

ARTICLE

COVID-19, political communication, and public health: A Transactional Analysis perspective

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Abstract

The article discusses aspects of political communication during the COVID-19 pandemic, analysing it from the point of view of Transactional Analysis, and in particular, in the light of the so-called *transactional analysis philosophical assumptions*, transactional analysis *proper* and Claude Steiner's reflections on power. Using examples and an analysis of the literature, the article aims to show how sometimes political communication seems to be guided by hidden motivations that serve the purposes of power of some political representatives rather than the common good. In these cases, it denies the philosophical assumptions and determines negative effects on the health of citizens. Loyal Adult-Adult communication appears to be the most promising both to promote the Transactional Analysis philosophical assumptions and to address the direct and indirect consequences of the pandemic on population health.

KEYWORDS

COVID-19, philosophical assumptions, political communication, power, public health, transactional analysis

1 | INTRODUCTION AND LIMITATIONS

When, after the outbreak of the epidemic, my country asked for volunteer doctors to meet the needs of hospitals, I thought about offering myself. I liked the idea of returning to the front line, as when I was a young doctor in Africa, in the Civil Protection, in the Alpine Rescue... Fortunately, a little wisdom soon prevailed: a psychiatrist over 60 who offered to intubate serious patients was really too much, even for a specialist in a field to which there is some prejudice of bizarre.

So I sat down in the place that belongs to me, in the rear; and I found that it was an excellent observation point to reflect relatively calmly on what was happening—a calm that colleagues on the front line probably could not afford. A first observation was that there has not been, and there is not only, the virus in my country and in the world; that is, people continue to get sick and die, especially for other causes. That personal confinement measures are also a significant pathogen. That relevant sections of the population suffer more than others, and among these are the poorest and the immigrants. And, above all, that these previous considerations have been largely forgotten because public communication (especially political) as a whole was not, in my opinion, up to the situation. Transactional Analysis can help us to understand and describe what happened, and its consequences.

In talking about political communication and public health, I must confess that I feel uncomfortable. It is about doing something very different than what I am used to: writing an article relying on poor literature, and largely unscientific. This depends on several elements including the fact that as I write—May 2020—we are still in the epidemic (albeit at different levels of evolution in different countries of the world), the scientific literature is scarce and the studies are based on generally very small samples. In addition, most of the information I have to take from the unscientific press, newspapers, television and public sources. Moreover, the references are necessarily mainly from my country of Italy—both because I usually read Italian newspapers, and because Italy was the first democratic country and with sufficiently transparent information to have been affected by the epidemic. Finally, experience teaches that writing in the immediacy of events often leads to a loss of perspectives, to giving excessive value to some aspects and too little to others. However, it seems to me that even with these not negligible limitations, some observations of general value can be made.

In this article, I will refer to some applications of transactional analysis in social studies, with special attention Claude Steiner (1971, 1981/2004), who has particularly dealt with politics and transactional analysis, and focussing on the philosophical assumptions of transactional, derived from Berne (1966) and Stewart and Joines (1987).

Next, I will consider examples of political communication during the first phase of the COVID-19 epidemic, highlighting how it was presumably driven by hidden motivations, which had probably to do with the purposes of power of some politicians, much more than with the aim of fighting the pandemic. I will do so by analysing transactions in political communication, following the ideas of Steiner (1981/2004), according to which transactions have political consequences and usually messages have a metacommunicative level (i.e., a message about the message).

The article will then underline how a parental communication aimed at frightening citizens could have harmful effects on mental and physical health, and how humanity has never stopped looking for scapegoats for their collective suffering. I will conclude by arguing that honouring the philosophical assumptions of transactional analysis is not just a clinical question, but, if applied to politics, can be a means of protecting the health of populations.

2 | TRANSACTIONAL ANALYSIS AND POLITICAL COMMUNICATION

I wish to share my reflections using some theoretical-practical concepts of transactional analysis, because transactional analysis has a long history of application to social analysis, with specific attention to its cross-cultural value which is a not negligible aspect during a pandemic.

