


Inequalities and subjectivity: construction of praxis in the context of the COVID-19 pandemic in vulnerable territory¹


Desigualdades e subjetividade: construção da práxis no contexto da pandemia de COVID-19 em território vulnerável

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Abstract

Social inequality has been the subject of several studies seeking the understanding of how to mitigate this issue in the construction of fairer societies. The COVID-19 pandemic aggravated the poverty and violence situations experienced by right-deprived population groups. The complexity of this issue requires the setting of interdisciplinary research fronts. From this perspective, studies on affectivity in social-historical psychology reinforced the role of subjectivity in studies regarding dialectical processes of social inclusion and exclusion. The goal of this dossier is to investigate potential interpretations on the connection between health and society, aiming at building subsidies for the implementation of public policies. Since 2012, participatory research studies considering the practices of Primary Health Care as triggers associated with the health-disease-care process have been conducted in the vulnerable territory of Cubatão, State of São Paulo, Brazil. Depth hermeneutics was the main reference for analysis, which ties up with qualitative epistemology. The papers presented here display a wealth of experiences and considerations: care in a territory of social and intersectional exclusion; social participation of community leaders in this context; experiences with violence in a vulnerable territory.

Keywords: Social inequality; Affectivity; Primary Health Care; COVID-19; Hermeneutics.

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Resumo

A questão da desigualdade social tem sido objeto de muitos estudos que buscam compreender como a dirimir na construção de sociedades mais justas. A pandemia de COVID-19 acirrou situações de pobreza e violência vivenciadas pela população excluída de seus direitos. A complexidade da questão estudada exige a abertura de frentes de conhecimento interdisciplinares. Nesta perspectiva, os estudos sobre a afetividade no campo da psicologia sócio-histórica têm fortalecido o papel da subjetividade nos estudos sobre processos dialéticos de inclusão e exclusão social. O objetivo deste dossiê é buscar interpretações possíveis sobre a relação entre saúde e sociedade, visando construir subsídios para a implementação de políticas públicas. Desde 2012 têm sido desenvolvidos estudos, balizados principalmente na pesquisa participante, que consideram as práticas da atenção primária à saúde como desencadeadoras de temas associados ao processo saúde-doença-cuidado em território vulnerável de Cubatão. A hermenêutica de profundidade tem sido a principal referência de análise, que dialoga com o com a epistemologia qualitativa. Os artigos apresentados neste dossiê trazem ricas experiências e reflexões: cuidado em território de exclusão social e interseccional; participação social de lideranças comunitárias neste contexto; vivências da violência em território vulnerável.

Palavras-chave: Desigualdade Social; Afetividade; Atenção Primária à Saúde; COVID-19; Hermenêutica.

Introduction

Social inequality has been the topic of several studies seeking the understanding of how to mitigate this issue in the construction of fairer societies, especially in the Southern Cone countries. Citizenship and basic rights are compromised in situations of social exclusion, fomenting a precariousness vicious cycle in the way of life of people and communities in terms of food, housing, education, health, employment, leisure, among others (Dussel, 2000; Souza, 2004).

On the last day of 2019, China reported the first occurrences of contamination by the new Coronavirus - Sars-Cov-2 -, whose incidence increased exponentially already in the first weeks of the following year. On January 30, 2020, the World Health Organization (WHO) declared that the outbreak caused by the new virus was placed at the organization's highest alert level, i.e., Public Health Emergency of International Importance. It was finally classified as a pandemic on March 11, 2020 (Freitas; Napimoga; Donalisio, 2020). As the pandemic reached Latin America, structural problems were brought to light, such as cuts and lack of investment in public health, as well as the deficiency of basic social resources to sustain life (Caponi, 2020; Santos, 2020).

Some of the main strategies for coping with the pandemic were based on distancing and social isolation, taking the capacity of the health system to support such a contingent into account. The reason for these procedures was curbing the virus spread and providing proper care for those who were hospitalized. However, in areas of precarious living conditions, there are particularities which call the model of social isolation as a protective strategy against illnesses (or COVID-19) into question. These particularities range from the paucity of basic sanitation facilities and public services to small and unhealthy housing. They also include the tension caused by violence situations, such as those of gender or race/ethnicity, which are often associated with illegal drug trade and its conflicts with the police. These dwellings house numerous people who usually have no privacy nor can keep distance from social contacts. Besides,

when associated with infection curves and the epidemic progression, social distancing not only develops significant changes in our ways of life but also impacts the economy. Given that many of those individuals work as contractors and in informal activities with low pay, these situations are aggravated in the pandemic - many even lost their jobs and others still depend on emergency aid (Aquino et al., 2020; Souza, 2020).

