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Pandemic, politics and people: a psychosocial analysis of the first month of COVID-19 in Denmark

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Even though COVID-19 is transmitted internationally, there are very different ways of combating its threats nationally. This article is a psychoanalytically informed psychosocial analysis of how the risk of COVID-19 contagion was dealt with politically and received by the population in Denmark in the first month after it arrived in the country. The question is how the social democratic Prime Minister, Mette Frederiksen, at the initial press conference addressing the nation in March and April 2020, succeeded in making the population accept comprehensive restrictions in their daily lives. The article argues that an unheard of agreement between the population, government and opposition was furthered by the Prime Minister's double communication of a horror scenario and a construction of an exclusive and containing group of 'Danes' and served as a means of instilling anxiety and relief from anxiety at one and the same time. Psychologically, the group as a good object offers a defence against regressive, anxiety-ridden phantasies of infection and potential death. Politically, it forms a comforting cohesion between government and 'Danes', emphasised by Mette Frederiksen's invocation of a caring welfare state that is closely associated with social democratic leadership. It thus stresses the interplay of the psychological as well as political aspects of an anxiety-provoking situation. On the one hand, the situation gave rise to a citizenship-based community, acting as a political and psychological subject, but on the other hand, this political mobilisation of community spirit neglected conflicts of interests, which surfaced later.

Key words pandemic • anxiety • containment • welfare state • political mobilisation

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Introduction

In this article, we will examine the ways in which the COVID-19 epidemic was dealt with politically and received by the population in the first month after it arrived in Denmark. The risk of contagion had peaked in China at the end of January 2020 and shortly afterwards there were signs of the virus having reached Denmark. However, assessments from the Danish health authorities were hesitant, as the biggest problems

still seemed limited to a few countries abroad. But when infection figures grew rapidly both in Denmark and in much of Europe, alarm bells were sounded. On 10 March 2020, the Danish health authority established that COVID-19 was a major risk to the nation as a whole, and this was followed by the government's announcement of a press conference the day after (Frederiksen, 2020a). In a live television broadcast, Mette Frederiksen, the Prime Minister, flanked by three government representatives, announced that a comprehensive lockdown of society would be initiated and, accordingly, work in educational and public institutions was to be relocated to people's homes. At the same time, the government appealed to the public to adapt their normal practices by washing and disinfecting their hands frequently, keeping their physical distance from others and reducing social interaction. The fact that this was a very unusual situation, a national *event* (Getz, 2012), was emphasised by the completely unusual set-up of the press conference. It was called by the government and addressed to the entire nation. In this setting, Mette Frederiksen's communication of the strategy against COVID-19 had an immediate impact. Infection rates fell.

Although virus and disease risks were the same in different countries, progression of the crisis was vastly different. Developments in Denmark had some special features compared with other countries in the ways that the objective disease threat, the societal regulations and the subjective reactions were correlated. One striking point was that the Danish population, which otherwise has a reputation for individualism and anti-authoritarian practices, was immediately prepared to regulate their personal behaviour in accordance with the government's announcements. In our analysis of this phenomenon in particular, we examine how psychological and political-institutional aspects appeared to contribute to the resonance that the Prime Minister's message had created in the population.

We ourselves have experienced the social and personal intervention of the pandemic in our lives and have closely observed the practices of others in this situation. These experiences have informed our analysis, but our own acute involvement has no special place in this article.

Pandemic and psychodynamics

People around the world experience societal and personal conditions, which apart from their political, practical and health implications, also have psychological ones. Potentially we can all be infected, and thus the appearance of COVID-19 introduced a basic psychodynamic theme: an effort to control or master unstructured and anxiety-provoking forces. In the context of COVID-19 we are currently witnessing this being manifested in society at large. For many, especially younger people, illness and death usually operate on the fringes of consciousness, remaining in the form of abstract knowledge of a condition. With the pandemic, these themes have moved both publicly and privately into the central sphere of human attention. The common condition is that the threat of infection has arisen without anyone anticipating it and with no safe way of treating and limiting it. The lack of controllability questions the rationality of life and may activate both fear of the specific risks and a latent anxiety that is ultimately linked to our own mortality. Thus, the threat of infection may trigger a free-floating anxiety and form a projective space for all anxious thoughts and phantasies (Visholm and Heinskou, 2005). However, projection of affects into an external object (COVID-19) may, as we will discuss later in the article, block a

deeper understanding of the situation when not followed by reality testing and open discussion of its very complex aspects (Stein, 2004).

