

Original Article

The COVID-19 pandemic in Brazil: everyday life analysis and group intervention outcomes

Pandemia de COVID-19 no Brasil: análise do cotidiano e desdobramentos de uma intervenção grupal

Katharyne Figueiredo Elesbão^a , Tatiana Dimov^b , Willian Silva Barros^a ,
Leidy Janeth Erazo-Chavez^c , Ellen Cristina Ricci^a 

^aUniversidade Federal de Pelotas – UFPel, Pelotas, RS, Brasil.

^bUniversidade Federal de Santa Maria – UFSM, Santa Maria, RS, Brasil.

^cUniversidade Federal do Maranhão – UFMA, São Luís, MA, Brasil.

How to cite: Elesbão, K. F., Dimov, T., Barros, W. S., Erazo-Chavez, L. J., & Ricci, E. C. (2023). The COVID-19 pandemic in Brazil: everyday life analysis and group intervention outcomes. *Cadernos Brasileiros de Terapia Ocupacional*, 31, e3262. <https://doi.org/10.1590/2526-8910.ctoAO249332622>

Abstract

The COVID-19 pandemic has abruptly changed the everyday life of the population, especially of people in social distancing. Thus, using a qualitative methodology, we sought to analyze the changes in the everyday lives of Brazilians in social distancing and the possible contributions of occupational therapy in telehealth groups. The research was carried out in a virtual format using the technique of focus groups to collect the narratives. The meetings, which lasted approximately 90 min, occurred in the second half of 2020. The meetings were transcribed, analyzed, and categorized by the interpretive phenomenological method. Four categories were found, namely, changes in emotional states, changes in everyday life, political crossings and the pandemic, and from grouping to virtual grouping. Disruptions in everyday life were noticed, as well as the formation of a mutual help group. Remote assistance in occupational therapy contributed to health care emergencies as it allowed moments of reflection in the participants' everyday lives.

Keywords: Occupational Therapy, Activities of Daily Living, Coronavirus, Mental Health, Support Groups.

Resumo

A pandemia de COVID-19 alterou bruscamente o cotidiano da população, sobretudo o das pessoas em isolamento social. Dessa forma, através da metodologia qualitativa, buscou-se analisar as mudanças nos cotidianos de brasileiros em distanciamento físico e as possíveis contribuições da terapia ocupacional em teleatendimento grupal. A pesquisa foi realizada no formato virtual. Utilizou-se a técnica de grupos focais para a coleta das narrativas. Os encontros, com duração aproximada de 1 hora e 30 minutos, aconteceram no segundo semestre de 2020. Esses encontros foram transcritos,

Received on Feb. 3, 2022; 1st Revision on Feb. 19, 2022; 2nd Revision on June 14, 2022; Accepted on Dec. 19, 2022.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

analisados e categorizados por meio do método fenomenológico interpretativo. Quatro categorias foram encontradas: alterações dos estados emocionais; cotidianos; atravessamentos políticos e pandemia; do agrupamento à grupalidade virtual. Foi possível perceber as rupturas nos cotidianos e a formação de um grupo de ajuda mútua. A atuação da terapia ocupacional em teleatendimento contribuiu para o cuidado em emergências de saúde, pois se aproximou e refletiu sobre o cotidiano dos participantes.

Palavras-chave: Terapia Ocupacional, Atividades Cotidianas, Coronavírus, Saúde Mental, Grupos de Apoio.

Introduction

The COVID-19 pandemic, a disease caused by the new coronavirus (SARS-CoV-2), initially brought about a need for social isolation, which contributed to an increase in the rates of depression and anxiety (Qiu et al., 2020; Xiang et al., 2020), fear of contamination (Zhou et al., 2020) and feelings, such as confusion, anger and post-traumatic stress symptoms (Brooks et al., 2020). Among those who could be in isolation, the fear of contracting COVID-19, especially people who have health problems and fear of contamination of their family members, was presented as a primary factor of psychological distress (Wang et al., 2020).

The presence of symptoms of anxiety, stress and depression demonstrate the impact of the COVID-19 pandemic on people's mental health. Variables such as being a student, being female and having symptoms of COVID-19 are associated with higher rates of these symptoms (Duarte et al., 2020; Losada-Baltar et al., 2020; Lu et al., 2020; Sherman et al., 2020). Unpredictability, uncertainty, misinformation, social isolation and disease severity were other factors associated with increased stress and changes in emotional states (Fogaça et al., 2021).

The study by Barros et al. (2020), which had a sample of 45,161 Brazilians from all regions of the country, aimed to analyze the frequency of nervousness, sadness and changes in sleep during the COVID-19 pandemic. Participants were 53.6% female, 24.6% of them were between 18 and 29 years old, 20.3% were 60 years old or older and 14.9% had already had a previous diagnosis of depression. The feeling of anxiety and nervousness was reported by more than 50% of Brazilians who responded to this survey. The feeling of sadness and depression became even more recurrent, reaching 40% of adults. More than 40% of the interviewed population developed sleep problems. In addition, this study revealed that young adults, women and people already diagnosed with depression were the most affected, highlighting the vulnerability of this population and the need for wide dissemination of mental health preservation practices, as well as online services aimed at mental health care.

In order to respond to the needs of mental health care, given the specificities that the pandemic presents, multiple authors defend telecare and the use of online communication tools (Duan & Zhu, 2020; Inchausti et al., 2020; Liu et al., 2020; Wind et al., 2020; Xiang et al., 2020; Zhou et al., 2020). The Inter-Agency Standing Committee (IASC) draws attention to the urgency of developing strategies compatible with local demands and resources, strongly encouraging the use of social networks and the telephone in periods

when confinement is necessary to mitigate the day-to-day impacts of the pandemic (Inter-Agency Standing Committee, 2020).

In this sense, occupational therapy stands out in the pandemic context for constituting itself as a science and profession that takes care of everyday life and studies the occupational life of subjects with the aim of making them more independent, autonomous and emancipated. The performance of occupational therapy is committed to renewing the concept of health, perceiving it not only as repairing damage, but as the production of life (Bartalotti & de Carlo, 2001).

Daily life is a concept adopted by occupational therapy as a unit of analysis. When the professional assumes the possibility of working with it, he is inserted in the construction of new meanings attributed to the subject's experiences. Reflecting on daily life and taking a foreign look at the routine that seemed static and unalterable before the pandemic collaborate with movements of resignification, self-determination of the subject and reorganization of the collective (Galheigo, 2003).

The World Federation of Occupational Therapists (2014, 2020) states that occupational therapists enable involvement in meaningful occupations that may be suspended by pandemics and disasters, and professionals need to be involved in disaster management at national and local levels, being able to use telehealth. However, the Federal Council of Physiotherapy and Occupational Therapy (Brasil, 2020) only authorized the performance of professionals in the modalities of teleconsultation, telemonitoring and teleconsulting during the COVID-19 pandemic.

