

## **Stuart's Political Diary, Spring 2020 –**

### **or, Diary from a Therapist under Covid House Arrest**

**Stuart Morgan-Ayrs**

I am writing this article for *Self & Society* in early May, with the government expected to extend 'lockdown' still further. Today as I write, the UK exceeded Italy in having the worst number of fatalities in Europe. I am trying not to furtively glance at my mobile phone, since I am myself awaiting the results of a Covid-19 test, for which I had to make a 110-mile round trip. The weather is beautiful and sunny, and there is a strange counterpoint between the sunshine, my cats bouncing happily in and out of the study window into the garden, and the lethal pandemic sweeping the globe.

I find myself fascinated by the language and narrative of this crisis. The choice and repetition of language by government and media is both interesting and revealing. The attempt to contain a pandemic, by definition a viral disease with no sentient consciousness (as far as we know), which was triggered by either poor and unethical food market hygiene or laboratory security failure – depending on which version of events you believe – is described in terms of conflict. We are apparently in a 'war' against Covid-19, an 'invisible' and 'deadly' enemy – worse still, a 'foreign' enemy, if you listen to President Trump. The media, of course, are attracted to this kind of narrative: after all, drama and crisis sell their product far better than calm discussion.

Meanwhile, this crisis is being described in terms of being both a 'Global Pandemic' and a 'National Crisis'. In the UK we have again heard the dread phrase 'we are all in this together'. This phrase became infamous, of course, in regard to Britain's Conservative policy on austerity after the 2007–8 financial crisis. It blatantly invited the public to make believe that the rich bankers and well-paid members of Parliament were as hard up as people suffering 'in-work poverty' and using food banks. Now we are again invited to swallow this propaganda, and believe that all the wealthy folk in their lovely large houses, perhaps with nice big gardens, maybe even a swimming pool, are suffering as badly as a poor person stuck in a one-room studio flat or bedsit with no garden.

Likewise, the phrase masks the dangers of inequality in dealing with the virus. As with many health issues, this virus is more dangerous to certain groups, predictably those with other indicators of health inequality or social inequality, such as the BAME population, people with Obesity, and those with serious underlying health conditions (Platt & Warwick, 2020). Likewise, many care and health workers are desperate to get tested, yet HRH Prince Charles and the Duchess of Cornwall were

tested immediately on his development of symptoms (ITV, 2020).

Meanwhile, the Conservatives are now self-portraying as the champions of the National Health Service (NHS)! Not content with historically being the party of a strong defence before cutting the defence budget radically (Ahmed, 2018), and being the party of 'Law and Order' before drastically cutting police numbers (GMB, 2019), they are now apparently total believers in the wonders of the NHS, after years of austerity affecting both the NHS and its emaciated cousin, community care. (Fund Our NHS, 2019). This might be more believable as a 'Road to Damascus' conversion if they had not so badly failed in preparing the NHS for this crisis. The danger of a pandemic has been well recognised for many years, with previous cases such as the 1918–20 Spanish Influenza and the 1968–9 Hong Kong Flu pandemic providing sober warning to government as to what to expect. As a result of these and further virus outbreaks like the Swine flu (2009), the UK government role-played and planned for pandemic outbreaks, the latest occasion being in 2014 with 'Operation Cygnus' (Public Health England, 2014).

Some six years ago, therefore, the UK had a plan for dealing with a pandemic outbreak. If this had not been enough to ensure that a responsible government built up and renewed stocks of ventilators, CPAP machines, oxygen and drug supplies, trained staff and PPE supplies, then a further opportunity presented itself when data came out of the Chinese province of Wuhan in December 2019. It was on the 31 December that the World Health Organisation warned about an outbreak of an unusual pneumonia in Wuhan (WHO, 2019). According to Calvert, Arbuthnott and Leake (2020) writing in *The Times* newspaper, there had been warnings two years earlier by Professor Shridhar of Edinburgh University, not to mention intelligence memos to the US Government warning that containment procedures at laboratories in Wuhan of Covid viruses were not good enough.

