

### **Pain and psychoanalysis: what does fibromyalgia say about being a woman?**

*Dor e psicanálise: o que enuncia a fibromialgia sobre ser mulher?*

*Dolor y psicoanálisis: ¿qué enuncia la fibromialgia sobre ser mujer?*

*Douleur et psychanalyse: que révèle la fibromyalgie sur le fait d'être une femme?*



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#### **Abstract**

Fibromyalgia, situated between so-called physical pain and psychic pain, calls this separation into question, challenging biomedical sciences and denouncing how much the so-called organic body is challenged by language, therefore being a discursive element. For being a discourse, fibromyalgia points to the meanings and ways in which subjects relate to the world and themselves, serving as a way of expressing what it means to be a woman. This research interviewed three participants based on the clinical-qualitative method from a psychoanalytic perspective, seeking to establish the relationship between fibromyalgia and subjectivation as a woman in contemporary times. The results point to pain as an ambiguous signal that appears both when there is an abuse of one's own body at work and also when that body stops, that is, it stops producing pain, also being a signal for the constant attempt to reach a model, an ideal, and the abandonment of oneself in search of these ideals. Furthermore, the high demand for tasks, both in the public and private spheres and the constant availability to others proved to be common points in the three narratives. Finally, the intensification of fibromyalgia pain presents itself as a limit that forces women to say no to the imperatives related to being a woman in our society.

**Keywords:** pain, psychoanalysis, body, fibromyalgia, woman

#### **Resumo**

*Situada entre as chamadas dores físicas e dores psíquicas, a fibromialgia coloca em xeque essa separação, desafiando as ciências biomédicas e denunciando o quanto o corpo dito orgânico é interpelado pela linguagem, sendo, portanto, elemento discursivo. Por ser discurso, a fibromialgia aponta para as significações e formas das sujeitas se relacionarem com o mundo e consigo mesmas, servindo como via de expressão do que é ser mulher. Procurando estabelecer a relação entre a fibromialgia e a subjetivação enquanto mulher na contemporaneidade, a partir de uma perspectiva psicanalítica, esta pesquisa entrevistou três participantes, tomando como base o método clínico-qualitativo. Os resultados apontam para a dor como sinal ambíguo que aparece tanto quando há abuso do próprio corpo no trabalho, quanto também quando esse corpo para, ou seja, deixa de produzir. A dor sendo também um sinalizador para a tentativa constante de alcançar um modelo, um ideal, e o abandono de si em busca desses ideais. Ainda, a alta demanda de tarefas, tanto no âmbito público como no privado e a constante disponibilização para o outro, se mostraram pontos em comum nas três narrativas. Por*

*fim, a intensificação das dores da fibromialgia se apresenta como um limite que as obriga a dizer não para os imperativos relacionados a ser mulher na nossa sociedade.*

**Palavras-chave:** dor, psicanálise, corpo, fibromialgia, mulher

### Resumen

*Ubicada entre los llamados dolores físicos y dolores psíquicos, la fibromialgia pone en jaque esta separación, desafiando las ciencias biomédicas y denunciando lo cuanto el cuerpo dicho orgánico es interpelado por el lenguaje, siendo, por lo tanto, elemento discursivo. Por ser discurso, la fibromialgia indica para las significaciones y formas de las sujetas relacionarse con el mundo y con unas mismas, sirviendo como vía de expresión de lo que es ser mujer. Buscando establecer la relación entre fibromialgia y la subjetivación mientras mujer en la contemporaneidad, a partir de una perspectiva psicoanalítica, esta investigación entrevistó tres participantes, tomando por base el método clínico-cualitativo. Los resultados indican para el dolor como señal ambigua que aparece tanto cuando hay abuso del propio cuerpo en el trabajo, cuanto también cuando este cuerpo para, es decir, deja de producir el dolor siendo un indicador también para el intento constante de alcanzar un modelo, un ideal, y el abandono de una misma en búsqueda de estos ideales. Aún, alta demanda de tareas, tanto en el ámbito público como en el privado y la constante disponibilidad para el otro, se mostraron puntos en común en las tres narrativas. Por fin, la intensificación de los dolores de la fibromialgia se presenta como un límite que las obliga a decir no para los imperativos relacionados a ser mujer en nuestra sociedad.*

**Palabras clave:** dolor, psicoanálisis, cuerpo, fibromialgia, mujer

### Résumé

*Positionnée entre les douleurs physiques et les douleurs psychiques, la fibromyalgie remet en question cette séparation, défiant les sciences biomédicales et dénonçant à quel point le corps dit organique est influencé par le langage, devenant ainsi un élément discursif. En tant que discours, la fibromyalgie révèle les significations et les façons dont les femmes se rapportent au monde et à elles-mêmes, offrant un moyen d'exprimer ce que signifie être une femme. Visant à établir la relation entre la fibromyalgie et la subjectivité féminine contemporaine, d'un point de vue psychanalytique, cette recherche a interrogé trois participantes en utilisant la méthode clinique qualitative. Les résultats indiquent que la douleur est un signal ambigu qui apparaît à la fois lorsqu'il y a abus de son propre corps au travail, mais aussi lorsque ce corps s'arrête, c'est-à-dire, cesse de produire de la douleur. Elle représente également un signal pour la tentative constante d'atteindre un modèle, un idéal, et l'abandon de soi dans la recherche de ces idéaux. Pourtant, la forte demande de tâches, tant dans les sphères publique que privée, ainsi que la disponibilité constante pour les autres, ont été des points communs dans les trois récits. Enfin, l'aggravation des douleurs de la fibromyalgie devient une limite qui les oblige à refuser aux attentes liées au rôle de femme dans notre société.*

