

Opinião dos Especialistas – O mundo e a Covid-19

A pandemia da Covid-19 fez com que cada indivíduo, agora convivendo com as restrições impostas para conter uma catástrofe mundial de saúde, tivesse que refletir sobre valores e ações que configuravam nosso dia a dia.

Nesse contexto, sentimos a necessidade de propor, em nosso espaço de compartilhamento de informações e conhecimento, uma discussão sobre a pandemia e suas implicações. A *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC), dessa forma, apresenta uma seção especial intitulada "Opinião dos Especialistas", em que pretendemos convidar importantes autores do campo da Psicopatologia Fenomenológica para apresentar sua experiência em primeira pessoa e proporcionar novos olhares sobre o momento atual em seu contexto individual e coletivo e assim, quem sabe, iluminar caminhos para o futuro.

Começamos a discussão, na edição de maio de 2020 com as ricas contribuições do Prof. Dr. Jean Naudin, (França) – publicado novamente nesta edição com a versão em inglês. Também nesta edição de novembro, a seção recebe os ensaios da Profa. Dra. Francesca Brencio (Itália) e Profa. Dra. Virginia Moreira (Brasil). Relembramos que a reflexão desses autores foi instigada a partir de dois questionamentos propostos pelos editores da rPFC:

- A partir de sua formação pessoal, conhecimento teórico e experiência cultural, como descreveria os fenômenos do medo e da expectativa vivenciados pelos indivíduos durante a pandemia e a quarentena?
- Qual sua análise sobre as relações dialéticas entre restrição versus liberdade e risco versus saúde presentes na atual situação da pandemia?

Experts' Opinion – The World and COVID-19

The COVID-19 pandemic has compelled each and every one of us—now living under restrictions imposed to keep a global health catastrophe in check—to reflect on the values and actions that used to shape our daily lives.

Against this backdrop has emerged our need to propose, in our space for information and knowledge sharing, a discussion about the pandemic and its implications. To this end, *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC) has dedicated a special section entitled “Experts’ Opinion,” to which prominent authors from the field of Phenomenological Psychopathology will be invited to present first-person accounts of their experiences and provide new perspectives on the current moment, both in its individual and collective arcs, and thus, hopefully, illuminate new paths for the future.

We started the discussion, in the May 2020 edition, with the valuable contributions of Prof. Dr. Jean Naudin (France) — published again in this issue in an English version. Also, in this November edition, the section receives essays written by Profa. Dra. Francesca Brencio (Italy) and Profa. Dra. Virginia Moreira (Brazil). We recall that these author’s reflections were instigated by two questions put by the editors of the rPFC—namely:

- Drawing on your professional training, theoretical knowledge, and cultural experience, how would you describe the phenomena of fear and expectation experienced by individuals during the pandemic and quarantine?
- What is your view of the dialectic relationships between restriction and freedom, as well as between risk and health, operating in the current pandemic juncture?

Sketch of clinical phenomenology of the lived experience in the COVID-19 pandemic in Northeastern Brazil

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Abstract

The clinical practice in clinical phenomenology, be it psychiatric or psychological, is based on the philosophical inspiration adopted by the clinician. In my case, I see the world ambiguously and Merleau-Ponty is my philosopher of inspiration. Through these lenses, I see the phenomenon I study as a researcher or the way I relate to my patient as a psychotherapist. I also look through these lenses to write this essay about my lived experience in the pandemic of COVID-19 in 2020. COVID-19 reminds us that we are human and vulnerable. Assuming this vulnerability in its full existential meaning can be empowering, considering vulnerability in its intrinsic sense as a place in life with its ethical and political meanings. In the case of the lived experience of the COVID-19 pandemic in northeastern Brazil, contact with vulnerability, in many situations, is confused with precariousness, which has a more social nature. I also mention that the quarantine imposed by the COVID-19 pandemic required us to communicate with our families and work at home exclusively through video and audio on our computers. Under these circumstances, it is worth reflecting on the changes that we are experiencing in our own functioning, in our lived space and lived body. On the other hand, the lack of fluidity in our existential movement in the lived time is concerning as it affects the structural core of the human being and existential continuity. In this context, I finally present some preliminary thoughts about on-online psychotherapy through phenomenological lens.

The clinical practice in clinical phenomenology, be it psychiatric or psychological, is based on the philosophical inspiration adopted by the clinician. In my case, I see the world ambiguously and Merleau-Ponty is my philosopher of inspiration. Through these lenses, I see the phenomenon I study as a researcher or the way I relate to my patient as a psychotherapist. I also look through these lenses to draw this sketch, imagining a somewhat blurred painting at the end even when the text has been completed, as if I were adding brushstrokes rather than sentences.

