ESTUDOS DE PSICOLOGIA
Psychological Studies

REVIEW ARTICLE

Health Psychology

Editor
Raquel Souza Lobo Guzzo

Conflict of interest
The authors declare that there is no conflict of interest.

Received
October 11, 2022

Version final
November 16, 2023

Approved
January 31, 2024

A psychoanalytic view of trauma in the coronavirus pandemic

O trauma na pandemia do coronavírus à luz da psicanálise

Juliane da Silva Pessoa[1], Marise de Leão Ramôa[2]

[1] Universidade Santa Úrsula, Curso de Psicologia, Departamento de Psicologia. Rio de Janeiro, RJ, Brasil. Correspondence to: J. S. PESSOA. E-mail: <juliane.pessoa@gmail.com>.

[2] Fundação Oswaldo Cruz, Escola Politécnica de Saúde Joaquim Venâncio. Rio de Janeiro, RJ, Brasil.

How to cite this article: Pessoa, J. S., & Ramôa, M. L. (2025). A psychoanalytic view of trauma in the coronavirus pandemic. *Estudos de Psicologia* (Campinas), *42*, e220116. https://doi.org/10.1590/1982-0275202542e220116

Abstract

Objective
This article seeks to understand the origin of trauma related to the COVID-19 pandemic.

Method
To achieve this objective, an integrative literature review was conducted, providing a comprehensive, systematic, critical, and reflective analysis.

Results
The research results reveal that the experience of trauma is unique to each individual, with behaviors ranging from helplessness to denial. Helplessness, marked by uncertainty and hopelessness, engenders feelings of anguish associated with the widespread death and illness in the population. On the other hand, denial, functioning as a psychological defense mechanism, represents the return of the repressed, manifesting as an experience of rejecting castration.

Conclusion
This reveals a narcissistic individualism, symbolized by the desire not to succumb to social isolation or adhere to health protocols. Instead, individuals choose to live a life governed by the pleasure principle, often at the expense of collective well-being.

Keywords: COVID-19; Denialism; Helpless; Mental health.

Resumo

Objetivo
Este artigo procura compreender a formação traumática associada à pandemia da COVID-19.

Método
Foi feita uma revisão integrativa de literatura, conferindo tratamento abrangente, sistemático, crítico e reflexivo.

Resultados
Como resultado da pesquisa evidenciou-se que o trauma é experienciado por cada sujeito de modo singular, com comportamentos identificados entre o desamparo e o negacionismo. O desamparo marcado pela incerteza e a desesperança trouxe o sentimento de angústia com a morte e o adoecimento massivo da população. Já o negacionismo, como defesa psíquica, manifesta o retorno do recalcado como experiência de furo à castração.

CC BY

Conclusão
Isto revela o individualismo narcísico, simbolizado pelo desejo de não ceder ao isolamento social ou submeter-se aos protocolos de saúde, para viver uma vida regida pelo princípio do prazer, em detrimento da coletividade.

Palavras-chave: *COVID-19; Negacionismo; Desamparo; Saúde mental.*

In December 2019, the first cases of individuals infected with the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus were reported in the city of Wuhan, Hubei province, People's Republic of China. It was identified as a new strain of the virus that had been known for decades to cause severe acute respiratory syndromes, although it had not previously exhibited the same degree of human transmission and lethality. The World Health Organization (WHO) promptly initiated an investigation in collaboration with Chinese authorities and global experts into this virus of unknown origin causing severe pneumonia. They examined modes of transmission, potential prevention and treatment methods for Coronavirus Disease 2019 (COVID-19), and in January 2020, upon disclosing the initial fatalities, issued a warning about the risk of a global outbreak of this new disease. At that moment, the city at the epicenter of the problem entered quarantine as an interventional containment measure (Organização Pan-Americana da Saúde, 2022).

Despite all efforts, new cases of the disease were reported outside of China, spreading across Asia, Europe, and North America. On March 11, 2020, the WHO declared the outbreak a pandemic after the death toll reached 3,000 worldwide, prompting the implementation of social distancing, quarantine, and strict lockdown measures. At the time, it is estimated that 3 billion people worldwide were mobilized into social isolation, leading to deserted streets. Simultaneously, this situation triggered a frantic rush to markets for food stockpiling, resembling a condition preceding a major war (Sá, 2020).

By May 2020, COVID-19 had become the leading cause of death in Brazil, according to data from the Oswaldo Cruz Foundation (Sá, 2020). Moreover, the severe global health crisis resulted in a profound economic downturn, exacerbating social inequality with massive unemployment and the bankruptcy of numerous businesses. The federal government's inability to deal with the unpredictable chaos also led to a major political crisis, exacerbated by decisions prioritizing the economy over health and social well-being. This was illustrated through their opposition to scientific production, dissemination of dubious preventive measures discrediting science, and a failure to invest in and encourage vaccination. Consequently, facing this oppressive context, the mental health of the population was significantly impacted.

The rising wave of deaths in the overwhelming battle against the virus, a potent invisible enemy, instilled an atmosphere of fear, insecurity, and bewilderment among people. The exposure of feelings of vulnerability and finitude brought to light the harshness of the new times, while trust and hope in the future were put to the test, giving rise to a profound experience of helplessness in many.

Catastrophic situations like this commonly bring trauma to the forefront as an inseparable human experience. The catastrophe, conceived as a terrifying event causing a radical change in reality, subjects individuals to a state of considerable vulnerability. Trauma results from this occurrence as an individual experience marked by the subjective inability to assimilate or internalize the event. The impossibility of attributing it a symbolic representation, a meaning, disturbs regular psychic functioning and places the individual in a condition of helplessness that persists or repeatedly occurs until the event is processed, mastered, inscribed (Vertzman & Romão-Dias, 2020).

