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## THE HEALTH CATEGORY IN STUDIES OF MASCULINITIES IN BRAZILIAN PSYCHOLOGY

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**Abstract:** Systematic review of the Brazilian literature in psychology about masculinities, seeking to assess the impact that studies on masculinities had on masculinities. Content analysis revealed 4 categories of analysis: “health”, “representations”, “violence” and “training in psychology”. The analysis of the bibliographical references of the articles revealed that masculinity studies have not been used in Brazilian research, even when the object of study is men and even though this field of knowledge has produced important works and advances outside Brazil in the last 50 years. Using this same documentary corpus, an analysis of the articles’ speeches was carried out. Three themes were identified around the object “masculinity”: “health”, “violence against women” and “representation”. In all three themes, claims can be observed that men are invisible or ignored. Male invisibility is analyzed as a statement produced by the discourse of Brazilian psychological science, which uses references in gender studies. It is questioned whether this invisibility is the result of a supposed “injustice”, as some authors seem to suggest, or the unfolding of certain privileges, perhaps invisible to the authors due to the lack of depth in the studies of masculinities themselves. In this work, only the “Health” category will be analyzed.

**Keywords:** Systematic review; Studies of masculinities; Psychology.

## INTRODUCTION

Studies of masculinities began in the 1970s in the United States (Badinter, 1993; Hoenisch & Cirino, 2010; Medrado, Lyra, & Azevedo, 2011; Welzer-Lang, 2004; Zanello, 2018). Although there are authors who still debate what the inaugural work of these studies would have been, there is a consensus that it is an area that appears in the second half of the 20th century and that has its beginning provoked by the second wave of the feminist movement

(Badinter, 1993; Hoenisch & Cirino, 2010; Welzer-Lang, 2004; Zanello, 2018).

Studies of masculinities emerged, therefore, as an attempt to answer how becoming a man would conform in each socio-historical context. Based on gender studies, gendered social functioning (modeled by gender) that lead men to perform certain behavioral repertoires and cognitive schemes considered “masculine” were questioned.

In the present work, we understand male socialization as a phenomenon of a subjective but social nature, incorporating Zanello’s (2018) concept of privileged paths of subjectivation. For Zanello, gender is a relational concept, historically constructed and culturally signified in unequal power relations, which are incorporated not only through repeated performances (Butler, 1998), but through affective pedagogies that are configured in certain devices (Zanello, 2018).

Currently, many authors (Arihla, Unbehau & Medrado, 2001; Badinter, 1993; Scott, 1995; Welzer-Lang, 2004) argue that studies of masculinities had an epistemological divergence, forming two lines: one maintained its base within feminism and assumed “gender” as a phenomenon of a social nature, historically constructed and culturally manifested, marked by its relational character that establishes unequal and hierarchical power relations. Another strand sees “masculinity” as a stable biological or psychological phenomenon, distinct from feminist epistemology. For Scott (1995), the latter approach removes the historical and relational aspects of ‘gender’, in addition to ignoring its political aspects of unequal distribution of power between the sexes.

In the present work, we ask what has been the impact of masculinity studies in Brazilian psychology and how this impact has happened. Furthermore, what assumptions and

consensus have been captured and repeated? Is there an impact of the critical aspect of masculinity studies in Brazilian psychology? To answer this question, a systematic review of the literature was carried out, which was analyzed using two different methodologies.

The first is a content analysis of the 31 articles found (Bardin, 2009). In the present work, we will analyze only one of the 4 listed categories, that of “health”. A more detailed analysis of all four categories can be found in Barral, Zanello and Richwin (2022)<sup>1</sup>. The second methodology of analysis was an analysis of the discourses of the articles gathered by the systematic review. The aim was to reveal statements (Foucault, 1995) underlying certain propositions perceived in the documentary corpus. Here we will also focus only on the “health” category, but a reading of all three categories that made up this analysis from the 31 articles can be found in Barral and Zanello (2021)<sup>2</sup>.

