

Solidarity, militancy and mental health in times of pandemic

Solidariedade, militância e saúde mental em tempos de pandemia (resumo: p. 16)

Solidaridad, militancia y salud mental en tiempos de pandemia (resumen: p. 16)

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Based on digital network narratives, we analyzed various forms of solidarity actions negotiated by users of the mental health care network to deal with the problems arising from the Covid-19 pandemic in a context of ultra-neoliberal economy. If, on the one hand, the increase in psychosocial suffering was evident, on the other hand, the coping strategies organized by those people were astounding, many of them being developed and managed by themselves. Among these strategies, there is the activation and creation of social networks for specific purposes depending on the problem to be solved. Prioritizing the notion of “gift,” these strategies updated the *illusio* of militancy of the users involved in them. However, the physical distance between the network members and the organization of dialogue in a virtual space make difficult the interaction dynamics in favor of the establishment of interpersonal bonds and conflict resolution.

Keywords: Covid-19. Militancy. Solidarity. Mental health. Gift.



Introduction

With the emergence of the SARS-CoV-2 virus pandemic, there is an exponential growth of mental disorder cases resulting from the different types of suffering, ranging from the unusual experience of quarantine to the mourning of loved ones, unemployment and financial losses, reduction of access to mental health services¹, or to the physical consequences of the Coronavirus disease (Covid-19) itself. Research also underlines the increased risks of contracting severe illness and death from Covid-19 among people previously diagnosed with mental disorder due to their greater biopsychosocial vulnerability, as well as the worsening of their previous condition of suffering². In view of this context, studies show that, among other coping measures, there is increased community mobilization (such as social support networks, volunteering, emergency funds, mutual support, etc.) in various countries^{3,4} to face the problems caused by the pandemic, and which demonstrates its fundamental role in management, even reducing the negative impact of poor services. In the mental health field, emphasis has been placed on community actions aimed at people who have gone through some mental suffering⁵, but rarely on those actions in which these people are the protagonists of these initiatives.

Even though the psychosocial care network has remained in operation, due to the pandemic a decrease in the intensity of its service was observed, related to the initial need for social distancing. This demanded from health workers, in a period when everyone was going through moments of great anguish and uncertainties, an extraordinary effort to create new remote care strategies, but without undergoing previous professional formation for this purpose and without necessarily having equipment in the services and digital accessibility of network users. On the other side, whether because they have been exposed to the virus or, even more, because they experienced precarious working conditions and overexposure to the psychosocial suffering of service users, mental health workers also experienced greater weakening of their own health, impacting their availability to health care.

Undoubtedly, one of the strongest negative impacts on the performance of mental health services was due to the progressive financial cuts that it has suffered in Brazil. These reductions have been targeted from the logic of the ongoing psychiatric counter-reform⁶, which reduces resources for community services and increases them when it comes to financing psychiatric hospitals and “therapeutic communities.” At the same time, there is a lack of public notices that allow the distribution of resources to solidarity economy actions, and an increase in difficulties in accessing the Continuous Cash Benefit (BPC) for people with some types of mental disorders, deemed incapable of work. All these issues have a negative impact on efforts to deinstitutionalize/ socially insert people in psychological distress.

In this paper, we focus on the own organization of users of the mental health care network manifested in activist solidarity actions. We aim to analyze the framework of solidarity actions in the field of mental health, contextualizing them in the times of the Covid-19 pandemic and ultra-neoliberal economy, looking for their political and social bases in experiences of militancy, social activism, and mutual aid networks in

mental health. We propose that these user initiatives keep a triple inscription. On the one hand, they stem from a soil fertilized by the trajectory of militancy in collectives that developed in these people a feeling of belonging to a group, critical awareness, understanding of their rights, but also many skills of claiming and producing tactics to solve concrete problems. On the other hand, it can be noted that the experience of high vulnerability in the face of uncertainties, feelings of helplessness and imminent risk of weakening health or death, triggered by the pandemic, has re-launched as fundamental the relevance of solidarity actions among people, even if they are not conflict-free. A third aspect refers to the extremely serious socio-political and economic situation in Brazil, progressively unleashed since a coalition of the neoliberal right ascended to power by the impeachment of a President of a left-wing and popular party that had been democratically elected, and then worsened with the election of an ultra-neoliberal government, which has been dismantling social protection policies and making the living conditions of the population quite precarious.

