

GENDER ANALYSIS OF THE CONTENT OF VOICES THAT OTHERS DO NOT HEAR

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ABSTRACT. From symptom to experience, the meaning of hearing voices has been changing through out history. However, even today, when the user reports hearing voices, He is lightly diagnosed with some mental disorder and referred for treatment, which, for the most part, is medication. Subjectivity, the content of voices and their interfaces with socio-cultural aspects are not usually part of assistance to voice-hearers. Therefore, the aim was to analyze the presence of socially and culturally established values and stereotypes for women and men in the content of the users' voices of a Centro de Atenção Psicossocial II – CAPS II (Psychosocial Care Center II), by reading 389 active medical records. The results demonstrate that the statements present in the content of the voices were some how influenced by social and cultural values and stereotypes, such as violence, the roles of men and women in society and the formation of the female subject from the aesthetics of the body. Incorporating the gender marker in research on voice-hearers promotes a socio-historical analysis of this experience, overcoming the limitations that Psychiatry has imposed. Besides empowering subjects, considering the life story of people who hear voices and what the voice enunciates through its content, allows the creation of strategies for the development of good coexistence with them, reflecting on the mental health and the live production of these subjects.

Keywords: Auditory hallucinations; gender; medical records.

ANÁLISE DE GÊNERO DOS CONTEÚDOS DAS VOZES QUE OS OUTROS NÃO OUVEM

RESUMO. De sintoma à experiência, a significação da audição de vozes vem se transformando ao longo da história. No entanto, ainda hoje, quando o usuário relata ouvir vozes, é aligeiramente diagnosticado com algum transtorno mental e encaminhado para o tratamento que, em sua maioria, é medicamentoso. Subjetividade, conteúdo das vozes e suas interfaces com aspectos socioculturais não costumam fazer parte da assistência aos ouvintes de vozes. Diante disso, objetivou-se analisar a presença dos valores e estereótipos social e culturalmente estabelecidos para mulheres e homens no conteúdo das vozes de usuárias (os) de um Centro de Atenção

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Psicossocial II mediante a leitura de 389 prontuários ativos. Os resultados demonstram que os enunciados presentes nos conteúdos das vozes foram influenciados pelos valores e estereótipos sociais e culturais, como as violências, os papéis de homens e mulheres na sociedade e a formação do sujeito feminino a partir da estética do corpo. A incorporação do marcador de gênero em pesquisas sobre os ouvintes de vozes promove uma análise sócio-histórica dessa experiência, ultrapassando as limitações que a psiquiatria a impôs. Além de empoderar os sujeitos, considerar a história de vida das pessoas que ouvem vozes e o que a voz enuncia por intermédio do seu conteúdo permite a criação de estratégias para o desenvolvimento de uma boa convivência com elas, repercutindo na saúde mental e na produção de vida desses sujeitos.

Palavras-chave: Alucinações auditivas; gênero; prontuários.

ANÁLISIS DE GÉNERO DEL CONTENIDO DE VOCES QUE OTROS NO ESCUCHAN

RESUMEN. Desde los síntomas hasta la experiencia, el significado de escuchar voces ha cambiado a lo largo de la historia. Sin embargo, incluso hoy, cuando el usuario informa que escucha voces, le diagnostican rápidamente algún trastorno mental y se lo conduce a tratamiento, que, en su mayor parte, consiste en el uso de medicamentos. La subjetividad, el contenido de las voces y sus interfaces con los aspectos socioculturales no suelen ser parte de la asistencia a los oyentes. Por lo tanto, el objetivo era analizar la presencia de valores y estereotipos social y culturalmente establecidos para mujeres y hombres en el contenido de las voces de los usuarios de un Centro de Atención Psicossocial II, leyendo 389 historias clínicas activas. Los resultados demuestran que las declaraciones presentes en los contenidos de las voces fueron influenciadas por los valores y estereotipos sociales y culturales, como la violencia, los roles de hombres y mujeres en la sociedad y la formación del sujeto femenino a partir de la estética del cuerpo. La incorporación del marcador de género en la investigación sobre oyentes de voz promueve un análisis sociohistórico de esta experiencia, superando las limitaciones que la psiquiatría ha impuesto. Además de empoderar a los sujetos, considerando la historia de vida de las personas que escuchan voces y lo que la voz enuncia a través de su contenido, permite la creación de estrategias para el desarrollo de una buena relación con ellos, reflexionando sobre la salud mental y la producción de vida de estos sujetos.