From the very beginning of his research and theoretical production, Eric Berne paid great attention to the cross-cultural application of the principles he was describing. He travelled throughout his professional life, from a very young age, to study psychiatric treatments in many countries of the world, always with a careful attention to the sociology of the countries he was visiting. Not by chance, he wrote in the presentation of his first book of Transactional Analysis:

The writer has had the privilege of visiting mental hospitals in about thirty different countries in Europe, Asia, Africa, and the islands of the Atlantic and Pacific, and has taken the opportunity of testing the principles of

structural analysis in various racial and cultural settings. Their precision and predictive value have stood up rather well under particularly rigorous conditions requiring the services of interpreters to reach people of very exotic mentalities (Berne, 1961, p. 11).

This cross-cultural focus seems useful in analysing political communication during a disease spread across all continents.

Claude Steiner has been one of the earliest and closest pupils of Eric Berne, and probably the most engaged in the social and political fields. Since 1971, Steiner began to apply key concepts of Transactional Analysis in understanding political and social dynamics. Starting from the theoretical works of Reich and Marcuse, Steiner (1971) underlined how a negative stroke economy was functional to the capitalistic socio-economic system and, in particular, to the manipulation of the masses through advertising. In my vision, manipulation has been a relevant aspect of the political communication during the COVID-19 pandemic.

Later, Steiner (1981/2004) devoted much attention to power, in the book *'The Other Side of Power'* which he described as control over others and emphasised how politics is the study of power. Although Steiner devoted ample space to describing how power struggles are a typical issue of human relations, in this article I will consider power only as a means of controlling the masses. One of the key aspects of Steiner's book is the analysis of the reasons why we accept the control of others. He writes:

It takes more energy and skill than most of us have to challenge, ask questions, question authority, refuse to go along, openly criticize what everyone around is doing and defend our rights. We don't want to risk what we have by angering powerful people. To be disruptive and stubborn is difficult and frightening. Instead, we go along quietly and we 'cooperate', which, in this case, really means that we obey (Steiner, 1981/2004, p. 18).

It is not difficult to see how these behaviours are linked to fear. For this reason, political communication often focuses on frightening citizens. However, Steiner emphasised his belief that it is possible to be powerful without abusing power: according to him, the study of power must have this purpose.

Another aspect I wish to consider is what we call philosophical assumptions of Transactional Analysis. The so-called philosophical assumptions were defined as follows by Stewart and Joines (1987, p. 6):

People are OK: every person has equal value and dignity, the same rights and duties and must be in a position to enjoy them. This is a principle on which the United Nations declaration of human rights, and the constitutions of democratic countries are based. As we will see, this principle is not always honoured, and the consequences can be negative for health and human dignity.

Everyone has the capacity to think: however difficult life conditions may be, every human being has the ability to think, and in order to exercise it they have the right to have accurate information. If they are deceived, their ability to think is not reduced, even if the conclusions they arrive at may be wrong.

People decide their own destiny, and these decisions can be changed: under similar social conditions, humans can choose to act in very different ways. Even in conditions of poverty and social exclusion they often choose very different behaviours. The ability to make decisions does not mean that they choose well, but that at any moment they are able to make decisions for their own existence, sometimes with a wide choice, sometimes very limited. But even in this regard, they have a right to reliable information.

These assumptions were largely derived from Berne's writings, and in particular from his book *'Principles of Group Treatment'* (1966). They are principles in which transactional analysts identify themselves and are more than an ethical guide; in fact, the practice of Transactional Analysis is also based on them.

Finally, I will consider Transactional Analysis communication theory, based on what we call transactional analysis *proper*; that is, the analysis of specific transactions (the basic units of communication, or rather *of the social intercourse*, according to the definition by Berne, 1964).

