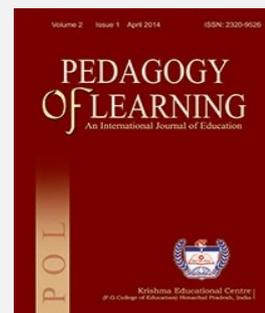


PEDAGOGY OF LEARNING (POL)
International Refereed/ Peer Reviewed
Journal of Education
E-ISSN: 2395-7344, P-ISSN: 2320-9526
Abstracted and indexed in: Google Scholar,
Research Bib, International Scientific
Indexing (ISI), Scientific Indexing Services
(SIS), WorldCat, Cite Factor,
Impact Factor: 0.787(GIF)
Website: <http://pedagogyoflearning.com>



COVID-19 turned Upside Down: A Psychological Perspective

DOI: 10.46704/pol.2020.v06i04.001

Vineet Gairola

Former Adjunct Faculty of Psychology, Ambedkar University Delhi, India.

E-mail: vineetworkz@gmail.com

Prabhat Kumar Mishra, Ph.D.

Professor, DEPE, National Council of Educational Research and Training, New Delhi, India.

Corresponding Author: Vineet Gairola

Article History: Received: 20 September 2020, Received in revised form: 15 October 2020

Accepted: 20 October 2020, Published online: 30 October 2020

ABSTRACT

Only little is known about COVID-19 which is now playing its engulfing function in terms of devouring global health, resulting in a crisis that is as novel as the novel Coronavirus strain itself. Both, the structure and function of COVID-19 have been documented and further research is in progress to fill the lacuna. With significant levels of globalization, COVID-19 spreads rapidly around the globe. Masses are hoping for a vaccine as their ultimate object of liberation. People are talking about crashing economy, but what about the crash of humans from their being? Here, a biological, psychological, and psychoanalytic understanding of COVID-19 is investigated. The impact of physical isolation has been documented, but mental isolation remains an uncharted space. The psychological trace-the paleontological psychic trauma of experiencing a pandemic as a witnessing subject is not much talked about. This effort is to open the paths to understanding COVID-19 which may seem pathless at first. An intra and interdisciplinary unison of psychiatry, psychology, and psychoanalysis is emphasized. Furthermore, yoga and meditation for strengthening both physical and psychological immunity along with facilitating the acceptance of psychological impact which is unregistered in the minds of a large population is elucidated.

Keywords: COVID-19, Psychiatry, Psychology, Psychoanalysis, Yoga, Meditation

INTRODUCTION

It is currently has been approximately one year since the first case of COVID-19 infecting a human on earth, which resulted in the pandemic that we all are in. It has ended up being a test of stress management and patience for both individuals and the societies we have created. The naming of novel coronavirus as COVID-19 was announced officially by the World Health Organization on February 11, 2020. On March 11, 2020, the World Health Organization mentioned it as pandemic

(WHO, 2020). COVID-19 from the family of coronavirus went local to global in a matter of days. As on 28th of November 2020, there are 62,048,177 cases worldwide with 1,450,136 deaths and 42,834,102 recovered patients (Worldometers, 2020, November 28, 2020). COVID-19 has currently affected “218 countries and territories around the world and 2 international conveyances” (Worldometers, 2020, November 28, 2020). The obscure nature of the novel Coronavirus with daily expansion is presenting a psychological threat which is fortunately not unknowable but is nonetheless neglected. The common cold has taken a new meaning and sneezing has become the biggest offense. Hoarding of essential supplies, physical isolation, and constant distress related to health has resulted in cough and cold being perceived a severe threat to life (Duan & Zhu, 2020). A severe economic crash has been documented (Zandifar & Badrfam, 2020), but what about the crash of humans from their being?

The SARS-CoV-2 Coronavirus strain was plausibly a zoonotic transmission which was first observed in Wuhan in Hubei province in China (Li, Guan, and Wu et al., 2020). It is 98 % similar to bat corona virus RaTG13 (Gorbalenya et al., 2020). Shortage for effective testing, uncertainty about the virus, taking note of challenges faced by front line health workers, and “conflicting messages from authorities” (Pfefferbaum & North, 2020), may very well result in a widespread emotional turmoil and the risk of being more susceptible to psychiatric illnesses (Pfefferbaum & North, 2020). Information overload related of COVID-19 can result in vicarious panic and even suicide (Goyal et al., 2020). This is a major concern as depression, anxiety, delirium, panic attack, etc. was seen among the survivors of the SARS outbreak (Maunder et al., 2003). The above claim is further strengthened as it is noted that patients with COVID-19 may fear death, doctors, nurses, and all the front-line workers may dread the possibility of spreading the virus to their significant others. Furthermore, there is a possibility of developing feelings of loneliness, fatigue, and anger by people in self isolation (Xiang et al., 2020).