**Mots-clés:** douleur, psychanalyse, corps, fibromyalgie, femme

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Fibromyalgia is a rheumatological syndrome characterized by diffuse musculoskeletal pain whose organic cause cannot be defined by biomedical sciences (Semer, 2012). Because it does not respond to the paradigm of linearity between cause and effect, its diagnostic criteria are still discussed, as is its own scientific validation (Besset et al., 2010). One of the most widely used methods is the identification of the presence of anatomically determined tender points (Besset et al., 2010; Lima & Carvalho, 2008; Slompo & Bernardino, 2006), in an attempt to standardize symptoms. However, recent studies indicate that this technique cannot encompass the complexity of the syndrome (Heymann et al., 2017), reinforcing the discussion of diagnosis. Some of the most common clinical manifestations of fibromyalgia cited in the literature are generalized pain, accompanied by fatigue, insomnia, muscle stiffness, morning stiffness, anxiety and depression (Besset et al., 2010; Britto et al., 2014; Lima & Carvalho, 2008; Semer, 2012; Slompo & Bernardino, 2006).

Since there is no cure or universal treatment, fibromyalgia presents a challenge for biomedical sciences. It exposes the failure of the binary logic that attempts to separate what is organic and what is psychic, pointing to the singularity of pain and the multiple movements of suffering (Aragon, 2010). There seems to be a consensus in the literature that its treatment should follow the logic of the case by case, using a multidisciplinary approach in each case (Besset, et al., 2010; Freitas & Peres, 2017; Helfenstein et al., 2012).

Unlike the biomedical perspective, psychoanalysis does not focus on the search for linear causes of symptoms, nor even diagnostic generalization (Minatti, 2012). When listening to pain, it focuses on each person's history and àthe

meanings attributed to it, in the search to understand how subjects<sup>1</sup> relate to their bodies and what positions they occupy in the context of pain. The so-called physical pain is also seen as discourse, with the organic body being a symbolic body and, thus, a way for the subject to manifest the unconscious (Bocchi et al., 2003). Thus, it is not possible to clearly separate so-called physical pain from psychic pain, since both intersect (Santos & Rudge, 2015; Semer, 2012).

Recently, psychoanalysis has been looking at this phenomenon from different perspectives to understand it. We conducted a survey of the national literature on fibromyalgia and psychoanalysis through the SciELO (*Scientific Electronic Library Online*) and Virtual Health Library (BVS) platforms and found ten available articles, published between 2003 and 2021 (Aragon, 2010; Besset, 2014; Besset, et al., 2010; Britto et al., 2014; Centurion et al., 2020; Leite & Pereira, 2003; Lima & Carvalho, 2008; Santos & Rudge, 2014; Semer, 2012; Slompo & Bernardino, 2006). Most of these studies are theoretical and propose different perspectives based on psychoanalytic theory to discuss the emergence of this phenomenon in the body.

In some studies, such as those by Leite and Pereira (2003) and Slompo and Bernardino (2006), fibromyalgia is linked to hysteria; others, such as those by Lima and Carvalho (2008), Britto et al. (2014), Santos and Rudge (2014), Semer (2012) and Leite and Pereira (2003), link pain to poorly elaborated life events, leaving it up to psychoanalysis to create a listening space for this pain to be symbolized. However, there does not seem to be a consensus that these approaches account for the complexity of the syndrome, since other articles bring different perspectives, such as the inscription of fibromyalgia in the psychic structure from different functions (Besset et al., 2010); fibromyalgia as a power of creation and singularity of existence (Aragon, 2010); and fibromyalgia as a response to a social transformation (Besset, 2014).

Furthermore, Freitas and Peres (2017), in a literature review article on the subject, problematize the view of fibromyalgia as arising from a poorly elaborated/traumatic life event. They point out that the notion of trauma has become a simplistic way of explaining phenomena, falling into a psychoanalytic comfort zone.

In this paper, we will mainly use the ideas of Aragon (2010) and Besset et al. (2010). The first brings a new approach to fibromyalgia: non-reductionist, non-dialectical and non-negativist. Thus, he proposes that we analyze the syndrome through the “multiplicity of elements present” (Aragon, 2010, p.157), not reducing it to a single explanation. In this sense, the non-dialectical field removes the focus from the search for causalities and oppositions – as if it were of a psychic or somatic order – because, according to the author, “this search for ‘culprits’ or specific causes responsible for the illness makes it difficult – if not impossible – to observe the dynamic, continuous and reciprocal production of the individual and the environment, as well as the forms of suffering” (Aragon, 2010, p.156). Furthermore, by removing it from the territory of negativity, it opens up space for us to analyze it as yet another way of being (in) the body, without reducing it to a pathologization based on a normative idea of a healthy body.

Besset et al. (2010) present fibromyalgia as a subjective solution, something that is inscribed in the subject with a function, in the most varied psychic structures. Their focus is on the subjective position of the subject in the face of pain, as well as on the search for “an approach to fibromyalgia that supports the participation of the enunciation in the report of the experience of pain” (Besset et al., 2010 p. 1246). In this way, it also distances itself from psychoanalytic approaches that situate it only as resulting from a deficit in psychic elaboration.