In this context, the interest of this research emerges, with its significance lying in the possibility of approaching the multiple dimensions of trauma as a phenomenon associated with

COVID-19, aiming to integrate such knowledge into professional practice in psychoanalytic clinical settings. Furthermore, the contemporaneity of the topic and its social significance also underscore the importance of this study, raising various questions. One such question, which motivated this research, is: what impacts on psychic life have been highlighted by the COVID-19 pandemic?

Therefore, the objective of this research became to unveil the symptomatic complex that, in this scenario, gives shape to traumatic formation, capable of identifying the pain and suffering that a significant portion of the global population has undergone, facing helplessness and prolonged exposure to the feeling of anguish.

For this purpose, an integrative literature review was conducted, providing a comprehensive, systematic, critical, and reflective treatment, despite being a new and actively developing subject. In this endeavor, the initial focus was on understanding the concept of trauma in the light of psychoanalysis, with the writings of Freud being considered. The analysis of the themes of anguish, pain, and suffering deepened the understanding of the emergence and evolution of trauma, allowing for an examination of the dimensions of helplessness and its symptomatic framework. In addition, denialism was studied as a posture marked by narcissistic individualism that denies one's own helplessness while simultaneously reinforcing the helplessness of others, leading the traumatic process to the critical threshold of despair.

Therefore, in light of the foregoing, this study is presented, dedicated to providing a reflective insight into the humanities involved in the pandemic context, as psychoanalytic theory affords us the opportunity to unveil the unconscious where human conflicts and contradictions are deeply embedded.

The Concept of Trauma and Its Elements

The theory of trauma, since its conception, has been marked by a variety of approaches and conceptualizations that might weaken its significance if it were not for the importance the theme holds in psychic life. From the Greek, the word "trauma" refers to "wound", which, from a medical perspective, relates to "injuries to the body caused by external factors" (Rudge, 2000, p. 8).

According to Laplanche and Pontalis (2001), psychoanalysis has endorsed three meanings for the word trauma: "violent shock", "effraction", i.e., rupture (of the ego's defenses), and "consequences on the overall organization". From this perspective, it is evident that, for these authors, trauma can be considered, indiscriminately, as either the event or the result arising from it:

> An event in the subject's life defined by its intensity, the subject's inability to react to it adequately, the disturbances, and the lasting pathogenic effects it causes in psychic organization.
>
> In economic terms, trauma is characterized by an influx of excitations that surpasses the subject's tolerance and their capacity to psychically control and process these excitations. (Laplanche & Pontalis, 2001, p. 522)

The introduction of the term "traumatic neurosis" in psychoanalysis was attributed to Hermann Oppenheim (1858-1919), who identified it as a set of nervous disturbances resulting from catastrophes. These disorders, studied by Erichsen in 1866, included symptoms such as recurring nightmares related to the tragic experience, motor disturbances, among others, which, in Charcot's view, already resembled hysterical symptoms. Oppenheim, however, disagreed, underscoring that depressive feelings occurred only in traumatic neurosis (Rudge, 2000).

The studies initially undertaken by Freud on trauma aligned with Charcot's ideas, in the sense that it had a psychic origin in the context of hysteria. For Freud, it was as if trauma were not only the event but the occasion in which a psychic splitting occurred between reality and the "strangled affect" (when affect is dissociated from the individual's set of memories), forming a foreign body to regular emotional understanding and processing. This splitting occurred as a defense against a psychic conflict, of which its emotional discharge only took place with the manifestation of hysterical attacks, in a typical scenario of defense hysteria. In this sense, Freud believed that the traumatic memory needed to be integrated into the set of personal memories to allow the proper manifestation of emotions relevant to the conflict (Rudge, 2000).

In this initial dimension of his studies, Freud (1893-1895/1990a) understood that the originally pathogenic trauma was of a sexual nature and occurred in the context of dynamics related to infantile seduction. However, later on, he conceived that the trauma itself would only be established at a later moment, during puberty, when the previously experienced events would acquire a traumatic sexual meaning, triggering defense mechanisms or repression. Thus, facing the Oedipal conflict, the rupture generated by the castration complex would be the greatest existential trauma experienced by individuals.

During that period (1895 to 1900/1905), trauma was addressed in his works, "Project for a Scientific Psychology" (Freud, 1950[1895]/1990b), and "Studies on Hysteria" (Freud, 1893-1895/1990a), where he initially linked trauma to infantile sexuality. Later, he positioned himself to suggest that trauma would only truly be formalized at a later moment (a posteriori).

The idea of conceptualizing trauma as a nosological instance independent of hysteria (and the seduction theory) only came later when Freud felt compelled to study war neuroses. After World War I, the debate on the traumatic origins of psychological disorders took on a new dimension with the significant emergence of war neuroses affecting many soldiers returning from the battlefield. Freud then presented his repositioning at the 5th International Psychoanalytic Congress in Budapest, stating that sexual etiology would not be present in war neuroses. This marked a significant departure, as the traumatic neuroses studied until then originated from internal drives, while war neuroses resulted from real external danger. Freud supported the idea that in war cases, trauma would result from the splitting of the ego in the face of prolonged experiences of threat, violence, and death (Rudge, 2000).

The symptomatic picture of traumatized war soldiers is characterized by physical and organic disorders associated with a real trauma, with repercussions on nervous centers, which in turn trigger psychic symptoms such as depression, melancholy, anguish, hypochondria, delirium, hallucinations, among others. The traumatic effect would not be precisely in the experience of the catastrophe itself but in the shock, surprise, and fright that impacted the defensive capacity to react or absorb the absurd sensation that was experienced (Roudinesco & Plon, 1998).

