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Subjective effects of racism and care: lives and memories of black women

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Abstract *Understanding racism as an integral part of Brazilian reality, constituting a social determinant of the health-disease process, this article seeks to reflect on the impacts of racism on subjectivity and contemplate the health care offered to black women. The reflections derive from a qualitative study using the biographical method, in which black women provided a narrative of their lives and experiences with racism. The narratives give visibility to the negative effects of living systematically under structural racism in the self-images of the interviewed women, as well as the lack of and/or poor effectiveness of public policies of integral health care to transform the status quo.*

Key words *Racism, Subjectivity, Gender, Care*

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Introduction

The present article is a product of a study entitled "Racist practices and subjective effects of racism among black women - Issues in the field of health care production", which was conducted from March 2020 to March 2022, and sought to analyze the subjective effects of racism among black women and the experiences of health care production. In this article, which is an extract from the aforementioned study, we shall approach black women's experiences of racism and their subjective effects, reflecting on the kind of care to be offered to them at the level of psych clinics and health policies.

The field of public health has become the transdisciplinary space between the production of scientific knowledge and political engagement for human rights and citizenship[1]. The ethical-political commitment with equity, democracy, and autonomy is expressed in the growing relevance of studies and practices capable of dialoguing with the experiences lived by the different individuals and collective entities in the fight for the right to life. From individual-centered care to the participative methodologies which recognize and reaffirm singularity, there is the "place of speech"[2] in the production of both health and public policies.

Starting with the biographical memory of black women regarding their experiences in a racist society, coupled with the process of the production of meaning in relation to their own experiences, we contest that the production of health care which is in fact "whitened", as are public policies that operate only partially towards equity. The process seeks to confirm the impossibility of denying racism as a health risk, given that it is a social determinant which redistributes vulnerabilities in an unequal manner[3].

Our manuscript has been divided into into three parts, besides introduction and final considerations. In the first section, *Black subjectivities at stake: Racism and misogyny in speeches and images*, we point out some of the subjective effects of racism by creating a dialogue between the literature on the theme and the empirical work conducted by our research team. Colonization from the white view of the black subject, the production of shattered self-images, and annulment of the body itself were some of the issues raised in this topic.

The second section, *Contemplating care for black women - pathways between psych clinics and policies*, reflected on the care provided to black women. We initially illustrated situations of racial violence lived in spaces that were supposed to provide care, and later we reflected on specific conditions required to prevent a psych clinic from reproducing racial violence. We indicated the importance of informed and affectional listening by the professional regarding the racial issue, as well as the deconstructing of the denial and support for the act of becoming a black woman.

The third section, *Rights and public health policies: for all?*, was built upon the understanding that care provided to people who suffer racism includes, besides the clinic, both a political struggle and specific public policies. Our study mentions some of the actions and policies that have been implemented, problematizing the fact that the universal models are insufficient to deal with black experiences.

Methodology

Our study applied the biographical method, in which the recording of the life history of each subject, based on narrated memories, produces a view of the dynamics of the workings and trajectories of the social group to which they belong[4]. We approached the black women in a manner that was as open as possible, asking them to talk about their lives in the condition of being black, and interfering minimally – the eventual interventions took place only when there was a need to clarify some specific detail or to encourage the development of the narrative[5]. The research was promoted in WhatsApp groups, using a calling with the title and a summary of the research project, with the logotype from the research institution, with the names of the researchers and a link to the Google Forms questionnaire. When clicking on the link, one could see the objectives of the study and the question of whether the woman wanted to be interviewed or not. If yes, there was a box where they could leave their contact number. Because of the COVID-19 pandemic, the interviews were conducted online, in the Google Meet digital platform, between July and September 2021. In total, 10 interviews were conducted.

The research project was approved by the Research Ethics Committee from the Instituto Fernandes Figueira, under decision number 3,924,973, 03/19/2019. Participation in the interview happened after the signature of a term of Free and Informed Consent. The names of the interviewees are fictitious in order to guarantee their privacy.

