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Violence, Gender, Professional Practice: the female psychologist and the listening of psychic suffering in Brazil

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Abstract

In this paper we problematize the listening of psychic suffering by female providers, considering the relation between violence and gender. It that draws upon qualitative and psychosocial analyses concerning violence and gender, to think the women's professional practice in mental health care. We have considered the existence in the society of women-related violences, encouraged by the action of theories and practices associated with gender and phallogocentrism. We have also analyzed the reverberations of these violences in the care provided by women in the listening of psychic suffering. We consider that the complexity present in the social network demands the analysis on what is established between gender and professional field in mental health, taking into account the care provided by female providers to people with psychic suffering.

Keywords: Gender, Woman, Violence, Psychic Suffering, Professional Practice.

Introduction

Violence is a complex social problem that requires attention from various areas of knowledge, either for its social or its subjective implication. It is increasingly more important that the person who experiences it can speak about it. Specifically in the case of women who experience it merely for existing, it becomes even more necessary that they can speak about it.

According to Judith Butler, we live in a *phallogocentric* social network, marked by binarism and gender hierarchy, which is directed to the feminine as something enigmatic, conflicted, and inferior in opposition to the understandable, sensible, and superior masculine. When Butler (2003) questions themale/female binarism, she does not intend to emphasize the precarious condition assigned to the women, nor to take them to any position as pure victims. She neither intends to deny that, in some sense, women are situated in a condition of higher vulnerability, also considering the significance of rethinking the conceptions of gender to better understand the mechanisms of distribution of vulnerabilities. After all, we are all humans.

The term *phallogocentrism* emerges from the combination of the words *phallocentrism* and *logocentrism* to criticize the predominance of the assumptions of *phallus* and *logos* as references for the sociological, economic, psychological, psychanalytic, and historical theories that adopt these assumptions as privileged analytical categories. The term *phallogocentrism* was defined by Jacques Derrida to designate the primacy granted on one hand by the western philosophy to the *logos* established as platonic reason, and, on the other, by the psychoanalysis related to the Greek-Freudian symbolic of the *phallus*, according to which there would not exist but a libido or sexual energy, which would be of masculine essence (Derrida; Roudinesco, 2004, p.36).

We have data to indicate that, in Brazil, the issue of gender violence reaches an alarming expression. Moral harassment, sexual harassment and femicide are some of the major forms of violence against women. According to data from the World Health Organization (WHO), Brazil is among the countries that most kill women, and gender violence is increasing (Brasil, 2021). The *Fórum Brasileiro de Segurança Pública* [Brazilian Forum of Public Security], in partnership with *Instituto de Pesquisa Folha*, conducted a survey in 2019 under the title *Visible and invisible: the victimization of women in Brazil*, pointing out that one in every four women have suffered some type of violence during the COVID-19 pandemic (FórumBrasileiro de Segurança Pública, 2019). Also, the *Fórum Brasileiro de Segurança Pública* [Institute for *Applied Economic Research*] (IPEA), that, along the last years, catalogued and analyzed violent practices directed to minority groups in the country (Instituto de Pesquisa Econômica Aplicada, 2019; Fórum Brasileiro de Segurança Pública, 2020). We have located several research carried through by researchers and research institutions that report the long cultural and social trajectory of the

practice of disqualification and harassment against women (Blay, 2014; Marques; Moraes; Hasselman; Deslandes; Reinchehein, 2020; Pimentel, Martins, 2020; Biroli, 2018; Pasinato, 2011).

In general, the private space, the household, is the place where women most suffer gender violence, being the affective partner the one who most practices it. However, it is possible to observe this situation also in the public space, mainly in the institutional sector and the workplaces. This context is related with the traditions network that produces of violence, supported by binarism and gender hierarchy associated with the *phallogocentrism* that slide into the subjective constitutions and the practices of psychological care (Souza, 2014; Belo, 2021).