## METHOD

A systematic review of the literature was carried out, in the period from June to December 2018, in the main databases that make up the platform of the Virtual Health Library (VHL) within the theme “psychology”. The selected databases are SciELO, LILACS, PePSIC, IndexPsi Dissemination Scientific and IndexPsi Technical-Scientific Periodicals. In each of these bases, the following descriptors were investigated: (psi\$ OR psy\$ OR “saude mental” OR “mental health” OR “salud mental” OR “sante mentale”) AND (masculinidade OR masculinidad OR masculinity OR masculinite OR gender OR gender OR gender).

The two-dice queue strategy was created

from two Descriptors in Health Sciences (DeCS), used for indexing in all the databases that make up the VHL. 1,102 items were raised and passed through selection and exclusion criteria detailed in another job (Barral; Zanello, not before). After careful reading, two articles barely 31 were shown to be articles in the field of psychology with hair except for a reference to the critical aspect of gender studies or masculinity studies. Were carried out between two analyzes of this material: first, a thematic analysis of two articles, in which are listed 4 categories/themes, namely: Health, representations, violence against women and training in psychology.

In the second analysis, the objective was to carry out a kind of x-ray of the corpus of articles, using serial cuts removed from the material and grouped in “statements”, as understood by Foucault (1970, 1995). We seek to determine which visibility strategies have been employed for the phenomenon of masculinity in the field of Brazilian psychology. Likewise, after reading two articles that make up our sample (N=31), all the paragraphs that mention “men”, “masculine”, “masculinity”, “macho”, etc. were extracted. The minor parts necessary to maintain their meaning will be withdrawn, and these fragments will be taken as “discursive events”, the smaller the unit of analysis in the current sample (Foucault, 1995). These units are identified by author, page number and year. We considered 863 separate discursive events in 177 statements within 21 different themes. Do not present work, we will only present the most comprehensive topic identified in the sample in both analyzes: the one related to the “health” field.

1 BARRAL, D. C.; ZANELLO, V., & RICHWIN I. F. (2022) The studies of masculinities in Brazilian psychology: a systematic review of the national literature. In: Lemos, F. C. S. et al. (Org). Training in insurgent social psychology and sociology: historical plots in libertarian education. Curitiba: CRV, 2021.770p. Transversalities and Creation Collection – Ethics, Aesthetics and Politics, v. 16. ISBN 978-65251-2017-1

2 BARRAL, D. C. & ZANELLO, V. (2021). Studies of masculinities in Brazilian psychology: from the invisibility of criticism to the critique of invisibility. Political Psychology.

## RESULTS AND DISCUSSION

As we suggested, the thematic analysis included two articles in 4 categories. The “health” category was the most relevant (14 articles) and will be the only one explored without present work.

The “health” category brings together the items that have as physical and mental. The themes listed in this category are “mental health” (5 articles), “self-care” (4 articles), “perceptions of health professionals” (3 articles) and “health at work” (2 articles).

With 5 articles, “mental health” was the theme that appeared the most among all in this research. We are gathered together on this topic the articles that focus on the mental health of men and women. Three subjects were found who were investigated by users of mental health services (Andrade & Maluf, 2017; Campos, Ramalho, & Zanello, 2017; Zanello, Fiuza, & Costa, 2015) and, as for the other two subjects, we investigated the psychiatric records in two large hospitals in the Federal District (Zanello & Silva, 2012) and another investigated mental health and the speech of the elderly in a geriatric institution (Zanello, Silva, & Henderson, 2015).

The first article analyzed recorded interviews with CAPS users (Zanello et al., 2015). A content analysis revealed significant differences between the speeches of men and women. In speaking of men, he was identified as suffering from not being able to work and provide for the family, in addition to difficulties in maintaining himself sexually as a “eater”. The second article (Campos et al., 2017), analyzes the socio-demographic questions present in the records of users of CAPS II. Two 234 records recovered, 65 belonging to men; Among these ones, the majority were single men, without children, who did not work or were homeless. The authors question about the influence of social conditions on mental conditioning. The third article (Andrade &

Maluf, 2017), analyzed ethnographic data in cities in experiences of deinstitutionalization (CAPS in special). The authors highlighted that, according to the analyzed stories, mental suffering tends to be socially challenged as a sign of “feminine nature”, leading men to resent their own affection as a symbol of their masculinity (Andrade & Maluf, 2017).