Instead of acting, however, the government meeting on 24 January, chaired by Health Minister Matt Hancock, took just an hour to decide the risk to the public was 'low'. Shortly afterwards, the UK government sent 279,000 items of PPE to Wuhan,

without apparently bothering to ensure replacements were ordered. In the following days, that Calvert et al. (2020) refer to as the '38 days when Britain sleepwalked into disaster', there were multiple opportunities to alert the UK Government into urgent action, not least the deadly spread into Italy, the decisive action taken by Germany, and the terrible spread into Spain. Instead, the UK Government missed out on four opportunities to restock using the European Union PPE scheme, allegedly because of an error involving a redundant email address (Wintour & Boffey, 2020).

By the time the UK Government did proclaim 'locked down' Britain, shops were already taking precautions of their own, and most sporting events were being cancelled or postponed in the advance of the UK Government making any announcement. The reaction phrase 'unprecedented times' seems a popular one with politicians right now – which I tend to translate into 'Please do not blame me, I have no clue what is happening'. This is not strictly true, of course, since the whole point of Operation Cygnus and earlier practice runs was to ensure that government would have a plan for such events.

Belatedly, however, the UK Government declared 'War' on Covid-19, and so began its language offensive against the offending virus. We have been treated, for example, to claims of 'following the science' as if this is Kryptonite to any evidence of poor planning. This wonderful but empty phrase does not specify which scientific disciplines, which chosen experts, or even what questions have been selected, or how, for said scientists to tackle. Any academic or scientist knows that whom you choose to ask in the scientific community, and what questions you ask them, are major determinants of what the answer it is that you get. Thus is science steered entirely by politics. Therefore we cannot be entirely sure how the 'Stay at Home, Save Lives, Protect the NHS' mantra is backed up with 'science' – especially since growing evidence suggests that the strategy was based on an influenza outbreak model, not the type of virus that we are actually dealing with.

Instead, we are presumably supposed to trust in some kind of scientific 'common sense' and not ask why we have not used the very successful 'track and trace' methods of Iceland or New

Zealand, or the limited restrictions of Sweden. Indeed, the apparent strategy of 'herd immunity', again based on an influenza model, is possibly partly the reason for a terrible lack of testing availability in the early stages, which the UK Government has now decided to reverse to a 'track and trace' model, hoping it's not too late. Notably, the testing and 'bar-coding' strategy in Iceland has indicated that the virus was in an advanced stage of spread in the UK as early as January or February (Clifford, 2020). This would seem to confirm that time was wasted and warnings ignored.

Meanwhile, the public is encouraged to clap the NHS, put rainbow pictures in windows and feel the 'Blitz spirit'. A cynic might say that this is merely a strategy for making people feel like they are doing something, and so divert them from asking awkward questions, such as why the carers in their elderly relative's care home still have no PPE or testing, and why we have the worst death rate in Europe. I have yet to meet any carer, healthcare professional or NHS employee who has been protected from the virus as a result of the clapping on a Thursday night, much as – hopefully – it provides a brief and positive morale boost. I am also not aware of too many NHS staff who prefer a free delivered meal, or free unlimited phone data, to having the gowns and masks that they desperately need. Meanwhile, infected elderly people have been sent back to care homes, testing centres are a substantial drive from people's locations (and do not allow pedestrians via public transport or taxis), and both PPE and oxygen have become scarce.

Looking forward, we now have talk of 'the new normal'. Governments, both Westminster and the devolved powers, are unsure what this looks like, or even what it should aim to achieve, other than keeping the viral reproduction rate low. Even the choice of this phrase, implying substantial difference through the concept of 'new', and the need to comply and accept with the word 'normal', infers a kind of implied surrender to an unknown fate.

For therapists, meanwhile, there is the experience of not being able to work 'face to face'. For many, myself included, online calls were a supplement to the usual 'in person' appointments, and rather

'second best' to the more information-rich and personal experience of sitting opposite a human being. [See Zohar's column in this issue – Ed.] The necessary adjustments to data handling, environment, safety protocols, and even things as simple as longer pauses in conversation because of communications delays – all have altered how we work and help clients. In my own practice it has been interesting to watch clients go through the psychological 'stages of lockdown', including grief, loss, anger, frustration and fear, and the interaction of these with their initial presenting issues.

As in any crisis, the client themselves are grappling with the social and political issues around them, and a further challenge for us is handling these issues alongside the personal in an ethical manner for our models of work. Never before have I experienced such a complex overlap of individual and environment. Meanwhile, we are ourselves part of the rich experience of being in lockdown and feeling our own versions of these emotions.

I therefore sign off with my sincerest best wishes for both survival and well-being to you all.

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