


Pandemic diaries: the mental health of university students in 2021

ARTICLE

1

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Abstract

During the Covid-19 pandemic, in addition to our physical health, our mental health was also at risk. This research aimed, in general, to verify the mental health situation of students on the Pedagogy course at a Federal Public Higher Education Institution, in Fortaleza-Ceará, in 2021. Specifically, it aimed to describe the mental health situation of students; to ascertain the impact of the reality of a pandemic on learning and to collect suggestions for promoting mental health. A qualitative investigation was carried out with 51 subjects using mixed diaries and questionnaires. The data obtained, after content analysis, revealed a picture of mental suffering consisting mainly of fear, grief, anxiety and impaired learning capacity.

Keywords: Covid-19 pandemic. Student mental health. Higher education.

Diários da pandemia: a saúde mental dos estudantes universitários em 2021

Resumo

Durante a pandemia da Covid-19, além da saúde física, nossa saúde mental também esteve em risco. O objetivo principal desta pesquisa foi realizar uma investigação sobre o estado de saúde mental dos estudantes de Pedagogia de uma Instituição Pública de Ensino Superior, em Fortaleza-Ceará, em 2021. Especificamente, pretendeu-se: descrever o estado de saúde mental dos estudantes; investigar o impacto da realidade pandêmica na capacidade de aprendizagem e recolher sugestões para melhorar a saúde mental. Foi realizada uma investigação qualitativa, com 51 sujeitos, baseada em diários e questionários mistos. Os dados recolhidos, após análise de conteúdo, revelaram um estado de sofrimento mental composto majoritariamente por medo; mágoa; ansiedade e dificuldades na capacidade de aprendizagem.

Palavras-chave: Pandemia de Covid-19. Saúde mental dos estudantes. Ensino superior.

1 Introduction

On the eve of 2020, the World Health Organization (WHO) was informed by China of the presence of a new disease, initially conceived as a kind of pneumonia, which was spreading rapidly through the city of Wuhan. Its uniqueness lay in the speed with which it spread. In a short space of time, there were not enough hospitals for the large number of infected patients. The high demand led to overload and soon there were no more beds available to receive new patients. This terrifying scenario characterizes the collapse of the health system, with the inability to provide hospital care and the risk of death due to lack of care. With this speed, the next stage would be the collapse of the funeral system. Apocalyptic times began, in which fears of patients without hospitals and the dead without graves predominated (BIRMAN, 2021; DACOLMO, 2021; GUMIERO, 2022; MANDETTA, 2020; WHO, 2021).

The plague then began its pilgrimage and the scenes we saw on the international news were, in fact, a representative sample of the sinister future that awaited us in Brazil. What was at first an epidemic, with the contamination located in the Chinese city of Wuhan, expanded into a pandemic, boldly crossing the borders of countries and continents, without even asking for consent. On March 11, 2020, the WHO officially recognized the existence of a feared pandemic scenario. There was no immunity to the new disease, which thus spread around the world. The new virus, called Sars-Cov-2, was identified as belonging to the coronavirus family, which causes respiratory infections. Subsequently, the coronavirus disease, which emerged in 2019, became known to everyone as Covid-19 (DACOLMO, 2021; IAMARINO; LOPES, 2020; WHO, 2021).

At the same time as these events, widespread mental suffering, in fact, a real collective trauma, was taking shape. In line with Birman's thinking (2021, p. 139), "[...] the psychic experience of the subject in the pandemic is characterized primarily by trauma". The professor adds that this traumatic fact was accentuated in Brazil because of the federal government's mismanagement of the pandemic. To a greater or lesser extent, we were all affected by the pain of that moment. It is also prudent to consider residual effects, such as

persistent mourning, given that the health measures adopted to deal with the pandemic have altered ancestral cultural foundations for dealing with the pain of mourning, prolonging this suffering. In these circumstances, the sick were not visited in hospitals, nor were the dead mourned. How can we deal with the anguish of departures without the right to say goodbye?

In the face of this distressing collective picture of physical and mental suffering, there were significant obstacles to the necessary productivity in both work and study. In Brazil, marked by marked social inequalities, it is worth highlighting the difficulty of access to remote work and education. During this period, it became very difficult to be productive, to study and to learn. University students, the subject of this study, were vulnerable to dropping out of their educational institution, abandoning a life project. With higher education incomplete, they would give up their dreams to face the merciless reality of job insecurity and unemployment (BIRMAN, 2021; MEDEIROS, 2023; NASCIMENTO, 2020).

In view of the above, the following research problem was developed: how was the mental health of students on the Pedagogy course at a Federal Public Higher Education Institution during the Covid-19 Pandemic in 2021? In order to answer this question, the following research objectives were outlined. Generally speaking, the research aimed to verify the mental health situation of students on the Pedagogy course at a Federal Public Higher Education Institution in the city of Fortaleza-CE during the pandemic year of 2021. Specifically, it aimed to: describe the students' mental health situation; ascertain the impact of the pandemic on their learning capacity; and collect suggestions for actions to promote mental health.