Although the virus arrived “without warning”, we all know about the endless ecological destruction of our planet, the continuous deforestation of the Amazon right here in our country, and the overpopulated cities without any urban planning. Even so, it seems that we did not expect that something of this magnitude could ever happen. I cannot help recalling an article I published in 2005 defending a phenomenological understanding of psychopathology as being mutually constituted with ecology. In that article, I discussed the importance of psychopathology recognizing its intrinsic connection with ecology as a possible way to overcome the epidemic of mental pathologies that have afflicted the world.

Today, fifteen years later, we do not only have an epidemic, but a COVID-19 pandemic, which is certainly not just a pandemic of a physical disease, as it accompanied by another pandemic, a mental disorder pandemic, whose proportions we still do not know precisely, but we have been following it in our patients.

Vulnerability and Precariousness

COVID-19 arrived and dislodged us. It has put us in touch with our finitude, with our ontological and existential vulnerability. This vulnerability has always existed, of course, but technological developments have led us to ignore it. We have largely managed to neglect it, as if a technique could handle everything, handle life, as if we, human beings, could do everything. COVID-19 reminds us that we are human and vulnerable. Assuming this vulnerability in its full existential meaning can be empowering, considering vulnerability in its intrinsic sense as a place in life with its ethical and political meanings.

In the case of the lived experience of the COVID-19 pandemic in northeastern Brazil, contact with vulnerability, in many situations, is confused with precariousness, which has a more social nature. In other words, when people need, for example, to be isolated, how can they

be isolated if whole families live in the same room? How can one clean their hands and maintain basic care when there is no running or drinking water? In these precarious situations, the experience of vulnerability and precariousness in the COVID-19 pandemic are mutually integrated, leading to a more tragic specificity in the poorest regions of Brazil.

Another aspect on vulnerability and precariousness worth mentioning in the specific case of Brazil is related to the political scenario during the first half of 2020 during the pandemic apex period in Brazil. The president of the republic constantly contradicts the World Health Organization's recommendations, replaces health ministers and disseminates contradictory information. The scenario of complete political instability has certainly further added to the uncertainties that COVID-19 has already caused. Here, I am not referring to material precariousness, but to psychological precariousness, in which the Brazilian citizen at the time of the pandemic was unable and still cannot count on political tranquility to deal with the COVID-19 pandemic. Then, the citizens experience existential vulnerability that is intensified by the virus and become even more shaken because of their psychological precariousness in the current Brazilian political scenario.

The virtual world and the 'crisis' of phenomenological categories

The quarantine imposed by the COVID-19 pandemic required us to communicate with our families and work at home exclusively through video and audio on our computers. Some people started to communicate virtually 100% of the time. Under these circumstances, it is worth reflecting on the changes that we are experiencing in our own functioning. For example, I find myself saying to my clinical supervision students at the University of Fortaleza—UNIFOR: “we, here at UNIFOR”... At the same time, I look out of the window and realize that I am sitting at home, working online, in Porto das Dunas, near Fortaleza, and I have the feeling that my lived space is “playing tricks on me” because I am, in fact, with my UNIFOR students on Google Meet, as if we were in a classroom. Although I can see their faces, each student is in a different space at their homes. In this situation, our lived space undergoes innovations whose proportions, perhaps, we still cannot notice.

Or when—which was a positive aspect of this quarantine for me—I was invited to participate again in the *Friday Morning Seminars* of Harvard Medical School, which started to be held via Zoom as of March 2020. I was overjoyed to see Byron Good and the Harvard team

again and to have access to several other events and ongoing research on the COVID-19 pandemic. But the strange feeling was "going to Harvard on Fridays" without leaving home. Interacting with this group of researchers was a boost during this quarantine. In the midst of social isolation, in Fortaleza, I found myself following the interventions in the COVID-19 pandemic that Harvard colleagues carried out in China, Indonesia, Italy, Turkey, the United States and other countries in the world via Zoom.

My experience of the lived space was, in fact, there at Harvard on Fridays. And I was there. This is so true that during this period I was revived by the resumption of contact and learning, and my work capacity became greater and I accelerated my projects, even though I remained in quarantine working alone online in Fortaleza. In May, when I presented the work with Lucas Bloc and Karla Carneiro on the "Virtual Clinical Listening Group in northeastern Brazil at Harvard, I was thrilled with the presentation and the responsibility of the event by having so many researchers from all over the world participating online: my face blushed as English 'came out' with a stronger accent and I broke out in a sweat. My body felt my emotion, because, as we well know, body, time and space are lived together and the separations we make from them are merely didactic. Thinking phenomenologically about the 'body I have' and the 'body I am': the "body I have" was not at Harvard, but it sweated and blushed; the "body I am" was transported to that room, among almost seventy researchers who, in fact, were, in turn, in different places around the world.