The obvious psychodynamic implications of COVID-19 as it was manifested in society at large make it appropriate to adopt a psychodynamically informed psychosocial approach in our analysis. We will draw on theories that have developed concepts about how feelings and thoughts are aroused and embodied in groups, institutions, nations, cultures and so on (Freud, 1921; Bion, 1961; Leithäuser, 1976; Volmerg et al, 1983; Lyth, 1988; Legvold and Volkan, 1998; Hollway, 2008; Hoggett and Thompson, 2012). In the following, ‘group’, ‘large group’ and ‘identity group’ refer interchangeably to national groups of Danish citizens who identify themselves with a vision of a shared Danish identity and character.

The empirical analysis

Our empirical data come from two key speeches given by Prime Minister Mette Frederiksen at press conferences within the first month of the onset of the pandemic. We have also included indications of the population’s reactions to these speeches, primarily based on changes in infection rates. This first month after the pandemic’s appearance is seen as a ‘critical period of a disaster’ (Stein, 2004), that is, as a ‘relatively short time following the disaster’s triggering event ... This relatively brief time (ranges) from a few minutes to usually no more than a few days (Stein, 2004).’

The ‘triggering events’ in this context were the rapidly growing infection rates in Denmark at the beginning of March 2020. That period is described as critical because then the authorities lacked knowledge about how the virus had emerged and would spread. Nevertheless, the Danish government immediately took prompt action without having the insight into the nature of the disease that they would probably have considered necessary in other settings. One can easily imagine the pressure on the government that the fear of not doing the right thing must have produced.

Prime Minister Mette Frederiksen’s speech to the public on 11 March 2020

Overall, the content and rhetoric of Mette Frederiksen’s first speech clearly show that her primary intention was to make the population adjust their/our spontaneous behaviour from the very first moment. At the same time, she also strove to create ‘anxiety toleration’ (Stein, 2004), that is, finding ways to contain one’s anxious feelings, thoughts and phantasies about the risks attached to both the economic and existential consequences of the crisis. Speaking as a woman appeared to support her intent as her motherly injunctions seemed more caring than authoritative. Between the lines one could also sense that the government in addition had its own project, namely to survive the crisis politically. We will discuss this in more detail later in the article.

Mette Frederiksen opened her speech on 11 March 2020 by describing the difficulties in the current situation and stressing their implications for everybody: “What I will say here tonight will have major consequences for all Danes” (Frederiksen, 2020a). In the next sentence, she continued: “There will be difficult situations for many citizens.” Later, she described the danger in a dramatic staging of the emergence of the disease, with tension-building pauses, where we as recipients were given an almost physical sensation of a storm moving at a breakneck speed across the country:

‘When I stood here yesterday, 157 Danes were infected with corona.

Today we have 514 infected.

The number has more than doubled since Monday, when the number was 35 infected.

The coronavirus spreads extremely fast.’

The progression of the disease appeared as a horror scenario, which at the same time was observed in Italy:

‘Italy is closed down. The hospitals lack ventilators and staff. I would like to emphasise: this is not a horror film. It is not an imaginatively devised future scenario. That is the reality in a country that most of us know. Where many have been on holiday. A country in Europe. In our part of the world.’

The calamity was not something that was taking place far away, among *the others*, it was happening in a country that was within our, the Danes’, sphere of experience. At the same time, this reality was in a way also unreal: “We are in unknown terrain. We are in a situation that does not look like anything we have tried before ...”