Furthermore, it is noteworthy that fibromyalgia is a phenomenon predominantly experienced by the so-called female body (Besset et al., 2010; Centurion et al., 2020; Heymann et al., 2017; Helfenstein et al., 2012; Leite & Pereira, 2003; Lima & Carvalho, 2008; Semer, 2012; Slompo & Bernardino, 2006). In the study by Cavalcante et al. (2006), the prevalence of the syndrome in the general population was 0.66% to 4.4%, being eight times more identified in women than in men. In a recent study, Marques et al. (2017) indicate that fibromyalgia affects 2.4% to 6.8% of the female population and 0.2% to 6.6% of the general population, being more prevalent, therefore, in women.

In her book “*Saúde Metal, Gênero e Dispositivos: Cultura e Processos de Subjetivação*”, Valeska Zanello (2018) addresses the process of becoming a man or a woman in contemporary times, adopting the perspective of strategic binarism. For her, subjectivation as a woman is produced by two main devices: the loving and the maternal. The author uses the Foucaultian notion of device, that is, understanding it as a regulator and constituent of life, of ways of feeling and presenting oneself in the world. The loving device makes women subjectivize themselves in a “lack of being” (Zanello, 2018, p. 90), with love, or the search for being loved, being an identity element in the female subject. The subjectivation in the maternal device, on the other hand, drives in women a need to always be available to others, placing the demands of others above their own. Thus, the author understands that suffering is gendered and, therefore, it is necessary to analyze what is at stake in terms of power relations in illness.

<sup>1</sup> Although the standard norm of the Portuguese language considers the term subject to be a supercommon noun, we understand that it is not neutral, as it places man as universal. Grada Kilomba (2019, p.15) points out the importance of analyzing what it means for an identity not to exist in the language itself, as “this highlights the problem of power relations and violence in the Portuguese language, and the urgency of finding new terminologies”. In this sense, we use the term “subject” with the aim of causing strangeness and denouncing the male predominance of/in the language, affirming the place of the subjective position of women, the subject to which we refer in this work.

By saying that suffering is gendered, Zanello (2018) points to the cultural dimension of the formation of symptoms. It is gendered precisely because there is a gender intersection in suffering. Thus, we cannot analyze a piece of psychological suffering without considering the relationship of subjectivation as a man or a woman. This analysis denaturalizes and allows the consideration of a collective dimension of symptoms, not seeing them only as the result of an individual life story.

When we talk about women in this paper, we point out the importance of not understanding them as a universal category. It is necessary to question which women we are talking about and what makes someone call themselves a woman, pointing out the existence of social markers that constitute this body – such as race, sexuality, absence or presence of disability, and gender itself. One of the characteristics of articles on fibromyalgia and psychoanalysis is that, for the most part, they treat the fibromyalgia subject as universal and, when they talk about women, they do not say which ones, or do not include this data in their discussions. This comes from a perspective predominant in psychoanalytic discussions, in which, when addressing the phenomena and processes of subjectivation, little is done in depth on the articulation between cultural aspects and individual history. In this paper, we will start from the idea of a non-universal woman, racialized and situated in a specific social, political, geographic and economic context.

Given the above, the objective of this research was to listen to narratives of women diagnosed with fibromyalgia, in order to establish a discussion about the experience of pain in the body, from a psychoanalytic perspective, with the subjectivation as a woman discussed by Zanello (2018). To this end, we sought to listen to the meanings attributed by women about the experience of fibromyalgia in the body, aiming to understand how these subjects signify, situate and name this phenomenon in their lives.

## Method

This is a clinical-qualitative research (Turato, 2013) that listened to narratives of women whose lives are affected by fibromyalgia. We used semi-structured – or semi-directed<sup>2</sup>– interviews as an instrument –, which dialogue with the perspective of the methodological approach used. These present a basic script to guide the discussion based on the central theme (Gerhardt et al., 2009). The questions revolved around how they mean and situate pain in their lives.

The interviews were conducted remotely and synchronously –with audio and video –through the *Google Meet virtual platform* and were recorded only in audio. As a participant selection strategy, we chose the “snowball” method (Vinuto, 2014). Thus, we sought key informants - who could contact women living with fibromyalgia, to invite them to participate in the research. In this way, we obtained three participants.

The interviews took place between January 7th and 20th, 2021, with an average duration of 1 hour and 10 minutes, and were initiated after approval by the institutional Ethics Committee, through opinion number 4,373,259, with the respective signing of the Free and Informed Consent Form (TCLE).

The research included three interviewees, all white, cisgender<sup>3</sup>, with an average income of R\$3,000 to R\$7,000, aged between 23 and 58, living in small and medium-sized cities in the state of Paraná. We will use fictitious names to preserve the anonymity of the participants. Julia is 23 years old and works as an architect and visual artist. Helena is 55 years old, retired and works as a visual artist. Joana is 58 years old, retired and worked as a banker for 31 years.

We emphasize that the three participants have a unique experience and represent only a fraction of what can constitute a female body. It is not the objective of this research to make any type of generalization of the experience as a woman, just as we do not intend to generalize the fibromyalgia body .

The results obtained were transcribed and analyzed individually and together to construct the following categories of analysis: a) A name for a body that hurts; b) Fibromyalgia and imaginary ideals in life; c) The saying of fibromyalgia; d) Fibromyalgia and the pain of being a woman: Deconstructing Maria das Dores; e) Is there a cure for pain?