Palabras clave: Alucinaciones auditivas; género; registros médicos.

Introduction

The experience of hearing voices that other people do not hear has been stigmatized since Psychiatry started to link it to a psychiatric symptom. However, a new understanding of this experience is growing in the field of mental health, which understands that hearing voices is part of human subjectivity, going against the traditional biomedical view of Psychiatry (Kantorski et al., 2018a).

It is a precept in the training of health professionals, especially those on mental health, given the report of hearing voices, discouraging dialogue about them with the voice-hearer

due to the belief that talking about them can stimulate delusions, hallucinations and emotions that may get out of control. The report on the experience of hearing voices often leads the professional to frame the voice-hearer within the diagnosis and, consequently, drug treatment to suppress the voices (Rodrigues, Mourão, Almeida, & Oliveira, 2016).

However, the paradigm created by the Hearing Voices International Movement in the late 1980s seeks to make sense to the content of voices, generating other approaches to the treatment and meaning of this experience through the voice-hearer bias. A survey showed that 70% of people, who hear voices and are inserted in mental health services, as well as 50% of voice-hearers, who are not inserted in these institutions, relate the beginning of the experience of hearing voices with likely threatening or traumatic events (Romme & Escher, 1989).

In this sense, health professionals must develop a welcoming listening so that they can understand what the voices enunciate about the life history of the voice-hearers.

Prevalence studies show that most people who hear voices are women (Tien, 1991; Shevlin, Murphy, Dorahy, & Adamson, 2007). Likewise, they are the ones who access mental health services more regularly and, consequently, are more medicalized than men are (Souza et al., 2017).

According to Zanello, Fiuza and Costa (2015), psychological suffering is genderized according to the gender that the subject presents, reflecting on the way women and men are heard, welcomed, diagnosed and treated in health services, especially mental health services.

Gender roles correspond to the cultural attribution given to people according to their sex /gender in the performance of social, economic and political activities. According to Couto-Oliveira (2007), the establishment of roles, patterns attributed to women and men results in inequality between the two sexes, affecting the different aspects of individual and social life, including development and physical-psychological functioning.

Researches in the field of mental health, which consider gender as an analytical category, provides a discussion on how gender relations contribute to the engendering of psychological suffering. In this way, the subjects' psychological illness follows a pattern created in which the mental suffering of women has roots in motherhood and domestic chores and, still, by the place of silence occupied by them. In contrast, men's mental suffering is related to issues of not being able to provide the family and the difficulty in maintaining active sexuality (Botton & Strey, 2015; Zanello et al., 2015; Beard & Portocarrero, 2018).

This study aims to analyze the presence of socially and culturally established values and stereotypes for women and men in the content of the users' voices of a CAPS II in Southern Brazil.

Method

This research comes from the analysis of medical records of CAPS II users located in the city of Pelotas. This excerpt from a more extensive study was conducted from the collection of records of all active users at the CAPS at the time of data collection, which took place from September 2017 to May 2018. Therefore, 389 medical records were analyzed, from which secondary data were removed to fill in a quantitative questionnaire, which contained a qualitative question, namely: 'Is there a medical record of hearing voices?'. If the data collector found this record, he/she made a copy of what had been written about the voices. These data were collected from 181 users with a voice-hearing record.

Data analysis and interpretation were performed after reading the material, from which categories emerged, and they were analyzed from the perspective of the concept of gender-based on post-structuralist feminist authors Joan Scott and Judith Butler. Both authors are strongly inspired by Foucault, from a social constructionist perspective, who understands sex and gender as ways of knowing about the bodies of sexual subjects. The authors consider sex and gender as historical concepts; both have a genealogy that allows changes in time and space. As a matter of knowledge, the distinction between them becomes complex. However, both authors understand gender from a cultural perspective built from the discourse, which constitutes it as a political concept about power relations that produce hierarchies and dominations between the different genders and thus they contribute to the social organization among subjects (Scott, 1990; Butler & Aguiar, 2018).

The study followed the ethical precepts according to Resolution 466/2012. The Research Ethics Committee approved the research of the Faculdade de Medicina da Universidade Federal de Pelotas (Medicine School of Federal University of Pelotas) under opinion no. 2,201,138 of 2017. In order to preserve the identity of the users, fictitious names will be used.

Results and discussion

As a category of analysis, Gender will be understood, in this work, as a marker that brings to discussion the historical process in which the subjects were discursively framed by their biological differences, through scientific discourse/knowledge, resulting in the naturalization of bodies biologically distinct (Foucault & Remalheite, 1987; Scott 1990; Butler & Aguiar, 2018).