COVID-19 was unknown and intervened unexpectedly in our lives, and the feelings it gave rise to needed to be contained. It was a phenomenon, not a person or object that had attacked us, and nobody was blamed. Mette Frederiksen did not resort to offering relief by directly accusing China, as we saw President Trump had done. She appealed to our feelings of being in it together, to our identification with the national large group as a container for anxiety, forming an internal good object (Klein, 1940). This became the emotional antidote to the horror scenario and was rhetorically unfolded through the repetition of the construction of ‘Danes’. This was to be the ‘we’ who would lead us through the crisis, expressed in an elegant and captivating one-liner: “Now we must stand together by keeping our distance.” The whole speech ended with an emphasis on an admonishment to the ‘Danes’: “We must all do everything we can to take care of the Danes. Of Denmark. Of each other.” In this way, the Prime Minister simultaneously evoked the individual narcissistic feeling of being able to do something and a classic sense of moral community, which counteracted a panicked concentration on our own individual survival. The speech was formulated at eye level with the recipients in front of their television screens. Its rhetoric was mundane, devoid of foreign words and theoretical concepts. The sentences were short. Points were repeated and referred to things we all knew. Danger became emotionally visualised and understandable for everyone. The guidelines for changes of conduct were not formulated authoritatively, but carefully; not as prohibitions but as appeals. Mette Frederiksen, again relying on her gender, was thus particularly successful in speaking to the heart and to the community, which together were to form a collective subject in the fight against infection.

It is worth noting that Mette Frederiksen consistently spoke to ‘Danes’ rather than, for example, *citizens*. Logically, the government would have had no interest in excluding anyone from the community who was to cooperate in reducing infections. In explicitly addressing the ‘Danes’ and featuring ‘Denmark’ as a common reference,

Mette Frederiksen appeared to be making a rhetorical appeal to national identity, which through the ages has been shown to be a strong basis of internal solidarity (Jørgensen, 2009). Her probable intention was to profit from the positive connotations that are widely linked to a notion of Danish distinctiveness rather than a national prejudice against minorities in the country. It may even be understood as an invitation to citizens of foreign origin to become part of the national community, to be ‘Danes’ by following the government’s guidelines, which they in fact also seem to have done. But inevitably, appealing to ‘Danes’ was also an indirect reminder of the presence of someone and something ‘foreign’ – non-Danish – in Denmark, from which Danes as a group could cut themselves off and thereby increase their national feeling of identity. The logic may remind us of racism but in Denmark the exclusive discourses would not be referred to as racist but as a discursive dichotomy between non-Western immigrants versus inhabitants of national or Western origin.

As it was, the experience of being in it together, of having to care for one’s neighbour too, created a large group with a common task: *our* survival. Emotionally, we became connected to each other through the task, but also by the fact that Mette Frederiksen projectively established ‘us’ in Denmark as ‘the good group’ (Bion, 1961) because “that is exactly what we have in Denmark – ‘community spirit’”. It was further emphasised that we not only have but also act with a ‘community spirit’: “The Danes are up and running. We show community spirit.” The ‘community spirit’ latent in the traditionally monocultural Danish society was activated and turned us ‘Danes’ into a national family where young people in their conduct showed their respect for the older generations who were more at risk.

The government’s appeal to a changed and more disciplined general conduct worked as intended. Figures from the State Serum Institute (SSI), a centre for disease prevention and control, showed at the end of March 2020 that the infection pressure was reduced, which was attributed to the population’s behavioural changes (Kaare Mølbak, SSI, March 2020). The media reports and images from a world in upheaval created confusion, worry and anxiety that left citizens open to common guidance and reassurance. The perceived loss of control and the disease’s anxiety-provoking meaninglessness fostered a longing for a manageable and orderly world where there was no doubt about where one belonged. At the same time, the situation also required individual care and agility, and rational considerations of how it could all work out in terms of childcare, individual isolation, children’s school work, and limited care relationships and collegial interaction in everyday life (see, for example, Blackman, 2020). In this situation the rational ego seemed overburdened and the responsiveness to the authorities’ instructions was further reinforced.