The pandemic persists on generating anguish and uncertainty, amid the expectation of the vaccine. We observe a second wave in Europe and a raise in cases in the United States. In Brazil, there is an oscillation between a certain stabilization, at high levels of the moving curves, and the emergence of a second wave. After the municipal elections, social distancing and isolation precautions were again reinforced, restricting people movement and crowding situations. São Paulo, for instance, is in an emergency stage. Among the uncertainties and recovery expectations, we notice that in vulnerable territories the routine seems to remain the same (Sakamoto, 2020). Exacerbated by the disregard of mask use, the situation prevails. This leads to a complex context in which prevention actions are weakened, thus causing the overburden of health professionals, especially the primary health care ones (Cataia, 2020; Lotta et al., 2020).

Therefore, thinking about ways to preserve the life, health and labor of these people was deemed as urgent in this pandemic context. It is also crucial to implement public policies that ensure the lives of vulnerable and socially excluded people. These include a basic income, investment amplification in the Unified Health System (SUS) and its capillaries (namely, the Family Health Support Center, NASF), as well as public safety (especially for women and children in violence situations).

Consequently, we notice that the COVID-19 pandemic arises in an already destabilized, predominantly neoliberal global economy suffering from an intense legitimacy crisis. The pandemic surprises us for many reasons, since it affects our world perspective, habits and future expectations. Will it bring about deeper changes in sociability approaches, knowledge production and economic and political organization? Underscoring the pandemic in this unequal context and in its different aspects implies, in our view, on throwing the baleful consequences of a post-colonial society open. That is, a society in which most people already lived precariously long before the pandemic. This condition only got worse, counting with just a few alternatives regarding coping mechanisms towards COVID-19, specifically those concerning prevention methods (Mbembe, 2018).

These considerations emerge in comprehensive research activities carried out in a highly vulnerable neighborhood of Baixada Santista, cited by the participating research. They sought to understand the consequences of social inequality taking health practices into account, especially those of primary health care as triggers of these considerations. In turn, these investigations had care ethics and ²social participation processes as their theoretical-conceptual axes.³ It is important to emphasize that the development and articulation between these axes are based on a currently ongoing project, whose general objective is to understand the psychosocial processes of social participation from the reception and care given through Family Health Strategy practices developed in social exclusion contexts.⁴ This dossier is composed of papers which bring different discussions associated with the research axes. The issue of COVID-19 has been examined at an ongoing project, which made it possible to update information in the pandemic

2 "Care ethics and rights construction: psychosocial reception in family health practices within social exclusion situations" - Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) nr. 2016/23973-2.

3 "Social inequality and subjectivity: life trajectories and struggles for better living conditions and health in vulnerable territory of Baixada Santista" - Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) nr. 407836/2016-0.

4 "Care ethics and psychosocial processes of social participation in family health practices within social exclusion situations" - Bolsa Produtividade CNPq nr. 308730/2019-4.

context.⁵ Thus, this dossier focuses on seeking for possible interpretations on the connection between health and society, based on the shared and democratic construction of knowledge in socially excluding territories, aiming at building subsidies for public policy expansion in order to confront the social inequality which was aggravated during the COVID-19 pandemic.

Given that this editorial covers health practices in the same territory, it bears reminding that it indicates harmony and complementarities expressed in the papers, which sometimes reflect the effort to structure the same theoretical-conceptual and methodological approach. Hence, in order to contribute to the more articulate understanding of the papers, this editorial presents a characterization of the scope of the research practices in order to better situate the reader. Later, it brings some considerations on the theoretical-methodological direction which served as reference for this research group based on the practices of the Social Inequality Research Laboratory (LEDS). Finally, it presents a brief description of the papers contained in this dossier. We wish you a pleasant reading!