It can be found in the educational field examples of how the social fabric is being constituted to historically confirm the woman's subalternity position in the Brazilian society. Gonzalez (2020) claims that the teaching profession, since its beginning, was considered a feminine profession, that is, in which the professional practice was understood as an extension of the family universe, of the maternal function. While teaching was becoming a feminine profession in the country, moral issues guided the teacher training, advocating for women to be tutored, as Sganderla (2015) demonstrates when addressing the regulations of the early initiatives of teacher training in the state of Santa Catarina: "As it can be observed in the 1883 regulation, moral and health questions could hinder the access to the Normal School. They also regulated the presence of women, who could be accompanied by men during their period of study" (Sganderla, 2015, p. 72). Just over a century following the beginning of teaching profession, the feminization of teaching is confirmed in the educational reality, with the profession's increasing wage and social devaluation.

It can be understood that currently, even with several advances in the studies on violences and gender, and new terrains conquered in the feminist field, this scene is kept, including in contexts of violences exerted against the female psychologist who works in the mental health field. Thus, our interest in this paper is aimed to the analysis of the violence experienced by female psychologists in their clinical practice of listening of psychic suffering. For such, we have produced a theoretical essay that draws upon qualitative and psychosocial analyses on the issue of violence and gender, also presenting excerpts from appointments carried through by women in Brazil in which this issue is highlighted from care provided to men.

We believe that theoretical contributions that help in the criticism to the disqualification of the feminine in face of the qualification of the masculine might both expand the instruments and strategies necessary for the listening of people in mental health work and stimulate the work of female psychologists.

Readings on violences and subjectivities

The philosophers Hannah Arendt (1985) and Marilena Chaui(2011) and the psychoanalyst Jurandir Freire Costa (1984) introduce to us complex reflections concerning to the field of violences, which will be important references in this work. We understand that, for Arendt and Chaui, violence perhaps occupies a more directed field, with a straighter and "tangible" definition; thus, it is important to leave from them to understand the different forms of perception of violences.

The German philosopher Hannah Arendt dedicated a great part of her writings and studies to problems of political nature. The author addresses violence and power, opposing these two fields; however, she understands that they walk together and thinks violence as a cultural and instrumental phenomenon. "(...) violence – differently of power, force or vigor– always needs implements (...)". (Arendt, 1985, p.18). Also, according to Arendt, "the extreme form of power is All against One; the extreme form of violence is One against All. And the latter is never possible without instruments" (Arendt, 1985, p.58). The author does not conceive violence as more than a means, whose employment is possible and, sometimes, can be necessary. Violence is, by nature, instrumental. Just like all the means, it always depends on the orientation and justification by the end itaims for.

Thus, the reflections on the "place of power and violence" in the State and in politics provide major parallels that allow entering the field of the professional practice and thinking on the "place of power and violence" set in the position of the male/female provider who listens to the psychic suffering. Also, the "place of power and violence" set on the masculine in our social historical context, and in the social network on the masculine, authorizes it to exceed in distinct spaces in the relation with a feminine, either in the social, political, religious, academic, and professional scopes, amongst others.

In turn, Marilena Chaui, a Brazilian philosopher, brings reflections on violence and ethics, considering important points for a more expanded conception of these as a very significant reference, both for being Brazilian and for thinking about the forms of violence present in our scene. For her, the

"word violence comes from the Latin *vis*, force, and means: 1) everything what acts using force to go against the nature of any being (it is to denature); 2) all act of force against spontaneity, will, and freedom of somebody (it is to coerce, to constraint, to torture, to brutalize); 3) all act of violation of the nature of somebody or something positively valued by a society (it is to violate); 4) all act of transgression against those things and actions that somebody or a society defines as fair and as a right; 5) consequently, violence is an act of brutality, villainy, and physical and/or psychic abuse against somebody, and characterizes intersubjective and social relations defined

by oppression, intimidation, fear and terror." (Chaui, 2011, p.379).