### A name for a body that hurts

Julia reports that she has been experiencing fibromyalgia pain since she was three years old, but that she did not call it that. For a while, she thought that the pain was a way for people to feel their own bodies, as she was unable to differentiate what she felt from what others felt. Thus, she understood herself as a body in this pain, as she states in the excerpt below:

(...) as I am a person, an individual alone, and I don't know how to compare my pain with someone else's pain, for me this was feeling my own body, and not as if it were a thing... of pain (...). (Julia)

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<sup>2</sup> Turato (2013) proposes this new nomenclature based on the understanding that all interviews have a well-defined structure, the difference is in the researcher's conduction and in the construction of the script.

<sup>3</sup> Cisgender women are understood as women who identify with and perform cisgenderism, that is, who are read by society as women based on their genitals and who perform this role.

The excerpt points to the constitution of subjects in language, since she only begins to identify herself as a person who feels pain after being named by another. In her childhood, Julia said she created a code with her mother: she would knock on the wall when she needed help with pain, asking her to bring ointments to relieve it. Her pain at that time was mainly in her legs. When she sought medical help, her mother was diagnosed with “growing pains”. In Julia’s words, her mother “accepted it as growing pains, because I was a child and she trusted a doctor, right, but that was the only assumption we had”.

In this context, the importance of the word “medical” marked the way she related to her body during this period, giving it a different meaning than previously constructed. Besset et al. (2010) mention that the diagnostic naming of bodies makes the subjects think of themselves from a relationship of alterity with the other, making the other’s thoughts their own, which produces marks on the body.

The participant also mentions that, in addition to “growing pains,” she had been diagnosed with other conditions before fibromyalgia, such as “anxiety” and “depression,” since her most intense pain was triggered by periods of stress. She reports an episode in which she had facial microparalysis after being diagnosed with an anxiety attack, and that, when she went back to the doctor, they reinforced the statement, which she did not identify with. This caused Julia to feel uneasy, so much so that she claims it was “the last straw” for her fibromyalgia diagnosis.

Despite having her body marked by meanings given by science, there is a reality that escapes these nominations, expressed in her own nonconformity with the names. It is in this slip that the singularity of the subject who suffers and her positioning in the face of pain is manifested, something that the generalizing paradigm of biomedical science cannot encompass.

Just like Julia, Helena and Joana also mentioned that they spent a period seeking medical help to deal with their pain, without receiving a diagnosis of fibromyalgia. Since it is a psychogenic pain, that is, one that does not have an identified cause in the so-called organic body, it was only in the 1970s that the medical field began “seriously” (Helfenstein et al., 2012, p. 359) producing knowledge about its identification and treatment, which makes early diagnosis difficult. There is also a movement to distance oneself from these pains, since their subjective assessment generates anguish (Minatti, 2012) and calls into question the hegemony of biomedical knowledge in the production of knowledge about bodies.

Along these lines, Joana says that the diagnosis is made “by elimination” and that, even though she was already treating some problems such as hip tendonitis, doctors told her that no identified cause justified the pain she felt. Fibromyalgia, therefore, is only considered by biomedical discourse when it fails: it is a name for that which has no name, that is, a nosology for the lack of nosology. This is also related to a predominant medical disregard and distance in the treatment and legitimization of fibromyalgia (Minatti, 2012).

Still about biomedical misinformation, Julia says that her diagnosis was a self-diagnosis: after watching the documentary “Lady Gaga’s *Five Foot Two*” (Moukarbels, 2017) identified with what the singer felt during her pain crises. She reports that she watched the documentary several times, due to the lack of material that talks about fibromyalgia, so it produced more information and health than the medical itinerary itself.

### **Fibromyalgia and imaginary ideals in life**

Julia reports that fibromyalgia pain appears both in periods of “tension” and “relaxation” and believes that this is what sets it apart from other patients. However, she notices that there are times when the pain gets worse, and that these are related to “more serious” periods of emotional exhaustion and situations of loss of control. Changes such as the death of her father-in-law and mother-in-law, her father’s time in the Intensive Care Unit (ICU) and a surgery she underwent are some of the moments she mentions as aggravating the syndrome:

And when he [the father-in-law] passed away, I, for example, it was... it really affected me, because I felt responsible for that, and it was out of my control, you know, so... I felt pain (...) these situations, they are related because it is something uncontrollable, you know. (Julia)

Like Julia, Helena says that she noticed the pains of fibromyalgia after a period of “very high stress for a few years”, and that they “immobilized” her. She reported that she worked in a library during that period and asked people to leave their books in front of her, because she “didn’t have the strength to lift her arm”. At the time of the interview, she said that there was no specific cause for the pains, but that in other periods they were related to an “emotionally abusive” relationship that she experienced, to her depression – intensified by the loss of her daughter during childbirth – and by the fact that she was very busy. An interesting point is the relationship that Helena establishes between fibromyalgia and depression. She places the syndrome as a result of her depression, and not the other way around, as pointed out in the literature (Lima & Carvalho, 2008; Messias et al., 2017): “So, I think that this disease is like a depression that reached a point where the lack of wanting to live is so great that... if all this attacked my body... to have physical pain, not just emotional” (Helena).

