

## SUICIDE SHADOWS OF THE PANDEMIC AND LIGHTS OF FREEDOM<sup>1</sup>

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**ABSTRACT.** This study aims to problematize the relationship between pandemic times and the emergence of different forms of pathologization of suffering, as well as the consequent increase in the number of suicides. We searched through different current publications on the topic of pandemics, had concluded, their research and reflections. We were able to verify in these researches' different conclusions on the themes. We also looked for statistics about the number of suicides in Rio de Janeiro in the Institute Publican' Statistic coordination to Estado of Rio de Janeiro from March to October 2020 compared to the same period in 2019. After this study and reflections on the relationship between pandemic, mental illness, and suicide, we conclude that the number of suicides did not have a significant increase during the pandemic times and that choice to die seems much more related to the singular decision in the face of suffering than to the impossibility of deciding on the so-called normal, as advocate the research related here.

**Keywords:** Suicide; pandemic; freedom.

## SUICÍDIO À SOMBRA DA PANDEMIA E À LUZ DA LIBERDADE

**RESUMO.** O objetivo deste estudo é problematizar a relação entre nossa época pandêmica e o surgimento de diferentes formas de patologização do sofrimento, bem como o consequente aumento do número de suicídios. Para tanto, buscamos, por meio de diferentes publicações recentes acerca do tema pandemia, trabalhos de autores brasileiros com posicionamentos e conclusões antagônicas sobre esses temas. Em associação, avaliamos dados estatísticos da Coordenadoria de Estatística do Instituto de Segurança Pública do Governo do Estado do Rio de Janeiro, acerca do número de suicídios no Rio de Janeiro no período de março a outubro de 2020 comparados ao mesmo período do ano 2019. Após este estudo e as reflexões a respeito da relação entre pandemia, doença mental e suicídio, concluímos que o número de suicídios não teve um aumento significativo durante a pandemia e que a escolha pelo morrer parece muito mais relacionada à decisão singular frente ao sofrimento do que propriamente a uma impossibilidade de decidir pelo caminho dito normal, como defendem as pesquisas aqui relacionadas.

**Palavras-chave:** Suicídio; pandemia; liberdade.

## SUICIDIO: SOMBRA DE LA PANDEMIA Y LUZ DE LA LIBERTAD

**RESUMEN.** El objetivo de este estudio es problematizar la relación entre una era pandémica y la aparición de diferentes formas de patologización del sufrimiento, así como el consecuente aumento

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del número de suicidios. Se buscó a través de diferentes publicaciones de actualidad sobre el tema de la pandemia, el sufrimiento y el suicidio, lo que los investigadores habían concluido, en sus investigaciones y reflexiones. Pudimos constatar en estas investigaciones conclusiones antagónicas. También buscamos los datos estadísticos de la Coordinadora de Estadísticas del Instituto de Seguridad Pública del Estado de Río de Janeiro para qué dirección apuntan las estadísticas sobre el número de suicidios en Río de Janeiro de marzo a octubre de 2020 en comparación con el mismo período de 2019. Concluimos que el número de suicidios no tuvo ningún incremento significativo durante la pandemia, sobre la relación entre pandemia, enfermedad mental y suicidio que la elección de morir parece mucho más relacionada con la decisión singular ante el sufrimiento que con la imposibilidad de decidirse por el llamado camino normal, como defienden las investigaciones aquí relacionadas.

**Palabras clave:** Suicidio; pandemia; libertad.

## Introduction

The title of this article, *Suicide in the Shadow of the Pandemic and in the Light of Freedom*, was inspired by a Swedish science fiction film called *Aniara*<sup>8</sup> (Kågerman & Lilja, 2018). The story takes place in the distant future and recounts the events that unfold when a commercial spaceship bound for Mars deviates from its original course. The passengers drift through deep space with no hope of returning home. Although the ship was sustaining, its passengers gradually withered emotionally. After 23 years of adrift, nearly all of the passengers had committed suicide.

