Words that Hurt And Words that Heal: An Experience with Popular Sayings in Primary Care

Palavras que Ferem e Palavras que Curam: Uma Experiência com Ditados Populares na Atenção Primária
Palabras que Hieren y Palabras que Curan: Una Experiencia con Dichos Populares en Atención Primaria

RESUMO
Objetivo: Este artigo apresenta um relato de experiência sobre a criação e desenvolvimento do grupo de convivência "Mulher: Para Além do Corpo", realizado em uma Clínica da Família na zona norte do Rio de Janeiro. A iniciativa teve como objetivo problematizar determinantes sociais de gênero e seus impactos na saúde das mulheres, a partir de diagnóstico situacional que identificou sofrimento mental associado à sobrecarga feminina. **Método:** Trata-se de grupo aberto, de participação espontânea, conduzido por médica residente de Medicina de Família e Comunidade, fundamentado na educação popular em saúde, com encontros quinzenais. No encontro analisado, utilizaram-se ditados populares machistas como disparadores do debate coletivo. **Resultados:** Participaram sete mulheres, favorecendo trocas intergeracionais. **Conclusão:** As discussões evidenciaram invisibilização do trabalho doméstico, culpabilização da vítima e desvalorização profissional, ao mesmo tempo em que fortaleceram vínculos, autonomia e redes de apoio.
DESCRITORES: Atenção primária à saúde; Saúde da mulher; Determinantes sociais da saúde; Educação em saúde; Saúde de gênero.

ABSTRACT
Objective: This article presents an experience report on the creation and development of the community group "Woman: Beyond the Body", carried out in a Family Health Clinic in northern Rio de Janeiro. The initiative aimed to problematize gender-related social determinants and their impacts on women's health, based on a situational diagnosis that identified mental distress associated with female overload. **Method:** It was an open group with voluntary participation, led by a Family and Community Medicine resident, grounded in popular health education, with biweekly meetings. In the analyzed session, sexist popular sayings were used as triggers for collective debate. **Results:** Seven women participated, fostering intergenerational exchange. **Conclusion:** The discussions revealed the invisibility of domestic work, victim blaming, and professional devaluation, while strengthening bonds, autonomy, and support networks.
DESCRIPTORS: Primary Health Care; Women's Health; Social Determinants of Health; Health Education; Gender Health.

RESUMEN
Objetivo: Este artículo presenta un relato de experiencia sobre la creación y el desarrollo del grupo comunitario "Mujer: Más Allá del Cuerpo", realizado en una Clínica de la Familia en la zona norte de Río de Janeiro. La iniciativa tuvo como objetivo problematizar los determinantes sociales de género y sus impactos en la salud de las mujeres, a partir de un diagnóstico situacional que identificó malestar psíquico asociado a la sobrecarga femenina. **Método:** Se trata de un grupo abierto, de participación voluntaria, coordinado por una médica residente de Medicina Familiar y Comunitaria, fundamentado en la educación popular en salud, con encuentros quincenales. En la sesión analizada se utilizaron dichos populares machistas como disparadores del debate colectivo. **Resultados:** Participaron siete mujeres, favoreciendo intercambios intergeneracionales. **Conclusión:** Las discusiones evidenciaron la invisibilización del trabajo doméstico, la culpabilización de la víctima y la desvalorización profesional, al mismo tiempo que fortalecieron los vínculos, la autonomía y las redes de apoyo.
DESCRIPTORES: Atención Primaria de Salud; Salud de la Mujer; Determinantes Sociales de la Salud; Educación en Salud; Salud de Género.

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INTRODUCTION

Primary Health Care constitutes the first level of care in the health system and is based on the provision of continuous, comprehensive care and localized, oriented toward the population's health needs over time[1,2] . In Brazil, this model is implemented through the Family Health Strategy, which organizes care based on attributes such as first-contact access, continuity, comprehensiveness, and care coordination, and is recognized as a structural pillar of the Unified Health System and a central strategy for promoting health equity[3].

In this context, Family and Community Medicine assumes a strategic role by guiding care based on a broader understanding of people within their family and territorial contexts, systematically incorporating the social determinants of health into clinical practice[4] . These determinants encompass the conditions in which people are born, grow up, live, work, and age, and are shaped by broader social, economic, and political relationships[5] .

Among these factors, gender stands out as a central driver of health inequalities, influencing patterns of illness, access to services, and experiences of care[6,7]. In women's health, these inequalities manifest as an excessive burden of domestic and care work, gender-based violence, social and professional devaluation, and the medicalization of the female body[8]. Such intersecting factors frequently manifest in Primary Health Care through diffuse emotional distress and nonspecific complaints, often unrecognized as formal mental disorders, which contributes to their invisibility in daily care[9,10] .

