting various types of denial and bargaining before the reality of having sessions away from the analyst took place. When distant treatment began, some of the 16 patients utilized splitting. They tried to make a private location in their homes resemble the analyst's office with a couch that looked like the analyst's couch. After they began interacting via telecommunication, these patients “knew” that they were not in their analysts' offices but, on and off, they had illusions of being there.

While going through a grief reaction, a person's feeling of anger may be conscious. We rarely acknowledge how mad we may be at someone who died or who shut the doors of their analytic office and kept us out. Often the person who faces a significant loss displaces this anger onto someone or something else. A mourner may feel anger towards the nurses in the hospital who took care of her husband before he died for example. Five middle-aged patients whose cases I was supervising expressed open and unexpected anger towards older people in their environment after learning that the coronavirus would be especially deadly for persons of advanced age. One patient, now in the third year of his analysis, started to fill his initial telecommunication sessions by referring to an elderly neighbor whom he had never previously mentioned during his analysis. He complained that this old man, while working in his own yard, often would enter the patient's garden; the neighbor would become an “intruder.” The analysand admitted having a fantasy of COVID-19 killing this “intruder.”

In their early childhoods, these five individuals had not received adequate parenting; they had perceived their parents as “intruders” of their autonomy. During their analyses, they were having a difficult time letting their rageful childhood fantasies be examined. Now they could openly express their murderous rage against the older people who represented their parental intruders—and their “rejecting” analysts too—because the patients would not be actual murderers. The coronavirus would be the killer. They would be saved from feeling guilt (Volkan, 2020a).

Sixteen patients' symptoms of grief reactions disappeared a few months into their long-distance sessions. They began adjusting to their analysts' new auditory and sometimes visual long-distance images. The analysts' images now were different, but they were still present at a distance. Because of this, the 16 patients did not illustrate a mourning process.

I observed many of these patients visit another shared defense against the danger and anxiety created by COVID-19: they developed fantasies reflecting a wish to regress into a mother's womb for safety. Blackman (2020), who has decades of experience teaching psychoanalysis in China and supervising Chinese psychotherapists, reported how compulsive cleaning, besides its being a real necessity, arose as a common symptom in China following the appearance of the virus. It is possible that the preoccupation with handwashing functioned like a "day's residue" (Freud, 1900) and led many of the 16 analysands to dream about being in water, such as a pond or lake. One had repeating dreams of going to the basement of her childhood house, finding it filled with water, and walking into it. My supervisees and I concluded that the patients' dreams reflected their wish to regress into their mothers' womb, symbolized by a pond, lake, or water-filled basement where they would be safe. But such regressions were also accompanied by anxiety of losing autonomy. The patients' regression to the womb fantasies, like their grief reactions, was short lived.

1.2 | Individualized responses

Some of the 16 patients were in the initial phase, others in the middle phase, of analysis. Five of them were approaching the termination phase. Each analysand was working on specific individual issues. By the summer of 2020, they all illustrated different individualized responses to not seeing their analysts in their offices, according to their own psychological issues that they were dealing with.

Before proceeding further, it is important to state that none of these 16 analysands had family members or friends who became infected by the virus. None of them suffered from losing jobs, and only one faced losing a considerable amount of money. They, like everyone else, were aware of the pandemic's terrible impact on the populations in their country and other places—from economic disasters to loss of family members, from suffering physical and emotional hungers to being in a location where there was real personal danger. Now and then, the 16 patients would directly refer to horrible external events due to the virus and political and societal leaders' responses to them. For example, three American analysands remarked about Donald Trump's suggestion that injecting disinfectant was a coronavirus cure. Nevertheless, with their analysts' and their supervisor's focus on protecting the therapeutic environment, these analysands were often able to connect their remarks about virus-related external events to their internal worlds and observe the symbolic expressions of internal events in the external world.

