

### **Coronavirus, event, silence: Psychoanalytic listening in the teaching clinic in times of pandemic**

*Coronavírus, acontecimento, silêncio: Escuta psicanalítica na clínica-escola em tempos de pandemia*

*Coronavirus, acontecimiento, silencio: Escucha psicoanalítica en la clínica-escuela en tiempos de pandemia*

*Coronavirus, événement, silence : L'écoute psychanalytique à la clinique-école en temps de pandémie*

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**Gustavo Angeli**  

Psicólogo, Doutor em Psicologia pela Universidade Federal de Santa Catarina, Mestre em Psicologia pela Universidade Estadual de Maringá. Docente do curso de Psicologia no Centro Universitário de Brusque – UNIFEBE.

**Mériti de Souza**  

Psicóloga, professora e pesquisadora no Programa de Pós-Graduação em Psicologia na Universidade Federal de Santa Catarina, Florianópolis/SC, Brasil. Doutora em Psicologia Clínica na PUCSP. Pós-doutorado na Unesp - Universidade Estadual Paulista; Pós-doutorado no Centro de Estudos Sociais – CES - Universidade de Coimbra.

**Pedro Valentim Eccher**  

Psicólogo formado pelo Centro Universitário de Brusque, Mestre em Psicologia pela Universidade Federal de Santa Catarina, na área de Psicologia Social e Cultura e na linha de Processos de Subjetivação, Gênero e Diversidades.

### **Abstract**

This article discusses the impact of the COVID-19 pandemic on people's lives during the beginning of the pandemic, considering the findings of a psychoanalytic study, given the unpredictable and traumatic nature that this episode carries. Specifically, our analyses were mobilized by psychoanalytical supervisions carried out with academic interns at a psychology school clinic, mainly during the years 2020 and 2021. What stood out in these supervisions was the silence regarding the effects of the pandemic on the services and reports of student interns, considering the materiality of this episode in people's lives and even the protocols implemented. The analyses are composed of references from or close to psychoanalysis, such as Sándor Ferenczi and Jacques Derrida, to talk about the marks and silences observed on the work with academic interns, in addition to writing new narratives about the potentially traumatic factor of the pandemic and its impacts on training and supervision in psychology and psychoanalysis.

**Keywords:** Psychoanalysis, pandemic, teaching clinic, supervision.

### **Resumo**

*Este artigo discute o impacto da pandemia de Covid-19 na vida das pessoas durante o início da pandemia, considerando as constatações de uma pesquisa em psicanálise, perante o caráter imprevisível e traumático que esse episódio carrega. De forma específica, mobilizaram nossas análises as supervisões com base psicanalítica, realizadas com acadêmicos-estagiários em uma clínica-escola de psicologia, principalmente no decorrer dos anos 2020 e 2021. Sobressaiu, nessas supervisões, o silenciamento sobre os efeitos da pandemia nos atendimentos e relatos dos alunos-estagiários, considerando a materialidade desse episódio na vida das pessoas e, mesmo, os protocolos*

implementados. As análises são compostas por referências próprias ou próximas da psicanálise, como Sándor Ferenczi e Jacques Derrida, para falar das marcas e dos silêncios constatados nos trabalhos com acadêmicos-estagiários, além de escrever novas narrativas sobre o fator potencialmente traumático da pandemia e seus impactos nas formações e supervisões em psicologia e psicanálise.

**Palavras-chave:** *Psicanálise, pandemia, clínica-escola, supervisão.*

### **Resumen**

*Este artículo analiza el impacto de la pandemia de Covid-19 en la vida de las personas durante el inicio de la pandemia, considerando los hallazgos de una investigación en psicoanálisis frente al carácter imprevisible y traumático que este episodio conlleva. De manera específica, movilizaron nuestro análisis las supervisiones con base psicoanalítica, realizadas con académicos-pasantes en una clínica-escuela de psicología, principalmente durante los años 2020 y 2021. Destacó, en estas supervisiones, el silenciamiento sobre los efectos de la pandemia en las atenciones y en los relatos de los alumnos-pasantes, considerando la materialidad de este episodio en la vida de las personas e, incluso, los protocolos implementados. Los análisis se componen de referencias propias o cercanas al psicoanálisis, como Sándor Ferenczi y Jacques Derrida, para abordar las marcas y los silencios constatados en los trabajos con académicos-pasantes, además de escribir nuevas narrativas sobre el factor potencialmente traumático de la pandemia y sus impactos en las formaciones y supervisiones en psicología y psicoanálisis.*

**Palabras clave:** *Psicoanálisis, pandemia, clínica-escuela, supervisión.*

### **Résumé**

*Cet article examine l'impact de la pandémie de Covid-19 sur la vie des gens au début de la crise sanitaire, en tenant compte des conclusions d'une recherche en psychanalyse, face au caractère imprévisible et traumatique de cet événement. De manière spécifique, nos analyses ont été mobilisées par des supervisions à orientation psychanalytique, réalisées avec des stagiaires académiques dans une clinique-école de psychologie, principalement au cours des années 2020 et 2021. Lors de ces supervisions, le silence concernant les effets de la pandémie sur les consultations et les récits des étudiants-stagiaires s'est révélé frappant, compte tenu de la matérialité de cet épisode dans la vie des gens et même des protocoles mis en place. Les analyses s'appuient sur des références propres ou proches de la psychanalyse, telles que Sándor Ferenczi et Jacques Derrida, pour aborder les marques et les silences constatés dans les travaux avec des stagiaires universitaires, en plus d'écrire de nouvelles narrations sur le facteur potentiellement traumatisant de la pandémie et ses impacts sur les formations et les supervisions en psychologie et en psychanalyse.*

