

DOSSIÊ PSICOLOGIA, POLÍTICA E SEXUALIDADES: CRISES, ANTAGONISMOS E AGÊNCIAS

**Psychosocial Suffering and Sexuality in the Context of Covid-19 and
Attacks on Human Rights**

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ABSTRACT

Fragments of a "pandemic life" collected in prevention projects in outer city and school peripheral territories in São Paulo introduces this article. The impact of the loss of close people to COVID-19, the spread of false information about prevention and care, and the disorganization of daily life emerged from our sustained interaction with young people. Inequality and unemployment were growing before the pandemic, as was the number of mental health events. By co-producing and promoting *integrality* in prevention with young people, we have followed the social and community response to the syndemic in the context of online schools and school life under the impact of a decade of attacks on sex education. Sexuality, the theme that gave rise to most prevention projects, was challenging to address. Differently from the AIDS responses, community-territorial identities mobilized "untested feasibilities" for this social and health emergency by associating "resistance" to governmental negligence, violation, and the attack on human rights. Globally, this attack questions human rights universality and indivisibility, using sexuality to reinterpret its emancipatory sense of solidarity in difference. The notion of "psychosocial suffering" allows to deal with the excess of individualization and medicalization of suffering experiences structured by inequalities in this long-lasting context.

Keywords: adolescents, community, prevention, integrality.

Sofrimento Psicossocial e Sexualidade em Tempos de Covid-19 e de Ataque aos Direitos Humanos

RESUMO

Fragmentos da “vida-pandemia” colhidos em projetos de prevenção em territórios periféricos e escolares de São Paulo introduzem este texto. O impacto da perda de pessoas próximas para a Covid-19, a disseminação de informações falsas sobre a prevenção e cuidado e a desorganização do cotidiano atravessado pela pandemia emergem nas experiências de interação com jovens. A desigualdade e o desemprego cresciam antes da pandemia, assim como o número de eventos de saúde mental. Sustentando a integralidade na prevenção coproduzida com os jovens, acompanhamos a resposta sociocomunitária à sindemia em um contexto que expressa o impacto da década de ataques à educação sexual e das escolas *online*. A sexualidade, tema que originou os diferentes projetos de prevenção, foi difícil de abordar. Diferente da resposta à aids, identidades comunitárias-territoriais foram mobilizadas para produzir “inéditos viáveis” para essa emergência social e sanitária, mobilizando “resistência” à violação, à negligência governamental aos direitos humanos. Neste cenário, soma-se o ataque global aos DH que interpela sua universalidade e indivisibilidade e usa a sexualidade como bandeira para reinterpretar o sentido emancipador de solidariedade na diferença. A noção de sofrimento psicossocial permite lidar com o excesso de individualização e medicalização das experiências de sofrimentos estruturados por este contexto duradouro.

Palavras-chave: adolescentes, comunidades, prevenção, integralidade.

Sufrimiento Psicosocial y Sexualidad en Tiempos de Covid-19 y Ataque a los Derechos Humanos

RESUMEN

Fragmentos de “vida pandémica” recogidos en proyectos de prevención atravesados por la pandemia en territorios periféricos y escolares de São Paulo introducen este texto. El impacto de la muerte por Covid-19, la difusión de información falsa y la desorganización de la vida cotidiana emergen en las experiencias de interacción con los jóvenes. La desigualdad y el desempleo crecían antes de la pandemia, al igual que los eventos de salud mental. Apoyando la prevención integral coproducida con jóvenes, acompañamos la respuesta socio-comunitaria a la sindemia. La sexualidad, el tema que origino los proyectos de prevención, fue difícil de abordar con las escuelas en línea y en el contexto que expresa el efecto de la década de ataques a la educación sexual. A diferencia de la respuesta al sida, identidades comunitario-territoriales se movilizaron para producir inéditos viables para esta emergencia social y sanitaria, asociando “resistencia” a la negligencia, violación gubernamental de los derechos humanos. Globalmente, el ataque a los DH cuestiona su universalidad e indivisibilidad utilizando la sexualidad como bandera para reinterpretar el sentido emancipador de la solidaridad en la diferencia. La noción de sufrimiento psicosocial permite lidiar con el exceso de individualización y medicalización de experiencias de sufrimiento estructurado por desigualdades.

Palabras clave: adolescentes, comunidades, prevención, integralidad.

*“My life's already a pandemic,”
(17-year-old boy, October 2021)*

Emergencies always require professionals to venture outside their comfort zone of known practices in order to innovate, reinvent and experiment. They stimulate the production of *untested feasibilities*, as Freire (1992) would say, who thus conceived of innovation-inventions derived from the critical reflection that will nourish the necessary hope to produce something that transforms the world in which we live. With the emergence of the health and social crisis of COVID-19, the production of *untested feasibilities* in the social response that we accompanied was local, territorial and co-produced by community leaders who mitigated the disaster that was amplified by the federal government's negligence. It was the social response, with the support of researchers and professionals from the Unified Health System (SUS) and the Unified Social Assistance System (SUAS), that reinvented care, health education and assistance in the outer city territories, confronting the denialism and disinformation.

