

PSYCHOANALYTIC ATTENDANCE IN SUBJECTIVE URGENCY - WOMEN IN SITUATIONS OF DOMESTIC VIOLENCE IN TIMES OF COVID-19

ATENDIMENTOS PSICANALÍTICOS EM URGÊNCIA SUBJETIVA - MULHERES EM SITUAÇÃO DE VIOLÊNCIA DOMÉSTICA EM TEMPOS DE COVID-19

ATENCIÓN PSICOANALÍTICA EN URGENCIA SUBJETIVA – MUJERES EN SITUACIÓN DE VIOLENCIA INTRAFAMILIAR EN TIEMPOS DE COVID-19

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ABSTRACT

The objective of this article is to analyze the apparatus of clinical-institutional listening in subjective urgency in public policy, with a focus on the psychoanalytic treatment of women (done remotely) in situations of domestic violence during the COVID-19 pandemic. The article discusses a paradigmatic clinical case, which is part of the intervention research project of the Laboratory of the Study of Psychoanalysis, Culture, and Subjectivity (LAEPUS) at the University of Fortaleza (UNIFOR) in collaboration with the Nucleus for Confronting Violence Against Women (NUDEM), which is associated with the Public Defender of the State of Ceará. It problematizes the complexity of gender-based violence exhibiting the tensions within the vision of a victim/aggressor dichotomy. It concludes that against the backdrop of the coronavirus pandemic, new demands have been imposed on daily life, so that treatments of the mechanism of subjective urgency with women in situations of domestic violence, such as the one illustrated by the clinical case, permit a better positioning of them against their situations of vulnerability and risk. The interfaces between the judiciary and mental health point to successes in dealing with domestic violence.

Descriptors: *Public Policy; Collective Health; COVID-19; Domestic Violence; Psychoanalysis.*

RESUMO

O objetivo deste artigo é analisar o aparato da escuta clínico-institucional em urgência subjetiva nas políticas públicas, a partir de atendimentos psicanalíticos de mulheres, via remota, em situação de violência doméstica em tempos da pandemia de COVID-19. Discute-se um caso clínico paradigmático, inserido no projeto de Pesquisa Intervenção do Laboratório de Estudos sobre Psicanálise, Cultura e Subjetividade (LAEPUS) da Universidade de Fortaleza (UNIFOR), em parceria com o Núcleo de Enfrentamento à Violência contra a Mulher (NUDEM), vinculado à Defensoria Pública do Estado do Ceará. Problematiza-se a complexidade da violência de gênero, evidenciando as tensões de uma visão dicotômica vítima e agressor. Conclui-se que diante do cenário da pandemia por coronavírus, novas exigências se impuseram no cotidiano, de forma que os atendimentos do dispositivo de urgência subjetiva com mulheres em situação de violência doméstica, tal como ilustrado no caso clínico, vêm permitindo um melhor posicionamento delas diante das situações de vulnerabilidade e risco. As interfaces entre o judiciário e a saúde mental apontam êxitos no que tange ao enfrentamento da violência doméstica.

Descritores: *Políticas Públicas; Saúde Pública; Infecções por Coronavírus; Violência Doméstica; Psicanálise.*

RESUMEN

El objetivo de este artículo es analizar el aparato de escucha clínico-institucional en la urgencia subjetiva en las políticas públicas, desde la atención psicoanalítica de las mujeres, vía remota, en situaciones de violencia doméstica en tiempos de la pandemia del COVID-19. Se discute un caso clínico paradigmático, insertado en el proyecto de investigación de intervención del Laboratorio de Estudios sobre Psicoanálisis, Cultura y Subjetividad (LAEPUS) de la Universidad de

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Fortaleza (UNIFOR) en asociación con el Centro de Combate a la Violencia contra la Mujer (NUDEM), vinculado a la Defensoría Pública del Estado de Ceará. La complejidad de la violencia de género se problematiza evidenciando las tensiones de una visión dicotómica de víctima y agresor. Se concluye que frente al escenario pandémico por coronavirus, se impusieron nuevas exigencias a la vida cotidiana, de manera que, las asistencias del dispositivo de urgencia subjetiva con mujeres en situación de violencia doméstica, como se ilustra en el caso clínico, han ido permitiendo un mejor posicionamiento de ellas frente a situaciones de vulnerabilidad y riesgo. Las interfaces entre el poder judicial y la salud mental apuntan a un éxito en el enfrentamiento de la violencia doméstica.

