


## Brazilian Mental Health settings in Covid-19 times: a reflection

Cenários brasileiros da Saúde Mental em tempos de Covid-19: uma reflexão

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Escenarios brasileños de la Salud Mental en tiempos de Covid-19: una reflexión (resumen: p. 15)

Paula Gaudenzi<sup>(a)</sup>

<paula.gaudenzi@iff.fiocruz.br> 

<sup>(a)</sup> Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira. Fiocruz. Avenida Rui Barbosa, 716, Flamengo. Rio de Janeiro, RJ, Brasil. 22250-020.

The article aims to point out and reflect on some effects of the Covid-19 pandemic on Brazilians' mental health. If, on the one hand, the materiality of the body endangered by an invisible organism has psychically affected all subjects in the world, on the other hand, the subjective experiences facing the virus in Brazil are marked by the unequal distribution of vulnerabilities and the unique condition of elaborating the lived. This work will address Mental Health in Brazil considering the crossings of the sociocultural and political context in the production of psychological distress and drawing on reflections built from the available bibliographic productions on Covid-19, psychological suffering and from listening to individual and social experiences from the clinical care of Brazilians living in Brazil during the pandemic.

**Keywords:** Mental Health. Covid-19. Brazil.



## Introduction

Significant international scientific production on Covid-19 pandemic's repercussions on mental health is available despite the short time. One of the few studies carried out in Brazil on Brazilians identified higher levels of anxiety, depression, and stress symptoms, especially in women, people living with older adults, who keep working outside, younger and less educated, and with comorbidities<sup>1</sup>, but it does not discuss the different experiences involved in the illness process.

Notably, most of the papers ignore the crossings of the sociocultural and political context in psychological distress production. Recalling Fassin, Horton<sup>2</sup> points out the need in Covid-19 times to consider the effects of politics in everyday life, as life would not only be of the order of nature but a fact of experience. Therefore, it is necessary to face the pandemic as a biological challenge and a biographical event.

Psychic conflict is about biography, not nature. From this perspective, the body must be considered in its symbolic and imaginary aspects, without forgetting that it is also a matter. Body materiality put at risk by an invisible organism is decisive for what is happening today in subjects worldwide. However, this paper aims to point out some of the subjective effects of the pandemic in the Brazilian context.

The following reflection comes from the author's professional experience crossed by clinical practice and studies in the psi and humanities fields. To say that the reflection that follows is shaped by clinical experience is to affirm that the clinical care provided or accompanied by the author during the pandemic underpin the reading about the psychic phenomena indicated here, and the bibliographic references from the psychoanalytic field and critical theory that are critical theoretical benchmarks of the work. Therefore, the "empirical material sources" are stories of psychic suffering of the people attended by the author or her peers and shared by them.

In this sense, this is a writing-essay, an exercise of thought with an intimate connection with the experience, bearing the author's subjectivity mark. As Larossa<sup>3</sup> says, taking the trial as an operation and not as a form does not need to bring the cases attended to, which would require presenting the reflection through clinical case reports, which would concentrate the analysis on individual cases. Therefore, while the text does not explicitly resonate with clinical experience, it is present as a background for thinking about contemporary subjective experience.

"About livingness" presents an overview of the Brazilian reality, indicating some of the pandemic's unequal experiences and points out the difference between livingness and experience from Walter Benjamin. "About suffering" presents reflections on some impacts of the pandemic on mental health, arising from listening to Brazilian individual and social experiences. "About trust" points out the impact concerning the mental health of the humanitarian and political crisis – and not just health-related – in the Brazilian context.



## About livingness

“We are all in the same boat.” This sentence has been circulating in the Brazilian media, which is a simple way of saying that the virus showed the precariousness of human life – it placed everyone in the face of death and the need to deal with the unpredictable. As in a boat, we are all adrift, where temporality loses its contours and contingency is expressed in its radicality. However, the livingness of the epidemic is not the same for everyone, and, when similar, experiences are unique.

Regarding the first point – that livingness varies – social determinations, family configurations and relationships, individual beliefs, work dynamics, and unique psychic conditions marked by unconscious processes are fundamental domains to be considered in analyzing the subjective effects arising from Brazilian Covid-19 livingness.