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Black subjectivities at stake: Racism and misogyny in speeches and images

One of the main findings in this study was the women's memories of their first experiences of racial violence. We identified that as a "finding", since it was not asked directly to the women, but all of them approached the experience of "discovering" their black color as a negativized difference, as something that scarred them permanently. Such traumatic experiences took place in school and/or in the family environment, and made us reflect on the images constructed by the speeches and images received from those environments. Consider the following excerpts from the testimonials reported by Iara and Bruna:

The first clear experience that I suffered, of racism, I was six years old…I wanted to play with the girls, something normal, we took dolls to play with in school and have fun… anyway, they were all playing with dolls and I asked them if I could play too, and that is when they said no because I was the "blackie", you know… that's something that left a mark, that marked and still marks me today, hence the memories I have of that situation, because that made me search for understanding why I was black like that, I even thought it was because I ate too much beans, I was really fond of beans…so I remember that at that time, I even stopped eating beans because I thought they made me black…in the end, in the long run, all that made me have a really bad iron deficiency in my body, to the point that I had to be hospitalized for that... (Iara).

I think that I felt it a lot initially, it was in school that I had white friends, some are my best friends even today, and I felt it more strongly coming from their mothers, you know, I always felt kind of out of place, I felt that from the teachers as well, something like "Oh, Bruna does not deserve it because she talks too much, because of this, because of that", and I felt that it was different for the other girls, the white girls... (Bruna).

For Iara, being black, or "blackie", as she said, became, at that moment, the revelation of a difference that she did not understand. *Must have been the beans*. This difference was noticed by Iara. But what was that difference?

The difference was picked up by Iara. She understood that there was a color difference. She would understand – years later – that the difference was not caused by eating beans. At the time of the interview, she was 21 years old, and was a militant of the black cause, even though she was distant from it to *take care of this little head*. Iara did not have the illusions of origin; she had already noticed that the racial difference did not originate from the phenotypic distinction, regardless of the representation. Iara knew, as Fanon[6] warned, that being black, as well as a race, is a political-ideological construct: these are creations of a racist imaginary. This leads us to ask, as Nogueira[7] pointed out, how the significance known as "black color" is inserted into the historical, political, economic, and semantic arrangements of our country, and how the same significance is related to the image that each person has of him/herself.

As we can see in the quotes above, Iara and Bruna make references to racism in the school environment. According to Gomes[8], school is a significant place where the process of the construction of a black identity is developed, and this space is often where the black esthetic standards are seen in a negative way. What could be the influences that the negative representations about being black, which take place in school, have on the psyche of black children, considering that the school has, as one of its dimensions, the social function of maternity and paternity.

In terms of the constitution of the "Idea of I" - a model to which the individual seeks to conform - even though we consider the family context as the first place where that unfolds, Souza[9] explains the fact that it is in the "outside" – the street, the school, at work – that the "Idea of I", already produced, finds occasion to reinforce itself, acquiring the meaning of an ideal model for the subject. It is in the "outside" that the ego can be collated and re-signified.

Silva[10] warns us, as well, about the nefarious psychic effect of the lack of protection for black children who live racist experiences. In fact, in Iara's account, the school teachers were not able to provide her care:

There were other instances when I also spoke to teachers and all, but that is the deal, right, sometimes I think that they did not know how to deal with that situation, sometimes they wanted to know how to handle it but no, they couldn't because their training did not allow them to have it, to know how they would deal with diverse people, or even fear, you know, because who was I in the bread line when coimpared to those other people, right? (Iara).

We may wonder if teachers recognized Iara's experiences as racism. One needs to understand racism in order to fight it; likewise, one must recognize having lived experiences of racism to overcome its effects. In Brazil, in face of the reality of structural racism and the myth of racial democracy[11], there is what Munanga[12] calls the

"perfect crime": the one that kills twice, physically and when controlling, by silence, society's conscience, including the victim's conscience.

Corroborating this thesis, Iara used to cut herself as a child. She tried suicide when she was a teenager. For Nogueira[13], the black person carries, in his/her very appearance, the mark of social inferiority, which racist culture has imposed upon that person. There is a geography of the black body created by the look of the "other", which provides meaning to black skin, in the condition of a significant. How can one deny this significance without denying one's own identity, without denying and nullifyng one's own body?