Leadership, group and community

At the press conferences, Mette Frederiksen stood out as a leader and a person with a straightforward way of speaking. She and her advisers took on the role of authorities who knew more than the rest of us about what it took to minimise the risk of infection and spoke confidently about ‘what works’. Thus, the Prime Minister and the rest of the government also established themselves as authorities in our inner world. However, at the same time, Mette Frederiksen as a person highlighted her own fallibility, as highlighted in her speech on 11 March 2020): “Are we going to make mistakes? Yes. Am I going to make a mistake? Yes.” With her explicit uncertainty, Mette

Frederiksen averted any criticism, but more importantly, alongside her governmental role, she also appeared as a person with whom one could identify. The group's project became the individual's project and vice versa in a dialectical process that has common features known from Freud (1921). Freud describes how the leader of the group is subconsciously established as a common ideal ego that binds the group members emotionally together and, in a sense, makes them equal. Individuals overlook their differences and mirror each other while at the same time confirming a sense of being 'us' standing out from 'them' outside the group. However, the leader must represent more than just his or her leadership. Freud takes his examples from the church and the army as societal institutions, where the unifying force stems from the legitimacy and emotional appeal of the institutions. In traditional institutional large groups, the leader identifies him/herself with the ideal ego, but in the actual situation in 2020, Mette Frederiksen placed herself in a position that from a Kleinian perspective would be described as 'depressed', that is, dominated by complex emotions and realistic, nuanced thinking (Klein, 1946). Frederiksen accepted that she as an authority and a human being might fail, and this presumably increased her credibility in the population. Judging from her support in the first critical period it was possible to establish a stage where the parties (the government and the 'Danes') mutually agreed on a language that gave meaning and perspective to the situation as a whole (Lorenzer and König, 1986).

In modern crisis research following for example 9/11, one finds the same signs that anxiety in a collective crisis creates a desire for togetherness. After a comprehensive literature review of people's reaction patterns in crisis situations, Mawson (2005) summarises the results as follows: 'The typical response to a variety of threats and disasters is not to flee but to seek the proximity of familiar persons and places; moreover, separation from attachment figures is a greater stressor than physical danger.' It is this preparedness for intimacy and collectivity that Mette Frederiksen spoke to. We interpret the Danes' initial responsiveness and lack of criticism of the government's regulations as signs of a dependence group (Bion, 1961), formed by the shock that the unexpected appearance of the pandemic created in the nation. However, this also indicated that regression in the group (Bion, 1961) in this case served a constructive cause. People did listen to public advice and the infection rates were kept at a low level.

The health system as the achilles heel of the welfare state

In this section, we will discuss how the government was also preoccupied with seeking political and ideological affirmation that served more interests than just limiting the risk of contagion.

One of the basic concerns expressed in the speech on 11 March 2020 was to prevent the health system from being overloaded, primarily understood as a situation where the hospitals would lack ventilators: "If many people get infected, the capacity of the intensive care units won't be able to keep up," Frederiksen said. For the government this was the 'horror scenario': "That is exactly the situation we must do everything we can to avoid." These two quotes sum up the Prime Minister and her advisers' fear of losing control of the healthcare system. In COVID-19, the death rates follow significantly later than the infection rates, and initially they were largely underreported. When the government proceeded to establish an almost complete lockdown of society, it was based on a significant increase from day to day in the number of infected people (just over 500) and a computational assumption of how bad it might later turn out,

following observations of countries affected earlier than Denmark. This took place close to the time that the World Health Organization (WHO) declared COVID-19 a pandemic. That this created general unrest and fear in the population was shown the same evening right after Mette Frederiksen's speech by queues in the supermarkets where consumers bought large quantities of food and hoarded toilet paper and yeast, even though she in the same speech assured us that there would be no problems with maintaining the supply of goods.

Hence the focus in the Danish government's strategy was to ease the burden on hospitals over the next two months. The key concern for the prognoses of the spread of infection was the *number of ventilators* in hospitals, that is, whether there would be enough ventilators if the transmission of COVID-19 went out of control. At a time when there was no clarity about how the infection rates might multiply, forecasts were centred on how many people would need hospitalisation and how many might risk dying, not on how many people altogether risked being infected. On television this was illustrated by a graph showing two curves, one where numbers of infected people were rising steeply (red) and another where they were rising slowly and then fading (green).