The context of a highly vulnerable territory in Cubatão/SP

A praxis pathway was built from teaching, research and extension practices carried out by the Universidade Federal de São Paulo (Unifesp) in Cubatão/SP. This concept is understood as the inseparability between theory and practice, which promotes a conscious and critical action, therefore providing the researcher with a political role in social transformation (Furlan, 2019). Along these lines, the enhancement of the population's living conditions is envisioned, dealing with the consequences of social inequality. This locality is a highly vulnerable and socially excluded neighborhood, with serious cases of violence and illness, according to data from the São Paulo

Index of Social Vulnerability (IPVS). Since 2012, the practices of primary health care as triggers of different themes associated with social determinations of the health-disease-care process have been investigated.

It is important to foreground that this territory belongs to Group 6 according to IPVS data (Ferreira; Dini; Ferreira, 2006). In other words, it presents very high vulnerability - subnormal clusters with 36,314 people (31% of the total population of Cubatão). In the area occupied by these census sectors, the households' average nominal income was R\$1,088, and in 32.2% of them the income did not exceed half of the minimum wage *per capita*. Regarding the demographic indicators, the average age of the heads of the households was 40, and those under 30 represented 23.5% of the target group. Among the female heads of households, 24.1% were 30 years old or less, and the number of children under 6 was equivalent to 11.7% of the total population of this group.

The research carried out here, referenced by the participant-research, have recently prized the observation of community dynamics, of care, and of affective and social bonds as an apprehension strategy for the consequences of social inequality in this territory marked by a history of struggles since its creation, around the 1950s. This history carries traces of Cubatão's stigma associated with an important industrial hub, due to the pollution aggravation, causing various health problems (Ferreira-Filho, 2015). Yet, several years later, the current situation is marked by another conflict regarding the construction of Confined Aquatic Disposal (CAD) trenches in the mangrove areas for toxic waste dumping.

Theoretical-conceptual and ethical-political references

Searching theoretical-conceptual references in order to understand the consequences of social inequality on health practices performed in this

5 "The social participation of community leaders and the search for living condition increment: struggle experience for the promotion of citizenship", master's project of Hailton Yagiu, under the supervision of Prof. Dr. Carlos Roberto de Castro e Silva, associated to the Interdisciplinary Program in Health Sciences of the Universidade Federal de São Paulo, Instituto Saúde e Sociedade.

territory was very challenging. Analogously, other vulnerable territories of the Baixada Santista in which teaching, research and extension activities are carried out also lacked of references (Silva et al., 2014a).

We believe that both the complexity and the praxis of the target phenomenon require the establishment of knowledge fronts, along with the acquisition of an information pool that overtakes the simplicity of impervious subjects. In this search, interdisciplinarity was a successful path, being supported by the scope of the Graduate Program in which such investigations have been conducted - Unifesp's Interdisciplinary Health Sciences Program. In addition, the papers presented here were produced collaboratively with researchers from this program and from different areas of knowledge, especially humanities, social sciences and collective health. They gave important advice during the progression of the projects, as well as participated in defense boards of graduate students who studied topics associated with the main target of this dossier.

In this regard, the understanding of the reality of territories marked by social exclusion suggests different approaches, which include social, cultural, political, economic and psychological dimensions. The dialectical and historical materialist view provides an articulation between these dimensions. They consequently enrich a problematizing perspective of social inequality consequences. In fact, this view calls the structural aspects that generate such an unequal situation into question - in Brazil, for instance, they are based on the inheritances of a slave-based, racist, patriarchal and classist society (Dussel, 2000; Lane; Codo, 2006; Martín-Baró, 2017).

Along these lines, socio-historical psychology has been the mainstay from which this interdisciplinary dialogue arises. The critical perspective in social psychology enabled the assemblage of interests in which intersubjectivity becomes an axis for understanding reality. From a historical-dialectical materialism orientation, mainly stemmed from Vygotski, we have a subject concept which is intrinsic to its interaction with the social environment (Lane; Codo, 2006;

Sawaia, 2016). Moreover, according to González Rey (2017), subjectivity becomes problematic in the field of knowledge production, since it constitutes an epistemological and methodological place for the interpretation of social and symbolic phenomena, which form culture and its different expressions (Rossato; Martínez, 2018).