Faced with the pandemic scenario, our assumptions were to understand how Brazilians' daily lives would be, their emotional states and through which devices occupational therapists could collaborate for the mental health of the population. Therefore, the objective of the present research was to analyze the changes in the daily lives of Brazilians in isolation or social/physical distance and the possible contributions of occupational therapy through group telecare.

Method

The research exposes the qualitative data of a sample of the Brazilian population collected through the focus groups of the matrix research "COVID-19 Pandemic in Brazil: evaluation of emotional states, daily life and virtual devices of help and mutual support to the population", carried out by the Federal University of Pelotas (UFPEL) and the Federal University of Santa Maria (UFSM). It refers to a research supported by the constructivist and interpretative paradigm, with an evaluative character, guided by the framework of critical hermeneutics (Harper & Thompson, 2012; Minayo et al., 2014).

A national coverage was sought through invitations on various social networks, reaching the population with access to the Internet and digital media. The research was approved by the ethics committees of the two institutions under CAAE No. 30825320.0.0000.5317 and No. 30825320.0.3001.5346, respectively.

As a whole, this study includes a quantitative stage, in which 1,700 people answered an online form consisting of a sociodemographic questionnaire to describe the sample, the Depression, Anxiety and Stress Scale (DASS-21) and an invitation to participate in the focus groups. The articles referring to the quantitative stage of this research are in the process of being submitted, and it is not yet possible to quote the data from this

stage. At this stage, the inclusion criteria were: being Brazilian, being over 18 years old, residing in the national territory and agreeing to participate in the research. The disclosure was made through social networks, on pages to discuss topics related to the pandemic, via the email list of universities that agreed to make the disclosure and through dissemination shots to WhatsApp® contacts of the research team. At the end of the form for the first stage, there was an invitation for participants to continue in the new phase of the research, now qualitative, through virtual meetings that generated the data focused and analyzed here.

Among the respondents, 125 agreed to participate in the qualitative phase of the research, consisting of six virtual meetings, which took place between 08/04/2020 and 09/08/2020. In order to constitute a heterogeneous group, 40 participants were selected based on the variables sex, age, gender and location, and subsequently contacted via personal email and WhatsApp®. Even though there was an effort for the heterogeneity of the group, this was not possible in the location variable because a large part of the sample lived in the South and Southeast regions.

Among the 40 selected, 30 participants could not attend on the day and time stipulated for the groups or did not return the contacts made by the researchers, while 10 people actively participated in the focus groups, maintaining the predicted heterogeneity. After the beginning of the meetings, to maintain methodological coherence and analysis of the narratives, other interested parties were no longer invited. The 85 participants who could not be included in the research due to the small number of researchers received an e-mail that indicated the impossibility of covering all people.

The inclusion of interest groups living from the experience (stakeholders) as a methodological resource arises in an attempt to achieve a more complex understanding of reality and the defense through a dialogical exercise that considers the actors involved, experts par excellence of the studied phenomena (Dimov & Ricci, 2016).

We understand that the focus group technique in qualitative methods is a wise option for the development of participatory evaluations, since it starts from a constructivist conception of reality and the inevitable and necessary interaction between researcher, object and context (Furtado et al., 2013; Onocko-Campos & Furtado, 2006).

The focus group is a data collection technique obtained through group interaction, which allows observing how experiences, definition of problems, opinions, feelings and representations of the group are associated with a certain phenomenon. It also makes it possible to understand the participants' experiences from their own point of view, evidencing consensus and dissent (Miranda et al., 2008).

The meetings were held weekly, with an average duration of 1 hour and 30' and with an average of seven people per meeting. All meetings were conducted by occupational therapists who were members of the research conducting group. At the beginning of each meeting, trigger phrases were used to start the participants' discussion, for example: "How was your week?"; "Describe the sensations..."; "What activities did you carry out and what strengths, difficulties and differences did you find when carrying them out?". Based on the triggering questions, we sought not only to collect data, but also to welcome and manage the group, considering that one of the objectives of this research was to evaluate the possible contributions of occupational therapy in group teleassistance; and, therefore, the meetings were managed as a group teleservice, whenever this need arose.

At the end of the virtual meetings, the six groups were transcribed in full for data analysis, which took place from the construction of narratives (Onocko-Campos et al., 2013; Ricoeur, 1994).

Narrative is a constructive approach that seeks, in addition to understanding, to propose alternatives, transform and seek solutions. Thus, it is an important interpretative resource for analyzing the material produced in research (Onocko-Campos & Furtado, 2008). The analysis takes place through the movement of fragmentation, in which phenomena and information are broken down so that they can be understood. On the other hand, construction is necessary to delineate the fragments and systematize the material to elaborate paths that can provide solutions for the obstacles encountered (Onocko-Campos & Furtado, 2006).

The narratives were analyzed using interpretive phenomenology (hermeneutics), which aims to enhance the researched area and include discoveries. It aims to understand the lived experience and its meanings, considering that this experience is connected to the subject's relationship with peers, society and culture (Alves, 2006; Lindseth & Norberg, 2004). When using the steps of the interpretative phenomenological method, it is possible to have a naive reading, description of the data based on the phenomenological reduction (*époque*), the grouping and delimitation of the units of meaning and, finally, the construction of analytical categories to be used from the units of meaning (Lindseth & Norberg, 2004; Andrade & Holanda, 2010). Data analysis was carried out between April and July 2021, the first step being the naive reading, followed by the grouping of meaning units and construction of analytical categories. The analytical categories found were: a) Changes in emotional states; b) Daily life; c) Political crossings and pandemic; and d) From grouping to virtual grouping. The transcription of the narratives will follow the Px model to identify the participant and Gx to identify the focus group.

Results and Data Analysis

Descriptive results of participants and analysis of focus groups

The present study is dedicated to the qualitative part of the research, highlighting the 10 participants in the focus groups. Table 1 presents the sociodemographic characteristics of the participants – by way of description and better presentation of the data.

Table 1. Sociodemographic characteristics of focus group participants (FGs), Brazil 2020.

	n	%
Average age 43.30 SD ±12.45		
Gender		
Male	4	40.0
Female	6	60.0
Region		
South	6	60.0
Southeast	3	30.0
Northeast	1	10.0

Table 1. Continued...

	n	%
Marital status		
With partner	7	70.0
No partner	3	30.0
Skin color		
White	7	70.0
Black and brown	3	30.0
Scholarity		
Superior	10	100
Religion		
Evangelic	1	10.0
Catholic	1	10.0
Others	4	40.0
Atheist/agnostic	1	10.0
Does not know/did not declare	3	30.0
Monthly income		
Up to 3 MW*	4	40.0
3 to 5 MW*	4	40.0
Above 5 MW*	2	20.0
Occupation		
General services	1	10.0
Specialized technical services	2	20.0
Top-level technical services	7	70.0

*MW: Current legal minimum wage. **Source:** Elaborated by the author, 2021.