What were the thinking and motives behind the initial drastic lockdown? The government's worry that the healthcare sector might become overburdened gives us a hint. A lockdown in that perspective appears to be technical crisis management. If the healthcare system could no longer provide for all who needed it, it would be tragic, but also a sign of political failure, which could jeopardise the government's political legitimacy. For the government, therefore, there was more at stake than the mere limitation of the risk of infection. Mette Frederiksen's Social Democratic Party had recently formed a one-party government, which in a Danish context is unusual since, apart from a few months, there have only been multi-party governments since the Second World War. This was a chance for the party to restore its role in traditional welfare policy. Despite the fact that Mette Frederiksen herself acknowledged that there were situations where she would fail, in this case she would in no way allow herself to fail. In our view, the governmental anxiety that the unique political situation could end up badly activated a collective manic defence (Klein, 1940), where *ventilators* were seen as the primary (and miraculous) means that would save the health system, and secure the confidence of the population in the state and their willingness to follow its guidelines.

The danish welfare state and the social democrats

In order to understand the – compared with many other countries in Europe – unique loyalty displayed in relation to the government, it may be helpful to know the historical development of the Danish welfare state and its relation to the Social Democratic Party. After the Second World War, welfare progressively became integrated in a general idea of what Denmark was and is. Although the development of the welfare state was more or less agreed on by all the different parties, the Social Democrats felt that they were its primary instigator. Denmark's modernisation took place largely through agriculture. Industrial development came relatively late, and the Danish economy remained relatively closed until the Second World War, with agricultural exports and shipping as the marked exceptions. In the early 20th century, peasants, independent farmers and workers formed a common struggle for

the establishment of a parliamentary democracy. During the crisis of the 1930s the economic and social class struggle led to the first major social security reform under the leadership of the Social Democrats in an alliance with the party of the small peasants. After the Second World War, the Social Democrats changed their strategy, promoted industrialisation and free trade, and focused on general prosperity as their first priority. The strategy was successful and, supported by the uninterrupted economic boom from the early 1950s to the early 1970s, the country underwent a transition to an urbanised industrial society with an uninterrupted rise in prosperity. In the post-war period, the Scandinavian countries developed well-functioning public services, with social security, health and education being the most important areas of focus. With the ‘oil crisis’ of the 1970s, however, this development met with an economic obstacle as the economic sustainability of the ‘social democratic’ welfare model lost legitimacy among the electorate. This resulted in the neoliberal turn of the 1980s and 1990s. In the regime of New Public Management, responsibility for welfare was increasingly individualised and public service more market-based. Since the turn of the millennium, the dominant government policy in Denmark has continued its neoliberal orientation, focusing on labour supply (workfare instead of welfare), but now politically combined with a clear populist hostility towards non-Western foreigners. This constellation effectively kept the Social Democratic Party out of power, interrupted only by a period of government in 2011–15 in which the party, like Blair’s New Labour, accepted the neoliberal agenda and attempted a technocratic rationalisation reform, which cost the party support from much of its traditional base.

Despite these developments, free public healthcare has remained a central dimension of the welfare state. There have been only a few small cracks in the popular support of the health sector. Access to treatment and healthcare is seen as an obvious and natural welfare benefit. In a psychological sense, it has been internalised as a ‘good object’ in the identity of being Danish. In contrast to Vamik Volkan’s (2001) analysis of how a national experience of a perilous situation stimulates a collective resurgence of national trauma (‘chosen traumas’), it seems that the reverse happened in Denmark in relation to COVID-19. People took pride in the dealing with the crisis and reactivated a historical sense of the merits of social democracy. The Prime Minister’s popularity increased significantly in the first vulnerable months of 2020.