Given this scenario, support groups and other collective strategies have been described as powerful tools in Primary Health Care, as they enable skilled listening, the sharing of experiences, the strengthening of bonds, and the promotion of public health education[11,12] . Despite their relevance, reports of experiences describing group interventions aimed at challenging naturalized cultural discourses that reproduce gender inequalities remain scarce. The use of symbolic resources, such as popular sayings, remains largely unexplored as a tool for critical reflection and health care.

Thus, this article aims to describe the experience of a support group for women in primary health care that used popular sayings as a tool for education and critical reflection on the social determinants of gender and their effects on physical, mental, and social health.

METHOD

This is a descriptive qualitative study, in the form of an experience report[13], conducted at a Family Clinic located in the northern zone of the city of Rio de Janeiro during the second half of 2025. The activity was integrated into the clinical practice of a resident physician in Family and Community Medicine and took place within the context of biweekly meetings of a women's support group.

Participation was voluntary, in an open group, involving adult women affiliated with the unit, including patients, community health workers, and medical students. Participants present at the described meeting who verbally consented to the activity were included. No formal exclusion criteria were established.

The intervention consisted of a group dynamic based on the presentation of popular sayings associated with traditional gender roles, used as triggers for collective reflection in a mediated conversation circle. Records were kept through a field diary prepared by the resident, including observations on the group process, interactions, and emerging themes. The analysis was descriptive qualitative, organized around recurring thematic clusters.

As this is an account of an experi-

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ence arising from care and educational practice, without the collection of identifiable data and without the objective of producing generalizable knowledge, the study was exempt from submission to the Research Ethics Committee, in accordance with Resolution No. 510/2016 of the National Health Council[14], respecting the ethical principles of care.

RESULTS

The study was conducted at a Family Clinic located in the northern zone of Rio de Janeiro, a Primary Health Care unit situated in an area characterized by social vulnerability, high population turnover, and complex psychosocial demands. The support group "Woman: Beyond the Body" was conceived and led by a second-year resident in Family and Community Medicine, based on a situational diagnosis derived from daily clinical practice.

This diagnosis highlighted the recurrence of complaints related to diffuse psychological distress among women treated at the clinic, which often did not fit into the category of formal mental disorders but were associated with the burden of social roles, inequalities in family relationships, symbolic violence, and the invisibility of their needs. Such experiences emerged, for the most part, through nonspecific physical symptoms, such as headaches, muscle pain, and sleep disturbances, reflecting the impact of gender inequalities on women's health.

Given this scenario, the group was structured as an open space, with voluntary participation, holding biweekly meetings lasting approximately ninety minutes. Its central objective was to promote skilled listening, a welcoming environment, the strengthening of bonds, and the development of autonomy, guided by the overarching question: "How does being a woman impact your health?" The methodological approach was grounded in the principles of popular health education, valuing horizontal dialogue and the recognition of the participants' knowledge.

Publicity was conducted through invitations sent to thirteen women previously followed by the team, selected by the resident due to emotional distress associated with the burden of social roles, in addition to broader dissemination through the unit's informal channels. Seven women with different ties to the service participated in the meeting described: unit users, community health workers, and medical students active in the area. This diversity fostered intergenerational exchanges and broadened the discussion on the diverse experiences of women.

The meeting took place in a setting designed to foster an atmosphere of equality and inclusivity, with participants arranged in a circle. The activity unfolded in three parts: an initial welcome and collective agreement on ground rules; a thematic introduction on popular sayings and gender; and a participatory exercise. In the latter, each participant drew a popular saying associated with traditional gender roles, read it aloud, and shared her initial impressions, which sparked a collective discussion and allowed narratives, emotions, and experiences related to women's daily lives to emerge.

Among the sayings used, there were expressions that reinforce traditional gender roles and normalize inequalities in daily life. Some evoked the idea that women must exist in relation to men's success ("Behind every great man there is always a great woman") and the social expectation of docility and restraint in female behavior ("Behave like a proper young lady"). Others belittled and infantilized women ("That's just for little girls"), reduced their worth to moral and aesthetic standards associated with control over the body and sexuality ("pretty from the neck down"), or treated marriage as a destiny and criterion for female social validation ("That woman over there is ready for marriage"). Expressions that trivialize domestic violence ("Don't get involved in a husband-and-wife fight") and statements that imply victim-blaming and the sexualization of merit in contexts of violence and work were also discussed. The participants recognized these statements as forms of normalized symbolic violence, causing emotional suffering and silencing.