Another point that must be mentioned when we refer to the 'body I have' and the 'body I am' during this COVID-19 pandemic concerns a body that has not been touched by the other, an isolated body. Not infrequently, I have heard my patients complain of the lack of feeling an embrace. People from the northeast touch while speaking, talk while hugging, and sometimes they even think it is natural to touch someone else without their permission, as a form of contact. The non-physically touched lived body is a body affected by the lack. More recently, descriptions of the difficult resumption of interpersonal contact have not been uncommon: small family gatherings wearing masks and respecting distance, but suddenly they realize they have already 'slipped' and touched again because this is a cultural value that is difficult to put aside and it actually constitutes mental health in many cases.

At the intersection of these lived experiences of body and space, we face, perhaps, the most profound of them in this pandemic because it touches us deeply from the point of view of the existential project that sustains us as human beings, which is the lived time. Our lived time—

which is certainly not that of the clock, because, in times of pandemic, this has been evident as patients change session times, students lose track of the day of the week, etc.—is affected at its core because of the uncertainty we experience today. This is particularly true in view of the technologies that have given us alleged certainties and illusions of controlling life, and almost death. COVID-19 brings us face to face with uncertainty, which is perhaps one of the most difficult experiences we face nowadays: the fact that we do not know. We do not know if there will be a cure for the virus, we do not know what it will be like after the pandemic, we do not know.

The flow of existential movement of retention of presentation and pretension the lived time of the lived time loses fluidity in our daily lives because we feel an extremely unstable ground under our feet. If even our daily lives are not stable, what can be said of what is to come? This lack of fluidity in our existential movement in the lived time is concerning as it affects the structural core of the human being and existential continuity. In the current pandemic situation of COVID-19, I am not only referring to isolated cases of people who suffer in this process and lose fluidity in their daily lives, but of the population in general, that is, of humanity itself.

Another aspect that cannot be overlooked in this current lived time is that, after the COVID-19 pandemic, the present economic crisis is expected to continue. The existential project of people in their lived time is, therefore, a drawn-out project, which makes them fearful of challenges and have difficulty projecting themselves into the future. Alternative ways of experiencing time will certainly have to be sought, not least because what I call a ‘crisis’ of phenomenological categories is not necessarily something negative, although, certainly, it is an unusual situation, which has made me think; crisis is transformation, but as it is a new context, we still do not know for sure what is being recreated.

Preliminary thoughts on online psychotherapy through phenomenological lens

The demand for social isolation due to the COVID-19 pandemic has abruptly led us to a new model of care in psychotherapy: online care. We quickly reorganized ourselves for this new form of psychotherapeutic process, following the guidelines of the Brazilian Board of Professional Psychology. Suddenly, I started seeing patients online and, to my surprise, obtaining positive results, not only with the patients I already see in my office, but also with new patients who came to me during the COVID-19 pandemic.

I ask myself: what is different in virtual service compared to face-to-face?

First, I am with my patients, but I cannot physically touch them. Although I rarely touch my patients, it could be possible. In psychotherapy, I do not need to physically touch patients as I touch them subjectively, which I seem to be able to do through a computer screen.

During online care, I perceive my patients from what they tell me and from their facial expressions on my computer screen. This limitation, that is, the fact that I only see my patients' faces must be taken into account as I, as a psychotherapist, need to feel completely present with my patients as a whole, not just with their faces. In addition to their speech, I then pay attention to the tone and modulation of their voice, facial expressions, intensity of their gaze and everything that can help me understand the body expression of their face and the meaning of what is being said.

According to Merleau-Ponty, Cézanne's paintings are more real than photography because reality is imprecise, it has multiple contours, it is always in movement and there is no separation between what is real and what is imaginary. In a virtual relationship there is also no separation between reality and the imaginary realm, but one constitutes the other. When I talk to my patients, the conversation takes place with them—the real person—and with their representation—imaginary realm—on my computer screen. It is why the experience in this virtual relationship, although limited to the face on the screen, has a psychotherapeutic potential and has worked well with many patients.

But we cannot help thinking that this form of consultation deserves a lot of care so that we can, in fact, know what is going on in the online psychotherapeutic process. For example: when I see patients in their room, do they 'feel' that I am in the room? Or does their room become my office? Or both? Or is it something different? How is space experienced in online psychotherapy sessions? And the body? What about time?

Undoubtedly, future research on online psychotherapy will be required.

Porto das Dunas, July 2020.