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## Politics of care in the criticism towards gender stereotypes

*A politicidade do cuidado na crítica aos estereótipos de gênero*  
*La politicidad del cuidado en la crítica a los estereotipos de género*

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### ABSTRACT

**Objectives:** analyze gender inequalities among Brazilian women in Portugal and in contemporary nursing based on care politicinity in the light of gender; disclose oppression of the female produced by the stereotypes that look upon women as *natural caregivers*; point out politicinity to deconstruct gender stereotypes. **Method:** theoretical reflection with narrative review of literature to analyze classic references in the feminist epistemology combined with the care politicinity thesis. **Results:** the similarities between the stereotypes of the Brazilian Eves and the Portuguese Maries as either the sexualized or sanctified nurse are inserted in the Jewish-Christian moral genealogy that reaffirms the subservience of the female to the male. **Conclusion:** by attaching priority to care that needs non-care to expand the possibilities of care giving, the theoretical assumption of politicinity of care can contribute to subvert the stereotypical images of Brazilian women in Portuguese lands and in contemporary nursing. **Descriptors:** Gender; Nursing; Violence against women; Feminism; Epistemology.

### RESUMO

**Objetivos:** analisar as desigualdades de gênero entre mulheres brasileiras em Portugal e na enfermagem moderna, a partir da politicidade do cuidado na perspectiva do gênero; explicitar a opressão sobre o feminino reproduzida pelos estereótipos que essencializam a mulher como *cuidadora natural*; apontar politicidades para a desconstrução dos estereótipos de gênero. **Método:** reflexão teórica com revisão narrativa de literatura com o propósito de analisar as referências clássicas da epistemologia feminista na articulação com a tese da politicidade do cuidado. **Resultados:** as similitudes entre os estereótipos das Evas-brasileiras e das Marias-portuguesas com a enfermeira sexualizada ou santificada se inscrevem na genealogia da moral judaico-cristã que reitera a subserviência do feminino ao masculino. **Conclusão:** ao priorizar um cuidado que precisa do descuidado para ampliar as possibilidades cuidativas, a premissa teórica da politicidade do cuidado pode contribuir para subverter as imagens essencializadas das brasileiras em solo lusitano e na enfermagem contemporânea. **Descritores:** Gênero; Enfermagem; Violência Contra as Mulheres; Feminismo; Epistemologia.

### RESUMEN

**Objetivos:** analizar desigualdades de género entre mujeres brasileñas en Portugal y en enfermería moderna, partiendo de la politicidad del cuidado en la perspectiva del género; explicitar la opresión sobre el género femenino reproducida por los estereotipos que esencializan a la mujer como cuidadora natural; sugerir politicidades para deconstruir estereotipos de género. **Método:** reflexión teórica con revisión narrativa de literatura, a fin de analizar las referencias clásicas de la epistemología feminista en articulación con la tesis de politicidad del cuidado. **Resultados:** las similitudes entre los estereotipos de Evas-brasileñas y Marías-portuguesas con la enfermera sexualizada o santificada reproducen la moral judaico-cristiana que replica la sumisión de lo femenino a lo masculino. **Conclusión:** al priorizar un cuidado que necesita de un descuidado para ampliar posibilidades de cuidar, la premisa teórica de politicidad del cuidado contribuye a subvertir las imágenes de esencialización de las brasileñas en suelo lusitano y en la enfermería contemporánea. **Descritores:** Identidad de Género; Enfermería; Violencia contra la Mujer; Feminismo; Conocimiento.

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## INTRODUCTION

Gender perspective in the health field demands debating the building of citizenship mainly to fight violence against women. The invisibility of this phenomenon, together with the victims' silence, the powerlessness of professionals as part of a coping strategy, and the tendency towards medicalization of social problems are among the main results of the survey on this topic<sup>(1-2)</sup>.

Literature on the immigration of Brazilian women to Portugal<sup>(3-4)</sup>, shows violence in the form of stereotypes around the over-sexualization of the *mulata's* body (in the Portuguese social imagery every migrant is a *mestizo*) who would be always *available* to white and European men settlers. Gender stereotypes are influenced by the conservative Christian moral that typically classifies Portuguese women as Mary (from devoted, pure, honest, white, decent families) and the Brazilian women as Eve (sinner, lascivious, enticing, prostitute, home and family wrecker) reinforcing distorted views of reality.

