



Dystopia now? A review essay on psychoanalytic and psychosocial accounts of the pandemic and beyond

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After Lockdown, Opening Up: Psychosocial Transformation in the Wake of COVID-19

Darren Ellis and Angie Veola (Editors), *Palgrave Macmillan*, 2021, 322 pp., £109.99, hardback, ISBN: 978-3-030-80277-6

Through a Screen Darkly: Psychoanalytic Reflections During the Pandemic

Ahron Friedberg M.D., with Sandra Sherman, *Routledge*, 2021, 198 pp., £130.00, hardback, ISBN: 9780367771515

Psychoanalysis and Covidian Life: Common Distress, Individual Experience

Howard B. Levine and Ana de Staal (Editors), *Phoenix Publishing House*, 2021, 288 pp., \$35.95, paperback, ISBN: 978-1912691777

Analytic Agora, Issue 1

Berjanet Jazani (Journal editor), *CP-UK*, 2022, 204 pp., £15.00, paperback

Psychoanalytic Diaries of the COVID-19 Pandemic: There Is a Virus Among Us

Pietro Roberto Goisis and Angelo Antonio Moroni, *Routledge*, 2021, 118 pp., £130.00, hardback, ISBN: 9781032056906

Before I had any real sense of what it was, psychoanalysis exuded a mysterious magnetism for me. It was the aisle in the bookshop that gave out a certain charge—

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there was something of intense interest in that physical environment. Stepping for the first time into the room where I would go on to spend many hours, over many years, on the couch, held a similar magic—the sepia photos of Freud on the mantelpiece, a couch straight out of Maresfield Gardens—undoubtedly a place of dreams. The analysis that followed was always conducted with a theatrical flourish—with a deep faith in the formal conventions of the practice—the aesthetics of the setting paid reverence to the aesthetics of the thought.

The transition to Zoom—the mourning of embodied clinical contact—is a major preoccupation for many of the authors and contributors to a flurry of recent publications concerned with the global pandemic’s impact on psychoanalytic practice. While many analysts in these collections bemoan ‘the loss of emotional closeness’ that was a supposed consequence of the shift online, it was the vanishing of the curated world that I missed most. The stylised greeting, the pictures, the books, the rugs, ornaments and couch—to me, these are the signifiers of psychoanalysis—they alert the subject to the fact that they are in a different kind of place, a different mode of time. It seems I am a sucker for what Ana de Staal names ‘psychoanalytic kitsch’ in her contribution to *Psychoanalysis and Covidian Life*, but is an attachment to the staging of the work any more imaginary than the idea of emotional closeness?

I think of analysis as a setting where you meet yourself rather than the person of the analyst—it is the refusal of empathetic relating that means something new can emerge. An embodied presence as witness and interlocuter in moments most real is of undoubted value, but I see it as my duty to always remind myself that I do not know how my patient feels, or if my emotions are close to theirs. There is a distance implied in this position—but it is a distance that can be taken up with welcoming warmth, when necessary, contrary to the stereotype of the mute, taciturn Lacanian analyst.

In his chapter in *Psychoanalysis and Covidian Life* Antonino Ferro seeks the upside in the defenestration of the sacred frame. For Ferro the analytic kitsch represents ‘a certain ossification which has slowed (psychoanalysis’) progress and evolution’ (p. 101). He finds the office stuffy and institutional, and so online work opens the space for playfulness denied by the sober classical setting. Ferro believes the rapid adaptation to remote working means ‘we have now caught up with the modern world’ (p. 102)—if what plays out in the confines of the traditional consulting room is theatre, then Zoom heralds the screen age.

It is of great interest to me, a Lacanian analyst, to read reflections on psychoanalysis and Covid from the perspective of other traditions. To take on a topic this general is to pin one’s ideology to the wall—there is no hiding from the assumptions that underpin one’s practice. While I mourn the décor, another analyst laments the imposition of an ‘emotional filter’, another celebrates the breaking down of walls heralded by the move to remote working—all of us seeking a position to call our own in this moment of relative uncertainty.

Covid-19 was (dare I say *was* yet?) a total world event that dominated the greater part of 2020 and 2021. Life across the globe was disrupted on an unimaginably vast scale. In the words and pictures rolling across our info feeds, as the spectre of a violent choking demise, Covid reached into every facet of life, homogenising



existence around a new set of fears and constraints. The complacent twenty-first century consumer subject was transported back to a world where the real could not be so easily shunned, where death became visible once more.

