

INTEGRATIVE LITERATURE REVIEW ARTICLE

THERAPEUTIC LISTENING: A TECHNOLOGY OF MENTAL HEALTH CARE ESCUITA TERAPÊUTICA: UMA TECNOLOGIA DO CUIDADO EM SAÚDE MENTAL ESCUCHA TERAPÉUTICA: UNA TECNOLOGÍA DE ATENCIÓN EN SALUD MENTAL

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ABSTRACT

Objective: to characterize therapeutic listening by analyzing the benefits in care for people with mental disorders at different levels of care. **Method:** this is a bibliographic, descriptive, integrative literature review, between 2010 and 2020, at LILACS, MEDLINE, BVS and BDNF. The articles were analyzed by reflective and careful reading about the main information and elements that make up the theme in the studies. **Results:** 12 articles resulted, published in national journals. Therapeutic listening is pointed out as an important tool for the analysis more favorable to the understanding of the patient's real psychological suffering, valuing the professional-patient-family relationships and, in addition, requiring the development of technical and humanistic skills, favoring a self-reflection of the patient and provided an instrumented and systematized care network. **Conclusion:** it is concluded that listening is an efficient therapeutic technology that can and should be implemented in different scenarios, but that lacks further research on the impact at different levels, requiring the development of technical skills for its best operation. **Descriptors:** Health Communication; Mental Health; Technology; Humanization of Assistance; Professional Patient Relations; Psychiatric Nursing.

RESUMO

Objetivo: caracterizar a escuta terapêutica analisando os benefícios na atenção a pessoas com transtornos mentais em diferentes níveis assistenciais. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa da literatura, entre 2010 a 2020, na LILACS, MEDLINE, BVS e BDNF. Analisaram-se os artigos pela leitura reflexiva e criteriosa acerca das principais informações e elementos que compõem a temática nos estudos. **Resultados:** resultaram-se 12 artigos, publicados em periódicos nacionais. Aponta-se a escuta terapêutica como uma importante ferramenta para a análise mais favorável ao entendimento do real sofrimento psíquico do paciente, valorizando as relações profissional-paciente-família e, além disso, necessitando do desenvolvimento de habilidades técnicas e humanísticas, favorecendo uma autorreflexão do paciente e proporcionando uma rede de cuidados instrumentalizada e sistematizada. **Conclusão:** conclui-se que a escuta é uma eficiente tecnologia terapêutica que pode e deve ser implementada em diversos cenários, mas que carece de maiores pesquisas acerca do impacto nos diferentes níveis, requerendo o desenvolvimento de habilidades técnicas para sua melhor operação. **Descritores:** Comunicação em Saúde; Saúde Mental; Tecnologia; Humanização da Assistência; Relações Profissional-Paciente; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: caracterizar la escucha terapéutica mediante el análisis de los beneficios en la atención de personas con trastornos mentales en diferentes niveles de atención. **Método:** se trata de una revisión bibliográfica, descriptiva, integradora de la literatura, entre 2010 y 2020, en LILACS, MEDLINE, BVS y BDNF. Los artículos fueron analizados mediante una lectura reflexiva y cuidadosa sobre la información principal y los elementos que componen el tema en los estudios. **Resultados:** resultaron 12 artículos, publicados en revistas nacionales. La escucha terapéutica se señala como una herramienta importante para el análisis más favorable a la comprensión del sufrimiento psicológico real del paciente, valorando las relaciones profesionales-paciente-familiares y, además, requiere el desarrollo de habilidades técnicas y humanísticas, favoreciendo una autorreflexión del paciente y proporcionando una red de atención instrumentada y sistematizada. **Conclusión:** se concluye que escuchar es una tecnología terapéutica eficiente que puede y debe implementarse en diferentes escenarios, pero que necesita más investigación sobre el impacto a diferentes niveles, lo que requiere el desarrollo de habilidades técnicas para su mejor operación. **Descriptor:** Comunicación em Salud; Salud Mental; Tecnología; Humanización de la Atención; Relaciones Profesional-Paciente; Enfermería Psiquiátrica.