Documenting what we learned in this syndemic context, in the space of this article we synthesize a place for Psychology and an approach to the psychosocial suffering accumulated in experiences of different projects for prevention and research in the territories of São Paulo's outer city neighborhoods and schools, disrupted by the HIV/AIDS pandemic and, since 2020, the COVID-19 pandemic. The expressions in quotes are taken from statements collected during activities with community leaders and educators in São Paulo's outer city districts and from the ethnography of the prevention research process.¹ (Paiva et al., 2021)

For the young people whom we accompanied on a semi-weekly basis, reaching their adolescence was difficult in the “pandemic life” which “arrested” socialization through social distancing, mediated by the internet, without in-person learning (“everything online!”) in a context that affected sleep, strained relationships with parents and affected the food security of children and adolescents deprived of school meals. In the first 18 months, in which the number of COVID-19 infections and deaths only grew, the adaptations of each young person and their family and peer network demonstrated a day-to-day life in a permanent state of emergency, characterized by extreme situations. The research continued online, implementing e-ethnography and small surveys in 2020 and a hybrid model since late 2021, comprehending the scenario in order to then disseminate evidence about the pandemic and invent ways to decode and reverse disinformation about COVID-19. In the process, we supervised high school students and young community leaders as young agents of prevention. Accompanying

life in the outer city territories, we co-produced communication materials that aimed to protect the right to life, to safety and healthcare involved in the right to be free from inhumane and degrading treatment, to not be subjected to discrimination (based on sexism, misogyny, racism), the right to autonomy, privacy and confidentiality in each decision - principles of the human rights-based psychosocial approach to sexual and reproductive health (Paiva et al. 2022; Subha Sri, 2022).

Without vaccines, the adolescents and young adults lived one day at a time, concerned about the risk of becoming infected or contributing to the illness of people at home when they went out to socialize (and explore their sexuality). From the outer city neighborhoods, they witnessed the higher quality of resources of middle-class schools in contrast to the poor conditions of internet access and non-existent privacy for studying and teaching/learning in their crowded houses that, along with teachers and classmates, they began attending in their online pandemic life— an unprecedented experience for our continued research.

"It's revolting for a rich person who doesn't have to take the bus to shrug off the risks we take." A significant part of the young people whom we accompanied experienced the loss of loved ones and lived through "black-bag burials," while "arrogant" relatives and neighbors paid no mind to preventive measures and embodied the psychological denial involved in the political denialism of the crisis, spreading misinformation about the vaccines, available at long last. At the same time, a critical awareness of the inequality of social conditions was exposed by the death toll, distributed on maps by locale of residence in statistics organized by a press consortium and not the Ministry of Health - which prohibited the geolocation of deaths by zip code - emblematic facts of the federal government's active negligence in trivializing preventable deaths (Ventura et al., 2021). Bolsonaro, like Johnson and Trump, sought out and found scientists interested in saying what he wanted them to say about the COVID-19 crisis (Ball, 2022).

Fatalism and the notion of the *inevitability of death* were the biggest obstacles to co-producing *untested feasibilities* in the territory where the young people lived their "pandemic life." In the second half of 2021, accompanying the experience of returning to the classroom and in-person activities at non-governmental organizations (NGOs), we decoded everyday scenes to indicate that, despite the expectation to the contrary, the "new normal" would actually be "relearning to live in society".

We observed their joy at meeting up with classmates and teachers again. For the freshmen, it was "getting to meet for the first time!" and the students were amazed at the "amount of people who come together at school." They "had forgotten what it was like!" They

celebrated the quality of in-person classes, of live, full-bodied interaction, but continued to deal with "exhaustion" in the face of so much unpredictability, so much time of fear and mourning, of solitary isolation that added to the acute impoverishment that forced a significant proportion of adolescents and young adults to look for work and reevaluate their studies. They reported how they had to overcome the embedded "laziness," more so among the boys, while the girls continued to combine in-person school with a widening disparity in the division of domestic tasks. The lack of social distancing in the lines to get into the building, on the patios, in the cafeterias and in the poorly-ventilated classrooms escaped the safety protocols.

After being vaccinated and returning to in-person learning ("phew!"), it was good to be no longer stuck with their families in often difficult and charged settings. It refueled their hope for the shaken future, and they estimated that the higher risk of infection from the "COVID virus" was worth lowering the "risk of losing it." Going back to the school building "alleviated a lot of emotions tied up in the chest," "anxiety" and "depression," sometimes identified by the students themselves, sometimes pointed out by their family members.