The *ultraneoliberalism* concept has been developed in recent studies analyzing the contemporary Brazilian situation. They place the country within the scope of radicalization of neoliberal policies and ideologies, observed on a global scale, within an extreme right-wing political matrix with characteristics of fascism⁷. Silva⁸ underlines that the radicalization of neoliberal logics is already visible since the Temer government (2016-2018). The government of the Brazilian President Bolsonaro continued these measures, using the pandemic context to enhance the power of the financial sector over the economy, with the immediate effect of increasing job insecurity⁸ (p. 139). Ultraneoliberalism thus manifests itself more intensively, given that the Bolsonaro government, apart from financial policy, implemented counter-reform measures in most sectors of political and socioeconomic life⁸ (p. 143-144). An inseparable aspect of this offensive, the ultra-neoliberal government has been encouraging racist, classist, sexist, LGBT phobic discourses, to which we can add an ecocidal perspective, which act as an ideological basis for the vulnerability of already fragile population groups⁷.

As other authors have already observed⁹, such offensive configures what the Cameroonian philosopher Achille Mbembe characterized as necropolitics, that is, the use of a sovereign power to selectively dictate how segments of the population may be killed or exposed to death. While, according to Foucault's conceptualization, biopolitics governs the flows of life, Mbembe¹⁰ defends that "necropolitics is oriented towards the decision between who is able to live and who must die" (p. 17), operating through the segmentation of the territory into "cells of spaces of vulnerability to death" (p. 46). It is an example of the necropolitical nature of ultraneoliberalism that the Brazilian federal government, amid a pandemic, chose to channel resources from the social sector to the financial sector, leaving vast sections of the population exposed to extreme vulnerability, to death, namely those to which our research subjects belong.



Methodology

The case reports and narrative extracts presented in this study came from long-term ethnographic research, which started in 2015 and is still ongoing, on the deinstitutionalization processes of people with mental suffering. The cases analyzed in this study (19 women and men over 18 years of age) were selected because their subjects had already undergone some long (of at least six months) or repeated ('revolving-door' patients) experience of asylum and/or reported institutionalizing experiences outside the asylum, which we define as life experiences related to feelings of imprisonment, destitution of oneself/ depersonalization, strong relational impasses, leading to feelings of humiliation and revolt, attitudes of paralysis, immobility or strong aggressiveness.

We chose to understand the (de)institutionalization process chiefly based on the dynamics produced by deinstitutionalization operators regarding the subjects' autonomy, comprehensive care, and social equity. We define deinstitutionalization operators as processes, dynamics or actions that produce, carry out or trigger inflection or turning points in the lives and experiences of subjects with a history of institutionalization in the sense of supporting situations of social insertion and recovery.

Within the scope of the "autonomy" operator, militancy, and activism actions, essential to produce empowerment, recognition, interdependence relationships, among others, were strongly present in the reports. We emphasize these actions for analysis in this paper due to the relationship and importance they showed towards the issue of facing the Covid-19 pandemic. For this purpose, we developed a critical and reflective hermeneutic analysis¹¹ of both the narratives produced and the concrete practices observed and reconfigured from the researchers' implied presence¹².

For many years, we have conducted an ethnography of everyday life of the selected cases, moving with them in the spaces they open to the researcher, including family, neighborhood, care institutions, churches, militancy spaces, mutual aid groups, among others, expanding the research participants. Given that the pandemic imposed physical contact restriction measures and increased the need for research conducted in a digital environment¹³, we started to establish virtual contact with people who were already being closed monitored by us. For this study, we also added publications on social networks, from March to September 2020, related to the actions of this audience.

Publications on social networks had the participation of mental health care network users, such as those of WhatsApp groups, virtual meetings, and personal contacts, to which we were called to participate in some specific mobilization to meet the needs of people or users' groups. These contacts included: organizing the distribution of food parcels; directing people who had physical illness to care; helping people who had suffered material losses in their homes; among others. The narratives were available on these social networks in audio (afterwards transcribed) and written forms or emerged in direct phone conversations with these people. In drafting this paper, we collected these narratives from networks and direct conversations in which we were individually involved. Next, we worked collectively crossing the data of these materials to observe their regularities and singularities. The research was approved by the Research Ethics Committee (No. 364,721, on 18 June 2013) with amendment for online research (No. 4,475,693 on 18 December 2020).