A female patient in Istanbul, Leyla, while lying on a couch at home for her distant sessions, began holding on to her female cat tightly and looking into the cat's face while talking. When she was seven years old, Leyla's parents divorced. She stayed with her mother who had to work outside their home. The maternal grandmother came to live with them and became the child's primary caregiver. The grandmother also brought a female cat with her. During her analysis, it was understood that as a child Leyla cuddled her grandmother's cat to compensate for lack of cuddling from her mother. After the distant treatment started, the female cat Leyla was holding during her sessions became a symbol for her analyst who now clearly represented little Leyla's childhood mother who was missing from home.

Interestingly, some patients' specific responses to the "loss" of their analyst and the continuation of their treatment via telecommunication had positive effects. Ece, a married woman in Istanbul in her mid-forties with an adopted son, sought psychoanalytic treatment because of her depressive feelings and a sense of loneliness. During her second psychoanalytic session she wanted to be sure that her female analyst, who in reality is younger than Ece, would not die. When she was one year old, Ece's Turkish parents left her at her aunt's house in Turkey and went to

Germany where they became guest workers. Ece was 3 years old when her parents came back to Turkey, and this time they took their daughter with them when they returned to Germany. Since her mother also worked out of their home, as did her father, little Ece had to spend her early life in Germany in kindergartens. Later in life, after returning to Turkey as a teenager, Ece became a well-educated woman. But her childhood feeling of being a "rejected child" had become the key cause of her depressive character, even though intellectually she knew that her mother leaving her with her aunt was her major childhood trauma. No wonder during her second psychoanalytic session she wanted to be sure that her analyst would not die and thus reject her. Nevertheless, during the first 2 years of her analysis, Ece would not develop a workable transference to prepare her to work through and free herself of the impact of her childhood trauma.

In the transference, Ece's image of her analyst when they were meeting in the office began to evolve as the rejecting mother who had left her baby behind when she went to Germany. When distant treatment began, the image of the analyst became a non-caring aunt who was more concerned about her own children than looking after little Ece. The patient relived the bad experiences of her childhood in this intense transference development with emotions linked to them. She became able to name her devastating childhood rage, the guilt induced by this rage and fear of retaliation by older relatives, feelings which she could not name as a small child. Then she worked through her childhood trauma during the summer and fall of 2020.

Another female patient, Judy, had a history of sexual addiction. She was searching for her missing motherly love and care by "hunting" men in nightclubs and bars for one-night stands. She had searched for treatment because she could not stop being a "hunter," even though she was facing the possibility of catching an infection. The virus danger appeared after Judy was able to work through her psychological issues in her analysis and find a steady relationship with a man. She and this man were married 1 month after Judy started to have her psychoanalytic sessions by phone and preparing for a successful termination of her analysis. Because of COVID-19, she and her husband stayed locked down in their house, carried out their professional activities side by side on computers in the same room, got know each other more and enjoyed togetherness. Judy was happy that because of this lock-down she was able to experience intensively an adult life situation, which was the opposite of her earlier symptomatic hunting behavior, and adjust to a new lifestyle with pleasure. The story of Judy's total psychoanalytic process appears in my most recent book (Volkan, 2021).

Rogers, a man in his forties, came from a rich family well-known in their community. He had a mistress that his wife and two young children did not know about. Due to events during his developmental years, which I am not describing here, Rogers as an adult lacked self-esteem and felt that he was not a good enough male in his close family environment. This is why he had started his analysis with a female analyst.

During the first years of his analysis, Rogers realized that his frequent visits to his mistress were in the service of collecting self-esteem. His mistress, according to him, came from a much poorer section of the population who are considered "lower class" by members of the patient's family and their friends. Whenever Rogers was with his mistress, he, mostly unconsciously, collected a sense of "superiority" by comparing his and his mistress' backgrounds. Just before the virus pandemic started the patient was trying to give up his visits to his mistress and was making efforts to be a "good husband" and "good father."

It took Rogers 5 months after he started analysis by phone to confess that just before calling his analyst, he would often lie in bed in his house and masturbate. Not seeing his analyst during his sessions and social distancing from his mistress helped this patient turn the analyst's image into a low-class "mistress" image and keep it as a "secret." When this new transference development and its meaning were examined and understood, during the fall of 2020, Rogers developed a new habit. He began taking long walks and calling the analyst while walking. As I am writing this paper in January 2021, the analyst, and Rogers himself, have begun to realize that calling his analyst while walking to different locations also symbolizes Rogers' search for a "new road" for his life. He already has stopped masturbating before calling his analyst and has begun testing new positive approaches to his wife and children.

