

**Activism of the heart: Jungian practice when violence,  
racism and ancestral wounds prevail**

André Castro, Cristina Maranzana, Guilherme dos Anjos  
Lemos, Giany Bortolozzo, Letícia Schreiner, Luciano  
Alencastro, Marluce Renz, Patrícia Flores de Medeiros

Brazil

According to the United Nations' latest reports, Brazil is the seventh most unequal country in the world: millions of people live in poverty, women earn less than men and although 56% of Brazilians are considered black, they are the ones with the lowest income and the highest rates of police deaths and femicides. Because of its continental dimensions, there are many "Brazils" nested within Brazil. Thus, we are going to talk about our state, Rio Grande do Sul – where the climate is temperate, not tropical. Rio Grande do Sul imagines itself a place of European immigrants and it has slowly erased enslaved Africans and their descendants from its make-up. Here, only 22% of the population is black.

As psychotherapists, we often wonder how implicated we are in the unequal world we live in. In this sense, this is not intended as a finished work with conclusive reflections, but rather a sharing of apprehensions and discomforts regarding this process of training in psychology, which takes us beyond the walls of our institution to the lower-income outskirts. Moving beyond these walls means cutting ties with a cultural complex which prevents us from hearing the racism and colonialism that perpetuate ancestral wounds. We insert ourselves in the outskirts not simply from a place of research, but from a need to act and become accountable in the world we inhabit. We act, think and reflect based on a place - the place under our feet and where our heart beats.

The Brazilian Jungian Association has been offering internships in Jungian psychology in a neighborhood on the outskirts of the city of Porto Alegre. The internship is located in a microcosm of Brazil. People live in extreme poverty, on welfare and in precarious housing. Drug dealers rule the territory and the citizens live in great fear. We too feel afraid. But we go anyway, not due to charity or benevolence, but propelled by activism. We call this "activism of the heart" because

the concept of Anima Mundi is central to this political and imaginal connection with the world.

Integration of the psyche is not exclusively a matter of the individual, but occurs in the context of the individual engaging with the soul of the neighborhood, of the city, of politics. We are looking for a psychology that is also capable of grappling with political, social, historic and urban contexts (Hillman, 2006). The neighborhood we work in has a frail public health system and deficient social services, with very little material and human resources. Hence, the psychological services we provide have become an important part of the local public network. One of the members of this network of services is the Non Governmental Organization Francisco de Assis which provides the internship's headquarters. The population is mostly black or mixed race (non-white).



*Image 1 Work team - supervisors, interns and volunteers at Non Governmental Organization Francisco de Assis*

It is our understanding that the place in which we work also works its way into us, so we'd like to invite you to share in the geography of the location. As mentioned, it's a region on the city outskirts and one of the distinguishing features is a deactivated quarry. A portion of the houses in the region has sanitation, but the part located on the quarry does not; in this part, water is supplied via water trucks. To hear about the every-day life, the suffering and the reality of the people who live there is to be touched by horrific stories and images. It is a blend of fear, hope and dread. That is the image of being on the quarry.

In the internship, we feel on our own skins the sting of failure; an ineptitude and powerlessness in the face of social issues. We can recognize this in the following account, as stated by an intern in a meeting:

*Once, when I was there, I saw photos of decapitated bodies forwarded on WhatsApp. There was a curfew; we couldn't go out on the streets. So much negligence and abandonment. It's all very concrete. This concrete thing, a block, a quarry. You try to move it, but it won't budge. Then you meet with your supervisor and ask 'what can we do?'*

This echoes in us: what is our role in all of this? What are our limits? What is possible and what is impossible when it comes to making a difference? Here we cross a border. We feel the need to acknowledge and embrace the other. Getting out of the ivory tower and making these encounters in the outskirts exposes us to different images. In one of these encounters, we came across an offering placed on a crossroads.



*Image 2 Offerings are foods and beverages left for spirits and, in the Afro-Brazilian religions, crossroads are special spaces of connection with divine entities.*

Here is a photograph of an offering made in honor of Obaluaê-Omolu, an *Orixá*, or deity, worshipped in the Afro-Brazilian pantheon. *Orixá* in Yoruba language means bringer of *Axé*, or energy, life force. Omolu was born with sores all over his body, so his mother abandoned him in the sea. Yemanjá, the goddess of salt water, found him, adopted him and raised him as her own child. At around the age of twelve, he decided to leave home and earn a living, but at every village he stopped to look for work, no one wanted him to approach because of the marks on his skin. So he ended up in the forest. Mosquitos bit him, turning his sores into pustules.

Omolu fell asleep in pain. In his dreams, he heard a voice whispering in his ear. At the end of the night, the voices said that he was cured and ready to move on, because he had learned how to heal with plants. He returns through the same places

he had come, except that this time, as he passes through each village, he wards off diseases. Omolu goes from being scorned to being welcomed and summoned in the communities due to his knowledge.