In a very recent moment in our history, in March 2020, humanity was ravaged by an unknown and deadly pandemic: COVID-19. Many experienced this crisis with resilience from the beginning, but others did not. There was nowhere to run; life was radically transformed, and we became prisoners on a planetary ship with no guarantee of survival. In fact, as we will see, during the first months of the pandemic (March to October 2020) in the state of Rio de Janeiro, the number of people suffering from mental distress increased. However, suicide rates did not increase (Brunoni et al., 2021; Pan American Health Organization [PAHO], 2022a; Amarante, 2020; Filgueiras & Stults-Kolehmainen, 2020; Hernandez, 2020; Niederkrotenthaler et al., 2020; Sher, 2020a).

Could we conceive of something like a diagnosis of collective depression? Or is there suffering stemming from the realization that their legitimate choice brought them to this terrible and inevitable fate? After all, they were already dead in a sense, forever deprived of their earthly possibilities. Could this suffering be considered pathological? Through this brief passage, we aim to raise the following question: To what extent does the pathologization of life categorize all suffering, including that which inspires death, as pathological?

When the imagination dwells on the tragedy of living in a sarcophagus or succumbing to a plague, it is understandable that one becomes devitalized and experiences the full range of pain, fear, and melancholy. Where does the expression of these emotions become pathological?

On the other hand, we can believe that catastrophes and the unexpected can be overcome, and that strength and wisdom can emerge from this struggle. As Krenak and Catelli (2020) say, their people face the desert while the so-called civilized choose to circumvent it. Wouldn't medicating human emotions be like circumventing what haunts us or calls us to fight? Wouldn't medication be like an anesthetic that postpones the ultimate clash? Often, humans are enlightened by the decision to live when everything leads them to death, but only when their creative power to confront crises emerges from within. However, when doubt about living or dying, about facing or fleeing the desert is cataloged in normative health and disease manuals and consequently legitimizes pharmacological intervention, we may alienate man from the experience of overcoming and self-construction. At other times, when defeat is inevitable, however absurd and incendiary this point of view may be, suicide

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<sup>8</sup>*Aniara* is a science fiction feature film produced in Sweden in 2018, directed by Pella Kågerman and Hugo Lilja.

can often be a perfectly rational decision when considered in the context of reality, as in the case of *Aniara*. Sometimes, the march toward inevitable death is a sacrifice for something greater than oneself. Leonidas of Sparta and his three hundred did just that, according to Greek poetry. Wouldn't this be considered a true suicide?

In *Suicide: Between Dying and Living*, Feijoo (2018) provides a detailed discussion of suicide and human freedom. After researching and interviewing individuals who had contemplated, idealized, or attempted suicide, the author concluded that voluntary death is more closely linked to freedom than to social, psychological, or biological structures. The author concludes if humans were predetermined in their actions, the possibility of voluntary death would never arise.

The question we address is: when considering the issue of human freedom beyond biological, social, or moral determinations, can we understand the decision to die as an act stemming from such freedom? Or, conversely, is suicide part of a determination related to pathology or fragility of the psyche? Is it also a decision directly linked to an implicit social norm? Finally, is suicide in the shadow of the pandemic or in the light of freedom?

Intending to problematize the relationship between our pandemic era and the emergence of different forms of pathologization of suffering, as well as the consequent increase in the number of suicides, we develop the arguments below.

### **The tragedy of Covid-19: suffering and suicide**

The International Journal of Medicine of the Medical Association of Great Britain and Ireland published Leo Sher's (2020a) study entitled *The Impact of the Coronavirus Pandemic on Suicide Rates*. In the study, the author states that the pandemic has had profound psychological and social effects on the general population, especially among healthcare professionals. This situation can aggravate psychiatric disorders, anxiety, and the use and abuse of psychoactive substances and alcohol. These symptoms are exacerbated in populations residing in areas with high rates of both the virus and social isolation policies.

Sher (2020a) further stated that these psychological consequences may persist for a long time. The Irish Longitudinal Study on Ageing and other studies mentioned by Sher (2020a, 2020b, 2020c) showed that social isolation and loneliness are associated with major depression and generalized anxiety disorder. These studies revealed that objective social isolation (e.g., living alone) and subjective feelings of loneliness are both associated with suicidal thoughts and behaviors.