Before I describe how some of the 16 patients illustrated a connection between the danger from COVID-19 and a danger to their large-group identities, I will describe my own and my 10 supervisees' reactions to the pandemic.

1.3 | Self-observations and 10 analysts' responses to the COVID-19 pandemic and changes in psychoanalytic practice

My first reaction to the virus was dominated by denial. As March 2020 approached, I was aware of the danger of getting contaminated with COVID-19, especially through travel. In spite of this, during the first week of March 2020, I was in Vilnius as a guest of the Lithuanian Ministry of Foreign Affairs. I participated in an international meeting, which was part of Lithuania's thirtieth anniversary celebration of its secession from the Soviet Union (Volkan, 2020b). I had first gone to Lithuania in April 1992 with four other members of my interdisciplinary team from the University of Virginia to start a program for providing help and support for the Baltic States in their efforts to restore their independence in a peaceful fashion. Our work there, especially in Estonia, would last for 7 years (Volkan, 2013). Memories of our work in Lithuania and the other Baltic States helped me deny the COVID-19 danger.

While I was in Lithuania, social distancing did not seem to be in the minds of people at the meeting, open markets, or in the streets. On my way back to the United States, I had to change planes and wait at the Amsterdam International Airport for 4 hours. I lost my denial mechanism in this crowded environment. After coming home to the United States, I noticed that for the first 14 days I was checking to see if I might have any COVID-19 symptoms. Then I realized that I had developed a new hobby. I would sit on the porch of our house and gaze at the surrounding forest, look at the clouds above the trees, watch deer and rabbits, hear the birds, and admire the beauty of nature. It took me some time to realize that this new hobby was linked to the possibility of my death initiated by the virus. As I had never been a religious individual, I had turned to the beauty of nature and hoped to join it. Realization of what I was doing gave me the motivation to start collecting information from the 16 analysands and their analysts about their reactions to the coronavirus pandemic.

Losing their patients' presence in the offices created loneliness in 10 analysts. Most of them would go to an empty office and have sessions with their patients via telecommunication. One analyst in Istanbul became preoccupied with the pigeons on his office balcony. He began keeping the door to the balcony open and feeding the pigeons. Within a month the pigeons began entering his office, and he began naming them. During his supervision hours, besides telling me about his work with two of his analysands, he also talked about his new companions, the pigeons. He reminded me of Leyla who cuddled her cat during her analytic sessions.

Three analysands in Turkey were in the termination phase of their analysis. They wanted to meet with their analysts in person before their treatments ended. Their analysts asked me how they should respond to such requests. When I become a supervisor of a psychoanalytic case, I am very careful not to act as if I am a therapist for the supervisee (Volkan, 2021). I decided that the analysts themselves should evaluate the reality of the virus danger and they should decide about seeing patients in their termination phases in their offices. All three analysts started to meet the patients in their termination phases in their offices at least once a week after making arrangements, such as moving their chair away from the couch and keeping windows open. The analyst in Germany made arrangements to see all her patients in her office. Her patients would come to her office wearing a mask. After lying on the couch, the patients as well as the analyst would remove their masks and put them on again at the end of sessions.

Like their patients, none of the 10 analysts had a family member or friend who became ill with the COVID-19 virus. On and off they mentioned the virus situation in their own environment and country during their supervision hours. They expressed empathy for people in their country and in the world who had become sufferers and made remarks about political figures dealing with the pandemic in good or bad ways. One female analyst, instead of

talking about her two cases I was supervising, spent 2 hours telling me about another patient as if I was also supervising this case. I learned that this patient is an emergency care physician who became contaminated with the virus. I learned that this patient, while lying in a hospital bed, continued to have her psychoanalytic sessions. The analyst could see the patient's face during their telecommunication. The analyst told me how she felt like a mother watching her small sick baby's face and added that she would remember the impact of the CORONA-19 virus the rest of her life by re-visualizing her patient's face.