In mid-2022, the survey conducted by UNICEF² in Brazil and editorials in academic journals (as in Samji et al., 2022; Tausch et al., 2022), circulated in the press, highlighted data regarding the pandemic's effect on young people's "mental health." In the field, we observed how psychosocial and family contexts prior to the pandemic, especially for girls and LGBT people, were associated with anxiety and depression as much as the racism, fear and mourning associated with COVID-19 and the times of social distancing necessary for prevention, when they had to innovate in the search for psychosocial support from their community and peers for their discomfort and emotional suffering.

A conversation of teachers who gathered to discuss the challenges of in-person school gave way to interpretations of scenes that they had never seen before: Reaching adolescence and experiencing the changes in their body in the presence of others seemed "much tenser!" The body that emerged from childhood had been protected once they turned off their cell phone cameras or when they "produced scenarios" for online interaction in pandemic life – at times diminishing the effects of the traditional assessment based on physical appearance. In addition, in the scenes of interaction in the school building, they observed difficulties with the use of the body that needed to "evolve from those acceptable on the internet": Students impulsively took to physical violence and the boys imitated "characters from video games." In the classrooms, their "legs were forever fidgeting," expressing "impatience" with the collective routines. The school counselors' rooms were packed with young people with

emotional problems, many afraid to expose themselves and be tested in life outside the home – and the “anxiety” got especially bad before tests or seminars. A number of girls refused to take off their masks in order to avoid exposing their faces (“And she's pretty!” said a teacher).

In 2022, 30 months after the emergence of the COVID-19 pandemic, re-adaptation to the in-person daily routine was proceeding slowly, “almost like a rehabilitation,” according to one teacher's definition, repeating an expression that we had heard before. While, for previous generations, in-person interaction at school was typical of everyday life, for these young people “it was actually re-adaptation!” At the same time, while the number of teachers and students diagnosed with COVID-19 grew with the new variant of the virus, the events associated with “emotional problems” did not decrease. In the teachers' room, there were complaints about institutional actions to deal with the pandemic's impact - certainly an unprecedented proposal, might it be viable?

Science alone does not solve the problems of a syndemic with social and local roots

On our journey in collaboration with the social response in the outer city territories, we participated in the debate synthesized by an editorial in *the Lancet* (Horton, 2020)³, which defined the COVID-19 crisis as a *syndemic* (not just a pandemic), demanding a synergy of actions in which the local dynamic is especially relevant (Mendenhall, 2020). Syndemics, in addition to also arising in conditions of greater inequality, propagate themselves in the adverse interaction between inequality and all sorts of combinations of diseases/health conditions – different infections, chronic diseases, mental health problems, results of toxic exposure or malnutrition.

This turn of conception which we accompanied was added to the interpretation of what we observed in the field and qualified our researcher-community interactions dedicated to prevention. We thus conceived of what we call *integral prevention*, which recognizes that in the same scene in their daily lives, simultaneously and synchronically, people expose themselves to different harms. In other words, the person exposed has to integrate prevention to different probable harms in the same scene; it is up to the prevention professionals to decode, together with the people, their unique scenes and scenarios structured by the inequalities and psychosocial suffering, aiming to integrate prevention into each scene, helping the person to embody, as an agent-subject in their life, a holistic (*integral*), self-care approach to their health and a sense of caring for others in solidarity. Separating the prevention of COVID-19, HIV/AIDS, smallpox, unwanted pregnancy or intimate partner

violence is productive only didactically when understanding their signs and modes of spreading/transmission, and the specific resources for protection.

Young leaders of NGO intervention projects in the favela of Heliópolis, who also inspired this text, though they often laughed at the mention of wearing masks in addition to condoms during their sexual encounters in the pandemic era, recognized the need to distribute prophylactics in community actions in their marches against hunger, state violence and unemployment, while distributing basic food supplies and cloth masks sewn as part of projects to support the local women. An unprecedented mix of interventions.

In other words, the best responses to the syndemic, which are ongoing as we write these words, make use of successful experiences such as the social response to AIDS, but there is an important distinction. In the social response to AIDS, the work of researchers was developed with NGOs that organized the mobilization of specific segments of people. Homosexual men, transgender people, intravenous drug users and sex workers, who suffered the most from AIDS, co-produced the community response that remains relevant, though affected by the political setbacks of the last decade (Parker, 2020; Pinheiro et al., 2021). Meanwhile, the positive responses to the syndemic initiated by COVID-19 coordinated researchers with the response mobilized by territorial organizations, with an emphasis on lasting actions such as those taken by Central Única de Favelas and UNAS/Heliópolis.

Residents of the outer city and adolescents are especially confined to their territory because they don't have the money to commute “if the employer doesn't pay for bus fare.” Unlike the AIDS response that emerged in the 1980s and expanded to the Unified Health System, implemented territorially only in the 1990s, the training of generations of professionals to guarantee the right to healthcare resulted in local interaction with community-based responses, offering progressive access to testing for COVID-19, vaccines and patient care.