*Image 3 Omolu, the Lord of Passages, representing life and death, health and disease*

Omolu wears clothes made of straw to cover and protect his wounds. Obaluaê and Omolu are two names for the same *orixá*, representing opposites: life and death. Obaluaê is young; Omolu is old. He has the power of life and has the ability to get rid of diseases. At the same time, he is feared for his deathly power, resulting in disease and epidemics. He is Lord of passages, crossings and cemeteries. This image of Omolu at a crossing makes us look at the imagery that is alive on our streets, on our street corners, and come face to face with our myths: a wounded healer of African descent. Omolu crosses our path as future analysts by presenting us with another perspective on health and disease.

Historically, the myth of Omolu is linked to smallpox, a disease eradicated in 1970. Yet this archetypal image of a virus that killed millions of people is very timely!

By the path of Omolu, we arrive at skin marked by the wounds of contagion. The image of Omolu covered in straw takes us to the wounds that have been covered up in our own skin, in our neighborhood, in our city, in our country. He shows up as a healer, but interacting with him means interacting with horror, darkness, pustules, stench, death.

There's a short story about a party among the *Orixás* in which Omolu stays outside, because he feels rejected, but Iansã – the *orixá* of winds and storms – summons him inside and dances with him (Prandi, 2001). While they are swirling, the winds lift up the straws and his wounds are exposed, which is precisely the moment in which his sores turn into popcorn, bouncing off of his body as he dances. Here we have an image that shows us that getting on the dance floor, being who one is, uncovering and accepting one's wounds, leads to the possibility of transformation.



*Image 4 Ritual dance in honor of Omolu*

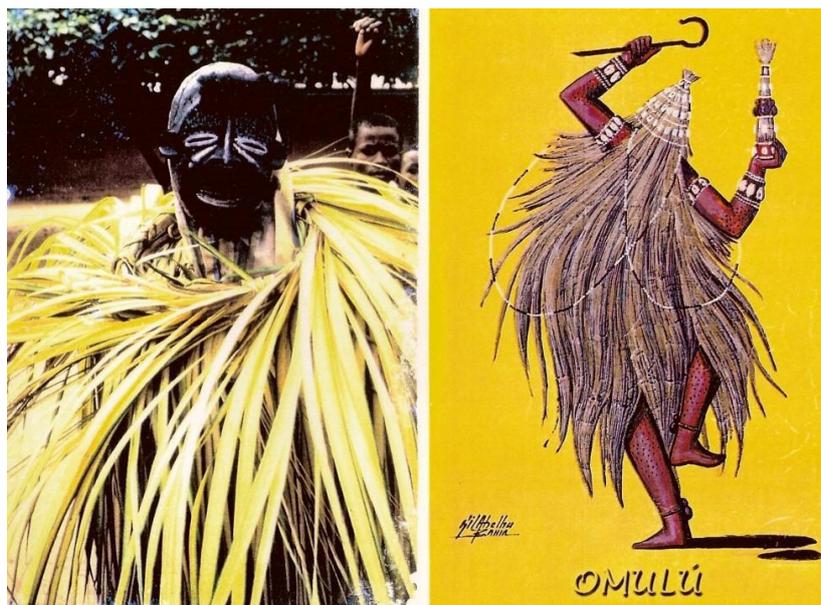
When we think of the archetype of the wounded healer, we recognize our need to look at our own wounds, of working on ourselves in order to attend to the other. Omolu has multiple sores on his skin; his disease is one of contagion. It's not a wound from an arrow, or even a single wound, but skin that's inflicted with many lesions, acquired by contamination, through interpersonal and social relationships, and the environment at large. The open wounds on the skin's surface, hidden beneath the straws which cover up the wounds allowed vulnerability and shame not to prevent contact with the Other. For us, to look through the eyes of this image is to look through the perspective of someone who has been shunned.

If we go along with these markings on the skin, markings covered up by straw, we are presented with the unique and structural racism that exists in Brazil with our myth of a racial democracy. As we have never had official segregation laws, which proclaim racially-based principles of blood purity and racial inferiority, racist values in Brazil were covered up, resulting in a narrative, shared by many Brazilians, that "we are not racists." But the numbers tell a different story.

However, as white psychologists, we must realize that light skin also creates marks, and that not being aware of this contributes to sustaining racism's deadly consequences. **Dis-covering** (un-covering) our wound, from Omolu's perspective, also brings about the paradox inherent in our situation in the outskirts: we need to affect and to be affected by others, to experience a contact wound, a wound made in an encounter. We hope to be able to care for others because we are aware of our own wounds. In this perspective of shared contagion, the healers need be aware of the fact that we affect the other, and cause sickness in the other, unless we become aware of the markings inherent in our own skin. Indiscriminate contagion, due to lack of awareness of one's complexes, may be fatal.