2 Methodology

These circumstances laid the foundations for carrying out a qualitative study along the lines of a case study. The research methodology adopted was justified by the demand for a subjective understanding of a certain reality, namely the meaning attributed by undergraduate Pedagogy students at a public university to the impact of the Covid-19 pandemic on their mental health. It is therefore a specific case, in which the singular

interpretation made by the participants is historically situated (BARDIN, 1979; YIN, 2016).

In order to achieve our aims, classrooms were opened on the platform called "Google Classroom", which consists of a virtual space with communication, storage and management tools that promote interaction between teachers and students, actors in the teaching and learning process. Given the possibility of creating classes and distributing activities, we proceeded to open classes for students who were willing to take part in the research. 79 students were invited to take part. Of this number, 51 accepted and were explained the objectives of the research and informed of the secrecy and confidentiality of the data to be obtained by signing an Informed Consent Form (ICF). The sample was therefore intentional.

The research instruments used were the Pandemic Diaries (autobiographical accounts) sent by the students via the *Google Classroom platform*, as well as mixed online questionnaires answered via the *Google Forms platform*. The data was then constructed, organized into tables and graphs, and subjected to content analysis using MAXQDA 2020 *software*.

Based on the information obtained through the questionnaires, there was a majority of females, which corresponds to the population of students on the Pedagogy course at this institution, the majority of whom are female. Of the 51 responses obtained, 36 subjects identified their gender as female and 15 as male, as shown in Table 1.

TABLE 1 - Frequency distribution of sample subjects according to gender

GENDER	FREQUENCY
Female	Female 36
Male	Male 15
TOTAL	51

Source: survey data.

With regard to age, of the 51 students in the sample, there was a clear majority concentrated in the 18-20 age bracket, with 31 subjects. This was followed by 14 participants aged between 21 and 30. To a lesser extent, there were 3 subjects in the 31-40 age bracket. Similarly, there were also 3 students in the 41-50 age bracket. Table 2 helps us understand this distribution of chronological age by age interval:

5

TABLE 2 - Frequency distribution of the sample's chronological age by age interval

FREQUENCY	RANGE
18-20	31
21-30	14
31-40	3
41-50	3
TOTAL	51

Source: survey data.

Once the sample has been characterized, we will present the discussion of the results below, with the descriptive data organized into coding categories and analyzed in terms of content.

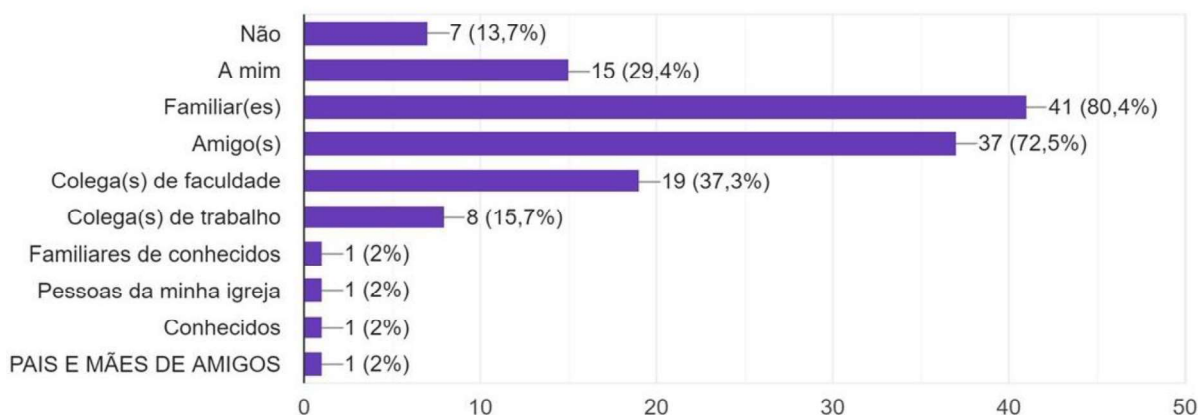
3 Results and discussion

The students were asked about Covid-19. In response to the questionnaires, we were able to identify how many of them had been directly affected by the disease or had people close to them affected by it. We also asked how the disease progressed, trying to find out if there was recovery with or without sequelae, whether at home or in hospital. With regret, at the end we asked if anyone had died.

Of the 51 subjects who made up the sample, 15 (29.4%) answered that they had been personally affected by Covid-19. A large proportion, made up of 41 students (80.4%), had family members affected by the disease. A significant proportion, comprising 37 students (72.5%), had friends affected by the disease. The data also showed that 19 participants (37.3%) knew college classmates who had fallen ill with Covid-19 and 8 (15.7%) had work colleagues in a similar situation. In relation to: *family members of acquaintances affected by the disease, as well as people from my church, acquaintances and fathers and mothers of friends*, only one student (2%) marked each of these categories. Only 7 students (13.7%) said that neither they nor people close to them had been affected by Covid-19. Graph 1 helps us understand this distribution.