In short, "violence is not perceived exactly where it is originated, where it is defined as violence per se, that is, as every practice and every idea that reduces a subject to the condition of a thing, that violates internally and externally the being of somebody, that perpetuates social relations of deep economic, social, and cultural inequality. More than that, the society does not perceive that the very explanations provided are violent, because it is blind to the effective place of violence production (...)". (Chaui, 2011, p. 383).

According to the psychoanalyst Freire Costa (1984), in an initial stage violence intertwines with coercion and intimidation by means of physical or moral force, thus existingan imbalance in the relation of power between the parts involved in the conflict. In a second stage, it would be associated with the first one, the idea of a decided breaching of norms/agreements. This way, violence would be found in a use of arbitrary and unjustified force between the strongest and the weakest, disrespecting and even breaching the social contract. Violence undoes social agreements and leaves an enigmatic excess on the subject, hindering elaborations. "Violence is, first and foremost, abuse of force, abuse of power" (Freire Costa, 1984, p.95). For the author, "The violented subject is the subject who knows or will come to know, feels or will come to feel, that he was submitted to coercion and displeasure that are absolutely unnecessary for his growth, development and maintenance of his well-being as a psychic being". (Costa, 1984, p.96).

Considering the presented above, we understand that the sociocultural context in which we are inserted, marked by gender and *phallogocentrism*, establishes hierarchic and binary relations that qualify and establish the power to the masculine and disqualify and remove the power from the woman. This social and cultural context almost naturalizes gender-associated violences, as it stimulates and justifies violence against women, as we would have the male exerting a practice legitimated by his supposed superiority in relation to the female. Thus, we find high rates of violence against women in the almost "daily" reality, both in public and private spaces, and ultimately femicides.

As previously mentioned, what specifically interests in this article is to analyze the discourses loaded withgender-associated violence and *phallogocentrism* aimed to female psychologists who work in the listening to psychic suffering. For such, we bring fragments of discourses that present naturalized forms of feminine-related violences and that happened in professional appointments of female psychologists working in the mental health field in the state of Santa Catarina, Brazil. These discourses were collected through supervisions, study groups, classes, and appointments carried through with female providers. The naturalization of gender violence present in the culture spreads and intertwines through relations and spaces, including the practice of professional care. The question brought by the female providers is how to manage these discourses, recognizing their burden of gender violence and questioning how to manage with this aspect in the professional scope.

The care practice of female providers in the listening of psychic suffering

C. sent a WhatsApp message to his female psychologist, a long audio explaining the current status of his relationship and that he searched for care for his wife. However, first he wanted to come to an appointment "to tell the actual situation" of his female partner. Male, 37 years old, brown, lower middle class, sales professional, and in a relationship full of comings and goings. His discourse, while he was standing and aggressively walking through the room, was only about his partner; he introduced an unstable, rebellious, and very jealous woman. He said he was having difficulties to control her and needed help for that. In his explicit words, "I don't want to change anything in me. I only that you help me to contain and calm her, but you are a woman too, thus I don't know if this will work". "You, women, only exist to drive men crazy; all of you deserve a lesson". In principle, this case is an "ordinary" account of a husband who, by means of control and containment, tries to keep his relationship moving forward. The aggressive position of the speech, the look, and the reactions led the psychologist who made the initial session to feel vulnerable inside the closed room.

R., male, white, around 27 years old, student, has a seductive, involving and always very considerate posture. The therapeutic process is fluid, with reflections, insights, being the patient open and willing to work. After months of work, he began to send some messages out of the clinical session, with prompt questions, pertinent to his process. R. began to ask more personal questions in the middle of the session and to demonstrate concerns with the security of the provider. His appointment was the last of the evening, at 9 PM. He began to show interest in "closing" the room with the provider. All of this was being worked within the therapeutical relation, however the patient quickly passed from the hint to the action, waiting for the psychologist in the end of the day in the stairs of the building and, increasingly daring, began to search for physical closeness. The management of the therapeutical relation and the "no", which is the social limit, were being surpassed by the patient, who, besides the seductive movement, began to search for the act.

