LUMEN ET VIRTUS

Collisions between pandemic and grief: Interlocutions in the light of psychoanalysis

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ABSTRACT

This article aimed to investigate the interactions between grief and experiences of loss during the Covid-19 pandemic. To this end, a bibliographic research methodology was used, analyzing psychoanalytic theories and data from various sources. The results indicated that social restrictions significantly impacted the grieving process, making it difficult to experience farewell rituals. It is concluded that understanding grief in pandemic contexts is essential to offer emotional support to bereaved people, highlighting the need for emotional care strategies.

Keywords: Grief, Pandemic, Covid-19, Psychoanalysis, Freud.

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INTRODUCTION

The world is coming out of a great tragedy, the precedent of which happened 100 years ago: a pandemic. According to information from PAHO[4] (2022), between January 2012 and December 2021, about 14.9 million people died. As the organization also states about these data, most of the deaths were concentrated in Southeast Asia, Europe and the Americas, however, middle-income countries accounted for 81% of the 14.9 million excess deaths[5].

As PAHO (2024, online) also states in its newsletter, the pandemic also suppressed almost a decade of progress in increasing the improvement in life expectancy in just two years, because: "Between 2019 and 2021, global life expectancy fell by 1.8 years, to 71.4 years (returning to the level of 2012). Similarly, global healthy life expectancy fell by 1.5 years, to 61.9 years in 2021 (returning to 2012 level)."

Based on this, the present research sought to address the theme of grief in collision with the Covid-19 pandemic. In this way, a deepening of the various losses and challenges faced by people during and after this pandemic was carried out, especially with regard to the affectations that occurred in the face of the symbolic farewell rituals, as well as the process of elaboration of the death of loved ones. Thus, in order to substantiate the apprehension about these processes, it became essential to raise the research to some of Sigmund Freud's theories to analyze how grief is experienced and elaborated in contexts of loss and suffering.

Death is a singular, subjective experience loaded with external and internal factors that will contribute to the way of dealing with loss, such as: the relationship with the deceased, the way in which the death occurred, the beliefs around death and the traits of the bereaved.

In the meantime, our perception of finitude emerges. We are no longer immortal, as our fantasy supposed, because we are witnessing the horror of the extermination of family members, friends, neighbors to whom we could not even say a last goodbye. In this way, the breakdown of a presumed world occurs,[6] which leads to the renunciation of one way of life and the beginning of another (Parkes, 1998).

The breakdown of this world affects everything that was already known, established as safe and reliable. When changes occur, they are perceived as unpleasant, generating the breakdown of the presumed world, including the fantasy of immortality, the belief that nothing devastating will ever happen to us, neither to us nor to our acquaintances (Parkes, 1998).

The event of family loss is in itself a disturbing event in a person's life. Since the pandemic has brought harm to health, isolation and social distancing have generated and continue to generate

[4] Pan American Health Organization.
[5] Excess deaths refer to the number of deaths that exceeds what is expected in a given period.
[6] The presumed world is nothing more than what is known and developed based on the particular experiences, values and beliefs of each individual. Including past perspectives, expectations for the future, this being the structuring for being in the world (Parkes, 1998).

financial and emotional problems, providing risks at various levels for all individuals. If not only the loss of the loved one is evaluated, but also the situation of financial vulnerability in which a portion of the bereaved were left and how much this can enhance the feeling of loss, it is perceived that the instability of the economic situation will reflect on the instability of emotions and the management of the various consequences, facilitating the development of anxiety disorders, stress or depression (Makwana, 2019).

The problems highlighted in this research refer to the difficulties faced by people in dealing with grief during and after the Covid-19 pandemic. The absence of traditional farewell rituals due to health restrictions, the impossibility of saying goodbye properly to deceased loved ones, and the incomplete experience of grief are issues highlighted. In addition, the absence of emotional support and the need to adapt to new ways of expressing grief are configured as challenges faced by people in these situations.

Such a situation has the possibility of being inserted in the field of trauma, given the way in which the losses affected millions of people in the world and in our country, gaining a disastrous prominence, either because of its direct affection in the sick bodies, or because of the situation of helplessness that left the uninfected in the face of the possibility of real death[7] , thus causing emotional sequelae in the population in a community scope never seen before in this current century.

To this end, this research becomes fundamental to have a concrete apprehension about this collision between the contemporary and the Covid-19 pandemic, because it addresses a sensitive and relevant issue that affects many people around the world. By problematizing the difficulties faced by people in dealing with the loss of loved ones in a context of social and economic restrictions, the research brings to light the importance of understanding and supporting those who are going through this grieving process. In addition, by referring to psychological theories, such as those of Freud, the text contributes to a deeper reflection on the complexities of grief and the need for emotional care in times of crisis and loss.

METHODOLOGY

This research sought, through a series of bibliographic researches, to weave considerations about the phenomena and processes of mourning listed and potentiated during the Covid-19 pandemic. Through sources such as other scientific research and news sites, it had as its central point, the explanatory presentation of scientific theories and strategies on the subject, which is assumed to be of public interest.

[7] Death from covid-19 can be considered a very negative way of dying, precisely because it is alone, without loved ones around to say goodbye, the pain, discomfort, anxiety generated by the disease and the lack of preparation for death (Dantas et. al., 2020).

The bibliographic research was carried out in the Scielo databases, Google Scholar, academic articles, magazines and websites related to the subject and books. Thus, it was decided to outline the research according to the contours of a bibliographic review, which, according to Luneta and Guerra (2023, p. 3)

> [...] It consists of the survey and thorough review of published works on the theory that will guide the scientific work. It requires tireless dedication, meticulous study, and insightful analysis on the part of the researcher charged with performing such a task. Its objective is to gather and analyze published texts, providing a solid support for the work in question.