For the blacks, a creative way out is required, which can produce pathways that allow them to move from the idealization of the "white I" to the sublimation in order to support a desirable position. It is a difficult task for black subjects inserted in a racist culture. However – especially because of social movements and the efforts of decolonialist and antiracist intellectuals and artists – it is possible to create self-images that are narcissistically satisfactory, without renouncing black identity. Those subjects instill acts of confronting the images of colonization on their black bodies, acts which are insurgent, aimed at decolonizing the other's view.

Iara, after years of therapy, could speak about herself, detached from the broken images imposed upon her throughout her life. At the same time, she recognized the painful experience of being black in a society that seeks to be white. For that reason, the interviewee wanted to prepare her younger sister to face the violence she had lived with and which she had not been prepared to deal with by her parents:

...I was the only one to be born dark black, much darker…and my parents never talked to me about racism, first because my father believed that he never suffered racism, since my father is black, and I also had difficulties…in seeing my parents as black people…until this day, we never really talked about it, so I realized that I had this role, of talking to my sister, I am very close to my sister, and I want to do everything for her, that no one ever did for me, so that she can be prepared for the pain that life will unfortunately bring to her. I always tell her [the younger sister]... she should never let anyone talk bad about her hair or about her little friends, because that is just not acceptable… people badmouthing each other because of their skin color, anyway, I do all that work with her so that she does not go through certain things, my parents never did that for me (Iara).

For the "perlaboration" work, one needs to see oneself as black, but the culture must also have significance, allowing for the elaboration of a black identity, which is different from the racist narrative. At home, neither white nor black. Iara had to deal, at school, with the views of those who are not from home. For Iara, the conflict did not originate from the family group, but instead, from the contact with the outside white world. Fanon[6] claimed that a black child has no collective references that are coherent with her "normal" domestic environment and has her subjective constitution affected negatively by the effects of coloniality when in contact with the white world.

For Bruna, another interviewee, the reality of racism was not only denied to her, but in fact, it was lived in the family environment itself. In one of her comments, violence had the target of "bad hair" and the super-egotistical demand in face of the impossibility of reaching the white Ideal[9] by the concept that one "ought to be better than that":

...I used to go to my grandmother's house and spend the weekend straightening my hair, it was a very painful process because it hurt my head a lot, but I knew that in the end, it would pay off in some way, because I would be better accepted…but the whole process was painful...then, when I decided to stop doing it, I suffered at home, you know, my mother saying "oh, that frizzy hair", or "you don't take care of your hair?", and it was at that moment of transition, of leaving behind the straightened hair and going for frizzy hair…(Bruna).

...I think my mother always said, "you are black, so you have to be twice as good", you know, I always had that engraved in my head, she always did it, the main person who was there for me, she used to say "my daughter, you are not going to settle for that grade in school, right, getting just a B, I want you to get an excellent grade, I want you to go after that"...I spent my childhood always demanding too much of myself, to always do the best, and that demand was also the demand from others, anyway (Bruna).

The meanings attributed to black hair are the expressions of the racial conflict lived by blacks and whites. For Kilomba[14], hair became more important than skin color, a powerful form of control and of erasing, which the author called "repulsive signs of blackness".

For Bruna, straightening her hair was like wiping her soul, because she understood that her frizzy hair was "bad" within the context of social relationships built within a society where the

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negative representations of being a black woman materialized themselves into the body/hair. To stop straightening her hair was an act of freedom, representing the non-necessity of hiding the ethnic-racial belonging, a strategy of reversing the demeaning representation present in the social imaginary.

Sol, 28 years old, lived experiences of racism and misogyny among people who were close, even among her own family members. Her husband used to say that *a married woman does not get herself all dressed up to get out of the house without her husband*. Once, when she returned home after meeting friends, Sol had her hair shaved off by her husband:

When I got home, he noticed that I had a little to drink, and became furious. He caught me and shaved my head. I was depressed, my hair was my pride, I really loved my hair (Sol).

One of the biggest challenges to black women is to like her own image, especially the frizzy hair. When Sol's hair was targeted, there was an important meaning. After all, racism created an uncrossable hiatus between the Ego of a black person and the person's Ideal[6,14], causing the black person to leave her body through self-rejection, instead of having the body as a source of pleasure. It is a process of alienation and de-personalization that is suffered by black bodies/subjectivities, based on the non-recognition of one's self and keeping whiteness as a hemogenic norm of power and definition. Sol, however, when trying to confront the place imposed to black bodies, also had to confront the patriarchal logic that predominates in society.