This prejudice is crystallized in many professions considered to be female, such as nursing, giving rise to gender inequality. Therefore, the stereotypes of a saint nurse - Mary (religious) - or Eve (prostitute, sinner) - has permeated the imagery about this profession from its early days to this date<sup>(5)</sup>. Social imagery permeated by sexist standards of behavior defines Brazilian women's image in Portugal and in contemporary nursing, being characterized by symbolic violence that detracts from their citizenship<sup>(3-7)</sup>.

Unveiling standard discursive practices considered natural and unchangeable is a pre-requisite towards citizenship-focused critical education. Considering this reality, this article poses the question as to which critical deconstructions can be made about similarities between gender stereotypes of Brazilian women in Portugal and those in contemporary nursing, based on the thesis of care politicity in the light of gender. The argument is that the stereotypes of the *Brazilian Eves* and *Portuguese Maries*, similar to the sexualized or sacralized image of current nursing, produce oppressive discursive practices that define women as *natural caregivers*, perpetuating gender inequality and restraining the potential deconstruction of care politicity in favor of citizenship. In the feminist epistemology ambience, care politicity as intersubjective management of help and power capable of sustaining or subverting domain can contribute to the criticism towards gender violence by unveiling the stereotyped views about women in different contexts<sup>(8-10)</sup>.

Therefore, this paper aims to analyze gender inequalities between Brazilian women in Portugal and in contemporary nursing based on care politicity in the light of gender; make clear the oppression of the female produced by stereotypes that define women as *natural caregivers*; point out to politicity to deconstruct gender stereotypes regarding Brazilian women in Portugal and in contemporary nursing.

## METHOD

This was a theoretical reflection based on the narrative review of literature to analyze the feminist epistemology's classic references combined with the thesis of care politicity. The

conceptual support consisted of books, articles and other scientific products by renowned authors in the discussion about gender. Regarding the situational diagnosis of violence resulting from gender stereotypes of Brazilian women in Portugal and in nursing, priority was attached to the results of recent surveys or systematic reviews of literature, whenever possible.

## RESULTS

Based on the data found, this paper first debates the feminist approaches on care and its links to care politicity, showing evidence of the stereotypes of *Eves* and *Maries* when it comes to the presence of Brazilian women in Portugal and in nursing.

## DISCUSSION

### Feminist approaches of care in the search for subversive politicity

Feminist approaches denounce the exploitation of women as exclusively responsible for care. These criticisms are based on two aspects: duality between public and private in the classic theories of democracy and fragmentation of politics in the capitalist neoliberal context<sup>(11-12)</sup>. Regarding gender inequality in care, studies highlight the inequality of time spent and positions held in the labor world when one considers the average time that men and women devote to chores and the care of children<sup>(13)</sup>.

Feminist perspectives on *care*, also known as *care work*, are part of the theoretical current of *sociology of emotions* which is focused on unveiling inequalities resulting from the exploitation of emotional work in the capitalist accumulation. *Care* or *work in care* is considered to be continuous care aimed at improving the other's well-being. This concept of care conceived exclusively as work gives rise to several formats, from nursing being under-valued to underemployment and prostitution, since these enable the *service of a person* as an object to be used and discharged<sup>(12)</sup>. The feminist current of *care ethics*, also known as *maternal thinking*, is essential to the debate about care in feminist epistemology, despite many criticisms because it reinforces the essentialist convergence between care and femininity<sup>(13)</sup>. However, some female authors expand the debate by considering care as a priority issue for democracy<sup>(14-15)</sup>.

To understand it, direct coping with inequalities (gender, class and race inequalities) and commercialization that characterize care in contemporary societies should be explored. Some care concepts would be problematic because they mask deep inequalities resulting from the mercantile exploration of caring at the expense of its privatization and detachment from political discussions. One of these concepts highlights the duality between who offers and who receives care, inherent in the concepts of care, which tends to supersede the constructive power relations of subjectivity. Another restraining concept is that of care perceived as a *loving work* delivered at the expense of the added value of the emotional work of women, typically immigrant and black<sup>(14-15)</sup>.