This form of analysis corroborated the apprehension of the problematizations made about some of the social intermediaries who were at the forefront of the Covid-19 pandemic, such as: the suffering of people resulting from the new reality that abruptly annihilated the previous one; the mourning caused by the factors determined by the pandemic circumstances; the crossings of the political discourses produced by the current government to the pandemic. To bring a deepening to the notion of *mourning*, we sought along with the research, a closeness with some theories of Sigmund Freud about this notion, allowing a more concrete apprehension about the contents that were discussed in this research.

Another way to analyze the issues: pandemic, grief and political affectations on the pandemic; The objective was to use content analysis. This form of apprehension that, roughly speaking, consists of being a qualitative research, which seeks to understand the meaning behind texts, images, videos and other materials. Allowing researchers to identify patterns, themes and categories present in the exchanges that take place with the data, offering valuable support to learn about social, cultural and communicational phenomena.

According to Bardin (2011), content analysis is a set of communication investigation techniques that uses systematic procedures to describe the content of messages. The author highlights that content analysis allows inferring knowledge related to the conditions of production/reception of these messages. In this way, this research seeks to illustrate the conditions of mourning production under the pandemic framework, above all, from a Freudian perspective of: mourning and melancholy; thus, to enable contours of the receptions of these mournings in funeral rituals.

LITERATURE REVIEW

The survey highlights the first edition of the Ministry of Health's manual, published in March 2020, on the management of the body during the COVID-19 pandemic. The manual aims to reduce the risks of contagion among health workers and funeral homes by addressing safe body handling practices. This includes avoiding in-person wakes and funerals during social isolation. A funeral

should be held avoiding physical contact and prioritizing hygiene, with a closed urn, an airy environment and only ten people.

The research addresses the precariousness of the health system in Brazil during the pandemic, demonstrating the disparities in access to health and the relationship between purchasing power and survival. The criticism extends to the neoliberal economic model, which prioritizes the economy over life, which has led to an increase in the number of deaths and the ostracism of groups that may be more vulnerable.

In addition, the effects of the pandemic on grief are problematized, highlighting the importance of reinventing farewell rituals because conventional funerals cannot be carried out. A new reality that makes it difficult to accept loss is the lack of farewell rituals.

In summary, the text discusses the guidelines for body management during the pandemic, the disparities in the Brazilian health system, and the change in mourning rituals. It sought to emphasize the importance of discovering new ways to express the pain of loss during social distancing.

DIALOGUES DEALING WITH THE COVID-19 PANDEMIC

China was the first country to report the contagion of the disease, until April 21, 2020, 213 territories reported cases of Covid-19, with a total of 2,397,216 confirmed cases (Ministry of Health, 2020). In Brazil, it probably arrived at the end-of-year festivities in 2019, but the first case of the variant was only recorded on February 26, 2020, in the state of São Paulo (ibid, 2020). During the last day of the carnival parade in 2020, Brazil exposed the first case of pneumonia with unknown cause recorded in the city of São Paulo.

COVID-19 (i.e., SARS-CoV-2) is an infectious-contagious virus caused by the coronavirus that is of severe latent respiratory syndrome level 2 (PAHO, 2019). According to the World Health Organization (WHO), on December 31, 2019, the first cases of pneumonia caused by an anonymous agent, unknown until that moment, were reported, so the first cases of covid-19 in Wuhan, China were reported to health agents (ibid, 2019). Later the continuity of the viral picture was announced, on January 12 together with the WHO, China shared the sequence of the virus to other countries through the *Global Initiative on SharingAll Influenza Data* (GISAID) database (Zhu, Na *et al*, 2020). From that moment on, the number of cases increased to the point of taking on global proportions, it began on the Asian continent, with cases in Thailand, South Korea, Japan, Iran, Spain and Germany, on January 13, 15 and 20, the initial cases of the virus were recorded in the United States of America (USA) (PAHO, 2019).

Brazil was the second country that recorded the most deaths, surpassed only by the United States. And it had its first confirmed case on February 25, and its first death three weeks later, on March 17. Thus, the political positions since the first case were decisive for the tragedy taken by the

country, which were established with the first national pronouncement given by President Jair Bolsonaro, on March 24. The first official measures were announced on March thirteenth, when the country registered only 151 cases, so until that moment there were still possibilities of an effective containment measure, such as: the cancellation of tourist cruises and the obligation of isolation for fifteen days for passengers who entered from foreign countries (G1, 2020). It is likely that the first infected were upper-middle-class people, who were probably infected through travel abroad.

Covid-19 brought fears never thought of by the population, such as: the imminent risk of infection and death, fear of sequelae, fear of losing a loved one, horror of leaving home and contracting a virus and rapid dissemination, during the most latent period of the pandemic the nature of the virus and the cure were unknown, all these factors and others contributed to the psychic illness of many people (Asmundson & Taylor, 2020**;** Carvalho *et al*., 2020). The most recurrent symptoms were: depression, anxiety and acute stress, post-traumatic stress and confusion, showing themselves as latent symptoms in a large part of the population (Wang *et al*., 2020). In addition, there was an increase in suicide cases, with strong implications of the covid-19 pandemic (Jung & Jun, 2020).

The process of becoming ill with covid-19 can result in hospital admissions and hospitalization in the intensive care unit and can even develop to death, this being the last instance. In order to reduce these cases, the resource of social isolation and *lockdown* [8]arises.