In this sense, dreams mobilize the unconscious return to the traumatic experience through dream life. This enables a backward journey to the situation that generated excessive excitement so that, finally, anguish can present itself (Freud, 1920/1996a). And this dynamic is to be repeated, giving rise to recurring traumatic dreams in favor of the formation of the core of anguish, as a necessary measure for the proper functioning of the psychic apparatus[3]. This understanding was announced by Freud in "Some Additional Notes on Dream Interpretation as a Whole" (Freud, 1925/1976a), marking

[3] It is worth noting that although these traumatic dreams may gradually be integrated into consciousness, providing an improvement in the psychic condition as the individual approaches the pleasure principle, there are cases where the compulsion to repeat only renews the anguish, reinforcing suffering by repeatedly reliving the terrible event without ever exhausting it, making it a thing of the past, or altering its meaning.

a paradigm shift. He recognized that dreams not only serve as a symbolic means of wish fulfillment but, beyond the pleasure principle, repetitive painful dreams obey repetition compulsion, involving the return of repressed content in the unconscious.

With this theoretical shift, Freud planted the first seeds of the new anguish theory in "Inhibition, Symptoms, and Anxiety" (Freud, 1926[1925]/1976b), conceiving it as an earlier phase and generator of repression. Anguish is now paired with helplessness (no longer with reminiscences of sexuality, where castration anxiety is considered just one of its modalities). The idea emerges of anguish bordering on dark thoughts, desires, and perceptions, setting the tone for annihilation anxiety in the context of the threat of physical and/or psychic death (Rudge, 2000).

Anguish in the face of real danger, as introduced in the text "Inhibition, Symptom, and Anxiety" (Freud, 1926 [1925]/1976b), finds its origin in a fact external to the individual. This is distinct from the drive-originated anguish, where the internal threat of drives serves as the generative source. This typology considers reality as the motivating factor for anguish, and it doesn't exhaust itself, as the unconscious influencing this relationship defines its expression based on each individual's subjectivity.

Freud's study is of fundamental value for understanding the traumas that historically traversed humanity during periods qualified as traumatogenic, encompassing events such as the two World Wars and the Holocaust; the Spanish flu pandemic; the Russian and Chinese revolutions and the era inaugurated by the Cold War. This analysis also applies to the recent period we experienced with the Coronavirus pandemic.

Undoubtedly, the psychic experience of individuals during the pandemic bore the mark of trauma. The virus, a common invisible enemy, impaired individuals' capacity to anticipate danger, making it seem imminent on a daily basis. The real anguish aroused in this context violently impacted the population, especially in the initial moments when little was known about contagion and prevention methods, and the exponential number of deaths was terrifying.

The impossibility of recruiting psychic defenses in this scenario was linked to the shock in the face of the absurdity that was installed, in an abrupt and unpredictable chaos where the transmutation of the invisible into visible and the unspeakable into speakable (Birman, 2021) was not afforded to give some symbolic contour to the catastrophe.

Helplessness gave rise to real anguish that in many individuals was processed with the activation of repetition compulsion through repeated 'traumatic' night dreams. Some accounts of these dreams, found in the work *Sonhos confinados*: *o que sonham os brasileiros em tempos de pandemia* (Confined Dreams: What Brazilians Dream in Times of Pandemic) (Dunker et al., 2021), clearly demonstrate the presence of psychic pain and suffering in the population during the pandemic:

> I dreamt I was in a house that wasn't mine, and it was full of people. Some people in masks came in, I think they were all men, and they were wearing cloth masks. The same ones we used during the pandemic. They were going to kill us. I ran out of the house and managed to get to the street. It was night, the street was empty. They came after me. I started running and needed to scream 'help' to save myself. That was the only way I was going to save myself. I opened my mouth, made an effort, but the scream didn't come out. I was going to die. I tried very hard to scream; I was running. Until I woke up (for real) screaming 'help', and very tired, as if I had been running. I was tired all day long (Raquel, 50 years old, May 26, 2020). (Dunker et al., 2021, p. 7)

> What I want to report is not a dream itself but a sensation I have in many of these dreams: whenever I'm about to touch someone or something, finish a task, go through a door, it's as if the ground under

> my feet goes into reverse. In fact, it's as if everything is happening on a vinyl record, and when I'm about to do all the things I want to do – hug, reconnect, go through a door, clear a path, fulfill a wish, whatever it may be – the record player is turned on, and I get stuck at 'almost'. And there's no use hurrying, trying to fool the record, because the opposing force goes with the same intensity (Mércia, 40 years old, Bahia). (Dunker et al., 2021, p. 70)

It is noted that the catastrophic event favored the collective experience of pain and suffering, as elements that emerge at the basis of traumatic formation and development. Pain is the raw emotion experienced in a state of drive-induced commotion, signaling the rupture, the splitting of the ego with the "loss of an object to which we are so intimately connected – a loved one, a material thing, a value, or the integrity of our body – where this bond is constitutive of ourselves" (Braga & Rodrigues, 2018, p. 3).

In this perspective, people faced many losses with the onset of the pandemic – the loss of loved ones; the loss of employment and/or reduced purchasing power due to the economic crisis; the loss of freedom of movement with the restrictions imposed by quarantine and lockdown decrees; the loss of physical and mental health, inaugurating a time of helplessness marked by real external threat, combined with feelings of internal drive-induced threat, with no foreseeable end.

Pain is considered democratic (Birman, 2020) as it afflicts everyone, pointing to the cause that triggers it. This differs from anguish, which is a reaction to the threat of potential loss (Freud, 1926[1925]/1976b). On the other hand, suffering, defined as the particular way one responds to pain based on individual subjectivity, may or may not manifest. It signifies a broader disturbance, encompassing both physical and psychic realms, arising from the violent or radical excitement imposed by reality.