One of the main ideological repercussions of the dualist or moralist concepts of care is that these exclude *bad care*. By leaving care behind the wall that separates public and private areas,

modern societies perpetuate the long-lasting Greek democracy's practice where women and slaves were excluded from the discursive agoras of the city. In opposition, the concept of care in the democratic light is perceived as "*an activity inherent to the species that includes all we can do to keep, continue and repair our world, so we can live in it the best way possible*"<sup>(14)</sup>. In other words, care would be a core element of human life, relational, embedded in power disputes and not only something good<sup>(16)</sup>.

According to this theory, three situations result in care inequalities<sup>(14-15)</sup>: a - when the political difference between required care (when the person cannot do it by herself and needs help such as children, diseased individuals and elderly people) and of services (where the person can do it but decides not to do it, like chores, hygiene, cleaning) is not considered; b - when care is considered as a global merchandise where immigrants, women and black women deliver services in sub-citizenship conditions both in their countries and in those they selected to emigrate to; c - when there are dualisms between who offers and who receives care, masking the vulnerability of those providing care services.

According to the democratic theory of care, commercialization is the alternative to the neoliberal model for redistribution which compartmentalizes women according to gender, class and ethnicity. The growth of migratory flow resulting from globalization, make the poor, immigrant, black or Latin women the *handmaids* of capital. On the other hand, care democratization proposes<sup>(15)</sup> that: everyone is vulnerable and needs care; care with equality and equality of care (access to quality care to expand opportunities); care with plurality (care with differences and its democratic expression).

In brief, the link between care and democracy calls for redistributing care activities in capitalist societies to make them fairer. The democratic theory of care resembles the thesis of care politics. The inclusion of power relations as part of care, just like the complex aspect of hierarchical networks in private and public areas, coincide with the stress between the forms of interaction and ruptures found in care politics. Social inequalities resulting from non-observance of political aspects in care relations conform to the ambivalence between aid and power as a producer of power asymmetries in care politics.

Differences, however, start in the very definition of care. Although the democratic theory of care expands the political perspective of care it is restricted to the scope of practices when it affirms that care is *an activity inherent to the species*. However, care politics is not restricted to human relations, but is inherent to life in different approaches, regardless of biological, social, ethical, political or philosophic dimensions<sup>(8-10)</sup>. In other words, care politics is based on the notion of *autopoiesis* as a movement of autonomous reconstruction of all living things<sup>(17)</sup>; on the concept of biopower of controller societies that produce social life based on internal political processes<sup>(18-19)</sup>; or in the light of aid based on the trilogy of donation enshrined in the *obligation of giving, receiving and returning* as an element that fosters culture<sup>(20)</sup>. The critical epistemology of care politics is forged in the dialogue between science, arts and philosophy with playful and critical explorations required to construe, unveil and reinvent realities<sup>(9)</sup>.

The approach inspired by feminist currents on care politics as a multifaceted expressive, affirmative and disruptive form of power and as an aid in intersubjective relations contradicts the alternatives of democratic theory of care. Over-valuation of care as a solution to deep gender inequalities is insufficient to expand women's citizenship if we consider the antagonisms of power that makes up social inequalities. Tronto seems to come around to the romantic concepts of *care ethics* that forgets to mention how care could cope with deep structural inequalities of society modeled on complex networks and expressions of power in culture, society, economy and politics<sup>(13,16)</sup>.

The only way out for those who defend themselves through care politics is a power that should be contained by another power or *counterpower* strong enough to generate ruptures and innovation in social relations. The common understanding of care based on aid has its strength based on invisibility and the denial of power by the subordinates themselves, and is the most virulent form of violence considering that the expressive goodness contained in it impairs criticisms and resistance. An enabling environment for democracy allows for criticism in live politics.