The message given by the husband was that her body did not belong to Sol herself, and that being in the condition of a (black) woman meant that she could not have pleasure with her own body, since it was only the object of pleasure to others. Sol provides us evidence for the experiences of a black woman in a context marked by patriarchal racism. According to Kilomba[14], "race" and "gender" are inseparable – and once intertwined, it is difficult to determine, in detail, their specific impacts.

Thinking about care for black women - pathways between the clinic and policies

The experiences lived by Luana, 22 years old, are a reflection of the *unequal distribution of vulnerabilities*, according to Mbembe[3]. After getting contaminated with the COVID-19 virus and recovering, her mother, also black, succumbed to the pandemic. Luana survived, but was shattered. Besides carrying the guilt of having c*ontaminated her mother*, she was troubled by the fact that her mother died after less than 24 hours of hospitalization. Luana carried with her the coldness of the health professionals when they gave her the news of her mother's death, as well as the sadness because of the way her mother was treated, *as if she was garbage*. The official recognition of her mother's body was done in a refrigerated truck parked in front of the hospital. They pulled out bodies and showed them. Her mother was a black body, together with other black bodies: just one more black body.

Other stories about what we can call "inhumanity called care" were reported. Bruna revealed that, when she was an intern in a Psychosocial Care Center, a young black addict wrote on the wall: "racism is fucked up". Racism was an issue that the boy used to bring to the appointments; however, the issue was never debated by the medical team – all white – which cared for him and which seemed to be incapable of understanding the psychological dynamics of racial relationships.

Bento[15] is precise when she says that silence regarding racism has a strong narcissistic component, since it comes accompanied with the placement of a group – white – as the reference group for human condition. What is at stake are narcissistic pacts between whites who do not recognize their very white identity. Silencing the racial dynamics, denying suffering generated by the oppression lived by the blacks, and not recognizing that whites possess an identity are forms of violence, rather than care.

Another situation of violence in a healthcare institution was reported by Rosa. On her way to the hospital to deliver her baby, her husband reinforced the myth of the black woman resistant to pain. Walking down the street, in great pain, she heard from her husband that *she looked like one of those whities having a baby*. The maternity hospital team, oblivious to the conjugal situation, invited the husband to cut the umbilical cord. *That is white girls' business, I am not cutting anything*, he answered. Rosa said that she felt *embarrassed* by the event.

Based on the testimonies, it is important for us to understand the daily episodes of racism[14] which often happen inside institutions but extrapolate the institutional boundaries, thereby producing depictions of daily life. The extra-institutional dimension also produced a space which has a direct relationship with the production

of healthcare, and that allows us to think about what health means in the lives of those who are already marked and profiled by inferiority, about a non-being dimension[6].

If the fight against racism required both effective policies and healthcare actions specific to the black population, we must then contemplate the subjectivization processes connected to the racist social system, about the socio-political problems and the social practices in place. Contemplating subjectivity and reflecting on the clinic in a critical manner is one of the attributions of the field of public health, which has been shifting away from a structuralist view towards a Social Sciences-based view with an empirical-sociological or phenomenological background, in which the issue of the individual has gained strength[16].

Chagas[17], when conducting a study on poor communities – in which he sought to reflect on the trajectory of the black population and its insertion in city spaces – identified that the ideology of racism which organized social thinking and the actions by the State is a producer of deleterious effects upon the black population, especially regarding physical and psychic health. The author defines the importance of careful and affective attention by health professionals concerning the issue of race, understanding that racism is a health risk for blacks, and that the issue of racial violence must be included, effectively, within health care.

In fact, recognition of racism by professionals is extremely relevant, since the destruction of the narrative is traumatic, resulting in serious consequences for the lives of the people who experienced racism. In psychological care, especially, we can imagine the seriousness of not having one's narrative recognized by health professionals. Gondar[18] states that Ferenzi attributes to the denial, the origin of a trauma, marking the devastating effects of not having the narrative of violence respected. In a complementary manner, Kilomba[14] entices us to reflect on the *narrating* of racial violence, which is, in turn, heavily intertwined with the *listening*:

[...] The narrating and the silencing emerge as analogue processes…someone speaks only when that someone is heard. In this dialectic, those who are heard are also those who "belong". And those who are not heard are also those who "do not belong"[14](p.42).