Thus, while some responded to psychic pain in the context of the pandemic with symptoms of helplessness reinforced by real anguish, in others, a denialist reactive stance was evident. This stance dismisses suffering and rejects helplessness, as we will see next.

Helplessness in the Pandemic Context

In his work "Inhibitions, Symptoms, and Anxiety" (Freud, 1926[1925]/1976b), Freud argues that the state of helplessness is the prototype of the traumatic situation, giving rise to anguish. In this context, he posits that losses or separations causing extreme internal tension deprive the individual of the ability to react and defend themselves, subjecting them to these situations in a state of helplessness.

Furthermore, in "The Future of an Illusion" (Freud, 1930[1929]/1996c), Freud asserts that helplessness is, in reality, a structuring existential condition, not just a mere form of psychic functioning in the face of danger. This is because helplessness is part of the individual, it is inherent to human history, beginning irreversibly from birth when the separation from the mother occurs. The supposed lack of support and comfort provided by this primary object is recalled in various situations of threat and danger, triggering archaic defenses and regressive movements inherent to traumatic phenomena throughout life (Oliveira et al., 2014).

Importantly, this need for affection linked to primitive parental figures contributes to the construction of the importance of the other, both in the formation of oneself as an individual and in the weaving of social relationships throughout life. The sudden rupture of this bond that connects us to others causes pain and despair, with love being the premise of all suffering, leading to the idea that one suffers more when one loves more (Nasio, 1997).

By losing the loved object, one loses a source of affective nourishment, as well as the target of imaginary projections and common desire. It shakes the psychic structure where the fantasy of solidity and permanence in this relationship with the other is undone, causing drive-inflicted chaos where "desire goes mad" (Braga & Rodrigues, 2018). In this context, disorientation carries the mark of intense internal tension and such significant and indissoluble suffering that it seems to hinder the creation of new bonds with others.

It should be emphasized that grieving the loss of a loved one is the most prevalent condition in the constitution of helplessness. However, loss can pertain to other events, not necessarily death but abandonment, humiliation, mutilation, and separation, for instance. Furthermore, it is advisable not to limit the definition of the lost object to the loved one, as suffering can similarly arise from the loss of something material, a value, an existential condition such as the integrity of one's own body, considering that these elements also generate bonds that, in their nature, constitute our very selves (Braga & Rodrigues, 2018).

In this perspective, it is evident that the pandemic context brought painful and countless losses to people's daily lives, which changed so abruptly. A subjective emptiness was established with the loss of old life references, and with the structural insecurity of a new reality with which the individual had to deal (Birman, 2019).

The difficulty in attributing symbolic meaning to the present made individuals experience the inadequacy and fragility of the symbol, highlighting psychic helplessness in narcissistic-identity disorders due to the mismanagement of real anguish, choosing compensatory defense mechanisms such as: drive overflow, drive disinvestment, compulsive behaviors, and addictive behaviors (Minerbo, 2013).

Each of these defense mechanisms points to a different scenario of symptomatic formation within helplessness – a subject that Birman (2021) appropriates very well in his recent work *O Trauma na pandemia do coronavirus* – "Trauma in the Coronavirus Pandemic" – with the different symptoms being "destinations of trauma and real anguish in the psyche" (Birman, 2021, p. 140).

Drive overflow (Minerbo, 2013) refers to emotional charge that cannot be contained or processed and is discharged 'outward' into the social environment or 'inward' into the physical body. The 'outward' discharge occurs with an increase in aggression, with violence in the domestic environment (Souza & Farias, 2022), potentiated by compulsory social isolation, where the male individual was seen to aggress as an unconscious way to silence his feelings of vulnerability and helplessness. The discharge 'inward' into the physical body occurred with the formation of anxiety neurosis, very present in panic disorders, characterized by: fear of imminent death, palpitations, shortness of breath (dyspnea), accelerated pulse, and cold sweats; or still, with the manifestation of hypochondriacal symptoms, where individuals, paying excessive attention to the body, perceive small signs (cough, fever, headache, or fatigue) as abnormal or pathological, ultimately triggering greater psychological illness with excessive fear of imminent death from coronavirus contagion (Birman, 2021).

Drive disinvestment, in turn, is the defense mechanism that concerns the production of feelings of emptiness, boredom, and apathy, as if the individual experienced the impossibility of connecting or investing in new objects of affection (Minerbo, 2013). This was massively evidenced in the pandemic scenario with depression and melancholy, especially as a result of confinement. Furthermore, drive disinvestment was observed with the impossibility of performing funeral rituals due to the strict sanitary protocols, causing another traumatic wound in those who were affected by the loss of loved ones, with greater subjective emptiness (Birman, 2021).

Compulsive behaviors also manifested with the coronavirus pandemic, serving as compensatory defense mechanisms. Culturally, these are behaviors that serve to compensate for the feeling of failure in the search for meaning, and here consumerism fits as an identity prosthesis, promising fleeting symbolizations (Minerbo, 2013). This includes the compulsion for food, whose immediate consumption seeks some pleasure, 'positive' stimulus, or oral ego excitement. This was observed throughout the pandemic with a significant increase in obesity and other eating disorders. Other obsessive-compulsive behaviors were triggered by excessive hygiene rituals, as if the slightest failure in this incessant effort could be deadly to the individual, given the constant feelings of threat and vulnerability arising from real anguish. Furthermore, other obsessive-compulsive manifestations were observed disproportionately, according to Birman (2021), the frenzied search for virtual gaming spaces and apps, online parties, purchasing pets (as affective substitutes), and undertaking numerous online courses – all with the purpose of diverting attention and alleviating tension in the catastrophic scenario.