In Brazil, massive dwellings inhabited by one person live with single-room shacks cohabited by ten people, often without basic sanitation, one of the country’s profound social inequality marks. A recent study<sup>4</sup> suggests that the virus can be transmitted through feces, wastes that float around many Brazilians’ homes and underpin the specular image reflected in the filthy liquid.

How do people living in these conditions receive “caution” messages in combating Covid-19? The lack of piped sewage, treated water, and garbage collection is associated with several diseases, but what is the relationship between real – and not symbolic – misery with mental health? There is a fine line between living in the trash and feel like trash. Those treated as objects<sup>5</sup> understand that they are the rest that must be excluded, discarded as excrement. Would their lives be the cause or consequence of the garbage in which they live?

Directing care information only to those who can wash food safely and not worry about feces’ destination is a way of humiliating and reaffirming the subordinate place assigned to vulnerable people. Humiliation causes a narcissistic wound, affects the conscious and unconscious self-representation, and produces a devaluation that is easily introjected<sup>6</sup> and translates into shame about oneself.

Some are in the comfort of their home; some have children, some do not; some are married, and some are not. How does one do home office taking care of children and the house? The discrepancy between individual possibilities and the speed of events and productive demands is sharpened in Covid-19 times. People are exhausted and work in front of the computer – which silences, punctures the voice, hides the body, limits body expressiveness to the tone of the voice and the look. We also have those who have lost their income sources and workers in the Brazilian National Health System who are daily exposed to the virus without Personal Protective Equipment (PPE).

Social determinations, family configurations, work-related issues, and individual beliefs, especially considering Brazilian syncretism, shape the pandemic’s livingness. For example, the belief in life after death sustains the idea of continuity and permanence that vanishes for those who do not believe in it. The interpretation of diseases and other regrets as divine punishment is a way of orienting and imagining the world distant from nonbelievers. At stake is the mobilization of ways of understanding life that builds the collective belief systems and the unique ways of addressing world dangers.



The second point – that similar livingness events are not reflected in similar experiences, Benjamin<sup>7</sup> points out that livingness involves stimuli that cause reactions to the subject lost on the surface of events, without having a mnemonic impression and consequent lasting trace. It comes close to what Freud<sup>8</sup> calls trauma, a drive excess beyond psychic representation capacity that leaves indelible marks on memory but cannot be elaborated and returned as symptoms.

Experience, in turn, presupposes memory and forgetfulness, from which experiences receive a unique form of internal structuring in which they become integrated into the representation of subjectivity. It articulates man's relations with himself and the world, and, therefore, memories can be remembered, narrated, and elaborated, allowing the subject to build narratives – of life – about his life.

What are the group and individual narratives produced about the pandemic's livingness events?

There are still no answers, but all share the daily proximity of death. Freud<sup>9</sup> said that the only way to support life is to be ready to accept death, highlighting the importance of accepting that things, the people we love, and ourselves will not last indefinitely. He even said that recognizing transience implies the possibility of valuing existence more. However, what is at stake in the possibility of making “knowledge” about death an attitude of outrage that values and guarantees life?

First, a temporal issue arises for the “acceptance” of death because the enchantment by the fleetingness of life hardly happens with such proximity to death. Second, time rarity value depends on the possibility of enjoying life. Third, it is necessary to be able to say goodbye to life and loved ones. These conditions are threatened in the pandemic. We live at risk of dying or losing loved ones in a few hours. The virus has taken us away from our main pleasures and removed the possibility of being in the company of the people we love at the time of death, tormenting those who leave and nesting traumatic experiences in those who are left behind.

In Brazil, however, the exceptional situation is not for everyone. Young people, blacks, and the poor leave home every day without knowing if they will return or if they will find the family on their return. Data from the 2019 Atlas of Violence<sup>10</sup> show the deepening of racial inequality in the indicators of lethal violence in Brazil, where the murder of blacks and young people is often caused by the State, in the figure of Police<sup>11</sup>. Preventing farewells is also not a privilege of Covid-19 times. Araujo<sup>12</sup> points out that forced disappearance is common in Brazilian reality, even after the transition from the military dictatorship to democracy, especially concerning blacks and the poor.