Descriptores: *Políticas Públicas; Salud Coletiva; Infecciones por Coronavirus; Violencia Doméstica; Psicanálisis.*

INTRODUCTION

In the context of the COVID-19 pandemic, a notorious phenomenon has been violence based on gender inequality. World-renowned institutions, such as the World Bank and the United Nations Entity for Gender Equality and the Empowerment of Women, also known as UN Women, find that women, in different parts of the world, have been facing various adversities, such as domestic violence.

In the year 2020, in the context of the pandemic, Brazil registered, in the first semester, 1.9% more in the number of femicides than in the same period of 2019, as pointed out by the Brazilian Public Security Forum (FBSP)¹. According to the Brazilian Yearbook of Public Security, published in October 2020, in Brazil, compared to the previous year, there was a 3.8% increase in telephone calls to the Military Police's public utility services reporting cases of domestic violence².

It was from this understanding of the phenomenon of violence against women that the Laboratory of Studies on Psychoanalysis, Culture and Subjectivity-LAEpCUS, linked to the Graduate Program in Psychology-PPGP at the University of Fortaleza-UNIFOR, carried out, in partnership with "Center for Combating Violence against Women" (NUDEM), linked to the Public Defender of the State of Ceará, the Intervention Research entitled "Gender Violence in the social isolation of the covid-19 pandemic: a proposal for intervention in subjective urgency with women in situation of vulnerability and risk", in the period

from 06/01/2020 to 12/31/2021, in the city of Fortaleza/Ceará.

In general terms, we can define gender-based violence against women as "any action or conduct based on gender that causes death, physical, sexual or psychological harm or suffering to women, both in the public and private spheres"³. We know, of course, that this phenomenon historically targets the female condition and causes severe effects, both physical and psychological, in the individual and collective scope.

In Brazil, the receptivity of gender studies started in the 1970s, questioning, above all, the naturalness of a coupling between sex and gender. Political practice and theoretical discussions permanently feed each other in the sense of denaturalizing the coupling between sex and gender, previously taken as synonyms. If the concept of sex is understood as a more fixed category, considered from a biological perspective, gender would relate much more to the roles and social constructions that men and women play in everyday life⁴.

Given the alarming scenario of violence against women, the implementation of Laws nº 11.240/2006 and nº 13.104/2015, respectively known as Lei Maria da Penha and Lei do Femicídio, stands out. Both transformed the way the state dealt with violence against women. However, despite the laws, rates of violence against women are growing in the country. According to data from the Atlas of Violence, from 2008 to 2018, there was a 4.2% increase in the murders of women⁵. The number of femicides practically doubled in some Brazilian states, such as Ceará.

In Ceará, one of the agencies with the greatest dissemination of data on violence against women is the Casa da Mulher Brasileira, which concentrates specialized services, such as the Reference Center, the Court, the Public Defender's Office and the Public Ministry. Founded in 2018, the purpose of the equipment was to bring together a coping network in the same place, thus speeding up urgent measures. The Nucleus for Combating Violence against Women-NUDEM, of the Public Defender of Ceará, located in the Casa da Mulher Brasileira, carried out, since the beginning of the quarantine (March 23, 2020 to February 2021), 9,019 procedures through the defenders public and the collaborators of the psychosocial team of this nucleus⁶.

As can be seen, the scenario is worrisome. Although legal measures have been established, they seem not to be enough, as historical, cultural and political issues, associated with legacy of the colonial past, such as patriarchy and racism, show that many struggles need to be waged for broader changes in the discursive logic and politics in the social bond, especially considering that black women are the biggest target of violence.

Violence against women leaves severe marks, leading to psychological suffering with countless consequences in the trajectories of everyone involved. Therefore, in addition to all the measures mentioned, the implementation of public health policies is urgently needed. Since the 1990s, the World Health Organization-WHO has treated violence against women as a public health issue, raising an alert for the implementation of public health policies⁷.

Based on the above, this article takes as an argument the importance of inserting a device for clinical-institutional listening and psychoanalytic intervention at the heart of public policies, called subjective urgency, so that the condition of singularity can be listened to. If, from a legal point of view, women are socially welcomed by the State as victims of a historical phenomenon, from the point of view of psychoanalysis, another bet also

needs to be made, anchored in the idea of the possibility of subjective displacement, considering the suffering from from a singular perspective that takes into account the life trajectory of each woman, their forms of identification with love relationships, whose basic logic is violence.