According to Scott (1990), the use of the Gender marker allows the understanding of how social inequalities between men and women were constituted from sexual differences, reflecting in the field of mental health, since the act of diagnosing is never neutral, as it is a work of interpretation and judgment concerning the values and ideals of gender that are present in the subjectivity of the doctor and other health professionals (Zanello, 2017).

From the analyzed material, three categories showed up: I - What the body silences, the voices announce: aesthetic violence in the content of the voices; II - The role of women in the family, at home, in society and the interface with the content of the voices; and III - The marks of violence in the content of voices and mental health. It will be possible to highlight that the third category has a larger number of records analyzed in relation to the first and second categories.

It is important to draw attention to this data, as it gives evidence that the voices that refer to domestic violence are still more prevalent than the others are. However, despite having fewer records that addressed other issues related to gender and the content of voices, such as the social role of women and men and the ideals of female beauty, the option for approaching these issues in different categories depended on the relevance of these themes in contemporary society.

What the body silences, the voices announce: aesthetic violence in the content of the voices

The beauty standard imposed by gender technologies (technologies that build specific images of 'women' and 'men', performing in the production of feminine and masculine), such as cinema, soap operas and advertisements, is placed as something

accessible to all women. Thus, those who fail to reach it are considered 'less woman', 'less feminine', 'less desired' (Lauretis, 1994).

In search of this pattern, some women subject their bodies to disciplinary practices of self-generated and self-regulated behavior that engender the way of being and living in order to reach 'the beautiful, attractive and docile body', as if this were their own choice and not a subjection (Foucault & Remalhe, 1987).

Thus, being thin became the goal of women who were captured by the beauty dictatorship, which understands overweight and obesity as an expression of neglect with the body/lack of vanity, resulting in behaviors and fat-phobic statements, disguised as a false health concern, where fat becomes considered synonymous with illness, supported by and in the biomedical discourse (Wolf, 2018).

The insistence on losing weight can be a risk factor for the development of eating disorders or psychological distress. In the following record, it is possible to observe that the voice-hearer 1 started hearing voices shortly after starting drug treatment to lose weight.

She used medication to lose weight (Dietilpropion), and then the psychotic symptoms started, she heard many voices. She keeps hearing voices that say the house is dirty, that she is worthless. Constant visual and auditory hallucinations. The voices tell her to kill herself that she is worthless. It is a man's voice (Voice-hearer 1).

Research has shown that people with eating disorders report hearing 'voices of the disorder', also known as anorexic voices, which function as a maintenance factor in anorexia nervosa. These voices often have negative, commanding and derogatory content (Pugh & Waller, 2016), such as the voice reported in the above record. In societies that privilege appearance, fat bodies are considered ugly, unpleasant and degenerated; they become abject bodies, fleeing from the hegemonic matrix that builds the acceptable body (Bruschi, 2016).

A study carried out with fifteen users of a psychosocial care center in Brasilia (eight men and seven women) identified that 57.1% of women suffered from not fitting into an aesthetic ideal, even reverberating in their sexual lives) as they considered themselves deprived of occupying a place of an agent of desire because they are not thin. Then, obesity has become a factor of suffering for these women (Zanella et al., 2015).

The cursing used by the male voice, when it says that the voice-hearer 1 is 'worthless', works as a powerful means of control and marker of social space for women and men in society. A study carried out with adolescents pointed out that the most expressive insults attributed to girls were associated with passive sexual behavior and relational character traits (Zanella, Bukowitz, & Coelho, 2011). The male voice, when cursing the voice-hearer 1, produces a kind of microphysics of power (Foucault & Machado, 2017) because, in its content, it locates and establishes the social position and the role of the voice-hearer as a woman.

Research carried out by Zanella and Romero (2012) identified that women are valued, in Western culture, within three main structures: sexual renunciation, relational nature traits and aesthetic beauty, the latter being mainly marked by a lipophobic pattern. These structures prescribe the social role of women, destining them to be 'beautiful, modest and from home'.

With this, many women end up developing behavior of self-demand to always be beautiful, since being beautiful increases the possibility of being chosen by a 'man' to marry and form a family, a behavior expected for a heteronormative society like the Brazilian one. This self-demand can even be manifested in the content of the voices of some women who hear voices that other people do not hear, as verified in the following report.