In this perspective, studies on affectivity in the field of socio-historical psychology developed by Silvia Lane and Bader Sawaia strengthened the role of subjectivity in studies on social inequality. In the historical and dialectical materialistic perspective, not only affectivity, but also activity, language and consciousness contribute to the understanding of the dialectical process of social inclusion/exclusion (Sawaia, 2001). Sawaia (2016), based on Espinosa and Vygotski, debates the process of the dialectic of social exclusion and inclusion, which sheds light upon the understanding of an infelicitous inclusion, triggering a distress that originates from exclusionary socio-economic and cultural conditions. In turn, ethical-political happiness is associated with a power of action, in reference to the ethics of Espinosa (1989), which promotes good encounters.

On that wise, we can infer the presence of an affection cycle which seeks to enhance the *conatus*, a concept defined as "perseverance in existence" by Espinosa (1989). According to Wagner (2015), for Espinosa, the *collective conatus* conducts actions for the common good. Moreover, even in the espinosan theory, especially in the *Tractatus Theologico-Politicus* (2019), there is a perception of the natural right related to the individuals' power to action. That is, more than laws based on a social contract, there is an affectation that promotes change of oneself and of the other, especially in situations in which life is in danger, inducing the exercise of the right to resistance. In this sense, the notion of resistance, according to Guimaraens and Rocha (2014), is seen as a force that is part of this power, aimed at persevering in existence defending its rights, and not as a reactive or debilitating attitude of the order.

Stemming from these references, the affectivity politicization brought attention to the understanding of the quality of the bonds established in the assessed

territories, especially the relationship between Family Health Units and their associated community. Such politicization served as reference for our considerations and actions because it potentializes and discovers in the everyday life new socialization and social transformation possibilities guided by citizenship and rights.

In this wise, care was posited as the most important apprehension mainstay of affectivity politicization processes since it calls attention to the importance of bonds for the formation of a happy, healthy and citizenship-aware human being - especially the care ethics, given that it is a field which allows the problematization of the ethical-moral values that rule human coexistence. Ferreira (1997), an Espinosa specialist, addresses the care ethics through valuing affections as an important dimension for reason itself.

Espinosa's thinking assists us in grasping the role of desires in the subjects' life drive and their structural function in the reason. The idea here is not to establish a mechanistic relationship between reason and affection, but to understand that desire, as stated by Ferreira (1997, p.453), "reflects everything that happens to the individual. It is the one who allows the relationship with things, since it appeals to them in its expansionism. It is the desire that underpins sociability".

In turn, the appreciation of care subverts capitalist values in which profit prevails over values that bring people closer and enrich their bonds, such as solidarity and respect. This type of consideration found support in care ethics, especially those of feminist and intersectional orientation. That happens because, by valuing the importance of care in the formulation of public policies, we problematize the role of women in a sexist and prejudiced society (Keller; Kittay, 2017; Pintasilgo, 2011).

This perspective leads to what we consider to be one of the main strengths of the Family Health Strategy, that is, to provide an understanding of the health-disease and care process that is not restricted to the biomedical and/or technical aspects of its performance (i.e., guided by the Cartesian model of producing health). We emphasize the role of community health agents (CHA) in this

discussion, redefining the arbitration position they hold between family health care and the community. Such unpleasant position is marked by numerous complaints and population demands, including those which the health care system does not (and should not) account for. These demands and complaints depend on the implementation of different principles in the Unified Health System (SUS), mainly the intersectoral approach, integrality and social participation (Silva et al., 2014b).

Within the activities carried out by primary health care in this territory, the conviviality and partnership of CHAs are fundamental, since they reveal both the human fragility (the vulnerability that makes us human, as reminded by Boff, 2014) and the potentialities of friendship and solidarity.

Therefore, the studies carried out in this territory challenged us to think about care as an ethical-political tool for transforming reality in contexts of social exclusion. That urges from the fact that care, in many situations, was either devalued or played a role in the suffering normalization and subordination of women and health workers.

The issue of the method and the praxis construction

The participant research, epicenter of the studies carried out in the aforementioned territory, was the object of several discussions and considerations at the LEDS, reinforcing the proposal of an interdisciplinary, socio-historical, cultural psychology in its critical aspect of denormalization and de-ideologization of social phenomena (Martín-Baró, 2017). That is due to the fact that this research is seen as an important method for the construction of social transformation processes.