The process of hospitalization and treatment of an illness is affected by implications and changes in the life of a subject and his family, being understood as a complex moment to be experienced. When we situate this experience in the context of the covid-19 pandemic, the experience of hospitalization ends up inflicting greater limitations, which in turn has specific repercussions on the psychological field of the affected subjects, as this experience is also:

particularly prominent, because in addition to the increasing number of infected individuals, the mortality rate is also high, leading to multiple infections and deaths at the same time. The family circle, therefore, provides continuous grief, and the way of experiencing this grief is different from the culturally accepted way (Alves, 2021, p.12).

The covid-19 pandemic made it impossible for family members to have physical contact with the hospitalized patient, which intensified the psychological suffering of these subjects (Cremone and Dell'osso, 2020). This suffering, as Cremone and Dell'osso (2020) also state, is aggravated when the hospitalized patient dies, as it ends with the possibility of the continued presence of the person affected by the disease. This conjuncture impelled the subjects to lose themselves at different levels, manifesting themselves before them, emotional reactions that can characterize the beginning of a grieving process (Cremone and Dell'osso, 2020, p. 52).

[8]Situation in which the person can only leave his residence at certain times; considering mainly risk groups, with diabetic people, hypertensives, people with chronic respiratory problems such as asthma, heart disease, the elderly, and others in this group (Hammerschmidt & Santana, 2020).

In the early days of the pandemic, it was not known what measures to take to care for bodies deceased by covid-19, so funeral home employees and health professionals did not have current guidelines to follow. Subsequently, the Department of Health Analysis and Surveillance of Non-Communicable Diseases of the Health Surveillance Secretariat of the Ministry of Health prepared two editions of the manual that gave guidance on the management of the bodies of people killed by the virus during the pandemic (Souza, 2023).

The first edition of the manual carries the title "Handling of bodies in the context of the new coronavirus COVID-19" (Ministry of Health, 2020), published in March 2020, which had as its main focus to provide recommendations regarding the handling of bodies in pandemic circumstances and other general questions about deaths (ibid, 2023).

The manual was prepared with the intention of minimizing the risks that health professionals and funeral homes were exposing themselves to, such as infected blood and body fluids, contaminated instruments or other surfaces, guidelines regarding protective utensils, how to handle the bodies, the autopsy and the preparation for burial; Wakes and funerals of those infected or suspected of infection were not recommended during the periods of social isolation and quarantine (2020/2021).

If the funeral was held, as stated by Souza (2023), it was necessary that:

- The urn remained closed throughout the funeral and wake, avoiding any contact with the body of the deceased at all times, and should also be located in open and ventilated environments, and soap should be made available to wash hands and 70% alcohol gel to maintain hygiene throughout the wake.
- Avoid the presence of people in the risk group, to prevent the infection from worsening, as well as burial or cremation should take place with a maximum of ten people.
- People with respiratory symptoms were not allowed, according to the legislation regarding quarantine and compulsory hospitalization within the scope of ESPIN[9] for covid-19. In case they go anyway, it would be necessary to wear surgical masks, stay as little as possible in the environment and avoid physical contact with others.
- Food and drinks could not be made available, nor shared cups.
- The wake and burial ceremonies could not contain agglomeration of people, respecting the already stipulated distance of two meters between them, among other measures of social isolation and respiratory etiquette.

The deleterious consequences generated by this context on the mental health of the population are, to a large extent, generated by an intense feeling of loss and mourning, resulting from

[9] Public Health Emergency of National Importance.

changes in routine and the growing number of deaths from Covid-19, which in turn become an experience that generates "anxiety of uncertainty", a symptom characterized as a feeling of anguish provided by uncertainty about the future (Bertuccio and Runion, 2020).

FINITUDES OF LIVING: POSSIBLE REACTIONS TO GRIEF

Grief can be read as a dynamic process, of adaptation and transition, in which the phenomenon of death and dying is integrated into subjectivity, that is, it is a process assimilated and integrated into the individuality of the bereaved. Mourning being the loss of a real object, of an affective connection for the individual, representing a feeling of displacement between a representational world, a world that should be according to the meanings of the subject, and the world that is - a world that presents itself after the loss -, expressed by a feeling of incompleteness and emptiness, which is often taken as if a part of oneself had been torn away (Parkes, 1998). In the meantime, the subject, after such annihilation, needs to reconstruct his vision of the world, especially his place in it, learning ways of coping that recognize the complexity of grief, which takes on dimensions such as: identity, relationships and meanings of life.

The confrontations directed to loss, then, are related to the search for a real object, for the figure of lost attachment, which, in such a way, occurs the inscription of confrontations that include expressions of: denial, avoidance of reality, feelings of longing, among others that correspond to giving space to the memory of this object; also inscribing confrontations aimed at the restoration of life that refer to the construction of strategies that enable recurrent adjustments to the loss, related to developing adaptive behaviors that approach the new reality after the loss.

From the eighteenth century, with Western societies in the Christian era, funeral rites became the responsibility of the family, since, until now, they were the responsibility of the clergy[10] (Dantas et. al., 2020). The funeral and burial, therefore, are essential parts of the rites that have been socially cultivated for us to deal with coping with death, helping the flow of feelings and demonstrations in the absence of their loved one. Funeral rituals, then, materialize a fundamental role in the process of coping with loss, offering societies symbolic and social forms for the elaboration of mourning.

Funeral rituals, by providing a social and cultural framework for the expression of pain and longing, as well as the resignification of identities, relationships and meanings, provide this process of elaboration. Regardless of the particularities, funeral rituals[11] perform the social function of marking the passage from life to death, and offering comfort and strengthening of bonds to the bereaved.

[10] The clergy is a group of priests responsible for a religious cult.
[11] The relationship between funeral rituals and mourning can also be analyzed from the perspective of Gennep (1960), who describes rites of passage as moments of transition in which the individual passes from one state to another. Funeral rituals can be understood as rites of passage that mark the transition from life to death, both for the deceased and for their family and friends.