It is appropriate to remember that Berne developed, from the 1950s onwards, Transactional Analysis with the aim of treating people effectively and quickly. That is, it was designed for health. I hope to show how political communication, acting contrary to philosophical assumptions and the criteria of healthy Transactional Analysis communication, has produced harmful effects on human health, creating a kind of *experimentum naturae* (natural experiment) which indirectly confirms the value of the principles of Transactional Analysis.

3 | POLITICAL COMMUNICATION AND HIDDEN MOTIVATIONS

To begin with, we can say that in the course of the COVID-19 pandemic, we have heard all sort of mischief. In the United States, in the first period of the epidemic, a well-known clinician, 'Dr.' Trump, seems to have suggested an innovative therapy consisting of the intravenous infusion of disinfectants (Alcohol? Bleach? It has not been specified); the reasons why the colleague did not apply this promising clinical strategy to himself first are unknown. In Italy, a fallen politician, until the previous summer with important ministerial positions, changed his mind in a sparkling way, going from demanding the total lockdown of the country, to its total reopening, to a new lockdown and so on every few days, in reaction opposite to what the government decided. The Prime Minister of the United Kingdom, in one of his first speeches on the subject, communicated to the population, with some apparent empathy, to be ready for the sad death of many loved ones, without adding much else.

Things of dubious utility in the public management of the pandemic.

The fact is that in many countries, including Italy, some politicians seemed to be guided by personal motivations that were different from that of fighting the epidemic.

One of the fundamental literary texts of Italy is a novel published two centuries ago, *The Betrothed* by Alessandro Manzoni. Just as Dante's *Divine Comedy* is reputed to be the founding act of the Italian literary language, Manzoni's novel is considered the foundation of modern Italian. All Italian girls and boys study it in their adolescence. If I talk about it here, it is because it is set in 17th-century Lombardy, during the terrible plague that upset it. The author dedicates three chapters to talk about the plague epidemic, and he does it with the depth, the psychological subtlety and the irony of the great narrator, also with the passion of the historian, who went to rigorously document himself. It is surprising to recognise in those pages, descriptions and reflections valid for the COVID-19 epidemic.

'One could ...observe, listen, compare, think, before talking. But talking, this so lonely thing, is so much easier than all that other together' (Manzoni, 1825/1960, p. 570): with these words, commenting on the behaviour of the rulers of Lombardy during the plague, Manzoni concludes chapter XXXI of *The Betrothed*. Political leaders in the region seemed to speak casually, without really listening to the experts who even then alerted the authorities to the first signs of the spread of the disease, and suggested appropriate interventions. Words, those of Manzoni, which could also be applied to many rulers today.

In the same chapter, the author recounts, as a partial explanation of their behaviour, how the Lombard authorities were rather distracted by other matters, in their eyes more interesting than the plague, as I do not know what war they were engaged in; and my evil mind has inevitably rushed to think about the political communication of these months.

We could make a rather long list in this regard; for example, it seems today quite well established that the Chinese authorities have disseminated information on the epidemic with great delay and have also done it in a probably very incomplete way, which has not helped the other countries to prepare themselves (Bonini et al., 2020, May 17). Why did they do it? According to the authors of the aforementioned article, it is not difficult to guess that the reasons were linked to avoiding risks to China's reputation, which hindered in particular foreign trade and international political strategies. Although it is possible that these omissions are now being exploited by opponents on the international arena, it is difficult to have doubts that fighting the pandemic and helping other countries prepare to it has not been the main concern of Chinese rulers.

It seemed that even the President of the United States has had, from the outset, different personal priorities rather than fighting the epidemic. In an election year, decisive for his confirmation in the White House, it seemed

that from the beginning he first had the fear of damaging the economy, which would certainly have happened with a severe lockdown. An economy in crisis would not have helped its re-election. So he initially minimised the danger of the virus, then delayed the lockdown measures as much as he could, then began to press to reopen everything as soon as possible. Being re-elected seemed more important than containing the virus.