The studies referenced in the participant research enabled a fruitful discussion about method, especially of Social Research which is committed to territories marked by social exclusion. This way, the ethical-political perspective raised important challenges, since the construction of a research process in these territories involving institutions, health professionals and community leaders, among others, required constant negotiations and redefinitions of each one's

role. From a university perspective, we live in a time in which academic productivity consumes teachers and students, prioritizing a higher academic paper production rather than the valuation of extension projects. From the Public Health Services perspective, an ongoing dismantling process of the Unified Health System (SUS) is putting workers in highly stressful and demanding situations, as the COVID-19 pandemic revealed (Prado et al., 2020; Sarti et al., 2020). In turn, community leaders face challenges caused by increased hunger and violence, which put the daily struggles aimed at survival in evidence. Thus, there is a need for a socio-historical and cultural contextualization of participatory research that brings us closer to the current harsh reality of territories marked by increased hunger, different faces of violence and unemployment.

Therefore, we sought different analysis and discussion tools to process the information obtained in the field work, especially references that allowed us to have access to a greater wealth of interpretations of the reality lived by people, groups and communities.

Depth hermeneutics (DP) was the main theoretical reference, as it structures the analysis on levels that contextualize the subjects' statements both socio-historically and culturally. The history of hermeneutics in the social and human sciences trajectory, especially since the second half of the twentieth century (particularly with Gadamer, 2015; and Ricoeur, 2016), favored the strengthening of a science proposal that values and dialogues with the singular.

The DP reference proposes a level of discourse deepening that allows the glimpse of different construction layers of the symbolic and subjective universe. Besides, as Thompson (2011) points out in the third and last stage of the analysis (known as interpretation/reinterpretation), there is the appreciation of the researcher's positioning that brings new discussions from the articulation between the two previous stages, socio-historical analysis and discursive analysis. Therefore, at the same time that the researcher brings new points of view to the addressed issues in one hand, on the other hand the discourse brought by the research subjects is valued, since such contributions collaborate with the construction of truths that are neither impervious nor definitive.

In the investigation to improve the analysis processes, we tested articulations between the main references that guide our research, thus offering a greater range of options and combinations, especially to young researchers. We believe that this diversification favored mediations that enrich unique and interesting creative processes of understanding reality. Mandelbaum (2012), discussing the possible dialogue on the method between humanities in general and social psychology, based on Gadamer (2015), values the quality of the relationship between researcher and subject. According to Gadamer (2015), understanding implies in establishing a dialogue between researcher and subject, in which there is an exchange between partners, each of which being able to put itself on the other's position, thus revealing its intrinsic humanity.

Thusly, González Rey's (2011, p. 15) qualitative epistemology is related to this process of DP analysis, as the research is perceived as

a permanent space of communication that will have an essential value for the sense production processes of the target subjects at the different moments of their participation in this process. Those who participate in the research will express themselves not because of an external instrumental requirement, but because of a personal need that will increasingly develop in the very space of the research, through the different relationship systems built in this process.

One of the research developments was the suggestion of practices that could translate some of their results to the community. Ergo, we developed extension actions focused on reinforcing the construction of support social networks between health services and the community, with community leaders and CHAs as action coordinators. The Unifesp extension project created in 2015, named and updated in the COVID-19 pandemic as "social participation, subjectivity and care: strengthening networks in vulnerable territories during the COVID-19 pandemic", has been continuously focusing on the best strategies for involving previous and new social actors. These contributed to a greater rapprochement between care networks, health service practices and community needs, increasing

the problematization of the construction of social participation processes. Such aspects have been relevant and challenging in this praxis, since they are both tools for social transformations and major challenges among the fragmentation of local forces.

Final considerations

The papers presented here bring rich experiences and considerations that can contribute to the construction of analyses and discussions. Eventually, with the expansion of public policies, they might also contribute to the search for an ethical-political care in Brazil's socio-historical and intersectional context. We need to rethink the foundations supported by neoliberal capitalism, rooted in a slave-based past, to face the pandemic and post-pandemic scenario. This way, we will understand the complexity of ways to prevent health problems, especially important socially determinative elements of health. The COVID-19 pandemic proved to be a transversal axis, highlighting potentialities and weaknesses expressed in the following papers:

(1) "Care in a socially excluded territory: COVID-19 exposes colonial marks", which aims at understanding the facets of care through the analysis of municipal narratives and under references of care ethics, intersectionality and ecofeminism. We noticed that the pandemic has reinforced the pre-existing colonial heritages and showed the importance of the Unified Health System (SUS) and women's liaisons as a way out to achieve ethical-political care.