INTERSECTION BETWEEN MOURNING AND MELANCHOLY IN THE LIGHT OF FREUD

In the first psychoanalytic studies on grief, Sigmund Freud, in his work "Mourning and Melancholy" (1915), discussed his proposal in relation to the psychic dynamics of the melancholic subject, considering: the perspective of the implications that occur in the face of the loss of a certain object and the unelaborated mourning. Freud, then, offers a rich understanding of the complexity of the human psychic structure by exploring the unconscious processes that affect our thoughts, feelings, and behaviors. Under this framework, mourning presents itself as: a reaction to the loss of the object for which one has invested libidinal energy; culminating in behaviors that express: suffering, discouragement and dejection.

Unlike melancholy, in mourning the loss of a real object is demarcated, a normal reaction to the loss of a beloved object, whether it is a person, an ideal or a part of oneself, and in this way, for the individual who invested energy in the lost object, the world no longer has meaning or significance to the point that the outside world momentarily loses its meaning and interest, there is no justification in proceeding with enthusiasm, provoking one: intense sadness, longing and a desire to recover the lost object. These questions will be reworked on a symbolic level, and, at the conclusion, the connection of the libido with another object of love may occur (ibid, 1915).

It is important to emphasize that one object does not replace the space of the other, only libidinal energy transfer from one object to another can occur. Thus, according to the name of Freud's work, there is a correlation between the circumstances that appear in the title of the work, pointing out that in both of them there would be a profound prostration, a generalized resignation from the interest of the external world and a considerable loss of performance (ibid, 1915).

Melancholy, in turn, is characterized by being: a pathological state of deep sadness, loss of interest in daily activities, feelings of guilt, and self-devaluation (ibid, 1915). Thus, in melancholia, the subject does not direct his pain to the lost object, but to himself, with a pathological identification with the object then lost, directing him to an intense ambivalence and aggressiveness towards his own ego.

Freud, then, points out that the main distinction between mourning and melancholy lies in the direction of the libido itself. In mourning, there is the withdrawal of the libido from the lost object, especially when it can be invested in new objects. In melancholia, the libido is turned inwards, towards the ego itself, linking itself to what is left of the lost object that remains inside the subject.

Narcissism[12], another fundamental component for the apprehension of this distinction between the dynamics of melancholy and mourning. Thus, in mourning, narcissism is demarcated by

[12] In psychoanalysis, the concept read as narcissism transcends itself to a mere vanity or increased self-love. Thus, this concept refers to an initial moment of psychic development in which the individual invests a libidinal energy in himself, taking possession of his own body as an object of love. Freud (1917) apprehends this concept by highlighting primary narcissism, that is, a state of omnipotence and self-sufficiency in which the subject believes that the world revolves around his own needs and desires. Throughout human development, there is a gradual transfer of this libidinal investment

being wounded by the loss of the beloved object, but the subject, over time, manages to redirect his libido to other objects and thus reestablish his narcissistic investment (Freud, 1917). On the other hand, in melancholia, narcissism is deeply linked to the lost object, leading the subject to a disorganization of the ego and a decrease in self-esteem, since the aggressiveness that in mourning is directed to the lost object, in melancholia is directed to the ego itself, resulting in feelings of: guilt and self-devaluation (ibid, 1917).

Freud (1915) in "Current Considerations on War and Death", portrays how diverse the losses are, how people are removed from their daily lives, from the possibility of being on the streets, of joining family and friends, the change in the formats of work and studies, mainly, the imaginary of an immortality brought by the distancing from death, now destroyed by so many deaths around him[13].

Freud (1915) highlights the idea that the *self* is not constituted without otherness and without the social bond. During the pandemic, funeral rites were impoverished, since, faced with the risk of contagion, funerals were extinguished, making many burials meaningless, that is, in its harshest and most literal form, which would be to place a lifeless body in a dirt donkey, alone, without your loved ones around to say goodbye.

LOSSES IN PANDEMIC CRISIS

The intersection between grief and melancholy, as discussed from Freud's perspectives, enables an understanding of emotional experiences that were intensified during and as a result of the Covid-19 pandemic. However, the pandemic provided a set of circumstances that not only complicated this grieving process, but also intensified feelings such as: helplessness and sadness. Thus, a contingent of people were led to an experience of melancholy.

In this context, it is important to reinvent ways of performing farewell and tribute rituals, given the impossibility of physical comfort for friends and family due to distancing, and also of not being able to hold wakes and funerals as they are traditionally done. Ariès (2003) was able to measure in a very valuable way the conceptions and ceremonies of mourning throughout history and the various types of culture and beliefs, which can give light to their rituals in the search to give meaning and legitimacy to the death of the deceased and especially to the bereaved who survive the loss later.

In times of pandemic, mourning takes on this new guise, in which the absence of farewell rituals stands out, in which, the elaboration of the loss, faces a body that lies, and that cannot be

from the self to external objects, however, remnants of narcissism remain throughout life, influencing our relationships and our self-esteem.

[13] This multiplicity of losses also occurs with the loss of employment, financial support, routine, and social roles that surround people's lives and routines (Carr *et al*., 2020).

taken home, veiled, looked at, touched, dressed. There is a body that disappears never again, as happened in the tragic period of the Military Dictatorship in Brazil (BBC, 2024), where farewell rituals could not count on the concrete presence of the deceased either.