In the United Kingdom, the Prime Minister had similar problems: after obtaining Brexit, he could not afford an economic crisis because his political victory depended precisely on the promises of his country's overwhelming economic success outside the European bonds. He therefore invited his fellow citizens to resign themselves to many painful losses of loved ones because there were no alternatives. The British had to get sick and achieve herd immunity; and he set a good example by not taking personal precautions. We know the sequel to the story: he fell seriously ill with COVID-19, got scared, reviewed his positions and took measures against the virus. Yet he lost about a month, was unable to take advantage of the experiences of other European nations that were affected before, and now the United Kingdom is the country that has experienced the most deaths on the European continent. However, he managed to enter the history of epidemiology, carrying out the first known experiment to pursue herd immunity starting from the herdsman.

Even in Italy, it was possible to witness numerous guerrillas, especially between regional authorities and central government, which competed to unload the blame for the difficulties on others and grab the merits of the successes: in many cases, it was evident that certain statements were intended to obtaining some miserable advantage in the eyes of the voters much more than to control the epidemic. In short, it does not seem to me that political communication in these examples followed Manzoni's advice; that is, to have '*observed, listened, compared, thought*' before talking (and acting). Or at least it was not done with the aim of treating the epidemic.

If we consider the examples cited in the light of the philosophical assumptions of Transactional Analysis, those politicians who favoured their own interests, rather than the common good, hampered citizens' *capacity to think* with false information and, therefore, their ability to *decide their own destiny*. In this, a transactional analyst sees unethical behaviour, not aimed at the well-being of individuals. It should also be said that, at least in our democratic countries, under the pressure of public opinion, the rules to defend the population from the epidemic were eventually taken, albeit often with damaging delay, and it has been a demonstration that citizens can intervene to decide their own destiny, even if those who govern hinder them.

Let me be clear that I do not want to generalise. There have been many politicians in different countries (including mine) who behaved with great sense of responsibility, who made right or wrong moves (because it was difficult to make decisions in a new situation where the experts themselves were often in contrast) but in good faith, with the aim of fighting the pandemic and protecting the health of the population.

I do not think I have bias (at least which I am aware of) against politicians. Some countries, like Germany for example, have handled the situation very well. Others, like Sweden, have had mortality rates similar to those of other European countries but with a very respectful communication and some great social successes: for example, schools and many other public, social and economic activities have always remained open. Even in my country, some courageous choices have made it possible to put Italy in conditions of safety and control of the epidemic in a reasonably short time. If I have chosen to speak of dysfunctional political communication, it is to underline its negative effects, when it conflicts with the philosophical assumptions of Transactional Analysis.

4 | PARENTAL COMMUNICATION: TERRORIZING CITIZENS

In my country, the most characteristic aspect of political communication during the pandemic was frightening the population with negative effects on public health. In this regard, I am unable to say much about what happened in other countries, because I heard the television news and I read mostly the Italian newspapers. However, I think that in many countries similar things have happened: I deduce it indirectly from a series of scientific articles that have

shown similarly negative effects on health also in the international context. I am referring to political communication to terrorize citizens.

In Italy, a plethora of policy makers and technical experts (especially virologists) have piled up on each other in the media, issuing warnings and statements in usually anxiety-inducing terms, in imperative verbs, which soon became commonplace. They threatened citizens by presenting the disease as uncontrollable and tremendous, accompanying these statements with screams and warnings of the type 'Stay home!', 'There are too many people around!' and when the clinical data began to improve 'you must not let your guard down!'. It is easy for a transactional analyst to recognise their communicative meaning: it is the way parents turn to irresponsible children.