Finally, addictive behaviors were frequently observed, some even because they are more socially accepted and provide some level of pleasure by arousing new sensory stimuli, allowing individuals to calm themselves (Minerbo, 2013). In this category of compensatory defense, individuals use various substances: licit and illicit psychoactive drugs – ranging from medications prescribed by doctors to calm the individual or help them sleep, aiming to alleviate real anguish; to excessive consumption of cigarettes and alcohol or the use of illicit drugs that provide an experience of escape, relaxation, or pleasure, albeit temporarily, but easing the distressing sensations of emptiness and boredom (Birman, 2021).

In conclusion, these compensatory mechanisms were the means that individuals employed in the pandemic context to cope with their own helplessness. The emerging symptomatic picture indicates the level of suffering to which many were subjected, as the desire to alleviate real anguish was pressing, so as not to succumb, not to fade away.

It is important to highlight that, beyond helplessness, Birman (2021) signals the emergence of discouragement, a more severe stage in which feelings of abandonment are also glimpsed in a broader social structure – equivalent to a scenario of loneliness 'in the crowd' or despair in a 'every man for himself' situation. This perception is based on the weakening of major institutions (Almeida et al., 2022), where the inability to deal with the catastrophe in the short term is evident, as is the failure to provide protective measures to the population in facing the economic and health crisis. And it is in this context that the actions of the Brazilian federal government and its necropolitics[4] (Mbembe, 2020) primarily come into play.

This fact reveals the other face of the traumatic experience, where denialism resurfaces with the denial or refusal of helplessness, suppressing any sign of real anguish and distancing itself from suffering. It is a behavior that denotes arrogance and omnipotence in the face of the vulnerability that has settled in the world with the coronavirus – a movement of return to the repressed, representing an experience of rejecting castration, as can be seen below.

Denialism as a Narcissistic Expression

The malaise that asserts itself in contemporary society stems from a rupture of the social pact, in which everyone would be responsible for repressing their sexual and aggressive impulses,

[4] Necropolitics, a term coined by Cameroonian philosopher and thinker Achille Mbembe, is identified here as practices of exception promoted by the State with the intention of subjugating, massacring, excluding, sacrificing, and penalizing certain groups to the detriment of others, in the name of a perverse sovereignty – a form of governance "whose central project is not the struggle for autonomy, but the 'generalized instrumentalization of human existence and the material destruction of human bodies and populations'" (Mbembe, 2020, p. 125).

enabling a harmonious and peaceful social coexistence. Freud eloquently discussed this in his work "Civilization and Its Discontents" (Freud, 1930[1929]/1996c), reflecting on the inexorable threats to the integrity of the Self, which could occur in three dimensions: with the dissolution of the body; with the unpredictability of destructive forces of nature in the external environment; and with the strangeness of the other in the face of existing differences between individuals in society. All these dimensions were evident in the pandemic context, as human finitude became apparent with the lethality and destructive power of a natural and invisible enemy (the virus), subjecting everyone to an urgent situation of real helplessness, while simultaneously prompting others to behave in ways that highlight inequalities, founded on feelings of superiority and power stemming from denialist ideology.

In this sense, not only did the real helplessness caused by the health crisis reinforce the traumatic phenomenon, but the segregationist ideologies themselves exacerbated this condition, leading to despair as a result of the political crisis. Specifically, government policies proved inefficient or negligent in implementing comprehensive and unrestricted protective measures since the onset of the pandemic. It is in this context that denialism is recognized as a socio-political phenomenon.

Denialism is a phenomenon imposed in two ways: by state power and social guardianship. Through state power – sustained by totalitarian or authoritarian governments – denialism serves to defend its own interests (political, economic, and financial) against its opponents, using any means that implies not recognizing facts, evidence, knowledge, theories, and laws related to science or history that disfavor it, put it at risk, or contradict its selective policies. By social guardianship, denialism follows personal convictions, where a group, to defend its belief systems, religious, identity, and sociocultural standards, endorses certain attitudes, differentiating and segregating themselves from others, as if this type of behavior strengthened the sense of belonging in the group and made them less vulnerable or unprotected, even relying on equally denialist governments that defend their banners with paternalistic discourses (Telles, 2021).

> There is, therefore, on one hand, an intimate connection between denialism and the interests of various groups and sectors of society, which consciously and actively deny facts that are unpleasant or compromising to them, systematically using lies, fake news, and conspiracy theories for that purpose. On the other hand, there is a spontaneous denialism in society, based on belief systems, habits, and customs – such as religion, prejudices, nationalisms, ideologies, etc. This dimension of denialism with belief systems clearly shows an unconscious root. (Telles, 2021, p. 3)

Thus, the unconscious roots of the prevailing denialism in society lie in narcissism. Freud, in his work "Group Psychology and the Analysis of the Ego" (Freud, 1920/1996a), examines the concept of "narcissism of small differences" by exploring opposing pairs such as tolerance and intolerance. This analysis aims to understand how social relationships, grounded in processes of personal identification, are established as a prerequisite for preserving the core of the Self, which, in turn, underlies projective and introjective dynamics. This implies that the recognition of the Self, the Other, and the Collective is accomplished through the specular imaginary: when the Other is perceived as similar, it is acknowledged and validated; when divergent, it is excluded and segregated due to its perceived threat to one's own identity. "This is the logic evident in discourses of intolerance and hatred present in racism, sexism, homophobia, among other segments that gain focus in Brazilian political and systemic everyday life" (Sousa, 2020, p. 2).