Acting to reduce afflictions and suffering

Aretha^(d) says on the phone that Iasmin* is experiencing severe abdominal pain and needs to be taken to a women's hospital. She says: "Iasmin* is very resistant. She is afraid of being sent to the hospital and staying there." Iasmin was a homeless person for years, and fears reliving situations in which she suffered violence and embarrassment during hospitalizations. Then, Aretha* adds: "I told her not to be afraid, because now she is an empowered woman. She is part of Papo de Mulher (the Women's Chat Group), Comunidade de Fala (the Speech Community - CdeF). She is a militant. She is not alone anymore; she has a family!" Afterwards, she asks me to speak with Suzana*, another participant, whose sister works at the hospital. They decide to have a whip-round to subsidize the Uber transport to take Iasmin to a medical appointment, accompanied by Aretha* and Suzana*. The mutual aid group CdeF, in which three of them participate and one of the authors of this paper collaborates, also gives financial support to Iasmin, since there is no food in her house at this time of the pandemic. It is important to note that Iasmin was waiting for the release of the first installment of emergency aid, which was only approved by the Brazilian federal government in September, while there had already been confirmed cases of Covid-19 in the state of Bahia in March of the same year. The sentence "Hunger cannot wait," so often evoked by the Brazilian sociologist Herbert José de Souza (known as "Betinho") in the 1990s in Brazil, is once again a maxim in a country that has returned to indicators that qualify it for insertion in the international map of hunger¹⁴.

^(d) Names followed by an asterisk are pseudonyms.

Such scenes have been recurring since the Covid-19 pandemic hit Brazil. We emphasize that, despite having existed before, they became very accentuated with the worsening, during the health crisis, of the financial situation and living conditions of a large part of the Brazilian population, which includes the users of the mental health care network. This segment has elements of extremely serious vulnerability at a time when physical distancing has been promoted and the risk of contracting the coronavirus becomes a lethal threat. It is a group of people who suffer from the stigma often attributed to those who experience some serious psychological suffering, which makes it very difficult for them to have access to jobs and income generation, increasing their barriers to accessing general health and other sector services, preventing their transit through the city, in addition to denying them the necessary autonomy to take care of themselves and others who depend on them. This last aspect cannot be overlooked when there is evidence that the Continuous Cash Benefit for disabled individuals, which is the aid given, among others, to people with some types of serious mental disorders, and the benefit of the program De Volta Para Casa (The Back Home Program - PVC), granted to those who left the asylums after residing there for a certain time, represent the fundamental income, if not the main one, in numerous impoverished families in the country.

With the advent of the Covid-19 pandemic, these difficulties have increased for many people who belong to this group, bearing in mind that, even though mental health services continued available in the country, their performance has undergone



changes in order to, even while keeping the necessary care, avoid unneeded travel to services to protect users and teams of health professionals, who are more exposed to the risk of being infected with the coronavirus. Albeit understanding the need for physical distancing, the users immediately resented the benefits of a more daily interaction in the services, including the exercise of sociability with partners, assistance in the management of routine activities mediated by the professionals of those services, the meals eaten in those places (sometimes, the main source of food), along with therapeutic activities and workshops organizing their time and giving meaning to their lives.

The effects of the pandemic on the quality and living conditions of users of the mental health care network were felt at a similar pace. Respondents reported the following problems: Financial difficulties and food shortages, as they often survived from informal jobs (that is, “moonlighting” and “odd jobs”); lack of medication (some users were unable to get their medication from the health services, or there were times when the supply of some medications was discontinued); and flooding in precarious residences because of rain.

Added to these material difficulties were psychic afflictions resulting from uncertainties, losses and fears, besides the intense suffering caused by confinement (some respondents expressed the revival of feelings of segregation experienced in asylum treatments). The fear of contagion also prevented the treatment of physical illnesses, worsening their general condition.