Since the beginning of the epidemic, we Italian citizens (and probably not only us Italians) have been treated by politicians and their scientific advisors as poorly responsible children. Even the most technical communication seems to have followed a coherent strategy, aimed above all at frightening the population to keep them at home; and in my psychiatric rear, I have often witnessed the effects: anxiety, insomnia, phobias, obsessions and compulsions. In these months (and I had not imagined it), one of the most effective ways for me to be a psychiatrist has been to document carefully what was gradually being discovered on COVID-19, to offer balanced and reliable information to those who turned to me, in order to reassure about the situation.

I want to give just a few examples, among many possible, of anxiety-provoking communication. The first refers to the declaration many times repeated (also by 'experts' of the World Health Organization, reported by various media, e.g., Rainews, 2020), according to which '*there is no evidence that immunity against the virus can be reached*'; a statement variously interpreted by my patients as *you can get sick several times and we will never have a vaccine, we will never get out*. In reality, the most likely hypothesis is that the virus determines some form of immunity and would be an absolute exception if this does not happen; the first published scientific papers on the topic are also on this line (Altmann, Douek, & Boyton, 2020; Lipsitch, 2020; Long et al., 2020; Thevarajan et al., 2020). Correct and non-anxiety-inducing communication, to use our TA jargon an Adult-Adult honest transactional stimulus, would have been *immunity against the virus has not yet been demonstrated, but it is highly probable*.

Another alarming message reads: *It is by no means said that the summer and the heat will defeat the virus*, sometimes to the point of saying that *The coronavirus does not suffer from the heat* (I also heard this from some expert): here too, there is still no evidence. Rather, just taking a look at the lighter trend of the epidemic in Southeast Asian countries, with tropical climate and contacts with China much greater than the European countries, where the epidemic was violent, to suspect that the heat will give us a hand. In addition, respiratory diseases of other coronaviruses, similar to the one causing COVID-19, typically have a seasonal pattern. Correct, Adult communication could have been *it has not yet been proved that the heat will help us, but it is very probable*.

Again, heard by one of the epidemiologist advisors most listened to by the Italian Minister of Health: '*A second wave of epidemic in the autumn more than a hypothesis is a certainty*', accompanied by the opinions of many other personalities on similar tones ('*three experts say they are certain of the second wave*', '*a second peak will be much worse than the first one*' etc.). In reality, everything has to be proven. Colleagues and friends who work in the hospital tell me that the new cases that come to the emergency room after the initial period, in addition to being much less frequent than in the previous weeks, seem to present the disease in less aggressive forms, and perhaps the virus is starting to reduce its virulence, as sometimes happens in the evolutionary history of these microorganisms. Furthermore, both diagnostic and therapeutic capacities are improving all over the world. Having understood that a key aspect of pathophysiology is thromboembolic phenomena, doctors have learned to treat the disease with heparin and platelet aggregation inhibitors; treatments with anti-inflammatory and specific immunoglobulins from donors also appear to be promising. Finally, the healthcare organisation is improving and there are now effective management procedures. An Adult-Adult communication could have been *it is possible that there will be a second epidemic wave, even if it is not yet proven, and with the appropriate physical distancing procedures and what we now know about the virus we should be able to manage it well*.

I could go on. Why are these communications so anxious and alarming? Why these paternalistic tones as if we citizens were children? Infantilising the interlocutors is generally not a strategy capable of promoting autonomy. For the transactional analyst, it is not difficult to recognise typical Parent–Child transactions, and more specifically Controlling Parent–Adapted Child, in the examples of messages cited. These are transactions that do not recognise the interlocutor's (the average citizen's) OK-ness, hinder their ability to think, and make decisions for their own destiny with false information.

Public communication (from rulers, experts, advisors etc.) was largely not adultising but paternalistic, terrifying (like threatening terrible monsters to children). Unfortunately, it also seems to infect us; when I exchange these opinions with some friends, sometimes I hear my friends reply '*Marco, they are not all like you and me, there are also many people who are not responsible*'—a devaluing and perhaps in turn childish consideration, like children who complain of being punished for the bad behaviour of siblings or schoolmates.