In Brazil, rites are extremely related in the symbolisms exposed by the body, in which it can be cared for, washed, touched, dressed in clothes of the deceased's preference and contemplated with a last goodbye (Dantas et. al., 2020). It is of paramount importance for the survivors that they can see the deceased so that in this way they can feel the concreteness of the death of that dear subject. Due to the pandemic, these rites had to be broken, limiting the farewell to a few minutes and with the coffin sealed, so that those bereaved by covid-19 experienced incomplete mourning.

Thus, death itself is quite painful and this pain is accentuated when there is no possibility of saying goodbye to the particular realization of the mourning of these subjects, when one could not bury and much less see their loved one. According to Kehl (BBC, 2024), possibly those bereaved by covid-19 will have a deep *grieving*[14] process However, still, with the lack of physical contact and the impossibility of sharing grief with other people, there is a feasibility for the state of melancholy, where the ability to find new meanings or reconnect with life is severely compromised.

During this pandemic, on the other hand, phenomena such as from one moment to the next, the world we know is no longer familiar, in which the unfamiliar[15] is experienced as a feeling of perplexity, derealization and desubjectivity, later bringing the idea of doubt about everything that was taken as certainty (Freud, 1919).

The bereaved experience an ambiguity brought by death, which, however, due to the Covid-19 pandemic, there was an intensification of this experience, that is, the bereaved have a difficulty in assimilating the absence and presence, past and future, generating the feeling that at any moment their loved one will be there again, not being able to conceive the idea of there being no more this return, that hug or that loved one that was lost there (Dantas et. al., 2020).

We went into lockdown and the days got longer. However, social distancing has become an extremely necessary recommendation to contain the circulation of the disease, reducing the number of infected people as much as possible and also to isolate people with symptoms. The unfamiliar feeling of childhood loneliness jumps out at us and takes away any adult possibility of comfort.

In addition, the collective experience of the losses that occurred during the pandemic affected millions of people, creating a concrete environment of social melancholy, that is, a feeling that life as it was known was then irrevocably altered, leading to a feeling of powerlessness and hopelessness,

[14] According to Worden (2018), *complicated grief* encompasses intense suffering that does not progress to a "solution" even with the passage of time, causing the bereaved to feel the weight of tribulations and exposing harmful reactions to themselves and their daily lives.
[15] The feeling of the unfamiliar is understood, as Freud (1919) emphasizes, as a discursive mechanism for the innovation of psychic boundaries. Through this, an extraneous element can become familiar and a familiar element can prove to be more obscure.

where the future seems to be uncertain and purposeless. In this experience, grief becomes an experience that is not only individual, but above all, shared, reflecting in a collective emotional crisis.

During a situation in which they are faced with finitude, people suffer from what is called anticipatory grief, which is expressed without the person having actually lost such an object, but the feelings involved in mourning occur in a palpable way (Kovács, 1992). The process is provoked in the face of uncertainties and changes in the routine of the person, who now lives isolated from their loved ones and facing the fear of losing them due to the real threat of the concrete effects of the pandemic.

In Manaus, an abrupt increase in deaths materialized. The situation became so alarming that it reached the point that the cemeteries were so full that in addition to the improvised graves, they were also stacking the coffins with the bodies of those deceased by Covid-19 or not, reaching the number of 18 bodies piled up in the Nossa Senhora da Aparecida Cemetery, Tarumã neighborhood, West Zone (Beatriz, 2024). The city's response to the family's complaint for the inappropriate manner of burial, other than that due to the high demand, they were "reorganizing the layout of the graves" (ibid, 2024)

During the most latent period of the Covid-19 pandemic, in Manaus, an average of 100 bodies were buried daily, where, however, the cemeteries gave clear signs that they did not contain the appropriate structure or manpower to support the demand (ibid, 2024). The city of Manaus informed that the bodies will be buried in layers and in mass graves, called trenches, but they will be deeper, but maintaining the traceability of all urns (ibid, 2024). Some family members exposed that there were exchanges of bodies that were mistakenly delivered to relatives of other deceased, for example, cases such as two elderly people hospitalized in a nursing home in Minas Gerais, whose bodies were given to the wrong family members (ibid, 2024).

POSSIBLE GRIEF AND HINDERED GRIEF

For the bereaved, there is a sense of ambiguity, which permeates hope and resignification, in view of the hope that the deceased is not their loved one, and that it is nothing more than a mistake, at the same time living in an attempt to reorganize after the loss (Dantas *et. al*., 2020).

On the other hand, some bereaved also deal with frustration and guilt because they think they did not give the idealized funeral, which was considered worthy of the deceased, instead the so-called *black bag*.

Along with mourning comes the questions of how the deceased may have acquired the disease or who passed it on to those who arrived in this one, this feeling of guilt generates even more anger and revolt in the bereaved, through the political-sanitary discourse of responsibility for

contagion, in this way, there is another duality, sometimes that of guilt for the patient's contagion, and time, the revolt for blaming the hospital staff, which is understood as hospital negligence (Dantas *et. al*., 2020). In the face of all this health, economic and emotional chaos, people had to deal with multiple losses. There were so many losses at the same time that one had just been buried, and then another had already died, generating a feeling of not suffering as he "should" for anyone, and also, causing the feeling of guilt for not having been contaminated and still being killed by the disease, this bombardment of losses and information generated in some people a certain affective [16]dullness, feeling of being anesthetized, such as: emotional numb (ibid *et. al*., 2020).

The pandemic in Brazil was strongly crossed by polarized political-ideological discourses, producing conflicting discourses about any information and measures that were exposed in the media, such as: social distancing, use of masks and alcohol, possibility of treatment and prevention, including the use of negligent medications and deaths from Covid-19, which, in such situations, and reflecting on the polarities that exist at the bottom of the contemporary discursive scope in the Brazil, which, where they are registered in the country prior to the experiences of illness and death from Covid-19, there was a restlessness in the bereaved generated by the feeling of "fraud" and "bad intentions" of the government present during the pandemic (Li *et al*., 2014; Stroebe *et al*., 2014 apud Dantas et. al., 2020, p. 524).