Although she says that the situations made her fibromyalgia worse, she claims to have felt “rheumatic pain” since childhood. This is a common point in Julia and Helena’s narratives, even though the pain manifests itself in different ways

and with different intensities throughout their lives. In this way, the syndrome presents itself as a way of being a body in the world, an expression of life in movement (Aragon, 2010). It does not seem possible to think of it in these narratives as simply resulting from a trauma or poorly elaborated event, as pointed out in some psychoanalytic works (Britto et al., 2014; Leite & Pereira, 2003; Santos & Rudge, 2014). Even though the participants mention moments in which the pain worsened, – resulting from sensitive situations for both of – them, they do not express what makes fibromyalgia constitute these bodies, nor do they summarize how they mean it.

Still on the subject of the intensification of fibromyalgia, Julia analyzes what triggers the pain crises in singer Lady Gaga in the documentary “*Five Foot Two*” (Moukarbels, 2017) relating it to her own life story. She says that, in both cases, the situations that culminate in the intensification of fibromyalgia are moments of loss of control over things that are important to her, such as when the most important album of the singer’s career was publicly disseminated without her consent:

I thought: look at the emotional burden she had, right, of it being something she wrote for a long time, and that was published in the media without her consent, something uncontrollable, and that she tried to control, and that was not possible, she had an outburst, a crisis (laughter). (Julia)

Similar situations appear in Helena’s narrative. The loss of her daughter during childbirth was uncontrollable, intensifying her pain. Julia also says that a major “triggering focus” of fibromyalgia in her life is high expectations, self-demand, and the need to do things with perfectionism. She reports that this need for perfection is something that comes from her family context, feeling pressured to occupy a place that she considers ideal: that of a studious daughter who leads a “perfect” life. Also, because she works as a visual artist, she says that her work requires her to deal with other people’s expectations about her work, which accentuates the pain. In this sense, there are society’s expectations about her body, which demands that it be healthy and productive (Gomes & Próchno, 2015). In this productivist logic, Centurion et al. (2020, p. 4) state that the body, especially that of women, is only considered “worthy of the interest of others” when young and healthy, bringing it closer to a commodity. These issues encourage a search for bodies to occupy this ideal.

Lack of control and perfectionism are also present in Joana’s narrative, even if they are not named that way. She associates fibromyalgia with the fact that her life is “messy”, different from what she would like or imagined it would be when she retired:

That’s the word, I feel like my life is a mess, you know. It’s... things aren’t where I’d like them to be (...) and then you start talking to yourself and say, well, that’s not exactly how I’d like things to be, but that’s the way it is. It’s unchangeable by your will, you know (...). (Joana)

Minatti (2012, p. 829), when addressing pain in Lacanian psychoanalytic discourse, emphasizes that it is also an expression of language, and that, therefore, it “evokes values and positions of the subject in relation to the objects of the world”. When talking about the situations that evoke pain, the participants bring a position of nonconformity in the face of what is considered uncontrollable, and a need to experience an ideal. Perhaps precisely a social ideal about bodies: healthy, productive bodies, and not sick and immobilized bodies. In addition, they bring an ideal to the female subject: the valorization of the other’s expectations and a narcissistic self-demand to exercise them (Zanello, 2018).

### **The saying of/in fibromyalgia**

Julia says that fibromyalgia means a blockage, so she “knows when to stop”. In her words: “It stops me. It tells me that I can’t go on from this. It says: your whole body is hurting because of this, pay attention to what you’re doing (laughter)” (Julia). In this sense, she can also see pain as a “good thing”, signaling that she needs to look at how much she is overloading herself, and that, therefore, she needs to do things more “calmly”. Pain makes her stop when her body can’t handle it.

This observation leads us to think about the potential of fibromyalgia, beyond the negation of symptoms (Aragon, 2010). By pointing out fibromyalgia as a “good thing”, Julia expresses the importance of embracing pain, and not simply silencing or eliminating it. Pain signals something to her, it constitutes this body in its way of being and relating to the world, being a necessary element to not go beyond its limits: an ally, therefore (Aragon, 2010; Minatti, 2012).

Furthermore, fibromyalgia also presents itself as a way of saying no to things, such as job offers that she feels she would not be able to handle at the moment. In her words: “if I didn’t have fibromyalgia, maybe I would allow myself to make even more concessions, because I think it’s also a lot about not saying no, and not saying no even to yourself” (Julia).

Zanello (2018) discusses in her book the difficulty women have in saying no. Because they are subjectivized in the maternal device, there is an understanding, often unconscious, that the disposition to others is inherent to their condition, and there is a process of naturalization of availability. Thus, for women, saying no means leaving the place where the other places them, a narcissistically satisfying position, which makes it difficult to give up that place.

Furthermore, similar to what Julia states, Helena and Joana bring in their narratives a connection between overloading the body and their work. Helena associates pain with an abuse of the body: “I see that I am abusing it, and I even feel pain.”

For her, “abusing” is when one works too much. If we look at this signifier in detail, the prefix “ab” means separation/distance. Ab/using, therefore, separates the body from its utilitarian place, giving a place for pause and pain. Furthermore, the participant mentions that the same things that overload her also produce mental health, marking an ambiguity in the relationship with work, of satisfaction and pain.