The objective of this article is to analyze the apparatus of clinical-institutional listening in a subjective urgency in public policies, based on psychoanalytic assistance to women in situations of domestic violence in times of COVID-19. The singular position of women in the situation of experienced violence is discussed, based on the discussion of a clinical case.

METHODS

Throughout the highlighted research, the methodological concept of the World Health Organization - WHO was adopted, which considers gender violence as an ecological model. This means that this can be analyzed as a systemic practice, legitimized by a patriarchal and misogynistic discourse, which manifests itself in different discursive and cultural facets, highlighting the so-called "hate crimes", as well as sexism practices, beatings, mutilations, incarcerations, infanticides, feticides, among others⁸.

Given the scenario in question, this research carried out an investigation into gender violence in social isolation, through the provision of care in subjective urgency, remotely, by a team of psychoanalysts and psychologists guided by psychoanalytic theory. calls were made through phone calls and/or encrypted digital platforms, especially WhatsApp, Google Meet and Skype, and in accordance with demands from assistance and legal services, forwarded by the partner institution NUDEM.

The provision of psychological services, through information and communication technologies, regulated by CFP Resolutions No. 011/2018 and CFP No. 04/2020, authorizes the online offer of services such as psychological

consultations and care^{9,10,11}. The responsible psychoanalysts, psychologists and researchers followed these guidelines.

Women were offered weekly appointments of, on average, sixty minutes, for four to six weeks, according to the degree of vulnerability presented. It is noteworthy that, after being initially welcomed by the NUDEM team and going through the psychosocial care provided there, these women, to start the care, should already be in a safe place, separated from their aggressors. Many of them were in the period after the breakup of the violent relationship and were confronted with the insecurities and challenges of a new life.

Sociodemographic data, obtained from a standard questionnaire filled out by professionals who performed the listening work in subjective urgency, demonstrate that 52.6% of those assisted were aged between 31 and 40 years old, had completed high school and had 1 to 2 children, on average. The vast majority of them professed prominent Christian, Catholic and Evangelical faith, and resided with their children in the same house.

With regard to the types of violence observed, psychological violence predominated in the reports of those assisted, followed by physical violence and, finally, moral violence, practiced by ex-partners, ex-husbands or ex-boyfriends.

It is worth mentioning that 79.9% of women requested legal protective measure to defend themselves from the aggressor, as well as the fact that the phenomenon of violence already occurred before the Covid-19 pandemic, which was intensified during the associated period of social isolation to quarantine.

This research was authorized by the Research Ethics Committee of the University of Fortaleza (COÉTICA-UNIFOR) under opinion n° 4.306.052. Due to the nature of the research, it followed the ethical principles determined by Resolutions n° 466/2012 and n° 510/2016 of the National Health Council/Ministry of Health, which

determine the Guidelines and Regulatory Norms for Research involving human beings^{12, 13}.

For the purposes of this article, a paradigmatic clinical case of an assisted child entitled Phoenix, a fictitious name, was chosen because its speech highlights the anguish that became unbearable, so that the clinical-institutional device of subjective urgency summoned it to a repositioning in the face of his psychic suffering. Next, the following items will be presented: the clinic of subjective urgency, the description and discussion of the clinical case with contributions to the field of collective health.

RESULTS

The Subjective Urgency Clinic

The manifestations of contemporary malaise call us to rethink the clinic and its broad possibilities for intervention. Such manifestations have been presented through the act or affection, such as anxiety and anguish crises, suicides, excessive consumption of legal or illegal drugs, feelings of helplessness and mental confusion, emotional lability, acts of self-aggressive and hetero-aggressive violence¹⁴.

The subjective urgency clinic is considered here as a way to work with situations in which the subject is unable to use the psychic resources that previously supported him to deal with the events of his daily life, in view of the irruption of the unpredictability of life.

In the research carried out, subjective emergency care services mobilize the psychological impacts for women in the face of abusive relationships and domestic violence that bring repercussions for their lives and society. by NUDEM, here presented with the fictitious name of Phoenix.

