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Psychology, Social Rights and therapeutic processes of black people: historical effects of racism on subjectivity, diagnosis of mental disorder such as institutional racism and other clinical specificities

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Abstract: The article presents possible understandings about how the exercise of Social Rights affects the subjective and therapeutic processes of black people, in the clinic in Psychology, linked to Brazilian Public Policies. Subsidized by records of experiences — 28 clinical cases in therapeutic follow-up, institutional documents, field diary, images, among others — through epistemology and a method inspired by post-structuralism, it maps the way the discourse of Social Rights ─ education, health, food, work, housing, transportation, leisure, security, social security, maternity and child protection and assistance to the destitute — emerges in the materials and provides elements to think about how black subjects produce and lead themselves in life and in the therapeutic processes as subjective beings. Through the results, it proposes three centers of analysis: 1) Historical effects of racism on black and white bodies; 2) Diagnosis of mental disorders for blacks as institutional racism; 3) Other clinical specificities in the treatment of the black population.
Keywords: Social Rights; Therapeutic processes; Health of the black population.

Psicologia, Direitos Sociais e processos terapêuticos de pessoas negras: efeitos históricos do racismo na subjetividade, diagnóstico de transtorno mental como racismo institucional e outras especificidades clínicas

Resumo: O artigo apresenta possíveis compreensões sobre como o exercício de Direitos Sociais incide nos processos subjetivos e terapêuticos de pessoas negras, na clínica em Psicologia, articulada às Políticas Públicas brasileiras. Subsidiado por registros de experiências — 28 casos clínicos em acompanhamento terapêutico, documentos institucionais, diário de campo, imagens, entre outros — por meio da epistemologia e método inspirado no pós-estruturalismo, mapeia o modo como o discurso dos Direitos Sociais — educação, saúde, alimentação, trabalho, moradia, transporte, lazer, segurança, previdência social, proteção à maternidade e à infância e assistência aos desamparados – emerge nos materiais e fornece elementos para pensar como os sujeitos negros produzem e conduzem a si na vida e nos processos terapêuticos como seres subjetivos. Através dos resultados, propõe três centros de análise: 1) Efeitos históricos do racismo nos corpos negros e brancos; 2) Diagnósticos de transtornos mentais para negros/as como racismo institucional; 3) Outras especificidades clínicas nas terapêuticas da população negra.
Palavras-chave: Direitos Sociais; Processos terapêuticos; Saúde da população negra.

Introduction

SOCIAL RIGHTS

Art. 6th Education, health, food, work, housing, transportation, leisure, security, social security, maternity and childhood protection, assistance to the homeless are social rights.

(Constitution of the Federative Republic of Brazil of 1988, Chapter II).

The theme of ethnic-racial relations has been the object of study in Psychology, contributing to the analysis of the different dynamics that materialize when evaluating racial issues in the field of subjectivity (Leite, 1966; Souza, 1982; Carone & Bento, 2002; Schucman, 2014; Santos, Gomes, Munoz, & Maia, 2015; Ecker & Torres, 2015; Ishikawa & Santos, 2018; Munoz, Oliveira & Santos, 2018; Ecker, 2019; Ecker, 2020). The understanding of whiteness as an exercise of racial, political and economic privileges helps to understand how the power structures that support everyday racial inequalities are built (Schucman, 2014). Attributions to white racial identity as supposedly superior (Schucman, 2014), and institutional racism, also provide elements to think about situations of discrimination by race, in different areas of psychological practices (Santos, Gomes, Munoz, & Maia, 2015).

Transposing these concepts to the clinical practice of Psychology, in the context of psychosocial care, studying the therapeutic processes of black people requires considering the historical and social context in which these people are constituted and were constituted (Ecker, 2020). In this sense, the theme of Social Rights emerges as a recurrent therapeutic problem, considering the inequality of access that black people experience in their daily lives. The question about the relationship between mental health, illness and lack of access to education, work, health, housing, food, among other Social Rights, becomes frequent in Psychology practices in psychosocial care (Ecker & Palombini, 2021).

Statistical data show that whites, on average, have higher wages, suffer less from unemployment and are the majority in higher education (Brazilian Institute of

Geography and Statistics, 2018). Such social inequality can turn into subjective inequality, in a context that is expressed by research by the Brazilian Institute of Geography and Statistics (IBGE) that, although the self-declared black (7.6%), brown (43.1%) and Indigenous people (0.4%) represent more than half of the Brazilian population (51.1%), their socioeconomic indicators tend to be much more disadvantageous (IBGE, 2018). It is also worth considering that racial prejudice and discrimination occur in different spaces in which Social Rights are exercised. The psychosocial effects of racism, in different spheres of society, have repercussions on the social life of the entire population, but differently for black people and for white people, in the way in which the person is seen and recognized, in how valuation systems are established. and socialization experiences that, directly or indirectly, produce effects in the processes of subjectivation and production of health or illness (Santos, 2016; Ministry of Health, 2017).

Through these problems, this article[1] aims to present possible understandings about how the exercise of Social Rights affects the subjective and therapeutic processes of black people, in clinical Psychology, articulated with Brazilian Public Policies. Through the exposed materials, in dialogue with authors in the area, it proposes three integrated analysis centers: 1) Historical effects of racism on black and white bodies; 2) Diagnoses of mental disorders for blacks as institutional racism; 3) Other clinical specificities in treatments for the black population. This approach aims to contribute to discussions in the area of Psychology, which reflect on the different dynamics that circumscribe the therapeutic processes of the black population, racism and the relationship between mental health and psychic illness linked to the exercise of Social Rights.