It is important to note that, if, on the one hand, it is evident that there has been an increase in psychosocial suffering produced by the pandemic among many users, on the other hand, the coping strategies organized and managed by them were multiple and surprising. Among the latter, it can be observed the activation of preexisting social networks, or the creation of new ones for specific purposes resulting from the problem to be solved. In these social networks, there are people from different origins: mental health professionals, but also people or agencies understood as previous or possible allies. For instance, Rede Gerar de Economia Solidária (The Gerar Solidarity Economy Network), Associação Metamorfose Ambulante (the Walking Metamorphosis Association – AMEA, an association of family members and users of mental health services), Coletivo Baiano da Luta Antimanicomial (the Baiano Collective of the Anti-Asylum Movement), the Public Defender’s Office, Papo de Mulher (the Women’s Chat Group), the theater company Os Insênicos (whose members are users of mental health institutions), or even the office of a councilor in the city of Salvador, among others.



The gift of exchanges and alliances in the recall of militancy

Good morning to all comrades in struggle! I believe we all do, within a group, everything we can to help others, but no one can give what they do not have. All we have and what we can give to others is often our struggles and determination. (Jonga*)

This is the initial part of the WhatsApp audio message from the militant user Jonga*, in one of the groups in which he participates, when he asks for help to get a cell phone for Ricardo*, another militant user. In a convincing discourse about gift, Jonga* lists several crucial aspects that involve the act of giving and receiving, inscribed in a context of militancy and solidarity of a group composed of equal (militancy companions) and different individuals (professionals and users: those who have more financial conditions, school education, jobs, and those who have less), particularized by a pandemic situation (a situation of distance and need for connection mediated by machines).

Background music commonly played in Caboclo Candomblés gives rituality and solemnity to his speech. A few years ago, the black man Jonga* joined the Umbanda Religion, increasingly assuming a stance like that which characterizes one of the most famous entities of this religion: Preto Velho (Old Black – the manifestation of the spirit of an old enslaved black person), known for his wisdom as an elderly person¹⁵. In his speech, Jonga links needs - needs for goods, contact, presence, affection, tactics, struggle - with values - generosity, detachment, understanding, solidarity, gratitude, frankness. At the same time, he reminds the group participants - militants of the anti-asylum struggle - of the existence of an ethics that must permeate it, based on recognition and mutual respect, and that denies indifference, neglect, or negligence.

Those who can help, help; and those who can't, don't. I'm already being helped; I just must thank that things have already come to me. But when we say something in an audio, and we don't get any response from a group that has been a collective made up of people for years... What we want is just to be heard, and often that audios and speeches are answered with gratitude, even if the words [of the message] are a 'no'. But this is a group, it's a collective. Good morning to all comrades and companions. Everything I have in my house was donated and it is useful for me today, as in many militant homes. But the group is dead, nobody says anything... There are only a few comrades talking. This is the real struggle that we need to rethink. (Jonga)

In Jonga's* speech, both the solidarity that already characterizes the group and the relevance of these gestures for the sustainability of users who benefit from the donations made are evident. Nevertheless, he claims, apart from material goods, the need for the exchange of affections and consideration for the exchange of words: silence is a lack of consideration; silence is not an act compatible with the companionship relationship,



which requires and supports sincerity among peers. He draws attention to the circulation of goods within the group and the existing exchanges: everyone gives, everyone receives, and everyone has a debt in the group and to the group. However, this unspoken principle only happens if people have something to offer.

Jonga's* words have a specific meaning when interpreted in the light of Marcel Mauss's extraordinary essay¹⁶ about gift, published in 1924. Mauss clarified the common principle that regulates social relations in all societies, that is, the three obligations: giving, receiving, repaying. As he postulated, the gift creates sociability, because, among the goods gifts circulate, there is kindness, but also because it gives meaning to relationships through the moral dimension it carries, besides establishing new alliances and strengthening old ones. The gift inscribes those who participate in its exchange in a relationship of host and potential guest, establishing between them, as Lanna¹⁷ summarizes:

[...] a spiritual exchange, a communication between souls. [...]. In giving, I always give something of myself. When accepting, the recipient accepts something from the donor. He leaves, even if momentarily, to be another; the gift brings them closer, makes them similar. (p. 176)

Characterizing a kind of alienability guaranteed by the ontological meaning of exchange. This aspect seems clear when Jonga* states:

In any case, it's agreed that whoever receives must accept from the heart, and whoever gives also gives from the heart. It's no use making a campaign to give something to me, but not making it to give it to a fellow comrade. Even though I have the tablet, Ricardo needs it before I do. If you can make a campaign to help comrade Ricardo - if you can, because we don't give what we don't have; we only give what we have -, give it to Ricardo. (Jonga)