(2) "Social participation of community leaders in a social inequality context and in the combat against the COVID-19 pandemic: a psychosocial approach", which aims to understand the psychosocial elements of participation and political involvement of community leaders, analyzing the role of socialization processes in the enhancement (or not) of collective actions. The considerations are still being updated by the consequences of the COVID-19 pandemic in the territory.

(3) "The experiences of violence in a vulnerable and suburban territory", which aims to discuss the issue of gender violence present in a high vulnerability territory in Baixada Santista, in Cubatão/SP, a territory of social vulnerability, linked with care

actions developed prior to and concomitantly with the context of the COVID-19 pandemic.

References

- AQUINO, E. M. L. et al. Medidas de distanciamento social no controle da pandemia de covid-19: potenciais impactos e desafios no Brasil. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 25, p. 2423-2446, 2020. Suplemento 1.
- BOFF, L. *Saber cuidar: ética do humano: compaixão pela terra*. 20. ed. Petrópolis: Vozes, 2014.
- CAPONI, S. Covid-19 no Brasil: entre o negacionismo e a razão neoliberal. *Estudos Avançados*, São Paulo, v. 34, n. 99, p. 209-224, 2020.
- CATAIA, M. Civilização na encruzilhada: globalização perversa, desigualdades socioespaciais e pandemia. *Revista Tamoios*, Rio de Janeiro, v. 16, n. 1, p. 232-245, 2020.
- DUSSEL, E. *Ética da libertação na idade da globalização e da exclusão*. Petrópolis: Vozes, 2000.
- ESPINOSA, B. *Ética*. São Paulo: Nova Cultural, 1989.
- FERREIRA, M. L. R. *A dinâmica da razão na filosofia de Espinosa*. Lisboa: Fundação Calouste, 1997.
- FERREIRA, M. P.; DINI, N. P.; FERREIRA, S. P. Espaços e dimensões da pobreza nos municípios do estado de São Paulo. *São Paulo em Perspectiva*, São Paulo, v. 20, n. 1, p. 5-17, 2006. Disponível em: <<https://bit.ly/3uzoVgt>>. Acesso em: 7 abr. 2012.
- FERREIRA-FILHO, C. B. *A (toxi)cidade de Cubatão: história ambiental, desastres tecnológicos e a construção do imaginário ambiental da cidade tóxica na década de 1980*. 2015. Dissertação (Mestrado em História) - Universidade Estadual do Centro-Oeste, Irati, PR, 2015.
- FREITAS, A. R. R.; NAPIMOGA, M.; DONALISIO, M. R. Análise da gravidade da pandemia de covid-19. *Epidemiologia e Serviços de Saúde*, Brasília, DF, v. 29, n. 2, e2020119, 2020.
- FURLAN, V. A práxis na psicologia social comunitária e nas políticas públicas (ou sobre seu sentido político). *Revista Gestão & Políticas Públicas*, São Paulo, v. 9, n. 1, p. 84-100, 2019.
- GADAMER, H. *Verdade e método*. Petrópolis: Vozes, 2015.