GRAPH 1 - Frequency distribution of subjects and people close to them affected by Covid-19

51 respostas

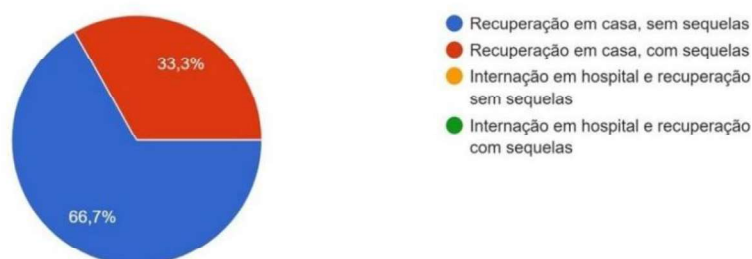


Source: survey data

With regard to the progression of the disease, we will present information on: the student; family members; friends and university colleagues, as these were the most frequently cited alternatives. Of the 15 students affected by Covid-19 (29.4%), a significant majority recovered at home without sequelae (66.7%). The remainder also recovered at home, but with sequelae (33.3%). This data is shown in Graph 2.

GRAPH 2 - Frequency distribution in percentages of the progress of Covid-19 in the students affected

15 respostas



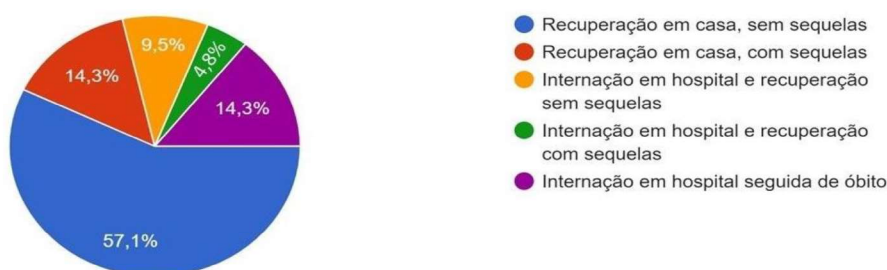
Source: survey data

Of the 42 students who had family members affected by Covid-19, the majority (57.1%) indicated that they recovered at home, without sequelae. A much smaller

proportion of respondents (14.3%) said that their family members recovered at home, with sequelae. A further 9.5% reported that family members were admitted to hospital and recovered without sequelae. On the other hand, 4.8% of students reported that family members had been admitted to hospital and recovered with sequelae. Some students - 14.3% - mentioned that family members had been admitted to hospital and unfortunately died. Graph 3 provides a better understanding of this distribution.

GRAPH - Frequency distribution in percentages of the evolution of Covid-19 in affected family members

42 respostas

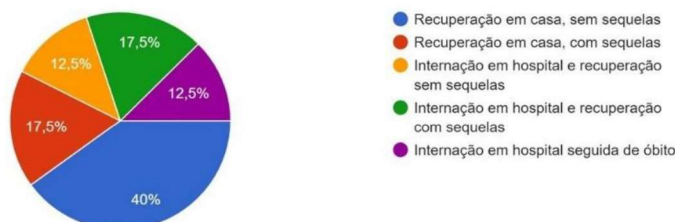


Source: survey data

Of the 40 students who had friends affected by Covid-19, the majority (40%) indicated that they recovered at home, without sequelae. A smaller percentage of subjects (17.5%) said that their sick friends recovered at home, with sequelae. A proportion of 12.5% of students said that their friends had been admitted to hospital and had recovered without sequelae. A proportion of 17.5% said that their friends were admitted to hospital and recovered, with sequelae. A further 12.5% of students said that their friends were admitted to hospital and unfortunately died. Graph 4 makes it easier to organize this information.

GRAPH 4 - Frequency distribution in percentages of the evolution of Covid-19 in the affected friends

40 respostas



Source: survey data

Despite the large number of people close to them affected by Covid-19, according to the students, the majority recovered at home, without sequelae. A minority were hospitalized and, unfortunately, the disease progressed to death. This scenario is in line with the highly contagious nature of the virus and its lethality rate, estimated at between 1 and 3%, considering that it reaches more elderly people and/or those with comorbidities. It is worth mentioning that, in our country, the disease did not follow its natural course and the death toll was much higher than expected. This result is attributed to the poor management of the pandemic by the federal government (BIRMAN, 2021; DACOLMO, 2021; GUMIERO, 2022; IAMARINO; LOPES, 2020).

Beyond the suffering expressed in the numbers, in a country where more than half a million families are in mourning, with loved ones victimized and killed by Covid-19, words help us to better understand the nature of these feelings. The pandemic has generated a mental picture with its own characteristics, along the lines of a collective trauma, which we will develop below. To a greater or lesser extent, we have all been affected (BIRMAN, 2021; DACOLMO, 2021; NASCIMENTO, 2020).

The data obtained through written records in the pandemic diaries (autobiographical accounts) allows us to describe the mental health situation of students during the Covid-19 pandemic in 2021. From this perspective, according to the written records, the following categories were grouped for content analysis: i) fear; ii) grief; iii) anxiety; iv) worsening of pre-existing psychological disorders; v) feeling of unease generated by the excessive news about the pandemic in the media; vi) impairment of learning capacity and vii) mental health promotion strategies.

Of the 51 subjects taking part in the survey, 23 recorded in their diaries how the primary emotion of fear was triggered in reaction to the Covid-19 pandemic. This fear can be organized into the following subcategories due to the multiple dimensions mentioned in the students' reports: i) fear of the virus; ii) fear of their own death; iii) fear of the death of people close to them; iv) fear of someone close to them getting sick; v) fear of contaminating someone and vi) fear of the days to come.