### **Between Brazilian Eves, Portuguese Maries and contemporary nursing: stereotypes of natural caregivers in the oppression of female**

What would be the stereotyped image that Portuguese society has about Brazilian women? How was this imagery forged in the scope of knowledge-discourse-powers of that culture? How does this image become prejudice? What are the Brazilian Eves, the Portuguese Maries and their similarities with contemporary nursing? How do Eves, Maries and contemporary nursing coincide with the stereotype of natural caregiver? Exactly what is a natural caregiver and which are the impacts on the oppression of the female? This topic will approach these issues in an effort to deconstruct the violence naturalized in the notion of woman as natural caregiver which unifies the stereotypes of gender of Brazilian women in Portugal and in nursing.

Starting with the stereotype of Brazilian women in Portugal, Gomes<sup>(4)</sup> has investigated some of these questions in her criticism about the symbolic violence suffered by the Brazilian women and how they cope with it in the Portuguese context. Generally speaking, one can say that despite the differences of class between the Brazilian Women (the author capitalizes the term to emphasize the stereotype) in Portugal, their gender intersections point out the European social imagery limited to hypersexuality as a discursive, performance based and stigmatizing social construct<sup>(5,8)</sup>.

The coordination of colonialism, race and gender resulting in sexual violence and in the stigma that black and indigenous women's sexuality suffered during the Brazilian colonization spills over to a social imagery that reinvents a *colonial body* that is always available and the target of exploitation by male colonizers. Therefore, the Brazilian woman's stigma as a *sen-sual, exotic and sexual mulata* is still reproduced by the Brazilian media (mainly in the Brazilian advertisements and soap operas) as well as by the foreign media<sup>(4)</sup>. It is worth mentioning that if in Brazil racial discriminations occur between white and non-white, in Portugal such differentiation is between

Europeans and non-Europeans. This way, the term *immigrant* carries racial prejudice along with it, reserved exclusively for the Latin and African individuals and not to foreigners from other European nationalities<sup>(4,6)</sup>. Jointly with this prejudice, there is the essentialization of the discourse resulting from bourgeois Christian morals that associates European white women to Maries-mothers-wives and the indigenous, black and half-breed women to Eves-sinners-prostitutes.

This oppressive bipolarity between Mothers-saints-Portuguese and Eves-sinners-Brazilian women was strengthened during the *Mothers of Bragança* episode. This case of international repercussion took place in the small town of Bragança, in the countryside of Portugal, when a group of four Portuguese women started collecting signatures against the Brazilian Women (immigrants working in that city as prostitutes) who would be stealing the mothers' husbands. The episode resulted in the expelling of the illegal Brazilian immigrants who worked in the brothels in that city, and in the temporary closure of many of these facilities<sup>(21)</sup>.

Apparently this fact summarizes the main criticism towards gender stereotypes associated with Brazilian woman in Portugal, typically related to Eve-sinner-sexualized-prostitute in opposition to Portuguese Mary-mother-asexual-saint. Such social imagery about women, built over centuries in the Jewish-Christian culture, clearly shows the dichotomy associated to gender (weak and strong; victim or guilty; saint or sinner) and to the hegemonic misogynic images produced by men (notably the Catholic Church priests) about women in Western societies<sup>(22)</sup>.

Historically, the figures of a demonized, fallen, enticing, carnal, sinner Eve, and of a sanctified, pure, virgin Mary are used to legitimize discursive practices on behalf of men's domination. According to Duby<sup>(22)</sup>, who investigated how women were treated in the 12<sup>th</sup> century, the Catholic church considered women as the incarnation of sin and enticing sexuality. To contain and save her, she should be controlled by priests or husbands. While the first would subjugate them through soul and faith, the later would possess their bodies, consummated through marriage. Once tamed by marriage and having their Eve side redeemed to the sanctified version of Mary, women should renounce their sexuality and copulate exclusively to reproduce the species.

In this context, there is a clear influence of Portuguese culture and religious morals in Brazil, typical of the imposition of colonizers over the colonized, despite the well-known multiculturalism that gave rise to the Brazilian people, expressed in broad forms of resistance and pictorial redefinition. Considering this, one can find similarities between the stereotypes of the Brazilian women in Portugal and those in contemporary nursing, since this profession is influenced by Christian morals. Just like other professions enmeshed with home and child care, Brazilian nursing comes into being as a profession marked by the influence of gender inequalities, under the Nightingale model.

