

Our Brazilian research

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Our research (2004-2015)

- Qualitative research on the Network of Referral Centers for Psycho-Social Care (CAPS) in the Brazilian Unified Health System (SUS).
- The establishment of an interdisciplinary field between public health and mental health was proposed to meet common needs by achieving similar perspectives in knowledge and practice.
 - emphasizing the importance of reclaiming and guaranteeing the roles of various social actors to shape the assessment process,
 - the need for collecting and standardizing academic studies on the topic,
 - and the importance of promoting a new research field focusing on public health policies to support policymakers, managers, and health teams in reshaping their practices.

Our research (2004-2015)

- Studying narratives. Some classical studies on narrative structure with origins within literature, history, communications theory and psychoanalysis were analyzed with the aim of exploring whether their categories and concepts would be methodologically applicable to qualitative health-related research.
- The potential for using narratives to study situations in which there is interest in mediations between:
 - experience and language,
 - between structure and events,
 - between subjects and collective groups or
 - between memory and political action are highlighted.

The subject of recovery

- The perspective of persons with severe mental illness, within the context of community mental health services and psychiatry care transformations, still lacks studies although it has been increasingly investigated.
- Through data analysis the following thematic categories were identified:
 - effects of the illness experience;
 - treatment context at the Psychosocial Care Centers;
 - diagnosis;
 - possibilities and expectations related to the future/prognosis;
 - and openness for the experience of others (dialogic position).

The narrative and its use as a methodological support for qualitative research with psychotic patients

- The experience of psychosis imposes to the subject a permanent work of reconstruction of sense, in a way that the interpersonal processes can shape new and possible stages of existence.
- The reading about the meaning of sense that users attribute to their treatment usually are mediated by the elaboration of those who worked with them, through a language already codified by a symbolic display.
- We indicate narrative work as a possibility for mediation between actual experience and socially established language, and stress the potential of narratives for restoring a subjects' authorship of discourses that involve them.

Recovery + narrative

- Some studies defends that there is a shock of cultures between the tales of professional staff and those of users.
- The professional staff usually discuss about the patient experiences by means of a clear language, technically expressed.
- Already, the users use to adopt expressions of hesitating meaning, shifts between words and what they means in the formal language and temporal and spatial incoherencies, showing another way of organizing the lived experience (Corin, 2002).

Our methodology

- For building our empiric material we often use focus groups and unstructured interview with users than – of a psychoanalytical point of view - showed a psychotic organization.
- For showing the discourse of this people, respecting their own way of structuration, we use a conception of narrative work that allows the restitution of the authorship to the related subjects.
- It should be noted that our objective is to point out the traditions in which we support our practice in order to construct the narratives in our research. Saving the user's peculiar way of telling tales, describe situations and evaluate treatment.

- Based on these conceptions, we consider that the narrative work contributes to the research about the psychotic experience since it allows the social sharing of that experience, without dismissing its singularities.
- So, by their narratives, the psychotic patients step into the political space, fulfilling it with their experiences, historically relegated to exclusion.
- In our research work we had to be available, sensible and near the users in order to develop a trusting listening.

barriers in/of the research processes

- How to transform the interview transcriptions in narratives? We judge that the narratives as mediations between the lived experience and something socially shareable are not naturally given. They require a constructive work in which the researcher stands as an interlocutor-narrator (Onocko Campos; Furtado, 2008).
- As we saw in Freud (1900; 1937) is not enough the patient to describe his dream, it is necessary a work of listening of the analyst that, meanwhile notes and interpretations, helps him in the reconstruction of his own historical truth

Some evaluative results

- The experience of our interviewed subjects claim that only from the sickness their basic rights could be accessed.
- This highlight the need of enlarge the clinical practices including the context of the real life in the treatment and the importance of linking with other public policies behind health services.
- Being a relatively recent experience (the first CAPS III of Campinas is from October 2001) there is a consensus that it has been and real advance.
- We found histories of fight, of survival, of quotidian experiences signed by the unequal social structure, and of social changes moved by the access to new ways of existence.

Some evaluative results

- The narrative seems to make possible the visitation of the lived experience with a new view: a changing one
- The first impact perceived was the change between being sick (an identity adherence to the sickness) and the feeling of having been ill
- This maybe could guarantee some empowerment in the sense of reject the standardized practices, and the recognition of the right to claim (not usual in the Brazilian context)

Some evaluative results

- Taking care of the crisis in the same service is pointed out as something very positive, seeming to guarantee to the users the affection with the reference professional team and the continuity of care. Allowing a relationship more trustful and less invasive and frightened.
- The reference team is very well evaluated as an articulator, their help in making the society habitable and shareable. Also creating a feeling that the world is more trustable.
- The need of other social equipment was also highlighted.
- The fragility of the social rights and the weakness of the notion of citizenship was some of the more remarkable (and worrying) aspects.

Some evaluative results

- Few are the possibilities of circulation and to access other policies (housing, protected work, retirement, etc.) pointing out a long way to be covered to establish more effective care networks
- It seems to be exactly here the possibility of refuse the social mandate of enclosure the madness: the immense disposition of the users in being involved in the construction of a better world.
- The return to the social, having in the suitcase an ethic of solidarity to offer. The reconstruction of new values in simples relationships, in the socially empty quotidian of the cities, as the power of a friendly word, the raid by the world and the cultural action.

concluding

- We try to show how, by assuming radically the participatory strategies we were taken to review some methodologic aspects of the research.
- We have been firm in refusing the interpretative violence (Piera Aulanguier, 2001), we call this violence of “unnecessary”.
- We can not stand anymore as and interpretative authority , interpreting the others. We try to interpret with the others, being, each time, more help writers, helping a movement of reflection and criticism. Talking our questions, yes. But to them. With them.

- Thank you!

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