Looking at the World through the Rear-View Mirror

In Mesopotamia, people began to develop agriculture and livestock. This new proximity between animals and humans facilitated the transmission of disease to the latter. Food production increased, communities and cities grew, trade routes appeared, and wars took place (McIntosh, 2005). All of this contributed to the spread of new contagious diseases. Although there are not enough historical traces or documentation, the first epidemics probably took place at this time or even the first pandemics, i.e., the spread of an outbreak among different people over large geographical areas covering the world (Barbour, 2011). The horrific plague of A.D. 1347-1351 claimed about 75 million lives (Kupperberg, 2008). Europe’s population was severely affected. The Spanish Influenza or Spanish Flu of 1918 wiped out more than 100 million lives. The advent of germ theory resulted in better ways of coping with the Spanish Influenza as compared to the dreaded plague which happened from 1347 to 1351 (Kupperberg, 2008).

First description of there being something known as Coronavirus can be traced to a study carried out in 1966 in which viruses were cultivated from patients having a common cold (Tyrrell and Bynoe, 1966). In attempts to historicize COVID-19, we would reach December 2019, the time around when the first cases were reported (Du Toit, 2020). Genetic epidemiology suggests that from December 18, 2019 through December 29, 2019, five patients were hospitalized with acute respiratory distress syndrome and one of these patients lost their life (Ren et al., 2020). COVID-19 was not seen as a virus that would spread the way we can witness it now (Rothan & Byrareddy, 2020). Dr. Li Wenliang came as the first individual who discovered what now the pandemic spread is across the globe (Žižek, 2020). COVID-19 brings to us a paradoxical way of life. On one hand, there are frontline workers who are overworking despite exhaustion and burnout and on the other hand, there are people who have nothing to do and are almost managing to sit in their homes (Žižek, 2020). Creative living to manage the burnout would be to remain like a dewdrop on a leaf-both attached and

Pedagogy of Learning (POL)

Vol. 6 (4), October 2020 © Pedagogy of Learning & the authors.

Refereed/ Peer Reviewed Journal, E-ISSN: 2395-7344, P-ISSN: 2320-9526

Web: <http://pedagogyoflearning.com>

detached concurrently. COVID-19 has shaken the world. It is a reminder that the hidden hides in the hyper-presence of perceived absence.

COVID-19 as a Psychoanalytic Object

A psychoanalytic understanding of an object is anything i.e., a person, an event, a piece of writing, and so on to whom an individual relates which holds a significant place in their inner world. In other words, an object is not something which is inanimate; it can be one's mother, father, and so on (Greenberg & Mitchell, 1983). An object is not only about physical presence, it is as much about the psychological presence if not more. These internalized objects with which one identifies is the domain which is known as object relations in psychoanalysis (Greenberg and Mitchell, 1983). Even medication is not something which is static—it is very much dynamic in the inner world of the patient. Medication is also thought of as a person, i.e., as an object (Tutter, 2006). Vaccine for COVID-19 is seen as the promise of a good object which would save one from COVID-19, which is an engulfing bad object.

Melanie Klein was the one who theorized about paranoid-schizoid position and depressive position, i.e., how our psyche organizes experiences (Klein, 1975). Most people are experiencing COVID-19 from a paranoid-schizoid position. In this position, there is persecutory anxiety related to things that originate from outside. There is a splitting of goodness and badness. Both cannot exist together. Psyche during today's times has seen a tremendous shift to the paranoid-schizoid position as people are experiencing COVID-19 as a bad object, generating anxiety, panic, and fear is the general experience of people. On the other hand, depressive position is one where goodness and badness can be integrated. It is a movement from a feeling of attack to a feeling of concern. COVID-19 can be seen as a haunting and a terrorizing object with its own shadows and an integration of what life presents require critical reflection rather than the defensive masquerade of toxic positivity.

The 'and' between psychiatry, psychology, and psychoanalysis

This is high time to re-member and work through what pioneers in health care vocation did. Ronald David Laing, Thomas Szasz, Wilhelm Reich, Sigmund Freud, Jacques Lacan, Carl Gustav Jung, and Girindrasekhar Bose amid others have given us a unique synthesis of psychiatry, psychology, and psychoanalysis. This 'and' is a cathartic thread in the current scenario—need of the hour to have a holistic understanding of COVID-19, of patients, and of one's own Self. These three domains are a continuum. This continuum is something which can help us to work through this novel situation in a manner which would be reliable, valid, and most effective in assessment, intervention, and mitigation of COVID-19. Along with a collective international effort which is required to face the COVID-19 fallout (Spinelli & Pellino, 2020), for crisis management, a collective intra and intradisciplinary approach is as much called for.