Sociodemographic data showed a prevalence of white people (70%), women (60%), predominantly from the South and Southeast regions, with a mean age of 43, with partners (70%), who had higher education (100%), income between 3 and 5 minimum wages – within the heterogeneity observed in the sample of participants in the matrix research.

Changes in emotional states

Social distancing measures adopted to contain the virus are commonly associated with unpleasant experiences. The abrupt change in the routine of work, studies and social life can cause insecurity and suffering, mainly due to the fact of dealing with an unpredictable future, with no forecast of returning to “normal life” (Schmidt et al., 2020). Anxiety and fatigue caused by prolonged distancing were two common feelings in the narratives of focus group participants.

[...] the issue of time itself is quite distressing and the issue of having no perspective of what will happen next and not knowing whether it will be tomorrow or a year from

now [...] and time... I don't know if it is stopped if it is suspended, it's [...] it's not good for us [...] (P7, FG 3).

[...] what is called normal is distressing, time is starting to consume us, it's starting to generate anxiety, a certain fatigue, [...] if you look to the left, it's impotent, if you look to the right it's also impotent [...] (P3, GP 4).

There are days when I feel as if I had gained a lot of weight, really exhausted, and I start to get bored of being indoors, the fatigue of staying indoors [...] (P3, GP 2).

Although social isolation is essential to contain the spread of the virus, it can arouse concern for oneself and loved ones and anxiety due to the uncertainty of the duration, and has several psychological repercussions for people inserted in this context (Faro et al., 2021).

It is clear that the pandemic has imposed important changes on the emotional state of the population; however, the highest rates of anxiety, depression and sleep problems are associated with women, young adults and people who already had a previous diagnosis of depression. Another highlighted factor is that women observe their signs and symptoms more, in addition to being more concerned about their health (Barros et al., 2020).

Although research participants, of both genders, demonstrated impacts on their emotional states, women brought a closer look at themselves in their narratives, reporting feelings of sadness, apathy and anxiety, while men mentioned greater concerns about the country, politics, economics and work.

[...] I realized that I was going crazy and going into... sadness, depression, mourning altogether, you know? It's a lot for us to absorb, right? (P6, FG 3).

I lived like this for the first time in this period like three or four days of sadness and apathy, I was very sad (P10, GF3).

[...] When we think about the economy, when we see the cases increasing and nothing stopping it, it gives a feeling that we are just pushing the problem forward, I think. It's not that it's bad for people to want to work, we understand that it's a country that doesn't have the capacity like Italy, like Spain had. England had to stop for two months and be completely locked down (P4, FG2).

It is worth mentioning the burden on women, with the accumulation of tasks and the increase in activities carried out in their daily routines, such as comprehensive care for the elderly and children, organization of the domestic space and food preparation (Marques et al., 2020). Often, these tasks fall on them, especially with the closure of schools and reduction of the support network due to the established social distance, overloading them emotionally and physically.

[...] My daughter is out of class, so she is with me and my son 24 hours a day, my mother helped me to take care of them, now this help time has also decreased (P8, FG3).

Women are simultaneously grappling with fears about the virus and the rise of remote and domestic work. It is difficult for families to ensure that child development takes place, with food, health, safety and care in the face of an economic crisis, anxiety, fear, excessive

exposure to the media, lack of space and contact with friends and nature (Movimento dos Atingidos por Barragens, 2020).

Finally, another feeling that was very present among the participants was the dichotomy of sometimes being hopeful and sometimes despairing, both in terms of a better future and in human beings. Freire (1996) states that, for the historical experience, hope is essential and that it belongs to human nature. It makes history and problematization of the future exist, creating space for the future to be built and not predetermined.

I think this awareness that we will have a better world, I think it is something that we want to hold on to and believe that something good will come out of this, because what is happening is so bad that we need to believe that something good will happen after it [...] (P6, FG 2).

[...] And let's not lose hope, I don't lose hope in human beings, I am very optimistic about the issue of human beings [...] (P3, FG 2).

Changing the world starts with me, I do mine, you do yours, we're going to start this big fight, it's like we're spreading and sowing flowers and we're going forward (P3, FG 2).

The speech of participant 3 shows that hope is not waiting passively, but acting in hope while fighting (Freire, 1987). Hope is the way that subjects see the possibility of transformation (Galli, 2015).

Daily life

The domestic space in the pandemic assumes the role not only of family life, but also of work (home office), distance learning, leisure and religious practices. With the changes suffered in this environment, there is a need to understand time in this context.

For occupational therapy (Mângia & Ricci, 2011), living in a house contemplates a complex daily life of relationships with each other and with others that was abruptly changed during the pandemic. Living, which would be linked to material conditions, reception, appropriation of housing and the domestic environment, for many Brazilians is a situation of great vulnerability. Saraceno (2001) differentiates living in two aspects: living and dwelling. Thus, being would mean occupying a space without appropriating it, whether material, symbolic or emotional. Dwelling would mean the possibility of occupying the space where one lives with a growing degree of symbolic, material and emotional appropriation.

The participants' narratives show the change in the dimension of time, living and the need to reorganize themselves in the face of changes, especially in the work-from-home routine, imposed by the pandemic, therefore, new ways of inhabiting the house have emerged:

[...] Our orientation is that we have this availability for families, families don't have a time to send students' activities, it's 8 pm, 10 pm, it's Saturday, Sunday... So we don't have another day of the week, today I don't know if it's Monday or Tuesday, every day has become Monday here. Work has increased a lot, the demand for work [...] (P8, FG 1).

[...] Work has become something that is really demanding a lot from me, all the effort, all my capacity, the activity is now very focused on work [...] (P7, FG 3).

For survey participants, the demand for work increased during the pandemic, as most of them had stable and adaptable jobs for the remote format. Work began to live and be in the participants' homes abruptly and disjointed from the routine dimensions and daily processes of everyone who lived there. The rituals of self-care, food, time to rest and days off (weekends) were invaded by the demand for telework and being present, even in the absence of bodies in other social environments, transforming living.

Characteristics of everyday life such as spontaneity and heterogeneity, ways of speaking, eating, personal hygiene and trusting relationships with family members have changed with the arrival of telecommuting, tele education and telehealth. Everything started to happen in the same environment (house) with all residents, requiring adaptations, changes in behavior patterns and schedules of activities.

However, despite the reality of our participants being teleworking, this is not the reality of most Brazilians, since, according to the Brazilian Institute of Geography and Statistics (IBGE), Brazil had an unemployment rate of 14.6% in the quarter closed in May 2021, equivalent to 14.8 million people looking for work (Instituto Brasileiro de Geografia e Estatística, 2021).

[...] I really like what I do and in this situation of physical and mental stress, work is a great tonic in our lives, so the activity, not being idle and such is something that also helped a lot in this period, see? (P7, FG 2).

Assuming that work is at the center of Western and capitalist society, its influence on quality of life and ways of being in the world is understood. Intimately linked to the social and historical fabric, ways of life and everyday life, changes in their relationships strongly affect the ability to produce life and possibilities of existence (Albuquerque et al., 2021). Participant 7's narrative shows that work was a protective factor for their emotional state, even with the adaptive challenges of teleworking living at home.