2 | PART 2: LARGE GROUPS' REACTIONS

My term "large group" describes thousands or millions of people, most of whom never see or even know about each other as individuals, but who share many of the same sentiments and the same realistic or fantasied ancestral history. This term refers to ethnic, national, or religious large groups that develop in childhood, as well as ideological large groups, such as terrorist groups or religious cults, to which membership starts in adulthood (Volkan, 2020a). Subjective experiences of large-group identities are expressed in terms such as "We are Lithuanian Jews," "We are Palestinians living in Israel," "We are French," "We are Sunni Muslims," "We are communists," "We are Taliban," and "We are white supremacists in the United States of America."

2.1 | Sixteen patients' references to large-group issues

There have been Jewish communities at the location of present-day Turkey since the fifth century BC. When Jews were expelled from Spain and Portugal after the Alhambra Decree issued on March 31, 1492 by the joint Catholic Monarch of Spain, many of them were welcomed into the Ottoman Empire. I was a guest of this Jewish large group in Istanbul during the 500th anniversary of their remembering their ancestors' arrival in the Ottoman Empire. After this event, I interviewed a number of Jewish individuals in Istanbul and learned about their large group's uniqueness, traditions, and pride. Abidin, one of the 16 analysands, belonged to this special community. He was in analysis with an analyst of Turkish origin.

During the first telecommunication session with his analyst, Abidin filled the hour with references to his identification with Anne Frank, one of the most discussed Jewish victims of the Holocaust. He felt that, by not being able to come to his analyst's office, he was forced to go into hiding, like Anne Frank had done. Abidin's large group in Istanbul was not directly affected by the Holocaust, but in his mind, the coronavirus danger was linked to the unbelievable dangers Jewish people had encountered in their past. At home he became preoccupied with the news of the virus situation in Israel.

Rafael, another Jewish analysand in Istanbul with a background identical to Abidin's, is owner of a big restaurant. Because of the virus pandemic, he lost a great deal of money. He was the only one among the 16 analysands who was facing a possible financial problem. He and his wife began thinking of selling their big family home with a garden and moving to a smaller house with their two children and small dog. In early January 2021, his wife saw a story on television about the Vizsla, a dog breed. Vizslas were companions of the early war lords and barons in Hungary way back in the 14th century. The Vizsla pure bloodline was preserved for centuries by the Hungarian land-owning aristocracy. Thinking that not a single Vizsla exists in Turkey, Rafael's wife demanded that they own one. On the Internet she found a Vizsla puppy for sale in Poland. Not only was the price of this dog very high, but bringing a puppy from Poland to Turkey would be expensive as well. Because of COVID-19, there were no direct flights from Poland to Istanbul, but Rafael could travel to a Moscow airport, meet the puppy there, and bring it back to Istanbul.

Rafael filled his virtual sessions by describing his family's fixation on owning a Vizsla, even while they were worrying about their financial situation and considering a move to a smaller house without a garden. I learned that

the Vizsla breed is known as “survivors” of several near-extinctions in their history. They survived the Ottoman Turks' occupation of Hungary (1526–1696), the Hungarian Revolution of 1848, World War I, World War II, and the Hungarian People's Republic, and even being overrun by the popularity of English Pointers and German Shorthaired Pointers in the 1800s (Boggs, 2000). Rafael's analyst and I wondered if the Vizsla had become a symbol for the Jewish people in the minds of Rafael and his wife. They wanted to be sure that their large group in Istanbul would continue to survive. As I write this paper, Rafael and his analyst are looking into this idea, but the family continues to talk about bringing an animal who can survive near extinction to Istanbul.

