POWER RELATIONSHIP AND MENTAL HEALTH OF WOMEN WORKING IN CRAS: AN INTEGRATIVE REVIEW

POWER RELATIONSHIP AND MENTAL HEALTH OF WOMEN INCLUDED IN CRAS: AN INTEGRATIVE REVIEW

Amanda Sousa Araujo¹, Carolina Da Silva Matoso¹; Jordanya Reginaldo Henrique¹; Rodrigo Jose Fernandes De Barros^{2*}; Laura Amelia Fernandes

Barreto¹

¹ New Hope Nursing School of Mossoró - FACENE/RN

² Regional University of Cariri (URCA). *Email: rodjfb@gmail.com

Abstract: The power conceived by Foucault comes from the technologies that produce conceptions of truths, constructed in social contexts, of powers and knowledge that are transformed through civilizations affected by control, which in turn become the object of apprehension of these truths. Linked to this, the philosopher Judith Butler understands the power relations expressed within gender relations that are configured, from her perspective, as a control device interconnected with the sociocultural construct that defines the functions of men and women. With this, it is elaborated as a hypothesis that power relations impose as truth the socially determined functions for women, resulting in an overload of activities, favoring mental illness, and consequently, as an escape valve, specialized assistance is sought. Taking this conception into consideration, the present study aimed to understand the effects of power and gender relations on women's mental health, delving into an outline of mental illness, as well as the possible contribution of psychology in the face of the "biopsychosocial and cultural" repercussions of this public in the Social Assistance Reference Center (CRAS). Therefore, the respective work adopted the integrative review method, using the databases Virtual Health Library (BVS), Electronic Psychology Journals Portal (PePSIC) and Scielo, as well as making use of the descriptors established in searches of the Health Sciences Descriptors (DeCS) website, "gender relations", "women", "mental health", "psychology" and "CRAS"; the latter, in turn, is not included in DeCS, but referrals for its inclusion were made. The collected works address aspects of gender construction arising from power relations, characterized by machismo and patriarchy that influence the understanding of the role to be performed by women, naturalizing activities of caring for others and the domestic environment as their natural place, manifesting normative situations as significant for the mental illness of women assisted by CRAS, who, in situations of vulnerability, find a place to speak in the groups offered by the service. Thus, despite advances such as the achievement of the right to work and the possibility of autonomy, the maintenance of functions "intended for women" continues, perpetuating the naturalization of overload, both by society and by service professionals, lacking activities that promote the critical view of the users themselves in the face of these naturalizations. Keywords: Psychology; Women; Mental health; Power relationships.

Abstract: The power conceived by Foucault comes from technologies that produce conceptions of truths, constructed in social contexts, of powers and knowledge that are transformed through civilizations affected by control, which, in turn, becomes the object of apprehension of these truths. Linked to this, the philosopher Judith Butler understands the power relations expressed within gender relations that are configured, from her perspective, as a control device interconnected with the sociocultural construct that defines the functions of men and women. With this, it is hypothesized that power relations impose socially determined functions on women as truth, resulting in an overload of activities, favoring mental illness, and consequently, as an escape valve, specialized assistance is sought. Taking this conception into account, the present study aimed to understand the effects of power and gender relations on women's mental health, delving deeper into an outline of mental illness, as well as the possible contribution of psychology in the face of the repercussions "biopsy socioculturalis" of this public in the Social Assistance Reference Center (CRAS). Therefore, the respective work adopted the integrative review method, using the following databases: Virtual Health Library (BVS), Portal of Electronic Journals of Psychology (PePSIC) and Scielo, as well as the descriptors established in search of the website Descriptors in Health Sciences (DeCS), "gender relations", "women", "mental health", "psychology" and "CRAS"; this, in turn, is not included in the DeCS, but referrals to their inclusion were carried out. The works collected address aspects of the construction of gender arising from power relations, characterized by machismo and patriarchy that influence the understanding of the function to be exercised by women, naturalizing care activities for others and the domestic environment as their natural place, manifesting normative conjunctures as significant for the mental illness of women assisted by CRAS, who, in situations of vulnerability, find a place of speech in the groups offered by the service. With this, despite advances such as the conquest of the right to work and the possibility of autonomy, the maintenance of functions "destined to women" remains, perpetrating the naturalization of the overload, both by society and by service professionals, lacking activities that promote the critical look of the users themselves in the face of these naturalizations. Keywords: Psychology; Woman; Mental health; Power relations.