According to Harvey (2020), the COVID-19 pandemic has the particularities of a syndemic, that is, a pandemic of class, race and gender, since, for a large part of the working class, staying and working at home is not a possibility, in addition to those workers who perform functions considered essential for the population. Thus, the social division of labor and the fact that social isolation is not possible for everyone stands out.

Another factor to be highlighted about the new relationship with the domestic space was that, in response to COVID-19, several occupational therapists spoke of the importance of establishing routines and offered tips on activities that could be done in their free time, in addition to suggesting and guiding ways of carrying out activities in the community and at home (Silva et al., 2020). The Australian Association of Occupational Therapists released a document entitled "Normal life has been disrupted: managing the disruption caused by COVID-19", which was later translated into Portuguese by the Cultural Association of Occupational Therapists of Paraná (ACTOEP) as "Practical guidelines for healthy lives: learning to cope with routine changes due to COVID-19". The document brings together tips and practical guidelines for adapting daily life, regarding work, study, productivity, self-care and support for physical and mental health (Occupational Therapy Australia, 2020; Silva et al., 2020).

We can highlight in the participant's speech that tasks just to reorganize the house and routine do not respond to people's needs in the medium and long term, and that they do not encompass more subjective processes such as the cultural, social and economic diversity in which the subjects are inserted.

[...] 5 months, then there comes a time when you don't have anything else to invent, you know, I've already reorganized my entire bookshelf, sorted by size as I always wanted, there comes a time when you don't have much else to do [...] (P6, FG 3).

With a longer period of syndemic in Brazil, there was a need for another organization and practicality of living, new meanings or limitations of actions in the daily life of the home. Pragmatism, which used to work in a pre-reflexive way, organizing the house's routines, in the moment of a longer rupture, requires reflexive functions that ask for more time to be elaborated with new emotions involved and, thus, can generate acute stress and anxieties. Pragmatism belongs to one of the characteristics of everyday life described by Heller (1994) that can be directly influenced by the loss of natural evidence or natural attitude. Organizing routine, books and personal objects can serve for a shorter period of distancing, using a natural attitude of pragmatism, but it does not seem to be enough for long processes of health emergencies.

Occupational therapy in Brazil was constituted in the singular daily activities of human activities, but also in the fight for human rights and universal access to health services, especially those focused on mental health (Ricci et al., 2020). Everyday life feeds back into social life. You may not have the same gestures, actions and ways of carrying out activities, but this should be understood not as excluding possibilities and powers, but rather as unique phenomena. Occupational therapy, as a core of knowledge focused/centered on the daily actions of the people it monitors, is committed to developing everyday life based on lived experience, thus seeking to collaborate in the construction of dialectical therapeutic relationships of the health/disease/care processes during health emergencies (Ricci et al., 2020).

In the course of life, activities have dominant roles, to be later neglected or changed, at the moment when an individual time limit, socio-historical transformation or collective progress is reached. Everyday life changes depending on the context, influenced by age, cultural ties, gender and social class, following the rhythms of each historical time (Carvalho, 2000).

Participant 6 reiterates the limits of focusing only on activities of daily living, an ahistorical concept that has been used indiscriminately and that does not encompass social and cultural diversity (Galheigo, 2003). Therefore, it does not respond, in the medium and long term, to the needs of the subjects and the complexity of the context, especially in the Brazilian reality. The core of Brazilian occupational therapy is committed to human activities in their complexity in a constructivist, dialogic way, to think together with people about possibilities of how to be/do in the world, enhancing and recognizing the meanings given during the therapeutic process, always mediated through activities, building existential territory for the subjects, or as Quarentei (2007, p. 10) warns us:

The OT has to operate a delicate and intense process of appreciation of the doings... knowing the taste, the flavor, assigning value. Knowing what lights up the look or turns it off. We can affirm OCCUPATIONAL THERAPY as a re-create-action of life not from the place of omnipotence, but from the place of

simplicity, the joy of welcoming this continuum of re-doing oneself and translating into activities!

Political crossings and the pandemic

COVID-19 caused many transformations in the daily life of the subjects, not restricted to the temporary or permanent reorganization of ways of life and occupations, but also in the macro collective and political structure of everyday life (Silva & Nascimento, 2020).

It was observed, from the narratives, how politics, the economy, news and other macro structural factors influence well-being, doing and ways of relating.

[...] as there are no protocol public policies so that we could know what we can do or not, how we should proceed or not, this is very, very dark, right? I would really like, for example, to be able to walk down the street and such, but I really don't know what I can do and what I can't do (P7, FG 3).

[...] I always say here, it's like there's a machine gun in a war out there shooting and you don't know where the bullet is coming from and without any protection you go out on the street, there's a very high probability of hitting you and you dying on the street, that is covid (P3, FG 2).

For Heller (2004), “[...] everyday life is not outside history, but at the center of historical events; it is the life of the individual. The individual is always, simultaneously, a particular being and a generic being” (Heller, 2004, p. 20). Thus, everyday life is heterogeneous in several aspects (skills, types of perception of affection, abilities); however, it does not necessarily represent autonomy, since everyday life demands a socially produced meaning, inserted in a historical process of society (Heller, 1994).

The pandemic in Brazil, so far, has been led in an irresponsible and incompetent way, with the absence of an effective coping plan, encouraging crowds and discrediting health measures. Thus, the country accumulates a series of errors in managing the pandemic (Almeida-Filho, 2021). Although all health guidelines recommended isolation and social distancing, the purpose of the President of the Republic was to find a way to defend the return to normality (Amarante, 2021).

[...] Here comes the question of national leadership. The countries that had a national leadership with an intellectual head of thought, where the leader led his people to the right direction, fought the pandemic better, they already left and their economies will recover. Brazil, on the other hand, unfortunately, elected a comrade who only with the glory of God can take care of this country, because the country plunged into the abyss [...] (P3, FG 2).

The mismanagement of the pandemic was a very present debate during the meetings, as the speech of the members evidenced the concern with the future of the country and with the number of deaths, in constant increase.

[...] when the cases happened in Italy, I did not imagine that Brazil could exceed 100,000 deaths. It's kind of unbelievable, letting it get to that point (P2, FG 2).

[...] there's something about the authorities dealing with it as if everything was going to be fine, right? There is a discourse here in São Paulo, among the authorities that we are finally going down, going down a descending curve, the number of deaths has decreased, it is decreasing, every week there are less people dying per week so, as if it was nothing, right? [...] (P6, FG 4).

At the time of participant 2's speech, August 2020, Brazil had exceeded one hundred thousand deaths (Agência Senado, 2020). In July 2022, the country reached the mark of 673,339 deaths from the disease (Brasil, 2021).