Still not afraid of mental health, Zanello and Silva (2012) carried out a descriptive analysis of medical records from two public mental health institutions. For men, the highlight was for symptoms that show some difficulty in the sphere of work and sexual life. The authors point, from two given, to the possibility that we are medicating social pods, including gender, as organic and individual. Finally, according to the investigation by Zanello et al. (2015) demonstrates the organizing effect of gender on the aging experience. The analyzes show significant differences in the speech of men and women, with men presenting themselves as more rigid, with few investments of non-present interests, and saudosos (of a supposed sexual and laborative virility enjoyed in the past), conjugating the verbs used in your speeches but not past. The authors underline that aging seems to place in question, in a more acute way, hombres’ identity issues.

The research gathered on this topic seems to agree that there are specific characteristics in the form and causes of mental breakdown, or what it would mean to say that men and women hardly suffer for different reasons such as expressing different symptoms due to processes of subjectivation generated by men experiencing more critical symptoms and appearing in less number in the services (Campos et al., 2017; Martins et al., 2012; Zanello & Silva, 2012; Zanello, Silva et al., 2015; Zanello, Fiuza et al., 2015).

In the second theme, “Self-care”, there are 4 articles that will investigate the addiction and health care of Brazilian men. These two will

investigate the relationship between advanced age and health care in the male population: one interviewing older men (Borges & Seidl, 2012) and the other evaluating the effect of psychoeducational interventions on self-care and health of older men (Borges & Seidl, 2013). As for the other 2 articles, one addressed the implications of self-care for the teaching and treatment of cancer in men (Modena, Martins, Gazzinelli, Almeida, & Schall, 2014) and the other approached self-care and health in men who participated in a family health program (Alves et al. 2011).

In the first article by Borges and Seidl (2012), a thematic analysis of the interviews showed that the interviewees practiced negligence as self-care and excessive behaviors (such as alcohol and smoking), as negative patterns of male health, and support or social support as a protection factor. In the second article by Borges and Seidl (2013), psychoeducational interventions were shown to be useful in increasing the number of consultations and medical exams performed by the surveyed men. Regarding the aging process, the authors agree that the causes for the appearance of the differences observed between men and women are of a social nature and influence the understanding of the world and self-care practices (Borges & Seidl, 2012; 2013).

But Modena et al. (2014) point out that the analysis of the interviews revealed that the limitations of cancer treatment conflict with values of hegemonic masculinity power. The interviewees reported that they felt lost in their masculinity when they raised questions of treatment that involved the assignment of work and sexual performance. Finally, in the article by Alves et al. (2011), the interviewees reported that the men found more barriers to taking care of their health, such as difficulties in getting out of work and difficulties in entering the health system. The prevention of prostate cancer was highlighted in two

interviewees.

The investigations carried out concluded that men perceive significant barriers to adherence to medical care and self-care behaviors; Furthermore, we suggest that this effect may be the result of male socialization (Alves et al., 2011; Modena et al., 2014).