Having life threatened in daily life and mourning denied are expressions of the Brazilian necropolitics<sup>13</sup> that are manifested through “small” massacres of the black and poor population's daily lives. Thus, the Freudian maxim that says it is necessary to accept death in order to enjoy life makes less sense in Covid-19 times – and in times before the virus for some strata of the population – than the idea that one cannot live under constant impending death to get on with life.



It is also about continually feeling threatened that specific psychic conflicts are addressed, which have as one of their fundamental marks impasses related to the transience inherent to human finitude. Tormented by the awareness of death, some are dominated, even in the absence of real danger, by afflictive affections linked to death, indicating the subject's deadlocks with unconscious desire and the impulse to life.

Therefore, Brazilians live the threat of death every day, some concretely – as an effect of necropolitics or Covid-19 – and others in their imaginary dimension – derived from psychic conflicts. While the real death threat and the unavoidable death's ghostly presence are two different realities, the psychic reality shows coherence and resistance comparable to material reality, assuming the value of reality in the psyche<sup>14</sup>, and both are brutal for those who live them. Furthermore, they are not exclusive. The effect tends to be overwhelming when someone tormented by death's ghost is faced with the real death threat.

In this setting of widespread fear, while some leave their cities in ICU-equipped jets, others get contaminated in the lines of bank Caixa Econômica trying to withdraw the measly R\$ 600.00 of emergency aid of the federal government and die for lack of respirators in public hospitals, illustrating the unequal redistribution of vulnerability<sup>15</sup>.

## About suffering

Without pretending to exhaust the problem, but pointing out analysis plans that deserve attention in the current Brazilian setting, four issues emerge in the psychological suffering's dynamics in Covid-19 times: (1) the different types of compulsory confinement that, in the Brazilian context, is desirable for some and undesirable for others; (2) its opposite radical, excessive coexistence, especially among those living together; (3) work-related conditions – excess, lack or unsafe working conditions; and (4) experiences of loneliness on the verge of death and the (im) possibility of grieving.

Social distancing and confinement are the terms most used to refer to people's need to stay at home to contain the virus. However, individuals do not exist outside the social field since they must be recognized by others in their entirety from birth to secure their place in the social dynamics<sup>16</sup>. Thus, it is not surprising that distancing has harmful effects on the subjective plane.

However, what confinement are we talking about?

The clinic has shown us that people living alone tend to feel loneliness and sadness due to the difficulty of establishing a routine, restriction of pleasurable activities and physical exercise, and loss of contact with family and friends. However, while unprecedented in this generation, the experience of distancing has a peculiar nature, which is that we live in an overly technology-connected society that allows us to differentiate social distancing from physical distancing. Changing the term “social” to “physical” says in the subtext that we can keep apart physically but close emotionally. This panorama favors those who can – objectively and subjectively – abdicate contact with other bodies, where the danger lies in Covid-19 times.



Older adults are at a disadvantage in this setting. Many live alone and do not have the digital medium as a possible space of existence, which leaves them more vulnerable to psychic illness. They are also the ones who hear day and night that they are at-risk groups and can be passed over for care support if the health system collapses, which currently emerges in Brazil. The clinic reveals that they experience a conflicting feeling towards relatives alone because they both miss their children and grandchildren and fear them.

In contemporary capitalist societies, most of them remain without a place and a social function since their function par excellence – of transmitting memory – is deprived only to favor utilitarian production<sup>17</sup>. However, some older adults address old age wisely, forgetting it, and placing themselves in the world only as desiring subjects. They meet friends, engage in pleasurable activities, and enjoy the family. These people have been significantly impacted by the restrictions imposed. Indeed, not just older adults need the outside world, beauty, art, and meetings to build a sense of existence, but as a social group, privations brought about by Covid-19 and their place as a risk group make their experiences incredibly delicate.

The confinement experiences of those who already had psychic conflicts are also delicate. For example, those with a social phobia associate social life with a threat and tend to have their condition deteriorated when the idea that the other is dangerous is reinforced. Furthermore, the warning that it is necessary to wash everything all the time so as not to be contaminated and not contaminate the other meets – and worsens – one of the expressions of the obsessive problem related to the fear of contamination.