[...] The news that we see every moment are very sad, right, and then we have a hundred thousand and it seems that that doesn't mean anything, right, we have... I insist on this idea that freedom, democracy, this thing so expensive that, I mean, my generation, for example, paid dearly for it, to have these values. We fought a lot for this [...] (P7, FG3).

Brazil has the worst result of deaths from COVID-19 per million inhabitants compared to the countries that make up the BRICS (Brazil, Russia, India, China and South Africa). Comparing with South America, the country is the second in mortality per million people, behind only Peru (Agência Senado, 2020). Therefore, the pandemic makes the country's profound inequalities even more evident, exposes the ineffective presidential administration and contributes to thousands of Brazilians facing greater social and health risk (Ricci et al., 2020).

The Federal Government, in all initiatives, prioritized the economy and capitalist investments, and not the life and health of the population (Santos Neto & Fernandes, 2020). The political-economic crisis that the country is going through, worsens as the government does not contain the spread of the virus and produces significant threats to the 1988 constitution and democracy (Silva, 2020).

[...] The scenarios of society, I think it seems that everything is going to get worse, the fact that we cannot meet in person with our peers, I, for example, have always participated a lot in the demonstrations and not being able to do that is something that it's weakening us a lot, things are being approved by the wheel, the big agreements are happening, taking advantage of this pandemic moment, right? So the impression I have is that it's much worse than it seems, because I think that when we get back to our active life of going out, doing things, some things that may be irrecoverable and it's one more thing that worries me a lot, especially in the political scenario that we live in... It's something that makes me desperate every time I read news about the administrative reform or you know the important cuts in health, education, culture... anyway... [...] (P6, FG 4).

Social distancing measures have prevented or hindered collective articulation for claiming rights, so hard won by the Brazilian population, and which are under severe threat. The speech of participant 6 emphasizes the concern with the impossibility of meeting with peers to defend basic rights, such as health, education and culture.

Historically, occupational therapy has been dedicated to accessing human rights and universal health, as it understands how the subject-everyday-history-society relationship is

articulated, understanding the subject as a result of numerous determinations (Galheigo, 2003). Therefore, it welcomes the concerns of the participants, understanding the socio-historical process and seeking to actively transform it through the critical empowerment of the collectives.

From grouping to virtual grouping

The last category found was from grouping to virtual grouping, in which the groups were constituted as a group of help and mutual support. The groups were formed by peers, that is, who were experiencing similar processes during the pandemic, in this case, the general population in isolation and/or social/physical distancing. These groups are organized through meetings in which participants share life experiences, coping strategies for common problems or to discuss a previously agreed topic (Vasconcelos & Weck, 2020).

It is worth emphasizing the difference between mutual help and mutual support groups, the first proposes the exchange of experience, welcome and emotional support between people who are facing similar suffering and difficulties, while the second proposes carrying out work together, expanding cultural, leisure, care and sociability opportunities, which can reach the formal organization of the participants, with more complex projects of income, housing, access to culture and others (Brasil, 2013).

The construction of help and mutual support groups in the virtual environment can bring means to deal with the stresses arising from the repetition of household tasks, contagion panic, as well as the tendency to depression, feelings of loneliness and stress resulting from prolonged isolation. In this space, participants can find strategies for coping with common problems and share their life experiences (Vasconcelos & Weck, 2020).

In the narratives, the importance of having a safe and welcoming place to share the anxieties and uneasiness arising from everyday life and the adversities caused by the pandemic was noted, it was also possible to observe reports of improvement in the emotional states of the participants.

[...] I don't like the farewell tone, but the group, it was practically a pandemic therapy, you know? Seeing these Tuesdays, I think it's not always that we should have anchors like that, but sometimes we need it, right? And the group was like an anchor, you know, a safe haven (P6, GF6).

[...] I don't know how my quarantine will be from now on, because really this Tuesday, this little hour here, it's an hour and a half that I don't pick up my cell phone, I don't waste time there, losing my concentration with other things [...] It made the quarantine not an unbearable moment, it made the quarantine a more bearable thing because it was like that support group anyway, you know? It really was an anchor [...] (P6, FG6).

[...] it brought me moments of being able to talk and talk and feel everything that we are living, and even discover things that we discover when we don't talk, that were in us and even many times we don't even notice [...] (P4, GF6).

The narratives of participants 4 and 6 illustrate how important it was to go through the period of social distancing with the group, promoting a space for reflection, support and a moment to look at their feelings and emotions.

Vasconcelos & Weck (2020) suggest the establishment of a fixed day and time for the meetings, and this factor was fundamental for the adherence of the group, as well as for the creation of a bond between the participants and for the grouping to become a virtual group, with mutual help and support.

[...] the things we talk about here, or that I put here, maybe because it's a survey, I don't need to be... at least from me I feel that, I don't need to be a character, for that person I'm like that, not that we're two-faced, but we end up putting some limits on how far we go, depending on who you're in a relationship with, especially the distance, and in this group it seems that there's no such limit, at least I'm not ashamed to say that I'm almost being irresponsible, to expose these things, because it's the proposal to really show what we're feeling, what we're living, what we're thinking, I at least I don't see this space in other places and with other people, I would love to continue the group within this proposal of being able to speak openly about things, without judgments and one helping and supporting the other (P6, FG 5).

[...] it's amazing that we got together like that, tied together, in a big space and it started to form a group, which really seems like we already knew each other and exchanged ideas, as if we were continuing an old conversation and for me it has it was very rewarding, this possibility for us to reflect on what is happening, on ourselves, on other people, right? because the great risk of isolation is us, not really listening anymore and this is very important, listening to other people, with such diverse experiences and that added together, it has been very useful for our lives (P7, FG 5).

In general, help and mutual support groups do not have many rules, but the right to confidentiality, privacy and protection of personal information, in addition to respect for the values of the other, without criticism or judgment, are fundamental elements for the continuity of the group and so that they can produce their psychic effects (Brasil, 2013).

In the speech of participant 6, it is possible to notice the importance of complying with these rules, so that there is security when sharing their experiences, fears, thoughts and for the possibility of the group to maintain itself without the mediation of the researchers and to consolidate itself as a group of help and mutual support, going beyond the limits of research.

[...] I'm an amateur astrologer, so I officially have a birthday, astrologically... and I chose to be with you [...] And it was good to have decided to be with you, people I don't know, I don't know if we will see each other again, meet each other, but I think that doesn't matter either.. This human experience that we are having was important and I am happy to start this year's celebrations with you [...] (P10, FG 4).

It's funny that six dates seemed very little... "ah, six dates, okay, if I don't like it, it's only six dates" and it seems like it was more, because of the bond, but at the same time it seems like it went by very quickly, because the we started that day and the impression it gives is that there were more meetings, it seems that almost from the beginning of the pandemic, it doesn't seem that it was now, it's been a month and a half, it seems that it was there at the beginning of the pandemic, we talked about how it was from the beginning, so we experienced the beginning here in the group, right? [...] (P6, FG 6).