I do not believe that we, the citizens, are not responsible. Among my compatriots are the doctors and nurses in the front line (and we too from the rear) who worked with self-sacrifice and generosity, the cashiers and the other workers of the supermarkets who made sure that we did not lack necessities, the teachers who have made the effort to maintain online contacts with students in an unexpected situation, the drivers of buses and logistics, the people who work in the garbage and who keep my city clean and tidy, and many others. All admirably responsible people, who have done and do their duty scrupulously amid a thousand difficulties. Together with them, there are many of my compatriots who in these difficult days have doubled their commitment in voluntary organizations to help people in difficulty. Not everyone will have lived up to the situation, out of 60 million inhabitants, and certainly some irresponsible will not fail. But the vast majority of citizens have shown discipline, self-denial and humanity at the same time. It is one of the reasons why the epidemic has been put under control quickly. I am proud of it. We deserve to be treated with confidence as adults.

If someone asked us who behaved as a responsible adult, having to choose among these millions of citizens on the one hand and on the other hand the rulers who speak and act following their hidden political motivations, of which we spoke earlier, we would not have many doubts. However, those who in certain situations and contexts have managed the epidemic badly are among those who scream threateningly against us. I think it is appropriate to say, as in the fairy tale, that '*the king is undressed*', and that the responsible people are the millions of citizens who do their duty every day, and deserve to be treated with respect.

As regards specifically the reality of Italy (and I apologise, as anticipated, for the inevitable limitation of my point of observation), I want to report the words of the journalist Alessandro Barbano (2020, April 29) in a newspaper during the pandemic: the choice to manage the situation with what we call P-C transactions.

is based on the belief that Italians are an anarchist people and disobedient to the rules. It is an old and illiberal prejudice, and like all prejudices without foundation, even if rooted in common sense. Above all, a part of the ruling class believes in it, accustomed to living in privilege and therefore projecting it, erroneously, into collective behavior.

One could not say better, and in the political communication during the pandemic we have had continuous evidence of it. Barbano concluded with these words: '*against the permanent risk of an infection we have no other means than this secular and liberal virtue: trust. Trust or authoritarianism, trust or centralism, trust or uncompromising moralism, trust or depression*'.

Although I understand the difficulty of governing a country in these conditions, it seems inevitable to me to find, in comparison with a certain political communication, serious and reliable my fellow citizens.

I strongly suspect that these considerations are not valid only for my country, as the British writer Ian McEwan (2020, April 25), in an article dedicated to the epidemic entitled '*The strange vocabulary of coronavirus*' wrote in April 2020: '*the institutional habit of treating voters like children dies hard*'. However, if I make these considerations, it is not for theoretical principles, for an abstract adherence to the philosophical assumptions of Transactional Analysis, but

because they have effects on health, which we see well in the rear, starting with our patients who have cancelled their diagnostic tests, visits to specialist and so on. The impact on those suffering from chronic diseases has been intense (Mehrotra et al. 2020), and the fact that similar observations have been published in the international medical literature suggest to me that what I have described is not only an Italian issue.

But the matter is even more serious; in fact, it is not limited only to neglected chronic pathologies. The main Cardiology Institute in Milan (Centro Cardiologico Monzino, 2020) has communicated that during confinement, mortality from myocardial infarction in the city has tripled, and at the same time, they have reduced interventional cardiology procedures by 40%, because patients frightened by the danger of the virus called for help too late. Similar observations were reported in an interview with Professor Indolfi, president of the Italian Society of Cardiology (Franzellitti, 2020). Terrorizing citizens, not communicating with honesty and respect, also leads to avoidable deaths. Heart attacks are more dangerous than the virus.

In oncology, similar things seem to have happened. Colleagues tell me that in addition to the delays accumulated, due to the fact that many hospitals have suspended their normal activities, patients on the list for urgent oncological interventions refuse hospitalisation for fear of becoming infected by COVID-19 in the hospital. The harmful results of these attitudes are not easily identifiable as in cardiology, because they can only be verified over time. However, cancer is also often more dangerous than the virus and the alarm is well present in the international scientific press (Van de Haar et al., 2020).