DISCUSSION

The experience described highlights the potential of support groups as care mechanisms in primary health care, capable of integrating the clinical, social, and cultural dimensions of the health-disease process. The centrality of dialogue, skilled listening, and collective construction aligns with the foundations of popular health education, which understands care as a critical, emancipatory practice oriented toward problematizing lived reality[15] . In this sense, the group functioned not only as a therapeutic space but as a relational technology that expands the scope of traditional clinical practice.

The use of popular sayings as educational triggers proved to be a powerful strategy for deconstructing culturally entrenched discourses that perpetuate gender inequalities. Everyday expressions, often trivialized, emerged as symbolic markers of structural violence, revealing normative expectations regarding docility, subordination, moral control over the female body, and social validation through marriage. This process of making the symbolic explicit facilitated the recognition of symbolic violence present in social relations, allowing participants to reframe individual experiences in light of collec-

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tive determinants, in line with critical approaches to healthcare[16,17] .

The participants' statements revealed forms of female social suffering that often remain invisible in health services, manifesting as nonspecific complaints, diffuse pain, and emotional distress not captured by formal diagnoses. Recent evidence indicates that such forms of suffering are strongly associated with the burden of domestic and care work, gender inequalities, and multiple forms of everyday violence, requiring approaches that transcend exclusively medicalized responses[9,10,18] . In this context, the group served as a space for legitimizing suffering and broadening the clinical perspective.

The experience also demonstrated, in practice, key attributes of Primary Health Care. A holistic approach was evident in the incorporation of emotional, social, and cultural aspects into the women's narratives, overcoming biomedical fragmentation. Person-centered care found collective expression in the conversation circle, allowing illness to be understood as the result of life trajectories marked by structural inequalities.[5] The longitudinal nature of the study was strengthened by the bonds formed, as the group established itself as a continuous space for care and support within the community.

The participation of community health workers and medical students reinforced the community and interdisciplinary dimensions of the intervention, promoting intergenerational exchanges and highlighting that gender inequalities cut across different social and occupational positions. This aspect aligns with the contemporary understanding of Family and Community Medicine as a practice oriented toward

territory, relationships, and the shared provision of care, reaffirming the strategic role of PHC in addressing the social determinants of health[4,19,20] .

The group also served as a space for symbolic empowerment, where feelings of solidarity, outrage, and a desire for change emerged. By collectively recognizing the oppressive nature of certain social expressions and expectations—related to docility, objectification, moral control of the body, and the blaming of women—the participants expanded their critical awareness and strengthened their autonomy. These elements are central to promoting mental health and addressing gender-related social vulnerabilities, as highlighted by studies that link health, gender, and vulnerability[17,21] .

Finally, the "Woman: Beyond the Body" group reaffirms the transformative potential of Primary Health Care when it aims to go beyond biomedical care, incorporating relational, educational, and community-based practices. Experience demonstrates that Family and Community Medicine, supported by popular health education and expanded clinical practice, can produce not only health care but also critical awareness, the strengthening of bonds, and the exercise of citizenship in the daily routine of services.

CONCLUSION

The experience of the "Women: Beyond the Body" group highlighted the potential of group strategies as low-tech care approaches in Primary Health Care for addressing the social determinants of gender. The use of popular sayings as triggers for reflection proved effective in promoting critical questioning of naturalized inequalities and their effects on women's physical, mental, and social health, contributing to the denaturalization of culturally ingrained discourses in daily life.

The activity allowed for the practical implementation of central principles of Primary Health Care and Family and Community Medicine, such as comprehensiveness, person-centered care, the community-based approach, and the valorization of the local context. Collective, low-cost interventions grounded in popular health education demonstrated a capacity to strengthen bonds, expand the autonomy of participants and to foster educational processes with transformative potential, reaffirming the role of Primary Care as a privileged space for promoting equity.

Limitations include the localized nature of the experience and the absence of systematic impact assessment tools, which limits the generalizability of the findings. Furthermore, the sustainability of group initiatives depends on the training of teams and the organization of work processes within the services.

In light of this, we recommend expanding similar initiatives to other regions and conducting future studies that evaluate, through longitudinal research, the effects of these interventions on mental health, autonomy, and the strengthening of support networks among women. The incorporation of group-based approaches sensitive to the social determinants of health can contribute significantly to improving the quality of care and addressing gender inequalities in Primary Health Care.

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DECLARATION OF CONFLICT OF INTEREST FINANCIAL AND/OR OF AFFILIATIONS:

The author declares that there is no conflict of interest.

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