As the meetings progressed, it was possible to notice that the participants referred to each other and remembered the group during the week, constituting a process of becoming a group. The feeling of belonging can generate the feeling of “being alive” and compose a collective, while being collective and different from it. With the sense of belonging established and the group consolidated, the participants begin to share painful themes that are often difficult to address (Lima, 2015).

It stands out, in the speech of participant 10, the affective investment that the members made in the group, situations in which they chose to be together or choose to be in the group.

Occupational therapy, in the last two decades, has dedicated itself to studying and building methods and techniques for conducting groups, by understanding the powers of this device for human relations, strengthening everyday life and social ties (Ballarin, 2001; Brunello, 2002; Maximino & Liberman, 2015).

Studies like Ricci et al. (2020), Macêdo et al. (2020) and Costa et al. (2020) point out the powers of help groups and mutual support in community emergencies, as in the case of COVID-19, as well as the contributions of occupational therapy to the care of the population and their daily lives, especially mental health care.

Finally, it was evaluated that the group was constituted as a mutual help group supported by occupational therapists in which those involved shared their daily experiences, their pain and offered emotional support to each other, reaching some of the assumptions of a mutual support group, such as the expansion of sociability and care networks. One assumption would be that the number of meetings (only six), the remote limitations (Internet instability) and the difficulty of carrying out tasks together could have hindered the group's evolution in this sense, but this was not the case, as the majority of the participants reported its importance for their care and reduction of their suffering.

Final Considerations

Our initial objective was to analyze the changes in the daily lives of Brazilians in isolation or social/physical distance and the possible contributions of occupational therapy in group telecare during the COVID-19 pandemic. The narratives showed some changes in emotional states, as well as the abrupt ruptures in everyday life right at the beginning of the pandemic. Throughout the process, an improvement in emotional states and reflection on everyday life can be observed, as well as the formation of a mutual help group.

The performance of occupational therapy, although recent in teleservice in Brazil, contributed to care in health emergencies, as it approached and reflected on the daily lives of the participants. At first, our research was only evaluative about daily life, but the method, the technique and, mainly, the guiding questions constructed by occupational therapists during the focus groups seem to have facilitated the formation of mutual help groups.

As a powerful resource for mental health care during the pandemic and its singularities, the online mutual help and support group organized by occupational therapists stands out, which provided a safe and welcoming virtual space for sharing anguish, anxiety, challenges everyday life, hope and empathy. This resource has a relatively low cost and is in line with social distancing, which consequently helps to contain the spread of the virus.

Although telehealth and virtual help groups are effective devices to prevent deeper psychic illnesses and build healthier daily lives, and can be used by occupational therapists,

they are not accessible to part of the Brazilian population that still does not have access to the Internet and adequate equipment for holding virtual meetings.

Thus, it is identified as a limitation of the present research to reach only part of the population, but the importance of Internet access being considered a right for the entire Brazilian population is highlighted, with funding for the acquisition of equipment such as cell phones and accessible computers. It is also emphasized that it is urgent to provide for this equipment and fast, good quality Internet in public services, which are guaranteed by public policies, especially in a period of community emergency, to prevent psychic illnesses considered mild and to accompany the daily lives of people who suffered more ruptures during health emergencies.

References

- Agência Senado. (2020). *Pesquisas apontam que milhares de mortes por covid poderiam ter sido evitadas no Brasil*. Recuperado em 9 de julho de 2022, de <https://www12.senado.leg.br/noticias/materias/2021/06/24/pesquisas-apontam-que-milhares-de-mortes-por-covid-poderiam-ter-sido-evitadas-no-brasil>
- Albuquerque, G. M. P., Cardinali, I., & Bianchi, P. C. (2021). Terapia ocupacional e a expressão “produção de vida”: o que dizem as produções brasileiras? *Cadernos Brasileiros de Terapia Ocupacional*, 29, e2133. <http://dx.doi.org/10.1590/2526-8910.ctoar2133>.
- Almeida-Filho, N. (2021). Pandemia de COVID-19 no Brasil: equívocos estratégicos induzidos por retórica negacionista. In Conselho Nacional de Secretários de Saúde – CONASS (ed.), *Principais elementos* (Coleção COVID-19, vol. 1, pp. 214-225). Brasília: OPAS/CONASS. Recuperado em 3 de fevereiro de 2022, de <https://www.rets.epsvj.fiocruz.br/sites/default/files/arquivos/biblioteca/covid-19-volume1.pdf>.
- Alves, P. C. (2006). A fenomenologia e as abordagens sistêmicas nos estudos sócio-antropológicos da doença: breve revisão crítica. *Cadernos de Saude Publica*, 22(8), 1547-1554. <http://dx.doi.org/10.1590/S0102-311X2006000800003>.
- Amarante, E. (2021). A desinformação como estratégia política: uma análise dos discursos presidenciais durante a pandemia da Covid-19. *Aurora: Revista de Arte, Mídia e Política*, 14(40), 48-67.
- Andrade, C. C., & Holanda, A. F. (2010). Apontamentos sobre pesquisa qualitativa e pesquisa empírico-fenomenológica. *Estudos de Psicologia*, 27(2), 259-268. <http://dx.doi.org/10.1590/S0103-166X2010000200013>.
- Ballarin, M. L. G. S. (2001). *Grupos de atividades: uma discussão teórico-clínica sobre o papel da terapeuta ocupacional* (Tese de doutorado). Universidade Estadual de Campinas, Campinas.
- Barros, M. B. A., Lima, M. G., Malta, D. C., Szwarcwald, C. L., Azevedo, R. C. S., Romero, D., Souza Júnior, P. R. B., Azevedo, L. O., Machado, I. E., Damascena, G. N., Gomes, C. S., Werneck, A. O., Silva, D. R. P., Pina, M. F., & Gracie, R. (2020). Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiologia e Serviços de Saúde: Revista do Sistema Único de Saúde do Brasil*, 29(4), e2020427. <http://dx.doi.org/10.1590/s1679-49742020000400018>.
- Bartalotti, C. C., & de Carlo, M. M. R. P. (2001). *Terapia ocupacional no Brasil: fundamentos e perspectivas*. São Paulo: Plexus Editora.
- Brasil. (2021). *Painel Coronavírus*. Brasília. Recuperado em 9 de julho de 2022, de <https://covid.saude.gov.br/>
- Brasil. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO. (2020, 12 de junho). Resolução nº 516, de 20 de março de 2020. Teleconsulta, Telemonitoramento e Teleconsultoria. *Diário Oficial [da] República Federativa do Brasil*, Brasília. Recuperado em 3 de outubro de 2021, de <https://www.coffito.gov.br/nsite/?p=15825>
- Brasil. Ministério da saúde. Fundo Nacional de Saúde. (2013). *Manual [de] ajuda e suporte mútuos em saúde mental: para facilitadores, trabalhadores e profissionais de saúde e saúde mental*. Rio de Janeiro: Escola do Serviço Social da UFRJ; Brasília: Ministério da Saúde.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395(10227), 912-920.