Herein is a potential problem when writing about Covid. The writer is confronted with the unfathomable pervasiveness of the pandemic experience. Covid was everyone's story—the world conversation. Already it feels like a subject about which not a great deal new can be said. In light of this ubiquity, the psychoanalyst is required to explore the inverted world of the pandemic to question common-sense assumptions. For psychiatrist Ahron Friedberg there is a simple Covid psychiatric equation: pandemic = increased anxiety and suffering. However, we must ask about what is missing from this picture. Like the schizophrenic who takes hallucinogenic drugs to make her feel normal, the spike in anxiety can be a great leveller: 'Now people know some of what I feel all the time.' This is not to downplay the horrors of Covid—an immense human tragedy, where many people died in lonely and distressing ways—nor the recognition that political negligence played a huge part in these 'excess deaths'.

Psychoanalysis negotiates an irresolvable tension between the universal and the particular, the general and the singular. Analysts feel sure that theirs is the practice that treats each subject as unique—if you want a standardised mode of intervention for a problem with a predetermined name, then there are plenty of other places to go for that. Yet in much of the writing about the clinical and social impact of Covid there are global assumptions at work. The idea of 'collective trauma' is often invoked. There is a strong compulsion to address the 'general traumatic aspect of the pandemic', but while the term 'collective trauma' appears to say something about a universal sense of loss and bewilderment it is something of an oxymoron. If we could share our trauma, it would no longer be traumatic.

Trauma as a clinical phenomenon is trauma singular—an event in the life of a subject for which there are no words, where symbolic registration is not possible at that moment. The inscription is only known retroactively, when a later event connects to the initial 'hole' in the symbolic. In this sense trauma is both singular—unique to a subject, and redoubled—only coming into existence in light of a later event. It is only when Freud's patient Emma links the laughter of the shop assistants that consolidated her phobia to her sexual assault years previously that the initial event takes on some reality. There is a chain of signification particular to the subject linking the two events. Psychoanalysis is interested in how trauma and repression function *case by case*.

For a trauma to be collective, the consensual symbolic has to collapse. Collective trauma implies a systematic breaking down, the decomposition, of the shared symbolic space—as in famine-stricken nineteenth century west of Ireland, where the native language had been abolished by the colonial overlords, or in the living death of the concentration camp, where tattooed numbers replaced family names. There are few roads back from these places.

We watched Covid on television. There was no end of journalists, commentators and experts talking us through the 'trauma'. There was a proliferation of fresh signifiers introduced to public discourse—self-isolation, contact tracing, pre/asymptomatic, PCR tests, flattening the curve, PPE, social distancing, viral load



and, the truly sinister, herd immunity. Language was mobilised for the cause. One signifier to achieve instant hegemony was ‘the new normal’, the function of which Dr Carol Owens investigates in her contribution to the inaugural volume of *Analytic Agora*, ‘Normal People in Abnormal Times’, a discussion of the cultural and psychic impact of the television drama *Normal People* (Abrahamson & Macdonald, 2020). The ‘new normal’ acts as a Name of The Father, a signifier imbued with the power to ease anxiety and reorder existence along a new set of navigable shared coordinates. For Owens an appreciation of the ameliorating effects of this new signifier for some subjects coexists with psychoanalysts long-standing suspicion of ‘normality’, Freud’s ‘ideal fiction’.

The hugely popular adaptation of Sally Rooney’s novel, *Normal People*, can be seen as a dramatization of two fundamental impossibilities—class struggle and the non-existence of the sexual relation (these are the universals) —and how these antagonisms condemn any attempt at being normal to frustrating failure. As a work of popular Marxism beamed nightly into locked down Irish homes its effects were profound. The pregnant signifier of the ‘new normal’, alongside the complex lives of the all too human ‘normal people’ on screen, helped envision post-pandemic emancipatory possibilities. While the state was making an offer to the people that was previously unthinkable—generous support payments, housing the homeless—the characters onscreen helped subjectivise this painful, potentially liberating, step into the great unknown.