Methodological processes of clinical investigation: materials and pathways

With the aim of analyzing how the exercise of Social Rights affects the ongoing subjective and therapeutic processes, in the Psychology clinic articulated to Brazilian Public Policies, the doctoral research that supports this article was produced. The research was supported by the collection of 346 experience records — 28 clinical cases,

[1] Text derived from the doctoral thesis *The exercise of Social Rights in subjective and therapeutic processes: public policies, mental health and psychosocial care*. Research funded with a doctoral scholarship by the Coordination for the Improvement of Higher Education Personnel (CAPES).

19 narratives, 118 images, 50 institutional documents, 120 field diary entries, 14 reports, among others. Due to the focus of the discussion proposed here, fragments of these materials will be presented in a reduced form.

Based on the qualitative approach (Minayo, 2007), epistemology and method inspired by post-structuralism (Foucault, 2010; Hüning & Scisleski, 2018), the data derive mostly from two extension projects in Psychology from different Brazilian universities. The first, the *Therapeutic Accompaniment Program in the Public Network - ATnaRede*, is a Project carried out by the Institute of Psychology of the Federal University of Rio Grande do Sul - UFRGS. The second extension project *Therapeutic follow-up: clinic and creation in the city*, is linked to the Federal University of Santa Catarina - UFSC. The two projects carry out therapeutic follow-up of users of the municipal public service network, referred by the service teams of the psychosocial and intersectoral care network, due to some mental health demand.

Data production occurred through two procedures performed simultaneously. The first, through records in a field diary (Falkembach, 1987) with reports of clinical cases followed in both UFRGS and UFSC extension projects. The records took place weekly, from August 2016 to June 2019. As a complementary material to the field diary, data from the *ATnaRede Program* project was used, including sheets with the data of those followed, three minutes notebooks, technical reports, posters, drawings, notes from companions and other materials obtained from follow-ups. The second procedure was through the recording of experiences that referred to psychosocial care and the Brazilian socio-historical context: images, documents, reports, among others, on the subject of mental health in Brazil.

Data were organized with the aim of highlighting possible relationships between subjective and therapeutic issues of users of mental health services and the exercise of Social Rights. For the presentation of clippings of clinical cases, the formulation of written narratives was used, which allow including, in the presentation of research data, the dimension of the relationship in therapeutic practice between companion and accompanied (Rocha & Palombini, 2017). Such narratives, even when constructed in a dialogic way, are a production of the first author of this article, based on the Field Diaries, not expressing the literal transcription of dialogues, but the contraction of their

argument cores — with the exception of the last narrative in this article, produced by one of the co-authors.

As a complementary strategy to the construction of narratives, some of the information on clinical cases was organized using the genogram and ecomap tool. These instruments have been used by professionals from different areas, including Psychology, to understand the structural, emotional and affective processes of family relationships, the interactions between its members and the broader social context, assessing the complexity and dynamism of social relationships (Filizola, Ribeiro & Pavarini, 2003; Mello, Viera, Simpionato, Biasoli-Alves & Nascimento, 2005; Ecker & Palombini, 2021).

The analysis of poststructuralist-inspired data sought to situate the domain of the therapeutic experience with its socio-historicity, aiming to understand how arrangements between government, truth and subject are established (Hüning & Guareschi, 2009) in the field of psychosocial care. Thus, it was proposed to map the way in which the DS discourse — education, health, food, work, housing, transportation, leisure, security, social security, maternity and childhood protection and assistance to the homeless — emerged in the research materials and provided elements for thinking about how subjects produce and conduct themselves in life and in therapeutic processes as subjective beings. In post-structuralism, the relationship of subjects with themselves, at a specific moment (Foucault, 2010), becomes important as it highlights truths not as representations and essences, but as processes: “while what is done and what must be done” (Noto, 2009, p. 52). Therefore, it can be problematized as a way of producing other modes of subjectivation (Ecker, 2018).

Regarding the ethical aspects, the use of data from the *ATnaRede Program* requires the approval of PROREXT (Pro-Rectory of Extension at UFRGS), which involves the umbrella project *Therapeutic Accompaniment as a Device for Analysis and Care in Psychosocial Care Networks and Intersectoral*, registered at Plataforma Brasil and approved by the Research Ethics Committee of the Institute of Psychology at UFRGS, under Opinion Number: 3,374,882. Thus, the users of the Program were given, duly clarified and signed, the Terms of Consent that follow Resolution 466/2012 of the Ministry of Health and the National Health Council (Resolution n. 466, of December 12, 2012). The extension project *Therapeutic Accompaniment: clinic and creation in the*

city was approved by the Dean of Extension at UFSC (nº 201709734) and is related to the umbrella research project *Policies of the Body: psychoanalysis and art* registered in SIGPEX under nº 201610796. For access to data obtained through research in mental health *Implementation and decentralization of the strategy of autonomous medication management (GAM) in the state of RS: effects of dissemination*, authorization is obtained from the Research Ethics Committee of UFRGS, opinion number: 837,294. The rest of the research materials are in the public domain.

Results and discussions

Discussing the theme of race and racism, in the context of clinical practice in Psychology, considers the importance of thinking about this clinic in the specificity of the black population since, historically, this group has suffered serious structural and institutional violence (CFP, 2017)[2]. Inequalities and violations that materialize intense inequities in the care and assistance to your mental health, as can be seen in **Table 1** below:

Table 1.