Y., male, white, around 40 years old, living in a small city in the interior of the state of Santa Catarina, Brazil, higher education and having a great range of readings in the field of human sciences. His initial questionings concerned the age of the psychologist, the institution where she graduated from, and the references used. He said that he had searched on the provideron the Internet, as he had received several recommendations, but

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he wanted to know if it would be possible to be treated by a woman, as no one had been successful until then. He had demands in the fields of anxiety, panic, and difficulty in recognizing what it is real or a "spiritual phenomenon", according to his words.

In the first appointment, he showed a firm, challenging posture; initially, he introduced himself as a parapsychologist and asked several questions on psychology and the work with listening. His discourse brought an assumption that the provider would not be able to listen to him. Sometimes challenging, sometimes seductive, his posture shifted between dominating the session and involving with his fanciful stories. Along the sessions, several indications of trying "to shift" the place of the provider were shown. They were classic examples, like trying to sit in the psychologist's chair, trying to control the session length, asking several personal questions, and demonstrating deep interest for the provider's age and her professional reputation. After about four appointments, he began to question again the youth of the provider. His discourse became straighter in face of the assumption of inability; it became evident that the variable camouflaged in his questionings also passed by the gender of the female provider. In his traditional beliefs, a woman cannot be in "power position", she would not be able to help him and, at some moment, would develop some interest for his paranormal skills. In this case, experience and studies were essential to keep the professionalism in the treatment and to raise the hypothesis that the patient precisely challenged the position of the psychologist, a specific position in relation to the female figure and that overflowed in the care in which this patient did not search for help, but rather the conquest of a place and "domination" of a female/provider.

Quite shortly, these examples on experiences of providers in which the fields of psychology/professional practice/violence cross, make it explicit the relation that the masculine establishes with the female provider and point out how social markers involving gender, *phallogocentrism*, and violence enter the clinical space. When the patient comes for the psychological treatment, he is crossed by social markers present in his subjectivation process; the social that enters the appointment and the established relation finds a body, a female body that needs to deal with these contents.

Thus, we question whether the discourses on the masculine and the feminine present in the culture and the social network "authorize" those that recognize themselves as masculine to extrapolate the professional and ethical spaces with these female providers. It is important to remember here that, when we point out to this masculine, it does not mean that it cannot be a female patient, with her burden her process of subjectivation by these information concerning feminine/masculine and of possibilities for each one. However, we reiterate that what interests in this article is the issue of the discourses on the feminine and on the masculine, which carry the idea that the masculine must be the incisive, direct and, even more, aggressive in the exercise and in the exhibition of his masculinity, as well as the feminine must be passive, indirect, and receptive when receiving and containing the male aggressiveness.

Some questions emerge from these perceptions: Is it part of the subjective process of men taken care of in the therapeutical relation, as well as of men in general, to build a relation of distrust, violence, and disqualification of the woman? What are the limits? Also, we ask how much the female provider, or any woman, needs "to bear" in the therapeutical relation to "not lose" the professional work? The question on the distrust, aggressiveness and even violence of the men treated concerns the issue of the power relation and even of violence that crosses the Brazilian society, as well as the subjective constitution of people.

Writing on the issues above already discloses a great challenge of "being a female psychologist" within the social context where we are inserted, as the questionings of "Was there any violence?" and "Did I have an appropriate professional management of the situation", among many others "Did it?", which come with the sensation of overstatement and are also important material in the construction of this article. After all, we are taught on the overstatement, on the "moaning" of the woman when some form of violence is pointed out; we are always conditioned to question ourselves whether it really happened, or "was it that much?", and, in the clinical psychology practice, these doubts also are presented, and they add to each other.

It is worth remembering that we have an increasingly productive field of studies on masculinities, being that this field of studies demonstrates the demands and the difficulties on the subjectivity of those people who recognize themselves as males (Connell, Messerschmidt, 2013; Fialho, 2006; Grossi, 2004; Castro, 2018). That is, as previously claimed, we are aware of the requirements and pressures that also are placed on those who recognize themselves as men. In this view, we simply do not want to invert the polarity of the binarism idealizing women and blaming men. However, it is necessary to evidence that, in terms of power relations and hegemonic discourses and practices, gender violence from the masculine on the feminine still predominates.