The danger of assuming a standard of normality haunts the ‘pandemic’ literature. Where less focus is placed on the specificity of the signifier, how language and meaning operates for an individual, there is a risk of becoming mired in generalisation and pseudo-universalism. If we run with the idea that Covid cannot be described as a collective trauma because it is a shared experience, then it is important to acknowledge the possibility that an illusory sense of shared meaning could be imposed on what the analyst hears in the clinic. The idea of there being a ‘general traumatic aspect of the pandemic’ poses the risk of understanding what is at stake for a patient too quickly—presuming there is something we can all understand gets in the way of listening, a familiar blanket of ‘countertransference’ smothering what is unique for the subject.

General problems call for general solutions. In *Through a Screen Darkly*, Ahron Friedberg declares great faith in ‘general principles of resilience’ (p. 6) —a loose plan for psychic survival in the pandemic based on the American Psychological Association’s ‘Building Your Resilience’ guidelines. These guidelines amount to common-sense advice about the importance of maintaining social connections, keeping perspective, having realistic goals, paying attention to your needs, etc. By the time I arrived at suggestion 7, ‘nurture a confident, positive view of yourself’, my cynicism got the better of me. All those struggling people trying to cope with the impossibilities and impasses of their existence—could it be that they just have not had access to these guidelines previously? I think not. The problem with well-meaning advice is that, well, it does not mean anything. Stupidity, or a lack of information, is rarely the problem—people are endlessly being told what is in their interest, but that does not make a harmonious life any more attainable. If anything,



not being able to follow the guidelines leads to a sense of failure: 'I cannot even do this right.'

Friedberg explains that his role is 'to talk people through the initial shock towards some semblance of acceptance and, then, adaptation' (p. 8). Friedberg finds his task made easier because he considers that he and his patients are experiencing the same thing in the same way and so 'experience instant empathy'. This kind of adjustment therapy runs counter to any notion of the Freudian unconscious. The lesson of Freud is that any conscious wish to 'get better' must reckon with its contrary—the unconscious desire not to change. However loudly people maintain that they just want to be happy, there will always be some sticky unpleasantness in their life that holds far greater allure. Having an unconscious means that you do not really believe what you would like yourself to believe, and so any project of 'reality' acceptance and adaptation is doomed from the outset.

What is general in Lacanian psychoanalysis are the diagnoses. These are 'structural relations to the Other', ideally more nuanced and humane than the bludgeon of the DSM naming machine. In the early months of the pandemic an analysand's response to events could be a crude indicator of subjective structure. The paranoiac knew all along that a catastrophe was going to happen and had a pretty good idea who was behind it. The melancholic subject cared somewhat less about this strange new world—for he was already dead. In schizophrenia the novel coronavirus was only one fragment of intensely meaningful knowledge amongst many messages from on high. The obsessional was annoyed he was the only one following the rules, while the hysteric demanded to know who was in charge. This is caricature, of course, but with maybe just enough truth to pass. It is worth remembering that psychoanalysis is more about position than condition, it is interested in how one relates to questions of existence rather than definitions of suffering in an identificatory malaise.

Psychoanalysis acknowledges the satisfaction that can be gained from seemingly miserable life arrangements. Covid was available to all as social symptom and could serve a multitude of functions. We can ask what provides ontological security for a subject—minimal assurance of the foundations and continuation of existence? For psychotic subjects there is little ontological security, unless fortified by a delusion. If the field of the Other is always already threatening, then socially sanctioned permission to distance might come as a relief. Working from home, and so not having to constantly interpret colleagues' intentions, may provide more job security for subjects for whom the workplace is a crucible of paranoiac suffering. Obsessional subjects excessively wedded to their markers of ontological security—the stifling habits and rituals that keep unsettling desire at bay—may need little encouragement to further estrange themselves from the Other or bask in self-sacrificial enjoyment. Here Covid provided the justification to place the Other under surveillance, to make note of those who were not following guidelines to the letter, to silently curse the maskless, the ones who came too close. Covid is quickly adapted into the misanthropic worldview, a fantasy of self-sufficient autonomy that perpetuates obsessional misery. For the latter subject the pandemic is a problem, for the former it is a solution.



In his contribution to *Psychoanalysis and Covidian Life* Christopher Bollas focuses on the highly unstable political backdrop to Covid in the United States. The pandemic coincided with a time when the smooth continuity of liberal democracy was no longer guaranteed. With angry precision Bollas describes the capture of American government by a band of psychopathic libertarians in thrall to an orange-hued primal father and the ensuing strain on consensus based social reality. The Trump administration embodied the crazed libertarian logic of American anarcho-capitalism—a project where facts were abandoned and ‘stabilised judgements about what was real’ were foreclosed (p. 13).