Survey of Therapeutic Accompaniments carried out in the ATnaRede Program from 2015 to 2018 make it possible to highlight factors such as gender, race and physical disability in access to mental health care.

Year	Man	Woman	Trans	Total TAs	Phy. Disability	Black Woman	Black Man
2015 (month 11 to 12)*	8	7	1	**16****	0	1	1
2016 (month 1 to 12)	14	8	1	**23****	0	1	2
2017	12	8	0	**20****	0	1	2

[2] The document "Race Relations: Technical References for Psychologists' Practice" from the Federal Council of Psychology, more than a reference, was one of the responses of the Psychology Councils System to the demands of the black movement for the production of theories that contribute to overcoming racism, prejudice and different forms of discrimination. Its publication also included deliberations of the category during the 9th National Congress of Psychology (CNP, 2016) in which proposals indicated the need to promote the fight against racism in professional practices (CFP, 2017).

(month 1 to 12)							
2018 (month 1 to 3)	10	7	0	**17****	0	1	1

* 2015 data available on record from November.
** All from the municipality of Porto Alegre, except one accompanied by Cachoeirinha.

Source: data available in the *ATnaRede Program* minutes record book.

Based on the data in **Table 1**, it is possible to propose a reflection on the magnitude with which psychology research, teaching and extension projects, as well as other actions and policies in mental health, have considered the race element as an inclusion criterion for people who will receive assistance and care in their interventions. In the case of the extension project mentioned in **Table 1**, people are referred for care based on the demand of the intersectoral network, especially health and social assistance, aimed at users that the teams choose as priorities to receive this follow-up. The production of data similar to those shown in **Table 1**, in addition to showing the historical effects of racism, highlighting inequalities in access to care and clinical assistance in mental health, can support the planning of Psychology actions for the black population, even enabling the reservation of vacancies or definition of priorities for admission when access to the universal public is limited.

In this way, one should consider not only the blackness factor and the consequences of slavery in the context of Public Policies, many of which are created and managed, mainly, by white-skinned people (Ecker, 2019), but also highlight that in some situations, white-skinned people themselves define: who has access to mental health care and assistance, the priority or risk criteria and the skin colors that will have access to their actions. Therefore, the question proposed here emphasizes that, in order to exercise the Social Right to health, to have access to mental health actions, including therapeutic processes, it is necessary to produce available vacancies, assertiveness and anti-racist practices for black people to include and be included. In this logic, analyzing issues of race in the implementation of psychosocial care policies requires considering, as suggested by Mayorga and Souza (2012), the dynamics of inclusion and exclusion that operate in the most varied spaces of interpersonal relationships.

Historical effects of racism on the subjectivity of blacks and whites

The theme of inequality, violence and restriction of rights are recurrent when thinking about the care of the black population; produce effects on how these people subjectively constitute themselves in the exercise of their rights, including social ones (Ecker, 2020). Ibanhes (2010) points out that the enactment of Social Rights in the Federal Constitution of 1988 expressed several contradictions, among them, not only, the economic and social ills of Brazilian society, but also those aggravated by the political strangulation of the dictatorship years and a series of past, present and future themes and impasses (Ibanhes, 2010). Included in these historical remnants are the more than 300 years of slavery in Brazil and its effects on the black population and its subjectivity:

Report 1. *While waiting for care, in the waiting room of the Basic Health Unit, user with white skin color*[3] *repeats the same comment, 3 (three) times, during 10 (ten) minutes of waiting. The comment refers to the black nurse who usually assists her. The three times she asked the question, she and the person accompanying her laughed after verbalizing:*

> - Where is my brunette? Where is my brunette? I'll have his neck if he doesn't come!

Source: data from the Field Diary of the author of the doctoral thesis on which this article is based.

In the relationship between Psychology, Public Policies and Social Rights, considering the historical effects of racism, in the subjective processes of black and white bodies, requires approaching government data[4] with research on the subject. From

[3] Color statement defined by the author of the doctoral thesis that underlies the content of this article.

[4] Regarding data that involve the incidence of what should be the operationality of the exercise of the Social Right to security, related to the black population, it is worth considering the numbers that show violence and murders in this group. According to the 2019 Atlas of Violence, by the Institute of Applied Economic Research (Ipea) and the Brazilian Public Security Forum (FBSP), 66% of all women murdered in the country are black (Ipea & FBSP, 2019). In the 13th edition of the Yearbook of Violence, which

these data, it can be concluded that the black population is the greatest beneficiary of social programs in Brazil (Ministry of Citizenship, 2013); however, it appears that this social protection is still inefficient. According to research by the Brazilian Institute of Geography and Statistics (IBGE, 2010), it is shown that the socioeconomic indicators of the self-declared black (7.6%), brown (43.1%) and Indigenous (0.4%) population are much more disadvantaged in relation to the white population. Representing more than half of the Brazilian population (51.1%), the disadvantages experienced by these groups include, for example, inequalities in access to the Social Right to education, higher education, as well as access to the Social Right to work, making it clear that whites, on average, have higher wages and suffer less from unemployment (IBGE, 2018).

Narrative 1.

