

Theoretical Study

The COVID-19 impact on families and the excess as drive object

O impacto do COVID-19 em famílias e o excesso como objeto pulsional

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ABSTRACT | This essay reflects the impact of the pandemic associated with COVID-19 on family microsystems. It articulates the incidence of the pandemic as an event in the psychic processing of individuals with the phenomenon of seeking mental states driven by excess, as a drive object. It is postulated that the current situation created by the COVID-19 constituted a disruptive environment, but not necessarily traumatic. According to these considerations, this essay suggests some strategies which could mitigate the impact of the pandemic on interpersonal relationships within the family context and in clinical settings.

KEYWORDS: COVID-19. Family. Psychoanalysis. Disruptive. Drive.

RESUMO | Este ensaio reflete sobre o impacto da pandemia associada ao COVID-19 em microsistemas familiares. Articula-se a incidência da pandemia enquanto evento no processamento psíquico dos indivíduos com o fenômeno de busca de um estado mental impulsionado pelo excesso, como objeto pulsional. Postula-se que a situação atual criada pelo COVID-19 constituiu um entorno disruptivo, mas não necessariamente traumático. Segundo tais considerações, sugerem-se estratégias que podem mitigar o impacto da pandemia nas relações interpessoais no contexto familiar e clínico.

PALAVRAS-CHAVE: COVID-19. Família. Psicanálise. Disruptivo. Pulsão.

The acronym COVID-19 refers to coronavirus disease 2019 associated to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which is an infectious disease caused by a strain of coronavirus (World Health Organization, 2019). This disease was identified in December 2019 in China. The virus usually spreads among people through droplets produced by coughing, sneezing and talking, but also through contact with a contaminated surface and then touching the eyes, nose or mouth. Common symptoms include fever, cough, fatigue, shortness of breath and loss of smell and taste, but it can progress into an acute respiratory syndrome that can lead to the development of multiple organ failure, septic shock, and blood clots. In this context, basic preventive measures include isolation, interpersonal distance, asepsis of the hands and surfaces.

According to the World Health Organization, when this work was submitted (end of June 2020), 7,553.182 (seven million, five hundred and fifty-three thousand and one hundred and eighty-two) cases were confirmed and the death rate counted 423.349 (four hundred and twenty-three thousand and three hundred and forty-nine) cases in 216 countries, areas or territories. When the paper was accepted for publication in mid-September of the same year, there were 30,259.570 (thirty million, two hundred and fifty-nine thousand, five hundred and seventy) cases and 948.575 (nine hundred and forty-eight thousand, five hundred and seventy-five) deaths – an increase of approximately 301% of cases and 124% of deaths worldwide. Therefore, it is considered as a pandemic. So far, compared to the lethality of thirteen other pandemics in human history, the COVID-19 ranks 8th (it has risen two places since June, reaching similar statistics to the Hong Kong flu that occurred between 1978-1980, which killed 1 million people). However, there are three pandemics in progress. The Human Immunodeficiency Virus is still considered the most lethal, with an average of 34 million deaths, followed by the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), which to this day accounts for 850,000 deaths, and then by COVID-19.

This information contextualizes the severity of the COVID-19 pandemic and its impact on macro, meso and microsocial systems, such as families, around the world. This essay reflects on the psychological impact of the pandemic, especially the preventive measures, and articulates them as an incidence that

has generated a phenomenon of resourcing on states of mind driven by excess – excess as a drive object.

Asmundson & Taylor (2020) suggested that fear of being infected and the unpredictability of this event already affects the psychological wellbeing of individuals, increasing rates of depression, anxiety, interparental conflict and domestic violence (Cluver et al., 2020), and suicide (Jung & Jun, 2020). The nature of these symptoms suggests a deflation of opportunities, of satisfaction of needs, desires, and abreaction, which associates to attempts for compensating such deflation through exaggerations characterised by the search for immediate sensations and satisfactions, linear solutions to complex problems, differentiations and personalization.