We citizens have the right to demand to be treated as adults with respect, because an anxiety-provoking communication increases the likelihood of non expected deaths. Betraying the philosophical assumptions of Transactional Analysis is bad for the health and can be counted in casualties. What has already been measured in cardiology, which is beginning to be observed in oncology, is, however, true for a great deal of other medical specialties: everything must not disappear before the virus.

As for psychiatry, then, the issue is as serious as neglected. Mental health must be part of the management of health emergencies (The Lancet Psychiatry, 2020), and public communication must take this into account, without unnecessary alarmism (WHO Europe, 2020; Yao et al. 2020), because social distancing and isolation are risk factors for mental health for which specific interventions are needed (Beaney et al. 2020; Zhang et al. 2020) and, in general, the impact of COVID-19 can be intense on psychiatric patients and requires defined guidelines (Luykx et al. 2020).

A group of 42 international experts published a study documenting the risk of a substantial increase in suicides in the population as a consequence of the pandemic, signalling that one of the main causes is *irresponsible public communication* (Garfin et al. 2020; Gunnell et al., 2020). Along the same lines, an article in the *Annals of Internal Medicine* (Mannix et al. 2020) and one in *JAMA Psychiatry* (Reger et al. 2020) warn against similar risks. All these jobs call for urgent interventions to prevent suicides.

In my country, which has been the first to be affected among democratic countries, early psychiatric research shows that the Italian population is already suffering from the pandemic (De Girolamo et al., 2020; Rossi et al., 2020), with particularly high prevalence of anxiety disorders, post-traumatic stress symptoms, depression and insomnia: my daily experience is consistent. It is also worth adding that there is no mental health separate from physical health: the two are intimately linked, both as a general rule and specifically during catastrophic events such as a pandemic, because mental health partly conditions physical health, influencing, for example, the risk of infections and lung diseases (Seminog & Goldacre, 2013). Hence, why it profoundly influences patients' behaviours and their adherence to therapies (Sartorius, 2013).

As Steiner (2004) has explained, the main tool for infantilising citizens is fear. Scare them: parents who scare children. Understandably, the instinctive response to a Parent-Child transactional stimulus is Child-Parent, in most cases with an over-adaptation (obeying the injunction not to go out to the point of not going to the emergency room with a heart attack) or with rebellion, and there was no lack of examples in many countries: rebellion against the rules, denials of the existence of the virus and so on. Threatening and irresponsible public communication are dangerous, treating us as children is not only offensive: it is damaging, as

it causes avoidable casualties. Betraying the philosophical assumptions of Transactional Analysis is bad for our health.

5 | SCAPEGOATS

In the tradition of pestilences, at least since the Middle Ages, there has been the threatening figure of the *plague spreader*. They were called '*untori*' in Italian, which means '*greaser*' because they were thought to grease with mysterious substances capable of spreading the plague; for example, the doors of the houses causing infection in the unfortunate inhabitants. Obviously, it was not true. But humanity needed to find scapegoats against which to vent its sense of helplessness in the face of the epidemic.

Our time is no exception. The scapegoat is an ancient Jewish tradition: on the day of Kippur, that of the atonement of sins, the priests symbolically charged a goat of all the sins of the people and sent it away to the desert. In the face of the COVID-19 epidemic, many, especially among the rulers, felt the need to find someone to blame for the sin of spreading the disease, in order to release tension. In Italy, the scapegoat of the epidemic has been originally the Chinese immigrant community; there has been some act of racism (without physical violence, fortunately) and the president of an important region has come to declare '*we all have seen the Chinese eat live mice*'. The President of the United States has long continued to call the coronavirus '*the Chinese virus*' and many have used racist terminology and commentary. It is likely, as we have seen, that China has responsibility for spreading the epidemic, and for this, it must be called upon to respond. But racism is another thing, and it is not acceptable. In Italy, the Chinese community has behaved impeccably and soon ceased to be considered a *plague spreader*.