Obsessive performance is based on defensive circuits that create a prison for oneself, pointing out the dynamics between desirable and undesirable prison, a dynamic that also appears in Brazilian inmates' experience. A contradictory situation prevails in the former case, since the imprisonment of subjectivity would, paradoxically, be at the service of preserving life<sup>18</sup>. In prisons, the dynamic between desirable and undesirable is not contradictory and unconscious, but an expression of a policy of exterminating the black and poor population and Brazilian urban apartheid. In this case, it is not a question of subjective prisons but real prisons desired by many outside.

The Brazilian prison is the device of excellence located at the crossroads between distancing and excessive coexistence, the second fundamental question regarding its subjective implication in Covid-19 times. In a scenario in which distancing is one of the primary weapons against death, prisons remain overcrowded, poorly ventilated, and prisoners have limited access to water and healthcare, despite being a population with a high prevalence of lung diseases<sup>19</sup>.

In Covid-19 times, horror settles once and for all in prisons, generating significant psychological consequences that are severe and persistent and tend to deteriorate. Somatic sequelae, retraumatizations, transgenerational effects, increased psychosis, and suicide rates are some of the effects of living in torture<sup>20</sup>. Some works indicate that the confined in situations of violence, as is Brazilian inmates' case, experience pain that they describe as unspeakable, insofar as it could not be apprehended by those who did not have a similar experience. Thus, confinement ceases to be just physical and becomes symbolic confinement<sup>21</sup>.

The violence already experienced has gained prominence in Covid-19 times. In prisons and homes, where excessive – and compulsory – coexistence is not among strangers, but intrafamily. If the deterritorialization experience is made explicit in the prison context, it is less evident and present in violence outside total institutions. The disorganized personal geography is also present in people's livingness in their violent territories – streets and homes. Violence in these spaces promotes affective deterritorialization. It impacts relations of territorial belonging, affecting the psychic and social existence of the community where they live<sup>22</sup>.

A recent study<sup>23</sup> showed that domestic violence directed at women and children increased in several countries during the pandemic, revealing that living with relatives can be highly abusive. This increase becomes a real catastrophe in Brazil since records showed that a woman is physically abused every 17 minutes, and 33 women are murdered by former or current partners every week before the pandemic<sup>24</sup>. Domestic violence is particularly harmful regarding children, as they see themselves as victims of violence by those who should protect them, besides being the primary social learning within the family, leaving deep marks on their psyche<sup>25</sup>.

According to Marques et al.<sup>23</sup>, movement restrictions, generalized insecurity of abusers regarding the fear of falling ill and losing their job, consumption of alcoholic beverages, decreased social cohesion, and access to protection services are some of the conditions that favor the deterioration of existing violence situations. Aggressiveness is a complex event and produces psychic effects on the perpetrator, the victim, and violence's witnesses because it cannot be understood from analyses of a single field. From the perpetrator's perspective, it is necessary to consider their groups of belonging, genealogical and transmission inheritance, or affiliation<sup>26</sup>. As for the experience of violence, it is necessary to analyze its relational, social, and psychic dimensions, considering the relational patterns of the sociocultural context in question.

In domestic violence, these patterns are linked to the hegemonic masculinity and femininity conceptions, which are expressed through the male perpetrator and the female victim, reproductions of the cultural elements of violence trivialization<sup>25</sup>, and the highly male chauvinist culture. Coping with violence and its psychic effects, in turn, requires interventions in the social and subjective field – social victim protection devices and perpetrator's accountability, besides listening devices so that the traumatic experience can be narrated, recognized, and elaborated.

Excessive interaction is also articulated with one of the third fundamental scope dimensions to reflect on the psychic effects in Covid-19 times, which is work. Most of the population's work is home-based, and, in this configuration, women also suffer most from the inconvenience of continuous contact with relatives, as they are still the main responsible for the care economy. They take care of the home, children, older adults and continue to work for their firms or the like<sup>27</sup>.

