

What if Dona Violeta was a black woman? Considerations on “O cuidado, os modos de ser (do) humano e as práticas de saúde”

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Abstract *Can we discuss humanization in health without bringing the expressions of racism in the health-illness process to the centrality of the debate? Would it be possible to think of humanized care practices without considering structural and institutional racism in health? An affirmative answer to one of these questions reinforces the current myth of Brazilian racial democracy, which prevents us from recognizing or validating how much racism is alive in our society and produces unequal experiences of living, sickening, and dying for the black population, which accounts for more than 56% of the Brazilian population. In this article, in dialogue with Ayres' production on Happiness Projects and healthcare, I seek to reflect on the production of health care in the Brazilian context, considering structural racism and the prevailing myth of racial democracy in the centrality of this care production. As a health institution aiming to ensure health as a right to citizenship, should we commit to projects of happiness or enable and support emancipation and freedom projects?*

Key words *Racism, Care, Health, Intersubjectivity*

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We cannot subjugate men without logically making them inferior from one side to the other. Moreover, racism is but the emotional, affective, and sometimes intellectual explanation of this inferiority. In a culture with racism, the racist is, thus, typical.
(Fanon, 2012)

Considerations

In the early 21st century, in the face of biotechnology advances in health and concerned with the effects of this process in a growing immobilization of health care practices, in the article “Care, human ways of being and health practices”¹, Ayres seeks to make a reflective essay on conceptual and practical aspects for an effective humanization of health practices. The author offers us the concept of health as the realization of *happiness projects* and revisits the care concept, providing us with considerations on how to operationalize humanization in health and the narrative of the clinical encounter with Dona Violeta as an input to the production of his reflections throughout the text.

Ayres suggests using health technoscience with an ethical and political commitment to realizing individual and collective happiness projects as humanization. He links the concept of health to the term *happiness* because it refers to “a positively valued experience, [...] which is often independent of a state of complete well-being or perfect morphofunctional normality”¹(p.19), which contextualizes this notion from people’s subjectivation-socialization processes as it expands the notion of health beyond the normative morphofunctional horizon, valuing the different social contexts and breaking with the idea of complete social well-being.

The author chooses German philosopher Heidegger and his production on ontology to discuss and ponder on some of the concepts that guide his reflections. Heidegger affirms that the human being is the “being who conceives the being”, a powerful statement that conceals the fact that if we are the ones who conceive the being, we can also deprive individuals of humanity. This movement of ridding the being and of a hierarchy of humanity based on racial criteria that are sometimes arbitrary but aim at the production of power and domination, which underlies this statement and is subsumed in the proposed reflections by Ayres in the article.

The article contributes to thinking about ways of humanizing health care practices. It reinforces the ethical and political commitment before us, as professionals and health institutions, to produce health care in a contextualized, qualified, democratic, and equitable way for Brazilian citizens since health is a constitutional right. The article advances essential discussions on the necessary attention to the risks of excessive technologization and hardened health practices, claiming their humanization as a path to a less universal, contextualized, and democratic health care offer. However, in a country socially organized based on colonialism, the genocide of native indigenous peoples, and centuries of enslavement and subsequent marginalization of black African people², the author’s silence on racism as a permeator of the health-illness process of black and indigenous people in our country and how this is expressed in therapeutic interactions and health care practices causes a stir.

Ayres argues that practical wisdom produced from an identified need allowed a humanized clinical encounter between him and his patient, which is a crucial point of the article. We live in a country where cisheteronormative patriarchy and the myth of racial democracy prevail, where discussing racism is taboo and racial inequalities are systematically covered up. At the same time, the media naturalizes the image of the black individual as a fictional enemy of the nation and someone who must be on the sidelines of society or in a condition of servitude. In this sense, I enquire: If Dona Violeta (who, in the article, is not racialized) were a black woman, would the doctor be scared by his negative thoughts on that care process? In a society where black women are represented and imprisoned in the control images of maids, mulatto women at the carnival, or black mothers³, all subordination, subservience, and objectification social *locus*, what feelings would the figure of this woman arouse in the doctor? Is the health professional trained to break with the structural racism/sexism and cisheteronormativity that permeate cross care spaces and clinical encounters? I ask these questions to consider that the coloniality that contains us produces naturalized socio-racial inequalities and that, therefore, the practical wisdom¹ assimilated by most health professionals in the country is reproducing racism and coloniality in care relationships. Thinking about happiness projects for the black Brazilian population requires taking a few steps back and considering the subjectivation and socialization forms before us. The kidnapping and en-

slavement of black people in Brazil actively obliterated our ancestral memory. Stories, knowledge, customs, social practices, and our names were erased under the light of Christianity.

The instruments produced by black people as a resistance strategy and a way of keeping some ancestral connection were (and are) harshly persecuted: quilombos, samba, capoeira, jongo, and African matrix religions. Instead of valuing the fruitful black cultural production of resistance, Brazilian-style racism associates the image of black people with servility, inferiority, subservience, hypersexualization, and marginalization/delinquency, in a continuous process of fetishization and infantilization of the black population, which remains imprisoned in the discourses that whiteness produces about and for us.