Sher (2020a, 2020c) concludes that social isolation and psychological disorders caused by the pandemic may increase the risk of suicide during and after the pandemic. Furthermore, individuals who were already ill became more vulnerable during this period. Those who contracted the virus became more susceptible to suicidal behaviors, either due to fear of the illness caused by the disease or the risk of infecting family members.

The Pan American Health Organization [PAHO] (2020) corroborates Sher's (2020c) thesis and notes the expectation of a significant increase in suicide risk factors during this turbulent time. Considering this prediction, both the Ministry of Health (Brasil, 2020) and PAHO (2020) emphasized the importance of openly and directly addressing the topic of suicide. Both organizations emphasized that suicide prevention is always important and especially so during a pandemic. The report, *The COVID-19 Health Care Workers Study* (Pan American Health Organization [PAHO], 2022a), was a prospective, multicenter cohort study that aimed to evaluate the impact of the pandemic on the mental health of healthcare professionals across 26 countries on four continents. A total of 14,502 healthcare professionals were interviewed in Argentina, Brazil, Chile, Colombia, Bolivia, Guatemala, Mexico, Peru, Puerto Rico, Venezuela, and Uruguay. Several scholars and researchers from these countries collaborated with the Pan American Health Organization on this study. The results of this

study revealed high rates of depressive symptoms, suicidal thoughts, and psychological distress among the participants.

The healthcare professionals interviewed in 2020 presented symptoms that suggested a depressive episode (between 14.7% and 22%). Another portion of the professionals reported suicidal thoughts (between 5% and 15%). The study also showed that only one-third of respondents who said they needed psychological care received it.

However, other research on suicide during the pandemic pointed to different results. On May 14, 2020, Gavin Blair published the following news in *The Guardian*: “In Japan, suicides decreased with the lockdown, which caused a drop in stressors” (Blair, 2020, p. 1). The report clarified that in April of that year, the number of suicides in Japan had notably decreased, reaching the lowest rates since 2015. The adoption of working from home led to new configurations of daily routines. According to the report, this occurred for the following reasons: reduced stress from commuting to and from work by different means of transportation, less concern about being late to work, and the absence of routine habits such as going out for drinks with the boss and colleagues after work. The research also suggests that this decrease in suicides is presumably due to families spending more time together.

However, other research shows that this was not the case over time. Japanese government statistics revealed that there were 2,153 suicide deaths in October, while the Ministry of Health recorded 2,087 deaths from COVID-19 throughout the pandemic period up to November 2020. This significant increase in suicide deaths disproportionately affected women, with a 83% increase in October 2020 compared to the same month the previous year. For men, the increase was 22% in the same period. The hospitality, food, and retail sectors were severely affected during the pandemic, resulting in layoffs for many workers, most of whom were women.

The news published by the newspaper sparked the group’s interest in investigating the topic. Such observations are, of course, quite surprising to everyone. It is intriguing to think that going through a pandemic is less stressful than ordinary life. Therefore, we must reflectively revisit a premise and its corollary: Is our conception of ordinary life in harmony with the nature of human subjectivity? Is our current model of ordinary life a cause or motive for suicide?

To answer these questions, we must first understand the relationship between social isolation and suicide. Since conducting research throughout Brazil would be too labor-intensive, we decided to focus on the phenomenon’s occurrence in the state of Rio de Janeiro. In this context, we discussed many cases of suicide as either a pathology or an expression of human freedom in the face of life’s challenges.

### **The epidemiology of suicide**

The current outlook on the phenomenon of suicide is alarming to authorities, academics, and the general public. PAHO (2020), an agency linked to the World Health Organization [WHO], predicts that the number of suicides will increase due to the pandemic. This makes the issue of voluntary death even more alarming.

At the beginning of the pandemic in March 2020, the WHO, PAHO, research institutions, and public health scholars expressed concern about the potential impact of the virus on mental health and the expected increase in suicide rates. Therefore, it was feared that the number of suicides would increase during this period of the pandemic.