Fênix, 27 years old, married for 8 years, has 3 children from this relationship and has been living with her mother, brother and children since January 2020, when she decided to separate from her ex-husband. In June of the same year, she started a new relationship and her boyfriend

currently lives with her and her family. She reports that she went to a woman's police station after her ex-husband invaded the house where he lives, at a time when he went to pick up the children and take them to his house. When breaking in, she claimed that she did it because she was having sex with her boyfriend in front of her children. From that moment on, Fênix decided to open a police report (B.O.) against her ex-husband, asking for the protective measure and starting the divorce process.

Phoenix suffered physical, verbal, psychological and sexual violence, being betrayed since the beginning of the relationship, in which her partner always reported these betrayals, as he “made a point of letting me know about it” (sic). She took “soothing to spend the day sleeping” (sic), as she did not want to get in touch with everything that was happening, especially with him, as she claimed to be afraid of leaving home, getting a job and not coming back alive because of the ex husband. He stated that, several times, he thought about taking his own life, because he thought that none of this would be happening if she were dead or even if she had never existed.

Fênix arrived at psychoanalytical care in a crisis situation due to the change in his life that he decided to carry out. The crisis is as close to what we could identify as urgency. Crisis can be understood as a state of disturbance that occurs when the subject is exposed to an insurmountable problem for its usual ways of solution¹⁵. The crisis situation can result from a loss, an event or something that characterizes a rupture, the which requires the subject to take an unprecedented position in life. It is the invasion of an experience of paralyzing the continuity of the life process, leaving it in moments of inertia¹⁶.

From the use of the clinical-institutional device of subjective urgency in crisis situations, it is possible to trace paths towards different meanings about what characterizes the subject's suffering, favoring him to mitigate its effects and

make use of different strategies to cross his difficulties in life¹⁷.

Crisis situations are enough to turn subjective urgency into a demand for psychoanalytic intervention, through which the psychoanalyst summons the subject to reposition himself in relation to what he suffers, resituating him in the face of what has become unbearable and that the anguish denounces, through the turn coming from the listening provided by the psychoanalyst¹⁴.

In the consultations, Fênix reported several stories of sexual abuse that she suffered during her life and that this traumatized her since childhood, since she “can't stand being hugged from behind” (sic). Even knowing that, it was how her ex-husband hugged her, when she claimed she felt disrespected. Fênix narrated that her ex-partner had sex with her without her consent and claimed that she got pregnant every time as a result of these abuses, as the pregnancies were never planned, they just “happened” (sic).

Fênix explained that she did not break the relationship before with her ex-husband because he always apologized, cried a lot, said that he would change and that if she left him he would commit suicide. In addition, she was also afraid of leaving him and his children to starve, as she did not work, she was just doing “moments” (sic) as a hairdresser and the money she earned was not enough. So, her ex-partner always belittled her, did not recognize her work, in addition to claiming that she “went out of the house to loiter” (sic).

Knowing that she was betrayed, Phoenix was very afraid of contracting a sexually transmitted infection, so she was always going to the doctor, at the health center, for tests. Until the doctor asked her to stop going because she was fine and there was no need to go several times during the month. The failure to listen to Phoenix's suffering in medical consultations is noteworthy, since interdisciplinary work and the expanded clinic in the context of collective health is advocated by the National Humanization Policy¹⁸.

It is questioned why the doctor did not work in partnership with the psychologist in Primary Care or did not refer Fênix to psychological care at another level of health care.

To qualify the way of doing health, the expanded clinic seeks to integrate the team of health workers from different areas, with the intention of providing care and treatment according to each case, with the creation of a bond with the user. The individual's vulnerability and risk are considered, as well as the diagnosis not being made only by the knowledge of clinical experts, but considering the history of the person receiving the care¹⁸.

In the last session, Phoenix stated with great enthusiasm that he would like to communicate important news. She was happy with the approval of the divorce, felt free, calm and more relaxed. Her request was granted by the judge, as the children would not sleep at their father's house, but would only spend the day with their ex-partner. He didn't take care of the kids and she was worried about him being alone with the kids at night.

Finally, she declared that she felt victorious because she was facing her greatest fear: her children going hungry after the end of her relationship with her ex-husband. This did not happen, because he is managing to manage the new reality with his family and, finally, he will be able to start a new life with his current boyfriend, get a new job or even invest in his profession. He described this feeling as wonderful and unique.