Florence Nightingale, an English aristocrat in the Victorian era of the 19<sup>th</sup> century, established a model of training, qualification and moralization to handle the several prejudices against women who took care of diseased persons at that time. It is widely known that secular nursing (previous to

the professionalization of contemporary nursing) was made up of women from the lowest strata of the population, with no formal schooling, considered of doubtful morality or as prostitutes and, as such, with century-old burdens of prejudices of class, race, ethnicity and gender. The training model implemented by Nightingale split the profession between nurses, a category devoted to women from the lowest strata of the society, with no formal schooling, and responsible for direct care, and the lady nurses, ladies from the English aristocracy, with higher education and cultural levels, responsible for coordinating care and assembling teams.

At a closer look, the Nightingale model served to put a protective blanket on nursing which hid the stereotypical images of the nurses-Eves and lady-nurses-Maries, keeping these contradictions latent and based on ideologies under the moralist discourse of benevolence, charity and nobility of contemporary nursing. The repercussions, historical contradictions and criticisms of this training model regarding social practice and the autonomy of the profession have been deeply studied in Brazil, notably in the 1980s<sup>(23-24)</sup>.

The main repercussions of the Nightingale model of contemporary nursing on the profession's autonomy are as follows<sup>(23-24)</sup>: a) the passive nature of its origin tied to the interests of the elite or of the state rather than to the social agents who performed it is a challenge posed to active citizenship; b) female nurse's training has ideologically masked the reality underlying nursing care in the 19<sup>th</sup> century (performed by laywomen, religious women, prostitutes, female slaves) through moralist discursive practices incapable of overcoming the contradictions found in professional practice; c) the attempt to raise some nurses' status (lady-nurse), the social, sexual and technical division of work, the denial of social practice by its agents, scientism, the ideology around founding myths - of sacralized, asexual and vocational images - make up the profession's archetype.

The ideological masking of the myths of Eve-sinner and Mary-sanctified latent in the professionalization of current nursing techniques and of the Brazilian nurses, not only has not succeeded in removing the associations with sexy female nurses, but is also reproduced with few criticisms in professional training and practice. In social imagery the sacralized or sexualized images of the professional prevail jointly with the historical submission of nurses to physicians. These views disagree with the illusory concepts that nursing has built for itself to justify or value it internally, dissociated from a stereotyped reality immersed in gender inequalities that call for change<sup>(5)</sup>.

Regarding the profession's image in the world, a recent systematic review of literature analyzed 1,216 studies and prepared the integrative brief of 18 surveys related to Australia, Brazil, Norway, Sweden, the USA, Taiwan, Hong Kong, Israel, Japan and Norway. Among the main results, the following are outstanding<sup>(5)</sup>: a) the traditional cultural and social values of gender influence the way how the public perceives the nursing profession; b) nurses' self-concept is in disagreement with the social imagery; c) the media barely considers nurses as consultants or expert professionals; d) the public at large is unaware about the different levels of education, research and the different fields of action of nursing; e) the society still holds many stereotypes

related to the profession, most of which with pretty negative connotations. Regarding female nurses' image in the media, surveys confirm the existing ambiguities about these professionals who are sometimes considered as qualified and competent female professionals, and other times as a sex object. In different scenarios, gender stereotypes persist simultaneously with the valuation of female nurses for their virtues rather than for their knowledge, influenced by Eves and Maries.

In the Brazilian context, investigation on the image of nursing portrayed by journalism ratifies the invisibility and lack of knowledge about their professional work beyond the social imagery of it being an activity subsidiary to medicine<sup>(25)</sup>. The nursing productions that investigate violence against women, even limited to a topic clearly influenced by gender, miss critical epistemologies of feminism in their analyses<sup>(26)</sup>. In the field of education we find the gradual crystallization of gender stereotypes in the training of future nursing professionals. Studies have identified that students in the first semesters of the undergraduate course have broader views on what it means to be a woman, a man and a nurse than those about to graduate<sup>(27)</sup>.