**Mots-clés :** *Psychanalyse, pandémie, clinique-école, supervision.*

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Rumors of the closure of universities and schools, commerce, free movement through public spaces and health and safety transformations and protocols, due to the coronavirus, intensified and became a reality in March 2020 in Brazil. The mood in the country was one of anguish, doubt and a lot of fear. Some questions became frequent at that time: Would we remain in isolation? For how long? Was Covid-19 as lethal and transmissible as we had heard? How should we proceed? There were no concrete answers to these questions, not for lack of trying, a lot of research, contacts with official bodies and/or following up with each new piece of information. There were simply no answers to everything we would face in the coming years due to the unpredictability of the pandemic. We didn't know how long isolation would be necessary, we didn't know if we were infected, we didn't know how serious what was coming was.

In 2020, we lived through a year in which new information, guidelines and restrictions were announced every day. A real helplessness. On the same day, and in just a few hours, the entire world scenario changed. It was unbelievable what was happening. The number of deaths, those infected, the transmission and lethality of the virus. We were all at risk and potential transmitters of Covid-19. The dynamics of everyday life changed radically, it was no longer possible to leave the house at any time or for any futility. The use of masks and alcohol for hand hygiene was a reality. Entry and exit controls, temperature checks and, in addition, legends and fake news were all around us in the days and hours of a time we had no way of predicting and/or controlling.

Our support and safety nets were weakened. Our knowledge, even if it was provisional, was unable to appease our anguish and paranoia. We didn't know how to proceed or explain what was going on in our bodies and lives. What we did know was the number of deaths, the number of people admitted to hospital, the overcrowding of hospital beds and the number of cases that were coming closer to our homes and families. Amid this scenario, for people who were at university

carrying out teaching, supervision, research and extension activities, the doubts and difficulties manifested themselves in the modalities of professional practice and in contact with students and professors.

This article is part of a larger study<sup>1</sup>, which sets out to analyze the reverberations of the Covid-19 pandemic in clinical and supervision practices guided by psychoanalysis, carried out in a school clinic located in the south of the country. As a strategy for producing knowledge, we listened to the supervisions of the clinical appointments carried out by student trainees at clinic-school, considering the clinical material produced in these appointments, as well as considering the institutional dynamics present during this time of pandemic, such as changes in care protocols and the relationships established between clients, trainees, supervisor and staff.

Specifically, the supervisions were carried out with the student-interns who opted for an internship with a psychoanalytic approach and who served the population that sought out the school clinic of the Psychology course at Centro Universitário de Brusque (Unifebe), State of Santa Catarina, between 2020 and 2021. In other words, the population was served by the trainee students through weekly clinical sessions. It should also be noted that one of the article's authors supervised these sessions on a weekly basis. The clinical material produced in the sessions and supervisions was then recorded and analyzed using the theoretical contributions of psychoanalysis.

The epistemic reference used for the production and analysis of this clinical material was based on the concepts of transference, listening, unconscious, free association, floating attention, trauma, using authors who work with the reference of psychoanalysis, such as Sigmund Freud (1996, 2014) and Sándor Ferenczi (2011). Also used as an analytical reference was the concept of event from Jacques Derrida (2012), a post-structuralist author close to psychoanalysis.

It was also necessary to expand the work of listening, considering the dynamics of the institutional setting of the school clinic, which permeated all the clinical care provided by the trainee academics, as well as the supervisions carried out. Thus, we consider that the institution involves a dynamic that affects staff, teachers, clients, supervisors, as well as considering that the work at the school clinic was involving the contemporary scenario of Covid-19. This issue came to us eloquently when we started to listen to the relationship modalities that were imposed and which revealed the deafening silence of those involved with the conditions imposed by the pandemic. In this way, we were faced with the contingency of analyzing the reverberations of the protocols emerging in the school clinic and in the supervisions, considering, in general terms, the analysis of the mobilizations driven by the pandemic in the trainee-academics, in the teaching institution and in the population served in the school clinic, based on the silence that reverberated in this context. Thus, in this article, we specifically problematize the silence about Covid-19 and its reverberations in the school clinic, considering the plurality of people who circulated and made up the daily life and work carried out in this institution. This context also led us to problematize the Covid-19 pandemic and its reverberations in the contemporary scenario of knowledge and subjectivity, considering the expanded aspects of people's lives. Furthermore, after going through this more critical time of the pandemic, we were able to explore some of the effects produced by it with more appropriation, recognizing the importance of the *only after*<sup>2</sup> in the processes of knowledge production.