Other important aspects to consider in the fabric of denialism are the foundations of the relationship between power structures and their representatives. In this sense, we refer to Freud's studies on attitudes toward the father. The work "Totem and Taboo" (Freud, 1913/1990c) indicates the

successful ascent when the children kill the father of the primal horde and subsequently incorporate paternal power through the internalization of the law. In "Group Psychology and the Analysis of the Ego" (Freud, 1920/1996a), Freud highlights the subjects' abdication of their own autonomy, in a servile and pleasurable way, by choosing to voluntarily submit to the leader of the masses, the father figure. It is in this realm that unconscious identification with the holder of power occurs, symbolized by the father of the primal horde, the omnipotent leader, who does not hesitate to make autocratic decisions without any constraint. Something is evident in the constitution of denialism, especially in the second case of acceptance of power and submission to it, which indicates reminiscences of the infantile desire to receive protection and love from this all-powerful father (Telles, 2021).

It is interesting to note how this dynamic emerges in the current scenario, arousing the unconscious fantasy that by affiliating oneself with such paternalistic leadership, sacrificing oneself in the name of the idealized father, all desires for protection will be provided by this strong, powerful, and uncastrated representative – the "authoritarian populist leader" who "is usually conservative, shows himself to be macho, simplistic, anti-intellectual, advocates the use of force and violence as a way to solve problems" (Telles, 2021, p. 5). From this 'affiliation', therefore, comes the vehement denial of any threatening reality or trace of vulnerability because this alliance engenders the fantasy of invincibility – and so the individuals endorse conspiracy theories, believe in lies, and spread fake news supported by this unquestionable leadership.

Deepening the discussion, it is observed that denialism also resonates in the unconscious dimension when, by rejecting real anguish, there is a need to distance oneself from anything that causes pain, suffering, or displeasure. Regarding this, Freud in his work "An Outline of Psychoanalysis" (Freud, 1938/1975) clarifies that in the face of castration (the phenomenon that prevents the broad fulfillment of an individual's desire), different types of ego defenses emerge: repression of internal drive (castration anxiety), characterizing neurosis; refusal or denial of reality, determining perversion when the individual internally understands the rules or limits but believes they do not apply to them; and rejection of reality, defining psychosis when the subject cannot symbolize the external environment and interacts with it by hallucinating.

Freud (1925/1996b), in his work "Negation" introduces the idea that denial acts on a psychic dissociation between what is affect and what constitutes intellectual judgment. Especially in neurosis, denial results from repression – a movement that involves emptying the conflictual relationship between the Self and what truly disturbs or affects, leading to an attitude of escaping reality driven by the pleasure principle.

Thus, in the face of a real threat of castration (which would represent one's own annihilation), the individual can repress, deny, or reject this reality. These are ways of experiencing denialism in society. From this perspective, one can think of this phenomenon as a pathological way of dealing with a threatening reality because, through these mechanisms, the individual, the more they dissociate from their inherent vulnerability to the human condition, feeds on the maddening fantasy of their omnipotence, approaching a perverse or psychotic behavior that does not adhere to reality and its impositions. Accepting castration would, therefore, be an acceptance of the loss of infantile narcissistic omnipotence, of the phallus that refers to narcissistic completeness and would lead to experiencing helplessness (Telles, 2021).

> Ultimately, it could be considered that in denialism, what is truly intolerable is the perception of vulnerability, fragility, neediness, the need for others. Perhaps for this very reason, appeals to narcissistic omnipotence and arrogance appear as a solution to this, the fantasy of phallic completeness, which on a social level would manifest as the worship of a 'myth', an idealized, uncastrated, all-knowing father to whom total submission is given. (Telles, 2021, p. 7)

Denialism in the social sphere emerges, therefore, as a collective subjective symptom that, faced with a situation of radical unpredictability and helplessness, inscribes itself as a return to the repressed of what was denied in the internal drive. The infantile narcissism that had been repressed, by the force of castration, returns as a protective defense measure, being a manifestation of the death drive[5], which carries the mark of destructiveness.

Freud (1915/1974) discusses this thought in "Thoughts for the Times on War and Death", highlighting the devastation generated by World War I, where feelings of shock and disappointment arise from the denial of human destructive potential, so present in scenarios of war and abuse of power. The pandemic context is not distant from this, prompting a profound question:

> [...] what is the possible nature of the conflict denied in the Brazilian collective imagination? It can be inferred that the crisis brought to light the inherent conflict between hegemonic power relations and exacerbated social inequalities under the current government's political structure. The projection of aggressive mechanisms toward differences (authoritarian model) echoes in the management of pandemic denialism through ideological affect, establishing a reactive dynamic that masks social injustices through narcissistic identificatory aspects. (Sousa, 2020, p. 4)

Indeed, the COVID-19 pandemic unveiled not only a health crisis but also a political one, sheding light on everything that had been obscured. What resurfaces is a narcissistically constituted social body to exclude and marginalize those who are not alike: indigenous people, black individuals, homosexuals, women, etc. The perverse logic of the current federal government, based on necropolitics, points to the return of what historically has never been rectified – a colonial, slaveholding, patriarchal, and dictatorial past. This signifies the resurgence of the repressed denialist (Ferrari et al., 2020).

The excluded individuals are reduced to disposable bodies, thereby supporting a political logic focused more on adopting protective measures for the economy than preserving the lives of the population, undoubtedly impacting those in less privileged layers of society the most. As advocated by Foucault's biopolitics, the power to regulate life exercises the 'legitimate' right to let die (Foucault, 2020) – delaying and limiting vaccine procurement; spreading doubts about their credibility and science in general; mocking the sick and the significant number of deaths from COVID-19; and, most importantly, prioritizing economic interests for the purchase of supposedly preventive medications, as overpriced as they are ineffective, if not harmful to human health.

It is in this scenario, therefore, that widespread helplessness is inserted, the legitimate experience of despair, which unquestionably has deepened mental distress. The psychological effects of the pandemic on individuals are a subject unfolding in psychoanalytic clinical practice, but measuring them will not be possible, partly because the repercussions of trauma after the fact are unknown. Faced with this difficulty, psychoanalysts can only navigate its intricacies, stripped of the pretense of solving the real evil that has imposed itself on everyone in various ways.