In São Paulo, after being affected by the emergence of COVID-19, sexual and reproductive health programs innovated to ensure access to STI and pregnancy testing and supplies – contraceptives, condoms and antiretrovirals (ARV), including ARVs in the prevention schemes. But, as in the early years of the AIDS response, access to information regarding how to protect oneself and the right to prevention supplies - such as masks and vaccinations - remains dependent on the actions of civil society. The non-denialist press and social networks were the most important media for disseminating accurate information on prevention by community leaders in collaboration with researchers, students and teachers in the eight school territories.

And it was extremely difficult to include sex education, which has been politically persecuted since the previous decade! And added to the stigmas associated with AIDS was the stigmatization of the social and sexual interaction of young people, held responsible for “bringing COVID home.” Parents and teachers, whose religiosity preferred to contain their sexuality during adolescence (silenced until marriage), had their “moment of Oooh glory!” as one joked, raising his hands to the heavens.

In the research and prevention projects that inspire this article, the young people were authorized by parental consent, but a lack of privacy in their crowded homes inhibited conversations about experiences with sexuality and those about psychosocial suffering that originated in the family. The discourse of “social distancing” was added to the fierce attack on “gender ideology,” which had dismantled public policies for sex education in schools before the pandemic. In the online research and learning, talking about initial experiences with sexuality, scenes in which prevention needed to be embodied and practiced, or about gender and sexuality-based violence was almost impossible during group activities in the outer city territories. In the interactions via audio messages exchanged on mobile devices - on Google Meet and WhatsApp - COVID-19 organized the conversations about prevention which we co-produced.

Therefore, the work done with students from Sorocaba who documented significant support for sex education among the parents, students and teachers surveyed was exceptional, with repercussions documented in the Jornal da USP ⁴, overcoming the conservative political offensive through the rights-based approach that we had previously tested in other territories (Paiva et al. 2022). In the different actions co-produced with young people who we support, it was possible for sexuality to be addressed more laterally in activities on such themes as “harassment” and “bullying” - terms used by young people. In different online seminars (webinars), they discussed the analysis of the questionnaires filled out by third-year high school students in 2019, showing that students with non-normative sexual and gender attractions – about 20% of boys and 40% girls declared themselves to be homosexual or bisexual – reported more harassment and bullying. (Paiva et al. 2021) We discussed the data whose analysis allowed us to demonstrate that the discriminatory experiences of “LGBT” students were associated with extreme indicators of mental suffering, such as suicidal thoughts.

Mental suffering is the third aggravation in this syndemic. Before COVID-19, it had previously been indicated by community leaders and teachers as a priority need and young people were already producing activities taking advantage of opportunities such as the

“Yellow September” campaign for suicide prevention. In circles of conversation and seminars (many of them online in 2020-2021), young people criticized the Unified Healthcare System's mental health services, because, after a long wait, they were attended in “group” - an approach that was not satisfying.

The pandemic diminished access to their network of friends and many counted only on family members (rarer in the case of LGBT people) and “things they discovered on the internet.” Talking about sexuality associated with “psychological” and “mental” suffering – which, in this case, we prefer to call psychosocial suffering, to be discussed further on – was more acceptable in the first years of the pandemic. The context, however, sustained the attack on human rights-based policies constructed since democratization, an attack that uses the issue of gender and sexuality as focal point and banner.

Sexuality at the heart of attacks on human rights, locally and globally

The field of sexuality exemplifies how Human Rights cannot be thought of as facts. They are an aspirational horizon in motion, a language for describing human dignity in the plural. As proposed by Souza Santos (2003), whose multicultural and emancipatory approach to Human Rights we have adopted, this horizon co-produces a permanent unmasking of oppressions that designate the aspiration for new rights which, in turn, will foster new definitions of formal equality before the Law - a “mobile utopia”.

The permanent recognition of new singularities of being in the world and of shared identities has sustained collective actions that use the perspective of rights to materialize public policies that have literally saved lives, combatted abuses and atrocities and punished those responsible – and this is always the hardest part. For three decades, natural experiments in everyday situations developed with the participation of the people affected, finally recognized in their right to dignity, who contributed to the design of programs and public policies dedicated to the mitigation of psychosocial suffering. In Brazil, respect for difference was promoted with confidence in the positive results accumulated in exemplary public policies since the 1980s: In the realm of comprehensive women's healthcare, which replaced programs for maternal- children's healthcare, and in response to Brazil's AIDS epidemic, among others, resulting in multi-sectoral programs like Brazil without Homophobia in 2004.