- Brunello, M. I. B. (2002). Terapia ocupacional e grupos: uma análise da dinâmica de papéis em um grupo de atividade. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 13(1), 9-14. <http://dx.doi.org/10.11606/issn.2238-6149.v13i1p9-14>.
- Carvalho, M. C. (2000). O conhecimento da vida cotidiana: base necessária à prática social. In M. C. Carvalho & J. P. Netto (Eds.), *Cotidiano: consciência e crítica* (pp. 17-63). São Paulo: Cortez.
- Costa, C., Fabiani, I., Ferrari, J., Fripp, J. C., Silva, L. D. A., & Roque Filho, A. (2020). Os desdobramentos dos grupos de ajuda e suporte mútuo on-line em tempos de crise sanitária mundial. *Revista Saúde em Redes*, 6(2), 7-22.
- Dimov, T., & Ricci, E. C. (2016). A pesquisa acadêmica como atividade humana: participação de usuários da saúde mental e as contribuições da Terapia Ocupacional. *Cadernos de Terapia Ocupacional da UFSCar*, 24(3), 651-658. <http://dx.doi.org/10.4322/0104-4931.ctoEN0674>.
- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet. Psychiatry*, 7(4), 300-302.
- Duarte, M. Q., Santo, M. A. S., Lima, C. P., Giordani, J. P., & Trentini, C. M. (2020). COVID-19 e os impactos na saúde mental: uma amostra do Rio Grande do Sul, Brasil. *Ciencia & Saude Coletiva*, 25(9), 3401-3411. <http://dx.doi.org/10.1590/1413-81232020259.16472020>.
- Faro, A., Bahiano, M. A., Nakano, T. C., Reis, C., Silva, B. F. P., & Vitti, L. S. (2021). COVID-19 e saúde mental: a emergência do cuidado. *Estudos de Psicologia*, 37, 1-14.
- Fogaça, P. C., Arossi, G. A., & Hirdes, A. (2021). Impact of social isolation caused by the COVID-19 pandemic on the mental health of the general population: an integrative review. *Research. Social Development*, 10(4), 1-14.
- Freire, P. (1987). *Pedagogia do oprimido*. Rio de Janeiro: Paz e Terra.
- Freire, P. (1996). *Pedagogia da autonomia: saberes necessários à prática educativa*. São Paulo: Paz e Terra.
- Furtado, J. P., Onocko-Campos, R. T., Moreira, M. I., & Trapé, T. L. (2013). A elaboração participativa de indicadores para a avaliação em saúde mental. *Cadernos de Saude Publica*, 29(1), 102-110.
- Galheigo, S. M. (2003). O cotidiano na terapia ocupacional: cultura, subjetividade e contexto histórico-social. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 14(3), 104-109. <http://dx.doi.org/10.11606/issn.2238-6149.v14i3p104-109>.
- Galli, E. F. (2015). *O diálogo em Paulo Freire: uma análise a partir da Pedagogia do Oprimido e da Pedagogia da Esperança* (Dissertação de mestrado). Universidade Federal de São Carlos, São Carlos.
- Harper, D., & Thompson, A. R. (2012). *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*. Oxford: John Wiley & Sons.
- Harvey, D. (2020). Política anticapitalista em tempos de Covid-19. In M. Davis, D. Harvey, A. Bihr, R. Zibechi, A. Badiou & S. Zizek (Eds.), *Coronavírus e a luta de classes* (pp. 13-24). Brasil: Terra Sem Amos.
- Heller, A. (1994). *Sociologia de la vida cotidiana*. Barcelona: Península.
- Heller, A. (2004). *O cotidiano e a história*. São Paulo: Paz e Terra.
- Inchausti, F., MacBeth, A., Hasson-Ohayon, I., & Dimaggio, G. (2020). Psychological intervention and COVID-19: what we know so far and what we can do. *Journal of Contemporary Psychotherapy*, 50(4), 243-250. <http://dx.doi.org/10.1007/s10879-020-09460-w>.
- Instituto Brasileiro de Geografia e Estatística – IBGE. (2021). *Desemprego fica em 14,6% no trimestre até maio e atinge 14,8 milhões de pessoas*. Recuperado em 29 de agosto de 2021, de <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/31255-desemprego-fica-em-14-6-no-trimestre-ate-maio-e-atinge-14-8-milhoes-de-pessoas>
- Inter-Agency Standing Committee – IASC. (2020). *Guia preliminar: como lidar com os aspectos psicossociais e de saúde mental referentes ao surto de COVID-19*. New York: IASC. Recuperado em 14 de abril de 2020, de <https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS%20%28Portuguese%29.pdf>