> On a home visit, Manoel[5] reports that he has a headache and says he is going to the health center to get the pain medication again.
>
> - I went last week and had an injection.
> - Injection for what?
> - For pain, have you never seen? They give it at the gas station and it goes faster. I slept after.
>
> Born in the state of Bahia, he has lived in the south of the country for 10 years. Working as a cook in a hotel in the center of the city, in the early hours of the morning, he cycles 4 kilometers to work, back and forth, almost every day (with a day off in the week).
>
> - My feet are cut (he comments, showing a crack on the sole of his foot with traces of bleeding). I don't know why, but I think it's because I spend a lot of time wearing shoes and standing at work.

compiles and analyzes data from police records on crime, the prison system and spending on public security, it was indicated that 75.4% of victims by the Brazilian police were black. “It is impossible to deny the racial bias of violence in Brazil, the most evident face of racism”, point out the researchers responsible for the survey (FBSP, 2019, p.62).

[5] Fictitious name. Self-declared black.

The following week, on his day off from work, Manoel visits the health center and asks for pain medication again. In the middle of the dialogue, I ask:

- How was your work the night before?
- All good. I'm alone, I work all night, alone, for months, I don't have any helper to prepare the meals. Look, I got a tattoo! (he shows his arm burnt on the stove at work). I got burned because I had to prepare a lot of things at the same time. Is today! Today that woman asked me to make 100 pastries, with 20 minutes left for me to leave!
- And how did you react?
-She said I wasn't going to do it, but I prepared some pizzas. Five pizzas. I was even worried about being fired, I've been there for a short time. The previous employee was transferred to the other hotel, they just didn't fire him because he is old and knows a lot about the house. Today is my day off, I was going to go for a walk, but I'm tired, I have a headache. I need to change jobs.
- Change job? Not satisfied with it?
- Do you think my headache is why? (He asks, raising his voice, irritated). Why do you think it doesn't stop anyone in that service? Because no one can take that for a long time, everyone gets sick or gives up.

Source: data from the Field Diary of the author of the doctoral thesis on which this article is based.

The historical effects of racism, in the subjective processes of black bodies, occur due to a subjectivity that is not only immersed in inequalities and violence, but which, from this immersion, has affected its ability to perceive the effects of these aggressions on their bodies. This reflection starts from the fragment of the clinical case in **Narrative 1**, in which Manoel seeks health services with a series of complaints that may be related to the way of organizing the work to which he is submitted: insufficient number of employees, work overload and a series of physical attacks as an effect of the precarious conditions experienced.

Thus, when he was referred for psychological treatment due to symptoms of emotional exhaustion, it was necessary to work therapeutically with Manoel on his perception and awareness of the situations to which he was repeatedly subjected. For this, his physical and emotional self-perception was instigated, considering the pain in his feet, skin burns, repeated doses of pain medication and emotional exhaustion, as a reflection of the violence that his body suffered in the exercise of the Social Right to work. These interventions made it possible to qualify Manoel's mental health, removing him from unfair situations, based on a less submissive and more proactive way of being in the world, using mainly the organs for the protection of workers' rights that could be activated. In this way, Manoel was able to reposition himself in the face of the impositions placed on him by his boss, establishing his own rules in contrast to the ways of functioning, violating rights, of the company where he worked.

Report 1, in turn, presented above, brings a scene of discrimination in health services, as suggested by the National Policy for Comprehensive Health of the Black Population - PNSIPN (Ministry of Health, 2017), which, expressing a subjective position of the white user in relation to the black professional, acts through an inadequate speech in the way of treating the professional in service. According to data from the Open University of SUS - UNA-SUS (2019), research reveals that the use of pejorative codenames in health service[6] they are often concealed by terms that are supposedly affectionate, but that reveal racist and discriminatory practices: 'darling', 'darling', 'love', 'well', among others. Thus, observing scenes like these, in health spaces, allows inferences about ethnic-cultural barriers operating in health care, as a setting for therapeutic processes and the exercise of the Social Right to health.

In **Report 1** and **Narrative 1**, one can think about the incidence of racism in the exercise of Social Rights (health and work) which, if not addressed, can perpetuate institutional racism, as indicated by the PNSIPN, and there is even a risk of aggravation of the manifestations of *aversive racism* and *symbolic racism* (Open University of SUS,

[6] Among other perceptions of racism operating in relationships in health services, there are: derogatory talk about the patient; rudeness, discourtesy, mistreatment, humiliation in dealing; patient is not heard in her complaint or is ignored; he notices that they look at him suspiciously; patient is treated without being looked at; patient experiences pain or discomfort due to lack of attention from the service. According to the authors, a culturally effective therapeutic communication is based on treating the user by name and in a respectful manner (UNA-SUS, 2019). It is noteworthy that, in the case of **Report 1**, the use of pejorative codenames occurs from the user naming the professional.

2019). *Aversive racism* can emerge in reports of the therapeutic process in which acquaintances of the black person assisted adopt values of egalitarianism and try to present themselves as egalitarian people without racial prejudice; those who have, or rather say they have, aversion to racism. *Symbolic racism*, on the other hand, can be expressed by attitudes against black people that result from their perception as a symbolic threat, a threat to the values or culture of the dominant group. In this form of racism, black people are perceived as violators of the values that maintain the *status quo* of interracial relations (Open University of SUS, 2019, p.31).