In fact, there were many expressions of fear within us and it became part of our

routines. In keeping with scientific rigor, we separated them out for teaching purposes. In this respect, there was, in fact, a generalized state of fear in the face of a new reality brought about by the pandemic, according to A30 and A35:

[...] a great deal of anguish. I was faced with online classes and teachers who demanded a lot from me, even in the midst of a pandemic where people were constantly dying and getting sick. Fear took hold of me: fear of dying, getting sick, failing, losing someone close to me (A30).

Fear became part of my routine and everything became more difficult (A35).

At the end of 2019, we followed in the press what seemed at first to be the local, epidemic spread of a systemic respiratory disease in the Chinese city of Wuhan. However, at the beginning of 2020, this new disease was found to have spread to other cities, countries and even continents, which came to characterize the vast and painful dimensions of a pandemic, thus recognized by the WHO on March 11, 2020 (DACOLMO, 2021; MANDETTA, 2020; WHO, 2021).

Thus, for the first time in history, we were faced with a new virus, called Sars-Cov-2, whose speed of contagion proved to be extremely fast. And because of this, we began to fear it in our daily lives, as subjects A7 and A14 explained. In other words, we have *fear of the virus*. Therefore:

This is a period of uncertainty, speculation and fear. Fear of an enemy that is invisible to the naked eye and over which we have no control in terms of knowing what its next step will be, its next mutation, its next victim, its new variant (A7).

I see that this time of so much uncertainty about the future - the fear of the virus [...] leaves me vulnerable (A14).

The singularities of the pathogen generated the other expressions of fear that came to dominate us, because it is a very contagious virus, the cause of Covid-19, a systemic respiratory disease capable of hospitalizing the patient and leading to death. We began to live with the fear of death itself, uncomfortably displaced from the days to which it was supposedly destined: in old age, in the maturity gained over several years, at the end of the life cycle (ERIKSON, 1998). This state of mind is explained by students A15 and A41:

So, as a Brazilian, the fear of death is constant, not just death from the virus, but from hunger and violence (A15).

I think that, for a long time, I developed an intense fear of dying and of leaving my 3 children and my wife. My father left my family (due to divorce) when I was 9 years old and I know how much he missed me and my brother (who is a year younger). This feeling of 'if I'm not there, who will take care of them?' has accompanied me painfully since the beginning of the pandemic. Because I know that my presence is important to my family in many ways, I have adopted social isolation with a certain rigor. I think this has helped us get through this time so far without anyone getting sick (A 41).

In addition to the fear of dying, there was the constant feeling of fear of losing people close to them, victimized by Covid-19, as the following students elucidate. Thus:

Insecurity in relation to the fear of losing my family and friends, since I've seen many close people taken by this disease [...] I think the most aggravating feeling at the moment was really fear (A5).

And I've been thinking a lot about death. I'm very afraid of losing those I love. I'm left with a feeling of constant worry, something that never stops (A22).

The fear wasn't of dying, but of losing someone dear to me. I don't have many fears, but this one has always been the most significant (A24).

[...] fear of losing the lives of those I love so much (A37).

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Sanitary measures were adopted to prevent the spread of the disease. They basically consisted of: physical distancing of up to 2 meters; *wearing a mask and hand hygiene. Even with the use of these measures, the fear that someone close to us would fall ill was all around us*, as we still knew little about this new disease. And not everyone was able to stay in isolation at the times indicated (WHO, 2021).

In this sense, according to A18, there was one:

[...] deep concern for those I love. Especially living with an essential service worker who can't, like others, be at home doing her job. Much of my concern fell on her, much of my fear lay with her health. I, for one, was prepared for despair and

loneliness. I couldn't, however, imagine that for her (A18).

It is worth mentioning that the fear of *contaminating someone was also present*, as A30 explains. In his words:

In the family, I ended up distancing myself a little from my parents. Leaving the house every day for work and the fear of infecting them made me more cautious, but also more distant. It hurt to see my mother wanting to hug me on my birthday in 2020 and not receiving that hug for fear of being infected and ending up infecting her - I found out I was infected 5 days after that day (A30).

Especially at a time when there was no vaccination - which began in Brazil on January 17, 2021 - we used non-pharmacological measures to avoid contagion and the overload of hospitals. The fear was not unfounded. On April 19, 2020, the Nossa Senhora Aparecida Cemetery, in the city of Manaus-AM, opened several rows of mass graves as more and more cold rooms arrived to house the bodies to be buried. A day earlier, on April 18, a Field Hospital was inaugurated at the Presidente Vargas Stadium. Ceará was one of the first states in the federation to confirm the existence of cases of patients infected with the new coronavirus and then became one of the epicenters of Covid-19 at that time (FORTALEZA, 2021; MANDETTA, 2020).

In a context that was still pandemic, there was a fear associated with what was to come, i.e. a *fear of the days to come*. This emotion can be seen in the following statements: Lately, bouts of anxiety and fear of the future have become more frequent and scare me even more (A10).