### **The University Institution in the face of the Covid-19 Pandemic: The Event**

On March 13, 2020, Unifebe closed its doors, introducing a new teaching model in two weeks. Classes began to be held at *take-home*. In other words, face-to-face meetings were transferred and adapted to operate from our homes. During this period, courses, orientation, meetings and all the dynamics of the university took place online. A resource that already existed in our classes and meetings, the Moodle system, provided support and digital access. However, as much as we dealt with some kind of technology as teachers, the pandemic established a different reality.

We held virtual meetings, theoretical debates, moments of sharing information and trying to create some kind of collective elaboration in the face of the situation we were experiencing. However, there was always a clear and insistent warning: any new position could be provisional and everything could change in a short time. There was no illusion of guarantees, dates or the supposed security that every plan would be carried out as agreed. The technical team, tutors and course coordinators were in constant contact and each new challenge was thought of collectively.

The world hasn't stopped because of Covid-19, nor has the number of deaths or inpatients been enough to pause the neoliberal lifestyle. We adapted our lives to the demands and requirements of everyday life. It wasn't possible to carry out the same activities or deal with everyday issues in the same way. We did what we could, not without anguish, but with a sense of helplessness. How was it possible to continue working, supervising or teaching while more than a thousand people were dying every day?

<sup>1</sup> This article is an excerpt from the first author's Doctoral Thesis, defended in 2022, by the Postgraduate Program in Psychology at the Federal University of Santa Catarina (UFSC).

<sup>2</sup> A word introduced by Sigmund Freud, in 1896, to designate a process of reorganization or reinscription, by which traumatic events acquire meaning for the subject only in the *a posteriori*, that is, in a later historical and subjective context, which gives them a new meaning. In Brazil we also use *só-depois*" (Roudinesco & Plon, 1998, p. 32).

We recall the Derridian conception of the event to problematize the pandemic time we are going through: “What arrives, as an event, must only arrive where it is impossible. If it was possible, if it was predictable, then it doesn’t arrive” (Derrida, 2012, p. 241). The event, like invention, according to Derrida, must consider its impossibility, because to the extent that invention is possible, we are no longer in the field of creation or the new, because it already exists. In the same way, the event carries surprise and the unanticipated, in other words, an event can never be predicted or programmed. In this way, the author explains the event not only as what arrives, but also as what arrives.

The event is this visit that comes without the possibility of prediction, announcement or calculation. It’s not on my horizon, nor is it possible to know about receiving what I don’t know I’m going to receive: “Horizontally, I see it coming, I pre-see it, I pre-say it and the event is what can be said but never predicted. A predicted event is not an event. It falls into my lap because I don’t see it coming”. (Derrida, 2012, p. 241)

In the sense that Derrida reaffirms, the verticality of the event is an absolute surprise that falls into one’s lap, because if it doesn’t come from above or from above, that’s what I see coming. The horizon announces its arrival and makes me wait for it, the one that announces itself and already has a place, pre-knowledge, a prediction. It’s not possible to organize or prepare to receive the event, yet the event demands hospitality.

In the book “*Philosophy in a Time of Terror*“, Derrida debates with philosopher Giovanna Borradori about the event. He problematizes with the author the fact that she very quickly wants to give September 11 the status of an event. “The event is what emerges and, in emerging, comes to surprise me, to surprise and suspend understanding: the event is first of all what I don’t understand at first” (Borradori, 2004, p. 149). With his usual caution and care when working with concepts and analysis, Derrida problematizes that the event prompts a movement of appropriation, an attempt to name and interpret what I don’t understand. However, the movement and the attempt to calculate, in the face of the event, only find fertile ground when they can withstand vacillating on its borders, in other words, the author highlights the unpredictability and surprise of the event and its movement of control and domination.

In this sense, it is only possible to welcome the event when it is possible to deal with not knowing, in other words, inventing. Thus, as the event opens up as impossible, it is only possible when we take impossibility into account: “Even when something arrives as possible, when an event arrives as possible, the fact that this will have been impossible, that the possible invention will have been impossible, this impossibility continues to haunt possibility” (Derrida, 2012, p. 243). As much as some kind of saying, narrative or knowledge about the event is possible, there remains a remnant, an impossibility, a journey through knowledge that is only possible when we consider not knowing, which produces the movement of the journey and the opening to something new.

Derrida problematizes the issue of the temporalization of the event, considering that the event does not only concern the present or the event that occurred in the past, but is directly related to the future, to what threatens to happen.

We are talking about a trauma and, therefore, an event, whose temporality does not result from the now that is present, nor from the present that is past, but from an in-presentable that is to come (à venir). A weapon wounds and leaves an unconscious scar forever open; but this weapon is terrifying because it comes from what is to come, from the future, a future so radically that it is to come that it resists even the grammar of the previous future (Borradori, 2004, p. 160).

In this sense, the trauma would not be in the event that happened, otherwise we could work through and overcome the mourning and carry on with our lives in a normal, everyday way, but the traumatic lies precisely in the worst that is to come, the threat of the tragic. The traumatic presents itself, above all, in the threat of the worst and in the impossibility of predictability and calculation, the worst that could happen one day and that we never know and there is no way of knowing. In this way, we can rethink whether September 11 can be an event, to the extent that it is possible, even if *a posteriori*, to predict the episode. Unlike Covid-19, we are not dealing with an airplane, but with a virus, an invisible, omnipresent guest whose arrival can never be predicted. “An event must be exceptional, without rules. As long as there are rules, norms and therefore criteria for evaluating this or that, what arrives or doesn’t arrive, there is no event” (Derrida, 2012, p. 247).