This articulation also discusses how the current situation created by COVID-19 can be considered as a disruptive environment, a concept formulated by the Argentinian psychoanalyst Moty Benyakar (2005). As such, this environment is not necessarily traumatic. Nevertheless, the pandemic has generated important psychological effects and, in view of this scenario, some strategies are suggested, which may mitigate its impact on the mental health of parents and their children.

A brief historical review of pandemics in the world

One of the earliest historical records of a pandemic refers to the period from 541 A.D. Justinian Bubonic Plague, transmitted by fleas in contaminated rats, which began in Egypt and spread to the Middle East and part of Ancient Europe, killing approximately one million people over a supposedly long period of two centuries (Rose, 2007).

In the Middle Ages another bubonic plague was unleashed and continued with intermittent peaks on the Asian and European continents until the beginning of the 19th century, killing approximately two hundred million people. Around 1580, there was a pandemic associated with the flu virus, which spread to all continents of the world. This virus spread in the “new world” through the conquistadors and reached many indigenous nations. Interestingly, it is one of only two diseases that humans have been able to eradicate through vaccination (Byrne, 2004).

According to Osterhammell (2014), in the modern era, the Russian Influenza emerged through a type of influenza virus which, as the name indicates, appeared in the Russian Empire and spread to South America, killing one million people. In 1918, after the end of the First World War, the Spanish Influenza spread (but probably from the United States of America), whose death toll reached 50 million people.

Another major pandemic was recorded in China in 1957: The Asian flu. This influenza A (H2N2) was bird born, and recorded one million deaths worldwide. In 1968, the Hong Kong flu broke out. This was a variation of the Asian flu virus and also killed approximately one million people (World Health Organization, 2003).

In the 1980s, the Human Immunodeficiency Virus was discovered, and it was found that, if uncontrolled, it can trigger the Acquired Immunodeficiency Syndrome (AIDS). The virus, transmitted by body fluids, such as blood and sperm, destroys the immune system, and the deaths associated with this virus result from exposure of the body to other diseases. To date, an estimated 34 million deaths worldwide have been reported (Cohen et al., 2008).

History of the Family as Institution

Before considering the impact of the COVID-19 pandemic on the family system, it is necessary to understand how the notion of family was historically constituted. It is possible to affirm that such a concept, as an interpersonal nucleus, comes from the bond formed by parents and children, whose focus was to build a community, in tribes and clans, with the aim of mutual protection. These groups collaborated in grazing and hunting in exchange for obtaining protection for the head of the nucleus. Little by little, the bonds of cohesion or kinship were consolidated and transformed into a relationship based on a reference to biological and/or economic ties. These ties were added to a mythical or religious factor associated to common ancestors. Those ancestors became worshipped entities and, through this activities, promoted a sense of kinship.

Only with the advent of the ideal of romantic love does the concept of family present itself as it is known today. The family institution in Western societies projects itself as a system legitimated by marriage,

which respects a patriarchal social hierarchy (man superior to woman) and a heterosexual and monogamous ideological model. Despite the transformations in the 19th century, such as the great wars, feminist movements, racial movements, diffusion of contraceptive methods, and reproductive technologies, this dominant sexual ideology persists in contemporaneity (Giddens, 1993).

However, some changes affect the dynamics of family systems in the Western societies. These same changes later created spaces for the formation of more diverse family structures (single-parent, homoparental, for example), which give more importance to instrumental action, emphasizing the need for professional training, paid work, pointing to the possibility of future autonomy.

Still for Giddens (1993), romantic relationships become understood as an intimate emotional bond based on mutual satisfaction, which can be broke up, unilaterally, at any point in the history of the relationship. The raising of children, according to the social, political and historical context, focuses on the formation of an autonomous individual capable of contributing to the maintenance and perpetuation of family ties and, above all, whom can find satisfaction during his lifespan. In a macrosocial context, the family, as institution, is considered the fundamental nucleus of society and the basic unit of human development, from which the bonds of marriage (or equivalent), kinship and affinity derive, whose main objective is to guarantee the mutual assistance of its members.