As in a mantra or refrain, Jonga* repeats the text that can be seen as the main message of his speech: "We only give what we have." It is a kind of rhetorical device that reminds us that we always have something to give: an object, some help, social capital, struggle, determination, interaction, speech... or silence. The last one, as he underlines, confirms the group's death, prompts it to rethink its struggle. Ultimately, one might suspect that Jonga* asks people in the group if they have anything to give, as if to remind them that you are not part of a militancy group if you have nothing to offer. We can think that it refers to what Bourdieu calls the *illusio* - in this case, we would say, the *illusio* of militancy -, that is, the game rules, which imply that it is worth the effort playing that game, falling in love with it¹⁸, and which Jonga reintroduces at that moment, because they seem to have been forgotten when, in fact, they should be known to all, incorporated and in action.

Conversely, militancy is inscribed in a social fabric, responding to what is posed, whether as relations of power and interest or as battles to be waged arising from the needs, operational modes of society, and resistance forms. We can recall that Mauss



postulated that the gift can operate either as personal retribution or, at the collective level, even at the State level, through the distribution of tributes. If we think about the current Brazilian State - a minimal State, which systematically reduces its social protection policies and the ceiling of expenditure on education, health, housing, transport, etc., which augments privatization and favors economic elites -, all these actions are opposed to the concept of gift as redistribution¹⁹. In such social structure, it is no wonder that compensation for this lack of redistribution is sought at an individual level in the tactics of confrontation²⁰ culturally typified by what DaMatta²¹ calls “the Brazilian way,” or that social organizations are a substitute for what Santos and Ferreira²² call “providence society.”

The eclipse of the social territories of militancy and the virtualization of relationships

For Martinho*, a user and militant of the association of family members and users of mental health services/ AMEA, the notion of “occupation of public space” is the guiding principle of specific activities in the field of militancy. Thereby, when he is asked about what the priorities of militancy in mental health should be, and specifically those of AMEA, he refers to the initiative “Abraça CAPS” (“Give a Hug at the Psychosocial Care Center”), to sensitizing professionals and users to the principles of the Brazilian Psychiatric Reform. It was precisely at a Psychosocial Care Center that Martinho* first met AMEA. His involvement with “Abraça CAPS” thus acquires the sense of retribution for a gift that was positive to his life. His narrative is stressed by expressions such as “The place for the insane is not in the asylum, but in society;” “The place for the user is occupying its spaces, and not at home.” This advice for users to claim and occupy public and health spaces is only possible through union and solidarity. “Together and united, we will win” is another of his mottos.

At the end of March 2020, Martinho* reported that people were not going to the Psychosocial Care Center anymore. The workshops of Casa Gerar (the Gerar House of Solidary Economy in Mental Health) suspended their activities, and the AMEA meetings were interrupted. In December 2020, Martinho* outlined the situation: militancy actions are very limited. He visits some CAPS, but less often and keeping sanitary distancing, because he believes that there is a high risk. As various AMEA militants live in peripheral areas of the city, face-to-face meetings have become rare. Communication between its members started to be done through WhatsApp groups, which became the main discussion forum. We observed some frustration in Martinho* regarding this new form of communication. In contrast, the Speech Community in which he is also a member, even using the WhatsApp digital medium, remains active and capable of mobilization.



The physical distance between the members and the organization of dialogue, in the form of sharing/depositing of audio messages in a virtual space, obstruct the interaction dynamics favorable to the establishment of interpersonal bonds and conflict resolution. In this way, the much-desired union, a necessary condition to strengthen the group, becomes harder to achieve. In this context, Martinho* individually began to invest more intensively in the volunteering dimension in health institutions for children with cancer and HIV infection. He continues to voluntarily go to the Psychosocial Care Center to offer help. There, respecting the existing health guidelines, he makes theatrical performances. In the pandemic, this is the way he finds to do good deeds to others and fulfill his militant ideal of occupying public space.