- Lima, E. M. F. A. (2015). Um grupo de Terapia Ocupacional: tecendo vínculos, criando mundos. In V. Maximino & F. Liberman (Orgs.), *Grupos e Terapia Ocupacional: formação, pesquisa e ações* (pp. 166-187). São Paulo: Summus.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2), 145-153. <http://dx.doi.org/10.1111/j.1471-6712.2004.00258.x>.
- Liu, S., Yang, L., Zhang, C., Xiang, Y. T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet. Psychiatry*, 7(4), e17-e18. [http://dx.doi.org/10.1016/S2215-0366\(20\)30077-8](http://dx.doi.org/10.1016/S2215-0366(20)30077-8).
- Losada-Baltar, A., Márquez-González, M., Jiménez-Gonzalo, L., Pedroso-Chaparro, M. S., Gallego-Alberto, L., & Fernandes-Pires, J. (2020). Diferencias en función de la edad y la autopercepción del envejecimiento en ansiedad, tristeza, soledad y sintomatología comórbida ansioso-depresiva durante el confinamiento por la COVID-19. *Revista Española de Geriatria y Gerontología*, 55(5), 272-278. <http://dx.doi.org/10.1016/j.regg.2020.05.005>.
- Lu, P., Li, X., Lu, L., & Zhang, Y. (2020). The psychological states of people after Wuhan eased the lockdown. *PLoS One*, 15(11), e0241173. <http://dx.doi.org/10.1371/journal.pone.0241173>.
- Macêdo, F. O. A., Lopes, K. A. P., Lopes, L. A. M. R., & Cruz, R. F. (2020). Ações e experiências de terapeutas ocupacionais no contexto de pandemia da COVID-19. *RevisbratO*, 4(3), 318-333.
- Mângia, E. F., & Ricci, E. C. (2011). Pensando o Habitar” Trajetórias de usuários de Serviços Residenciais Terapêuticos. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 22(2), 182-190. <http://dx.doi.org/10.11606/issn.2238-6149.v22i2p182-190>.
- Marques, E. S., Moraes, C. L., Hasselmann, M. H., Deslandes, S. F., & Reichenheim, M. E. (2020). A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: panorama, motivações e formas de enfrentamento. *Cadernos de Saude Publica*, 36(4), e00074420. <http://dx.doi.org/10.1590/0102-311x00074420>.
- Maximino, V., & Liberman, F. (2015). *Grupos e terapia ocupacional: formação, pesquisa e ações*. São Paulo: Summus.
- Minayo, M. C. S., Assis, S. G., & Souza, E. R. (2014). *Avaliação por triangulação de métodos: abordagem de programas sociais*. Rio de Janeiro: Fiocruz.
- Miranda, L., Ferre, A. L., Figueiredo, M. D., & Onocko-Campos, R. T. (2008). Dos grupos focais aos grupos focais narrativos: uma descoberta no caminho da pesquisa. In R. T. Onocko-Campos, J. P. Furtado, E. Passos & R. Benevides (Eds.), *Pesquisa avaliativa em saúde mental: desenho participativo e efeitos de narratividade* (pp. 249–277). São Paulo: Hucitec.
- Movimento dos Atingidos por Barragens – MAB. (2020). *A pandemia e o impacto sobre a vida das mulheres: o papel social, doméstico e o cuidado integral com as crianças*. Recuperado em 24 de abril de 2020, de <http://informe.ensp.fiocruz.br/noticias/48723>
- Occupational Therapy Australia – OTA. (2020). *Normal life has been disrupted: managing the disruption caused by COVID-19*. Recuperado em 24 de abril de 2020, de <https://otaus.com.au/publicassets/af469002-6f6a-ea11-9404-005056be13b5/OT%20Guide%20COVID-19%20March%202020.pdf>
- Onocko-Campos, R. T., & Furtado, J. P. (2006). Entre a saúde coletiva e a saúde mental: um instrumental metodológico para avaliação da rede de Centros de Atenção Psicossocial (CAPS) do Sistema Único de Saúde. *Cadernos de Saude Publica*, 22(5), 1053-1062. <http://dx.doi.org/10.1590/S0102-311X2006000500018>.
- Onocko-Campos, R. T., & Furtado, J. P. (2008). Narrativas: utilização na pesquisa qualitativa em saúde. *Revista de Saúde Pública*, 42(6), 1090-1096.
- Onocko-Campos, R. T., Palombini, A. L., Leal, E., Serpa Junior, O. D., Baccari, I. O. P., Ferrer, A. L., Diaz, A. G., & Xavier, M. A. Z. (2013). Narrativas no estudo das práticas em saúde mental: contribuições das perspectivas de Paul Ricoeur, Walter Benjamin e da antropologia médica. *Ciencia & Saude Coletiva*, 18(10), 2847-2857. <http://dx.doi.org/10.1590/S1413-81232013001000009>.
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General Psychiatry*, 33(2), e100213. <http://dx.doi.org/10.1136/gpsych-2020-100213>.

- Quarentei, M. S. (2007). Do ocupar a criação de territórios existenciais. In *Anais do 10º Congresso Brasileiro de Terapia Ocupacional: Contextos, Territórios e Diversidade*. Goiânia: ABRATO-GO.
- Ricci, E., Dimov, T., Cassais, T. S., & Dellbrügger, A. P. (2020). University experiences of occupational therapy in Brazil during the Covid-19 pandemic: contributions and support in mental health for the population. *World Federation of Occupational Therapists Bulletin*, 76(2), 75-77. <http://dx.doi.org/10.1080/14473828.2020.1818048>.
- Ricoeur, P. (1994). *Tempo e narrativa*. Campinas: Papyrus Editora.
- Santos Neto, A. B., & Fernandes, E. N. S. (2020). *Coronavírus e Crise do Capital: impactos aos trabalhadores e à natureza*. Goiânia: Phillos Academy.
- Saraceno, B. (2001). *Libertando identidades: da reabilitação psicossocial à cidadania*. Belo Horizonte: TeCorá.
- Schmidt, B., Melo, B. D., Lima, C. C., & Pereira, D. R. (2020). *Saúde mental e atenção psicossocial na pandemia COVID-19: a quarentena na COVID-19 - orientações e estratégias de cuidado*. Rio de Janeiro: Fiocruz/CEPEDES.
- Sherman, A. C., Williams, M. L., Amick, B. C., Hudson, T. J., & Messias, E. L. (2020). Mental health outcomes associated with the COVID-19 pandemic: prevalence and risk factors in a southern US state. *Psychiatry Research*, 293, 113476. <http://dx.doi.org/10.1016/j.psychres.2020.113476>.
- Silva, I. M. (2020). O governo Bolsonaro, a crise política e as narrativas sobre a pandemia. *Revista Brasileira de Pesquisa Auto(biográfica)*, 5(16), 1478-1488.
- Silva, J. J. B., & Nascimento, A. C. B. (2020). Terapia ocupacional e telessaúde em tempos de Covid-19. *RevibratO*, 4(6), 1013-1022.
- Silva, T. R., Mariotti, M. C., & Bridi, A. (2020). Aprendendo a lidar com as mudanças de rotina devido ao Covid-19: orientações práticas para rotinas saudáveis. *RevibratO*, 4(3), 519-528.
- Vasconcelos, E. M., & Weck, V. (2020). Desafios e recomendações para a realização de atividades de ajuda mútua on-line no campo da saúde mental. In E. M. Vasconcelos (Ed.), *Novos horizontes em saúde mental: análise de conjuntura, direitos humanos e protagonismo de usuários(as) e familiares* (pp. 292-309). São Paulo: Hucitec.
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5), 1729. <http://dx.doi.org/10.3390/ijerph17051729>.
- Wind, T. R., Rijkeboer, M., Andersson, G., & Riper, H. (2020). The COVID-19 pandemic: the 'black swan' for mental health care and a turning point for e-health. *Internet Interventions: The Application of Information Technology in Mental and Behavioural Health*, 20, 100317. <http://dx.doi.org/10.1016/j.invent.2020.100317>.
- World Federation of Occupational Therapists – WFOT. (2014). *Telehealth*. Recuperado em 1 de março de 2023, de <https://wfot.org/resources/occupational-therapy-and-telehealth>
- World Federation of Occupational Therapists – WFOT. (2020). *Occupational Therapy response to the COVID-19 pandemic*. Recuperado em 1 de março de 2023, de <https://wfot.org/resources/occupational-therapy-response-to-the-covid-19-pandemic>
- Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet. Psychiatry*, 7(3), 228-229. [http://dx.doi.org/10.1016/S2215-0366\(20\)30046-8](http://dx.doi.org/10.1016/S2215-0366(20)30046-8).
- Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine Journal and e-Health*, 26(4), 377-379.

Author's Contributions

Katharyne Figueiredo Elesbão was responsible for the conception, organization and writing of the text. Ellen Cristina Ricci and Tatiana Dimov acted in guiding the

writing and revision of the text. Leidy Janeth Erazo-Chavez and Willian Silva Barros acted in guiding the writing and review of the data. All authors approved the final version of the text.

Corresponding author

Katharyne Figueiredo Elesbão
e-mail: katharynefe@gmail.com

Section editor

Profa. Dra. Isabela Aparecida de Oliveira Lussi