Despite the attempt to create parameters and knowledge, Covid-19 presented varied symptoms, subjects in the same environment with completely different responses to transmission, the effects and contagion of Covid-19, symptomatic and asymptomatic, completely unique recoveries and hospitalizations. There was no way to predict Covid-19. There were narratives or sayings about the pandemic, but what emerged was a terrifying narcissistic wound, a what-if. In this sense, we point to the *impossible* condition of the Covid-19 event. There is a trail that can only be followed to the extent that we endure and consider the erasure of its footprints:

We need to talk here about the im-possible event. An im-possible that is not only impossible, that is not only the opposite of possible, that is also the condition or chance of the possible. An im-possible that is the very experience of the possible. For this, it is necessary to transform thought, or experience, or the saying of the experience of the possible or the impossible. (Derrida, 2012, p. 244)

In this way, the pandemic has put a strain on the modern belief in the possibility of full calculation and control over unpredictability and the event that the subject believed they had. It was no longer possible to sustain unequivocal representations of knowing and subjectivity built exclusively on formal logic. It was necessary to deal with the event, the contradictory and the paradoxes, the disruption of the belief in a linear, flawless and continuous identity that can answer everything and control everything:

The virus does not correspond to these parameters, it does not follow borders and does not obey judicial and health orders. It really is a stranger, but it is only configured as such because it does not conform to the conceptions idealized by modern ways of knowing and subjectivating, that is, the way the virus works does not obey the assumptions that have guided human life in recent centuries. (Souza & Carvalho, 2021, p. 252)

The unknown became an element of real danger and risk to life, it entered our bodies and there was, at least at that moment, no elaboration that would allow some kind of production of meaning for what affected our lives. There was simply no answer and no possibility of imagining that anyone had the truth. How to produce movements and deal with helplessness in the face of the paralyzing anguish of not knowing everything? How to listen to helplessness in complete helplessness? How do we welcome what resonates and demands an answer all the time? How do you listen to anguish and death when you have no psychic protection against the invasions and inscriptions of a pandemic time? These are questions that have also crossed our experiences.

Psychoanalysis deals with and operates its listening through not knowing, unpredictability and the unusual. However, the pandemic time that was inscribed on our bodies and psyche threw us into a situation where there was no assumption of knowledge. If we consider that we can (un)know ourselves during an analysis, it is because we are betting that the analyst holds a knowledge capable of guiding and pointing out paths. The analyst, despite knowing that they don't know an answer or the patient's truth, has a theory that supports and guides their listening. The pandemic was potentially traumatic precisely because it removed all knowledge, however provisional, and established a time when nothing was known, when no assumption of knowledge was possible. There was no defense or symbolic support network that could contain the crossing and invasion that Covid-19 made in our lives and history.

The virus had a potentially traumatic effect on our lives, given the possibility and risk of death, the social distancing and isolation, the issues and problems surrounding the economy, unemployment, the radical and unexpected change in our routines and our work. Danger was present at all times and in all places, and its omnipotence reflected anguish and the impossibility of naming or making fear visible, making it impossible to protect ourselves or anticipate the danger. In this way, we found ourselves in the field of the traumatic, in which surprise, the unexpected, the unspeakable and the lack of any psychic resource that could produce an elaboration or meaning to what was inscribed in our lives and invaded our bodies were present.

The symbolic resources we have to deal with what life can throw at us are not unlimited. The emptiness of reasons, the lack of preparation, the impossibility of making sense of a painful event leads us to a position of impotence in responding to it and characterizes it as traumatic (Rudge, 2003, p. 113).

Despite leaving psychic marks, the traumatic is related to what lies beyond our psychic capacity for representation, trauma goes beyond the capacity for translation. It is not possible to elaborate or produce meaning and, at the same time, it is not possible to erase the marks of what has been experienced. How can we narrate the transformations of everyday life and the university at a time when more than a thousand people died every day? A period in which we didn't know when and if we would return to social circulation, hugs, meetings and conversations in university corridors? How can we produce a translation for the horror and negligence of the country and the public sectors in the face of the contamination and catastrophic effects of a historical moment that left us completely helpless and, at the same time, in urgent need to produce? Is it possible to talk about this time?

### **Covid-19 and the School Clinic: Silence and deauthorization**

The school clinic reopened its doors in October 2020 to offer psychological care to the population, with a variety of restrictions in accordance with health and safety protocols. In terms of age, children, adolescents and the elderly could not be treated at the school clinic. They were also required to wear a mask, clean their offices, have their temperature taken at the entrance to the clinic and, if there were any signs or symptoms, the session would be canceled, both by the patient and the trainee. There were changes in the dynamics and timetable of the appointments and in the rotation of student trainees in the available rooms.