There is an essential physical and emotional overload in these cases, and, in Covid-19 times, the journey ceases to be dual and becomes eternal, as long as older adults last, the marriage lasts, or as the woman's mental health lasts. The idea of a “dual journey” can no longer signify women's exploitation in an era when the very



notion of a journey ceased to exist since timekeeping in Covid-19 times – and work time – once at risk, broke out for good. As Berardi<sup>28</sup> says: “The connective system captures and connects cellular fragments of depersonalized time”.

There are many pathologies for escalating work<sup>29</sup>. In this bulge, overwhelmed parents are unable to guarantee the necessary affective investment, despite being intensely living with their children during the quarantine. Absent presences can be more harmful psychically than real absences, and, in this field, technology holds center-stage, contributing to the disinvestment in bodies.

Concerned with the loss of the erotic dimension of existence, Berardi<sup>30</sup> draws attention to what Muraro calls the mother’s symbolic order, pointing out that it is necessary to be attentive to the connective generation that learns more words through a machine than the mother’s voice. The meaning of a word, he says, is not learned in a practical way but in an affective way. The other’s body, the mother’s presence or voice, introduces affection into the interpretation and is the way to ensure meaning to the world. What effects do you expect from the lack of an erotic encounter between bodies? One of Berardi’s points is that there is an increasing fragility of affective relationships in a world whose future is no longer seen as a promise but as a threat. If the author is right, this feeling tends to get worse in Covid-19 times.

It is impossible to refer to overwork without considering the situation of health professionals who bluntly face – without screens in between – the problems brought by Covid-19. Without screens and PPE, they are exposed daily to the pandemic’s horror, which is insufficient to characterize their conditions as Burnout.

Health care settings have taken on new shapes. In hospitals, professionals listen to patients’ ordeal and supplications so that they are not left to die. However, the “savior” knows that possibly those will be the last words of the one who suffers. He will also decide, even *in absentia*, who will use the technological resources still available.

The idea of “usurped death”<sup>31</sup>, such as that arising from the attempt to deny death and expressed through therapeutic obstinacy in the hospital environment, must be rethought. In Covid-19 times, it is not terminal patients who have their lives expanded, but thousands of people with lives terribly shortened. From “usurped death” to usurped life. Loneliness and fear, on the one hand, impotence and hopelessness on the other.

The known strenuous work<sup>32</sup> in the Family Health Strategy (ESF) – the gateway to the health system – has been disfigured so that the ESF identity itself is called into question. Users fear going to the clinic, their follow-up is lost, and their formerly controlled conditions are aggravated, causing chronic patients to become terminal patients. Territorial action becomes inconceivable; home visits must be avoided; family doctors are called on to behave as on-call staff in Emergency Care Units. Community health workers lose their role as articulators in favor of people’s health and acquire death news carriers’ role.

It is about making a home visit to fill out a death certificate instead of performing a routine home visit. The patient who never missed appointments, the one who went every day and “had nothing”, the new mother, the new grandfather, the mother of





a community worker, the girl who chose to live only to kill herself, those who fight daily to live in a country that insists on claiming their lives. How is the mental health of professionals who have to choose between sending the patient to die alone in the hospital or letting them die at home when what they have is only the aggravation of a chronic disease that could easily be controlled in the hospital? From family doctors to death and body managers. Impotence, stress, trauma.

At different levels of care, professionals fear being infected and transmitting the virus to the family. Some – those who can do so – distance themselves from their children, sometimes babies, for fear of contaminating them. From life protectors, they are now feared on the streets and in homes.

That is what happens to hospitals. If institutions are established to reduce the state of helplessness inherent to the human condition<sup>33</sup>, what can we say about the experience of helplessness when the foremost collapsed institution is that of health care? Institutionalism movements have shown the evils arising from the distorted institutional structure, which puts itself at the service of servitude instead of desire. In Covid-19 times, it is necessary to analyze the evils caused by the transformation, in the health institution's social imaginary, from a place of care to one of contamination, leaving the population helpless.

Another dimension of the experience of health professionals is the impossibility of touching the suffering bodies. For example, how does one give the news of a child's death to a mother without hugging her and keeping the "safety" distance of one and a half meters? When they exist, protective layers hide any fraction of the body, trace of humanity, leaving deep marks on everyone involved.