Final Considerations

The pandemic caused by the SARS-CoV-2 virus surprised everyone, causing a strong impact on political, social, economic, and scientific fields, directly affecting the physical and mental health of the global population. Undoubtedly, it is a catastrophic episode, a historical landmark in the new

[5] A term that comes from Freud's theory of drives, used to designate a tendency toward the complete reduction of tensions, returning the living being to an inorganic state, which manifests internally with self-destructive behaviors and externally with aggression (Laplanche & Pontalis, 2001).

era, where we could never have imagined how global illness and demise could occur so suddenly and massively, even though scientific and technological advances have emerged as a counterbalance to chaos, to complete and irrevocable catastrophe.

In this devastating scenario of so many deaths, the repercussions in the field of mental health were diverse because psychic illness has never been as prominent as now, with the imposition of trauma. Although some people may have avoided psychic suffering, a much larger and significant number of traumatized, frightened, suffering people have been observed, surprised by the intrusion of phenomenal pain. They still lack emotional resources to deal with the real threat that has emerged in a morbid context with no end in sight.

Helplessness came to the forefront in all its dimensions. The primitive helplessness, inherent in the constitution of each individual, dating back to maternal separation in the primordial times of life, resurfaced, revealing deep feelings of powerlessness and finitude. Real helplessness presented itself with the real threat that emerged externally with the presence of the natural and invisible enemy (the virus) and internally with the formation of real anguish. Finally, structural helplessness was observed with the ill-fated conduct of the federal government, reinforcing chaos and deepening the sense of despair in people, given that it was slow to act and resisted investing in protective measures for public health amid the health crisis.

In the impossibility of dealing with contemporary malaise, many, instead of succumbing to helplessness, activated mechanisms of psychic defense, reproducing a harmful movement that had previously been evident in humanity in dramatic war situations, as seen in the Holocaust. It is a movement governed by the denialist ideology, in which the denial of reality with its real threats is sustained based on feelings of superiority and omnipotence. Simultaneously, it segregates and excludes other people deemed weak, poor, helpless, or less endowed with physical and intellectual abilities, while reaffirming the strength and identity values of this select group of chosen ones.

Denialism is an expression of phallocentric narcissism, socially assumed by a certain profile of individuals and rallied by a political representative who also imposes himself on the nation with the power to regulate the lives of all, letting die those who suit him, i.e., people and institutions that do not validate his political desires and interests. This is materializing with the proliferation of lies (fake news), the dissemination of distrust in science, as well as the creation of conspiracy theories that distort history and violate respect for human rights.

It is discussed as the return of the repressed, the eruption of the 'ideal' barrier once imposed by castration. What matters is granting individuals the right to free themselves to unleash behaviors that were once reprehensible (sexist, racist, homophobic, misogynistic, among others), under the fallacious justification of being the holder of noble, moral, and legitimate collective values. Their banners are "God, Country, Family"[6] – the motto adopted by fascism-inspired governments that have emerged worldwide in recent times, with authoritarian representatives such as Bolsonaro (Brazil), Trump (USA), Erdogan (Turkey), Victor Orban (Hungary), and Matteo Salvini (Italy).

In light of the above, beyond the health crisis and all psychic suffering, another virus, no less harmful and degrading, proliferated during the pandemic under the auspices of this destructive narcissistic policy. We are moving towards a new configuration of malaise in civilization that raises concerns, especially from a psychoanalytic perspective. Therefore, even more traumatic and dark times may arise from the current scenario, given so many manifestations of hostilities and adversities.

[6] "God, Country, Family" was the motto adopted by Jair Bolsonaro as the government slogan, referring to the ideals of the Ação Integralista Brasileira (AIB, Brazilian Integralist Action) a movement inspired by Italian fascism, founded in 1932 by Plínio Salgado" (Motoryn & Carvalho, 2021).

If the coronavirus pandemic has already come to an end, we do not know; neither can we predict the emergence of another type of virus that biologically has equally nefarious characteristics. What we can only extract from this experience is the importance of keeping ourselves vibrant, reflective, scholarly, and attentive to the human relations that permeate the symbolic fields of destruction in response to the weakening of the Law. In this sense, psychoanalytic practice has played a significant role, accurately unveiling the unconscious dynamics that unfold in these overly critical moments.

References

Almeida, P. W., Romay, G. T., & Oliveira, M. G. (2022). Os desafios do sistema de governança da saúde global na pandemia de COVID-19: limitações atuais e possibilidades de reforma. *Revista Direito e Práxis, 13*(3), 1613-1652. https://doi.org/10.1590/2179-8966/2021/56519

Birman, J. (2019). *Mal-estar na atualidade*: *a psicanálise e as novas formas de subjetivação*. Civilização Brasileira.

Birman, J. (2020). *O sujeito na contemporaneidade*: *espaço, dor e desalento na atualidade*. Civilização Brasileira.

Birman, J. (2021). *O Trauma na pandemia do coronavírus*. Civilização Brasileira.

Braga, H. R., & Rodrigues, H. F. (2018). A experiência da dor na perspectiva psicanalítica. *Anais do III CONBRACIS*. Realize Editora. https://www.editorarealize.com.br/artigo/visualizar/40594

Dunker, C., Perrone, C., Tannini, G., Rosa, M. D., & Gruski, R. (2021). *Sonhos confinados*: *o que sonham os brasileiros em tempos de pandemia.* Autêntica.

Ferrari, I. F.; Januzzi, M. E. S., & Guerra, A. M. C. (2020). Pandemia, necropolítica e o real do desamparo. *Revista Latinoamericana de Psicopatologia Fundamental, 23*(3), 564-582. https://doi.org/10.1590/1415-4714.2020v23n3p564.8.