Joana mentions that overwork since her adolescence a *fezhas* prevented her from taking care of herself, which has led to illness. In contrast, she reports that during the period in which she saw this self-care more present in her life, her pains have eased. On the other hand, she mentions that, because she is retired, she has more “time to feel pain”, because she can be more aware of her body. She says that during her work routine she was able to “overcome” it, because she did not have time to “complain about pain”. This finding is similar to that found in the literature (Angelotti, 2001 as cited in Lima & Carvalho, 2008), which indicates that inactive people are more sensitive to painful experiences, because they focus on the pain. In Joana’s case, being active makes the pain worse, but it fulfills the function of camouflaging it.

Along these lines, Gomes and Próchno (2015, p. 782), when discussing the sick body in contemporary times, point out that it emerges “as an element of resistance and denunciation”, signaling a statement about the logic of functioning of its time. By failing to cope with the imperative of productivity imposed by capitalist logic, the body finds in illness a way of not speaking of the subject. We can analyze in the narrative of the three participants how much they found in pain a way of imposing limits on this logic. The body says through pain that it cannot cope with existing like this, demanding a break.

Both Helena and Joana describe the pain as paralyzing, making them unwilling to get out of bed. On the other hand, Helena feels the need to move her body when she feels the pain: “(...) as if I had to stretch, I don’t know, what a horrible feeling that is. And sometimes when I’m sleeping I feel this, and then I have to stretch, but it doesn’t go away properly, but at least it feels like I’m moving my body” (Helena).

We question whether this need to move the body in her narrative also comes from a need to make room for what pain means, because when talking about it, she reports that she decided to live her life without giving it much importance, except when it dawns on her in these periods of crisis, and she needs to be “quiet”. It seems that there comes a time when the body can no longer handle not being looked at, using pain to show itself.

Still talking about her pain, Joana says that it is like a record of her history, a kind of mark on her body resulting from everything she has experienced. To explain this, she uses a metaphor comparing fibromyalgia to an electrocardiogram. Just as it records heartbeats, pain appears as a record of her life history, such as fears, doubts, uncertainties and concerns.

Furthermore, fibromyalgia, in Joana’s speech, also shows itself to be something linked to regrets for not having done what she wanted, such as finding time for herself. She says that, even though she managed to retire, she did not arrive at this moment in her life “well” because she did not listen to what her body was “telling” and “warning her” and failed to take care of herself.

She also shows regret when she says that she would have liked to have had an abdominoplasty, but that she did not undergo the surgery because she was worried about her children, thinking that something could happen to her. Thus, fibromyalgia presents itself, in pain, as a form of warning to Joana that she is not finding time for herself. We can approximate this observation with the subjectivation in the maternal device (Zanello, 2018), since, by putting the other’s demands before her own, there is little space for Joana to do something for herself, generating suffering. Regret also appears indirectly in Julia’s narrative when she reports that she resents not having gone to parties in college because she was too worried about her career and work.

### **Fibromyalgia and the pain of being a woman: Deconstructing *Maria das Dores***

In this category, we analyzed the participants’ answers to the question about whether or not there was a relationship between fibromyalgia and the fact that they were women. One of the participants agreed, another answered “definitely”, and the last one said, “it has everything to do with it”. Julia said that she cannot imagine a man with fibromyalgia, and that, if there is one, he must be a very “perfect” man. She reported that she had heard of a pastor who had fibromyalgia, and she related the syndrome to having a position in which she must maintain an ideal standard. She said that, when she thought about her pain, she visualized an image of a “perfect” woman in the 1950s cleaning the house with a vacuum cleaner and a corset: “She is beautiful, she is wonderful, she is working, and she is perfect, there. Like, fibromyalgia is a pain that does not show, but you are feeling it. It is something under the covers” (Julia).

Both Julia and Helena mention that women are pressured about their appearance, which defines their place in society: (...) I realized, in my career: you are judged by your appearance. So, based on your appearance, they put you in a place. Then, if you don’t live up to that expectation... wow! It’s a disappointment for the person who put you there, and then the pressure comes... you HAD to be like that... (Helena)

The notion of beauty has undergone changes over the years. Only since the 20th century has it become a matrimonial asset and, therefore, disseminated as something that can be purchased by women. Zanello (2018, p. 87) states that the

objective of the search for this ideal of beauty “is social recognition and approval”, as stated by the participants, since it is precisely the aesthetic ideal that mediates the loving device.

Julia correlates the demands placed on herself with meeting other people’s expectations, which she identifies as one of the triggers for fibromyalgia pain. She mentions that she often ends up meeting these expectations as a way of being loved, especially by her family. She reports that she only started wearing sportswear two years ago, because she felt she had to wear formal clothes to fit into a context of “perfection” which she recognizes as something “social”. In her words: “this expectation is a social thing that ends up creating in me this thing that I appeared to be, but that I wasn’t” (Julia).

This points to the dimension addressed by Zanello (2018) about the subjectivation of women in the love system. Even if the search for being loved is not necessarily linked to a heterosexual romantic relationship, as in Julia’s case, the marks of the love system challenge women, albeit unconsciously, in the search for beauty or social approval in other relationships, including with themselves, based on an image of what should constitute a woman. By not achieving this ideal, which is unattainable, since one of the market’s objectives is to always leave them unsatisfied, women become ill in the love system.