Constructionist perspectives of sexuality informed the “Heath in School” programs which, for two decades, included preventive education for STIs/AIDS and pregnancy, and considered gender an inescapable marker for thinking about different prevention initiatives,

sexual and reproductive health in particular. Federal and local programs guaranteed the promotion of inclusive healthcare and respect for diversity in schools, at companies and in churches - both in the outer city districts and for the middle classes - and brought the theme of sexuality out of the silence, until then broken only by moral preaching. The most significant fact of the efficiency and effectiveness of these approaches to challenge an “immutable and essential sex” was the increase in condom use: from almost zero among adolescents in the late 1980s to 48% in 1998, 54% in 2003, a proportion that has varied from 62% to 69% among high school students since 2012, when the attack on human rights and sexual education in schools was already coordinated (Paiva et al. 2021).

The field of sexual and reproductive health continues to accumulate evidence, since the 1980s, about the limitation of sexological and essentialist theories that conceive of an instinctive and essential nature of the sexes, an impulsivity that in adolescence is associated with hormones and a universal phase of psychosexual development, mirrored in normativity for the male sex – which should be controlled by the family and religious preaching.

All of these unprecedented feasible programs and policies presume the secularity of the Brazilian state, a constitutional and structural factor that we consider most relevant to the success of these policies which affirmed a regime of sexuality governed by the notion of sexual rights.

In a text that is mandatory reading, Carrara (2015) notes that it is in this period that the concept of sexual rights is validated - operated by activists, policy managers, legal operators, healthcare professionals and researchers. When discussing Brazilian ethnography in the historical process, he indicates the production of a secular “new regime” for sexuality that transformed the apparatus of sexuality – in Foucault's terms. Designed by Rubin (1986), the typical apparatus of the last century defined sex as reproductive, heterosexual, within marriage, at home and monogamous. This was the wholesome normal sex, related to Christian morality without being its exact translation. Meanwhile, abnormal and unnatural sex was for money, transvestite, transsexual, fetishist and trans-generational. As documented by Carrara, desire in the 21st century is also an internal truth, the wholesome-sex is plastic and must be consented, it is associated with happiness and well-being. Sterile promiscuity that does not produce bonds continues as an intermediate category between Christian morality and the two secular regimes of sexuality. In this new *dispositif*, bad-abnormal sex is also sex without pleasure, signaling a lack of self-control and irresponsibility measured by the lack of caution and self-care that expose people to unwanted events (STIs/AIDS and pregnancy) and sex that is harmful to others, whose extremes are abuse and pedophilia.

This social constructivist perspective of sexuality and sexual rights and social constructionist was validated globally, coexisting with theories based on the idea of an essential psychosexual development, which remains more prevalent and striking in the training of educators, health professionals and social workers. In the first months of COVID-19, it was notable that the sexologists who mix the two apparatuses by thinking of sex as health and pleasure were the ones chosen by the media to talk about the importance of maintaining a “normal sex life with partners in isolation.” There was no public discussion of casual sex, the use of apps or how to have sex without catching COVID-19.

At the same time, while the young people we followed brought up "harassment," "bullying" or "abuse" as themes, essentialist discourses about sex continued to fuel the lines of the global attack on human rights in the context of the pandemic, maintaining abortion and sex education programs in schools as their preferred targets. The far right kept fabricating controversies and moral panic continued to characterize the public agenda.

In Brazil, as Junqueira (2022) updates, this moralizing, anti-feminist, and anti-LGBT movement maintained active participation from psychologists whose discourses were cloaked in a certain secularism and scientificity, calling for “schools with no political party,” a movement aligned with the extemporaneous "anticommunism" supported by Bolsonaro who, as president, makes this rhetoric the basis for his government policies. Conservative groups associated with the far right participate in what they call "cultural warfare," and use the idea of social construction to fabricate an "intentional construction" of non-normative sexualities and genders among children. They add the "anti-family" accusation to their initiatives to ban sex education and human rights-based healthcare. As argued by Prado et al. (2021), they take advantage of the poor institutionality of public policies implemented in the country over the past two decades to redefine human rights as being in opposition to the guarantee of freedom and recognition of individual autonomy. By promoting moral cleansing, they hierarchically purge human rights in an effort to retake the tutelage and protection of groups they defined as more vulnerable (such as children and adolescents).

Doing its part in the cultural war, the Bolsonaro administration did not invent, but instead deepened the neglect and violation of constitutional safeguards that supported successful public policies and the agendas of sexual and gender diversity. It follows the active political rhetoric of far-right groups that supported the Brazilian military dictatorship, defeated politically by the democratic resistance that produced the 1988 Constitution structured in the tradition of Human Rights. It disseminates the emblematic discourse that never disappeared from cop shows on radio and TV and the typically Brazilian mantra that

confuses principles with people: "Human rights only for right humans." Sexuality remains an obsession in this mantra: "The human rights crowd" is branded "criminals," "rapists and pedophiles" and "immoral."