Renewal of the welfare state

The present Social Democratic government came to power in 2019, promising a restoration of the welfare state and an even tighter immigration policy. In the ideological framework of the government, the central value in the development of the party was to create social solidarity – then with an appeal to the working class, now with an appeal to ‘the Danes’. Mette Frederiksen’s rhetoric points backwards in history and utilises notions of solidarity and community feeling as widespread values in the contemporary societal environment alongside individualism, competition and self-interest (Lundkvist, 2004; Caraker, 2011). The present government emphasises solidarity as a *national* value and links it to social democratic leadership. In the context of COVID-19 the Prime Minister appealed to the citizens to assist her in saving the health sector as a joint project for the government and citizens (literally: the Danes), where the government would present the governmental guidelines, and the nation would actively follow them. Recommendations such as “We have to help each other”

appealed simultaneously to a narcissistic gratification of being good and a classic feeling of commonality that are parts of the social democratic story of Danish mentality and culture. The all-pervading acceptance of the health authorities' guidelines really *was* important in limiting the spread of the pandemic. But it was not the only success that the government could claim. In a more direct political perspective, the responsiveness of the public was also a re-authentication or revitalisation of the idea of the welfare state. Here the non-Western parts of the community are dramatically disregarded. By leaving out individuals in the Danish society who supposedly are not emotionally identified with the storyline of the Danish welfare state, Mette Frederiksen indirectly, and perhaps not fully consciously, underlined the contrast between 'us' with a long history in the country and 'the others', the newcomers.

An important new perspective in the old narrative is that Frederiksen challenges the client-provider relationship, which has dominated traditional welfare practice. She insisted that a successful strategy for combating the COVID-19 virus depended on the active participation of the population. We see this as an innovative turn in welfare state thinking. Her rhetorical achievement was to affirm the welfare state's ability to protect the population and at the same time involve all of us – the viewers, the people – in caring for each other.

In relation to social democratic policy, this is a life-giving turn. In most countries, welfare states have been under the pressure of rising demand for social services and resistance against increased tax levels. Social Democratic governments have sought to reform the welfare state by being technocratic and efficient in intensified competition with neoliberal economic policies. The social democratic project has met with difficulties in mobilising shared social responsibility to respond to objective and subjective challenges in contemporary life: growing inequality, precarious working conditions and general feelings of pressure in a global world of accelerated capitalism. This has given right-wing populism an easy game by offering an apparent alternative in the form of idealising the 'old days of security' in contrast with threatening present-day images of labour migrants and refugees. The psychosocial aspects of the right-wing populism take the form of a clear distinction between 'the foreigner(s)' who are blamed for most present evils and the idealised traditional domestic sphere in a kind of neo-nationalism. This mechanism has been particularly important in precisely those countries where the social democratic and welfare state institutions and cultures have been most advanced. In Denmark, one important tool for the Social Democrats' recent rise to power was their populist anti-migration line. This sheds further light on the focus on the 'Danes' in the national COVID-19 policy. Here, 'community spirit' or group identification seemed to stop at the border. The positive reception of references to 'Danish' mentality and conduct can be seen as resting on older ethnic Danes' historical experience of a monocultural society before 'guest workers' arrived in the 1960s and refugees appeared as a social problem from the 1990s onwards.

The dilemmas of opening up after the lockdown – material realities gradually return

In the first phase of COVID-19 in Danish society, the Prime Minister received much credit for her successful strategy towards the risks of infection. The comprehensive lockdown was followed by financial assistance schemes, which, for key groups in the population and companies, mitigated their loss of income significantly. Viewed

psychologically, the strategy of dramatic alarm and appeal to community responsibility combined with financial compensation had created a new protected-bubble reality where different rules than usual were applied. A relatively broad acceptance of the state of emergency justified the lockdown. The government, especially the Prime Minister, were politically unassailable, precisely because everyone had recognised the importance of the strict lockdown.

Still, reality found its way as desires to recreate everyday life – leave home, see other people, experience more social life and colour – started to kick in. The first lockdown was stipulated to last until Easter, well over a month. Eventually, it seemed that the danger of infection was less imminent and perhaps controllable. The dreaded disasters did not materialise, and the population had greater expectations of a rapid easing of restrictions.