Mental disorder diagnoses for blacks as institutional racism

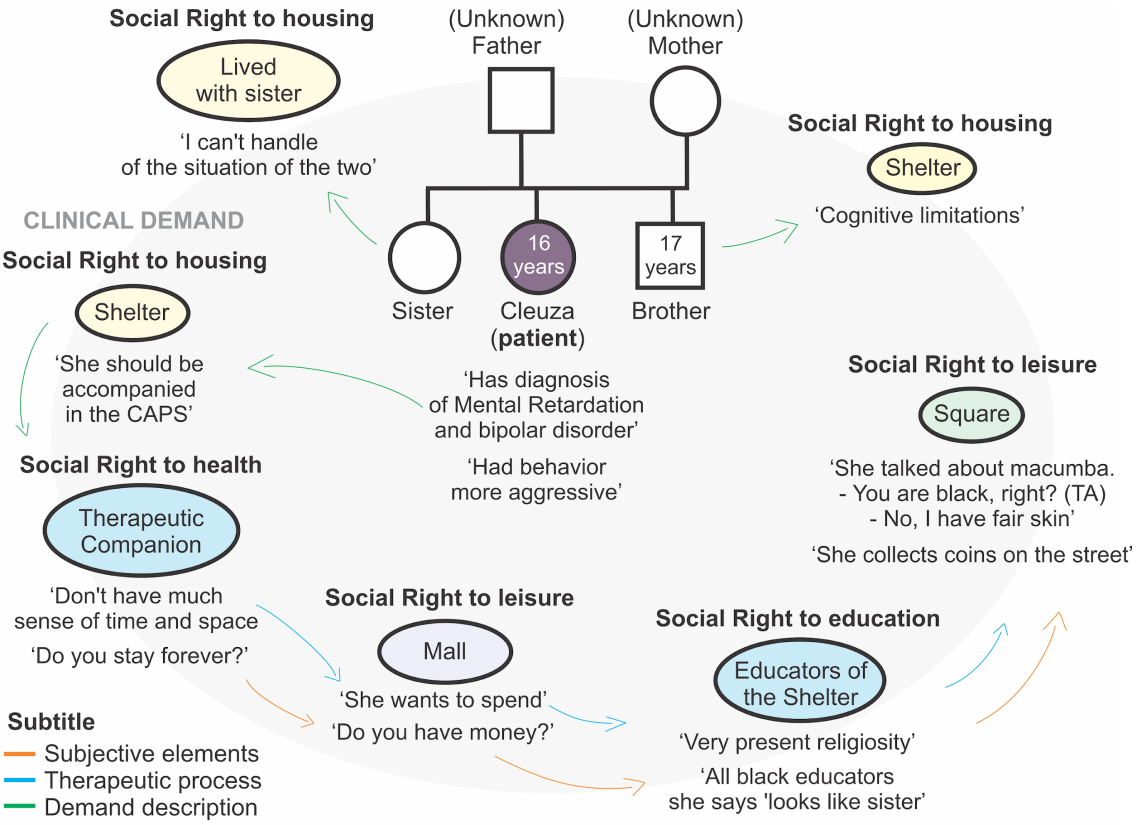

Figure 1. Mapping of the user's therapeutic process[7], in the period of 2 months, evidences the relationship between Social Rights, discourses referring to blackness and the diagnosis of mental disorder.
Source: author of the doctoral thesis on which this article is based. Data available in the notebook of the minutes of the *ATnaRede Program*.

[7] Fictitious name. Self-declared "light-skinned" (sic).

The second point of analysis, from the **Figure 1**, proposes to think about the establishment of mental disorder diagnoses[8] for the black population as a practice of institutional racism. The idea of institutional racism refers to situations of discrimination based on race, ignorance, humiliation, prejudice, negligence or lack of attention, in the different areas of an institution (Santos, Gomes, Munoz, & Maia, 2015). Articulating this concept with the clinical case of **Figure 1**, the realization of discrimination would be in diagnosing, through the services and institutions that operate the exercise of the Social Right to health, pathologizing discourses about a person who comes from a context of extreme social vulnerability, abandonment and shelter in an important phase of human development (minor), using expressions[9] such as "mental retardation and bipolar disorder" or "cognitive limitations" (sic).

Considering the biopsychosocial complexity (Ecker, Palombini, Marsillac & Mello, 2022) involving the life of user Cleuza, **Figure 1**, it is not intended to reduce this factor, blaming the diagnosis of mental disorder as a purely negative, punitive and/or criminalizing element in mental health care. However, from the analysis of this clinical scene of the **Figure 1**, and other materials that support this discussion, given the life situation of patients who come from contexts of extreme socioeconomic vulnerability, it is understood that it is impossible to define whether the signs and symptoms considered 'psychopathological' emerge independently of vulnerable contexts or whether they would be the contexts themselves unequal conditions likely to produce signs and symptoms. In this argument, it should be considered that, in relation to diagnoses of mental disorders, social factors, violence and accidents are defined by the International Classification of Diseases (ICD) as 'external causes'.

[8] In the first version of this discussion, the expression 'psychiatric diagnoses' was used to refer to the practice of institutional racism that occurs through psychiatric discourses supported mainly by the contents of the Diagnostic and Statistical Manual of Mental Disorders (DSM). It was decided to change the expression to 'diagnoses of mental disorder' for two reasons: by calling it a psychiatric diagnosis, on the one hand, it strengthens the idea that mental health is a matter for psychiatrists alone; on the other hand, it exempts psychologists and other professionals from the field from answering for those same actions that psychiatrists would be responsible for here.

[9] Understanding a user coming from an unequal socio-historical context, whose effects of this extreme socioeconomic vulnerability affects her psyche, replaces the user's subjective expressions, such as asking the Therapeutic Companion "do you have money?" or actions such as picking up "coins on the street" that would not refer to a sense of merely biopathological signs and symptoms justified by a diagnosis of "mental retardation" (sic).