The Brusque University Center produced a plan for a gradual return to face-to-face classes. In drawing up the plan, it took into account the number of students present at the institution each weekday, the physical capacity of each laboratory and the spaces to be used for the activities. The institution created didactic-pedagogical and health protocols, according to

the priorities for the return of practical classes in the curricular components. The project proposed resuming face-to-face activities in three stages. The theoretical subjects were only released in the third and final stage, in which 100% of students and teachers were expected to return to face-to-face activities. The specific supervised internships of the psychology course were resumed in June 2020, with the practical activities of the student interns in the school clinic and psychology service being organized on the basis of health protocols.

Patients who had been seen and monitored at the School Clinic and Psychology Services (CESP) prior to the pandemic were contacted again and offered new appointments, depending on availability and the new health and safety protocols. At first, patients didn't adhere to the treatment. There were few appointments and many absences during this period. The fear of contamination, of circulating in public spaces and even of making the journey to the school clinic were obstacles and issues. In this sense, the continuity of the internships was redirected towards welcoming the population who, at some point, demanded psychological care, as well as trying to produce materials and resources to listen to the anguish and the pandemic time we were going through.

We problematized the resonances of Covid-19 in our daily dynamics and subjectivity, and, in particular, we highlighted the traversals of the coronavirus pandemic in supervision. We would like to point out that, in this process of restructuring the care provided and the dynamics of the school clinic and internships, one element has caught our attention: the silence in the supervisions and clinical care provided by the student interns around the issues and reverberations of Covid-19. In other words, no problematizations, complaints or news about the tragic and painful moment we were all going through appeared in the narratives of the patients or student interns. Deaths, hospitalizations, contaminated family members and friends were not stories told or heard during clinical appointments by student interns, nor was the use of masks throughout the appointment, temperature measurement, the care room and social distance or the possible transmission and contamination of the virus by the patient, teacher or student intern.

In this way, we recalled Jorge et al. (2020) theorizing on the "subject of the pandemic", i.e. the authors questioned the effects of the coronavirus on the narratives produced by the trainees, based on health and safety protocols. One of the authors' first points focused on fear and anguish. The invisibility and inconstancy of the virus have removed the possibility of calculation and predictability from the scene, making it omnipresent and giving rise to the suffocation typical of anguish. In the authors' view, this affective confusion has unfolded into perplexity, astonishment and denial. Regarding perplexity, the authors point out that, despite the infinity of actions and the repetition of health protocols, it was not possible to be sure that there was a barrier to the virus, in other words, everything could bring the destructiveness of the virus inside. Perplexity sets in when it seems that we are experiencing a work of science fiction. The unreal seems/was real. The authors highlight the dismantling of the foundations of education, security and health in the country. An attack on civility and the civilizational pact of humanity, in other words, a political scenario that promoted a division in Brazil in which, on the one hand, there were the allies who had to survive and, on the other, the rest who had to be annihilated, both morally and physically.

In addition, Jorge et al. (2020) highlight denialism during that time, a form of escape from an extremely uncomfortable and unbearable truth. In this sense, denial<sup>3</sup> pointed to the impossibility of dealing with the horror of the helplessness and precariousness to which humanity was suddenly thrown. Although it doesn't prevent daily deaths, contagion and hospitalizations, denial occurs in the mildest forms, such as the paralysis of daily information, or even the most perverse *fake news*.

That this is happening in this pandemic scenario - in which a virus that isn't even alive, given that it needs the lives of others to fulfill its automatism of destruction; and that we are required to play dead, confined to our squares, is not psychologically irrelevant. There is no way not to be affected. Each person, according to their defensive structure, reacts with their own style (Jorge et al., 2020, p. 591).

In this sense, among the resonances and defenses produced in the face of the emergence of the coronavirus, we highlight denial. An element that has echoed in the world and in our daily lives and whose traces we have also been able to hear, to some extent, in the school clinic. In other words, in the face of the diversity of resonances that the Covid-19 pandemic has provoked throughout its course, the silence surrounding mobilizations, contagion, deaths or suffering in the face of safety and health measures has become an issue. Unlike what we first imagined, in which patients and student interns would talk about or problematize in their analyses and supervisions the pandemic and the horror of the days we were all living through, the narratives of the care provided by student interns in supervisions did not seem to include or question the pandemic and its reverberations. Although we tried to produce questions around health and safety protocols, i.e. the

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<sup>3</sup> The authors use the translation of the term *Verleugnung* for the term denegation, also translated in Brazil as refusal (of reality), that is, "used by Freud in a specific sense: a mode of defense consisting of a refusal on the part of the subject to acknowledge the reality of a traumatizing perception, essentially that of the absence of a penis in a woman" (Laplanche & Pontalis, 2001, p. 436). In denial, the subject knows about the anatomical difference between the sexes, but creates a substitute for the penis, the fetish, in order not to know. In contrast, the concept *Verleugnung*, translated as denial, is used to indicate and explain the "process by which the subject, although formulating one of his or her desires, thoughts or feelings that has hitherto been repressed, continues to defend himself or herself by denying that it belongs to him or her" (Laplanche & Pontalis, 2001, p. 293).

use of masks, social distancing, staggered appointment times and the constant recording of absences due to contamination or the risk of contamination of the virus, no problematizations or mobilizations emerged in the supervisions that were capable of producing narratives around this pandemic scenario in which we were inserted.