The first signs of criticism of the lockdown initially mainly came from small private companies and the sectors of the economy that were immediately hardest hit by the lockdown (tourism, human services and the entertainment industry). Subsequently, criticism came from other institutions that were dependent on physical presence, for example theatres, cinemas and training facilities. The parliamentary opposition, which had been almost invisible during the first period of the lockdown, now marked itself by demanding plans for an opening. It is quite telling that these economic stakeholders were the first to represent openly most people's wish to re-establish a 'normal life', which may also secretly have begun to manifest itself as an internal opposition to follow if not orders, then exhortations. The task for the government, therefore, was to meet the expressed needs for opening up, but also to maintain a number of restrictions that had proved effective in the fight against infection, and therefore it was important not to forget the risks of a calamity. People should not get rid of their anxiety.

The Prime Minister held a press conference just before Easter, on 6 April 2020. The timing was well chosen. The incipient dissatisfaction with restricted life could result in the population increasingly disregarding the exhortations to limit social interaction during the Easter holidays, as there is a solid Danish tradition of family Easter lunches.

In the April speech, one can trace similar rhetorical features to those prominent in the speech on 11 March. The Prime Minister stressed, on the one hand, that the favourable situation was "the result of the responsibility and willingness to follow the authorities' instructions that Danes have shown for three to four weeks" (Frederiksen, 2020b). The praise of 'us Danes' was immediately followed by an admonition that the disease was 'insidious' due to potential symptom-free infection. The risk was emphasised and illustrated by the same strong images as when the lockdown was introduced: references to Bergamo and the possibility of threatening red curves on the graph. In the speech, Frederiksen acknowledged the need to return to normal life, and that people were suffering losses, "not least all of you whose jobs, businesses and livelihoods are in danger". Her urging tone rhetorically initiated an imaginary of parental negotiation with the population. The promise was that if everybody continued keeping their distance from others, disinfecting with ethanol and so on, then the government in return would proceed to open up a number of functional areas after the Easter holidays (when the restrictions from the first intervention were formally scheduled to cease). The opening up actually turned out to be far more limited than was expected. But at least young children were allowed to go to school, with the explicit justification that it would give the parents the possibility to work at home.

The chosen strategy was characterised by prudence, which was repeatedly emphasised with rhetorical pathos – “Gradually. Carefully. Controlled” – and caution was again referred to as a national character trait: “Pragmatic, realistic and responsible. Precisely what we Danes are usually capable of being.” However, it was also emphasised that the chosen forms of opening were “based on the authorities’ professional assessment”, which was an indirect signal of defence against the criticism that was emerging: that the government had acted more drastically than the health authorities had recommended in the first phase.

Politically, this meant that Mette Frederiksen in the first instance left it to the partial interests of business and to the political opposition to articulate the actual ambiguity and differences of interest in society. Instead, she sought to deal with the contradictions in the situation by moving back to the logic of being ‘in it together’.

Conflicts of interests and ambivalences

The failing articulation of conflicts of interests and ambivalences illuminates the psychosocial dialectic in the situation. For our overall analysis, we are inspired by Vamik Volkan’s notion of a ‘large group identity’ as a framework for understanding how a national group in a crisis is prepared to project extremely hostile feelings towards other groups who are imagined to be the instigators of something wrong, thereby the members of the large group are emotionally and practically bound to each other (Jørgensen, 2009; Volkan, 2009; Salling Olesen, 2020). The interesting point is the relationship between the internal solidarity of the group and the external xenophobia: Are they necessarily linked to each other? Is a regressive fantasy of unity against an imagined enemy necessary to handle real internal and external conflicts of interest in solidarity?

The answer to this is not simple. On the one hand, it seems that the images of a ‘we’, a nation of Danes as a large group, resonated with at least the native citizens in Denmark, and therefore played an important psychological part in the process. Moreover, the use of splitting between us, the Danes and them, the foreigners, is also in line with the more general social democratic ethnocentric policy, which was part of why people voted for the party (Nedergård, 2020). Judging from the lack of voices raised against the exclusive reference to ‘Danes’ in Frederiksen’s speeches, it may even have added to the good feeling of being together in a common group. On the other hand, Danes are reported to have more confidence in the state authorities than people in many other countries (Sønderskov and Dinesen, 2016), and it is possible that the responsiveness and positive involvement of citizens in controlling the epidemic could have been obtained *without* the implicit distancing and exclusion of some citizens, and then both more sustainable and more democratic.