Iasmin*, another militant in AMEA and in Papo de Mulher, also values the “Abraça CAPS” initiative. The main priority is to create “representativeness” and “leadership” in the various Psychosocial Care Centers so that the spirit of the Brazilian Psychiatric Reform (RPB) can be developed there. Iasmin’s narrative emphasizes the values of empowering users and transforming mental health. The conditions for the effectiveness of militancy are stressed by sentences such as “Our union is what is making things move,” and “Militancy is to mediate between elites and the popular classes,” fighting against what she calls “Elite mental health.” Users’ empowerment therefore occurs through the union of the collective and its action in public spaces of mental health. For her, the confinement was not a problem per se, as she was already used to leaving the house very little. Notwithstanding, the impossibility of physical distancing in the neighborhood where she lives made her feel anxious, and the proximity of death caused her suffering. Aspects related to her routine changed because of the need to adapt to even more precarious living conditions, but she also felt some solidarity. In mid-April, she mentioned that she got help from some people she had never imagined. At that time, AMEA was closed. However, she reports that, along with other militants, they continued to work in a network, namely with the Public Defender’s Office and the Public Ministry. With a female colleague from the same association, she created a mutual aid group to distribute food parcels to those who would not receive support from the City Hall program. At the beginning of December, she reaffirmed the difficulties of reconciling the satisfaction of the most basic needs with “social isolation.” “We die either from Covid or from starvation,” she said. These circumstances inevitably impacted AMEA’s life. Face-to-face meetings have not resumed, but they have occurred on Google Meet and WhatsApp (“We’ve moved into the digital age”). Nevertheless, this new modality has not always favored the cohesion of the associative movement. Iasmin valued the perspective of returning to face-to-face meetings, even though stating that she has acquired a lot of knowledge in adapting to the new environment.

The pandemic situation enhanced some of the structuring tensions of militancy groups and their subjectivation forms by underlining an already existing data: vulnerability itself and the perception of vulnerability of other users and neighbors. The eclipse of the social territories where militancy acted (which took place at the Psychosocial Care Centers, in workshops, on the streets) led to a certain crisis of meaning, since there were no longer any street or other public spaces that users



could occupy. Concurrently, conditions of physical distancing created difficulties for the updating of the collective's emerging political axiomatics. Also disturbed was the difficult balance between empowerment and ego augmentation, achieved in sometimes conflicting interactions among association members. Digital communication platforms have a significant weight in this issue, proving to be unsuited to producing the feeling of union acquired by physical co-presence.

Exchanges and alliances in a pandemic and ultra-neoliberal economy context

With the sharp increase in poor living conditions, people struggle again for everyday life and living in an absolute present, striving to get their daily bread. The concern turns towards the organization of solidary collections that ensure the distribution of food parcels; the establishment of networks of friends that can help support people with the most urgent needs, thus guaranteeing the satisfaction of the minimum survival needs. This level of struggle sometimes triggers conflicts when it is deemed that some people aim to benefit more advantageously than others, disrespecting equitable shares, leading to complaints about some militant users who eventually have their greater symbolic power or ability to produce tricks to get the most out of it. Notwithstanding, these events have not been so frequent. More gestures of generosity are observed when members of these groups identify people from Psychosocial Care Centers who are most in need and who, because of their condition of serious illness or greater passivity, are unable to mobilize themselves or even make their needs visible. Oftentimes, service professionals also work in this direction and are of great help.

Even if, as stated by Gopikumar and collaborators¹, in a paper about the humanitarian crisis caused by the pandemic, face-to-face social networks shrink (or at least shrunk) to the essentials in the face of the physical distancing imposed, it turns out that they were somehow mobilized again by those who had greater expertise in this social technology, particularly regarding its virtual modality.

A recent event demonstrates this mobilization of exchanges through the social network. Josuéilton de Jesus Santos, another renowned mental health user- militant from Bahia, became seriously ill and died during that time. The news of his hospitalization in a general hospital began to circulate quite early in the network, and many people tried to help through financial support and contacts in the public health network that would facilitate both his displacement and that of part of his family that accompanied him in the hospitals where he had been admitted. That same movement occurred to support his burial. This entire process culminated in a ceremony in his honor the night following his death. It was virtually led by the director of the theater company Os Insênicos, Renata Berenstein, through the Zoom platform, bringing together numerous friends and fellow strugglers. Poetry, videos, cards, and acknowledgment and farewell messages were exchanged in a mourning ritual created to suit the context of the pandemic.