Thus, we resume our analysis on the relation constructed between patients and female psychologists, asking again what can be understood as violence in the professional practice. The examples above, in principle, seem involved in several interpretations, and this crosses the hegemonic readings on the psychological treatment. However, here we problematize the elements crossed by culture marked by *phallogocentrism* and gender hierarchy and violence. Thus, we understand that in cases of clinical care as those abovementioned, as well as others, if the provider psychologist evaluates that the patient is surpassing the limits of care in terms of gender-directed violence, it is feasible to end the process and refer the patient to another provider. In other words, when the excess of the

patient is presented by means of looks, sentences and hints concerning a supposed disqualification of the psychologist for being a woman, as well as when it appears in an intense and constant way in several sessions, the provider may understand this issue as concerning to gender violence in the professional field and can refer the patient to a colleague.

According to Butler (2015), when saying "I", when articulating a discourse, the subject has already been interpellated by others. For the author, there is a crossing of the other, that is, of the field of culture, that brings in the subjective construction contents and discourses regarding gender issues, *phallogocentrism*, and that can bring violence in relation to the feminine. Thus, the patient can carry in his subjective constitution contents that disqualify the feminine and can bring these discourses and actions to the interior of the therapeutical treatment that exceed and invade the subjectivity and the body of the provider. We understand that this relation with social and cultural structures thatcross the subjectivity of people perhaps authorizes these male patients to exceed the therapeutical relation. And this context exposes the provider to a vulnerability situation that can culminate in violence forms; this needs and deserves to be analyzed in depth.

Conclusions

In this article, we have tried to present and make explicit some of the crossings, gathering the accounts obtained in practices of therapeutical care carried through by women, as we understand that they will work as a bridge to understand the links between the social in what it represents on the feminine and the violence. After all, what interests us in this paper is to present some aspects to be considered in the manifestation of violences that can emerge in relation to the female provider.

Nowadays, it is not possible nor desirable to conceive a space that is not social or not crossed by it, bringing markers referring to conceptions that cross the societies (Gomes, Correa, Guerra, Correa, Nascimento, Favaretto, 2019). Our itineraries are not neutral, we are affected bodies, subjectivities crossed. It is in this clinical/social encounter that the practice of therapeutical careunsettles, considering that psychology in the mental health field still is quite to the edge of the research that involves the universal of the culture and the uniqueness of the collective subject, as well as the fact of the position of the female psychologist being neglected as a female body. We understand that these questions stimulate the research and the writing.

It is important to highlight the notorious sentence used by the philosopher and writer Simone de Beauvoir (1980, p. 9): "One is not born, but rather becomes, a woman". By saying that, Beauvoir revolutionized the understanding what it is to be a woman and how much this is a construction/encounter//authorization path. Thus, we make here a reflection close to the psychology profession: one is not born, but rather becomes, a female psychologist. In this process of us becoming something, much of what was constructed as existence possibility, or even condition of existence, as well as in our processes of subjectivation, come together and condition behaviors, feelings, and choices, either being a woman, a psychologist, and, essentially, woman and psychologist.

We understand that many expressions of violences remain camouflaged/disguised or even denied, particularly those that are manifest in contexts of professional activities that involve the sector of care in the mental health field, in this case, the field of psychological care provided by women. Thus, we point that violences in relation to the feminine gender are practiced/lived, within the practice of care in the mental health field and even more specifically, regarding the female providers of the field.

We consider how important it is that providers from various fields of intervention in health bring to the light excerpts on their experiences and relations with the social, economic, political and cultural environment. This makes it possible not only to evidence distinct realities and possible practices, but also to contribute for the construction of "new" or perhaps "updated" knowledges/doing in the field of psychological treatment.

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