After almost a year and a half, I ended up getting used to this new routine of studying, interpersonal relationships and so on, which led to stability in my mental health, but now I'm afraid of what it will be like to go back to this past routine, if it will be the same, if this exhaustion is worth it and various other questions like that (A11).

All these issues affect my mind to the point where it's difficult to imagine a more peaceful reality to live in, since all this fear that surrounds me hinders my hope of living better days (A13).

Thus, one of my biggest impacts has been the constant feeling of fear that causes me insecurity. In this way, I feel insecure about the days ahead, about whether all this will pass, how it will stay, whether everything will return to 'normal' (A14).

We have symbolically lost our old routine, just as we have concretely lost close

people to death. Can we mark out a timetable in our lives before and after the new coronavirus pandemic? Dacolmo (2021, p. 19) asks a similar question. In his words, "Would it be an exaggeration to consider our time split between BC and AD: before Covid-19 and after Covid-19? I have little doubt about that, because I believe that, in every sense, a lot has changed and will still change on the planet." The scientist also refers to anticipatory mourning, which begins, in the case of patients with Covid-19, with the hospital door being closed, as visits are forbidden due to the high possibility of contagion from the disease, which prevents the much-needed affective manifestations between friends and family with the patient at this time.

From the first recorded death in Brazil, on March 17, 2020, to the disclosure of the figure of half a million Brazilians killed by Covid-19 - on June 19, 2021 by a consortium of press outlets - we are a nation in mourning (BIRMAN, 2021; DACOLMO, 2021; GUMIERO, 2022; MANDETTA, 2020).

Of the 51 people in this study's sample, 11 reported mourning in its forms: i) symbolic or ii) concrete. Regarding the experience of symbolic mourning, the loss of the routine we had before these pandemic times, the students said the following:

I always have the feeling that I'm missing out on something: experiences at university, socializing with friends and family and, honestly, I don't think I'll be able to recover the huge losses I've had during all this torture (A10).

In addition, the fact that this pandemic has taken me away from daily experiences, physical contact and real exchanges with people, without being guided by technology, has caused me a lot of insecurity when trying to maintain dialogues and close individuals. It's a feeling that I've been losing people and feeling more and more alone (A14).

I haven't seen my grandmother for almost a year, it's been three years since I've seen a relative I love very much and it hurts, remembering her and being afraid to go and see her even though she's been vaccinated (A37).

My life has totally changed, I feel much more insecure about interacting with people, I fear for my future. I miss what I had before, the routine, my independence. Covid has affected me and affects me a lot every day (A38).

I feel sadder and more hopeless, I've lost two years of my youth, two years of experience (A44).

The students also shared the pain of a concrete bereavement, with departures without goodbyes. In this sense:

The dread of losing someone else and not even being able to say goodbye almost made me paranoid in the middle of 2020 [...] (A24).

Not to mention the growing number of deaths, including of friends and family (A2).

Until I went back to school, I was lost in a limbo of all the horror that the pandemic brings. When I 'woke up' in the middle of everything that was happening, I had lost my grandmother to this disease (A4).

I lost my friend and psychologist to the coronavirus, that weighed on me more than anything (A24).

Ambulances passed by frequently. Then I had to deal with losses. In January, my boyfriend was shot five times and the thief took his cell phone along with his life [...] Then I saw my friends lose their fathers, mothers and grandparents. And I didn't know how to comfort them, I just prayed (A28).

From the beginning, I always took it very seriously, I got into fights with several people who were breaking the quarantine. I went to extremes of swearing at people and breaking childhood ties. After losing my father, everything got even worse [...] relatives, friends... I lost a lot and, for sure, these are traumatic events in my life (A44).

It is worth mentioning the uniqueness of mourning for those who have lost someone to Covid-19. As a direct consequence of the speed of contagion, characteristic of the disease, visits from people close to hospitalized patients were not allowed, nor were their presence at wakes and burials, conditions that made it difficult to deal with the pain of mourning. As a result of the health measures adopted, we found anticipatory mourning at the threat of death and persistent mourning in the absence of ancestral cultural foundations for mourning and burying the dead. Therefore, the usual ways of dealing with death and mourning, based on traditional rites, have been greatly modified by the pandemic: a departure without the right to say goodbye (BIRMAN, 2021; DACOLMO, 2021; NASCIMENTO, 2020).

In addition to the fears and grief generated by the Covid-19 pandemic, anxiety levels have increased significantly, since this type of unease is related to uncertain events, to that doubt that something harmful, dangerous or aversive may or may not happen. Anxiety is established when certainty leaves a vacuum that is then occupied by uncertainty (BIRMAM, 2021; DACOLMO, 2021).

From this perspective, of the 51 research subjects, 24 referred to anxiety in the written record of their diaries, either due to its constancy or its increase, which thus defines

2 subcategories. With regard to *anxiety for constancy*:

In the beginning, due to various issues related to the pandemic, anxiety became a constant presence in my day (A11).

In my mental health, anxiety is notorious and constant (A21).

During this period, the feeling of being on alert all the time, the agony of not knowing what to expect and seeing or hearing about people dying has given me insomnia, problems with social closeness. The anxiety attacks have been constant (A24).