In *Black skin, white masks* (our free translation from the Portuguese), Fanon⁴ brings the example of a black man who, due to the myth of white superiority and the inferiority complex instilled in the West-colonized black existence, presents in a dream the unconscious desire to whiten. In this regard, he points out the need, as a care provider, to gradually free him from this unconscious desire. More than that, he brings the idea of “raising awareness of your unconscious, no longer trying a hallucinatory whitening, but rather acting towards a change in social structures”. The author argues that black people must become aware of a new possibility of existing and be elucidated about the socio-racial structures that condition them to this false dilemma, transmitting, therefore, the real possibility of choosing action or passivity in the face of these imprisoning structures, such as racism, sexism, and cis-heteronormativity.

When Ayres¹ brings the notion of health from the realization of happiness projects, it occurs to me that having “positively valued experiences” is the privilege of a racial group whose humanity is recognized and socially validated and has the right to subjectivity and individuality. While the black population struggles against the shackles of racism that strip us of humanity, which conditions our subjectivation and socialization to images of control, imposes ethics, aesthetics, morals, and white identity on us as an (unattainable) standard to be achieved, perhaps the notion of health should instead aim to relate to the notion of freedom than the notion of happiness. Freedom in the sense of breaking with the imposed modern/colonial logic, freedom in the sense of raising awareness of the matrices of oppression and how they act in the subjugation and contain-

ment of possibilities for people considered “others”, non-hegemonic, freedom to be able to claim a black identity, enjoy full citizenship, recognizing and being recognized as black, without the need to produce and be content with experiences that imprison us in white masks⁴. After all, the racial oppression that alienates us from ourselves and erases and silences us makes nothing more possible than the continuous struggle for freedom.

Producing and enhancing happiness projects for the black population, without paying attention to the structural racism that submits the experience of being black to the condition of sub-humanity, would not be a way of upholding the bio-necropolitical machinery that forges the black population as disposable bodies whose primary function is to sustain coloniality and the neoliberal capitalist system?

In 1983, Brazilian psychoanalyst Neusa Santos Souza wrote about the vicissitudes of recognizing oneself as black in a racist society⁵. The author writes that “knowing oneself as black is living the experience of having been slaughtered in one’s identity, confused in one’s perspectives, subjected to demands, and compelled to alienated expectations”⁵. This action impacts the dynamics of being black in the world and our health-illness processes. Becoming black allows breaking with internalized racism, self-hatred intelligently instilled in us at a very early age, in subjectivation and socialization of black people, to naturalize the myth of white superiority.

When talking about the human experience of being, Ayres¹ ponders the importance of connecting past, present, and future as a way of understanding ourselves in the world and understanding the world around us. The temporal existence is an aspect of the design of a happiness project highly valued by the author. At this point, I again revive the ontoepistemicide produced by coloniality as a strategic way to depose black humanity and keep us disidentified, disarticulated, and vulnerable to maintain marginalization and racial inferiorization.

In the narrative of the documentary ORÍ⁶, Beatriz Nascimento suggests ORÍ as an instrument to revive and claim blackness, which is a process that consists of connecting with the past (ancestor that was/is denied to us), to re-signify the present, and produce a future in dialogue with the past and present accessed. It is attentive and concerned with how the myth of racial democracy erases and diminishes black identity. The author suggests ORÍ as a way to break with the

discursive/subjective imposition on us and claim our identity, built from a greater epistemic honesty with our past, knowledge, and productions. For the black Brazilian population, the connection with the past involves overcoming the history produced about us. It involves challenging the production of academically validated knowledge that aims to erase us. Connecting with the past and rewriting the present would enable a Brazilian society capable of recognizing and valuing its Ladino-African identity⁷ in the future, finally breaking with the myth of white superiority.

Ayres¹ uses the categories of technical and practical success to assess how health care actions are being produced and evaluated. The author recognizes that technical success does not always imply practical success and claims the humanized care practice to achieve both. When discussing the Brazilian black population, would the reach of emancipation/freedom/rupture projects be considered a practical success? Is claiming a racially conscious Ladino-African⁷ identity and finally breaking with the myth of racial democracy fitting the “democratically validated as a common good”¹²? For a State that operates and benefits from bio-necropolitics⁸ to produce and discard spare bodies, does it matter to think about humanization, technical or practical success when it comes to the health of the black population?

Thinking about humanized health practices attentive to racism and combat it is possible, and Gonzalez⁷, Nascimento⁶, and Souza⁵ offer some possibilities to put them into practice. However, doing so requires investment and institutional appreciation for this process; knowledge about the subjectivation and socialization of black people in the country; investment in health education focused on racial relationships beyond the sense of responsibility and identity of health professionals; racial health literacy to recognize the privileges of being white in a racialized society; readings and experiences about ways of being human in the world not produced from the white hegemonic universalizing discourse, but from epistemes, cosmoperceptions, and diverse perspectives. Moreover, recognizing that not being racist is breaking with the current culture⁹, racialized health care implies continuous self and hetero supervision and monitoring. Considering that anti-racist health care puts in check the capitalist, racist, patriarchal, and cisheteronormative modern/colonial western world system when it promotes equity and social justice, we can recognize that its production is not easy, but obliterating the racial issue from the discussion about humanization in health is nothing more than naturalizing and reinforcing the myth of racial democracy and institutional racism¹⁰.

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