During this pandemic, the precariousness in which people live in Brazil was wide open, and that it is normal that many lives that do not have monetary support are cut short and often by omission of the State, so that, during the first months of the pandemic, there was an advertising campaign for the policy of death, a genocide in which those who had more purchasing power could have greater chances of living, and those who did not have it, competed for a vent to maybe have a chance (Gomes, 2024). Simultaneously with the start of the pandemic, there was an increase in deaths resulting from political actions by 58% compared to the same period last year (Calazans and Matozinho, 2021).

Although in Brazil there is the Unified Health System (SUS), which is a public and free system[17], which, although its guidelines are: equity, universality and comprehensiveness, *in loco* it is not offered or accessed equally by all Brazilian citizens who need it, since this system is truly crossed by the neglect of the State, In other words, in addition to the lack of investment, there are also economic and territorial issues, and the crossings of the administrative management of each unit. In this way, the precariousness that occurred in Brazilian health during the pandemic was exposed,

[16] The overall difficulty of expressing emotions and feelings. It can occur after events that cause a lot of pain to the subject, causing the subject not to emit emotional reactions.
[17] The statement that the Unified Health System (SUS) is "free" is often exposed in this way to highlight one of its main pillars: universal and equal access to health. However, this statement, when analyzed in depth, reveals a complexity that deserves to be highlighted with greater critical rigor.

since the lack of ventilation devices causes long waiting lines, lack of beds and contagion verification materials.

He was also exposed to the other government practices put in place at this pandemic moment, which, in Brazil, as evidenced by Vicente (2023), it was evidenced which lives can be read as valuable, as well as those that there is a permissiveness to be discarded. Regarding this government management that operated during the pandemic, Sampaio *et al*. (2023, p. 4) attest that this typical logic of control undertaken was inaugurated and elevated to a form of "*social screening by the neoliberal ruler",* inscribing dying not as something inviolable, but even being celebrated.

At the height of the pandemic, chaos was established, in which heads of state had to set aside federal orders to take their own measures in order to minimize the health crisis with their own means, since in this period the true face of a denialist[18], genocidal[19] and authoritarian[20] federal government was revealed. Highlighting the offensive positions and speeches[21] of the then President of the Republic, elected in the 2019 elections and had his mandate until 2022, sadly coinciding with the pandemic period, Jair Messias Bolsonaro, who on one occasion, when questioned by a journalist on the day the country reached the mark of 5 thousand deaths from coronavirus: *"So what? Lament. What do you want me to do? I am a Messiah, but I do not work miracles",* previously, when the country marked more than 5 thousand deaths from the disease, he could also answer that he was not a gravedigger (G1, 2020).

It is evident how the neoliberal economic model has great power of space in Brazil, so that everything is seen as a bargaining chip, a commodity, including lives, to the point of putting the economy before life, giving space for non-productive bodies to be considered killable (Gomes, 2024). In a period in which the precariousness of life in the country gained more momentum, leaving established in the faces of disadvantaged and marginalized populations covered by masks fighting minimally for their lives, the prolongation of this in the waiting list for a bed in Intensive Care Units (ICU), in field hospitals in public hospitals in most Brazilian states, in the suffering hands of nurses the choice of who would be more "worthy of life" or at least of trying to do so (Silva, 2024). So the

[18] Still on the current government during the pandemic, Lafer (2022) states that, regarding denialism, "this expressive negative balance, the bossiness of the president's personality strategy greatly contributes to it, constitutively integrated with a denialism that compromises his management capacity. It is characteristic of his denialism the refusal, fueled by the conflictive spirit of faction, of facts, evidences and arguments. His sensitivity is plump and the intentionality of his conscience in relation to what is happening in the country opaque. This is expressed in the regularity of his crude manifestations, in the constancy that accompanies them with his use of fake news, propagated incessantly by the social media he manipulates" (n.p).

[19] Genocide is any and all acts committed with the intention of destroying one or part of an ethnic, racial or religious group (Jesus, 2013).

[20] Dictatorship is an anti-democratic political regime, that is, with little popular participation and very restricted, with a high concentration of power around a statesman or a political community, which are usually sustained by a strong symbolic production of the social imaginary (Pimentel, 2020, p. 07).

[21] "The offensive speech is cunning. It seeks, initially, to break a kind of generic solidarity in the face of an injustice done not only against one, but against all or, rather, against all through one. Offensive speech aims to break the emergence of the reaction of "all", as it singularizes, it offends one, it mocks one" (Safatle, 2021, p. 16).

State transformed these people and lost lives into statistical data, generating the depersonalization of these lives, in order to generate desensitization, that is, who will mourn the loss of a life in which it is not even recognized as life?

It failed to recognize the history and even the name of the victims who died from covid-19. In the past, the Ministry of Health took the lead and appropriate measures, however, this time the country was left without prospects and abandoned by targeting policies, leaving unfocused the principles of infectology that are formed by the triple of infectiology, which are: testing, isolation and tracking; causing greater spread of the virus (Souza, 2023).

The Federal instance committed such violence by promoting strategies and laws to enable the growth of inequality and poverty, generating more submission and scarcity for the population, resulting in more violence against the population itself, fomenting in practices of silencing that were even more intensified by a government that is in favor of violence, torture and disappearance, such an example is exposed as the means of removing the possibility of society's mourning praxis (Silva, 2024). In this way, melancholy[22] emerges as a model of pronouncement in the face of the violence faced by the people, it emerges as a representation of the passivity generated by a social surrender (Silva, 2024).

