Opinião dos Especialistas – O mundo e a Covid-19

A pandemia da Covid-19 fez com que cada indivíduo, agora convivendo com as restrições impostas para conter uma catástrofe mundial de saúde, tivesse que refletir sobre valores e ações que configuravam nosso dia a dia.

Nesse contexto, sentimos a necessidade de propor, em nosso espaço de compartilhamento de informações e conhecimento, uma discussão sobre a pandemia e suas implicações. A *Revista Psicopatologia Fenomenológica Contemporânea*, dessa forma, apresenta uma seção especial intitulada "Opinião dos Especialistas", em que pretendemos convidar importantes autores do campo da Psicopatologia Fenomenológica para apresentar sua experiência em primeira pessoa e proporcionar novos olhares sobre o momento atual em seu contexto individual e coletivo e assim, quem sabe, iluminar caminhos para o futuro.

Começamos a discussão, na edição de maio de 2020 com as ricas contribuições do Prof. Dr. Jean Naudin, (França) – publicado novamente nesta edição com a versão em inglês. Também nesta edição de novembro, a seção recebe os ensaios da Profa. Dra. Francesca Brencio (Itália) e Profa. Dra. Virginia Moreira (Brasil). Relembramos que a reflexão desses autores foi instigada a partir de dois questionamentos propostos pelos editores da rPFC:

• A partir de sua formação pessoal, conhecimento teórico e experiência cultural, como descreveria os fenômenos do medo e da expectativa vivenciados pelos indivíduos durante a pandemia e a quarentena?

• Qual sua análise sobre as relações dialéticas entre restrição versus liberdade e risco versus saúde presentes na atual situação da pandemia?

Experts' Opinion – The World and COVID-19

The COVID-19 pandemic has compelled each and every one of us—now living under restrictions imposed to keep a global health catastrophe in check—to reflect on the values and actions that used to shape our daily lives.

Against this backdrop has emerged our need to propose, in our space for information and knowledge sharing, a discussion about the pandemic and its implications. To this end, *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC) has dedicated a special section entitled "Experts' Opinion," to which prominent authors from the field of Phenomenological Psychopathology will be invited to present first-person accounts of their experiences and provide new perspectives on the current moment, both in its individual and collective arcs, and thus, hopefully, illuminate new paths for the future.

We started the discussion, in the May 2020 edition, with the valuable contributions of Prof. Dr. Jean Naudin (France) — published again in this issue in an English version. Also, in this November edition, the section receives essays written by Profa. Dra. Francesca Brencio (Italy) and Profa. Dra. Virginia Moreira (Brazil). We recall that these author´s reflections were instigated by two questions put by the editors of the rPFC—namely:

• Drawing on your professional training, theoretical knowledge, and cultural experience, how would you describe the phenomena of fear and expectation experienced by individuals during the pandemic and quarantine?

• What is your view of the dialectic relationships between restriction and freedom, as well as between risk and health, operating in the current pandemic juncture?

Mind your words.

Language and war metaphors in the COVID-19 pandemic[*]

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Abstract

Through this contribution I aim to show how the role of language and metaphors is fundamental to our understanding of reality, affecting the way we ordinarily act and live, and particularly important in facing fears and anguish. This is more evident in these times of the COVID-19 pandemic, where our experiences of language and of the world seem to be characterised mainly by war terminology. Politicians declare themselves at war fighting an invisible enemy and health care workers, who are in direct contact with COVID-19 positive patients, are said to be "fighting" on the "frontlines". Starting from a philosophical account of the relationship between language, fear and anguish, I aim to show how this narrative is unhelpful, both for society at large and especially for patients and health care workers. While war narratives instil fear, it seems to me that new forms of solidarity and new models of coexistence are required. Since language shapes the way in which we think, live and act, it is important to choose words that encourage people to act responsibly, to cooperate and to overcome the hardships of the COVID-19 pandemic together.

How language shapes our life

"The limits of my language mean the limits of my world" (2000, p.68), wrote Ludwig Wittgenstein in his *Tractatus Logico-Philosophicus* addressing the relationship between our ability to use language and to provide meaning. This sentence should be a compass in conceiving and using language since the way in which we think and talk shapes the way in which we live and act. Our behaviour is not merely the result of a complex relationship between education, shared values and social practices, but it is also a relationship with linguistic patterns which show an implicit ontology: "All our knowledge (…) is always already shaped by what might be called our implicit ontology (…) which is in our practices as ways of behaving towards things and people" (Dreyfus, 1980, pp.10-11). As such, our behaviour is a set of practices aimed at understanding the form of existence we embody.