Foucault, M. (2020). *História da sexualidade 3*: *o cuidado de si*. Graal.

Freud, S. (1974). Reflexões para os tempos de guerra e morte. In S. Freud. *História do movimento psicanalítico, artigos sobre metapsicologia e outros trabalhos*. Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud (Vol. XIV, pp. 310-341). Imago. (Trabalho originalmente publicado em 1915)

Freud, S. (1975). Esboço de psicanálise: um exemplo de trabalho psicanalítico. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. XXIII). Imago (Trabalho originalmente publicado em 1938)

Freud, S. (1976a). Algumas notas adicionais sobre a interpretação de sonhos como um todo. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. XIX). Imago. (Trabalho originalmente publicado em 1925)

Freud, S. (1976b). Inibição, sintomas e ansiedade. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. XX). Imago (Trabalho originalmente publicado em 1926 [1925])

Freud, S. (1990a). Estudos sobre a histeria: Breuer e Freud. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. II, pp. 15-297). Imago. (Trabalho originalmente publicado em 1893-1895)

Freud, S. (1990b). Projeto para uma psicologia científica. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. I). Imago. (Trabalho originalmente publicado em 1950 [1895])

Freud, S. (1990c). Totem e tabu. In S. Freud. *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (Vol. XIII, pp. 11-125). Imago. (Trabalho originalmente publicado em 1913)

Freud, S. (1996a). Além do princípio de prazer. In S. Freud. Além do princípio de prezar, psicologia de grupo e outros trabalhos. *Edição Standard Brasileira das Obras Completas de Sigmund Freud* (Vol. XVIII, pp. 13-75). Imago. (Trabalho originalmente publicado em 1920)

Freud, S. (1996b). A negativa. In S. Freud. *Edição Standard Brasileira das Obras Completas de Sigmund Freud* (Vol. XIX). Imago. (Trabalho originalmente publicado em 1925)

Freud, S. (1996c). O Mal-Estar na civilização. In S. Freud. *O Futuro de uma ilusão, o mal-estar na civilização e outros trabalhos. Edição Standard Brasileira das Obras Incompletas de Sigmund Freud* (Vol. XXI). Imago. (Trabalho originalmente publicado em 1930 [1929])

Laplanche, J., & Pontalis, J.-B. L. (2001). *Vocabulário de psicanálise* (4th ed.). Martins Fontes.

Mbembe, A. (2020). *O direito universal à respiração*. n-1edições. https://pospsi.com.br/wp-content/uploads/2020/09/TEXTOS_20-achille-mbembe.pdf.

Minerbo, M. (2013). Ser e sofrer, hoje. *Ide, 35*(55), 31-42. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0101-31062013000100004&lng=pt&tlng=pt

Motoryn, P., & Carvalho, I. (2021, Setembro 9). Deus, pátria, família": Bolsonaro usa lema da Ação Integralista Brasileira em carta à nação. *Brasil de Fato*. https://www.brasildefato.com.br/2021/09/09/deus-patria-familia-bolsonaro-usa-lema-da-acao-integralista-brasileira-em-carta-a-nacao

Nasio, J.-D. (1997). *O livro da dor e do amor*. Jorge Zahar.

Oliveira, A. A. A. O., Resstel, C. C. F. P., & Justo, J. S. (2014). Desamparo Psíquico na Contemporaneidade. *Revista de Psicologia da UNESP, 13*(1), 21-32.

Organização Pan-Americana da Saúde. (2022). *Histórico da pandemia de COVID-19*. https://www.paho.org/pt/covid19/historico-da-pandemia-covid-19#:~:text=Em%2031%20de%20dezembro%20de,identificada%20antes%20em%20seres%20humanos

Roudinesco, E., & Plon, M. (1998). *Dicionário de psicanálise*. Jorge Zahar Editor.

Rudge, A. M. (2000). *Trauma*: *Vol. 87. Coleção Psicanálise - Passo-a-passo*. Zahar.

Sá, D. M. (2020). *Especial Covid-19*: *os historiadores e a pandemia*. https://coc.fiocruz.br/todas-as-noticias/especial-covid-19-os-historiadores-e-a-pandemia/

Sousa, T. R. A. (2020). O negacionismo pandêmico como retorno ao recalcado do sintoma social segregacionista. *Revista Lacuna, 10, 9*. https://revistalacuna.com/2020/12/17/n-10-9/

Souza, L. J., & Farias, R. C. P. (2022). Violência doméstica no contexto de isolamento social pela pandemia de covid-19. *Serviço Social e Sociedade, 44*, 213-232. https://doi.org/10.1590/0101-6628.288

Telles, S. (2021). Aspectos do negacionismo no mal-estar de hoje. *Journal of Psychiatry, 26*(6). https://www.polbr.med.br/2021/06/01/aspectos-do-negacionismo-no-mal-estar-de-hoje/

Vertzman, J., & Romão-Dias, D. (2020). Catástrofe, luto e esperança: o trabalho psicanalítico na pandemia de COVID-19. *Revista Latino Americana de Psicopatologia Fundamental, 23*(2), 269-290. https://doi.org/10.1590/1415-4714.2020v23n2p269.7

Contributors

Conceptualization: J. S. PESSOA. Data curation: J. S. PESSOA. Formal analysis: J. S. PESSOA and M. L. RAMÔA. Investigation: J. S. PESSOA. Methodology: J. S. PESSOA and M. L. RAMÔA. Supervision: M. L. RAMÔA. Validation: M. L. RAMÔA. Writing – original draft: J. S. PESSOA. Writing – review & editing: M. L. RAMÔA and J. S. PESSOA.