Internationally renewed, as discussed in numerous articles by the International AIDS Society–Lancet Commission on Health and Human Rights, in the attack on human rights, its defenders are stigmatized as "hostile to national interests," because they focus on the special interests of "minorities"- the foundation of human rights approaches -"to the detriment of the majorities." Homophobia and misogyny purified as superior religiosity ("truly Christian"), or as "the right to an opinion," are the line of undemocratic discourse and hate speech, now also enabled on the internet. Racist and xenophobic nationalisms round out the context, structured around the discourse against "globalism" that the far-right blames for the crisis of job insecurity that we all experience.

The notion of being in a "war against internal enemies," typical of dictatorships and the Cold War of the 20th century, renews the crusade against the universality of human rights. In many countries, human rights are seen as an adversarial ideology and policies based on human rights as oppositional structures.

In the syndemic era, there is a growing notion of "freedom of opinion" and "individual rights" irreconcilable with historical meaning, attributed, on the one hand, to the indivisibility of human rights as a counterpoint to inequalities – all rights have the same value as rights, they are inherent to the dignity of every human person; on the other, to the refusal to commit to a sense of fraternity and solidarity in the difference of human rights. Thus, deliberate misinformation has strongly affected the solidarity and efficiency of global capability and problem-solving in the face of the COVID-19 pandemic, which thus extends endlessly, exhausting each individual who is concerned, as indicated by the teachers, students and young people who we accompanied.

At the same time, this conjuncture of attack on human rights, driven by transnational economic interests, lifted up human rights as a reference for the resistance. It unifies national peoples and movements and international organizations that oppose the essentialization of inequality or the trivialization of death and the intensification of conflicts - increasingly armed - that are paving the roads that may lead to the definitive destruction of peoples, not to mention the planet. As resistance, the language of human rights has been used to frame shared needs and describe the discrepancy between present experiences and future expectations that result from inequality - based on class, ethnicity/race, gender and sexuality, and between territories.

This discrepancy can be expressed as exclusion, domination, oppression, humiliation, stigmatization, discrimination and, in parallel, translated into the language of suffering, embodied in mental suffering. Interpreted by the understanding of their social determinants and as a violation of rights, they mobilize transformative collective actions, involved in the shared sufferings that have been conceived as social suffering (Pussetti & Brazzabeni, 2011).

The fragments of the syndemic experience described in this text exemplify how suffering is responded to with collective mobilization. Still, the reduction of this suffering to "psychological" or "mental" prevails in academic literature on health and in the debate in the media. It is more productive to call it *psychosocial suffering*, expressed in the language of human rights conceived in its entirety and indivisibility.

Psychosocial suffering and the language of human rights

Intuitively, the definition of suffering seems obvious and, at the same time, any substantive definition (or attempt to measure it) will always be problematic. To paraphrase Sen (1985) addressing the idea of inequality, suffering is a simple idea capable of immediately moving people to action and, at the same time, it is extremely complex, fueling research and provoking reflections from philosophers, economists and epidemiologists, social scientists and psychologists.

We define *psychosocial suffering* as the experience that cannot be naturalized as malaise inherent to socialization in the world. Psychosocial suffering is related to, but different from what is defined as mental suffering - the latter being that which produces therapies identified with the knowledge of clinical approaches. This conception of psychosocial suffering does not lose sight of each person, conceived as the subject-agent of their scenes, valuing the productivity in decoding each scenario and scene, of individuals and groups actions, and their gestures, words, acts and practices loaded with meaning, as it is always mandatory when analyzing the violation and neglect of rights. Scenes are personal and intersubjective experience that can be identified in qualitatively observable corporal existence. On the one hand, they result from structural violence like the kind exacerbated by the syndemic, characterized by the intersectionality synchronously embodied in everyday life, but which operate distinctively for each person and in each scene. An understanding of their psychosocial and intersubjective dynamics will improve the mitigation of individual vulnerability to illness and malaise, but the actions resulting from this understanding cannot be reduced to individual psychotherapies, medicalization or behavior-modification strategies.

The transformative power of psychosocial suffering, avoidable malaise, unites people in collectives to seek structural changes and call for public policies while recognizing the process and trajectory of alleviation resulting from processes of solidarity in collective actions. And we depend on democracy, because these collective processes and solidarity efforts will petition state officials and government agents capable of hearing them and executing programmatic actions that can institutionalize public policies.

At the same time, as Amartya Sen argues, the exhaustion produced by inequality can also produce resignation, which itself doesn't make the person any less acutely aware of their unsatisfied desires. The sense of happiness adapts and the personal power of choice will decide which of the collective belongings or identities will be relevant on each occasion.