It's worth noting that we don't disregard other elements, movements and psychic dynamics caused and driven by Covid-19, but we associate denial with university silence, in other words, the silencing of trainee-academics and members of the higher education institution in the face of the new health and safety protocols introduced since Covid-19, present in the school clinic, in order to promote a space for narrative and listening, enhancing elaborations and translations of a time of horror.

Denial in the face of the impossibility of constructing an elaboration of the traumatic event presents itself and makes itself heard today. Silence in relation to the traumatic moment was present at many moments, not as if we weren't living through that time, we knew what was happening, the information was clear and constantly circulated through the most diverse spaces and media, but as if we couldn't speak or listen to what was happening in our daily lives. In this way, in addition to the concept of event, we have rescued the concept of deauthorization, an attempt to problematize the silence in the face of the horror and the unbearable produced by Covid-19.

Daniel Kupermann (2015) presents the debate carried out by Ferenczian theory in relation to trauma and its expansion into the social field, i.e. the lack of listening and recognition of the narrative of the suffering of a subject in vulnerability implies a "deauthorization" in the community. The effects of trauma on subjectivity refer precisely to the anaesthetization of affectivity and the difficulty in sustaining and stabilizing one's own perceptions and convictions, which lead to the subject's inability to think critically. The re-reading of trauma promoted by Sándor Ferenczi, according to Kupermann (2015), implies recognizing a break with social and political issues. It must be remembered that the presence and listening of a sensitive fellow human being is a necessary condition to enable the witnessing and elaboration of the excessive and the traumatic.

From a Ferenczian point of view, when a child experiences a real and incomprehensible situation in which their psychic resources are unable to produce some kind of translation for the event experienced, denial of the experience can occur, in other words, the impossibility of appropriating the traumatic event. The event is denied, but also in the confidence of a dialog with an adult, the child can relate the episode and the adult, by denying the child's experience, would cause the trauma itself. In this sense, disauthorization is found in the adult's denial of the child's narrative, in other words, the adult denies the child's distressing experience (Ferenczi, 2011).

Trauma, for Ferenczi (2011), refers to an external shock that produces, as an effect, a psychic numbing, separating the memory from the distressing experience, a suspension of psychic activity around the traumatic episode. The excess of what happened makes it impossible to elaborate and translate; the subject is unable to defend themselves against the traumatic invasion. The psychic reverberations pointed out by the author around trauma are precisely the repetition of the traumatic through a non-representational route, the refusal of the reality of a traumatic experience. In this sense, we find the silence of the victims and the lack of memories of the history of the trauma and their experience. Remembering the traumatic content will only be viable when the subject can bear the memory of what happened and what was excessive, which can be associated with traumatic neurosis, i.e. the repetition of the traumatic as a possibility of translation and mastery of anguish.

According to Ferenczi (2011), trauma makes it impossible for the child to understand and elaborate on the subjective incapacity to deal with the excessive event in the psyche. He highlights the adult's deauthorization in the face of the real event, generating a suspension of the psyche's activities and resistance or annulment of perceptions, making it impossible to translate the excess that is inscribed and drives translations. The adult's disavowal of the child's traumatic experience generates a psychic commotion in the child, a traumatic shock. The adult who denies the child's experience produces suffering in the child, in other words, silences and anaesthetizes the possibility of creation and elaboration of what is inscribed in the body and psyche, finding no other destination.

The time of the violation of the child by the adult who is blind to the dissymmetry between their positions, that is, passionate in their relationship with the difference of the other; and the time of the "deauthorization" of their testimony, certainly the most decisive and the most damaging for the constitution of the traumatic scene. (Kupermann, 2015, p. 2)

In this conception, the confusion of languages between the adult and the child would have the effect of a first inscription of the traumatic, while the child speaks the language of tenderness, the adult, in turn, speaks the language of the sexual. Provoking and inscribing seduction in the child, elements and messages untranslatable without the help of the adult and the community. The second stage of trauma would be the child's search for an adult capable of providing support and shelter for their traumatic experience, in other words, making sense of the destabilizing experience. In the third moment of Ferenczian trauma, we find deauthorization, i.e. when the subject resorts to the presence and sensitive testimony of the other, but finds denial and indifference in the face of suffering and psychic pain:

The worst thing really is denial, the assertion that nothing happened, that there was no suffering, or even being beaten and reprimanded when the traumatic paralysis of thoughts or movements manifests itself; this, above all, is what makes trauma pathogenic (Ferenczi, 2011, p. 79).

In this sense, the first stage of the trauma, i.e. the occurrence and experience of an excessive experience, would not necessarily be destructive or traumatic in itself, given that the encounter with the other can provide sufficient resources and support for a translation of the excessive and invasive experience. Psychic destructuring comes from the disallowance of those who cannot listen and witness the possible elaboration of a version of the situation and experience suffered on their own behalf. In this way, we highlight the potentially traumatic relationship of the disauthorization that an analyst/supervisor can generate in their consultations with their patients/trainees. The deauthorization of the elaboration and helplessness that the subject may find themselves in when searching for a space to listen to their pain and make sense of what they are constantly having to translate. School clinics and supervisions in higher education institutions are forced to work on constructing and producing narratives of a time of horror. It is necessary to speak and listen to the tragic.