The most recent publication from the WHO, titled *Suicide Worldwide in 2019: Global Health*, was released to the public on June 17, 2020. It revealed changes in the epidemiological scenario of suicide deaths. Typically, suicide, in the category of mortality from external causes, represents 1.3% of all deaths worldwide, making it the 15th leading cause of death in the general population. Among external causes, suicide is the fourth leading cause of death among young people aged 15 to 29,

ranking below only the number of deaths from traffic accidents, tuberculosis, and interpersonal violence. Middle- and low-income countries have the highest suicide rates, accounting for 77% of deaths worldwide. Most of the world's population lives in these nations, and 88% of suicides occur among adolescents, who make up 90% of the young population worldwide. Furthermore, more than half of all suicides occur in people under 50 years of age (58%), i.e., in the economically productive population. The prevalence of suicide between genders is 2.3 times higher among men, even in high-income countries. However, in low-income countries, this ratio has decreased significantly because suicide death rates among women have increased. In Brazil, there are 5.8 deaths per 100,000 people per year, that is, 2.5 for women and 9.4 for men (World Health Organization [WHO], 2020). The annual number of suicides exceeds the number of deaths from malaria, breast cancer, and the sum resulting from homicides and wars (WHO, 2019, Brasil, 2017, 2018, 2019a, 2020).

In 2012, this organization expected the number of suicide deaths worldwide to reach one and a half million by 2020. Between 2000 and 2019, the global suicide rate fell by 36%; however, in the Americas region, rates increased by 17% during this period. The WHO still faces a hurdle: of the 183 Member States for which estimates were made for 2000–2019, just over 60 countries had high-quality registration data. Despite the decrease in suicide rates, this type of death remains a serious public health problem. The WHO warns of the need for urgent measures in implementing effective national programs and strategies for prevention and care for people who are thinking about or involved in a suicidal episode.

Brazil follows the global trend of higher suicide rates among males, which are approximately 3.6 times higher than rates among females. According to the Mortality Information System (Sistema de Informação sobre Mortalidade, SIM, in Portuguese), suicide was the third leading cause of death among young adult males aged 20 to 39 in the category of external deaths, encompassing a large working-age population. Most deaths, both female (73.1%) and male (71.1%), occurred in the 10–39 age group. The suicide rate among the elderly (over 70 years old) is also high, at 8.9 per 100,000 inhabitants from 2011 to 2015, with a predominance of male deaths (Brasil, 2017). If the prediction from the group that Amarante (2020) called alarmist, which identifies the growth of mental disorders, the use and abuse of psychoactive substances, and alcohol as contributing factors to suicide, in an interview for the Center for Strategic Studies of Fiocruz, is correct, we are facing a very serious public health problem.

And we also have the aggravating factor that for every suicide, according to the WHO (2000), there are at least 20 attempted suicides that fail. The Organization believes that the actual number of suicides is higher than indicated by the records, due to underreporting and poor data quality in several countries. Therefore, the number of suicide attempts would worsen due to the pandemic's effects. This would undoubtedly increase the demand for hospitals, emergency rooms, and emergency services in general.

The situation becomes even more alarming when considering the impact of suicide on personal, family, social, and professional relationships. The WHO (2020) estimated that for every suicide attempt, five to ten people are profoundly affected, resulting in emotional, social, and economic consequences. This means that, in addition to a significant number of people giving up their lives, millions of people—called survivors by suicidology—will be affected by these deaths or suicide attempts. This constitutes a serious public health problem.

In general, the presence of a mental disorder is an important risk factor for suicide, and worsening symptoms during the pandemic may pose an even greater risk. According to Niederkrotenthaler et al. (2020), various stressors tend to increase during a pandemic, including financial difficulties, increased alcohol and drug use, and domestic violence. These are warning signs for suicide attempts and make the situation even more sensitive and relevant.

### **Brazilian research: pandemic and increase in emotional problems**

Brazilian research indicates an increase in emotional distress due to the pandemic. At the Virtual Congress of the Inter-American Society of Psychology, the State University of Rio de Janeiro received the PhD Isabel Reyes Lagunes institutional award for research developed during the pandemic and for the actions of the Institute of Psychology during that same period (Hernandez, 2020). Some emotional difficulties exacerbated by the pandemic were investigated on that occasion.