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INTRODUCTION

Power is the construction of knowledge originated by the history of society, in which a truth is produced. In this way, Michel Foucault describes the technologies that produce the "conception of truth" expressed in a scenario of power and knowledge that perform in the face of social mutations and transform into power relationship 1. That said, truth is understood as a discourse that occurs and is produced through civilization, provoked by control, described as the object of truth. Taking into account the conception of power described by Foucault as a social movement where relationships influence each other, in what is exercised,1 linked to femininity and the effects of the power relationship on the mental health of this public, an outline of mental illness elaborated in the reality of women assisted by the Social Assistance Reference Center (CRAS) is deepened.

In view of this, power relations are expressed in the theory of gender relations by the American philosopher Judith Butler as a control device, interconnected with the sociocultural construct that defines the functions of men and women, which is opposed to biological determinism, centered on the function of the sexes by biology, that is, by the sexual organ of birth of a subject, which dispenses with compulsory heterosexuality, being responsible for the governing knowledge of the feminine, a process in which its configuration is normative and materializing; with this, the truth produced is concretized, resulting in the power relationship, as Foucault addresses 2. However, it is worth highlighting that, in Butler's view, the meaning of gender must be dissociated from the man-woman binary, as well as from the unitary understandings of social and cultural regulations, understanding gender as the regulator itself, being an apparatus for production and naturalization, as well as the deconstruction and denaturalization of the masculine and feminine 3.

In view of this, it is essential to consider how power and gender relations affect the mental health of women enrolled in CRAS and how psychology can contribute to the "biopsychosocial and cultural" repercussions of this population. In this sense, Zanello states that suffering is interconnected with social and cultural issues and that sexism, as in the Brazilian context, means that, for the subject to understand themselves as a person, they must identify themselves within the binary construction of gender, being either a man or a woman, denoting a long process that needs to be broken 4. This is supported by the statement by the author Lauretis, who points out the problem within the feminist movement, which is based on a continuous connection hetween "sexual difference" and understanding of gender, that is, a reproduction of the narrative of dominant cultures and Western patriarchy, in which women are distinguished from men and linked to precursor discourses in biology, medicine, philosophy, literature or legal spheres 5.

Thus, we formulate the following hypothesis: power relations result in overload due to socially determined roles for women, influence mental illness, and consequently, as an escape valve, specialized assistance is sought.

On the basis of concerns about mental illness related to the construction of femininity and the influential forces of power relations, this work brings together research that aims to answer the following questions: how do power relations impact women's mental health, and how can psychology act in the face of the biopsychosocial and cultural repercussions of this public? Therefore, the objective of this study is to analyze power relations and their impacts on the mental health of women who seek specialized assistance at the Social Assistance Reference Center (CRAS).

MATERIAL AND METHODS

The respective work adopted the integrative review procedure, which is a method that aims to

condense, in a systematic, orderly and comprehensive way, the results of research related to the theme/problem, providing broad results that compose the structure of knowledge 19. Taking into account the problem of power relations and how they affect women's mental health and, from this perspective, it is understood how psychology has been acting in the face of the biopsychosocial and cultural repercussions of this public.

To develop the work, the following databases were used: Virtual Health Library (BVS), Electronic Psychology Journals Portal (PePSIC) and Scientific Electronic Library Online (SciELO). The fixed descriptors "CRAS" and "women" were used in combination with the descriptors "gender relations", "mental health" and "psychology", previously established in a search on the website Descriptors in Health Sciences (DeCS), which always uses the Boolean connective "AND".

With respect to the inclusion criteria, the following were accepted in the research: full articles, those made available free of charge, those in Portuguese, those related to the proposed theme and those published in the last five years (2017--2022). With respect to the exclusion criteria, the following articles were removed from the research: editorial works, monographs, theses, dissertations, review articles, or studies duplicated in more than one database.

From the collections, an exploratory reading of the titles and abstracts was carried out to identify the materials relevant to the research, followed by selective reading to verify the relevance for the objectives of the article. Finally, the reading occurred in full and analytically, intending to explore and interpret the contents of the relevant works, aiming at the organization of the information to obtain answers to the research problems, which allowed the analysis and discussion to consider the theoretical framework that supports the theme proposed for the elaboration of the research.

RESULTS AND DISCUSSION

From the reading and analysis of the selected articles, one can observe the significant influence of power relations and gender constructions, which implies a significant overload for women. The power of the operational groups in favor of the autonomy and protagonism of the participating women was also evidenced. However, there is a lack of clarity among CRAS professionals, given the multiplicity of contexts and activities that can make mental health viable.

Thus, among the 32 articles initially found in the first search, a total of 13 articles were excluded because of duplication, and 13 were excluded because they did not fit the established criteria. After the title (1st stage) was read, 12 articles were excluded, leaving 7 articles whose abstracts were read. Of the remaining 7 articles, 1 was excluded after the abstracts were read (2nd stage), thus leaving 6 articles for reading in full (3rd stage). After this stage, 6 articles were included in this integrative review.