The third topic listed in this category was “perceptions of psychologists”. In it, 3 articles analyzed interviews with psychologists who work with men were collected. Two papers analyzed interviews with psychologists from the Belo Horizonte Oncology Service (Martins et al, 2012; Martins, Almeida and Modena, 2013) and the third research conducted interviews with psychologists through questionnaires from the Congress of Oncology and Palliative Care (Martins, Gazzinelli, Schall, & Modena, 2014). In the article by Martins et al. (2012), the psychologists interviewed by the authors pointed out difficulties in adhering to treatment in two home patients. The participants will highlight biological characteristics, psychic structure and socio-cultural aspects as causes of these quests, highlighting, according to the authors, a deterministic and blaming perspective for the male patients. In the article by Martins et al. (2013), the interviews indicate that there is difficulty in mobilizing the male public to adhere to health care, due to male socialization (pointed out by the interviewees). It was also highlighted that the care prioritizes women and children. Finally, in the article by Martins et al. (2014), the analysis of two questionnaires indicates the perception of an incipience of programs aimed at men and a greater number of programs directed at the female audience. According to the authors, we would be witnessing a genderification of health institutions, making it necessary to include the theme of masculinities in the Single Health System.

The last topic in the “health” category was

“health at work” where 2 guys were gathered together with the aim of investigating the health of men and women in the work environment. The research by Santos (1997) was a case study exploring the resistances of two professionals inserted in hospital work, with emphasis on nursing assistants. Distinctions were found between prescribed work and real work in this population, with men assuming work with their arms by the simple fact of being men. The author discusses the transversality of gender in hospital work and our health processes within the organization. In the work of Souza, Franco, Meireles, Ferreira and Santos (2007), the authors will investigate the psychic suffering of the civic police in Rio de Janeiro, looking for gender differences. The Self-Report Questionnaire (SRQ-20) was used with data from previous investigations. The results did not show a significant difference in psychological suffering between the genders, but they confirmed that men practiced less laser activities. It was highlighted that the police environment is still macho, making the relationship between men and women complicated, especially when men need to obey female orders (Souza et al., 2007).

In general, within the “health” category, the findings will converge to suggest that men are less cautious with themselves (Alves et al., 2011; Borges & Seidl, 2012); The processes of male socialization affecting or distancing two men from the health system (Alves et al., 2011; Borges & Seidl, 2012; Martins et al., 2012; Martins et al., 2013; Modena et al., 2014) and that the single health system fails to serve the male public due to lack of training and lack of programs designed for the male public in Brazil (Alves et al., 2011; Borges & Seidl, 2012; Martins et al., 2012; Martins et al., 2013; Modena et al., 2014).

## **SPEECH ANALYSIS**

Over the years, the supposed “invisibility”

of two men has been noticed many times when writing about health in psychology in Brazil. That is, as these and their specific problems of physical and mental health are ignored by health devices. For example, Martins, Gazzinelli, Almeida and Modena (2012), analyzing the vision of psychologists about the care of men with cancer in Belo HorizonteMG, affirmed that:

In this sense, the invisibility and silence of male demands are confirmed in the oncology services. It must be considered that it is not the absence of male demand, but because we will present their needs differently from women and in a way that health professionals are not very familiar with, men do not have their recognized needs, according to pointed out some of the interviewees (Martins et al., 2013, pp. 63-64).

This statement was frequently repeated throughout the documentary corpus gathered here. In addition to other studies in the area (Alves, Silva, Ernesto, Lima and Souza, 2011; Martins, Abade and Afonso, 2016; Martins, Almeida and Modena, 2013; Martins, Gazzinelli, Schall and Modena, 2011). However, in addition to the inability to fully satisfy the needs of men, we identify another important argument in this quote: “It must be considered that it is not about the absence of male demand, but rather, because we will present their needs differently from women and from a way in which health professionals are unfamiliar...” (Martins et al., 2013, pp. 63-64). This sequence leads us to the following proposition that would explain, for the studied authors, the phenomenon of invisible masculinity in Health: its femininization. The femininization of Health appears in the corpus as a specialization of two health services and professionals who will attend only women, children and the elderly. When interviewing psychology students in a focus group, Martins et al. (2016) say, for example, that:

The two interviewees indicate the existence

of a social “pact” in which a woman, commonly perceived as the “fragile sex” and, therefore, lacking greater health care, finds social legitimacy to exercise self-care and two others. Men, having in view their representation linked to productive work and invulnerability, would not find in the organizational field the same social authorization to be absent from their work activities, in the same way as they do the women. (Martins et al., 2016, p. 174)