On Yoga, Immunity, Medication and Meditation

Both medication and meditation are what is required in the COVID-19 era. This statement ought not be underestimated or overanalyzed. Both inner and outer need to be in a correspondence. (Heal)th is associated with healing—it is related to recovery from an illness. *Swasthya*, a Hindi word is more than healing and illness. *Swa* means "the Self." *Swasthya* means one who is established in the Self. There is no word in any language which corresponds to the word *swasthya*. Translating *swasthya* only as health would be a misplaced understanding of the word. Meditation is a process to realize *swasthya*. In the times of uncertainty and ambiguity related to COVID-19, *swasthya* brings us an experiential reminder to cope with the torments of today's times with intelligence, courage, and intensity. If people can be mindful of their breath, being aware that they are inhaling and exhaling. This attention to the inner process while doing the necessary everyday required tasks is enough. These practices are not words to be remembered, but experiences to be realized. It has the capacity to give language to the un-expressed. Psychological impact of self-isolation is evident. During the SARS

Pedagogy of Learning (POL)

Vol. 6 (4), October 2020 © Pedagogy of Learning & the authors.

Refereed/ Peer Reviewed Journal, E-ISSN: 2395-7344, P-ISSN: 2320-9526

Web: <http://pedagogyoflearning.com>

outbreak, prolonged quarantine resulted in experience of PTSD symptomatology. Those who were in contact with a person with SARS or were aware of their acquaintance contracting SARS experienced depression and PTSD (Hawryluck et al., 2004).

No matter how many vaccines come, new viruses will come even after mastering vaccines. Superbugs would come in and many new diseases would come. We might release one vaccine, but nature can release hundred viruses after this which could combat our vaccine. We cannot guess what will come next. We need to develop our own immunity. No medical science can save us if we do not strengthen our immunity. COVID-19 outbreak has affected elderly people and young children to a dreaded extent and reason for the increased fatality rate of above mentioned age groups is linked to a weak immune system which is unable to combat the infection (Wang, Tang, & Wei, 2020). The causation between immune dysfunction and COVID-19 is not something which is not established (Tay et al., 2020).

What COVID-19 does to the body is known to some extent by now and more research is underway. What does it do to our soul? Fear of infection, isolation, worries about loved ones who are at risk-what can we do to not be overwhelmed by panic? A chronic stress response is created. One is continuously in a situation where one thinks one must fight, run (flight), or freeze. A virus is a threat that we cannot see or feel, similar to radiation. This gives fear another dimension. Nobody knows what to do and everyone wants to do something. “Pain is inevitable. Suffering is optional” (Murakami, 2008). In other words, given the current scenario, a time of crisis where people feel isolated at maximum strength, what is avoidable is the pain that people go through to avoid pain. The time has come to return to the sutras on Ashtanga Yoga elucidated by Maharshi Patanjali. Yoga at the crossroads of therapeutic praxis is seen a valuable therapeutic asset in the realm of psychiatry (Varambally & Gangadhar, 2012). Yoga is a Sanskrit word for union (Iyengar, 1993). Yoga is proven to play an effective role in the treatment of depression and dealing with stress (Rohini et al., 2000; Kirkwood et al., 2005). On a neurophysiological level, yoga has demonstrated a change in stress and anxiety levels and PTSD (Brown & Gerbarg, 2005). A feeling of unified connection in moments of current pandemic situation can help to understand the scenario better, to step out of mass delirium, and to work through human narcissism. It is important to realize that humans are *part* of the world, not the world. For both patients and caregivers, yoga along with meditation can do remarkable wonders only if it is practiced.

DISCUSSION

COVID-19 continues to keep the world on tenterhooks. Dread of the invisible brings visible psycho-psychiatric dis-ease. In this paralysis of social contact, people are beginning to think about crisis as a reality powerful enough to result in mental impingement. The best thing we can do in any outbreak is to constrain our contact with others, practice good hygiene, and cleanliness. Will future humans look back at us with contempt or will they applaud us for our sincere action? It is to note that crises are not inherently negative. The script of breakdown often hides the possibility of a breakthrough. It is crucial to consider that pandemics are different from epidemics. A pandemic is an outbreak which spreads throughout the world. However, the reach of an epidemic is smaller when compared to a pandemic (Barbour, 2011). Influenza pandemics are recurring cataclysmic events comparable to tsunamis, hurricanes, and earthquakes (Osterholm, 2007). The unthinkable needs to be felt and that which is felt need to be thought of. Nature is not only Swiss Alps, also COVID-19. It is of utmost importance to understand nature the way it is—not to dissociate goodness from the badness and badness from goodness. Each separation is a link.