Thus, with regard to diagnoses of mental disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the ICD do not contain criteria that consider the historical and current effects of racism in the production of illness in populations. In this logic, considering such diagnoses for blacks as a practice of institutional racism, it is proposed to think that they have repercussions in social life, in the way the person is seen and recognized, in how valuation systems are established and the experiences of socialization, when we oppose the effects of the diagnoses of Mental Disorders to the idea of Santos (2016) and the Ministry of Health policy (2017) on racism. When operating as institutional racism, the diagnosis of mental disorder will imply, directly or indirectly, different ways of being, existing and thinking, superimposed on the subjects, their processes of subjectivation, production of health and illness.

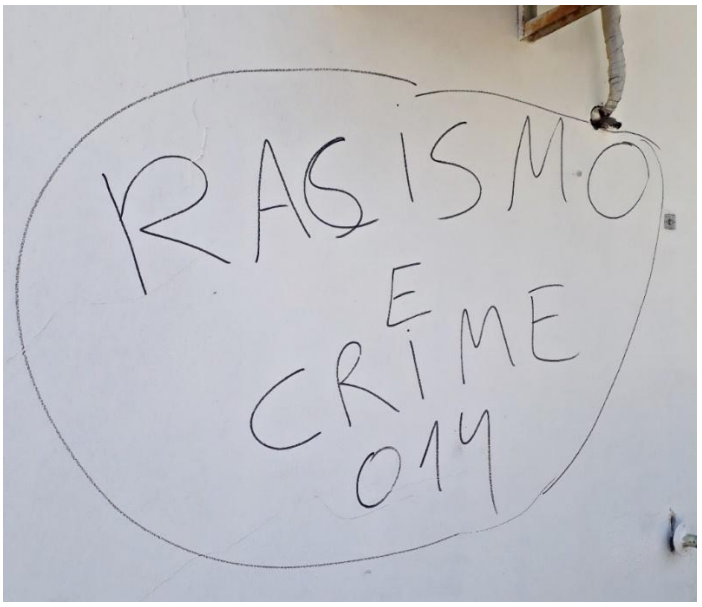

Figure 2. Speech written on a wall in the city of Porto Alegre (RS) "Racism and crime 014".

Source: record of the author of the doctoral thesis on which this article is based, 2017.

The process of institutional racism, arising from the psychopathologization of social problems (Zambillo, Palombini & Ecker, 2018), is combined with the fact that the vast majority of mental health professionals are white-skinned, which may involve the establishment of the diagnosis of mental disorder related to whiteness: professionals who pathologize black people when diagnosing, taking advantage of a position of "supposed neutrality of white racial identity", which, however, holds privileges, which are not perceived by them (Schucman, 2014, p.92). Thus, through the act of diagnosing,

the power structures that support everyday racial inequalities would be covered up in the individual body of the diagnosed subject — the effect of this, in practice, would be to wrongly blame the black or brown person individually for a intense external structure of racial privileges — individual and collective, political and economic rights — that subsidize whiteness[10] and, consequently, the vulnerability and illness of the black population.