However, one cannot deny the pressure of the socio-political-cultural and psychological context of contemporary Western societies on the family institution. There is, a hypertrophy of the ego, operated through an exacerbated individualism (Lasch, 1987). The growth of urbanisation rates has led communities into social isolation, industrialisation has generated deeper social differences, a culture of consumption of goods (or desire to consume those same goods) and social relations, distorted by a narcissistic obsession on valuing the individual at the expense of the collective. The other, in this perspective, becomes neutral, empty or inconsistent (Guedes & Pinheiro, 2001).

In this perspective, there is a general feeling of lack of protection and insecurity, which must be compensated by the psychological investment in

the projected fantasies - a prototype for the search of excess satisfaction in different areas of life. For Lasch (1987), this narcissism is a defense of the loss of individuality and of an ego threatened by a risk of disintegration and total emptiness. Lipovetsky (1996) expanded on Lasch (1987)'s considerations by asserting that the narcissism is the need to live without worrying about traditions and the collective future, characterized, above all, by apathy.

Among the elements that can make up the psychological consequences of individualism and the phenomenon of intrinsic narcissism, in addition to personalizing internal states and consumerist lifestyles, is that this context generates impulsive and compulsive behaviour, since these disorders maintain individuals attempts to chose and assimilate as many possibilities as possible from an infinite array of choices (Paris, 2001).

In post-industrial society, as Castells (2000) said, from the moment we expand technology to all types of interpersonal action to the use of computers to form and maintain interpersonal relationships, it might create an analgesic effect in affective relationships, if it is based on the narcissistic premises. Other effects of this context related to psychological processes associated to the lack of expression of power, which generally causes a feeling of failure and low self-esteem. These feelings are also related to impulsive behaviour, specially when the individual is frustrated for not having access to all possibilities. Nihilism becomes another resulting effect because, to the extent that everything becomes disposable or unattainable, there is an incredulity in interpersonal expectations, ideals or perspectives. The result of these processes associates with experiences of uncertainty (such as that experienced in the context of the COVID-19 pandemic). For Altman (2017), when uncertainty becomes part of daily life, its impact is not a specific event. The environment becomes experienced as an unstable continuity. Such sustainability of instability impacts the psyche because of the unpredictability of external and internal resources to contain and elaborate the uncertainty. Compensatory mechanisms arise in this environment of uncertainty as a drive output.

The excess as a drive object

The concept identified here as "excess" comes from the notion of surplus. According to the Oxford Dictionary, it means the economic result of the amount of money left over when you sell more than you buy or spend less than you receive. Hegel (1820) formulated that the surplus implies an excess of wealth, which causes not to reach a sufficient level and, thus, creating a paradox in which the more one has, the more one wants.

In Psychoanalysis, it relates to the pseudo-hallucinatory experience like being breastfed. The pleasure obtained by sucking the mother's breast goes beyond the need for food. Sucking also generates a stimulation in the oral cavity which elicits an autoerotism. So much so that even after being fed, the baby moves the muscles of the oral cavity as if he was sucking, simulating the oral experience, generating an stimulation in the absence of the object providing pleasure - which becomes a bonus. And this is how Freud (1920) described, *Lustgewinn* ("pleasure gain"), which is a process of an extra pleasure gain, a surplus, an excess. This *Lustgewinn* refers to the subject's effort to obtain surplus of pleasure, via other means than those that would normally be used, and operates through repetition.

An excess pleasure is obtained by two ways of repetition: one by a procedure of persevering in the pursuit of a (pleasure) goal. However, the goal is no longer the intended objective, but the very operation of trying to achieve it. The other way would be by a renunciation of pleasure (desire to suppress desire). An illustrative example is the case of the anorexic, who desires not to eat, or the suicidal, who desires not to exist, both seek for the zero tension (that is, simply, they desire not to desire) - all these movements are paradoxical because the desire for a non-desire implies a desire, an excess resulting from the desire for nothingness, which becomes an unreachable object.