Paradoxically, the role of the *plague spreaders* soon passed to us Italians in Europe. In Italy, however, there have been two successive epidemic waves: in the first, the *plague spreader* was the runners; and in the next, that of the end of May 2020, the young people and their 'bad' habit of meeting friends. But always, subtly, a constant suspicion turned to immigrants, accused of falling ill much less than the Italians, and therefore probably with some hidden responsibility connected with the disease. In fact, the incidence of COVID-19 among immigrants was about half of the Italian population (Istituto Superiore di Sanità, 2020), and lethality (percentage of sick people who died) was much lower (Silvestri et al. 2020). However, the explanation is simple, immigrant people are on average much younger and healthier than the Italian population.

Despite this reassuring situation, the Italian government has hurried to declare Italian ports unsafe, refusing to land for refugees rescued by humanitarian ships in the Mediterranean Sea—as if Libya was safer, with its tortures, rapes and murders, than the Italian ports. During the epidemic, two humanitarian ships that had transported refugees saved to the high seas to the Italian coast were barred from landing for a long time. Then it was allowed to transfer people for quarantine on board a ship prepared as needed, revealing hypocrisy: if really the problem was to protect refugees, why keep them in those difficult conditions? The truth was that every effort was made not to let them go ashore. Of course, no COVID-19 cases were among them. At that time, the epidemic was in Italy, not in Africa!

Even in this regard, it seems that attitudes in other countries have not been different: the President of the United States, when his country had become the one where the epidemic was most widespread in the world, decided to completely block immigration, while from a strictly epidemiological point of view, the most logical thing would have been to close the country's borders to those who wanted to leave, that is, emigration, not immigration. And the United Kingdom government has also decided to apply an incoming quarantine, at a time when the country had become the main outbreak of contagion in Europe.

It seems that immigrants are always the danger, the threat. Yet, in an era of epidemic, taking it out on immigrants is not a good idea because there is a strong risk that, especially the undocumented ones, frightened by negative attitudes towards them, will hide and escape health checks. Having a part of the population outside of any epidemiological surveillance is dangerous. Also, in this case, bad communication that does not respect the

philosophical assumptions of Transactional Analysis, and that is based on prejudices (i.e., on areas of parental contamination on the Adult Ego State), hurts and can seriously damage health because it leads to political behaviours not appropriate for the management of an epidemic.

6 | CONCLUSIONS

The fear of the virus, artfully expanded by public communication, seems to become a social disease itself, capable of damaging perhaps more than the virus. The epidemic will go away. The pain will remain for those who passed away, those who died of the virus, those who died from other diseases, untreated for fear of the virus. And the economic crisis will remain, with its consequences for health, because poverty is one of the main health risk factors, increasing morbidity and mortality in the population.

We transactional analysts believe we have an effective compass, made up of three principles: *People are OK; Everyone has the capacity to think; People decide their own destiny and these decisions can be changed.* They express the idea of human dignity, the dignity of every single human being, and the absolute value of each of us. The motto of a Scientific Society to which I am honoured to belong, the Italian Society of Migration Medicine, reads in Latin: *Dignitas in salute, Salus in dignitate*, which means *Dignity in health, health in dignity.*

In this historical moment, there should not be only the virus and there should not be only the bad political communication that tries to take advantage of it: we need good communication, correct information, respect for rights and thoughts capable of daring. We need the philosophical assumptions of Transactional Analysis, which protect and promote health.

In a word, we need human dignity.

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How to cite this article: Mazzetti M. COVID-19, political communication, and public health: A Transactional Analysis perspective. *Psychother Politics Int.* 2020;18:e1562. <https://doi.org/10.1002/ppi.1562>