Difficulties are also experienced by hospital cleaning workers, delivery men, gravediggers, and those who lost their jobs. The lack of work is deeply damaging psychically because it threatens survival and work shapes subjects in the world. The fear of losing one's job is also related to the fear of seeing one's identity shattered<sup>34</sup>.

Another aspect that stands out in the dynamics of suffering in Covid-19 times is loneliness at the end of life and the (im) possibility of grieving, pointed out by some psychoanalysts as one of the most harmful effects of the pandemic. Dunker<sup>35</sup> talks about "dual death", and Kehl<sup>36</sup> mentions endless grief.

Contaminated people die without relatives seeing their lifeless body or performing a farewell ritual. Since biological death only exists when circumscribed by the symbolic, such conditions hinder redefining pain. A farewell that does not take place can be psychically fatal, insofar as it predisposes to melancholic conditions, from which the subject remains in the experience of loss, identifying with it.

Along with the difficulty of carrying out death is the pain of knowing that the other, the loved one, is dying at the hospital. Not being able to take care of the one you love and who is martyrdom alone when you know that you will probably never see him again is a challenging experience to translate because a critical element that relieves the pain of loss is the feeling that people have done all they could and that the dead did not suffer.

Another mourning chapter in Covid-19 times is the disappearance of bodies, a common practice among the vulnerable in Brazil<sup>12</sup>, but which in the current context acquires new configurations, from clandestine practice to formal state policy. From the argument of exceptionality, we see government attempts to bury and cremate bodies – to make them “vanish” – without the proper civil death certificate, as in Joint Ordinance CNJ/MS N°1/2020<sup>37</sup>. The psychic effects of the disappearance are dramatic, as there is no group sharing necessary for mourning. The vanishing body and the lack of materiality cause a lack of representation, image, mental reproduction, and predominance of figurability, impression, and unconnected drive. Thus, psychological anesthesia, repetition of thoughts, or affective immobility are produced<sup>38</sup>.

Against vanishing bodies/subjects are excessively exposed bodies/packages. It is, therefore, necessary to reflect on the images of deaths produced in the current context. If images are not reproductions of reality but producers of a “material reality in their own right” with the power to “transform reality into a shadow”<sup>39</sup> (p.196), what message do they transmit? Depending on how it is exposed, an image can create a significant distance, dispensing with a deep connection of the one observing with the events. Furthermore, repeatedly exposed atrocities wear out their content while producing marks on subjectivity, expressed, for example, in the dreams of death so common in Covid-19 times.

In Brazil, in Covid-19 times, body visibility and invisibility, showing and erasing, are expressions of the same movement that strives to ground names, stories, subjectivities, affection, relationships, and social dynamics.

## About trust

One of the hallmarks of the Brazilian experience of the pandemic is how the authorities have conducted the process. The Editorial of one of the most important scientific journals in the world – The Lancet – points out that, in Covid-19 times, the poor living conditions of the Brazilian population – lack of sanitation, adequate housing, and employment – live with a leader who is the biggest threat in the fight against Covid-19<sup>40</sup>.

The Brazilian government repeatedly threatens researchers and science, disallowing epidemiologists and infectologists, the prominent professionals who can contribute to pandemic control. This attacks what Giddens<sup>41</sup> calls an expert system, a system of technical excellence that depends on consumers’ trust for it to be effective. This means that it is not necessary, for example, to know medicine to adhere to the treatment prescribed by a doctor. Trust in specialized medical knowledge is the main reason for its acceptance.

Shaken confidence combined with uncertainty about the future due to a pandemic that puts life at stake aggravates the feeling of helplessness. Thus, panic, depression, and violent acts increase.



The pandemic has shaken our ontological security<sup>41</sup> – already shaken for some time in the city’s violent suburbs – our trust in the environment and ourselves, which allows living life in absolute tranquility and relaxing way. Believing in the environment is believing in the constant social and material environments, that is, for example, that the bridge that I usually traverse will not fall even without knowing the calculation of the engineer who designed it, that a “lost” bullet will not enter my home, or an invisible virus will not kill me in a few days.