She thinks they are the voices of the neighbors speaking ill of her. They are voices that say that she may be being betrayed by her boyfriend and that she is ugly. She does not identify that voice, she does not know if it is female or male, but she associates it with her neighbors. She feels uncomfortable with them (Voice-hearer 2).

For Pereira and Passos (2017), the maternal and loving function is part of cultural construction that emerged in the 18th century, which was incorporated into and by women. This construction places women in the role of caregivers for others, regardless of their will, besides the dedication to domestic activities. According to Zanello (2018), it was from the twentieth century that women began to be considered a good match for marriage because of their personal attributes and no longer by dowry. Among these attributes were the “[...] physical, aesthetic, intellectual, artistic and domestic capacity to awaken men’s interest and love” (Maia, 2011, p. 127).

Thus, finding a husband became a matter of personal merit, failure or success, while male adultery was no longer seen as constitutive of the marriage itself, moving to the *status* of betrayal (Zanello, 2018). However, this betrayal did not represent a male failure, but a female one, since it was the woman’s responsibility to maintain the marriage. “For that, it was necessary to remain beautiful, healthy and practice the art of pleasing, of enchanting, always being close to the ideal of loving friendship” (Del Priore, 2011, p. 254).

From this perspective, it can be thought that the voices from the voice-hearer 2 reflect these feminine roles historically instituted, making her feel judged by the neighbors for not having the personal attributes necessary to maintain her relationship. A research carried out in 2011 in a psychiatric hospital showed that women’s psychological distress is concentrated in loving and relational complaints and is mediated by the beauty ideal (Zanello & Bukowitz, 2011). It is observed that the body, especially that from women, is becoming one of the most relevant indicators of social position and, for this reason, the practices of idolatry to the body have been exposed as truths about the construction of the subjects, supported by medical and aesthetic discourses and propagated by media discourse (Figueiredo, Nascimento, & Rodrigues, 2017).

These speeches operate in the logic of biopower based on statements disguised as health concerns. In fact, what is intended is the normalization of the body within the lipophobic aesthetic pattern. The subject’s desire to build his body as he sees it fit was captured by scientific knowledge, which functions as an important instrument of power and control over the bodies (Foucault & Albuquerque, 2014; Butler & Aguiar, 2018). It can be cited as an example the body of trans women who, during their transition process, are mostly built within the stereotypes of the cisgender and standard female body so that they can be identified and accepted as women in society, which is still strongly macho, sexist, misogynistic and LGBT phobic.

Given this, the woman’s body and everything it represents socially starts to determine her position, social value, and constitution as a subject. Anyone who does not fit these social and cultural precepts, as in the example of voice-hearers 1 and 2, ends up absorbing, replicating and feeling the stigma that, in their case, is expressed through the content of the voices.

The scientific discourse produced by Psychiatry, which was able to point out specific groups as liable to be disciplined for this knowledge, is present, in the same way, in the medical and aesthetic discourses that capture the subjects within a subtle disciplinary relationship that works as a norm, since it establishes health/disease and normal/abnormal conditions, which are internalized by subjectivation as norms (Foucault & Remalhet, 1987; Foucault & Albuquerque, 2014).

The role of women in the family, at home, in society and the interface with the content of voices

According to Zanello and Andrade (2014), the constitution of the subject occurs in gender relations and, from that, it can be inferred the relationship of mental health and gender in which values, stereotypes and ideals influence the formation of symptoms. In this study, it can be identified that the content of the voices refers to the social role of women related to the care of others and the activities of daily living, to the standard of beauty, to fidelity to men, as wife and mother.

In the study by McCarthy-Jones et al. (2015), conducted with women on the experience of hearing voices, obtained, among the results found, the description of the voices as hostile, critical and irritated, which made the experience shocking and distressing, as the voices used abusive language, disturbing, with interpersonal violence, disrespect, veiled threats and psychological weakness or devaluation. The women's reports showed that the voices content is shaped by culture, revealing patriarchal attitudes present in some of them, as well as the devices used by them to dominate and control listeners.

The consequences described by the participants were mostly negative, serious and lasting for different aspects of their lives, mainly because they heard voices in the context of a pathologizing culture. "They considered the social effects in their personal lives to be very harmful in the material, psychological, emotional and relational domains" (McCarthy-Jones et al., 2015, p. 8).

Another aspect identified in the records of this research was the attempt to silence one of the voice-hearers, which has been predominant in the lives of women throughout history, in which their decision-making power was excluded because they were subject to the orders and customs of the father, husband, the church and society (Beard & Portocarrero, 2018).