Professor José Augusto Evangelho Hernandez (2020) studied the impact of the COVID-19 outbreak on the mental health of the population of Rio de Janeiro. Three hundred and eighteen people of both sexes, aged 18 to 79, participated in the study. Intrusive thoughts were identified in all social classes (low, middle, and high). These thoughts were identified as the main predictors of negative affectivity (depression, anxiety, and stress).

The study, entitled "Factors Linked to Mental Health Among Brazilians in Quarantine Due to COVID-19," by Filgueiras and Stults-Kolehmainen (2020), sought to identify factors associated with acute symptoms of depression, anxiety, and psychological stress among Brazilians during the pandemic. Unlike purely epidemiological surveys, this study focused on identifying risk predictor variables. The results showed that 4.1% of participants had depression levels above the cutoff point (Beck Depression Inventory), which is a rate similar to the prevalence of major depression in Brazil. The increase in symptoms of psychological distress was linearly associated with factors such as: (1) being female, (2) having a low level of education, (3) living with elderly people in quarantine, (4) needing to work outside the home, (5) having a preexisting diseases (a risk factor for COVID-19), and (6) being younger. On the other hand, adherence to telepsychology (online therapy), physical exercise, and having children in the home were protective factors against worsening depressive symptoms.

Shortly after the declaration of a quarantine due to the COVID-19 pandemic, Filgueiras and Stults-Kolehmainen (2020) conducted research examining the behavior of the Brazilian population during isolation. A total of 1,460 people from 23 states, spanning all regions of the country, responded to an online questionnaire containing over 200 questions. The questionnaire was administered at two specific times: from March 20 to 25 and from April 15 to 20, 2020. The researchers found that the disruption to Brazilians' daily routines caused more distress than the fear of contagion itself. According to the researchers, isolation due to the pandemic led to a significant increase in cases of depression, anxiety, and stress during that period. Depression increased by 50%, while anxiety and stress increased by 80%. These results indicated a concerning worsening due to the prevalence of acute stress. The data once again showed that women were more prone than men to experience stress and anxiety during the pandemic, especially those who continued working. This study suggests that this is due to women being burdened with an increased household chore and childcare load in addition to continuing to work. The main occurrences of depression were among the elderly, those without children at home, those with low levels of education, and those with elderly people in their households.

On the other hand, the research by Filgueiras and Stults-Kolehmainen (2020) also found that people in lockdown were less likely to experience mental illness than those who needed to leave home daily for work. The fear of contracting the virus outdoors led workers who needed to leave home to become sicker than those who worked from home or remained isolated.

The renowned scientific journal, *The Lancet Psychiatry*, published a study involving 70 researchers from 30 countries affiliated with the International COVID-19 Suicide Research Collaboration (ICSPRC). The research estimated the monthly number of suicides before the pandemic and compared it with the numbers recorded between April and July 2020. The study

revealed that none of the 21 surveyed countries, including Brazil, showed evidence of an increase in suicides. Twelve nations showed signs of a decrease in cases at the beginning of the health crisis. It is important to note that this result provides a preliminary overview of the situation, as it covers only the beginning of the pandemic. The researchers also emphasized the importance of considering the long-term effects of the pandemic on the nations included in the study, considering the economic and social impact.

In Brazil, Brunoni et al. (2021) from the Faculty of Medicine of the University of São Paulo (USP) also conducted research similar to that conducted in Norway and Germany. The study on mental health during the pandemic was conducted in the city of São Paulo with 2,117 USP employees and retirees, aged 50 to 80. Information on the participants' mental health was collected from May to July, from July to September, and from October to December 2020. According to the research results, there was stability in diagnoses of mental illnesses, suicidal ideation, and suicide attempts throughout 2020. There was also stabilization and a slight decline in symptoms of depression, anxiety, and stress. The researchers concluded that the pandemic and associated stress and sadness did not increase the prevalence of depression and anxiety among participants in the *Longitudinal Study of Adult Health* (Estudo Longitudinal de Saúde do Adulto, ELSA Brasil, in Portuguese) residing in the city of São Paulo. Brunoni et al. (2021) warn that the current situation is causing sadness, worry, and fear. However, these sensations cannot be generalized and diagnosed as a disorder.