Furthermore, Zanello (2018) points out that the inclusion of white women in the public sphere did not mean that they were less in demand in the private sphere, triggering a multitude of tasks. In their narratives, the three participants bring up the relationship between pain and the fact that they felt overwhelmed, especially with regard to their work. The pressure from others and the pressure on themselves to perform so many functions is also a common point brought up by them, something that generates pain, or that makes it difficult to look at this manifestation. Helena says about being a woman and having fibromyalgia: “We are pressured, and we pressure ourselves... we are like an octopus... that goes here, there... and then, when there is pain, we don’t pay much attention... oh, it will go away, it’s because I’m very busy... (...)” (Helena).

Along these lines, Julia also says that being a woman and having fibromyalgia is linked to remaining in “patterns that cannot be supported”. She reports that it is a “cry for help from the body”, serving as a way of imposing limits because she cannot continue, even if she wants to: “So... being a woman and having fibromyalgia, it’s that range of here comes the limit, it’s... because if not, you know you would do more, but you shouldn’t, because that will hurt you. So the pain comes first” (Julia).

Returning to the corset analogy mentioned above, Julia says that it makes the act of cleaning even worse, but that she still needs to appear to be doing well. By making this connection, she shows that the negative view of others regarding the acts in which she dedicated herself makes this corset even tighter, causing pain:

This woman thinks that she is cleaning the house with the vacuum cleaner, thinks if someone went there and tightened her corset even more, if she wouldn’t feel even more pain. I think that this tightening of the corset is when someone says something that you, despite the expectations, despite the perfectionism, have already achieved everything, someone goes there and says: this is ugly, I didn’t like it, it’s not good enough. (Julia)

The gaze of others, in addition to judging beauty, also falls on women’s work. In addition to working, they have to maintain an image of perfection: of someone who does not feel pain, is well, and is still beautiful. Being considered inferior in the public sphere – expressed, for example, in the lack of validity and receiving lower salaries than white men (Zanello, 2018) — can also be related to self-demand to perform a perfect job, in an attempt to be more socially validated and respected. Fibromyalgia can appear as a response to this issue, serving as a limit in the attempt to occupy this position, and denouncing what is behind the need for this search. When Julia talks about the corset, the four dimensions materialize: beauty, the ideal, control and pain.

In this sense, Helena also reports that, before the diagnosis of fibromyalgia, “not having a reason” to talk about her pain was very complicated, as she did not want to be instigated or seen as “lazy”:

So I felt (in the eyes of others) like a lazy, weak-willed, sick person. I made a point of not giving in... because it’s hard to be in this place, subject to criticism and not being able to say: look, this is the reason. (Helena)

She also mentions that she saw herself as a “fragile person” who “can’t handle the pressure” at work, due to the gaze of others. This makes us think about the effects of subjectivation in neoliberalism: in this way of governing, there is an imperative that demands bodies to be constantly available for work; on the contrary, these bodies are characterized as “soft bodies”. Because it is a way of governing bodies that removes state responsibility over people as much as possible, an individual demand is placed on the body to be strong and resilient, holding the subject herself responsible for maintaining this position (Rammingier & Nardi, 2008), which generates suffering. In addition, this body is expected to be healthy and not lacking, constituting a way of erasing it (Gomes & Próchno, 2015), hiding the pain.

Furthermore, when mentioning some things that she believes make women more vulnerable to fibromyalgia, Helena mentions having to take on responsibilities that are not hers, having to “show that she is capable” and balancing work and children: “As women, we end up wanting to embrace things as if they were our responsibility”. She also says that she realizes that women “are more sensitive to people’s emotional issues”. Joana also associates being a woman and having fibromyalgia with “taking on all and total responsibilities”. She mentions the time when her husband lost his job and she

had to be the breadwinner of the house, in addition to being financially responsible for her father and mother. At that time, the bank where she worked had already been privatized and, because of that, she dealt with the insecurity of being able to be fired or transferred at any time. She says that fibromyalgia is a combination of her “personality” –with the inability to “disconnect”, “pretending that everything is fine when it is not” and “centralizing” responsibilities – and the experience as a woman. His report points to the separation of two dimensions of fibromyalgia, which we analyze as being interconnected: one of individual and/or subjective aspects, and the other of social aspects.

Along these lines, Julia reports that having help from others in her daily tasks makes things easier and, as a result, the pain decreases. Thus, the distribution of tasks serves as a protective factor against pain.

Joana also relates fibromyalgia to depriving yourself of things you would like to do and putting others before yourself. (...) so I think there is, I think the total relationship, you know, the total relationship because you are... you deprive yourself of a lot of things, right, it's... not because you couldn't, but because you put everything up front, right, everything before you, you know, it's more or less like that, plus or minus one. (Joana)

She reports that, even though she is retired, she is not in control of her own time, as she needs to take care of her mother, who depends on her. Even though she does not have a work routine, she now has daily commitments to the house. In addition, she reports that she is very worried about the people around her, and that she cannot make space for herself and her pain, even though she knows she needs to:

(...) once again, because I have people who need me, right? So... that's bad, isn't it? It's not, it's good that I have it, but... it's... I need it, it's that balance point that I don't think I've found in life, you know, I think I went too far to one side, and... and I really forgot, you know, to do something like that, you know... for myself, you know. (Joana)

This finding is close to what Zanello (2018) says when he brings up the idea of maternal device. The ability to procreate causes certain social characteristics to be associated with women, such as caring – for others and the domestic environment, being available to others and –mothering itself. This causes women to learn to do a lot for others, but little for themselves, resulting in exhaustion and suffering, as the participants bring.