For McCarthy-Jones et al. (2015), women were doubly silenced throughout history by speeches and attitudes, by being women and by having, in their life history, the experience of hearing voices.

She hears voices saying: 'Open the door, close the door, close your mouth' [...]. She also hears the dog questioning whether she is going out again. She hears other voices: '(Name of the voice-hearer) dies'. She also hears her brother's voice saying that phrase (Voice-hearer 3, emphasis added).

These records are in line with ancient historically constructed discourses, defining the social roles of women and men, which limited the role of women as wife, mother and caregiver and which provided the basis for their submission and silence (Zanello et al., 2015).

For Silva et al. (2005), since the colonization of Brazil, women's role has undergone several interpretations, sometimes exotic, sometimes degrading, and even inhuman. She was admired, feared as representatives of Satan and reduced to an object of dominance and submission for receiving a concept of non-function, having her real influence on the evolution of the human being, marginalized and even annihilated.

For the authors, even today, there is a 'collective unconscious' that defines the places of occupation of women both in the family and in society and which are often close to those occupied in antiquity.

In addition to the afore mentioned personal attributes discussed above, there is still a function that should be fulfilled as a goal of marriage itself, which is motherhood (Brasil &

Costa, 2018). From the end of the 19th century and beginning of the 20th, science started to intervene in the ideal maternal configuration, stating that cultivating the maternal instinct would protect the health of women, both physically and mentally, in addition to guaranteeing feelings of accomplishment and happiness.

Foucault and Albuquerque (2014) reported that Psychiatry, based on its knowledge, operates in maintaining the patriarchal project to control female bodies, reducing them to their biological condition. This was justified by the fact that Medicine believes that female illness, like madness itself, were caused by uterine diseases and that only marriage and motherhood could calm down, that is, these would be the main therapeutic resources for female 'illness' (Swain, 2013).

In the following statement, it is possible to observe the report of the voice-hearer 4, which relates the husband's death to the beginning of the voices, which commanded her to kill her daughters and take her own life.

She feels fears, hears voices. The voice told her to kill her daughters and herself. With continuous hallucinations due to the voices. She hears voices and they say that she did things that she did not do. She mentions many things about the voices; they appeared when her husband passed away. Moreover, she had to change her whole life (Voice-hearer 4).

By the presentation of this record, there is no intention of making interpretations, which would be more presuppositions, regarding the life of the Voice-hearer 4, but only to show how certain contents with historical roots can be present in the voices that people hear, and that often characterize them as crazy. In the case of this voice-hearer, contrary to what was believed in the 20th century, motherhood did not guarantee her happiness or the absence of psychological suffering. In fact, it has shown that marriage and motherhood as guarantees of female health and happiness are historical constructions, which had as their objective to contribute not to the well-being of women, but to the maintenance of a patriarchal society in which man is the holder of the power and freedom to come and go (Brasil & Costa, 2018).

In this sense, while women had their value determined by personal attributes related to beauty, health and the ability to gestate, men had, in sexual virility and labor, their social attributes.

According to Zanella (2018), many virile values, such as the courage to fight in wars and even die in combat, have been weakened and giving way to another form of male honor characterized by symbolic and material duels that make up the work world of a 21st-century-capitalist-system.

In this way, the man conquers his honor in his work activity and in his fatherhood with the commitment to be the provider of the family and an example for his children. In addition to these duties, men still need to have an active sex life, being the owner of erection and performance as a 'penetrator' in the relationship (Zanella, 2018). Failure to cope with all these male duties can cause men to have diminished self-esteem and the feeling that they are worthless.

He hears voices calling for him. Sometimes he has visual and auditory hallucinations. Hear command voices. Complaints of auditory hallucinations. Decreased auditory hallucinations. Sometimes he has voices that praise him, and other times he is ordered to kill himself, 'as he is no longer of value in this world' (Man Voice-hearer 1, emphasis added).

The social and cultural marks in the roles of women and men generate suffering in both of them who, as in the evidenced cases, do not present them and end up being referenced in the content of the voices. These voices, in turn, attack the voice-hearers

(man/woman), who already suffer daily from other types of aggression resulting from different types of violence.

The marks of violence in the content of voices and mental health

Violence in the domestic environment is usually associated with gender-based violence. When addressing this term, it is assumed that violent acts occur between people in a system of social and historical relations that were produced unequally. That violent actions tend to affect women, whether in a family environment and private, as in public spaces. The term gender unravels the violence of biological sex - femininity and submission and masculinity - and links it to the historical issue (Bandeira, 2014). In this sense, it is necessary to pay attention to the health issues of women victims of violence since there is already researches relating violence to mental illness.