Bollas’s America is a ‘social nightmare driven by a psychotic social reality’ where many citizens were ‘sucked into their president’s mental processes’, relieving them of difficult mental obligations and responsibilities towards the other (p. 13). The freedom to dwell and possibly die in ignorance was granted to one and all. The descent into a very twenty-first century brand of fascism was served up in television episodic form—the comedy horror antics of the bleach sipping president helped alleviate some of the boredom for those confined to home.

For Bollas much of the country was in the grip of a mad ideology which left ‘its advocates otherwise quite calm’ (p. 6)—conspiracy theories had gone mainstream. Indeed, it was a difficult time for those who maintain the frustrating expectation that society is largely made up of rational subjects living in accordance with facts and imperatives established by objective science. But can psychoanalysis be more than just another voice in the liberal chorus? Wherever one is situated politically, it is worth admitting that much of what passes for social reality is, on the side, delusional.

The pervasive sense of political lawlessness during Covid was of little comfort to the nation’s neurotics, but Covid conspiracy theories often have an important function. There is a long tradition in psychoanalysis that views delusions as solutions rather than problems. A delusion can crystallise when there is a fundamental threat to the subject. These are ideas that emerge with great conviction circumventing the push towards florid psychosis by providing a meaningful, but non-negotiable, account of what is wrong with the world and who is responsible. They enable the subject to take up a liveable distance in relation to a threatening real—the ‘otherwise quite calm’ of Bollas’s critique. The content of the delusion is secondary to its structuring function. Covid conspiracy theories had the additional benefit of being widely disseminated and therefore to an extent consensual. It is plausible enough to assume that adherence to some of the wilder stories about Covid pervading the internet stopped people from going mad. It is entirely sensible to state that Trump is a lunatic who should never have been running the country, but harder to take a stand against psychotic foreclosure as it operates for each subject—a necessary ignorance, or the imposition of meaning without room for doubt.

Angie Voela’s ‘Lockdown and Conspiracy Theories: Inaction, Transmission, Stupidity’, from the insightful *After Lockdown, Opening Up* collection, looks at conspiracy theories through the long tradition of American paranoia. The alien other of the 1950s was the UFO, a cultural phenomenon fuelled by the Red Scare and the shady presence of paranoid government agencies, but the amateur spirit of old-style ufology is a thing of the past. As Voela explains: ‘Their proponents distrust the



global systems of power and truth but are certain of dark plots no less universal: in fact, they embody what is most paradoxical about the ideological fantasy that subtends conspiracy theories, namely, *belief through disbelief* (p. 279). Conspiracy theories are not questions about the imposition of biopower, they are concrete answers that ascribe causal logic to the real, making the unknowable transparent.

Voela connects the ‘epistemic confusion’ of our times to a dysfunctioning symbolic order—the death throes of the discourse of the master reverberating through the social bond. Here we encounter a kind of patriarchal melancholia that can be a structural problem for Lacanian discourse theory, where conspiracy mainstreaming and other forms of ‘psychotic group thinking’ are associated with the decline of the authoritative paternal imago. This is a reprise of a familiar Lacanian decline narrative—an ambiguous lament for the kind of authority no one was keen on in the first place.

In the UK, Covid arrived at moment when the national symbolic was under strain. With an out-and-out chancer running the show there was little respite to be found in fantasies of authoritative government. In the *Analytic Agora* volume, Daniel Bristow and Thomas Hobson provide sharp analysis of the strategies of avoidance and disavowal haphazardly deployed by the UK government—one of the most half-arsed global responses to the pandemic. Bristow and Hobson’s contribution to the journal draws on prescient articles they had published in the midst of the crisis. As early as March 14, 2020 they wrote ‘the fight against covid is a fight for survival. It is forcing leaders—and those of us watching them—to confront very serious questions about which lives are important, which lives are worth saving and what ways of living are to be permitted’ (p. 54).