Iara lived the experience defined by Kilomba:

I went to a psychologist, but I did not have very much space, because every time I said something, she made a counterpoint as if it was my fault, understand?…it was not helping me with anything that I was going through, and then, sometimes I mentioned the structural oppression, right, like chauvinism, racism, and she…she…I didn't feel any support (Iara).

... I was with her for a long time, longer than I wanted…because I did not want to have the stress of starting a new relationship with a new therapist…I was doing therapy, I do therapy through my healthcare plan, and according to the therapist, the healthcare plan allowed for a certain number of sessions in a year, and she informed me that I had reached my quota in May…considering that I was in the middle of the storm at that time, with all of my personal problems, I had just got into college as well and I was feeling the separation from my parents, but she abandoned me like that, in the middle of a storm…in the end of 2019 I found this other psychologist, and my only request was that the therapist was a black woman, mostly because of the trauma of having had a white woman as my psychologist, of having a white man as well, I did not feel welcomed, and considering that being me, a black woman, they might have had more empathy for my pain , my suffering, and all said and done, my current psychologist is a black woman, and I never felt so welcomed by a person like that in my life, as I felt towards her… (Iara).

Iara's narrative proves something: whatever is silenced in the appointments is also silenced in culture. The hegemonics of the white narrative determines what may be spoken. And often, the experiences of racism are not mentioned.

Moreover, if on one hand, we need to consider the subjective process that needs to be overcome by people who suffer racism, on the other hand, according to Afonso[19], we need to go beyond and contemplate what psychic processes need to be addressed in a clinical appointment in order to face the perverse effects of racism and to support the black person in the anti-colonial struggle.

Another key issue is the fact that many times, people who suffer violence do not recognize it. Iara does not recognize it when she mentions that the psychologist stopped caring for her due to the interruption of the refunds by the health plan, even though she was at a critical moment in her life. *Oh, maybe the psychologist has some serious cases to attend to*. Sol celebrated the free appointments for her son, after, she had to wait another five years to have her own demand met.

After the barriers to access are crossed and one enters the clinic, it is necessary to deconstruct the denial, to give consistency to the narrative and dismantle the immobility of the pain

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lived by those who were the object of destructive attacks to their very existence. We might say that to support the process of becoming a black woman is one of the aims of the healthcare process that those women need. As Souza[9] stated:

In order for a person to perceive herself as black, one must live the experience of having been massacred in terms of identity, having been confused in her perspectives, submitted to alienated expectations. But it is also the experience of compromising with rescuing one's own history and recreating oneself according to one's own potential[9](p.18).

Besides breaking the silence, there is a need to create a relational ballast which is not based on the colonial diagram and affirms the identity that is sought, based on positive narratives of oneself. To become black, as Souza[9] says, is an eminently political task. It is the rupture with the white ideal and challenges the model originated from all which preceded the black and taught him to be a caricature of the white. It means, to meet the blackness dimension, refusing to be the object of someone else, the recognition of a community, the production of belongings. It means, to create one's own face.

However, to provide care to people who suffer the effects of racism, a decolonization of the world is also required, which implies radical changes in several spheres of public life. In the present study, we refrain from asking what is being done in terms of legislation and public health policies.

Rights and public health policies: for all?

Considered as the product of intense social mobilization, the current Federal Constitution[20] is often called a "Citizen Constitution". That is because the constitutional text includes mechanisms of social participation in the decision process of public policies at the three federal levels[21] and, yet, it offers a detailed explanation of a series of rights and individual safeguards, with the purpose of trying to avoid institutional regression, all of which is understood considering that the shadow of a dictatorship that still haunted the country at the time the constitution was conceived and ratified.

