

Mental health and ethics in times of COVID-19

Vitor Barros Rego

<https://orcid.org/0000-0003-2124-6379> | E-mail: vitorbarrosrego@gmail.com

The year 2020 has been quite challenging for everyone in the world as a result of the Covid-19 pandemic. The restrictions of movement, contact, and freedom forced us to know and recognize various issues in our life. Some noteworthy ones are our purpose of life and society and our mental health. Therefore, some questions provoke important reflections: why and for what purpose do we produce? How can we maintain our sanity and mental balance in this time of pandemic and atrocities happening?

Our way of producing goods and services has undergone many changes due to this pandemic: families suffered losses in their monthly incomes, the consumption of products and services has become restricted to those considered essential, companies have reformulated their functional frameworks and strategies. Due to changes like these, many male and female workers were subject to even more precarious situations than what they were already experiencing: exposure to risks of contamination, exhausting work journeys, lack of support, excessive punishments, among others (Antunes, 2018). Many report misuse of medications (antidepressants, anxiolytics, muscle relaxants), energy drinks, illicit drugs, body aches, unregulated sleep, difficulty concentrating, and high levels of anxiety (Schmidt et al, 2020). These reports are nothing new. The constant easing of labor laws and modernization of service provision has generated a mass of pseudo-autonomous workers, who believe they own their business but are managed by an algorithm (Antunes, 2018). This is the case for couriers and drivers working through applications. They work long days in order to gain a minimum amount of daily earnings that make it worthwhile for them to go out to work. There are no legal protections, not even of their physical and mental integrity at work.

Before the pandemic, the data on leave and illness at work already appointed frightening results. In 2018, according to the Statistical Yearbook of Occupational Accidents, Brazil had 576,951 reported accidents, just over 19,000 accidents more than the year before (Brazil, 2018). Among these, mental and behavioral disorders rank third as a reason for leave. We will not discuss data here, but rather reflect: **how do you think you contribute to causing illness to the other workers?** The answer is simple: directly or indirectly, yes, when consuming these products and services. Going deeper into these provocations, I ask further questions: Would you stop buying an outfit of a certain brand if you knew that the production line uses slave labor? Would you stop going to a restaurant you like if you knew that owners practice bullying against employees? Would you have a surgery with a doctor if you knew he's been working for 16 hours in a row? Would you take a trip when the driver or pilot of the plane is working on energy drinks and/or stimulant drugs? Knowing the conditions in which pieces of clothing were produced may not change our choices, but how the services are provided do so, also because, in some of the situations, we would be exposed to some risks. Therefore, I argue here that we are going through a crisis that is not only against a virus, but also an ethical crisis of society. We feed a production chain that endangers and exposes workers to borderline situations and that, in some cases, can put their lives at risk. What is scary is the ability to naturalize or even ignore such ethical dilemmas.

Published in Portuguese and English. Original Version in Portuguese.

Received in 6/14/2020. Resubmitted on 6/14/2020. Accepted on 6/14/2020 by Dr. Gerlando Augusto Sampaio Franco de Lima (Editor).
Published on 6/28/2020. Organization responsible for the journal: Abracicon.

But what does this have to do with our mental health? In the news, there are several manifestations around the world against oppression (racism, machismo, homophobia, xenophobia) and/or abandonment of people left to their own fate without sanitary conditions to face the pandemic. Worrying about the disease, by itself, already puts us in a state of vigilance, causing psychological disturbances that affect the ability to cope with healthy strategies (Ministério da Saúde do Brasil, 2020). The lack of knowledge about the virus, the speed of contagion, the accelerated spread of the virus, the lack of a vaccine, and the lethality above the average of other types of flu (Li et al, 2020) generate anxiety and, for some, panic.

After the Ebola epidemic on the African continent in 2007, the World Health Organization (OMS, 2007), emphasizes the importance of countries being prepared for the effects of a pandemic with good hospital structure and broad access, but also for possible damage to mental health. Recently, WHO (2020) underlined the need to provide psychological assistance and primary care by mental health professionals in the pandemic contingency plan. It is important to emphasize that one of the most effective measures to cope with a pandemic with this level of contagion is quarantine, restricting agglomerations and the free movement of people. The effects of this are losses in social bonds due to distancing, loneliness, fear, boredom, and feelings of emptiness, triggering depressive episodes, anxiety disorders, and suicidal ideas (Barari et al, 2020; Pancani, Marinucci, Aureli & Riva, 2020). Finally, in another WHO document (2000), among several factors that can lead to suicide, unemployment, social violence and lack of access to primary health services may intensify suicidal impulses.

So, how can one keep one's mind sane when watching people die from lack of access to treatment for Covid-19, murdered in their homes by gunfire, murdered because of their skin color, murdered in their villages for defending the nature against mining, murdered for living in an abusive relationship or being harassed for having a religion with African roots? Such social evils gained intensity in times of confinement. According to the Brazilian Public Safety Forum (2020), records of femicide have grown 22.2% since the beginning of the pandemic. The conclusion I reach is that mental health does not only involve a well-slept night or time for some exercise or stretching, well-prepared food, a few minutes of music, watching series. Mental health also depends on social justice (Dejours, 1999). Being outraged by these atrocities is an initial act to fight for this social justice and, consequently, for mental health. Some are able to follow the reasoning of giving up thinking about it, keeping quiet and pretending that none of this is happening. For this posture, the diagnosis would be another: cynicism, silence and connivance (which, often, are defensive and unconscious postures). These are three social illnesses that feed authoritarian postures, whether of rulers, owners of establishments, or even managers (Costa, 2019; Han, 2017; Dejours, 1999). These are postures that seek to nullify or minimize the suffering of the other, dilute responsibilities for acts or discuss the consequences and not the acts.

The mechanism works as follows in our mind: by being provoked by news reports that expose the evils, the subject may not be affectively capable of coping with it and putting it in a kind of drawer with a key so as not to see it anymore: our unconscious. However, by denying, we are silencing the suffering of those who have lost close people due to illness or social violence. And the more you put facts in this drawer, the more callous and aggressive this person becomes. In fact, this subject is not necessarily diagnosed with some clinical disease but is adopting a pattern of behavior and thinking about himself that causes illnesses to others. Therefore, feeling revolted by these evils also means fighting for one's mental health. After all, do you feel comfortable knowing that a neighbor of yours is being raped in the apartment next door? Or that a poor-class person caught COVID-19 working for an also contaminated person who pays the salary and that the maid died for not having access to health service while the mistress survived?

In the organizational world, many companies have adapted to *compliance* programs as a way to generate credibility and smoothness of internal procedures for their shareholders and customers. However, are these programs concerned with how results and people are managed? Is it normal to present transparency and smoothness with numbers, but at the cost of the mental health of workers who made them through moral and sexual harassment practices? These are considered as one of the factors that most affect cases of work-related suicides (Dejours & Bègue, 2010). It does not seem fair to achieve positive billing results knowing that employees will spend part of their wages on antidepressants, anxiolytics, or other forms of escape from suffering. In fact, this is the worst of confinements.

We need to rethink the way companies produce, but also the way we consume and feed these processes that cause illness and also how we take responsibility for social problems around us. And, in this space of knowledge construction which is the Journal of Education and Research in Accounting, it is also necessary to produce science with ethical purposes, which promotes constructive knowledge and trains professionals with critical knowledge. After all, “without a social end, knowledge will be the greatest of futilities” (Freyre, 1967). Building knowledge that helps to promote social injustice will not be knowledge, but a legitimate tool to destroy mental health.

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