For Lacan, the unattainable object of desire is known as object a (small "a"). Already in his seminar "L'éthique de la psychanalyse" of 1960, he said that the subject enjoys and seeks to go beyond the decrease or outflow of somatopsychic tension (the principle of pleasure) – the *jouissance*. *Jouissance* generates an impulse of more *jouissance* and thus seeks other ways (as a transgression) to sustain its attainment, even if it has already obtained and been satiated. In his seminars "L'angoisse" of 1963, "Les quatre concepts fondamentaux de la psychanalyse" of 1964, and later in "L'envers de la psychanalyse" of 1970, Lacan defined object a as a remnant, a surplus of *jouissance*.

This surplus refers to an excess of *jouissance* that does not have a specific use, but which persists by repeating the operation of seeking *jouissance* as the economic surplus. The counterpoint is that such an operation of going beyond the principle of pleasure becomes suffering, because the excess of pleasure generates over-excitement. Absolute and constant pleasure is unbearable and, in this context, when one seeks this sustenance, it becomes masochistic. In the other opposite, the total absence of tension leads to death (zero drive tension). Thus, for Lacan, *jouissance* is suffering. The concepts presented support the explanation of the impact of today's psychosocial environment.

It is recognised that in the contemporary Western world there are dominant cultural ideals which, according to Zukerfeld and Zukerfeld (2016), the culture offers devices to its members to regulate their self-esteem. These ideals would be the efficiency (performance and competitive success), the immediacy (intolerance to uncertainty and impulsive activity), and the change and body manipulation (alteration of somatic and sexual skills).

This is associated with the fact that the contemporary socio-cultural climate in Western societies overvalues individualism and performance. The result of this lifestyle leads parents to cope with the need to maintain heavy workloads and reinforce these same dynamics (and ideals of success) in their children (Schumaker, 2001).

Children are increasingly exposed to accumulative amounts of activities that should, a priori, improve their skills and competitiveness – a possible promise of a better future? This dynamic usually imposes on children several activities that sometimes exceed their developmental capacities. In economically less advantaged families, socio-cultural pressure adds inequalities and a focus on obtaining and maintaining basic needs, which, in this context, often lead children to participate on the struggle for survival from an early age, through street work or begging. The convergent points in these psychosocial perspectives in the family institution are socio-emotional instability due to the formation of superficial and short-term affective bonds, permanent feelings of loneliness and non-conformity with social expectations, usually associated with depressive states (Guedes & Pinheiro, 2001; Guedes & Assunção, 2006).

It is not surprising that there is an observable increase in the clinical demands for psychological treatment of children with aggressiveness, attention deficit, hyperactivity and somatization, especially among hyperadapted children.

For Borelle and Russo (2013), such points are explained by the manifestations in children of aggressive behaviour, signalling antidepressant protests; attention deficit, such as lack of concentration associated with depressive symptoms; hyperactivity, suggesting efforts to restore absent narcissistic supplies, for the regulation of self-esteem; and hyperadaptation (the exemplary child), which suggests difficulties in expressing emotions, for fear of abandonment.

Today's environment has caused social and emotional deficits, leading individuals to search for mental states maintained by drive surpluses, in other words, search for surpluses to counterbalance the state of deflation of opportunities to satisfy desires, even partial ones. These mental states would be characterized according to the individual's most predominant fixation, whether oral, anal, or phallic.

In Psychoanalysis, the drive is a force which leads the subject to perform an action in order to satisfy an internal tension. The object is that in which and through which the drive seeks to reach its end. Thus, the drive is the impulse as a dynamic process which causes the organism to go towards an end (Laplanche & Pontalis, 1996).

If one seeks an exaggeration of oral satisfaction, the individual engages in, for instance, excessive food intake, alcohol consumption, smoking, drugs, melancholic states and suicide – because they refer to a regressive libidinal state associated with the fantasy of hallucinatory autoerotism.