History has no interest in repeating itself. It is often one’s own actions which shape the experiences which are attributed to the historical. Furthermore, despite major advances in medicine, COVID-19 continues to claim many victims. Poor and remote populations remain the main victims of COVID-19. It is important to look and address the profound implications for individual, collective,

Pedagogy of Learning (POL)

Vol. 6 (4), October 2020 © Pedagogy of Learning & the authors.

Refereed/ Peer Reviewed Journal, E-ISSN: 2395-7344, P-ISSN: 2320-9526

Web: <http://pedagogyoflearning.com>

social, and emotional functioning (Pfefferbaum & North, 2020) in the times of COVID-19. The world needs a uniting function of psychiatry, psychology, and psychoanalysis to bring-forth good enough referents to deal with daily spontaneous challenges that COVID-19 presents to us. Yoga and meditation come as a site where illness can meet stillness. *In vitro* lifestyle is asking redemption of *in vivo* way of being in our daily lives. Acceptance of dissonance is the first step towards harmonization. Strengthening of immunity is most vital in the times of COVID-19 which is not only biological but also psychological. These were the essential notes on what biology, psychiatry, psychology, psychoanalysis, yoga, and meditation can offer to the understanding of COVID-19.

CONCLUSION

The Sanskrit phrase, *Vasudhaiva Kutumbakam*, “whole world is a family”, is an experiential quality from which we can learn to cope with stress, panic, anxiety, and uncertainty in relation to COVID-19 and grow through whatever we go through. Yoga i.e., the union of intradisciplinary and interdisciplinary thought is what is essential in today’s times. Shifting blame does nothing to protect ourselves or the people we love. We just have to do our part. COVID-19 comes as an important reminder to understand care of the self. Yoga and meditation are time after time proven for reduction of stress, anxiety, depression, and strengthening of immunity, which are points of concern in the COVID-19 era. It is important to understand the interconnectedness and reverse mathematics of nature to prepare ourselves for the future outbreaks. COVID-19 is a reminder of the tendency of human beings to bring them at the center. This blow to human narcissism also opens a door to understanding the unison with nature and to go beyond narcissism masquerading as Humanity with a capital H. COVID-19 is a biopsychosocial struggle which people may register after it would slowly start to disappear. Precursor to changes of all kinds is acceptance of aspects where one desires change. COVID-19’s *nachträglichkeit*, “deferred action” (Lauretis, 2008) has the possibility of taking exceptional agential forms in a post COVID-19 era which would bring-forth new potentialities and actualities.

REFERENCES

- Barbour, S. (2011). *Is the world prepared for a deadly influenza pandemic?* San Diego, CA: ReferencePoint Press.
- Brown, R. P., & Gerbarg, P. L. (2005). Sudarshan Kriya Yogic breathing in the treatment of stress, anxiety, and depression. Part II—clinical applications and guidelines. *J Altern Complement Med.*, 11(4), 711–717. <https://doi.org/10.1089/acm.2005.11.711>
- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry.* 1-2. [https://doi.org/10.1016/S2215-0366\(20\)30073-0](https://doi.org/10.1016/S2215-0366(20)30073-0)
- Du Toit, A. (2020). Outbreak of a novel coronavirus, *Nat. Rev. Microbiol.*, 18(123). <https://doi.org/10.1038/s41579-020-0332-0>
- Gorbalenya, A. E., Baker, S. C., Baric, & R.S. et al. (2020). The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol.*, 5, 536–544. <https://doi.org/10.1038/s41564-020-0695-z>
- Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M. P. (2020). Fear of COVID 2019: First suicidal case in India!. *Asian J. Psychiatr.*, 49, 101989. <https://doi.org/10.1016/j.ajp.2020.101989>
- Greenberg, J. R., & Mitchell, S. A., 1983. *Object relations in psychoanalytic theory.* Cambridge, Massachusetts: Harvard University Press.
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases*, 10(7), 1206-1212.
- Iyengar, B. K. S. (1993). *Light on the Yoga Sutras of Pantanjali.* Harper Collins: London.