More than the constancy, the increased level of anxiety in the face of the established scenario was highlighted, characterized by the uncertainty of how the pandemic would evolve and, above all, when it would end. Indeed:

One of the changes I noticed was a significant increase in my anxiety. I often went through crises to the point of crying for no significant reason (A1).

I've always been a very self-controlled person, but from that moment on, especially when I had cases of Covid-19 in my family, I started to think too much, to be anxious, nervous, worried, more than I used to be. I started imagining crazy things, creating a thousand things in my head, suffering in advance and not living one day at a time as I would have liked (A7).

I've become a more anxious person, I'd say even more emotional. Anything destabilizes me. I start to cry. I wouldn't say it's normal, but common in the situation we find ourselves in (A13).

More than once, there were anxiety attacks [...] my anxiety increased (A18).

During this period, since the beginning of the pandemic, I have felt very anxious (A22).

I believe that, for anxious people, the pandemic is a big trigger, because we live in a totally uncertain environment: we're losing a lot of people, we don't know when we're going to see each other again and we don't know how the economy is going to turn out. It's all very difficult to absorb and, without a doubt, this second wave has affected me much more. I've had several bouts of anxiety, my mother has panic attacks and other health problems, my aunt has Covid, my grandfather had a heart attack and my grandmother is having some heart problems too (A25).

I wasn't in complete isolation just because I work in a market. So I continued to work, socializing with others, which made me more anxious and stressed, because I only worked and went home. I recognized myself as a more fragile person than I had imagined [...] I found myself very anxious when I saw that the others didn't believe in the disease and wanted to remain without masks while I attended to them (A26).

I realized that my anxiety levels increased when my sleep routine was compromised and, consequently, my day-to-day life completely changed (A34).

It has drained my mental health [the pandemic]. Since the beginning, I feel that my anxiety has increased. Before, I had isolated crises, but today I feel crisis symptoms almost every day, shortness of breath, crying jags, despair (A37).

A mental picture emerged of the reality of the Covid-19 pandemic, characterized by the presence of fear and anxiety. In the light of the data obtained, we observed that the pandemic has also acted as a *trigger* for pre-existing psychological disorders such as depression and anxiety (BIRMAN, 2021; RIBEIRO, 2021). Of the 51 people consulted, 6 mentioned this. Therefore:

I've been suffering from my anxiety for a long time. During this pandemic, not only has it worsened mentally, but it's also been affecting me physically: I've developed a skin disease because of it [...] in short, my mental health, which wasn't all that it used to be, has worsened, especially during this period (A3).

I already had anxiety and depression, and I went to psychotherapy to work on these aspects of my life. But the fear and social distancing, and not having anyone to talk to about [it] affected me even more (A24).

I have GAD [Generalized Anxiety Disorder] and I tend to get depressed. I see a psychiatrist and a psychologist. Given my history, this moment was/is very difficult (A25).

The feeling was the same as when I had my first clinical diagnosis of depression. I never thought I'd go back to that same place again, and that's why I needed the help of medication so that I could regain at least a little of the will to live (or survive). The feeling today remains almost the same, I believe (A34).

In addition to the presence of fear, anxiety and the worsening of pre-existing psychological disorders, we were also able to observe a malaise caused by the excess of news about the pandemic in the media. Of the 51 students surveyed, 10 reported this specific mental suffering, directly related to the broadcasting of news about Covid-19, *establishing a sense of unease generated by the excess of news about the pandemic in the media*. Garcia and Duarte (2020) explain that the excessive amount of information is a pernicious phenomenon, known as "infodemic". According to the subjects:

And by constantly watching the news, the feeling transmitted was one of despair (A1).

Even the news seems to have taken on a certain pattern: people dying, negligence and recklessness on the part of the government, people with compromised access to basic needs, environmental crimes, crowding in public places, loss of labor rights. The same thing every day. I get so agitated in the face of all this that I'm surprised, I've never been like this (A6).

Having to get used to seeing the number of deaths rising on a daily basis, new bad news, the fear that the next person could be someone in your family or even ourselves is distressing (A11).

Because of all this tension, one of the main problems I notice is anxiety and bouts of panic disorder as a result of the bombardment of bad news in the media (A15)..

Since its inception, the media has broadcast news about the Covid-19 pandemic exhaustively, a fact that has had psychological effects that have contributed to compromising the population's mental health. According to the former Minister of Health, Luiz Henrique Mandetta (2020), the expression "infodemic" expresses precisely the harmful effect that the massive amount of information would have on people, which would be a kind of epidemic due to excessive information.

Still in this direction:

In the second half of March 2020, the schools closed, we went home, the [university] also stopped, I decided to follow everything on TV, which gradually shook me. I started to feel short of breath [...] I turned off the TV (A 28).

All the losses, the terrible news that I see in the newspapers every day shakes me to the core (A30).

I knew that watching the papers every day and all the time wasn't good for me, but I was stuck in it because it was absolutely difficult to understand the whole situation. Cases and deaths increasing, the health system collapsing, basic hygiene items missing from supermarkets, establishments going bankrupt, people losing their jobs and so much other news that was repeated every day. I cried every day before going to sleep thinking about my grandparents, my parents, the people who were ill and their families (A35).