If seeking anal satisfactions, the individual acts through possessiveness (including of people), accumulation (including excessive work, gambling), obsessive thinking, prioritizing the private and individual over the collective (such as corrupt behaviour), destructive impulses (including self-destructive ones) and omnipotence (such as not obeying the rules of health control, detachment, because of the fantasy that he is immune to the virus and that nothing can happen to him in this pandemic).

If they seek phallic satisfactions, the aim is on mental states of excess through excessive body movements (extreme sports, excessive hours of exercise in gymnasiums), through excessive expression of masculinity and its supposedly intrinsic privilege (machismo, misogyny), boastfulness (above all, sexual), destructive ambition (obsession for power, for passing over others to achieve their ambitions), as well as body consumption (the very same through compulsive masturbation); and of others by hypersexualization, sexual addiction and sexual compulsion), as well as sexual paraphilia (exhibitionism, voyeurism) which are related to castration anxiety.

Thus it is understood, as Freud and Lacan postulated, that these excesses, while attempting to compensate for structural or engendered lack, generate potentially “traumatic” states. In this sense, it is understood that in today’s context, and especially under the castrating and limiting effect of access to the possibilities of reducing the tension generated by the COVID-19 pandemic, a disruptive environment has been formed that has mobilized many individuals from articulated psychic defences in search for mental states of excess.

The disruptive environment

The studies of Françoise Dolto (1971) focused on the premise that the psychological cohesion of a child forms through a triangulation in which the child is one of its vertexes with someone who has, according to a dialectic dynamic, the paternal role (which establishes interdiction) and the maternal role (which introduces the one who implements the paternal role and the narcissistic investment), regardless of the family arrangement. Thus, the child builds up an internalized image of these adults (imagos), which she will use to represent her relational world. A parental approach that has difficulties in building up and maintaining this child’s identification associates to the difficulties of establishing (or maintaining) symbolic castrations.

As symbolic castrations structure interdictions and depend on the parental narcissistic investment of their children, its implementation becomes problematic when family routine becomes disturbed, unpredictable and chaotic – as has been noted by the complaints of many families since the increased isolation due to the pandemic. The result seems to have generated a potential for a disorganization of the family system, as limits and boundaries have become more permeable, sometimes fragile, and in some cases even disposable, often associated to the experience of abandonment from the child’s perspective.

The factor of constitution of the child’s self is of imperative importance in this matter. Kohut (1971) explained that parents contribute to the construction of the child’s Self by promoting an experience of belonging, reflecting the child’s inner world, and by idealizing her. In the presence of these elements, the child’s self will form compact and dynamic, valued, invested with vitality, and will reflect cohesion, identity, continuity, and an affective tone – all these elements are important in building a healthy ideal development matrix of the self. The absence or minimal idealization, or a poor experience of belonging and empathetic attunement could lead the child to operate compensatory strategies, as an attempt to reconstruct the experience of these absent elements in her psychic needs.

Kohut (1971) proposed that the price of this compensation was high and affects the child,

especially in his ability to tolerate frustrations and maintain self-confidence. If the child does not have elements of this matrix, fantasies of abandonment get activated in the child's mind, generating psychological disturbances.

Before the current pandemic, parents were used to their children's planned routines and/or to the substantial decrease in close interactions or long periods of absence due to work schedules. Children have become accustomed to relying on peers for emotional support, or to the exposure of ultra-realities, due to unsupervised access to technology (for instance, consumer behaviour, exposure to deprivation, even erotic content). The subjective experience of family became impoverished, dispersed and superficial. The psychological consequence of this disturbed or fragmented or isolated family environment (each in his or her day dreaming world) has translated into more and more apparent symptoms of apathy, boredom, low self-esteem, school phobia, guilt and aggressive behaviour in children.