The Brazilian Yearbook of Public Security (2021), released at the Brazilian Forum of Public Security in July 2021, reported that the number of suicides in Brazil in 2020 increased by 0.4% compared to 2019. There were 12,895 cases in 2020 and 12,745 cases in 2019—a difference of 150 cases. The states with the highest numbers in 2020 were the same as in 2019: São Paulo, Minas Gerais, and Rio Grande do Sul, in that order.

Researchers from three renowned research centers – the Center for Studies and Research on Health Emergencies and Disasters at Fiocruz, in partnership with researchers from the Jorge Careli - Department of Studies on Violence and Health (Claves/Fiocruz) and the Vita Alere - Institute for Suicide Prevention and Postvention – concerned about the increased incidence of suicides during the pandemic, have released the 16th booklet in the series *Mental Health and Psychosocial Care in the COVID-19 Pandemic in 2020*. The publication helps healthcare professionals identify warning signs and take action to prevent suicide, based on the premise that suicide attempts increase after extreme events. The researchers emphasize the importance of developing prevention, monitoring, and postvention strategies that consider the well-being of diverse demographic groups.

Historical data from past pandemics have also been examined to better understand suicidal behavior during these times. According to Sher (2020a), the Spanish flu pandemic caused the deaths of one-third of the world's population. It was associated with an increase in suicides due to fear of contracting the flu and the imposed isolation (Sher, 2020a, p. 3).

In Asia, in 2003, during the Severe Acute Respiratory Syndrome (SARS) epidemic, there was an increase in the number of suicides, primarily among those over 65 years old. This increase was attributed to fear of contracting the syndrome, becoming a burden to family, generalized anxiety disorder, social isolation, and psychological stress (Sher, 2020a, p. 3).

While these studies examine human phenomena such as melancholy, anxiety, and suicide, they are far from nosologically consolidating diagnoses. Furthermore, the validity of the very episteme of psychiatric nosology itself is widely debated. However, even assuming its validity, these studies' ability to make diagnoses is questionable, as their methodology falls short of the complexity of the clinical act. Scales and questionnaires provide information about collective patterns. However,

establishing a diagnosis is an individualized task within the intersubjective relationship between clinician and patient.

However, we have certainly gathered enough evidence to correlate mental suffering and suicide (whether these are pathologies or not) with the tragedy of the pandemic. There is mental suffering from the fear of the plague itself and from the anguish of existing alone and desolate for an unknown amount of time, heading towards the void inside a sarcophagus.

Thus, these processes are not interpreted as symptoms of a pathological mind, but rather as natural phenomena of a mind in deep crisis and suffering, consistent with the encompassing reality.

### **Human responses to tragedy, according to Paulo Amarante**

In an interview for the blog of the Center for Strategic Studies (CEE) of Fiocruz, Paulo Amarante (Laps/Ensp/Fiocruz) questioned the evidence of an increased incidence of psychological disorders or suffering during the pandemic, stating that repeatedly thinking about death, fearing the loss of relatives, feeling sadness, or even insistently washing one's hands—factors that could point to symptoms of mental disorder—are, in fact, experiences pertinent to the pandemic plaguing the world. He stated that it is necessary to act cautiously in the face of the tendency to diagnose pathologies that are behaviors arising from a particular life context. Furthermore, he warned that the proliferation of diagnoses can have a much more damaging result and lead to people resorting to drug treatment without proper precaution or follow-up. To elucidate how science and common sense react to the pandemic, Amarante (2020) described three narratives currently in circulation: the negativistic, the alarmist, and the cautious.

In the negativist narrative, a portion of the population refuses to accept the existence of the virus and the possibility of contagion. They radically oppose isolation, social distancing, and quarantine, and interpret state policies as political manipulation.

In contrast, the alarmist narrative assesses the virus as so lethal that it causes irreversible psychological suffering. According to this line of thinking, the evident increase in mental suffering, the use and abuse of psychoactive substances and alcohol, and suicide are intimately related to the consequences of the pandemic. Amarante concluded that although these two narratives are antagonistic, they converge in their radical and irrational assertions.