The affirmation of a “social pact”, reinforcing gender stereotypes, making men invisible and favoring women, finds an echo in the studied literature (Alves et al., 2011; Borges & Seidl, 2012, 2013; Martins et al., 2016). This feminization of health would not happen as an intentional project, but rather recreating gender stereotypes that see women as vulnerable and in need of help and men as strong and invincible. In this sense, Martins, Gazzinelli et al. (2013) specifically cite the works of Lago and Muller (2010) and Tonelli and Muller (2011): “Men, in turn, are commonly represented culturally as strong and invulnerable, thus abdicating the need to formulate public policies and projects specific therapeutics. (Martins, Gazzinelli et al., 2013, p. 62).

Even so, the idea that teaching would be a threat to the ideal of masculinity, a problematic relationship based on taboo and shame of one’s own body and the impossibility of being absent from work for to conduct exams. All are allies in fear that discovering the teacher could lead to a dismissal. As an example of how growing up would be a threat to the ideal of virile and strong masculinity, Andrade and Maluf (2017) recounted the following falsehood of a CAPS user interviewed by them:

The men are also affected by the idea that, being the “mental suffering” of “feminine nature”, they are displaced from the place conferred on them in their relationships, as shown in Daniel’s story, by two interlocutors.

While talking about two mental disorders during one of our conversations, he said: “Bipolar disorder is cool [homosexual].” For him, there were disorders that were specific to women, and bipolar disorder was one of them. (Andrade & Maluf, 2017, p. 815)

The notion that the fragility felt in adequacy is experienced as a subtraction of masculinity is recurrent in the tests of mental adequacy (Andrade & Maluf, 2017; Zanello, Fiuza, & Costa, 2015) as well as for analyzes of physical health, as it stands out for studies on cancer (Alves et al., 2011; Martins et al., 2014; Modena, Martins, Gazzinelli, Almeida, & Schall, 2014).

The argument for the invisibility of the man in health can therefore be summarized as follows: culturally, the man is seen as an object/subject who dispenses attention and care; This is why the health systems will be organized in such a way as to ignore the needs of both men and to concentrate on the needs of women, resulting in an unpreparedness to address and listen to the problems of two men, resulting in the invisibility of two men in the health system. In the last analysis, the proposed solution for this invisibility would be to reform the health system to accommodate the needs of the men.

In the meanwhile, some authors, despite recognizing that a greater proportion of women present were in health services, especially for follow-up and preventive exams; We attribute this phenomenon to the medicalization of the female body, long recorded in Brazilian history between the 19th and contemporary centuries (Andrade & Maluf, 2017; Costa, Nardi, & Koller, 2017; Zanello & Silva, 2012). Influenced by two eugenic and positivist discourses imported from Europe to Brazil, the female body is considered the object of control and study by medical and biological sciences, which are continuously reinforced by the need for women to be accompanied by a doctor throughout their lives to that they must

control quests such as: sexually transmitted diseases (STDs), the degeneration of species and control the “quality” of reproduction, avoiding mixed marriages (Foucault, 1974-75; Carrara, 1996).

That is, the supposed invisibility of two men in health devices seems to be more a result of the relations generated, historical, of power, in which the female bodies are widely subjected to science and medical scrutiny in a phenomenon that Foucault identifies in Europe and called de hystericization of the female body (1974-75). In Brazil, phenomena similar to the agency of the female body in the medical sciences are also widely recognized in literature, the Brazilian National Constituent Assembly of 1987, for example, began the speeches of the Subcommittee of the Family of Men and Women with the pronouncement of a doctor presenting a plan of medical monitoring of all Brazilian women from the moment of birth to marriage, influencing even the choice of the husband (Hartman, 2018). Likewise, today we observe a greater female presence in health services, and it is unlikely that this occurs due to a “preference” between professionals or the system in providing care to women or in listening to their demands.