We would like to focus on the complex of white supremacy that is covered up by white people's silence. The historical persistence of the idea of whitening in both the social imagination and in social practices ensures white privilege (Adams, 1996). Being white on the chessboard of racial relations is to be unmarked, unlabeled; it is to be the standard of what is considered universal. This universality does not encompass many, but a powerful minority towards whom all rights are directed, even the right to life.

With the corridors of power being occupied from this perspective, the racial issue is not discussed from the viewpoint of white accountability. Hence, white people act with unconscious force towards maintaining the symbolic and material advantages of whites to the detriment of non-whites. Recognizing that being white creates its own problems as part of clinical practice allows us to look at modes of contagion that are ruled by the complex of white supremacy. How goes our ability to listen at this racial crossroads? The denial of racism and the impossibility of confronting it, kept it in the shadows and perpetuates an indiscriminate contagion of pain and suffering.



*Image 5 Omolu presented in two different aspects*

On the other hand, our entering into this reality of social vulnerability and abandonment also leaves its marks and wounds in us. We began to look at these wounds and came to the realization of how this complex covers our whiteness and creates a rift. Omolu reveals himself to us as an awareness that contains the ambiguity of affecting and being affected by the other. The issues of contagion, self-care and care for others are mirrored in our relationships to the *polis*. Could this care, therefore, be considered a political act? We hope these reflections open dialogues towards a Jungian clinical practice committed to the world we live in.

**André Luiz Rocha de Castro** (Brazil) is a clinical psychologist who graduated from the Pontifical Catholic University of Rio Grande do Sul (PUCRS). He works at the social clinic of the Jungian Institute of Rio Grande do Sul (IJRS). He completed his internship in social clinic at IJRS.

**Cristina Maranzana da Silva** (Brazil) is an analyst candidate of the Jungian Institute of Rio Grande do Sul (IJRS), Porto Alegre, Brazil. She is a psychologist and specialist in Body and Health Pedagogies. She is a coordinator of the psychology internship at IJRS and a coordinator of the Racial Relations Committee of the Regional Council of Psychology (2018-2019). She is a collaborator in the current Commission of Clinical and Psychosocial Processes and a coordinator of study groups of the Jungian reference through Jungian psychodrama. Her interests include: clinic and art; critical social psychology, popular education, income generation, solidarity economy, analytical psychology.

**Guilherme dos Anjos Lemos** (Brazil) is a clinical psychologist (Pontifical Catholic University of Rio Grande do Sul), works at the Social Clinic of the Jungian Institute of Rio Grande do Sul (IJRS) and held his clinical and social internship at IJRS. He is a collaborator of the Cultural Complex, Politics and Individuation Department of IJRS.

**Giany Morigi Bortolozo** (Brazil) is a clinical psychologist with a Jungian approach and a social psychologist at the Social Assistance Reference Center (CRAS) integrated with the Integrated Family Protection and Assistance Service (PAIF). She held her clinical internship at Jungian Institute of Rio Grande do Sul (IJRS).

**Leticia Backes Schreiner** (Brazil) is a psychologist (Federal University of Rio Grande do Sul - UFRGS), works as clinical psychologist at Social Clinic of Jungian Institute and held her clinical and social internship at Jungian Institute of Rio Grande do Sul (IJRS). She participated in the Therapeutic Accompaniment project in Public Network of Porto Alegre (ATnaRede project).

**Luciano da Silva Alencastro** (Brazil) is a clinical psychologist with a PhD in Developmental Psychology and post-doctorate in Narrative Psychology (Federal University of Rio Grande do Sul – UFRGS, Brazil). Works with individual care with an emphasis on Jungian clinic and research in the following areas: narrative psychology, autobiographical memory, depression and history of psychology.

**Marluce Marlucí Renz** (Brazil) is an analyst candidate of Jungian Institute of Rio Grande do Sul (IJRS), Porto Alegre, Brazil. She is a clinical psychologist and collaborates with the Social Clinic Program of IJRS. Her interests include: spirituality, history and archetypal psychology.

**Patricia Flores de Medeiros** (Brazil) is an analyst at the Jungian Institute of Rio Grande do Sul (IJRS), Porto Alegre, Brazil. She is a professor in the Postgraduate Course (FAMAQUI) in Jungian Clinical Psychology and is responsible for the internship in Jungian Clinical Psychology (IJRS). She is coordinator of a study group in archetypal psychology. She is interested in political issues of public health and the study of differences (race/ethnicity, gender).

## References

Adams, M. V. (1996). *The multicultural imagination: Race, color, and the unconscious*. London New York: Routledge.

Hillman, J. (2006). *James Hillman: City and Soul. Vol. 2. The Uniform Edition of the Writings of James Hillman* Edited by: Leaver, Robert J. and Thomas, Gail. Putnam, Connecticut: Spring Publications, Inc.

Prandi, R. (2001). *Mitologia dos orixás*. São Paulo: Companhia das Letras.