Through the efforts of understanding, language unveils its role, telling us the measure of acting and behaving and the nature of things in general. Language is closely tied to the human ability of "dwelling" in the world: "Man acts as though he were the shaper and master of language, while in fact language remains the master of man" (Heidegger, 1971, p.215). Language, as the ability to speak and to listen, is one of the fundamental features of human existence. Through language we "touch the inner most nexus of existence" (Heidegger, 1982, p.57) and we find ourselves in moods (Heidegger, 1962; Brencio, 2019). Human beings are not restricted to a mere verbal exchange of information. Rather, through dialogue, which includes non-verbal cues, we discover our existence and the world in which we are embedded; we find possibilities to provide meanings to experiences and relations, to express our creativity and somehow also to master our existence. Language situates us in a world and discloses the possibility of being toward the others.

Words and metaphors are not merely signs that we employ in our ordinary way of using language. They have significance as objects, but also as relations. Words are the tools that open the door for relations, unveiling the meaning of experiences (Brencio & Bauer, 2020) and our place within them. As such, language is not a tool in the same sense as a chair, a desk or a pen. It is not merely something which unveils actions and goals. Rather, it shows how we see things, situations, relationships, events. It unveils our social landscapes describing a geography of values, beliefs and practices; it nourishes our moods and emotions contributing to locating ourselves in relation to fear and anguish. The role of language in facing these two elements (fear and anguish) is a topic central both in philosophical and clinical literature. It deals with

the issue of *speaking about the unspeakable* in order, not only to name it, but moreover to signify and make understandable what otherwise is not (Brison, 2002). Somehow language also attempts to unveil the uncanny (*Unheimlich*), which is at the core of every experience of anguish, providing different names to designate what summons us through these experiences (Heidegger, 1998).

The current COVID-19 pandemic is showing us very clearly many fundamental issues which, perhaps, we are not used to thinking about, or which we take for granted, or which we tend to push aside: *who* we are as community; *how* we live, both as individuals and as a society; *what* is our relationship with the environment. The pandemic puts everything into a different perspective, which confronts us all with our own issues. It unveils not only how vulnerable we are, but also how imperfect our society is when it is not built upon forms of coexistence based on solidarity and responsibility. Also in this context, language pays an important role. The use of language in public communication is a fragile element. It is more than a means of sharing information; it carries values, impacts on both personal and social behaviours, encourages practices, nourishes social emotions and defines clinical practices.

War jargon as the mirror of a society

Since it began, the narrative around the COVID-19 pandemic is strongly influenced by war terminology and military metaphors as the commentary published in *The Atlantic*, entitled *The Case Against Waging 'War' on the Coronavirus*, shows[2]. By choosing to frame the pandemic in military terms, governments are clearly trying to communicate the gravity of this public health crisis, one that requires the type of state intervention and personal sacrifice most nations have not experienced in peacetime. But drawing this imperfect parallel can have the unintended consequence of causing fear and panic too. In this scenario, politicians declare themselves at war, fighting an invisible enemy[3] and health care workers, who are in direct contact with people infected with the Coronavirus, are said to be "heroes", "fighting" on the "frontlines" (Zhang, 2020)[4]. This might have a negative effect as this kind of language and

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[2] Serhan, Yasmeen. (2020, March 30). The Case Against Waging 'War' on the Coronavirus. *The Atlantic*. Available from: https://www.theatlantic.com/international/archive/2020/03/war-metaphor-coronavirus/609049/.

[3] 'Invisible enemy': Trump says he is 'wartime president' in coronavirus battle - video. (2020, March 23). *The Guardian*. Available from: https://www.theguardian.com/world/video/2020/mar/23/invisible-enemy-trump-says-he-is-wartime-president-in-coronavirus-battle-video.

[4] Zhang, H. (2020) Early lessons from the frontline of the 2019-nCoV outbreak. *The Lancet* [Internet], 395(10225), 687. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0140673620303561; see also Sims J. (2020 April 23), Heroism is the best of human nature – but does it have to be defined by one great act? Will the pandemic change who we see as heroes? *BBC.com*. Available from: https://www.bbc.com/worklife/article/20200422-will-coronavirus-change-how-we-define-heroes.

metaphors may instil fear and anxiety in health workers and in society as a whole. A feeling of powerlessness, of not being up to the task, or of "losing the battle" is the consequence of this use of metaphors. These emotions add to the high pressure that health care workers are already under and it shows how this language is useless in terms of the moral decisions they are required to take. This improper use of metaphors may morally and psychologically injure health workers[5]. This stands in stark contrast with what is at the heart of health care professions, namely care and compassion. Health care workers rarely see themselves as heroes and this should be recalled daily. It seems to me that what is fundamental is that politicians and the media support them by putting forward the values of care, compassion and solidarity, instead of describing their work as that of "heroes fighting battles" (Nussbaum, 2018).