The Republic of Georgia was separated from the Soviet Union in April 1991. Civil conflicts and secessionist wars in Abkhazia and South Ossetia followed, during which more than 230,000 persons became internally displaced. From 1998 to 2002, I visited the Republic of Georgia many times and studied internally displaced people from the Abkhazia region who were settled at the Tbilisi Sea, near Tbilisi (Volkan, 2013). In 2004, a research conducted by Zoidze and Djibuti (2004) demonstrated that IDPs in Georgia were more inclined than the general population to have psychological disorders due to several factors, such as social isolation, poor economic conditions, and the loss of former community traditions. In December 2020, I joined a virtual meeting in Tbilisi after other Georgian researchers learned that in Georgia members of the internally displaced persons' large group have lower individual resilience against COVID-19 than the remaining local population (Gabashvili, 2020). This reminded me how the news media in the United States continues to inform us that because of long-standing health, economic and social inequalities black Americans are 2.3 times more likely to die from COVID-19 compared to white Americans.

Both Abidin's family's preoccupation with a Vizsla dog and researchers' findings in Georgia strongly suggest that the danger created by a new massive trauma—this time by the coronavirus—brings images of collective dangers a large group and its members' ancestors previously faced, with associated affects, and inflames large-group identity issues.

Kurdish people in Turkey, about 14 million, make up 18% of Turkey's population. About two million of them, and according to some sources four million of them, live in Istanbul. When I was attending medical school in Turkey in the early 1950s before coming to the United States, my classmates and I had no interest in the ethnic backgrounds of other students. The still-ongoing armed conflict between the Turkish military and various Kurdish insurgent groups started in 1978. This brought increased awareness of ethnic backgrounds in Turkey into peoples' daily lives. In spite of this, during my decades-long work with younger Turkish analysts, the issue of an analyst's or a patient's ethnicity never came up. After the COVID-19 pandemic, for the first time, I heard from two Turkish analysts about how their patients began wondering about their analysts' ethnicity and their thoughts about the Kurdish–Turkish conflict.

2.2 | Inflammation of border psychology

Rafael and his wife's discussion about how to bring a Vizsla dog to Istanbul led to the analyst's references to legal “borders” between countries and expressions of frustration about border crossings during the virus pandemic. Two other analysts in Turkey, young academicians, were looking toward the termination of their analyses, making inquiries or arrangements to leave Turkey and finding positions at European universities. They talked about the closing of international borders due to the virus as a frustrating trauma.

In 1977, Egyptian president Anwar el-Sadat, a person outside the fields of psychology and psychoanalysis, acknowledged the existence of a psychological component of physical/political borders. During his historic visit to Israel, before the Israeli parliament, he referred to a psychological wall between Egypt and Israel that constituted “a barrier of suspicion, a barrier of hallucination without any action, deed, or decision, a barrier of distorted and eroded interpretation of every event and statement.” He added that this psychological barrier was responsible for 70% of the whole problem between the two countries.

The psychology of physical/political borders has not been extensively referred to in psychoanalytic literature. Freud (1917b) wrote about “narcissism of minor differences” between communities with “adjoining territories” such as the Spaniards and the Portuguese and the North Germans and the South Germans is harmless. In contrast to Freud's observation, Werman (1988) illustrated that the narcissism of minor differences “harbors the potential for a pernicious escalation into hostile and destructive actions on a widespread scale” (p. 451). For example, Sinhalese mobs in the Sri Lankan riots of 1958 relied on a variety of subtle indicators—such as the manner in which a shirt was worn—to identify their enemy Tamils, whom they then attacked or killed (Horowitz, 1985). Winnicott (1969) described the Berlin Wall as an ugly barrier born of international conflict. Nevertheless, he noted a positive aspect of the Berlin Wall, suggesting that a dividing line between opposing forces, “at its worst postpones conflict and at its best holds opposing forces away from each other for long periods of time so that people may play and pursue the arts of peace” (p. 224). I had opportunities to look closely at exaggerated physical borders between opposing large groups such as the Green Line in Cyprus, the Allenby Bridge between Jordan and Israel, the former Berlin Wall and the border between Georgians and South Ossetians (Volkan, 2003, 2004, 2006, 2013, 2017). During his presidency Donald Trump's references to an “invasion” by unwanted Others and his focus on building a wall between the United States and Mexico enhanced a sense of victimization and increased a desire for purifying the United States from unwanted Others by those who agreed with the President (Volkan, 2020a).