Other clinical specificities in treatments for the black population

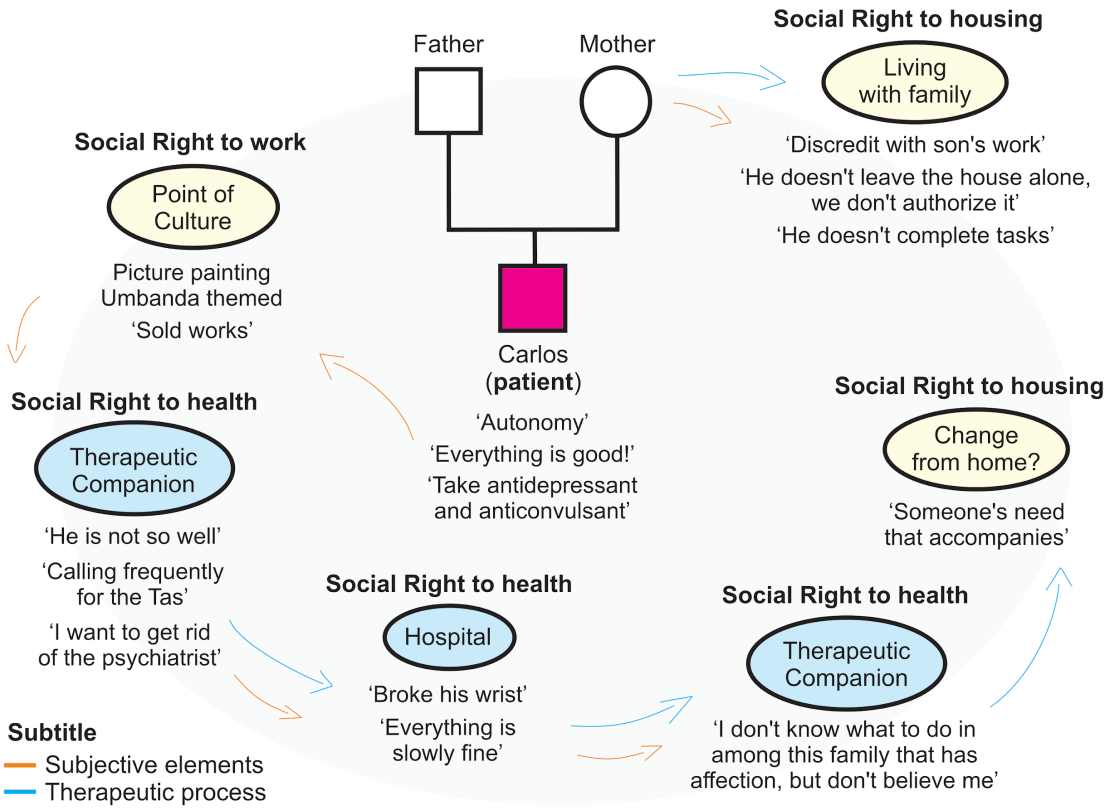

Figure 3. Mapping of the user's therapeutic process[11], in the period of 6 months, evidences the relationship between Social Rights and discourses referring to blackness in the therapeutic process.

Source: author of the doctoral thesis on which this article is based. Data available in the *ATnaRede Program* minutes record book.

[10] The logic of whiteness is subjectively constituted from attributions to the white racial identity as if it had an aesthetic, moral and intellectual value superior to other racial identities (Schucman, 2014), which makes it possible to think, in the clinical relationship established between professional and user, in feelings of superiority or inferiority that act on bodies during therapeutic processes and in relationships between professionals and users.

[11] Fictitious name. Self declared black.

Finally, the last point of analysis proposes to present some other clinical specificities that can transversalize the clinic in Psychology in the work with the black population. One of them refers to the recognition of religiosity, as stated in the **Figure 1** and **3**, as an element that can compose subjectivities. In this sense, the importance of training (**Figure 4**) of professionals aligned with the guidelines present in the National Policy for the Comprehensive Health of the Black Population, so that their performance considers the ten elements of the Afro-diasporic culture in the interpretation of the subjectivities of the people served: memory, ancestry, religiosity, orality, musicality, cooperativism, communitarianism, corporeality, playfulness and circularity (Open University of SUS, 2019).

Figure 4. News published on the website of the RS Regional Council of Psychology points out that "Racism must be part of the Psychology curriculum". Psychology, as a professional practice, has occupied different Public Policies to guarantee Social Rights, such as health, education and social assistance policies.

Source: print screen image, made by the author of the doctoral thesis on which this article is based, from the CRPRS website. Public domain news (2018).

The second clinical specificity, related to Psychology practices, refers to the importance of therapeutic strategies of "culturally safe and effective care" (Universidade Aberta do SUS, 2019, p.10), which work with expressions of racism emerging in the speech or behavior itself of users and users, as is the example in **Figure 1**, in which the Therapeutic Companion asks "You are black, right?" and the user[12] replies "no, I have fair skin". Similar reasoning can be applied to the elements of the

[12] Declared as black by the author of the doctoral thesis on which this article is based and by the Therapeutic Companion.

Figure 3, in which the user's family is “discredited with the child's work” and the user recognizes that the family “is affectionate, but does not believe in me”. This disbelief in black people and their potential, if related to the effects of whiteness (Schucman, 2014) on the subjectivity of those involved, can appear as an attribution of less value (aesthetic, moral, intellectual, artistic) to black identity, as if in position of inferiority with respect to other racial identities.

In this line of reasoning, in the field of analysis of subjectivities, one can think of Brazil not only as a country historically constituted in an uneven manner, but also as a producer of historically unequal subjectivities. Thus, *unnecessary mental suffering* was produced and is produced for black and brown people, due to the attribution of value to subjects and their existences, in the logic of whiteness, with subjectivating discourses that operate as engines of what we can call *existential inequalities* or *unequal subjective existences*. Due to this unequal subjective constitution, precarious conditions for self-constitution are legitimized and engendered, which subsidize the processes of existence of black and brown people, affecting the way they produce and conduct themselves in the world, as subjective, individual beings or collective, which legitimize and claim, or not, their rights and desires.

Paths and detours of a black woman in the clinical practice of Therapeutic Companion

I, a black woman, co-author of this article, was a Psychology intern at the *ATnaRede Program* in 2017 and 2018. My report, here, brings to the discussion specificities about race, socioeconomic and territorial positions from the place where I am located.

TA has a perspective of circulating in different territories, but in my case the territory in which I work is quite familiar, due to the fact that I grew up in a similar community, that is, having lived most of my experiences in the periphery.

The feelings that take over me as I walk my path to reach those accompanied are diverse, however, one has a more constant presence: it is the feeling of devolution. The feeling of being able to give something back is incredible, however, along with the feeling of giving back comes the frustration of seeing, in such a large territory, few people served and, among those few people, not one black person. This is very

contradictory, considering that it is a peripheral community where the majority of the population is black.

In this way, it makes me very strange that black people with serious mental health issues are not among those indicated and/or presented with the different possibilities of care. Which leads me to the following questions: is the black population accessing mental health services in the territory? What are the criteria used for referrals? What determines that black people need differentiated monitoring or not? However, this situation is a symptom caused by structural/institutional racism that generates the absence of information in the users' files, such as race/color. Despite being a mandatory requirement in health systems, we are still faced with the incompleteness of a set of information in the services, which greatly limits the analysis of some indicators. Regardless of the lack of data, our experience and the comparison of some service indicators suggest inequalities in access to health care, especially in mental health.

Black people unfortunately still do not access services and, when they do, they are not assisted in the way they should. In my opinion, this is also due to the lack of black professionals in services, care and management, as some people cannot think of strategies when situations do not affect them directly.