Like inequality, psychosocial suffering can be quantified, as we do with harassment, experiences of racism, or with avoidable deaths resulting from state negligence or violence. Differences transformed into inequality and the unequal social distribution of the weight of adversities produces physical and psychosocial suffering. But, to interpret it in such a way as to transform the daily routine in the direction of happiness sought by each person, the "remedy" varies with each personal scenario and scene (for the person in each scene) and in historical and territorial contexts. People and contexts that have color, sex and gender, generation, trajectory and history.

The personal scenes are the unit of analysis of the episode awaiting decodification and the most fertile unit of intervention to produce acceptable and feasible solutions – untested feasibilities, viable in terms of the people and the necessities shared in their extreme situations - which mitigate the suffering that I designate as psychosocial. Like the kind produced by the syndemic. The measuring of inequalities that employs color/race, gender or sexual identity, among other categories of social analysis, has shown the ways that they aggravate unemployment, worsen underemployment, structure housing, increase food insecurity, among many other ills that produce sufferings in synergy. An analysis of their social determinants will inform the planning of programs and policies for greater economic and cultural justice – inextricably linked – and provide the foundation for the human rights-based approaches that we adopt.

The work of Nancy Fraser, Boaventura Souza Santos, Manuel Castells, Amartya Sen and Richard Parker discusses how the affirmative recognition of differences tends to promote group identities that destabilize traditional and normal social identities, making room for future regroupings.

The notion of permanent regrouping is relevant for coping with psychosocial suffering because we continue to name differences that produce collective experiences of mobilization and sharing that accommodate and alleviate sufferings. Collective mobilization accommodates and alleviates long before typifying segments for epidemiological analyses or renovating the clinical and psychological practices conceived of for patients, in clinics and private practices or, even, to specify new rights. The organization of the National Coalition in Defense of the Rights of Children and Young People Orphaned by COVID-19 in Brazil is one of the many examples of the response to the disaster, whose awareness of shared and disproportionate suffering impeded mourning from being reduced to medicable mental or social suffering. Being in the Coalition alleviates the suffering shared there, especially because it renders it visible and non-naturalized.

Overcoming invisibility permits us to comprehend that we are “diversely different,” as Sen would say, and that we are more than categories based on religion and cultural-symbolic or political traditions of identity. It also allows us to overcome the illusion of being destined for suffering.

We tested this certainty in the most distant and disenfranchised corners of this country: People understand that inequality is created by humans (not by nature or destiny) and, therefore, they understand the principles of the Universal Declaration of Human Rights, which states in the first article: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." The language of human rights maintains the centrality of the person and their daily experience, localizing it within a shared citizenship, without definitively individualizing their sufferings, denominating them as stigmatization, discrimination, negligence or the violation of rights.

To mitigate psychosocial suffering, when the context is dominant - as in the case of sexism and racism, and the experience of abandonment during the syndemic – we need to understand the local inequality-equality dynamic through the language of human rights as a horizon (not as a fact) and affirm its universality, totality and indivisibility as “the foundation of freedom, justice and peace in the world,” as stated in the Declaration's prologue.

At the same time, based on the experience of psychosocial approaches based on human rights that we were able to sustain during the syndemic, we can confirm that there are no "generics" for all people or even segments – such as adolescents or a professional category as teachers. From this perspective, actions for prevention and reception in the syndemic exemplify how they should be differentiated by attention to social markers of local, territorial

difference and inequality, which will allow for more accurate investment in their mitigation. Without "generics," prevention needs to be directed to and adjusted for each person on each occasion, for each scene of risk exposure.

Final considerations: preventing new problems without "getting lost in difference," in the idea of rights as facts and in the belief of the stability of public policies

Similarly to Ball (2022), our experience with the global response to COVID-19 indicates that no new pandemic will be prevented until competent leaders and governments combat the grotesque inequalities and injustices within and between societies. In the projects that we accompanied, to collaborate in the production of untested feasibilities in unprecedented crises, such as AIDS, the integrated analysis of the different social markers of difference (Brah, 2006) was imposed on practices for health promotion and integral prevention, also conducted by psychologists. We have used the language of human rights to understand difference transformed into inequality and stimulate the recognition of specific needs, and organize the demands shared by people who, in this way, can redeem the transformative power of psychosocial suffering.

To understand the complex and territorially structured meaning of the psychosocial dimensions of suffering in the syndemic era is just part of the challenge of reinventing professional practices that are not anchored in the privileged life of those who do not need to see inequality in social and intersubjective relations. In the words of a worker from the metallurgy labor union movement who had become community leader in the favela where he lives and works: "Could it be that we were lost in the differences? This old man here just got an insight!" Insight about the integrality-indivisibility of the actions that we co-produced based on human rights as horizon and not as fact.