Kupermann (2015) points out that clinical work with victims of traumas and catastrophes involves producing narratives and some kind of translation in the face of the horror and the unrepresentable nature of the situation experienced; however, the traumatic is not only about the impossibility of representation, but also about the impossibility of listening. This is the inaudible of trauma. Narratives of suffering and the experience of trauma can provoke and unsettle their witnesses, implicating them in a situation beyond what is collectively bearable, destabilizing the supposedly orderly and safe daily life. We remember the difficulty and sometimes impossibility of narrating about the moment we are still going through.

The silence<sup>4</sup> around the reverberations and impact of Covid-19 on academic life, internships and the school clinic is still present. Among the diversity of outflows and symptoms present after the introduction of Covid-19, we can highlight the “disauthorization” surrounding the construction and elaboration of the traumatic. How is it possible to listen and bear witness to what destabilizes and breaks with the translations of a time and a life? How can you listen to the anguish of death and the lethality of a virus when you are at permanent risk?

There was a silence of an unanswered time that could have brought denial into play, among other psychic outlets and dynamics. It's not that we didn't experience or have no news of what was happening, however, some subjects operated as if they were returning to a previous period, as if everything was going to go back to the way it was before, even though they knew that this universe and those dynamics no longer existed or would no longer be the same. We know about the effects of the coronavirus pandemic, we follow the number of deaths, the transmissions, friends and family hospitalized or in complete isolation and social restriction for having contracted the Covid-19 virus, but we act in the world as if nothing was happening, as if we were overcoming the crisis and the horror of a time that was hard to pass. Denial of what has been experienced can operate as a way of dealing with what cannot (yet) be talked about.

Everyone is driven to construct and translate this pandemic time. We are thrown into making sense of what marks our bodies and history. In this way, the narrative is necessary and fundamental; however, it is still necessary to welcome and accompany a time that is still inscribed and that has shaken the hope of normality and days of tranquillity or security. “In any case, and in the face of trauma, we must try to metabolize the excess” (Rodrigues & Martinez,

2014, p. 859). The human subject is a biographer of himself, in other words, he needs to historicize himself in order to cope with the daily life that invades and demands answers.

The subject needs translation aids to deal with the events and traumas that life can impose. In this sense, culture acts as an element of organization and elaboration in the face of unpredictability and helplessness. In a role of protecting the subject from the lack of representation and the production of meaning, culture provides and imposes an order supposedly capable of protecting and supporting the radically helpless subject. If the impact of the traumatic event reverberates in the impossibility of relying on an existing elaboration and opens up the impossibility of predicting, calculating and controlling the world and oneself in a modern conception, in other words, the traumatic episode disorganizes and scrambles the coordinates of any anticipation and guarantee of a single, absolute truth or of an identity capable of dominating and controlling life.

Stumbling into the traumatic does not obey any law or norm, it breaks down the boundaries and disorganizes the translations on which the self was sustained and recognized: “As such, the traumatic accident is something that drives change, because the destructuring it promotes in the symbolic and imaginary fabric of the self-pushes the subject towards a new arrangement in which the construction of a narrative plays a fundamental role” (Rudge, 2009, p. 55). In this way, we highlight the importance of the narrative in the elaboration of the traumatic and of the psychoanalytic clinic in producing spaces and listening to the weaving of a translation capable of once again supporting and welcoming the subject in the face of what the traumatic event has undone and disorganized. At the same time, it's worth remembering that the subject who is least prone to becoming ill is the one who is able to listen to their vulnerability and deal with the destabilization that constitutes them from the outset.

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<sup>4</sup> In addition to silence as a resonance of the traumatic events caused by the Covid-19 pandemic, the possible modalities and functions that silence occupies within psychoanalytic theory stand out. In other words, silence as a condition for listening to the transference and the possibility of establishing a clinical *setting* capable of producing narratives and, in turn, interpretations. Silence in psychoanalysis should not be restricted to the concept of resistance, but of elaboration within a path of analysis (Nasio, 2010).

Kupermann (2015) recalls that perpetuating silence and silencing the voices that make it possible to translate the experience of suffering could perpetuate a dynamic of disallowing the traumatic. At the same time, opening a dialogue is also an encounter with the living wound, and remembering the traumatic episode is opening up once again the experience of a disarticulation and destabilization in which the subject has protected themselves by using the mechanisms and forces available to them in their psychic universe.

In this way, the proposal of a speech and narrative in relation to the traumatic and a time that has not been forgotten must take into account the iatrogenic effect of our work. Not just integration and elaboration, but the sickening of the subject due to the evocation of the traumatic experience and the impossibility of listening to and talking about the trauma. Opening up the traumatic and reliving the trauma can become a form of violence when it is not possible to offer a sensitive space for creation and support.

Thus, we are betting on supervision as a space to support the enigmatic, insofar as we understand that translations and deconstructions are only possible by walking the paths of free associations, events and clinical experience. Supervision presents itself as a space for creation, in which the norms and requirements of undergraduate studies are attenuated, in which it is only possible to enter supervision when you accept not knowing, that it is possible to build new and other paths through listening. This is the clinical and supervisory experience. It is only in the event and in the irruption of the unconscious that a path is created and, for this reason, it is necessary to deal with the anguish of not knowing all the answers, since it is only then that we can open up space for supervision or clinical care. In other words, we highlight supervision as a possible strategy for elaborating clinical thinking, the possibility of thinking together - supervisor, academic trainee, patient and institution - about elements that we also don't know, that worry us and produce enigmas.