In another survey carried out with 430 students the social representation of what it means to be a nurse ratifies the notion of care and responsibility associated with knowledge and love. Tied to that, the views on men and women in the profession are related to the sexual roles related to men's rationality and women's emotionalism<sup>(28)</sup>. Studies concluded that the introjection of *well-behaved* woman built in the family facilitates the acceptance of the rules imposed on them during female nurses' training<sup>(29)</sup>.

Regarding the insertion of men in nursing the situation is marked by deep gender inequalities that favor men. A study of systematic review that aimed to identify the factors that influence men entering the profession has selected 34 investigations on the topic carried out in the USA, Canada, Australia, United Kingdom, China, Iran and Taiwan. The insufficient criticism towards gender issues is also found in the literature review that justifies this study, considering that the authors highlight the greater professional valuation<sup>(30)</sup> as an advantage to men entering the profession. As is widely known, delegating the women's emancipation in nursing to the male universe - which has historically produced discourses favorable to their supremacy over women - not only remains in the illusory field, but also ratifies the patriarchy and women's custody by men<sup>(11-16)</sup>.

Regarding the elements that influence men entering the profession, these are also sexist and include<sup>(30)</sup>: a) despite the nuisance caused by entering a typically female profession, they feel comfortable in assuming differentiation strategies regarding their co-workers; b) the reasons for men entering nursing are lack of job, personal reasons or as a second option; c) the challenges they face in nursing consists of contact with the females, the subordinate and socially devaluated nature of care; d) the pictorial stereotype of the profession questions men's skills towards providing care; e) despite the gender contradictions, men take on leadership roles, advance faster and earn more than women; f) men are better treated in the profession by their co-workers or other men.

In this discursive ambience contemporary nursing profession is marked by gender inequalities, similar to Christian

moral stereotypes imposed on Brazilian women in Portugal if we consider the polarized and discriminatory division between Eves-sinners versus Maries-virtuous. The nursing profession and Brazilian women in general are not used to thinking about this social imagery and thus hinder the democratizing discourses and practices that could expand the profession's and women's citizenship and their acknowledgement by society.

If one conceives of the tricks of power, including in its most efficacious bio-political aspect<sup>(18-19)</sup> one will find some discourses about care that naturally reproduce many ways of oppression of the female, notably in the stereotypes of gender that make up the images of Brazilian woman and of contemporary nursing. One of these stereotypes that crystallize woman's imagery under the label of Eves and Maries insists on defining women as *natural caregivers* who, *for their female nature*, are fated to be fully responsible for caring activities. Under this label the chores, care of children and the elderly, general services and all forms whereby a person uses the *services of another person for their own profit* are essentially women's responsibilities. In this regard, the impact of this oppression on Brazilian women in Portugal and in nursing are similar to social inequalities, although in different contexts.

For immigrants in Portuguese lands there is a tendency towards the dominance of women immigrants, in addition to reduced influx of high-skilled individuals. The current profile consists of less skilled workers, coming from lower strata of the population with low education levels, thus compromising better valued insertion in the labor market. Services for the median strata of immigrants in Portugal are those typical to *natural caregivers*, such as: repair work, general services in the cleaning sector and aesthetic services (maid, manicure, waxers, etc.)<sup>(3,7)</sup>. Regarding Brazilian nursing a recent national survey about the professionals' profiles points out concerning results where poor working situations co-exist with health problems and situations of social violence against agents<sup>(31)</sup>.

The similarities between the marginality of female immigrants in Portugal and the nursing professions' social vulnerability confirms the low status of Brazilian women in both contexts, but with specificities. Labeling women as *natural caregivers* is another face of this symbolic violence and produces oppressing concepts of the myths of Eve and Mary made natural by Christian morals.

### **From natural caregiver to the political dimension of caring: politics**

Politicity of care can show possibilities of rearranging the stereotypes that subdue women. To that, this paper will analyze two realities that could favor Brazilian women's power of coping in different contexts and, then, shows the politics of the scenario presented.