Therefore, one of the most important challenges of this decade is to overcome the regression and global attack on the ethical-political horizon of human rights, an attack that co-produces genocides moved by racist nationalisms, in the same political movements that attack sexual rights and give new meaning to the language of human rights to deny their universality and interrelation. As we write this, added to the fear, the mourning and the lasting pain of those who survived COVID-19 is the suffering of thousands of Brazilian victims of the climate crisis - the droughts, the floods and the fires that were predicted three decades ago. It is therefore relevant for us to note that the last frontier conquered by the language of rights was its inclusion in the Paris Climate Accords (in 2015), when it was anticipated that the

impact of extreme climate events would be more severe in territories with greater social inequality and negligence of rights. In 2016, the UN Sustainable Development Goals (SDGs) were consolidated, aiming for the “fruition of the world that all we share” and listing the human rights to be achieved by 2030. And that was when the attacks on human rights worsened.

We have always argued that AIDS was a powerful stimulus for the innovation of practices not theorized entirely by classic theories – that individualize and are localized sectorially, with no intersectional perspective. But even in the response to AIDS, there were mistakes that “kept us up at night” and which can be repeated. The biggest of all is trusting that successful policies will stabilize as policies of the state. As Parker (2020) always reminds us, the discourses that emerged about the “end of AIDS” obscured the fact there were 37.9 million people in the world living with HIV, 14.6 millions of whom didn't have access to medication. They're doing the same thing with COVID-19.

When we disseminated the Brazilian version of the Vulnerability & Human Rights framework (Paiva et al. 2012), we emphasized that its productivity resulted from the prominence of programmatic vulnerability which in this framework assumed a weight equivalent to that of the sociocultural context by producing lesser/greater social vulnerability that will co-produce (the person's) individual vulnerability to illness – three dimensions that are inextricably connected and has been represented by a cube. The inclusion of the programmatic dimension, of the presence/absence of relevant policies to understand the health-illness process, expanded the traditional two-dimensional dialectic - “individual-society” or “illness/suffering-social determinants”.

In the three dimensions of the vulnerability, in each scene, the protection or violation of human rights is analyzed. When initiating the analysis of the local vulnerabilities based on human rights, more evidence of their local dynamics is accumulated, indicating which programmatic mediations and social answers would co-produce greater equity in the right to healthcare or education, contributing to mitigating poverty, racism, sexism and chauvinism. In the preventive actions, we thus articulate typical wisdoms of the global South, such as the Brazilian tradition of Freirian pedagogy and approaches that I have denominated as psychosocial (and not socio-psychological) in healthcare.

The demand for counseling, therapy and the work of psychologists remains intense in the outer city communities and territories with whom we collaborate. In the social response to the syndemic, we observe a greater decrease in the stigmatization of the desire to seek psychological support. The novel feature of online attendance was made available by very

busy practices everywhere. Is it enough? Will we continue on, being isolated and lost in the differences?

In the networks of researchers grouped together to work through the syndemic, we are haunted by the permanent updating of the way neoliberalism exploits suffering and its individualization, and we continue to refuse to trivialize death or blame the victims of negligence. Being social psychologists we recognize the challenge in innovating practices that confront contexts of continued syndemic, political crisis and attack on solidarity in difference, which calls for more than just condemnation. We will need to respond to the terms of the ongoing “rehabilitation” in each territory, to the world resulting from this syndemic and the ones still to come, which will remain a challenge to the psychosocial approach based on human rights that we are implementing and evaluating.

With these reflections originally organized for debate in a seminar⁵, difficult to tie into a single text, we hope to contribute to inspiring other initiatives for treating and mitigating psychological suffering where the context is dominant, which I prefer to call psychosocial suffering. This approach that we are experimenting with intends to mitigate it in times of syndemic without losing sight of the intersectoriality and intersectionality that is necessary in the field of prevention. We need many other *untested feasible* procedures to accommodate this suffering structured by inequalities, various sorts of mourning and the exhaustion exacerbated by the pandemic. How should we treat the attack on human rights that sustains the genocidal negligence of the authorities in other psychologist working fields? How do we support people in the “pandemic life” and “to relearn how-to live in solidarity?” one teacher asked. But in *this* society?

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² Available at: <https://www.unicef.org/brazil/saude-mental-de-adolescentes>

³ See the 2021/ IEA-USP Seminars “The COVID-19 is not Only a Viral Event/ A Covid-19 não é apenas evento viral”, available at: <http://www.iea.usp.br/eventos/pandemia-nao- apenas-evento-viral-3>

⁴ Available at: <https://jornal.usp.br/ciencias/de-rede-sociais-a-sexualidade-estudantes-do-ensino-medio-desenvolvem-projetos-de-pesquisa/>

⁵ A preliminary version of this article was an oral presentation at the III Colóquio Psicologia, Política e Sexualidades: crises, antagonismos e agências, organized by the working group GT Psicologia, Política e Sexualidades da Associação Nacional de Pesquisa e Pós-graduação em Psicologia (ANPEPP), in November, 2021 and available at <https://www.youtube.com/watch?v=T6xdaPsmBX8&t=306s>

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