The results collected from the 6 selected articles included in the review were "Female Old Age: Subjectivities Composed in Group" by the authors Sabbadini, Silva, Gerolamo and Correa; "Women's Meeting at CRAS: An Experience in Group Construction" by Lopes, Maheirie and Justo; "The Psychologist's Performance in the Face of Demands in CRAS Units" by Schibulski et al.; and "Gender Conceptions and Professionals at the Social Assistance Center" written by Graff, Strey, Habigzang, "Reflections on the Expanded Clinic in Social Assistance Reference Centers (CRAS)" by the authors Silva and Bonatti; "In the Name of the Mother: Performativities and Feminizations in a CRAS" by Detoni, Machado and Nardi.

The discussion and analysis of the results were organized into two categories: "Groups of women in the CRAS service" and "Performance and importance of psychology and CRAS". The respective grouping allowed for a greater connection between the collected materials, highlighting the common and divergent points with respect to the CRAS service with women, as well as the importance of this device and psychology in the face of mental suffering.

Women's groups in the CRAS service

Group formations find opportunities to seek common ground through the identification of individuals, transforming themselves into a support and strengthening network.20 Thus, attention must be paid to the needs of participants, with a view to building a plurality among individuals, where everyone transforms the relationship into a unified network of strength.20 It is understood that group construction plays an important role in a space that is often denied to women, since when they marry, their individualities are captured by the role housewives, of mothers or who experience responsibilities that occupy them fully.21 Therefore, the groups created for women in the CRAS service provide a place of protagonism and access to rights, providing opportunities for autonomy and action in their own history.20

The author Chimamanda Ngozi Adichie, in her book The Danger of a Single Story, highlights that power is structured when someone else's story is told by a third party, whose voice is greater than that of the other party,22 realizing that in a society dominated by patriarchy, women are silenced daily, and their humanity is therefore denied in favor of a sexist structure. With this, gender norms define the role of women, predetermined and prior to their very existence, conditioning desirable ways of being in society, whether as mothers, wives or daughters, which, in turn, is reflected in the responsibilities attributed to these discourses that imprison their autonomy within a maternal and submissive duty.21

The Pichón-Rivière operational group is affirmed for enabling greater protagonism of the members, who, in their autonomy and subjectivity, guided the discussions and themes in the face of their own demands and interests, discourses that were permeated by various forms of abuse, violence and restrictions, as well as resistance and a desire for freedom that were often only achieved in the face of widowhood and the mourning that accompany this process. 23 Therefore, the operational group at CRAS becomes a place of speech, of historical recovery and of possibilities for the construction of knowledge and meaning in life.

However, it is worth highlighting that the interpersonal roles experienced by women incorporate a dependent attitude toward romantic relationships, in which, during old age and after widowhood, they become hostages of their own family, when they start to face stigmatization of being an elderly woman, whose emotional and physical shortcomings already have repercussions from a lifetime of violence marked by the lack of autonomy, domestic work and beauty standards that make elderly women invisible. With this, the importance of professional care that aims at strategies for a better quality of life is highlighted. In view of this, women, especially in old age, are characterized as more social beings to frequent public spaces despite adversities; therefore, there is a greater possibility of using CRAS as a protection network for women's health. 23 However, for female participation in the group, it is important to highlight the subjectivities of the proposals worked on because, as Sueli Carneiro comments, cited by Djamila Ribeiro in her book Quem Tem Medo do Feminismo Negro, when talking about women, this subject should be understood as a plurality rather than a "single block" to provide visibility to different stories, building spaces for everyone in their specific experiences. 24

In the works presented, we observe the values that construct the female subject, an existence destined to submit to the norms of patriarchy that reflect on her individuality, marked and directed toward a destiny envisioned by others except herself. That said, it is noted that physical, psychological and social violence express illnesses that are silenced by the effect of a gender norm that preexists the female subject, in which the dichotomy of roles for men and women is conducted. In this sense, the results corroborate the analysis of the functions determined by their way of being and existing, whether in terms of their relational, temporal or social aspects, where from this perspective, the group offered by the CRAS provides a place for speech and support, although there is a need for practices aimed at breaking gender differences, because despite the theoretical contribution discussing groups as a support factor, it is also possible that it becomes a context where women need to dedicate their time to yet another unpaid activity, in the same way that it becomes a place attributed to women, generating this gender dichotomy. Therefore, despite representing social support, it still involves constructions that deprive women of their identity equal to that of men. 25

Role and importance of psychology and CRAS

The role of professional psychologists in the context of CRAS involves collaborative activities with users, employees and managers, taking into account a multidisciplinary perspective in line with social and community action. In this way, it aims to promote group and individual actions that guarantee rights, strengthen family and community ties, enhance the place of autonomy, reconstruct realities and prevent risk contexts.26 Nevertheless, they emphasize that despite the opening of social assistance to the work of psychologists, there is a lack of professional clarity regarding the multiple activities that can be developed in the field, in the same way that other aspects influence the lack of prepared professionals, such as salary precariousness and the great emphasis given to clinical work in academic contexts, which in turn begins to discourage the class's engagement with services.