Now, each family has faced (and still faces) an even greater disorganization of main family routines, some associated to financial imbalances, and even virus contamination or loss of loved ones, with no possibility of funeral rituals. Within the internal family system, parents saw themselves obliged to sharing, for longer periods, their physical environment, and most were not prepared for this "re-connection". To regulate their children, many parents have tended to entertain them, but many children remain apathetic, bored and aggressive. To compensate these issues, some families have used of technology to overcome their own and their children's needs for emotional regulation. However, such strategies seemed to fail, in many instances, and generate urges to excessive use of the internet, and food consumption or, in the case of economically disadvantaged ones, higher exposure to physical risks. Besides, this environment configuration seems to generate either an increasing absence of intra-family management of rules and intrusive "affectionate" behaviour of parents towards their children (i.e., the parental figure who leaves aside his parental function to become another "friend", implementing lenience on basic routines, such as sleeping time, nutrition and hygiene) or, in the other polarity, the excessive discipline or the use of violence as a regulatory mechanism.

In addition to this context of reconfiguration (and dysregulation?), some children have been exposed to hyper-realities associated with the dissemination of information about the pandemic. All this, combined with the imposition of undetermined confinement and the abrupt change of routines, seems to lead to a strong attribution of uncertainty about the magnitude of the impact of the COVID-19 pandemic on families – what can be considered a disruptive experience. Other studies have documented this impact.

Jiang et al. (2020) and Wang et al. (2020) found that children who had spent a prolonged period without attending school were afraid to ask about the pandemic and the health of family members, as well as expressing insistent demands for physical contact, sleeping problems, low concentration and separation anxiety. In the same context, Xie et al. (2019) verified depressive and anxiety symptoms among students confined at home in Hubei province, China. They found that the prevalence of depression and anxiety symptoms was higher than in other SARS-related stressor studies. According to Lee (2020) and Golberstein et al. (2020), the COVID-19 pandemic has worsened the mental health conditions of children and adolescents.

In Psychoanalysis, a traumatic situation designates an event or group of events to which a subject is exposed and which possesses an intense, excessive, surprising or irremediable quality. Therefore, it can be a pleasant or unpleasant. However, in this way, the situation gets confused with the psychic experience. It is known that it is not the situation that becomes traumatic, but the meaning given to the situation.

The disruptive is a model created by Benyakar (2006) that proposes a differentiation in this concept of trauma confused with the situation that caused it. For him, a disruptive phenomenon is the impact of fact (which is internal, somatic; or external, non-somatic) on the psyche. This impact generates a disorganizing effect that triggers a discontinuity experience. In other words, the disruptive is a specific and observable event or group of events of unexpected quality, which produces a psychic imbalance, altering its normal process of functioning. And it can be of a pleasurable or unpleasant nature.

Thus, it is the way in which the subject articulates and metabolizes the encounter between the internal or external fact and the psychic that defines the experience as disruptive or not. Therefore, not all disruptive experiences are traumatic, but all traumatic experiences are disruptive (Benyakar, 2006).

In this sense, the current pandemic can be considered as a disruptive factual phenomenon with traumatic potential because, although it triggers a transitory deregulation between affection and representation (as how the event/experience is perceived, recorded, represented and experienced), due to the impact of demands for isolation, health control, exposure to hyper-realities of deaths tolls, loss of employment or resources, interruption of school activities, and routine of life in general; yet, it can mobilize the psychic to develop capacities to confront these changes and re-establish regulation between affection and representation – which would not be possible if the experience was traumatic, since the traumatic generates a disarticulation between affection and representation that restricts the capacity for elaboration.

Possible clinical interventions

The COVID-19 has confronted us all with difficulties in the ability to develop emotional defences. It is such a new context that it hinders the development of psychic immunity against such an unpredictable threat, mainly because its permanence and cure are still unknown.

Moreover, this experience configures as a disruptive event because first, it emerges dystonic (odd and unexpected) and, as the time pass, progressively becomes syntonic, naturalized and registered as no longer so strange or pathological. The paradox of this dynamic in people's experience is that it becomes an obstacle to being processed, adhering to preventive measures, and implementing effective coping strategies to deal with the multiplicity of psychological and psychosocial layers of disruption present in this event.