In an interview, the researcher supports his perception, saying: "People are subjected to unequal situations in this pandemic, and therefore suffer much more as human beings, in a broader social and cultural sense, than from mental disorders" (Amarante, 2020). Considering these latter conclusions, Amarante (2020) proposes a third narrative, which he calls the cautious narrative. This narrative warns that we need to be more cautious when analyzing the consequences of the pandemic. He emphasizes that these experiences are not necessarily synonymous with disorders because they are one among many existential experiences involving crisis, pain, and sadness. Finally, the scholar warns us that self-medication may be an easy path to follow but difficult to leave behind (Amarante, 2020). He also stresses that we cannot forget the pandemic's positive contributions, both individually and collectively, such as acts of solidarity, self-care, and efforts to reorganize daily routines and family relationships (Amarante, 2020).

Undoubtedly, the pandemic caused profound and abrupt changes in the behavior of the world's population. It required a radical transformation of the daily routine of entire families, who found themselves unable to carry out their everyday activities. Furthermore, it urgently implemented hygiene and social isolation protocols as vital measures to prevent the spread of the disease. This event created an atmosphere of fear and uncertainty about the future and panic in the face of imminent death, as well as distrust and disbelief in institutions.

### **Suffering, not illness**

As Amarante (2020) warns us, there is suffering and crisis, but not necessarily disorder. We must be careful not to diagnose pain, fear, and caution as disorders without sufficient time to check the premises of research. Amarante continues to argue that fear, frequent handwashing, and feeling frightened and anxious in the context of the pandemic are not indicative of pathological problems. We also venture to say that persistent disorders during pandemics cannot be evaluated according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), since fear and the constant threat of death accompany us in our routine of protection and prevention.

However, Amarante (2020) also teaches us about denialist narratives that hastily claim things are not happening in such an alarming way. He speaks of a third narrative that leads us to carefully observe the facts without being hasty.

For this reason, we consulted the Statistics Coordination of the Institute of Public Security of the Government of the State of Rio de Janeiro (ISP) to compare the statistical data on the incidence of suicides during the pandemic to that of 2019. According to ISP data<sup>9</sup> on suicide victims in the State of Rio de Janeiro in 2020, the year the pandemic began, there was a decrease in registered cases compared to the previous year. A total of 690 suicides were registered in 2020, compared to 747 in 2019. However, from January to September of 2021, there was an increase in the number of suicides, totaling 630, suggesting that 2021 would have more cases than 2020.

The statistical data does not confirm the information that guides the research cited by Amarante (2020). To establish public policies related to collective health, we must approach denialist and alarmist narratives with composure and avoid allowing haste to hinder the necessary measures in each situation.

The guiding question of this study is: Does the tendency to position suicide within the context of mental illness—thus denying human freedom in the face of the possibility of no longer wanting to live—also appear when we try to establish a relationship between the pandemic and the increase in suicides? To thoroughly reflect on the topic and avoid hasty conclusions, we will discuss below the nature of freedom that constitutes man.

### **Discussion: suicide in the light of freedom**

Is suicide, in principle, a personal decision given the inherent freedom of man? What paradigms can we use to determine the alienation of a person who kills themselves? If the act of deliberate self-destruction is the paradigm, then we are talking about a value alienation. Nothing is more concrete than the values cultivated by a moral system. Until depression drives someone to suicide, they are masters of themselves. The moment death enters the realm of intentions, the individual becomes alienated and loses their free will.

From a phenomenological-existential perspective, and in dialogue with Heidegger (1989), *Dasein*, that is, existence, is constituted by an original indeterminacy. This condition refers to the fact that human beings must exist. This proposition calls into question the notion that a person who decides to end their own life is reduced to the category of suicidal or, worse, someone who exhibits symptoms of a mental disorder.