The COVID-19 pandemic affects every health worker. In response to this crisis, for example, surgeons are being forced to shift from patient-centred ethics to public health ethics (Angelos, 2020). This shift, which has occurred in multiple ways, inevitably causes moral distress. Many health care providers are forced to consider what their true ethical responsibilities are due to situations such as cancelling surgeries for people who need those operations, needing to choose which operations to proceed with and which can wait, having to choose whether to withhold chemotherapy for life-threatening cancer because it may suppress the immune system and increase the susceptibility to a COVID-19 infection, and facing the scarcity of PPE (personal protective equipment) and the risk of contracting the virus. From this perspective, it becomes clear that war narratives do not aid either the infected or those who are treating them. It is precisely in these very sensitive times that we need safety, care, compassion and solidarity as values and pathways to get through the pandemic.

If language is a mirror of *how* we think and act, the war jargon employed with reference to the current state of the pandemic in every form of communication shows many aspects of our society. Is war terminology helpful, emphasising the parallels between the COVID-19 pandemic and war? There are some obvious parallels: in one way or another, the pandemic impacts our lives and, just like in a war, we perceive a tangible risk of losing our lives, our loved ones, our livelihood, homes, financial security, or all of the above. Similar to a war, health care systems around the world are confronted with a demand that greatly exceeds their capacities. However, it is "curious" that the war narrative has spread more widely and faster

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[5]Senior, J. (2020, March 29). The Psychological Trauma That Awaits Our Doctors and Nurses. *The New York Times*. Available from: https://www.nytimes.com/2020/03/29/opinion/coronavirus-ventilators-rationing-triage.html?fbclid=IwAR1g4ourp6H5ukvkcOjQZ_96yNw5B2Hl2s2-KgZ0V0KhcCQQd7V3n9PlkhU ; https://www.bmj.com/content/368/bmj.m1211?fbclid=IwAR02KkTFyAQkpy8YhI9Hhr3VwpQDyQ_ALI-n6GtA_CUIIEMndNkFAVx3Cro.

than any other narrative. From the many other possible choices, it is the war narrative that speaks to society at many levels. As result of this overwhelming and intoxicating narrative, there is a high tendency of not fulfilling responsibilities. Like in the war scenario, where ordinary people are not responsible for the war, no one seems to be responsible for the contagion, even if this is false since each of us is responsible for his/her behaviour in terms of personal and social choices. In fact, contrary to a war scenario, responsibility and freedom cannot be separated in the pandemic. The most evident outcome of this situation is that there are no winners or losers, no enemies or allies. This way of thinking and speaking is a mere result of an ideological propaganda spread in many countries across the globe. Rather, the pandemic unveils how solidarity and empathy are significant experiences that allow the appreciation of difference, contributing to the struggle against stigma and urging us to question the nature of our identities and values. In this way, solidarity and empathy are precious tools to investigate *who we are*. They allow for the emergence of a space in which more ethical relationships between humans can develop, and can involve non-humans and the environment in their mutual belonging.

As social animals, it is precisely in moments like these that our ability to be in dialogue with others becomes a priority. Emphasising this through the language we use may help to encourage responsible social behaviours that also support our mental health and limit the spread of the virus. Isolation and quarantine measures do not only affect our mental health (Brooks, Webster, Smith, et al., 2020) and the way in which we live in these times, but they also affect our relationship with death. Mortality and human vulnerability have become more present and tangible in our lives. Because of the social measures, many people infected with the coronavirus die alone, maybe not far away from their homes, but without the comfort of their family and loved ones. As visitors are often not allowed in hospitals, there is a real human tragedy unfolding before our eyes: death, one of the most intimate events in human life, is now deprived of its social aspect. In some countries, for months, funerals were not organised, mourning loved ones in the cemetery was not possible, and finding solace in the presence of others was not allowed. In these times of hardship facing our own vulnerability, we need the comfort of social interaction even though the contact needs to happen at a physical distance to prevent further infections. Physical distance is not synonym for social distance: we are required to redefine social closeness and interaction in being physically distant, a challenge which involves our own experience of the body, of our intercorporeality and our interaffectivity.