The Bolsonaro government, in addition to abandoning its people, also provoked a great wave of distrust through the population, putting in vogue everyone's discredibility about the protection measures implemented by the Ministry of Health, the *lockdown*[23] itself was demonized even before it came into force, the then president, in addition, vetoed the laws that made the use of masks mandatory and the distancing measures that determined that workers should remain at home, but the vetoes were overturned by the Federal Supreme Court and the National Congress. In March 2020, the politician reproached state and municipal governments for preventive measures that, from his perspective, should not exist, defending a utopian normality given the circumstances in defense of the economy that he believed to be at a standstill (Souza, 2023).

Bolsonaro's administration was marked by boycott policies with the health of the Brazilian population and its control technologies so that it was considered acceptable and justifiable to let die, bodies that could be exposed to contagion and even "killable" or disposable. According to Foucault (2008), in "The Birth of Biopolitics", the author demonstrates that there is a form of expression of power that acts through technologies on people's biological life, inscribing them in conditions that

[22] Melancholy can also be seen as a state that goes beyond sadness, being a form of resistance and criticism of the current social model, enabling reflection, the elaboration of mourning, and the search for new realities and more just and humanized social ties (Silva, 2024).

[23] Situation in which the person can only leave his residence at certain times; considering mainly risk groups, with diabetic people, hypertensives, people with chronic respiratory problems such as asthma, heart disease, the elderly, and others in this group (Hammerschmidt & Santana, 2020).

can be managed and administered. Thus, there is a growing policy of guaranteeing strength and power established from a strategic overdetermination of multitudes.

During the pandemic, it was not known where the place of life, the dead or the living bodies was, since everyone was labeled, and the poor, black, favela lives, indigenous and quilombola communities, riverside dwellers and other vulnerable populations that depend on public policies were neglected. For Maria das Graças[24], the sequelae of the infection in the country were not only caused by the virus, but had fundamental crossings by the hand of the (un)human government, which propelled and led millions of people to death, crossings that can never be forgotten.

CONCLUSION

We specifically address the mourning of death and, subsequently, the implications in this process caused by the current pandemic caused by the coronavirus (COVID-19) that has been felt by millions of people at the same time. This pandemic can be seen as beyond the post-pandemic and not just post-pandemic, referring to a past time, however, the sequelae of this pandemic for some will be felt throughout their lives, whether by the loss of a loved one, incurable sequelae, absence of employment, dissolution of relationships and others, since they are immeasurable damage for each subject.

In short, this research addressed the theme of grief in collision with the Covid-19 pandemic, seeking to answer the research question: "What challenges do people face when dealing with grief during and after the pandemic?" And based on the scientific literature, we can observe that the absence of traditional farewell rituals, the impossibility of saying goodbye properly to loved ones, and the lack of emotional support were the main challenges faced by bereaved people.

In addition, the research highlighted that the incomplete experience of grief and the adaptation to new ways of expressing the pain of loss are significant issues that have affected and still affect millions of people. It is important to emphasize that the ways in which individuals experience grief and participate in funeral rituals are in constant consonance with several factors, such as: culture, religion, personality and life history of each one. In addition, contemporaneity has led to significant changes in funeral rituals, with increasing individualization and the search for new ways of expressing pain and loss.

Based on scientific literature, we can conclude that the pandemic not only increased the difficulties that already existed in the grieving process, but also brought new dynamics that require a reassessment of farewell rituals and emotional support. These results are important because they show that intervention strategies must take into account the particularities of grief in crisis contexts.

[24] "Maria das Graças, 71, did not believe in Covid-19 because of fake news. When her daughter and then she herself got sick, Maria das Graças ignored the doctor's instructions, lied to her family and said that it was nothing more than the flu. She died without believing that she had the disease" (G1, 2021, n.p).

Finally, this study emphasizes the urgent importance of emotional support during a crisis. However, it is evident that it is essential to combat certain offensive speeches such as those expressed in the current government during the pandemic.

Although the experience of grief can be found everywhere, its manifestations are very particular and contextual. Therefore, to best support those facing the pain of loss, it is essential that we continue to study and understand these dynamics.

REFERENCES

Alves, D. de F. G. (2021). Dificuldades psicológicas enfrentadas por famílias no luto na pandemia do Covid-19. Repositório Institucional Unicambury, 1(1).

Ariès, P. (2003). História da morte no Ocidente. Ediouro.

Asmundson, G. J. G., & Taylor, S. (2020). Coronaphobia: Fear and the 2019-nCoV outbreak. Journal of Anxiety Disorders, 70.

Bardin, L. (2011). Análise de conteúdo. Edições 70.

BBC Brasil. (2024). Como a pandemia de Covid-19 afetou a saúde mental dos brasileiros. Available at: BBC Brasil. Accessed on: July 20, 2024.

Beatriz, R. (2024). Caixões serão empilhados em valas comuns de Manaus para suprir demanda de enterros; famílias criticam medida: 'Não é digno'. Available at: https://g1.globo.com/am/amazonas/noticia/2020/04/27/corpos-serao-empilhados-em-valas-comuns-de-manaus-para-suprir-demanda-de-enterros-familias-criticam-medida-nao-e-digno.ghtml. Accessed on: April 27, 2024.

Calazans, R., & Matozinho, C. (2021). Pandemia e neoliberalismo: A melancolia contra o novo normal. Mórula Editorial.

Carr, D. (2009). Who's to blame? Perceived responsibility for spousal death and psychological distress among older widowed persons. Journal of Health and Social Behavior, 50(3), 359-375.