The tendency to pathologize experiences in the face of a pandemic or adverse situations, as well as the human crisis of this pandemic—whether objective or intimate and subjective—can lead us to overlook humanity's capacity for creation and overcoming. With drugs and diagnoses, the fear of the plague or the desolation of the sarcophagus loses all meaning. As Amarante (2020) pointed out, the pandemic also brought creations and reinventions, showing new paths to fraternal encounters. None of this would be possible without pain and desolation. Yes, sometimes the choice

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<sup>9</sup> Data collected and reported by the Institute of Public Security (ISP) based on information from the State Secretariat of Civil Police (SEPOL).

is extinction of life itself. This choice is perhaps as legitimate as overcoming death because each person is sovereign within their limits. Once embraced by the fraternity that rescues humanity from the loneliness of isolation during the pandemic, everything necessary for making choices is available. Perhaps the embrace is the buoy that rescues the shipwrecked. It may be easier to diagnose and prescribe medication than to embrace, listen to, and share the pain and tragedy. In a way, we all live in sarcophagi, whether in this plague or the one that atrophies our affections and imprisons each person in profound loneliness, even within a crowd.

Along these lines, it is reasonable to view suicide as an act of freedom a priori, with arguments stemming from a pragmatic critique of the episteme underlying contemporary mental health, based on a phenomenological nosography due to the lack of knowledge regarding the causes and mechanisms of human mental suffering. This episteme is then instrumentalized by a psychopathology that is, in fact, intangible to objectivity. Thus, to ethically elaborate this thesis, it suffices to revisit Canguilhem's (2020) discussion on the normal and the pathological. In fact, excluding psychotic syndromes and mental deficiency (even then, with caution), nothing is more cultural than a psychiatric diagnosis. Likewise, nothing is more cultural than understanding suicide.

Therefore, categorizing suicide as a disorder and pathologizing pandemic-related suffering seems to be a cultural bias related to how contemporary Western society conceives of life and death, positioning suicide as an inconceivable act independent of individual decision. These facts suggest that many ethical and epistemological paradigms concerning suicide and, consequently, psychiatry must be rethought. However, historical facts cast doubt on the direct relationship between suicide and mental illness, as well as between suicide and the pandemic.

Getúlio Vargas fired a fatal shot into his own heart in the name of his moral and political convictions. Just minutes before, the statesman had ordered his general staff and cabinet of ministers with the lucidity and wisdom befitting his historical role. This act, which his supporters and followers considered a sacrifice, changed the course of Brazilian history. In his romances, Shakespeare viewed suicide as evidence of eternal love and unwavering honor. In the real world, cultures translated this honor and atonement for offenses into self-sacrifice, whether through offerings to Norse gods during sowing, seppuku, or *kamikaze* attacks to the emperor. In a world of extreme beliefs, people sacrifice themselves based on the words of Jim Jones or out of faith in a paradise with virgins. Reducing suicide to a pathology is not only inconsistent with human history, but it also belittles human sacrifice and dehumanizes the possibility of a person being possessed enough to end their own life.

Even with legitimate arguments already introduced, this discussion would hardly end in consensus. Our willingness to establish normative protocols for involuntary interventions *in the name of life*, based on psychiatric nosography, stems from a common cultural understanding deeply rooted in our subjectivities and intellectualities — if not captured by them. In a society that distances itself from the tragic — whose climax is death — it is only natural to consider suicide a pathological consequence, thereby excluding the individual's ability to make decisions in this process. To deny death through suicide, one often prefers to kill the individual's free spirit.

## **Final considerations**

Under no circumstances do we argue that we should neglect the suffering that leads to the decision to commit suicide. Rather, we intend to invite the reader to consider suicide as something that goes beyond biological or social determinants, to understand it by considering respect for freedom. Are people with mental illness free? If human thought relativizes our freedom from the beginning, as it has from Stoic philosophy to the present day (Seneca, 2008), and if no reason or

science sustains suffering or suicide as pathologies in themselves, then beyond implying a human cause, we must ultimately respect others' decisions.

When facing the intangible, we must acknowledge the essential doubt and leave the scientist out of it. We must rediscover the humans we were (or are), equipped with sensitive reason (Spinoza, 2007) and nourished by lived experiences, be they theoretical, practical, philosophical, artistic, or even the anatomy of possible equations.

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