Thus, a question keeps 'hammering' in my head, "Why are the people assisted by AT in this territory white?" (...) And yet, there is a considerable amount of black people institutionalized for mental health issues. This leads to the following question: “Did these people have the opportunity for other forms of care before hospitalization?”. I don't know, but analyzing how things happen, they probably haven't had such an opportunity.

Situations like this are linked to the countless stereotypes attributed to black bodies, to the image that people have about black people. Thus, I, as a black woman and a Psychology student, also find myself thinking that perhaps I am not being seen by those I follow and by the people I end up meeting in this work as a psychologist, as the figure of a psychologist is distanced from the black figure.

In the place where the people I accompany have periodic consultations with the psychiatrist, the team is made up of white professionals, without distinction of position. This is the profile of professionals they are used to dealing with. Sometimes one of those accompanied addressed me in a more rude way, invalidating my experience as a

Psychology student, as if the notes I made were not worthy of consideration. Inevitably, I couldn't help but think about the image the companion had of me.

Although there are things that distance me from those accompanied, such as experiences, race/color, health, trajectories, among others, TA makes us create strategies so that experiences can harmonize and, on this journey, this exchange brings benefits to everyone.

Finally, being aware of the importance of the work and efforts of those who work with TA, I close this text with an African proverb that says: “Simple people, doing small things, in unimportant places, achieve extraordinary changes”.

Final considerations

With the aim of presenting possible understandings about how the exercise of Social Rights affects the subjective and therapeutic processes of black people, in the clinic in Psychology articulated with Brazilian Public Policies, the doctoral study that supported this article was developed. With a qualitative approach, with post-structuralist theoretical-methodological inspiration, the research materials — narratives, clinical cases, records of experiences, eco-maps, genograms, among others — helped to explain elements that involve the exercise of Social Rights and their relationship with the subjective and therapeutic processes of black people, in the clinical practices of Psychology.

Considering subjective aspects that involve ethnic-racial relations in Brazil, with the incidence of whiteness and institutional racism in everyday life, it was proposed to analyze their effects on the subjectivity of black people assisted in psychosocial and intersectoral care services. In this way, it is understood that questioning the incidence of the exercise of Social Rights in the subjective and therapeutic processes in clinical Psychology is also to analyze the professional position in the face of a Brazilian context in which many of the exercises of rights are observed operating in a different way. in a precarious way, often resulting in violence and violations of other rights; or, at the limit, what you see is the non-existence of this exercise.

This absence, in the lives of black people, can be expressed more intensely, considering that the historical effects of racism in the precariousness of guaranteeing the rights of this population resulted in a reality in which a significant portion of black

people do not have the financial support to pay with the supply of some service, which guarantees a Social Right when it is not guaranteed by the State. Thus, we would have, in the wake of this analysis, a Psychology that may, in some cases, be complicit in situations of racism and violence and treating (or not treating) only the psychic effects of these violations of integrity and human dignity.

Such questions, articulated to what research and studies have shown, point to the need for extensive investigations that longitudinally follow the trajectories of black people in health and mental health services, evaluating episodes of prejudice and ethnic-racial discrimination, with monitoring of care policies, permanence, reception services, assistance, among other psychosocial approaches of the Unified Health System (SUS).

It was also necessary to consider the relationship between Social Rights and the therapeutic processes of black people, discussing the historical effects of institutional racism on the diagnosis of mental disorders and the clinical specificities that can engender precarious subjective conditions in the processes of existence of black and brown people. Producing historically unequal subjectivities, the historical effects of racism become capable of triggering *unnecessary mental suffering* for black and brown people, by attributing value to subjects and their existences, in the logic of whiteness, with subjectivating discourses that operate as engines of that we could name *existential inequalities* or *unequal subjective existential*. Fabricating subjectivating discourses that act as engines of existential inequalities, we point out in the article about how they affect the black population, which produces and leads itself in the world, as a subjective being, individual or collective, which legitimizes and claims, or not, its rights and wishes.

Finally, placing Social Rights as determinants and conditions of the population's health levels, insofar as it affects the community and the conditions of physical, mental and social well-being of the black population, displaces Social Rights from a primarily legal position and the exercise of citizenship to assert them in the sphere of life production — subjectivities, health, suffering and illness. This displacement de-individualizes mental suffering, removing much of the biomedical historical weight, which is imposed on subjects in suffering, from diagnostic categories of 'mental disorders', re-situating the State's involvement and responsibility in the population's

illness — and in providing of resources and services to subsidize their care and assistance.

With this discussion, the role of Psychology for the promotion of equality and justice in Brazil is affirmed, producing scientific knowledge that faces the limits related to racial issues, transposing them to transform them into possibilities. We refer to possibilities of inclusion, equity and appreciation of multiculturalism[13] as a privilege of the entire population, including psychotherapeutic processes and clinical interpretation[14] of subjectivities.

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[13] The use of the concept of "multiculturality" in this article is not used in the essentialist and liberal approach, which disregards the inequalities between the different. However, this point of discussion was not the focus of the study, on this see the writings of Enrique Dussel, from the Universidad Nacional Autónoma de Mexico, and the proposition of transmodern intercultural dialogue.

[14] Clinical in its broad sense (Ecker, 2021), which refers to the different theoretical tools of Psychology that are superimposed *a priori* on people and their behaviors in order to supposedly 'understand' them in a 'more qualified' way.

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