A cross-sectional reading of articles 1, 5, and 6 corroborates the idea of ensuring rights and citizenship. The text consists of progressive ideas, such as State funding in defense of the "dignity of the human being", the "inviolability of the right to life, the right to freedom and equality", and the right to have access to other fundamental rights, such as "education, health, nutrition, work, housing, transportation, leisure, safety, social security, protection during maternity, and childhood"[20]. However, "it is necessary to question the very notion of the human being, as the element organizing the political, social, cultural, subjective, and intersubjective aspects"[22](p.81), since the *modus operandi* of public policies updates elements of colonialism and (re)produces experiences of generic racism.

Iara, Bruna, Rosa, Sol, and Luana experienced racism in a multifaceted manner and in different environments. Moreover, they experienced spaces in which the human rights to health and education should be present, as spaces of violence, where teachers or health professionals "did not know how to deal with the situation" and were negligent regarding the relationships permeated by racism.

If Brazilian-style racism is marked by silencing, it is not difficult to understand that the human rights rhetoric is not sufficient, since, *a priori*, there is a need to provide a name to the situation. That has been the focus of the actions by black social movements, whose significance, with the founding of the Unified Black Movement[23], meant, for instance, the inclusion, in article 5 of the Constitution, that the practice of racism represents a crime with no possibility of bail and that is indefeasible"[20].

Between activism and the occupation of spaces in the government structure, the black movement guaranteed the inclusion of racial equality in the political agenda, and many of the demands went through an institutionalization process[24], materialized into organizational structures and specific policies.

In the realm of health production, the National Policy for Integral Health to the Black Population was created. Likewise, there was the incorporation of the item race/color in the information system of the country's Unified Health System (SUS) to highlight the unequal distribution of vulnerabilities and its effects on the health-disease process[25,26].

Nevertheless, racism continues to express itself in daily practices, since the social pacts, whether explicit or subliminal, are still "focused on a concept of subjectivity which is established and operates based on universal models, which are insufficient to perceive and embrace the experiences of blackness"[22](p.83). In the sense of the persistence of racism – in which lies the centrality of the SUS paradigm of "primary health care", enabling us to approach the socio-economic and

environmental determinants in the health-disease process, as well as to construct analyses and intersectional interventions[27] – one must understand that health professionals embody the effects of racism within themselves and their own training, which implies a hierarchization within the respective work processes.

The poor ethnic distribution at different levels of the healthcare network highlights the inequality of the black population's access to university, especially to careers which are considered as "noble", most notably, the Medical career. Black people are still the majority in jobs that are less prestigious and less paid, and yet the training of health professionals insists on the myth of racial democracy and on neutrality in the production of knowledge, waving a proud and repeated slogan of "I treat everyone the same", regardless of force-ideas of equity, territoriality, and singularity, which are exhaustively promoted by SUS[28].

In this sense, racism and colonialism are integral parts of the architecture of healthcare work, establishing a hierarchization of fragmented and protocoled phases of the so-called "full care" and the relationships between its agents, often meaning a detachment from the vulnerable population.

Bruna tells about her experiences as a black woman in those spaces:

... university was not for me, you know, and not for my black friends either, that is a space that is there for, they really do not want me to be there, it is very uncomfortable… being a part of the tutorial education program, which is a program for education, for work education, I felt that many patients from the slums did not seek health care because they were discriminated, you now, so the whole thing is wide open, you actually see all of the white people, and only some people from the slums, you see that it is really in your face, so in the end people had to provide care to the patients in the slums at a local pub, because they almost never went to primary care, to the clinic, so, you know, one can see that there is something strange there (Bruna).

The movement of the rupture of the physical boundaries of healthcare services to provide medical care *at a local pub* should not be understood as a concession, nor be defined in the realm of empathy. That occurs because the primary health policy[29] prescribes the presence of the professional in the place of work, as well as the provision of care in other spaces. To perpetuate the idea that this or that professional is "nice" because he/she "does something different" implies transforming citizenship rights into favors, into personalized actions. At the same time, there is an act of making racism invisible in public policies and in the denial of citizenship to black bodies. Thus, the violence in healthcare services and clinics ceases to be perceived as such, as was clearly mentioned in the stories of Sol and Iara.

Another aspect of the decolonization of the world refers to the recognition that there are mechanisms of oppression which restrict the chances of black women feeling comfortable in the various social spaces. This requires them to invest in the construction of strategies of protection and in the production of health care, creating networks of belonging, of support, of denouncement, and of militancy – in a way, creating a *quilombo* for themselves[30].