Regarding Brazilian women in Portugal, and how they deal with, resist and reframe gender stereotypes, there are at least three ways of subjectification in politics<sup>(4)</sup>: a) passive resistance: women with high level of education try to detach from the Brazilian identity; b) affirmative resistance: usual in the so-called 'happiness' market of dancers and entertainment professionals where women affirm exuberance, beauty and

charm as affirmative marks of the Brazilian culture; c) combative resistance: intellectualized women and members of women's movements actively cope with these stereotypes.

For the Brazilian female nurses, although nursing work has changed over time, some aspects of the profession remain invisible to the public, and nurses barely acknowledge them. This is in reference to the capacity for research, public policies management, health systems and services; of their medium level, undergraduate and graduate education in health and other areas; of consultancy and other ways of working in the third sector. In addition, the subjectification processes about what it means to be a man, woman and female nurse permeated by gender stereotypes hinder the critical appropriation of social practice.

The political richness of nursing lies in what is less identified by female nurses, i.e., the multiplicity of subjects, actions, insertions and works in different scenarios. The Brazilian female nurses take on offices as researchers, managers, health secretaries, entrepreneurs, educators, besides working in third sectors, such as different social and public policy movements. Nonetheless, the imagery of *natural caregiver* crystallized in the discourses and practices of the profession is fixed on the illusion of identity limited to the *angel in white* that, when looked at closely, does not even correspond to the Nightingale myth. After all, Nightingale became famous for her work in research, management, entrepreneurship, and she did all that as an aristocrat.

The illusory essentialism of natural caregivers in nursing does not contribute to coping with gender inequalities, and also reinforces the profession devaluation and breaks up the cohesive power of female nurses who do not sign on to this ideal of care. Many female nurses occupy strategic spaces of power and prestige in different institutions, beyond care and even health. If the professional identity fails to expand enough to comprise different possibilities of work and knowledge of nurses today through rich coalitions for democratic spaces in the profession, in public policies and in society, the political richness capable of coping with gender inequalities in the profession will be lost.

In an attempt to rearrange the Brazilian women's gender stereotypes as immigrants or in the nursing profession, care politicity in the light of gender show some disruptive dynamics, as follows:

- a. Feminist epistemology for better care: this understands the social-historical context that gives rise to the discursive practices of gender stereotypes in different contexts,

expanding the multiplicity of epistemic views. It implies expanding women's and men's nurturing paradigms based on feminist epistemology in different scenarios of education, information, institutions and social practices, fostering critical thinking capable of organizing discourses to cope with gender stereotypes.

- b. Care to cope: after expanding the genealogical understanding about the links between gender and power in institutions, societies, practices and discourses in several contexts where women play a secondary role as subjects, women should be mobilized towards coping. In the case of Brazilian women in Portugal, it means expanding the forms of discursive resistance and combining them in networks of converging interests in the fight to expand global citizenship. Nurses are urged to rethink their professional identities, making these diverse enough to deconstruct the stereotypes of natural caregivers in the profession.
- c. Care to be questioned: based on the critical understanding of the context that gives rise to gender stereotypes, identifying relations of power involved, interventions must avoid dogmatism. It means to keep the antagonistic and open nature of care to enable resistance, excelling through the plurality of issues in dispute.

## CONCLUSION

The similarities between the Eves-Brazilians and Maries-Portuguese stereotypes with the sexualized or sanctified female nurse are inserted in the Jewish-Christian moral's genealogy that restates the subservience of female to the male, with violence towards women. The labels of Eve and Mary essentialize women as natural caregivers fated to take care of home, children, the elderly, diseased individuals, husbands and others. By prioritizing care that needs non-care to expand the possibilities of caring, the theoretical assumption of care politicity in the light of gender could contribute to change the essentialized image of the Brazilian women in Portuguese lands and in contemporary nursing, both being immersed in the stereotypes of Eves and Maries. Or, in mythological language, between Eves and Maries, the politicity of care evokes the myth of Lilith in its multiple subjectivities that personify the irreverence and non-submission of feminism to subvert the order of others about who or how Brazilian women in plural, should be.

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