DISCUSSION

Faced with the proposal of psychoanalytic care in subjective urgency in the field of public policies, an adaptive response that promises the restoration of a state prior to the invasion of the crisis is not intended. The intervention aims to mark the uniqueness of each experience in its sociopolitical context. In confused and disheartening existential moments, of torments that plague the subject, a psychoanalytic and fruitful work is not impeded.

Faced with greater agitation, numerous disorganizations, huge questions, deep anguish for the subjective responsibility to take a place in the experiences that it is up to live, psychoanalysis brings the opportunity to intervene case by case, considering the peculiarities that each subject has to face the reality of your daily life¹⁹.

Fênix showed us that the anguish that characterizes subjective urgency can help to mobilize and break with the position of victim that women sometimes occupy in the face of domestic violence. With the breaking of the victimist narrative, the woman can be called to take responsibility for her desire and to be involved in her own life.

Such reflections do not deny, absolutely, that there are victims resulting from gender dissonance and that the damages caused by violence against women provoke severe effects in the individual and collective scope, which requires necessary measures to guarantee rights. However, the combination of such a victimized condition, accompanied by the protection of legal provisions that reinforce a dichotomous aggressor/victim position, may result in negative and paradoxical consequences for women. This arrangement can lead to a situation from which women try to get out: that of being treated as an object, which reinforces the continuity of their conditions of non-involvement with the narratives themselves, leaving them trapped in endless complaints²⁰.

The risk of public policies to reduce the pain of a woman who suffers violence to a rigid victim identity must be recognized, as this limits her autonomy and her capacity for action. Theoretical elucidations of psychoanalysis, evidenced by the work of Cerruti and Rosa, point to the impossibility of establishing an ultimate truth about the subject²⁰.

It is extremely necessary to recognize these impasses and be concerned not to assume the discourse in which the subject is placed only as a passive victim of what has been done to him and which the sovereign law will repair. The care in

caring for abused women involves the importance of the free circulation of the word, which helps to create a “field for the constant construction and reconstruction of a singular narrative, through the questioning of the place it occupies in the cartography of modulating powers the social bond”²⁰.

FINAL CONSIDERATIONS

Given the current context of the COVID-19 pandemic, the need for a psychoanalytic clinic of subjective urgency to intervene in women who suffer domestic violence, aiming to deal with psychological distress, is highlighted. Thus, we investigate the discomfort related to gender violence, with emphasis on domestic violence.

Current public policies, despite significant advances in the field of human rights, for the most part, still frame the issue of violence between men and women from a dichotomous view of victim/aggressor. The position of victim needs to be problematized, which means considering the complexity of the phenomenon of violence and its historical-social, political, economic and cultural construction.

The experience of assisting women who are raped by their partners or ex-partners, at the Center for Combating Violence against Women (NUDEM) of the Public Defender of Ceará, highlights the impasses of this dichotomous victim/aggressor view of reality. The reports of the majority of women assisted are well defined with regard to the complaints that revolve around the violence suffered and the position of victim. Given its complexity, gender violence can be thought of beyond the victim and aggressor dichotomy, which produces a tension that calls for the accountability of each subject for the place they occupy in the relational dynamics. It is possible to observe that these women cover up significant traces of their uniqueness, when they always talk about themselves through the scenes in which they appear victimized.

It is important to emphasize that, when we reflect on victimization, we are not delegitimizing this position. Certainly, the reception by the State, through public policies, of women who suffer violence resulting from a structural context with strong patriarchal legacies is legitimate. However, it is necessary to go further, making a bet that allows the singular to supersede the idea of the abstract and universal woman.

From this perspective, listening to each woman and not to “the woman victim of violence” brings, to the field of public policies, a wealth of stories that can only be narrated and, thus, constructed in their own name. It is in “one by one” that the daily work in legal equipment can take shape, which questions generalizations and linear explanations about the positions in the plot of violence.

Faced with the scenario of the coronavirus pandemic, which imposed new contours and demands on daily life, subjective emergency care for women in situations of domestic violence can enable better coping and positioning in situations of vulnerability and risk.

Therefore, psychoanalytic care with women in situations of violence, based on the subjective urgency device at the interfaces between the judiciary and mental health, as illustrated in the clinical case of Fênix, has allowed successes regarding the subjective responsibility of each woman for the position it occupies in the plot of violence. It is necessary to draw attention to the importance of uniqueness in the face of generalizations for the achievement of rights, since the issues involved bear the mark of subjectivities.

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