The quest for solidarity and the discovery of differences

My idea is that instead of war terminology that points at an "invisible enemy", we need a narrative that reminds us all of our responsibility, both in personal and social behaviours, to limit the spread of the virus and to help those in need. To overcome the global pandemic and its devastating effects we need solidarity, a value opposite to war terminology. The quest for solidarity in this pandemic is urgent and we saw an incredible worldwide effort at solidarity. China sent protective gear to Europe, German hospitals took in French and Italian patients, Cuban doctors travelled to Europe to help their colleagues in Italy, as well as in Russia. This solidarity is the very root of social life. Social life entails solidarity and if we want to take it a step further, solidarity entails altruism. This quest for solidarity "in the age of COVID-19" unveils the double nature of empathy. Empathy provides us with a sense of ontological rootedness, not because it restores in us an illusory sense of lost fullness, but because it does precisely the opposite, it unsettles us ontically and it grounds us ontologically in truth, which is the basis of our ethical life (Clohesy, 2013, p.37). Conceived as a fissure into shared values and beliefs, empathy allows the understanding and appreciation of differences and, at the same time, the possibility for demolishing stigma in every situation and, also in the context of the coronavirus, paving the way for compassion and solidarity.

The fear of being infected is not only a concern perceived by health workers, but also by people in general. The development of a proper phobia can affect behaviours – both individual and social – close to the obsessive. It is in this hypertrophic region of fears and concerns, that stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk of contracting the disease. Stigma can also occur after a person has been released from quarantine even though they are not considered a risk for spreading the virus to others. Discrimination can also affect emergency responders or health care professionals[6]. Through stigma and discrimination an individual (or group of individuals) is disqualified from full social acceptance and the risk of a process of self-stigmatisation is implicated into this perverse dialectic. The relationship between diagnosis and stigma, which is a big issue for every diagnosis, is particularly evident in the context of the current pandemic. In fact, on one hand if diagnosis is the first tool used by clinicians to name the virus and to find an appropriate treatment, on the other hand it is also a label that accompanies a patient's experience and, in

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[6]Reducing Stigma. (2020). *Centers for Disease Control and Prevention – CDC24/7*. Available from: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html.

many cases, it interferes with interpersonal relations, professional career, social exchanges and also affective life. The diagnosis of the coronavirus may lead to the consolidation of a stigma around the person who receives the examination, as for example happens in BAME populations who are at significantly higher risk of developing and dying from COVID-19[7]. This displays the social and economic differences among people, dismantling the rhetoric that claims that the virus is a great equaliser for social justice. The poor can be disproportionately affected by quarantine, in ways that may not be visible to people in relatively privileged conditions.

The movement from a private, subjective experience of illness to an objectified disease, which continues to be experienced as symptoms by the ill person, is a significant transition and, in case of the coronavirus, it has particularly important consequences on family members and the community. The illness "is no longer a private musing on the nature of an unexpected bodily change, but an item in a medical vocabulary and ontology, to which shared meanings and knowledge are attached" (Carel, 2018, p.69). One of the recent recommendations of the United Nations, in accordance with the World Health Organization's policy[8], is to recognise that although the COVID-19 crisis is, in the first instance, a physical health one, it has the seeds of a major global mental health crisis. The pandemic may affect mental health through its potential direct and indirect impacts on existential feelings: anguish, fear, and anxiety, which are emotions that are able to undermine ordinary life. The measures to limit the contagion, such as physical distancing and the damage to the global economy, cause emotional distress and an increase in mental health issues such as depression and anxiety (Pfefferbaum & North, 2020). Sometimes mental distress manifests as physical or behavioural symptoms, such as sleep disturbances, loss or gain of appetite, and irritability. In people with pre-existing mental health issues, the pandemic has intensified these: anxiety disorders become more vivid as there is now a concrete, existential threat. Hopelessness about the situation, and especially its uncertain outcome, exacerbates depression.

In the current pandemic, we experience not only fear – fear of being infected, of being hospitalised, of being intubated, of being in intensive care, of dying – but also anguish and anxiety, both as individual manifestations and collective ones. An infection with the coronavirus is not only a terrible personal experience but it is also a collective trauma, which

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[7] Pan, D., Sze, S., Minhas, J. S., Bangash, M. N., Pareek, N., Divall, P. et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review, in *The Lancet*, June 03, 2020. Available at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30148-6/fulltext#%20.
[8] UN Policy Brief: COVID-19 and the Need for Action on Mental Health (2020, May). Available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf.

involves society at many levels. The transition from personal experience to personal trauma in the COVID-19 pandemic is very important, both for its social and healing implications (Brencio & Novak, 2019). When a trauma enters into someone's life, everything changes – both in a personal and a collective dimension. The current pandemic shares important features with other collective traumas beyond the individual person's control, ranging from existential feelings such as anxiety about death and psychosomatic responses to more severe psychiatric presentations such as delirium and complex-PTSD. The process that begins with a collective trauma transforms challenging experiences into a collective memory, and culminates in a shared system of meaning, conveyed through language, that allows groups to redefine who they are and what they experienced along this journey (Hirschberger, 2018). Through language and narrative, a collective memory persists beyond the lives of the direct survivors of the virus.