Winnicott<sup>42</sup> already spoke of the importance of essential trust in the environment, a bond of security with the caregiver at the onset of life for psychic development. The establishment of trust, in turn, depends mainly on the predictability of everyday experience and the continuity of the baby’s early interactions with the environment. Some people have shortcomings in this early development and live in a constant state of insecurity about their own lives. It is not difficult to imagine that these people will suffer even more deeply in the face of the unpredictability brought about by the virus and aggravated by the government’s attitudes.

One of the fundamental contributions of science in Covid-19 times is to make the invisible risk as visible as possible. Giving visibility to the risk is vital for the safety and reduction of psychological distress, especially for those with ontological insecurity and who already feel the therapist’s physical absence in Covid-19 times. Furthermore, Brazil has an element that blurs the virus (in) visibility experience, which is why it may be difficult for a segment of the population exposed daily to so many visible enemies to incorporate the idea of an invisible enemy.

What can we say about trust in the future? What will be the balance of the pandemic regarding mental health for the Brazilian population? Are shocks and trauma spread throughout Brazil abroad, fractured memories, unemployment-derived depressions and increased anxiety, increased feelings of helplessness, productive elaborations, reconstruction of values, creation of solidarity networks, subjective destitution, revision of ideals, an opportunity to meet the ghosts themselves?

We do not know. However, we can make some considerations regarding the Brazilian setting. Medicines and vaccines will not be for everyone, unemployment will increase competitiveness and exploitation of workers, and the market will continue to be merciless. Such a setting puts mental health at risk and requires, especially in a country marked by the differential distribution of precariousness<sup>43</sup>, that the allocation of resources be based on positive discrimination, as outlined by the Brazilian Constitution’s equity principle.

Someone must be attentive to pain so that events are not consolidated as traumas, and livingness events can become experiences in which new drive circuits are created. In the case of the pandemic, it is a matter of ensuring “not only” listening – which is essential – and stopping the disruption of the lines of mental health care consolidating in Brazil for some years and ensuring primary subsistence conditions for the population.

## Funding

The research was funded by the *Programa de Incentivo à Pesquisa (PIP)* of the *Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira (IFF/Fiocruz)*

## Conflict of interest

The authors have no conflict of interest to declare.

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### Editor

Rosana Teresa Onocko Campos

### Associated editor

Simone Mainieri Paulon

### Translator

Jean Pierre Barakat

### Submitted on

05/27/20

### Approved on

12/01/20

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O artigo visa apontar e refletir sobre alguns efeitos da pandemia da Covid-19 na saúde mental dos brasileiros. Se por um lado a materialidade do corpo posta em risco por um organismo invisível afeta psiquicamente todos os sujeitos do mundo, por outro, as experiências subjetivas diante do vírus no Brasil são marcadas pela distribuição desigual das vulnerabilidades e pela condição singular de elaborar os vividos. O artigo tratará da temática da Saúde Mental no Brasil considerando os atravessamentos dos contextos sociocultural e político na produção do sofrimento psíquico e valendo-se de reflexões construídas pelas produções bibliográficas já existentes sobre Covid-19, sobre sofrimento psíquico, e também pela escuta de experiências individuais e sociais advindas do atendimento clínico de brasileiros vivendo no país durante a pandemia.

**Palavras-chave:** Saúde mental. Covid-19. Brasil.

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El objetivo del artículo es señalar algunos de los efectos de la pandemia de Covid-19 en la salud mental de los brasileños y reflexionar sobre ello. Si por un lado la materialidad del cuerpo puesta en riesgo por un organismo invisible afectó psíquicamente a todos los sujetos del mundo, por el otro, las experiencias subjetivas ante el virus en Brasil están señaladas por la distribución desigual de las vulnerabilidades y por la condición singular de elaborar lo vivido. El artículo tratará de la temática de la Salud Mental en Brasil considerando las conexiones del contexto sociocultural y político en la producción del sufrimiento psíquico y valiéndose de reflexiones construidas a partir de las producciones bibliográficas ya existentes sobre Covid-19, sobre sufrimiento psíquico y también a partir de escuchar experiencias individuales y sociales provenientes de la atención clínica de brasileños que viven en el país durante la pandemia.

**Palabras clave:** Salud mental. Covid-19. Brasil.