Furthermore, both Helena and Joana mention in their narratives that they do not usually tell others that they experience fibromyalgia. This occurs due to two main reasons: fear of being disbelieved and not wanting to bother others. Joana says that if she talks about her pain when someone else mentions that they have some, she is afraid of seeming like she is trying to compete and that she also hides it so as not to get emotional. She also reports that, for a while, she did not take herself very “seriously”, disbelieving her own pain, a movement also mentioned by Helena.

Helena also relates the lack of credibility in the diagnosis of fibromyalgia to the high incidence of the syndrome in women, as well as the lack of a clinical exam to prove it: “and then we also have a bit of discrimination (sic) for being a woman, for being more delicate, those things like that, right? Oh... feeling pain, having this, having that (...)” (Helena). Joana reports moments when she was discredited by doctors about her pain, precisely because it was something that could not be “proven”. The participant mentions an episode in which she was once called “Maria das Dores” [Mary of Pains] by a doctor. This term is a popular jargon that denounces how much the discrediting of women's pain is also a reflection of the characteristics attributed to them, relating feeling pain with fragility, so that it would be an “exaggeration” for a woman to feel this way. This makes us visualize how much the discredit of biomedical science surrounding fibromyalgia is anchored in a misogynistic logic, since the majority of bodies that experience the syndrome are considered women.

The literature indicates that the difficulty of fibromyalgia is not only in treatment, but also in social validation. When they are considered “suspects”, they feel isolated and excluded (Besset et al., 2010), which makes it difficult to recognize them. Semer (2012) states that medical invalidation causes discouragement in patients and can even increase the sensation of pain. In this sense, Helena mentions that, over the years, she noticed that people have become more aware of fibromyalgia, causing her to be less discredited, and this has helped her deal with her pain better. Her report makes us think about how information and medical knowledge about fibromyalgia are factors that can help these women deal with their pain better, since not being discredited can be a way of producing health.

### **Is there a cure for pain?**

The relationship with medication is a point that is reiterated in the discourse of the three interviewees. Julia and Helena take medication daily and say they cannot live without it. Julia says that she uses stronger medications, such as *Tramal*, at times that she identifies as “triggers” for a pain crisis. She also says that emotionally preparing herself for these moments helps her deal with them better. Joana points out that the medications help, but that she cannot “depend” on them, due to the side effects.

In addition to medication, two participants reported physical activities as a way to alleviate pain. Joana mentioned the period when she worked out at a gym and Helena said that yoga and walking helped her for a while.

Aragon (2010, p. 161) states that pain treatment occurs precisely on the surface: “they are drugs that act in the territory of interaction between neuroendocrinology and emotions”. Slompo and Bernardino (2006) point out that these prescribed medications, such as analgesics and sleeping pills, are ways of silencing the body and, thus, silencing the issues that generate pain. However, what draws attention to fibromyalgia is precisely its resistance to medications (Santos & Rugde, 2014). These and physical activities are ways of temporarily relieving it, softening the helplessness it causes, but they are not enough to eliminate it. Along with the other activities mentioned by the participants, medications have a palliative function, of an individual nature. We believe that they do not address the pain precisely because it is not located only in an individual body, but also in a social body.

### Final Considerations

Situated between the so-called physical pain and psychic pain, fibromyalgia challenges this separation, challenging biomedical sciences and also denouncing how much the so-called organic body is questioned by language, also being discourse. Because it is discourse, fibromyalgia points to the meanings and ways in which subjects relate to the world and to themselves, serving as a means of expression.

This is a complex phenomenon that cannot be satisfied with a reductionist explanation, nor with the paradigm between cause and effect. It is necessary to see the intertwined elements in this multiple body in action, the various sayings and uses of pain, and to make a case-by-case analysis, emphasizing the individual life story of the subject who experiences it and the culture in which she is inserted.

The participants reported different meanings for their pain and a multitude of ways of relating to it. Thus, pain serves as a message, a way of imposing limits and of not doing what the body cannot handle. It also appeared as a mark of a story, a way that the body found to record painful situations that could not be ignored. Furthermore, it was a way of feeling one’s own body and being a body in the world, constituting yet another expression of life.

Fibromyalgia produces multiple meanings: it hurts when it is abused, when this body stops –since it is a body that must produce –when it tries to reach a model, an ideal, and also when the subject abandons herself, looking too much at these ideals.

The participants also reported identifying a relationship between fibromyalgia and their experience as women. The high demand for tasks in both the public and private spheres and the constant availability for others showed common points in the three narratives about the triggering of moments of pain. Thus, fibromyalgia presents itself as a limit for them to occupy these positions, while at the same time denouncing that this need needs to be looked at and analyzed within a social context and subjectivation as women. Furthermore, being a bodily phenomenon, it is also a phenomenon that denounces a functioning of our time, such as the logic of production.

We also suggest that new studies on fibromyalgia and psychoanalysis should be conducted, considering each person’s life story and their insertion in a social context. This affects the way they relate to the world, and is also linked to the pain of fibromyalgia. We highlight the limitation of this research in that it only interviewed a group of women, and that future studies are needed that can interview women of other races, ethnicities, locations, economic situations, among other social markers.

Finally, it is worth highlighting as a contribution of this work the importance of ensuring that the speeches, stories and pain of women like Julia, Helena and Joana can be validated by science as authentically felt/suffered/told.

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