- GUIMARAENS, F.; ROCHA, M. Spinoza e o direito de resistência. *Sequência*, Florianópolis, n. 69, p. 183-213, 2014.
- KELLER, J.; KITTAY, E. F. Feminist ethics of care. In: GARRY, A.; KHADER, S. J.; STONE, A. (Ed.). *The Routledge companion to feminist philosophy*. Abingdon: Routledge, 2017. p. 540-555.
- LANE, S.; CODO, W. *Psicologia social: o homem em movimento*. Brasília, DF: Brasiliense, 2006.
- LOTTA, G. et al. Community health workers reveal covid-19 disaster in Brazil. *The Lancet*, London, v. 396, n. 10248, p. 365-366, 2020.
- MANDELBAUM, B. Em busca de um encontro: o método hermenêutico na pesquisa em psicologia social. *Temas em Psicologia*, Ribeirão Preto, v. 20, n. 1, p. 227-234, 2012.
- MARTÍN-BARÓ, I. *Crítica e libertação na psicologia: estudos psicossociais*. Petrópolis: Vozes, 2017.
- MBEMBE, A. *Necropolítica: biopoder, soberania, estado de exceção, política da morte*. São Paulo: N-1 Edições, 2018.
- PINTASILGO, M. L. *Para um novo paradigma: um mundo assente no cuidado: antologia de textos de Maria de Lourdes Pintasilgo*. Porto: Afrontamento, 2011.
- PRADO, A. D. et al. A saúde mental dos profissionais de saúde frente à pandemia do covid-19: uma revisão integrativa. *Revista Eletrônica Acervo Saúde*, São Paulo, e4128, 2020. Número especial 46.
- REY, F. G. *Pesquisa qualitativa em psicologia: caminhos e desafios*. São Paulo: Cengage Learning, 2011.
- RICOEUR, P. *Teoria da interpretação: o discurso e o excesso de significação*. Lisboa: Edições 70, 2016.
- ROSSATO, M.; MARTÍNEZ, A. M. Contribuições da metodologia construtivo interpretativa na pesquisa sobre o desenvolvimento da subjetividade. *Revista Lusófona de Educação*, Lisboa, v. 40, n. 40, 2018.
- SAKAMOTO, L. Mais pobres têm o dobro do risco de se infectarem com coronavírus no Brasil. *Coluna UOL*, São Paulo, 2020. Disponível em: <<https://bit.ly/3fTriXn>>. Acesso em: 10 jan. 2021.
- SANTOS, B. S. *A cruel pedagogia do vírus*. São Paulo: Boitempo, 2020.
- SARTI, T. D. et al. Qual o papel da atenção primária à saúde diante da pandemia provocada pela covid-19? *Epidemiologia e Serviços de Saúde*, Brasília, DF, v. 29, n. 2, e2020166, 2020. Disponível em: <<https://bit.ly/3s41Kt7>>. Acesso em: 10 jan. 2021.
- SAWAIA, B. *As artimanhas da exclusão: análise psicossocial e ética da desigualdade social*. São Paulo: Vozes, 2016.
- SAWAIA, B. B. Participação social e subjetividade. In: SORRENTINO, M. (org.). *Ambientalismo e participação na contemporaneidade*. São Paulo: Educ/Fapesp, 2001. p. 115-134.
- SILVA, C. R. C. et al. Extensão universitária e prática dos agentes comunitários de saúde: acolhimento e aprendizado cidadão. *Saúde e Sociedade*, São Paulo, v. 23, n. 2, p. 677-688, 2014a.
- SILVA, C. R. C. et al. Participação social e a potência do agente comunitário de saúde. *Psicologia & Sociedade*, Belo Horizonte, v. 26, p. 113-123, 2014b. Número especial 2. Disponível em: <<https://bit.ly/3dSbJwK>>. Acesso em: 10 jan. 2021.
- SOUZA, J. A gramática social da desigualdade brasileira. *Revista Brasileira de Ciências Sociais*, Brasília, DF, v. 19, n. 54, p. 79-96, 2004. Disponível em: <<https://bit.ly/3dNZHEm>>. Acesso em: 10 jan. 2021.
- SOUZA, J. N. Covid-19 e capitalismo: uma visão. In: CASTRO, D.; DAL SENO, D.; POCHMANN, M. (Org.). *Capitalismo e a covid-19: um debate urgente*. São Paulo, 2020. p. 11-18. Disponível em: <<https://bit.ly/39Tv53l>>. Acesso em: 10 jan. 2021.
- THOMPSON, J. B. *Ideologia e cultura moderna: teoria social crítica na era dos meios de comunicação de massa*. Petrópolis, RJ: Vozes, 2011.
- WAGNER, C. W. B. G. W. O conatus coletivo e a democracia no tratado político de benedictus de Spinoza. *Revista Seara Filosófica*, Pelotas, n. 11, p. 59-76, 2015.

Authors' contributions

Castro-Silva elaborated and drafted the main arguments of the text.

Forte contributed to the argumentation on hermeneutics, as well as general argumentation and concepts review. Ianni contributed to the discussion, as well as arguments and concepts review.

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