Garcia and Duarte (2020) reiterate that the profusion of news about Covid-19 has caused anxiety, depression and exhaustion, even affecting people's ability to respond to their daily demands. In this sense,

And with regard to the world's problems and, in particular, our national ones, I believe it's impossible to be an informed person with emotional stability (A45).

It's not comfortable for me to be in a position of apathy when I've always been so expressive. I've never known how to be oblivious or neutral. Perhaps confused, but never indifferent. I think that watching the number of deaths rise on a daily basis and knowing that there's nothing I can do about it, apart from keeping myself safe at home, has made me this way (A34).

Because of the deleterious effect on mental health, Garcia and Duarte (2020)

recommend avoiding quantity and prioritizing the quality of information, as well as checking its source and veracity before passing it on or following it. According to Birman (2021, p. 95), the Covid-19 pandemic has generated collective trauma, even for those who have not been directly affected by the disease: this lugubrious scenario has been widely reported, with "information disseminated daily by the various media, in a systematic, insistent and continuous way".

Faced with a terrifying historical moment, with an unprecedented number of deaths in our country, with a picture of great mental suffering, we asked ourselves how it would be possible to learn under these conditions. Of the 51 components of the sample, 9 students complained of some kind of *impaired learning capacity*. This damage was then grouped into the following subcategories: i) difficulty concentrating and ii) low productivity or unproductivity. Regarding the difficulty in concentrating, the students reported:

I felt more disorganized. I found it harder to concentrate, my reading pace slowed down and I had more trouble producing (A18).

What's more, I can't concentrate in class, which is broadcast on the Google Meet platform. And when I hear my classmates discussing the content in class or handing in their work early, I feel inferior or even powerless (A20).

I hardly concentrate on anything. This affects my performance in everything in life: in class, socially, emotionally and psychologically (A24).

I could no longer watch a series because I couldn't concentrate (A35).

Another aspect I noticed at the beginning was the lack of motivation to concentrate on my studies. When the [university] returned to distance learning, it was difficult to get used to this new reality (A1).

Regarding low productivity or unproductivity, the following statements follow:

In addition, I still feel powerless and unproductive (A6).

I can't read very often, I can't take notes like I used to and it takes me a long time to get to sleep. Some personal feelings [...] get to me a lot, but I wake up and forget everything and do the same thing during the day: nothing. I'm producing very little work (A19).

I attended meetings and assemblies where people said 'don't suppress the disciplines, let's be strong' or something like that, and all I could do was feel weaker and weaker and blame myself for not being well and for not being able to do everything I had to do. Because of this, I cried constantly, because I couldn't cope

with the fear and pressure (A30).

The feeling of failure was already present thanks to low productivity, lack of time, as I spent the day sleeping, and the feeling of powerlessness in the face of the chaotic scenario that the pandemic brought (A34).

This loss of learning capacity is closely related to the mental suffering caused by the pandemic. How can we learn amid fears, anxieties and a growing number of deaths in the country and around the world, reported excessively in the media? In this regard, Nascimento (2020, p. 30) points out that the following have become common symptoms: "decreased productivity; inability to concentrate; and also feelings of incompetence and insecurity". And he adds: "we cannot lose sight of the horizon of the pandemic, which has significantly increased this demand for mental health" (Op. Cit., p. 30).

In moments of collective trauma and mourning, the university students consulted not only recognized how psychologically affected they were, but also developed mental health promotion strategies to best survive the challenges imposed by this tragic moment. Of the 51 research subjects, 24 commented on this subject. This category can be subdivided into: i) support provided by emotional ties; ii) well-being in being able to help others; iii) professional help; iv) hobbies and things that do us good; v) avoiding triggers and vi) spirituality.

About *suporte given by emotional ties*, the following reports from the research subjects are enlightening:

Despite all these aspects, I was able to count on the help of family and friends to cope a little better with the whole situation we are experiencing. I believe that support at this time was crucial for us to keep hoping for the future (A1).

Until then, we need to give priority to ourselves, to those we love and to those in need, in whatever way we can, so that perhaps, even with some wounds caused by this scenario, we can help each other to care for and heal (A12).

To get around the fact that I want to go out and can't, my boyfriend and I, for example, in order to see each other without the 'weight on our conscience' of going out in our mid-forties, meet every three months at Hemoce [Ceará's Hematology and Hemotherapy Center]. As well as helping to keep some people alive, we help to maintain our affectivity and mental health (A29).

So the work is very important, but it's no more valuable than the time we take with our family, those moments that make a difference, those words that remain

engraved in our hearts (A30).

I talk to my parents a lot, they listen to me and help me in these moments (A43).

Keeping in touch with the people we love (A45).

About *well-being in being able to help others*, students A6 and A45 put it this way:

In these moments, I like to think of something my grandfather used to say to me quite often: "Those who don't live to serve are no good to live for". Attributing my life's purpose to service and charity in instances in which I have been, am and will be included helps me justify all my present restlessness and dissatisfaction (A6).

But hope fixes me and helps me stay focused on doing what I can to be useful in the midst of chaos, not that it's a necessity, but I'm a future teacher, aren't I? What does that mean, if not that we have a restlessness in our souls due to an immeasurable desire to help whoever we can and be useful for improving our society? (A45).