Metaphors Matter

The use of metaphors for describing diseases is common in the large reception of clinical terms, but throughout the XIX century disease metaphors become more virulent, preposterous, demagogic (Hauser & Schwarz, 2019). In her book entitled *Illness as a Metaphor*, Susan Sontag wrote: "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place" (Sontag, 1978, p.3). Modern disease metaphors specify an ideal of society's well-being, analogised to physical health, that is as anti-political as it is a call for a new political order. The language of treatment evolves from military metaphors of aggressive warfare to metaphors featuring the body's "natural defences".

Metaphors are not just poetic ornaments or a rhetorical flourish. They are so deeply embedded in our language that they often go unnoticed. We use metaphors and, at the same time, we are shaped by them. According to Lakoff and Johnson, the way we think about concepts is fundamentally metaphorical. They play an essential role in the process of understanding atmospheres, which surround the pre-reflexive nature of the experience. Metaphors do not pin down atmospheres, rather they enhance atmospheres, amplifying them and linking other metaphors. In the attempt to get closer to the truth of the experience they enable a self-sustaining process of understanding and experiencing one kind of thing in terms of another, which has been considered by Lakoff and Johnson as the basis of our everyday conceptual system (Lakoff & Johnson, 2008). In other words, we don't simply talk with

metaphors, *we think in them*: metaphoric thinking generates and regenerates meaning in an impermanent task of describing and re-describing that is truthful to the unfinished nature of atmospheres, bringing us closer to the original phenomena (Stanghellini, 2017, p.185).

It was Cassirer who suggested that human nature can only be approached by a 'long way' over 'lived' symbols, metaphors, and linguistic interpretations of being-in-the-world. Metaphors guide our search of meaning in life in a way which can be more or less evident. Man lives not only in a physical world but also in a symbolic universe, in which language, myth, art, and religion are parts and constitute the symbolic entangled web of human experience (Cassirer, 1962). The search for meaning in life is revealed through the expressible use of metaphors (Frankl, 1984; Merleau-Ponty, 1968). *We do not use metaphors* and narratives, rather *we embody them*. Bodily metaphors arise out of the embodied nature of our emotions. The relation between emotions and language through metaphors is characterised by a hermeneutical dialectic. On one hand, emotions are shaped by language conventions which contribute to our conscious understanding and conceptualisation of emotions themselves. On the other hand, emotions, are parts of our intersubjectively shared bodily physiology, providing the basis for mutual understanding among humans by shaping our language with emotion-based metaphors which change from culture to culture (Stanghellini & Rosfort, 2013, pp.161-162). Metaphors can also evoke physical sensations in our mind, as recent findings show (Lacey, Stilla, Sathian, 2012). Our brains think using metaphor, and when art gives us new metaphors, it could also be giving us new ways to think, as well as to build memory (Koch, Fuchs, Summa, 2012).

Language has changed in the current pandemic, which has altered the lives of billions of people and it has led to the production of a new vocabulary, encompassing specialist terms from the fields of epidemiology and medicine; new acronyms and words to express the societal imperatives of imposed isolation and distancing[9]. The metaphors we choose can thus dramatically impact people's perceptions in ways that have cognitive, behavioural and physical consequences and may reinforce cultural stereotypes. It is through metaphors that we reveal ourselves, both as individuals and as a society, and it is precisely through the choice of metaphors that we depict the world as we see it, unveiling our values and ethics. In *The Robber*

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[9]Social change and linguistic change: the language of Covid-19, in Oxford English Dictionary – blog https://public.oed.com/blog/the-language-of-covid-19/; Corpus analysis of the language of Covid-19, Oxford English Dictionary – blog https://public.oed.com/blog/corpus-analysis-of-the-language-of-covid-19/; Flood, Alison. Oxford dictionary revised to record linguistic impact of Covid-19. *The Guardia*n. Available at: https://www.theguardian.com/books/2020/apr/15/oxford-dictionary-revised-to-record-linguistic-impact-of-covid-19.

Bride Margaret Atwood wrote that war is what happens when language fails; but it fails twice if we are not able to dismantle a war jargon in sensitive times.

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