In this hyper presence, it is essential to question the opposite process, the hypermedicalization of women. In the US, for example, a study conducted by Mcugh et al (2013) found that, among patients in substance abuse recovery clinics, there is an alarming difference in the number of women who are chemically dependent on opioids in the US after receiving the prescription medicine for the use of these, unlike two men who, in their majority, did not receive a medical prescription for these remedies and started using them illegally, leading to the question of a possible super medicalization.

In Brazil, the research by Zanello e Silva (2012), described above, concluded,

for example, that certain behaviors were substantially more medicated in women than in men, or what it means to say that certain behaviors in men were seen as normal Or fair insofar as the same behaviors in women could lead to the prescription of medication or to psychiatric diagnoses, which could also result in hospitalizations. Among these behaviors, the uncontent/motivated woolly “symptom” deserves special mention, which was identified in 1.4% of two male records collected and in 25% of two investigated female records. This disparity, the authors affirm, may be a reflection of the hypermedicalization that women will undergo or will be subjected to psychiatric and psychological evaluations (Zanello and Silva, 2012).

## FINAL CONSIDERATIONS

In health, it is defended that masculine socialization directly interferes with the progression at the same time that the health system is said to silence masculine demands due to a “feminilization”. When we know that men are not heard due to a systematic silencing of these, due to some kind of gender oppression against men in modernity, we disregard any other interpretation that could explain this phenomenon without having to resort to the assumption of an oppression against men that is not it fits in with the body of historical, sociological, and anthropological knowledge that we know about male oppression against women. As a social, historical and cultural phenomenon, or machismo and gender oppression that privileges men and oppresses women, it seems to be consensual to all the articles of this show, but, being so, because then there are those who opt for, acknowledging masculine oppression, affirm What is a femininization of health that makes men invisible?

A possible explanation for the observation of the phenomenon of male invisibility is that

of sociologist Michael Kimmel (1998), who considered this invisibility a privilege. This privilege is essentially characterized by the luxury of living without having to think of yourself as a man, not being constantly named after your gender, in short: the luxury of proving that being a man does not affect your person or your position in society (Kimmel, 1998).

If we think of invisibility as a privilege, we note that the only possible effort is to radically change the way in which we socialize Brazilian men from the age of ten. Bring for the schools or debate about what masculinity means. Making the masculine gender visible as a decisive factor in the processes of subjectivation of men and making men reflect on their practices and beliefs. As long as we deny this initial work, men will continue to be the last to know that they, too, have a gender and that this gender influenced how we behave in society.

Another finding that can be verified in the aforementioned invisibility is the fact that we do not consider masculinity as a socio-historical construction when we analyze the phenomena observed in our environment, such as the female prevalence in certain Brazilian public health devices. When we disregard the history of female oppression in our analysis, we end up drawing incorrect conclusions about two phenomena that we observe. These conclusions can end up guiding public policies towards failure when they are based on false assumptions such as “feminization of health” or “masculine invisibility”.

As seen in the present analysis, even the articles that are based on the studies considered to be of a critical nature, two gender studies, still have made errors in the readings of this material and ignored important elements in the reading generated by the health phenomena. The interpretations

and analyzes seen in this review can lead to the assumption that psychology courses and institutions need to invest more time and resources, except for two studies of gender and diversity that are based on critical readings of history to make it possible to create policies. The most effective public issues do not confront the most problematic issues of masculinities understood as hegemonic. It is also possible to think that the recent call for a positive psychology, based on evidence, had as a collateral effect an omission of sociologically or historically based readings for being mistakenly considered less scientific. In case these assumptions are not correct, it is imperative to advocate here that a science that disregards history is liable to make erroneous conclusions that distance gives reality rather than approximation. The socio-historical context is essential for a correct analysis of the data to deal with human populations and disregarding it does not make a more scientific investigation.

We would like to point out that this sample does not examine the national bibliography on the subject of masculinities in psychology despite the systematic method with which this review was carried out. Articles indexed with other keywords or in other databases are not included and subsequent revisions can and must search for more jobs in other electronic databases.

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