Final considerations

In the different reports, we have seen the reiterated symbolic destitution of black people, especially women, who are killed by a symbolic arsenal which dehumanizes them, placing them as undeserving of any kind of care. There is no protection, precisely because there is no worthy place for those women in the judicial and political systems. As mentioned by Passos[31], state-level actions with the purpose of protecting vulnerable people end up promoting more violations, a part of the Brazilian landscape which is still based on colonial care. We also saw that spaces that are socially recognized as places for care – home (family), school, and health institutions – (re)produce violence against black people, creating and re-updating the traumatic experiences connected to the body and to desire.

Present in a systematic manner, the experiences of racism reproduce subjectivities that are shattered in the face of a universal model which is embroidered in the social image of the white, attributing to blacks all of the negative representations of the non-white and reducing them to non-human[6].

In this study, we contemplated what kinds of images are constructed about black people and how those people make images of themselves. Among black women, we saw that the experiences of oppression and objectification of identity are even more pressing; it is an expression of genericized racism. And, in that sense, we wonder about the kind of care that must be offered to those women, considering health care as a right and analyzing it critically, at the individual level, as well as at the level of public policies.

We must not forget that suffering is something always singular, and that health care must be provided based on this premise of singularity. We showed the difficult problem of "saying it" or 'not saying it", hearing or deafness. We understand that the lack of hearing by the health professional and the institutional deafness regarding violence stemming from racism are entwined into the complex relationship between what is denied and what is silenced – and trauma.

Finally, it is important to remember that, on one hand, forms or resistance have been created by black people since slavery, especially through culture, struggle, and solidarity connections, breaking with the colonizing view of themselves. On the other hand, it is undeniable that the field of health – which values the providing of integral care to individuals – has maintained itself, in general, oblivious to the movements geared toward the rupture of colonial logic, and that seems to be a debt which must be dealt with by the health area itself.

Collaborations

P Gaudenzi conducted all the stages of the major research which gave rise to this article and all the phases of the manuscript's production. A Chagas and AM Castro participated in all of the stages of research which gave rise to this article, and collaborated on the idealization of the manuscript and its revision.