Carvalho, P. M. de M., et al. (2020). The psychiatric impact of the novel coronavirus outbreak. Psychiatry Research, 286, 112902.

Dantas, C. de R., et al. (2020). O luto nos tempos da COVID-19: desafios do cuidado durante a pandemia. Revista Latinoamericana de Psicopatologia Fundamental, 23(3), 509-533.

Foucault, M. (2008). Nascimento da biopolítica (E. Brandão, Trans.). Martins Fontes.

Freud, S. (2010). Considerações atuais sobre a guerra e a morte. In Obras Completas (Vol. 12, pp. xx-xx). Companhia das Letras. (Original work published in 1915).

Freud, S. (1917). Luto e melancolia. In Obras Completas.

Freud, S. (2019). Freud-O infamiliar [Das Unheimliche]. BOD GmbH DE.

G1. (2020). E daí? Lamento. Quer que eu faça o quê?', diz Bolsonaro sobre mortes por coronavírus; 'Sou Messias, mas não faço milagre'. G1 POLÍTICA, May 28, 2020. Available at: https://g1.globo.com/politica/noticia/2020/04/28/e-dai-lamento-quer-que-eu-faca-o-que-diz-bolsonaro-sobre-mortes-por-coronavirus-no-brasil.ghtml. Accessed on: June 17, 2024.

G1. (2020). Veja quais medidas foram adotadas pelos países mais afetados pelo coronavírus para combater a pandemia. G1 Bem Estar. Globo, March 12, 2020. Available at: https://g1.globo.com/bemestar/coronavirus/noticia/2020/03/12/veja-quais-medidas-foram-adotadas-pelos-paises-mais-afetados-pelo-coronavirus-para-combater-a-pandemia.ghtml. Accessed on: April 27, 2024.

G1. (2021). Ela ignorou o médico, mentiu para a família e morreu sem acreditar que estava com Covid: 'só via fake news', diz filha. G1, October 21, 2021. Available at: https://g1.globo.com/saude/coronavirus/noticia/2021/10/21/ela-ignorou-o-medico-mentiu-para-a-familia-e-morreu-sem-acreditar-que-estava-com-covid-so-via-fake-news-diz-filha.ghtml. Accessed on: March 27, 2024.

Gennep, A. V. (1960). Os ritos de passagem. Mestre Jou.

Gesi, C., et al. (2020). Complicated grief: What to expect after the coronavirus pandemic. Frontiers in Psychiatry, 11, 489.

Gomes, M. C. C. (2024). A melancolia como possibilidade: Fazer do luto, luta!. Estudos e Pesquisas em Psicologia, 24.

Jung, S. J., & Jun, J. Y. (2020). Mental health and psychological intervention amid COVID-19 outbreak: Perspectives from South Korea. Yonsei Medical Journal.

Kovács, M. J. (1992). Morte e desenvolvimento humano. Casa do Psicólogo.

Ministério da Saúde. (2020). Saúde mental e atenção psicossocial na pandemia COVID-19: Recomendações gerais. FIOCRUZ.

Lafer, C. (2023). Liderança, conhecimento e negacionismo. Academia Brasileira de Letras. Available at: https://www.academia.org.br/artigos/lideranca-conhecimento-e-negacionismo. Accessed on: March 28, 2024.

OPAS. (2019). Histórico da pandemia COVID-19. Organização Pan-Americana da Saúde. Available at: https://www.paho.org/pt/covid19/historico-da-pandemia-covid-19.

OPAS. (2022). Excesso de mortalidade associado à pandemia de COVID-19 foi de 14,9 milhões em 2020 e 2021. Organização Pan-Americana da Saúde, May 5, 2022. Available at: https://www.paho.org/pt/noticias/5-5-2022-excesso-mortalidade-associado-pandemia-covid-19-foi-149-milhoes-em-2020-e-2021. Accessed on: June 22, 2024.

OPAS. (2024). Excesso de mortalidade associado à pandemia de COVID-19 foi de 14,9 milhões em 2020 e 2021. Organização Pan-Americana da Saúde, May 24, 2024. Available at: https://www.paho.org/pt/noticias/24-5-2024-covid-19-eliminou-uma-decada-progresso-na-expectativa-vida-global. Accessed on: June 22, 2024.

Pereira, E. F. (2021). A pandemia de Covid-19 na UTI. Horizontes Antropológicos, 27(59), 49-70.

Safatle, V. (2021). A economia é a continuação da psicologia por outros meios: Sofrimento psíquico e o neoliberalismo como economia moral. In V. Safatle, N. da S. Junior, & C. Dunker (Eds.), Neoliberalismo como gestão do sofrimento psíquico. Autêntica Editora.

Sampaio, V. L. F., et al. (2023). Negligências políticas e extermínio indígena: Breves diálogos sobre a pandemia da COVID-19 e processos de (r) existências. Contribuciones a las Ciencias Sociales, 16(8), 11412-11432.

Silva, M. M. V. (2024). Luto, reconhecimento e vulnerabilidade em tempos de pandemia de Covid-19 no Brasil: Reflexões a partir do pensamento de Judith Butler. Monxorós Revista em Ciências Sociais e Humanas, 1(1), 47-59.

Souza, É. S. de, et al. (2023). Vítimas da Covid-19: A ressignificação e a politização do luto no contexto da pandemia.

Vicente, E. R. (2023). “E daí?” A banalização da morte como uma herança bolsonarista. Aquila, 28. Available at: https://ojs.uva.br/index.php/revista-aquila/article/view/358.

Wang, C., et al. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. International Journal of Environmental Research and Public Health.

Zhu, N., et al. (2020). A novel coronavirus from patients with pneumonia in China, 2019. New England Journal of Medicine, 382(8), 727-733.