- Kirkwood, G., Rampes, H., Tuffrey, V., Richardson, J., & Pilkington, K. (2005). Yoga for anxiety: a systematic review of the research evidence. *Br J Sports Med.*, 39, 884–891. <https://doi.org/10.1136/bjism.2005.018069>
- Klein, M. (1975). *Love, guilt, reparation, and other works, 1921-1945*. New York, NY: The Free Press.
- Kupperberg, P. (2008). *The influenza pandemic of 1918-1919*. New York, NY: Chelsea House.
- Lauretis, T. (2008). *Freud's drive: Psychoanalysis, literature and film*. Basingstoke: Palgrave MacMillan.
- Li, Q., Guan, X., Wu, P. et al. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *N Engl J Med.* <https://doi.org/10.1056/NEJMoa2001316>
- Maunder, R., Hunter, J., Vincent, L., Bennett, J., Peladeau, N., Leszcz, M. et al. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Can. Med. Assoc. J.* 168(10), 1245–1251.
- McIntosh, J. R. (2005). *Ancient Mesopotamia: New perspectives*. California, CA, ABC-CILO.
- Murakami, H. (2008). *What I talk about when I talk about running: A memoir*. (P. Gabriel, trans.). New York, NY: Alfred A. Knopf.
- Osterholm, M. T. (2007). Unprepared for a pandemic. *Foreign Affairs*. Available at: <https://www.foreignaffairs.com/articles/2007-03-01/unprepared-pandemic> (Accessed 28th July 2020).
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *N. Engl. J. Med.*, 1-3. <https://doi.org/10.1056/NEJMp2008017>
- Ren, L. L., Wang, Y. M., Wu, Z. Q., Xiang, Z. C., Guo, L., Xu, T. et al. (2020). Identification of a novel coronavirus causing severe pneumonia in human: A descriptive study. *Chinese Med J.*, 133(8), 1015-1024. <https://doi.org/10.1097/CM9.0000000000000722>
- Rohini, V., Pandey, R. S., Janakiramaiah, N., Gangadhar, B. N., & Vedamurthachar, A. (2000). A comparative study of full and partial Sudarshan Kriya Yoga (SKY) in major depressive disorder. *NIMHANS Journal* 18, 53–57.
- Rothan, H. A., Byrareddy, S. N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J Autoimmun.* 109, 102433. <https://doi.org/10.1016/j.jaut.2020.102433>
- Spinelli, A., & Pellino, G. (2020). COVID-19 pandemic: perspectives on an unfolding crisis. *BJS Society*, 107, 785-787. <https://doi.org/10.1002/bjs.11627>
- Tay, M. Z., Poh, C. M., Rénia, L., MacAry, P. A., & Ng, L. F. P. (2020). The trinity of COVID-19: Immunity, inflammation and intervention. *Nat. Rev. Immunol.*, 20, 363-374. <https://doi.org/10.1038/s41577-020-0311-8>
- Tutter, A. (2006). Medication as object. *J Am Psychoanal Assoc.*, 54(3), 781-804. <https://doi.org/10.1177/00030651060540031401>
- Tyrrell D. A., & Bynoe M. L. (1966). Cultivation of viruses from a high proportion of patients with colds. *Lancet* 1, 76–77. [https://doi.org/10.1016/s0140-6736\(66\)92364-6](https://doi.org/10.1016/s0140-6736(66)92364-6)
- Varambally, S., & Gangadhar, B. N. (2012). Yoga: A spiritual practice with therapeutic value in psychiatry. *Asian J. Psychiatr.*, 5, 186-189. <https://doi.org/10.1016/j.ajp.2012.05.003>
- Wang, W., Tang, J., & Wei, F. (2020). Updated understanding of the outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China. *J. Med. Virol.*, 92(4), 441-447. <https://doi.org/10.1002/jmv.25689>
- WHO. (2020). *WHO Director-General's Opening Remarks at the Media Briefing on COVID19-11*. Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> (Accessed 28th July 2020).
- Worldometers. (2020). *COVID-19 Coronavirus Outbreak*. Retrieved November 28, 2020, from <https://www.worldometers.info/coronavirus/>

.....

- Xiang, Y. T., Yang, Y., Li, W., Zhang, Q., Cheung, T., & Hg, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry* 7(3), 228–229. [https://doi.org/10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8)
- Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian J. Psychiatry* 51, 101990. <https://doi.org/10.1016/j.ajp.2020.101990>
- Žižek, S. (2020). *Pandemic! COVID-19 shakes the world*. London and New York, NY: OR Books.

How to cite this article:

Gairola, V. & Mishra, P.K. (2020). COVID-19 turned upside down: a psychological perspective. *Pedagogy of Learning*, 6 (4), 01-07-27. Available at: <http://pedagogyoflearning.com>.