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References

1. Schraiber LB. Engajamento ético-político e construção teórica na produção científica do conhecimento em saúde coletiva. In: Baptista TWF, organizador. *Políticas, planejamento e gestão em saúde: abordagens e métodos de pesquisa*. Rio de Janeiro: Fiocruz; 2015. p.33-58.
2. Ribeiro D. *Lugar de fala*. São Paulo: Polen; 2017.
3. Mbembe A. *O direito universal à respiração*. São Paulo: n-1 edições; 2020.
4. Meihy JCSB. *Manual de história oral*. 4ª ed. São Paulo: Loyola; 2002.
5. Briochi LR, Trigo MHB. Relatos de vida em ciências sociais: considerações metodológicas. *Cien Cult* 1987; 39(7):631-637.
6. Fanon F. *Pele negra, máscaras brancas*. Salvador: EDUFBA; 2008.
7. Nogueira IB. Cor e inconsciente. In: Kon NM, Silva ML, Abud CC., organizadores. *O racismo e o negro no Brasil: questões para a psicanálise*. São Paulo: Perspectiva; 2017. p. 121-126.
8. Gomes NL. Educação, identidade negra e formação de professores/as: um olhar sobre o corpo negro e o cabelo crespo. *Educ Pesqui* 2003; 29(1):167-182.
9. Souza NS. *Tornar-se negro ou As vicissitudes da identidade do negro brasileiro em ascensão social*. Rio de Janeiro: Zahar; 2021.
10. Silva ML. Racismo no Brasil: Questões para psicanalistas brasileiros. In: Kon NM, Silva ML, Abud CC, organizadores. *O racismo e o negro no Brasil: questões para a psicanálise*. São Paulo: Perspectiva; 2017. p. 71-89.
11. Gonzalez L. A categoria político-cultural de amefricanidade. *Tempo Bras* 1988; 92/93:69-82.
12. Munanga K. As ambiguidades do racismo à brasileira. In: Kon NM, Silva ML, Abud CC, organizadores. *O racismo e o negro no Brasil: questões para a psicanálise*. São Paulo: Perspectiva; 2017.
13. Nogueira IB. *Significações do corpo negro* [tese]. São Paulo: Universidade de São Paulo; 1998.
14. Kilomba G. *Memórias da plantação - episódios de racismo cotidiano*. Rio de Janeiro: Cobogó; 2019.
15. Bento MAS. Branqueamento e branquitude no Brasil. In: Carone I, Bento MAS, organizadores. *Psicologia social do racismo: estudos sobre branquitude e branqueamento no Brasil*. 6ª ed. Petrópolis: Vozes; 2014.
16. Campos RO. *Psicanálise & saúde coletiva: interfaces*. São Paulo: Hucitec; 2012.
17. Chagas A. *Comunidades populares, população negra, clínica e política: um outro olhar* [dissertação]. Niterói: Universidade Federal Fluminense; 2010.
18. Gondar J. Ferenczi como pensador político. *Cad Psic* 2012; 34(27):193-210.
19. Afonso MLM. Do silêncio à denúncia, da denúncia ao testemunho, do testemunho à criação: caminhos de análise. In: Belo F, organizador. *Psicanálise e racismo: interpretações a partir do quarto de despejo*. Belo Horizonte: Relicário; 2018.
20. Brasil. Constituição da República Federativa do Brasil de 1988. *Diário Oficial da União* 1988; 5 out.
21. Rocha E. A Constituição Cidadã e a institucionalização dos espaços de participação social: avanços e desafios. In: Vaz FT, Musse JS, Santos RF, organizadores. *20 anos da Constituição Cidadã: avaliação e desafios da seguridade social.* Brasília: ANFIP; 2008. p. 131-148.
22. Lima F. Trauma, colonialidade e a sociogenia em Frantz Fanon: os estudos da subjetividade na encruzilhada. *Arq Bras Psicol* 2020; 72:80-93.
23. Brauns E, Santos G, Oliveira JA. *Movimento Negro Unificado, a resistência nas ruas*. São Paulo: SESC/ Fundação Perseu Abramo; 2020.
24. Rios F. Antirracismo, movimentos sociais e Estado (1985-2016). In: Lavalle AG, Carlos E, Dowbor M, Szkawo J, organizadores. *Movimentos sociais e institucionalização: políticas sociais, raça e gênero no Brasil pós-transição*. Rio de Janeiro: EDUERJ; 2018. p. 255-284.
25. Brasil. Ministério da Saúde (MS). Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa e ao Controle Social. *Política Nacional de Saúde Integral da População Negra: uma política para o SUS*. 3ª ed. Brasília: Editora do Ministério da Saúde; 2017.
26. Silveira R, Rosa R, Fogaça G, Santos L, Nardi H, Alves M, Bairros F. Reflexões sobre a coleta do quesito raça/cor na Atenção Básica (SUS) no Sul do Brasil. *Saude Soc* 2021; 30(2):e200414.
27. Carvalho LP. Feminismos, movimentos de mulheres e as políticas de saúde para as mulheres. In: Lavalle AG, Carlos E, Dowbor M, Szkawo J, organizadores. *Movimentos sociais e institucionalização: políticas sociais, raça e gênero no Brasil pós-transição*. Rio de Janeiro: EDUERJ; 2018. p. 285-330.
28. Fundação João Pinheiro (FJP). Conselho Regional de Economia (CORECON-MG). *Observatório das Desigualdades. Falando sobre racismo: Alguns apontamentos acerca das desigualdades raciais no Brasil. Boletim nº 7, fevereiro de 2020* [Internet]. [acessado 2022 março 7]. Disponível em: http://observatoriodesigualdades.fjp.mg.gov.br/wp-content/uploads/2020/02/Boletim-n%C2%BA7.pdf.
29. Brasil. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*; 2017.
30. Souto S. Aquilombar-se: Insurgências negras na gestão cultural contemporânea. *Metamorfose* 2020; 4(4):132-144.
31. Passos RG. Mulheres negras, sofrimento e cuidado colonial. *Em Pauta* 2020; 45(18):116-129.

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