At the time UK government ministers and public health officials were giving broadcast interviews promoting their ambitions for ‘herd immunity’. The UK National Health Service (NHS), battered by years of ‘austerity’ politics, was ill-equipped to deal with a pandemic, long forewarned by virologists. Instead of providing adequate universal healthcare the government’s initial plan was apparently to ‘let the bodies pile high’ (as Boris Johnson allegedly declared), a process of weeding out the more vulnerable members of society so that a newly super-resistant populace could bloom in their place.

True to form, the representatives of state power would later deny their earlier promotion of a herd immunity policy—fake news, of course. The successful vaccination programme was endlessly championed as the unquestionable quilting point for the government response—whereafter it could always be said that ‘we got the big decisions right’. The rewriting of recent history granted the government agency when, in truth, it was ‘the people’ who were determining events. To begin with at least, the spirit of the times was one of compassionate universalism. With no lawful direction from above, you had to work it out for yourself. Parents had long stopped packing their kids off to school before they eventually closed. Policy makers, deceived by the mirror of their own ambitious individuality, believed the social cohesion required for lockdown impossible. But the people knew better, and where the people led, the government followed.

World history may have forced the government’s hand (selective social provision—furlough or work-from-home for the middle classes, while staff in



essential services, delivery and retail worked on) but as soon as possible responsibility was shifted onto individuals, what Bristow and Hobson describe as ‘a hyper-neoliberal manoeuvre’, communicated through slogans. The call to benevolent agoraphobia ‘Stay Home, Protect The NHS, Save Lives’ was hastily replaced by the obsessional mantra par excellence ‘Stay Alert, Control The Virus, Save Lives’. Throughout the pandemic period the UK government’s PR department displayed their deeply rooted penchant for the war metaphor, harking back to the glory days of two world wars and all that supposedly stirring malarkey—a language game that neutralises policy critics by positioning them as enemy collaborators ‘talking down Britain’.

Psychoanalytic Diaries of the Covid-19 Pandemic by Italian analysts, Angelo Antonio Moroni and Pietro Roberto Goisis, covers the early period of the pandemic in an intimate, accessible style. Day-by-day accounts show Moroni dealing with the inertia and defamiliarization of the new conditions and Goisis’s struggle with a serious bout of Covid. Northern Italy was the first region in Europe devastated by Covid, and Moroni also uses military metaphors to describe his work close to the epicentre of this human disaster—the Covid ‘frontline’. His is a ‘war diary’, his consulting space a ‘camp tent’, the hospital a ‘battleground’, with helicopters circling overhead, sirens wailing constantly. He describes being barricaded in his office, conducting endless Skype sessions with medics who are desperately tending to choking patients as beds and ventilators become increasingly scarce and stark decisions are made about who qualifies for treatment (age being the base criterion). Covid is a nightmare descended on their world. Death is everywhere.

The diary is an unvarnished account of the daily grind of working as an analyst in a time of ubiquitous death, fear and despair. In real time Moroni finds remote work deeply tiring—he starts having naps during the day for the first time. The diary entries are permeated with an inescapable sense of loss—the passing of a nuanced physical world extending beyond one’s place of dwelling, the absence of other bodies—the losses of what he did not know was his. Something is kept alive in the flickering Zoom screen, but, for Moroni, it is something of a half-life.

‘Paralysis’ is Moroni’s name for the peculiar set of constraints imposed by the virus. In his journal of quotidian reportage domestic pastimes are intercut with the testimony of analysands—accounts of anxiety and bereavement. The static present brings the past vividly to life. Moroni tussles with creeping institutionalisation, striving to resist total identification with his reclusive status. The diary format, an ‘automatic writing’ practice marking linear time, effectively captures the gradual unfolding of a kind of agitated nothingness—the plodding every-day, where half formed ideas swirl about in an enclosed space. Eventually the writing works its magic, Moroni’s deep interest in the world of people shows us that there is always time for living.

The other diary is the unsparingly honest work of psychoanalyst Pietro Roberto Goisis. At the onset of the virus, he had been unconcerned about his own health, bolstered by the feeling of ‘omnipotence’ conferred by this authoritative professional position. Goisis was scrupulous in protecting others but felt sure he could not be directly affected himself, linking this regulative idea to a common fantasy in the analytic world that psychoanalysis will protect the subject from any danger. When



his first Covid symptoms manifest he reacts with ‘textbook denial’—his own passion for ignorance matched by an eagerness at the clinical interface to discount anyone with non-overt symptoms. Then Covid hits him like a ton of bricks.