Josuéilton's death, which mobilized plenty of people to get together and see each other after a long period of separation, acted as a milestone. In his life, the "pierced fishing net" was one of the most memorable images he used to criticize moments of inertia of the militant network, or the poor functioning of the mental health care network. Josuéilton, who was once a fisherman himself, knew the meaning of a pierced fishing net. His farewell ritual reminded us of this metaphor. The feeling of *comunitas* that we were experiencing at that moment drove the desire to revitalize the struggle.

Mental health workers also attended that virtual ceremony, reinvesting in their dual ethics of care and militancy, sharing the pain of loss, but also the hope of a friend's mourning ritual and the struggle to (re)conquer network spaces and services, which are essential in welcoming old and new social and mental health needs worsened by the health crisis.

The politics of solidarity: from the logic of survival to the logic of resistance

Our findings show that there have been different forms of exchange, carried out throughout the coronavirus pandemic, among people with mental suffering, resulting from the extensive experience of previous solidarity. This experience is acquired primarily through participation in militancy and mutual aid networks, in practical learning processes that produce new sensitivities, health literacy, and understanding of activism tactics in the search for overcoming everyday problems. Overall, it can be noted that these groups have not been able to find the time or material and psycho-emotional conditions to deal with enormous challenges because they are overloaded with the attempt to solve immediate needs, particularly hunger and the risks of death, in the viability to ensure survival in a society marked by necropolitics. This raises some questions: Does this situation prevent resistance, or does it promote it through a solidarity that moves away from increased individualism and indifference?

What we call the "*Illusio* of militancy" seems to provide game rules that stimulate more generous interests, with expectations of more fraternal and equitable exchanges because of the acknowledgement of differences between people and groups that have created inequalities, particularly those that refer to class belonging, given that gender and race are still less claimed dimensions. The exchanging and sharing modes already emphasize the benefits of belonging to organized groups and their empowerment effects²³. If, from one side, it is possible to evidence some vestiges of welfarism - a legacy of a society that naturalized the lack of equality and rights -, from the other side, we can see the sense of identity and transmissibility conferred by the gift, by the process of similarity and ontological proximity between those who give and those who receive. It is analogous to a feeling of fraternity/ family, often present in support groups, where the value of support and mutual care are essential, to which is included the idea of "comrades in struggle"²³ in the militancy group, imprinting the political value of exchanges, or, as reported by Jonga*: "All we have and what we can give to others is often our struggles and determination."



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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A partir de narrativas produzidas em redes digitais, analisamos formas de ações solidárias agenciadas por usuário(a)s da rede de saúde mental para enfrentar os problemas gerados pela pandemia de Covid-19 em um contexto de economia ultraneoliberal. Se, por um lado, é evidente o aumento do sofrimento psicossocial, por outro, foram surpreendentes as estratégias de enfrentamento organizadas, concebidas e geridas por essas pessoas que vivem tal sofrimento. Entre tais estratégias, observa-se a ativação e a criação de redes sociais para finalidades específicas em função do problema a ser solucionado. Dando primazia à noção de “dádiva”, essas estratégias vieram atualizar a *illusio* de militância do(a)s usuário(a)s nelas envolvidas. Porém, o afastamento físico entre os membros e a organização do diálogo em um espaço virtual dificultam as dinâmicas de interação propícias ao estabelecimento de vínculos interpessoais e resolução de conflitos.

Palavras-chave: Covid-19. Militância. Solidariedade. Saúde mental. Dádiva.

A partir de narrativas producidas en redes digitales, analizamos formas de acciones solidarias agenciadas por usuarios(as) de la red de salud mental para enfrentar los problemas generados por la pandemia de Covid-19 en un contexto de economía ultraneoliberal. Si, por un lado, es evidente el aumento del sufrimiento psicossocial, por otro, fueron sorprendentes las estrategias de enfrentamiento organizadas por esas personas, muchas de ellas concebidas y generadas por ellas mismas. Entre ellas, se observa la activación y la creación de redes sociales para finalidades específicas en función del problema a solucionar. Dando prioridad a la noción de “dádiva”, estas estrategias actualizaron la *illusio* de militancia de los usuarios y usuarios envueltas en ellas. No obstante, la distancia física entre los miembros y la organización del diálogo en un espacio virtual dificultan las dinámicas de interacción propicias al establecimiento de vínculos interpersonales y resolución de conflictos.

Palabras clave: Covid-19. Militancia. Solidaridad. Salud mental. Dádiva.