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Psychoanalysis in combatting mass non-adherence to medical advice

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The USA's failure to contain COVID-19 has been spectacular from every angle. Looked at as a case of mass non-adherence to medical advice, however, it's unique in modern history. Never before have so many citizens had so much access to information and simultaneously protested public health recommendations with such full-throated denial of the medical facts.



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The media has covered psychological denial as a cause of non-adherence to public health recommendations for COVID-19, climate change, and other risks,¹ but public health officials have not, to date, employed the concept in a systematic way, if at all. We propose it is time that public health officials add the study and treatment of psychological denial to their toolkit for combatting medical non-adherence. To do that, we suggest a new partnership between the fields of experimental psychology, public health, and psychoanalysis—the field that first postulated defence mechanisms like denial, and still the only field that attempts to treat them.

While psychoanalysts have historically resisted collaborations with experimental psychologists and epidemiologists,² the time is ripe for change. After decades of insularity, the American Psychoanalytic Association has begun opening its doors and empowered constituents who have long sought more integration with experimental science and more involvement in public health. This is critically valuable at a time when psychological denial has thrust itself into the spotlight on multiple fronts as a genuine public health crisis.

Many cognitive scientists have documented denial³ and related phenomena, like anxiety's power

to compromise rational thought,⁴ but they generally have not considered their findings vis-à-vis the psychoanalytic model of defence mechanisms, which might have helped explain the findings and suggested remedies. Insular-minded psychoanalysts of the past helped bring about this disconnect, but it would be a mistake to assume because of it that psychoanalysts have no help to offer. Denial surrounds us at present; to ignore psychoanalytic wisdom under the circumstances could justly be construed as another instance of denial.

How might psychoanalysts help to treat mass denial and mass non-adherence? Both epidemiologists and psychoanalysts solve problems by raising awareness; epidemiologists raise awareness of public health dangers, while psychoanalysts raise people's awareness of their own psychological defences, which work to push danger and anxiety out of consciousness, precisely because they are hard to contemplate. Although psychoanalysts cannot treat every case of denial individually, they can educate health-care workers and government leaders about denial, and work with them on effective messaging that helps dispel and delimit this serpentine psychological force.

In the best of times, medical non-adherence costs untold numbers of lives and hundreds of billions of dollars annually.⁵ Commentators on non-adherence call for better communication. Since communication around unconscious defences is what psychoanalysts do, it makes sense to add them to the care team. We believe they are ready to join.

AR participates as an unpaid, outside advisor on an advocacy, public information, messaging, and branding task force organised by the American Psychoanalytic Association. NG declares no competing interests.

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Syndemic responses to COVID-19 should include an ecological dimension

Richard Horton argued persuasively that COVID-19 should be addressed as a syndemic of biological and social interactions.¹ When planning the “national revival”¹ he calls for, I consider it crucial that this syndemic approach includes an ecological dimension. Studies have found that widespread anthropogenic ecosystem degradation has played a crucial role in explaining why the rate of emergence of zoonoses has been increasing over the past 40 years.² For example, deforestation, intensified agriculture and livestock production, and climate change have been linked to the emergence of Ebola virus, HIV, Nipah virus, severe acute respiratory syndrome coronavirus 2, and Zika virus.^{3–5}

Unless reversed, the anthropogenic destruction of habitats will probably lead to the continued emergence of new zoonoses from the estimated 700 000 other unidentified viruses with zoonotic potential.³ As argued in the recent *Living Planet Report*, COVID-19 is “nature sending us a message”: we need to cut human consumption to within the planet's “safe operating space”.⁴ For the vital reasons Horton outlines,¹ this needs to be done in a way which promotes, rather than exacerbates, national and

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international socioeconomic equity. National revival plans could play an important role in this process but should be subordinate to international plans that are based on determinations of both global equity and ecological constraints.

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The COVID-19 syndemic is not global: context matters

Richard Horton recently called COVID-19 a syndemic.¹ He aptly used this concept to describe how COVID-19 clusters with pre-existing conditions, interacts with them, and is driven by larger political, economic, and social factors.²

Calling COVID-19 a global syndemic is misguided. Syndemics matter because they focus on what drives diseases to cluster and interact.³ What is driving coronavirus to move through the population in the USA and interact with biological and social factors, however, differs from other contexts. US political failures have driven COVID-19 morbidity and mortality, and this cannot be divorced from our historical legacy of systemic racism⁴ or our crisis of political leadership.⁵

This matters because in other contexts COVID-19 is not syndemic.

New Zealand's political leadership in response to the crisis has been exemplary.⁶ COVID-19 is not syndemic there.

In this sense, syndemics allow us to recognise how political and social factors drive, perpetuate, or worsen the emergence and clustering of diseases.

Recognising contexts are different matters a great deal. For instance, contexts throughout sub-Saharan Africa are doing much better than the most burdened contexts, like the USA, Brazil, and India. Many people have questioned, why? Some have argued that this reflects a racist frame thinking that African contexts should suffer more.⁷ Yet, many African governments acted more swiftly and confidently than wealthier countries. The political leadership in these contexts, therefore, prevented the extensive death tolls, compared to contexts like the UK and the USA, where political leadership failed.

Recognising political determinants of health is central to the syndemic construct. By calling the COVID-19 syndemic global, we miss the point of the concept entirely.

I do not write this to dampen Horton's use of the term, as I believe COVID-19 is syndemic in my country (the USA). This is precisely because pre-existing conditions such as hypertension, diabetes, respiratory disorders, systemic racism, mistrust in science and leadership, and a fragmented health-care system have driven the spread and interacted with the virus. These synergistic failures have caused more death and devastation than many other contexts.

Recognising failures of wealthy countries is imperative as we think about where global knowledge and power sit within fields like global health. Syndemic frames provide us with an opportunity to do this.

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Maternal, neonatal, and child health is essential for meeting SDG 3.4

The non-communicable disease (NCD) countdown data¹ show how many countries will not meet the Sustainable Development Goal 3.4 target of reducing NCD mortality by a third by 2030 and improving mental health and wellbeing (SDG 3.4).

We are surprised the NCD Countdown 2030 collaborators make no mention of the pivotal importance of maternal, neonatal, and child health (MNCH) in reducing NCD. Prematurity, intrauterine growth restriction, and being born to a mother who is overweight or has diabetes now characterise approximately 50% of all births. These children are major contributors to the growing population prevalence of NCD as they have substantially increased odds of developing hypertension, diabetes, chronic renal impairment, heart disease, and other conditions.²



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