Fatigue, fever, nausea, serious respiratory failure, emergency room—the doctor joins the ranks of the sick. Goisis is less keen on the war metaphors: ‘I didn’t feel like I had to fight a war: I felt like I had to stay alive’ (p. 79). Hospitalised, he feels the shame of being ‘dirty’, one of the infected. This shame, personal and professional, was a factor in the non-disclosure of his Covid positive status to his patients, despite having seen them for sessions while contagious—an understandable moment of ethical confusion. Goisis tells the story of a subject supposed to know thrown into the madness of fear. It is writing that provides the way through; sitting up in his hospital bed, donned in a ‘bubble’ oxygen helmet, tapping out words on a laptop, he clings on to the Other for dear life. What pains Goisis the most is the loss of dignity as his body breaks down—sick and dishevelled, he can no longer sustain his idealised self-image. His painful Covid life lesson involves the forced renunciation of his position of mastery, an acceptance of physical and psychic limitations, a more real picture of himself.

In February 2020 I moved office. I went from a draughty room in a decommissioned library with boisterous sounds leaking in from the after-school club next door to a quieter space in a leafy suburb. Before I had a chance to get my broadband connected Covid struck. I had also failed to do due diligence on the phone signal. With the presence of young children making it impossible to work from home, I spent spring into summer sitting on the outside steps of my deserted office building conducting sessions on my mobile.

Later in the year I finished my own analysis, and bid farewell to the place of my dreams. It was a low-key ending. We are not talking about the cathartic method here. The moment to conclude came with a shrug of ‘if not now, then when?’ This was the paradox at the end of my analysis—a deeply profound moment in my life that passed in an inconspicuous fashion—the paradox where something ceases to exist and yet always remains.

In my own practice I could never hope to emulate my analyst’s exquisite formalism—it is a way to sustain a transference over many years, keeping the analysand guessing up to the end (I still wonder if she is like that with everybody). But I do not have the discipline to work in that highly ritualised, silent way—it is not my style. Giles Deleuze and Félix Guattari famously wrote that ‘a schizophrenic out for a walk is a better model than a neurotic lying on the analyst’s couch’ (1972/2004, p. 2). I do not know about that, but sitting on the steps talking on the phone worked okay. During lockdown I would actively chase down each week one of my long-term patients, a paranoid with small children and a history of multiple suicide attempts—I tried to make sure she did not fall away into oblivion. Over the difficult summer of 2020 this woman had been discharged by mental health services as a consequence of her ‘non-engagement’, and when the heaviness lifted somewhat, she told me ‘thanks for not giving up on me, I don’t know what would have happened to me and my family if you had’. I imagine that many analysts would see this mode of intervention as being too much like social work, beyond the limits of the analytic



offer. It is an interesting point of discussion. At the time my intention was just to keep her talking, talking being better than nothing at all.

There is a germane question around how the signifier ‘resilience’ has been put to use in the psychotherapies. Its ubiquity within well-being discourses coincided neatly with the UK government’s ‘austerity’ policies of the 2010s. The focus on resilience valorised the capacity to stoically endure the powerlessness and drudgery of one’s political and economic existence. Consequently, to me anyway, it has the flavour of submission as opposed to resistance. One hopes that in the time of the pandemic psychoanalysis should be able to offer more than resilience training based on the common-sense equation: pandemic = increased anxiety and suffering. The more psychoanalytic approach would be to ask what is at stake for the subject’s desire. Desire being, at its most fundamental, the desire to live.

It is through speaking that we learn about our desire. But speech needs a listener. The analysand speaks; the analyst listens, occasionally speaks. The importance of what the analyst has to say can be overstated. William Burroughs, homosexual and heroin user, so maybe not so ‘well adapted’ to the social reality of his time, wrote of his analysis with a rather stiff ego psychologist:

Analysis removed my inhibitions and anxiety so I could live the way I wanted to live. Much of my progress in analysis was accomplished in spite of my analyst who did not like my “orientation”, as he called it ... I was more pleased with the results than he was. (Burroughs, 2008, p. xxxix)

A successful analysis then. The act of listening gives substance to the speaker, and it is the desire to listen—whatever one’s clinical orientation, and in whatever pandemic we find ourselves—that is the unifying theme, the message of hope, in all these publications.

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