2022

Looking back from our vantage point in January 2022, two crucial events stand out in the time that has passed since we finished the first version of this article in May 2020. First, vaccines were developed and followed by a universal feeling of relief in the Western countries that had access to the vaccines: with one, then two and eventually three vaccination doses, our bodies would be able to form a barrier against virus attacks. We thought we were saved. This reduced the general level of anxiety and

lessened the concomitant national identification with the construction of a safe White Danish 'us'. Most citizens followed the governmental instructions to be vaccinated and over the summer 2021, things seemed almost to return to normal.

In autumn 2021, coronavirus was again officially defined as a potential health risk to society. But it had almost become an everyday issue. Individuals generally dealt with it by the conscious as well as unconscious means we normally use to create a 'relative psychic comfort' in coping with the hazards of our everyday lives (Dawson, 1994). There is no longer talk of 'we Danes' but of a 'we' who are the vaccinated and who project our fears onto non-Western immigrant areas where vaccination rates are lower than the national average. Late in 2021, in November, a second decisive event took place. A new strain of the coronavirus, Omicron, appeared. It quickly turned out to be far more contagious than previous virus variants. People were infected even though they had had two or even three doses of vaccination. Never had the number of infections been higher; never had the proximity of others been a greater threat. The disease returned in ways that remind us of Freud's (2008) description of the return of the repressed. He writes that it returns both as something repressed and as a defence. In this context, the duality can be transferred to the current situation, where the threat of the new virus variant is generally minimised and rationalised (Freud, 1936): perhaps everyone becomes infected, but perhaps it is not that dangerous. Normality has arrived, anxiety is relativised and the initial appeal to solidarity and collective responsibility has vanished.

Conclusion

In this article our aim has been to examine how a major anxiety-provoking crisis in Denmark, with implied risks of illness and death, was dealt with by the Social Democratic government in Denmark and how this was received by the population. We witnessed a general disciplined conduct in the population following the announcements at the first press conference, and wondered why this was so, especially as this was not the case in all countries. In our analysis, we have pointed out several possible reasons for this. First and foremost, the Prime Minister showed a unique ability as a leader and a person to create 'anxiety toleration' through appealing to a group feeling of solidarity that also helped reduce the spread of contagion. Without this relief in the citizens' identification with the 'good group', the acceptance of a very restrictive daily life would hardly have been possible.

Moreover, the sociopsychological contract in the specific context was supported by a revival of a political-historical priming of the relationship between citizens and the welfare state that goes back to post-war Danish history. The idea that a welfare society is part of Danish mentality and practice actually showed its value in the present situation and we have argued that this also reinforced the positive connotations of belonging to a group of Danes. When the government became remarkably concerned about the number of ventilators in hospitals, we took this to be prompted by a fear that the very ill would not survive *as well as* by a fear that the political project of the government might not survive if the health system collapsed. Although the concern in retrospect seems misplaced, the public apparently accepted it as a sign of care that added to their already existing confidence that what the state did and said was right.

We have further emphasised that the link between psychodynamics and politics might also go the other way: the appeal to community engagement might revitalise

the relationship between the (welfare) state and citizens by enabling the development of a new political subject, 'the community'. This community subject contained strong emotional forces that lay and lie in the disease threat and ensured the citizens' acceptance of a very restrictive daily life. The difficulties appeared only later when repressed differences of interest broke out, indicating the fragility of the collectivity in this community subject.

We discussed the perspectives of Frederiksen's consistent reference to 'Danes'. Clearly, 'Danes' semantically carries more emotional and historical weight than 'citizens'. However, by choosing this way of addressing the public, the government set aside the presence of people in Denmark who are not ethnically Danish. The potential for the development of the concept of a participative welfare state would have required a more active involvement of citizens and a critical reflection on different interests inherent in the image of the 'nation of Danes' as a collective subject. This could have materialised in the present situation and led to a more open political citizens' forum. However, the Danish government's appeal for participation did not extend that far.

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Conflict of interest

The authors declare that there is no conflict of interest.

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