In this study, the records demonstrate that the voices have contents that aim to protect the woman who hears them, but there are also voices with command content, which order actions of self and inter-harm for some women. In both cases, there is a male figure from whom the voice wants to protect the voice-hearer and which suggests that there was an aggression against her or an accusatory and disparaging male role that encourages female self-harm, as can be seen below.

She reports hearing the voice of her father, who orders to kill herself. Whenever she is ill, she again has auditory hallucinations of accusatory content from her father saying that she deserves to be going through all of this, et so on (Voice-hearer 6).

In the last three months, she has visual and auditory hallucinations (a male voice that says to get a knife to kill herself, a man in black) (Voice-hearer 7).

Today, she says that perhaps the voices told her to leave so that she could protect herself since she did not trust men, father or later a companion. She thinks that when the voices told her to stay on the street, it was because, inside the house, she felt very insecure (Voice-hearer 5).

The appearance of the voices may be associated with some traumatic event, so their contents can be indicative of the emotional demands of the voice-hearer. Depending on the resolution or elaboration of these needs, the voice-hearer may even stop hearing the voices or learn to deal with them healthily, but, for this, it is necessary to be attentive to characteristics of voices, such as sex, age, tone of voice, since it can symbolize the age of the voice-hearer when she experienced the trauma (Kantorski et al., 2018b).

The records in the medical records of CAPS users who hear voices compared to other people who do not hear also reveal that violence can influence the beginning of the hearing, as well as being present in the content of voices in different ways.

She saw her father to be killed, as he had a general store outside, in the interior of Canguçu. He was to separate a fight, and they stabbed him. She saw this fight and when they killed her father, from then on, she never became 'normal' again [emphasis added]. The friends [voices] want her to kill herself, because they tell her to stay in the cemetery day and night, cross the street, take the whole medicine box, all to be with them. She has been talking to his father since she was 15. He is among the dead people. She is afraid of her father because he was very bad (he beat her, his mother and his brother) (Voice-hearer 10, emphasis added).

The social or urban violence revealed by the homicide generates reflexes on mental health and, according to Gonçalves, Queiroz and Delgado (2017), violence can be considered as a psychopathological aggravation to people exposed to one or more violent

episodes, a fact that can be found in the Voice-hearer 10 records, who reported to the professional that, after witnessing the murder of his father, she was no longer 'normal' and began to live with the voices. In the same register, there is also the domestic violence that the user suffered from her father as a child.

In all of them, there is damage to the physical and mental health of the subjects, taking into account the intentionality of the act produced regardless of the result. In this sense, even if the voice-hearer does not practice the action that the voice enunciates, as in the case of suicide, she will be suffering from the violence exercised by the voice.

Finally, it was possible to verify that violence permeates the life history of the voice-hearers of this study, manifesting itself in the content of the voices, a fact that opens space for the need for further studies based on gender relations, which, in addition to being a social determinant, it is of paramount importance for understanding mental illness.

Final considerations

By analyzing the content of the voices and considering the gender of the participants of the research from the social marker, Gender, we were allowed to understand that the behavioral performances of men and women, which were identified by the utterance of the voices, are crossed by gender and how much their participation is used to substantiate certain symptoms.

Through the analysis of the medical records from the content of the voices of CAPS II users, it was possible to identify how much the social and cultural values and stereotypes are present in the content of the voices, affecting and reflecting, in a different way, on the mental health of the research participants according to gender.

The results of this research demonstrate that the statements present in the content of the voices were, in some way, influenced by social and cultural values and stereotypes, such as the formation of the female subject from the aesthetics of the body, the roles of men and women in society and violence.

Incorporating the gender marker in research with people who have, in their life history, the experience of hearing voices compared to other people who do not hear enables a socio-historical analysis of this experience, overcoming the limitations that Psychiatry has imposed on this human variation.

It is believed that the incorporation of other markers, such as social class, race/color, generations and sexuality, as well as considering the life history of people who hear voices and what the voice enunciates through its content, allows the creation of strategies for the development of a good coexistence with them, empowering the subjects to break paradigms and barriers that are around the understanding about this phenomenon, which affects their mental health and the production of the life of these subjects, especially in the women's lives, who historically have been subjected to patriarchal culture, which is materialized by and in the reproduction of social roles according to sex and, subsequently, to gender.

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