Briefly, when there is no extensive conflict between neighboring large groups, a physical border remains simply a physical border; when there is a conflict, a physical border also becomes a “psychological border” for large-group identity. In today's world, with incredible advances in travel and communication technology, we can easily consider all countries, those such as Iran and the United States, as neighbors.

As every large group needs to protect itself, preoccupation with physical borders and border closings after the COVID-19 pandemic were expected and realistic. These developments, besides making an impact on some analysts, became linked to political themes and leader-follower psychology. The usage of the term “Chinese virus” is an example of this. Increased attention to physical/psychological borders also seemed to be linked to societal divisions, polarizations, and racist attitudes within the same country, such as those within India and the United States.

Meanwhile, the need to protect physical borders also evolved in the opposite direction. During this COVID-19 era, internationality of on-line work has become breathtaking. Despite the negativity connected with cyberattacks and spying, openings in psychological large-group borders are bringing people with different large-group identities easily and conveniently.

3 | LAST WORDS

Massive traumas are of various types. Some of them are due to earthquakes, tropical storms, tsunamis, forest fires, and volcanic eruptions. As Lifton and Olson (1976) illustrated long ago, when nature shows its fury and people suffer, victims tend ultimately to accept the event as fate or as the will of God. Murders of political/societal leaders, a shared transference of parental figures such as John F. Kennedy and Martin Luther King, Jr. in the United States and Yitzhak Rabin in Israel, as well as major accidental disasters such as the 1986 Chernobyl Nuclear Plant accident, which released about four hundred times more radioactive material than did the atomic bombing of Hiroshima and Nagasaki together, also initiate collective societal responses. Other major traumas are due to human beings deliberately oppressing and killing the Other.

Since the beginning of human history, collective traumas due to war-like situations, wars, terrorism, and racism have existed. As I wrote earlier and explained the reasons for it, human beings have “*The Need to Have Enemies and Allies*” (Volkan, 1988). Traumas at the hand of an enemy induce threats against individuals' narcissistic investment in and obligation to protect and maintain their ethnic, national, religious, or ideological large-group identities.

COVID-19 is an unseen “enemy” of all human beings—the old, the young, the rich, the poor, men, and women. This common enemy did not bring human beings with different large-group identities together. A war between Azerbaijan and Armenia took place during the pandemic, and other war-like situations have continued. As I stated above, border psychology became a major issue.

In this paper, I described 16 analysts' reactions to the virus pandemic. Generally speaking, during their psychoanalytic sessions, these analysts were silent about making direct statements concerning the constant news reports about the shared trauma and how many more people were dying. This may be due to the fact that none of them or their family members or friends had become ill. Also, as Bohleber (2007) stated, not only the patient but also the analyst may become involved in “defensive repudiation and avoidance” (p. 347) when traumatic experiences occur. Furthermore, as a supervisor, I found myself supporting the analysts' staying with the aim and technique of psychoanalytic treatment—to explore and understand their patients' internal worlds, help them to evolve workable transference stories, resolve their mental conflicts, and help them to make internal structural changes for a better adjustment to life. In the future, we will have a clearer picture of how this collective virus trauma and the required practice of distance treatment have made or will make changes in our treatment methodology.

Meanwhile, the virus situation has illuminated once more how important it is for psychoanalysts to pay attention to large-group psychology in *its own right*. “Large-group psychology in its own right” means making formulations about the conscious and unconscious shared historical/psychological experiences, past and present, that exist within a large group, whether this large group has its beginnings in childhood or adulthood. Such formulations enlarge our understanding of shared human reactions to major traumas and the role they play in present-day political/societal movements (Volkan, 2020a). This is similar to psychoanalysts making formulations about their patients' developmental histories associated with various conscious and unconscious fantasies in order to understand what motivates certain behavior patterns, symptoms, and habitual interpersonal relationships. Studying and teaching large-group psychology will make psychoanalysts' contributions more valuable when they make public statements about collective human responses to the virus pandemic as well as other major shared external events.

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