In this sense, we are betting on traditional and non-traditional spaces where it is possible to narrate the horror of a pandemic time, as well as find a place for listening that can produce testimony and a link between survivors and the community. After the most tragic scenario of the pandemic had passed, we found the resources to be able to produce other narratives about clinical work and supervisions at the school clinic, to listen to what was often disallowed and silenced. Therefore, we are betting on listening at university as a space for creation and experience for what invades and drives translations.

### **Final considerations**

Our assumption is that the unconscious as the basis of psychoanalysis-oriented supervision supports an event, because it considers the unpredictable, the undecidable, what is missing and escapes. In this way, to the extent that the Covid-19 pandemic has radically crossed our lives, it has also transformed our routines and our work; which configures another event, because Covid-19 has made it explicit that there is no linearity or morality in the event, just as there is no *a priori* or morality in psychoanalytic supervision. In other words, the event crosses the unconscious and the presuppositions of psychoanalysis, but it also crosses the pandemic.

It's worth noting that the assumptions, concepts and psychoanalytic method - which supported the disruptive and unpredictable in clinical supervision and in the development of the student intern's experience - were questioned when we were faced with the outbreak of Covid-

19 and the silence of the student interns and members of the clinical-school institution regarding the adoption of new safety and health protocols. In other words, we highlight the limitations, the psychic reworking and the construction of the internship that is based on the theoretical contributions of psychoanalysis, considering that the unpredictability, instability and disruption caused by Covid-19 and the new health and safety protocols in clinical care mobilized subjective modalities that questioned the support offered by the bulkhead of psychoanalytic concepts and method.

Psychoanalysis has increasingly been thought of as an effective therapy against symptoms and psychic suffering, as supposedly capable of freeing the subject from the discomforts caused by the unconscious and placing itself at the service of the goals of a sovereign, happy self, socially adequate to the cultural and narcissistic norms of a time. A subject who demands that psychoanalysis annihilate his restlessness instead of questioning it. In this sense, psychoanalysis is called upon to fill the gaps in the senses and in existence, in the face of a subject's anguish when faced with helplessness and not knowing (Kehl, 2002).

The attempt to relocate psychoanalysis to the function of ensuring the "place of the good" is a psychoanalysis named by Maria Rita Kehl (2002). As "Freud Explains", a justification for evil, in other words, a psychoanalysis that appeases symptoms and anguish by finding the origins of malaise and unhappiness in psychic organization and structuring or in the Oedipus complex, the guarantee of happiness and well-being by being able to deal with one's own unconscious.

Unfortunately, psychoanalysis, for various reasons, has not produced a conception of the human being capable of restoring Aristotelian harmony, which presupposes a correspondence between the supreme good and nature or, in more current terms, between the supreme good and the unconscious. (Kehl, 2002, p. 30)

Psychoanalysis encourages a movement of the word, listening to and welcoming the event, making the word circulate. Here we emphasize the importance of the psychoanalyst who questions and exposes the fragility of appearances and established certainties, sustaining a space capable of withstanding the anguish of questioning themselves and the foundations of their knowledge and practices. Thus, the psychoanalytic practice that tries to guarantee absolute knowledge, capable of unraveling and understanding any problem, is opposed to the practice that supports working with unpredictability, the undecidable and the event. From this perspective, we may be able to withstand and problematize the deafening silence about Covid-19 that has spread in the school clinic and, perhaps, in the lives of many people.

We don't envision the work of psychoanalytic supervision in school clinics establishing a space of truth, guarantee or certainty of good training, healing or good for trainees and patients, because psychoanalysis is on the side of invention, in the otherness that constitutes us and in the impossibility of calculating and predicting the event. Psychoanalysis is found in responsibility for listening to the difference that inhabits us. A responsibility for what is strangest and most familiar to us. In other words, the fall of the knowledge and power of the great father is not replaced by psychoanalytic theory and practice; on the contrary, our listening is aimed at "making the 'children' speak, ourselves, orphans of an established truth, in order to make the small, singular, repressed truths emerge" (Kehl, 2002, p. 35).

In this way, we break with the idealization of morality around good and evil in psychoanalytic supervision, insofar as we deal with and sustain work based on an ethical conception of the unconscious in which it is not possible to guarantee, control or predict, which opens up the possibility of listening to what is not known and what is happening, what escapes and goes beyond calculation. Warned by Koltai (2012), we try not to fall prey to the temptation of the good and the crystallization of clinical work capable of answering enigmas and establishing truths; on the contrary, we envision, in psychoanalytic supervision, hospitality to the event and the most disruptive that inhabits us.

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### Mailing address

Gustavo Angeli  
E-mail: [gustavooangeli@gmail.com](mailto:gustavooangeli@gmail.com)

Mériti de Souza  
E-mail: [meritisouza@yahoo.com.br](mailto:meritisouza@yahoo.com.br)

Pedro Valentim Eccher  
E-mail: [peeccer@gmail.com](mailto:peeccer@gmail.com)



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