Faced with such suffering, generated or aggravated by the pandemic, some people, such as A10 and A19, sought *toprofessional help*:

I sought help, [...] professional help [...] and I believe in my improvement. But I also believe that, because of the pandemic and the chaos that is Brazil's management, some wounds are not going to heal any time soon (A10).

I'm undergoing psychological treatment (A19).

In the face of the tragic pandemic situation, we could cultivate *hobbies and do things that are good for us* in order to cultivate our mental health, as the following statements show:

Fortunately, as a refuge, I have tried to occupy my mind with things that are good for me, such as studying (A7).

I feel that having developed many hobbies has helped me to overcome this a little, to occupy my mind (A24).

I've seen how everything has changed, how I've adapted to the change [...] I look after my plants, read more, watch something and try to do some manual work (A26).

Reading and watching what we like gives us peace of mind from the stress of studying and working from home (A45).

There was a need to avoid the so-called triggers, situations that could trigger fear, anxiety and unease. Avoiding the news was one of these strategies. Therefore:

Trying to focus more on reducing anxiety, avoiding triggers as much as I can, as well as other phobias of mine that I created with this pandemic (A3).

Staying away from the frequent news about deaths has also helped, but it's almost impossible to be free of information when you're connected to the internet (A24).

To maintain hope, I prefer not to keep up to date with inhumane acts such as presidential debauchery (A28).

In the face of an unknown threat, such as the Covid-19 pandemic, *spirituality* also offered comfort, as the testimonies show:

In addition, I have often tried to approach God on the basis of my faith. [...] I hope I don't lose faith or hope that better days may come (A7).

I sought spiritual [...] help and I believe in my improvement (A10). But I place my anxieties and fears in God (A43).

Recording his experience in a concentration camp, the Jew Viktor Frankl (2017) observed the need for art in order to survive in extreme situations. As an example, he mentions that improvised theaters were held in the concentration camps and people gave up the only plate of soup they were entitled to each day to go to these theaters and thus feed their souls. He considered it of great importance to give life meaning, a sense of purpose, the hope of better days. Her reflections are in line with the students' accounts, in their pandemic diaries, of the value found in relationships, in the things that do us good and in spirituality.

4 Final considerations

Since 2020, we have been a society traumatized and bereaved by the devastating action of the Covid-19 pandemic. In addition, in order to prevent the spread of the disease, the necessary coping strategies adopted health measures that, paradoxically, fostered and prolonged the mental suffering generated by the pandemic scenario. Persistent mourning

- promoted by the banning of close people during the patient's hospitalization, as well as the prohibition of their presence at the wakes and burials of loved ones - is considered one of the residual effects of this collective calamity.

In an attempt to describe the mental health situation of Pedagogy students at a Federal Higher Education Institution of the Public Network in the city of Fortaleza-CE, in the pandemic year of 2021, we found a situation of psychological distress, which was established as a reaction to these times. Our students were afraid of the new disease, its rapid contagiousness, the possibility of getting sick, dying or having someone close to them get sick and die. They were anxious because of the uncertainties surrounding the days ahead, especially regarding the end of the pandemic. The past left solid marks of symbolic mourning for the old routine or concrete mourning for sad departures without goodbyes. The excess of news about the pandemic in the media has proved harmful, accentuating this pain.

In Remote Learning, as their mental health became more and more compromised, the students began to identify some damage to their ability to learn, especially in terms of difficulty concentrating and low productivity, or even unproductivity. The decline in mental functions related to learning and work is an expected reaction in the face of intense mental suffering. And we were going through a collective tragedy.

The students themselves developed strategies to promote their mental health, in order to live and survive the challenges imposed by that moment. The emotional bonds, maintained in person or remotely, offered support and strengthened them on this arduous journey. Being able to help others proved to be a source of well-being. Valuing relationships, the little things that make us feel good and time for hobbies became more important. Breaks were necessary, even from the news, which caused discomfort. Any kind of trigger had to be avoided and professional help sought when necessary. Spirituality, in its various forms, was present. Faith that everything would pass and hope that better days would come.

That said, we would like to emphasize the need for actions to promote mental health to be carried out in universities. This is not only aimed at reducing damage and harm

to the mental health of our student body. It is also a gesture of respect for the large number of lives lost to Covid-19 and their bereaved families. In Brazil, many of these deaths could have been avoided if the federal government had managed them better.

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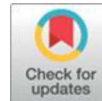
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Responsible publisher: Lia Fialho

Ad hoc expert: José Rubens Lima Jardimino e Adriana Regina de Jesus Santos

How to cite this article with more than three authors (ABNT):

GUERREIRO, Victória Mercya Sousa.; CARVALHO, Joyce Duarte de.; DIAS, Carina Araújo.; PAIM, Igor de Moraes.; VIANA, Tania Vicente. Diários da pandemia: a saúde mental de estudantes universitários em 2021. **Rev. Pemo**, Fortaleza, v. 5, e10619, 2023. Available at:

Received on May 03, 2023.

Accepted on October 07, 2023.

Published on November 17, 2023.