As mental health professionals, it is important to facilitate processes from which families can engage in promoting consistency of routines, predictability of

care and emotional support, and promote flexibility to adapt to the uncertainties of today's reality. It is essential to protect children from disruptive experiences outside and within the family context. In terms of the impact of COVID-19, it is also important to educate and facilitate the development of strategies to mitigate the impact of the pandemic by learning new ways to deal with constant interpersonal interaction at home, establishing routines to preserve interpersonal dynamics and privacy and, above all, maintaining the roles of each family member, reinforcing their expectations.

The disruptive environment created by the pandemic must be translated for children. "Digested" truths, adapted to the child's stage of development, should be offered to educate them about the pandemic and the new family dynamic, to facilitate their emotional "ambulation" (helping children to mentalize the presence of loved ones even in physical distance), and reinforcing the presence of other family members and friends through phone calls and video calls.

In this way, it will be possible to signify the use of technology in other ways, to create playful spaces and time for individual play, family play, to laugh, to share emotions, and to share creativity, to counterbalance the exposure to ultra-realism offered by the media. These strategies could facilitate an awareness of necessary renunciations of habits and attitudes from the past to foster a new context that will be translated into the physical and mental health of all, and above all, create a context of hope and solidarity.

It is important to consider that mental health professionals are also exposed to the impact of the pandemic. Regardless of the clinical approach, it is now more important than ever to put personal pandemic experiences in brackets so as not to project assumptions and difficulties of dealing with this disruptive experience onto clients.

As Benyakar & Lezica (2016) would say, in disruptive environments, the clinical goal should be to focus on increasing psychic immunity, facilitating children, families, individuals, including health professionals to become able to recognize the elements associated with the disruptive event, their individual reactions, and strategies to implement idiosyncratic self-care measures. Interventions should, thus, adapt to these individualities, and not focus on the evocative memory

of experiences, supposedly described or identified as traumatic, since they promote the habituation of triggering memories or, simply, because they promote emotional discharge through catharsis.

It should be noted that such approaches, in this context, might risk of falling into yet another search for drive excess. Specifically, fostering in the client a search for linear and immediate solutions. In this slippery clinical management, the therapist might identify himself/herself as another who observes (like a voyeur) the patient's presentation of his/her experience, projecting narcissistic inputs, and the patient, in turn, to feel the need to project his victimization on the therapist. This imbroglio does not allow metabolization. Moreover, it would still not be possible to fully metabolize the experience of the pandemic because it is still unknown, unpredictable and potentially lethal. Therefore, clients would benefit from a more individualized approach, in line with their potential for resilience, to develop psychic immunity.

Conclusion

Based on the contemporary context, the decrease in intimate interactions or long periods of parental absence have left children dependent on their peers for emotional support, exposing them to extreme realities due to unsupervised access to technology or lack of narcissistic investment. The subjective experience of the contemporary family has gradually become dispersed and superficial.

The psychological consequence of this family environment often times translates into symptoms associated with difficulties in communication and in the regulation of affections. Such deregulation seems to trigger processes of seeking excesses as drive objects to placate interpersonal and subjective emptiness or distress.

With the COVID-19 pandemic, families were forced to confine themselves with their members and found themselves unable to manage the external effects of the disruptive event in relation to the internal effect in the family. The result appears to be an exacerbation of the search for excesses to produce analgesic and dissociative effects. Mental health professionals are invited to rethink their practices in this context,

aiming at facilitating processes that promote psychic immunity and then promote metabolization of these experiences.

This essay suggests empirical studies to verify how this disruptive environment impacts on the psyche of parents and their children, especially in its psychodynamic aspects related to compensatory defences and production of excesses. To this end, through projective tests, studies could be proposed to analyze how representations and affection can be presented in graphical production of children from families directly affected by the virus (by illness, loss, etc.) compared to those of children whose families were not. Furthermore, it would be interesting to investigate the psychic processing capacities of adults and to verify possible changes in compensatory defences after participation in psychotherapeutic processes and implementation of measures to increase psychic immunity.

Competing interests

No financial, legal or political conflict involving third parties (government, business and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and funding, participation in advisory board, study design, preparation of manuscript, statistical analysis, etc.).

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