With this, it is worth highlighting the importance of movements in search of new perspectives for the psychologist's work, overcoming an individual clinical and diagnostic view, becoming a fertile field for the Unified Social Assistance System (SUAS), since its proposal arises to promote actions that generate reflections, criticism of the current reality and the possibility of collective constructions, aiming at other ways of existing and being in the world. The expanded clinic is considered a problematizing political stance that helps professionals enhance their lives; however, the need for professional appropriation of the political parameters of this practice is evident. 27 The expanded clinic proposes a triple expansion of practices, that is, a practice that aims to incorporate other aspects, whether in the objects, objectives or means of health work, working with people in their entirety beyond the biological and healing perspective, in favor of autonomy and self-care, therefore acting in a dialogic manner with users, team professionals and the network as a whole. Therefore, it ensures the formation of bonds and mutual accountability, sharing knowledge and power space with users.28

In addition, the lack of professional preparation of social workers and psychologists to intervene in a collective and autonomy-generating manner indicates a lack of understanding of the needs and unique aspects of the context in which users and CRAS are inserted, resulting in ineffective interventions and demonstrating the theoretical and practical distance. Furthermore, the level of uncriticality of professionals and the lack of preparation to identify and intervene in cases such as domestic and patrimonial violence, paying attention to discourses that naturalize prohibitions on access to work, perpetrated by intimate partners, perpetuating a standardization and moral judgment of women who suffer violence in view of questions regarding their permanence in abusive relationships. We also warn of distortions between domestic work and motherhood, while professionals' discourses associated with them generate contradictions, reinforcing the understanding of the role of women as natural caregivers of the family and the home. With this, we highlight the importance of training so that there is greater awareness and action appropriate to the needs of users.25

The articles cited above constantly demonstrate how psychologists should perform their work in the context of CRAS, highlighting the regulations and laws that govern SUAS, as well as the contribution of the expanded clinic to a new perspective and action, demonstrating the consensus on what should be done in practice. However, despite the repetition of the conduct to be adopted by professionals, another aspect is discussed and highlighted as a consensus among the authors: the lack of preparation and clarity, the precariousness of salaries, and the negligence in the academic curriculum regarding such performance. Given this perspective, the precariousness of the service that aims to enhance lives, guarantee autonomy, enable mental health spaces, and strengthen bonds is elucidated. However, given the analysis of what was presented by the authors, the possibility of other aspects being intertwined with the demands found in the articles is also questioned, such as the political, structural, and social influences that exceed the performance of professionals and that require the mobilization of the entire society in favor of change.

FINAL CONSIDERATIONS

The collected works address aspects of gender construction arising from power relations, characterized by machismo and patriarchy that influence the understanding of the role to be performed by women, naturalizing activities of caring for others and the domestic environment as their natural place, manifesting normative situations as significant for the mental illness of women assisted by CRAS, who, in situations of vulnerability, find a place to speak in the groups offered by the service. Thus, despite advances such as the achievement of the right to work and the possibility of autonomy, the maintenance of functions "intended for women" continues, perpetuating the naturalization of overload, both by society and by service professionals, lacking activities that promote the critical view of the users themselves in the face of these naturalizations.

Thus, the objective of this work was partially achieved since, in fact, the power relations constructed in the face of a perspective of truth shape the gender roles destined for women, in which they demonstrate mental overload arising from double work shifts; the ideals of being a woman, mother, daughter and wife; and the silencing of their own voice. Therefore, the CRAS emerges as a tool that provides an opportunity for group encounters, enabling a place to speak, support and guarantee rights. However, with respect to the psychologist's performance, the theoretical contribution highlights the need for a critical construction about psychology and other professionals in the service, since it demonstrates a lack of preparation and support for community action so that it does not reaffirm socially constructed postures so that the service does not become another neglected place in the lives of these women.

With respect to the difficulties of this work, it is possible to highlight the overload of the undergraduate course, which exposes the student to carry out many disciplines and curricular internships in restricted deadlines, since it generates an excessive workload and discourages the dedication of oneself to the current work. However, despite these adversities, this research is relevant for broadening the critical view of social structures, illnesses characterized by gender factors, and the expansion of available services to meet the experiential needs of this public and professional performance aimed at the subject's integrity.

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