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INTRODUCTION

It is known that, historically, individuals with mental disorders had their rights neglected, among which the humanized access to health services stands out, which evidenced the need for a reformulation of the care provided to this public. Psychiatric Reform emerged in Brazil, replacing the asylum model hitherto in force with the aim of promoting qualified mental health care that focused on valuing the subject, his needs and peculiarities.¹

In parallel to this process, a resignification of mental health actions is sought, giving rise to a new understanding of madness as the existence of suffering that requires comprehensive, qualified and humanized care.²

In the health area, technologies used in the care process are classified into light, light-hard and hard. Light-hard technologies consist of structured knowledge that underlies the systematized health care processes.³ Therefore, technology permeates the process of construction and implementation of health knowledge, thus integrating a fundamental part of care planning and execution.⁴

It is aided by the light-hard technological resources employed in health care, the establishment of a bond that enables the expression of problems of trust between workers and users, as this way, the patient has an easier time expressing his health problems and the professional has the possibility to apply their knowledge in a systematic way, with the purpose of intervening, in the best way, in face of the problem presented by the client.^{3,5}

In this sense, in view of the discussions generated by the Psychiatric Reform process that led to the introduction of new devices of attention and care to the subject in psychological distress, therapeutic listening as a light-hard technology potentially capable of improving care provided to that audience. It is transcendent, through therapeutic listening, to listen to what the subject has to say, constituting a device for the construction of meanings based on the patient's report that makes it possible to minimize anguish and feeling of incapacity, thus providing a feeling of support and inclusion.⁵⁻⁶

In the care of individuals with mental disorders, an interdisciplinary and qualified team is required, with the articulation of different knowledge in order to provide effective and resolving assistance, in addition to the inclusion of the individual and his family in the planning of self-care, favoring greater quality of life and relief from suffering.⁷

Therapeutic listening is configured, therefore, as a technological strategy that favors effective

communication, an essential element for the understanding of the other, given that it implies a positive attitude of interest and respect for being heard, thus being therapeutic.⁸ Such a tool can be used in the context of mental health as a way of overcoming difficulties in establishing a communicative, structured and effective process, based on understanding the subjects' life and health needs.

It also highlights the importance of training health professionals who will act in the practice of therapeutic listening in order to maximize the benefits arising from this activity and avoid that the inability to drive can trigger losses to the patient.⁹

The production of this study is justified by the need to expand the knowledge about therapeutic listening in order to contribute to the debate around the theme and to the effectiveness of its implementation in health care services for people with mental disorders.

OBJECTIVE

- To characterize therapeutic listening by analyzing the benefits of care for people with mental disorders at different levels of care.

METHOD

It is a bibliographic, qualitative, descriptive study, of the type integrative literature review that followed the six steps: survey of the problem and note of the general objective; research in the databases of the main studies; application of the inclusion and exclusion criteria; selection of the most relevant studies; data evaluation and results analysis; research presentation.¹⁰

The following formulation of the guiding question is informed: "What are the main notes in the literature on the method of therapeutic listening that qualify as an effective health technology in assisting people with mental disorders?"

The time frame of the publications was attributed to the period between 2010 and 2020, and the specific descriptors, available in the Descriptors in Health Sciences (DeCS), were determined: Humanization of Assistance/Humanization of Assistance; Nursing Care/Nursing Care and Mental Health/Mental Health, associated with the use of the Boolean operator AND, combined with the application of the main subject markers: Therapeutic Listening.

The search was performed on the online platform Virtual Health Library (VHL), Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analyzes and Retrieval System Online (MEDLINE) and Nursing Database (BDENF).

Therefore, in the third stage, the inclusion and exclusion criteria of the study were established, considering the inclusion criteria: Complete Brazilian articles published in full, available in Portuguese, English and Spanish, considering the Brazilian scenario in order to relate the context of Psychiatric Reform in Brazil. Studies that were unavailable in their entirety, duplicate articles, and publications outside the time frame, theses, dissertations and gray literature were excluded, such that they did not meet the scope of the study.

Please be informed that, at the stage of study selection, a data collection form was prepared containing: title, author and year of publication, objective, method used, main results and conclusions. Pre-selected studies were classified regarding the quality of methodological bias, the adapted Critical Appraisal Skills Program (CASP) instrument was applied, categorizing them into six levels, according to the established criteria: Level I - meta-analysis or systematic review; Level II - experimental or randomized study; Level III - non-randomized or case-control studies; Level IV - descriptive, qualitative research, bibliographic

reviews; Level V - case reports or program evaluation data; level VI - opinion of authors or expert committee reports.¹¹

It appears that the articles were analyzed through reflective and careful reading about the main information and elements that make up the theme in the studies, being evaluated for methodological rigor, critically, through the instrument adapting from CASP,¹² produced by the University of Oxford in 1993, since the instrument is composed of ten punctuating items, where they classify articles in two categories in line with the score achieved, being: category A, reached six to ten points and articles with good methodological quality and reduced bias are considered; category B, reached at least five points, classified as articles of satisfactory methodological quality, but with increased potential and bias. A figure was constructed that contemplates such processes (Figure 1) selection, classification and evaluation.

It is evident that, from the application of the established criteria, 12 articles were included and analyzed, as shown in figure 1.

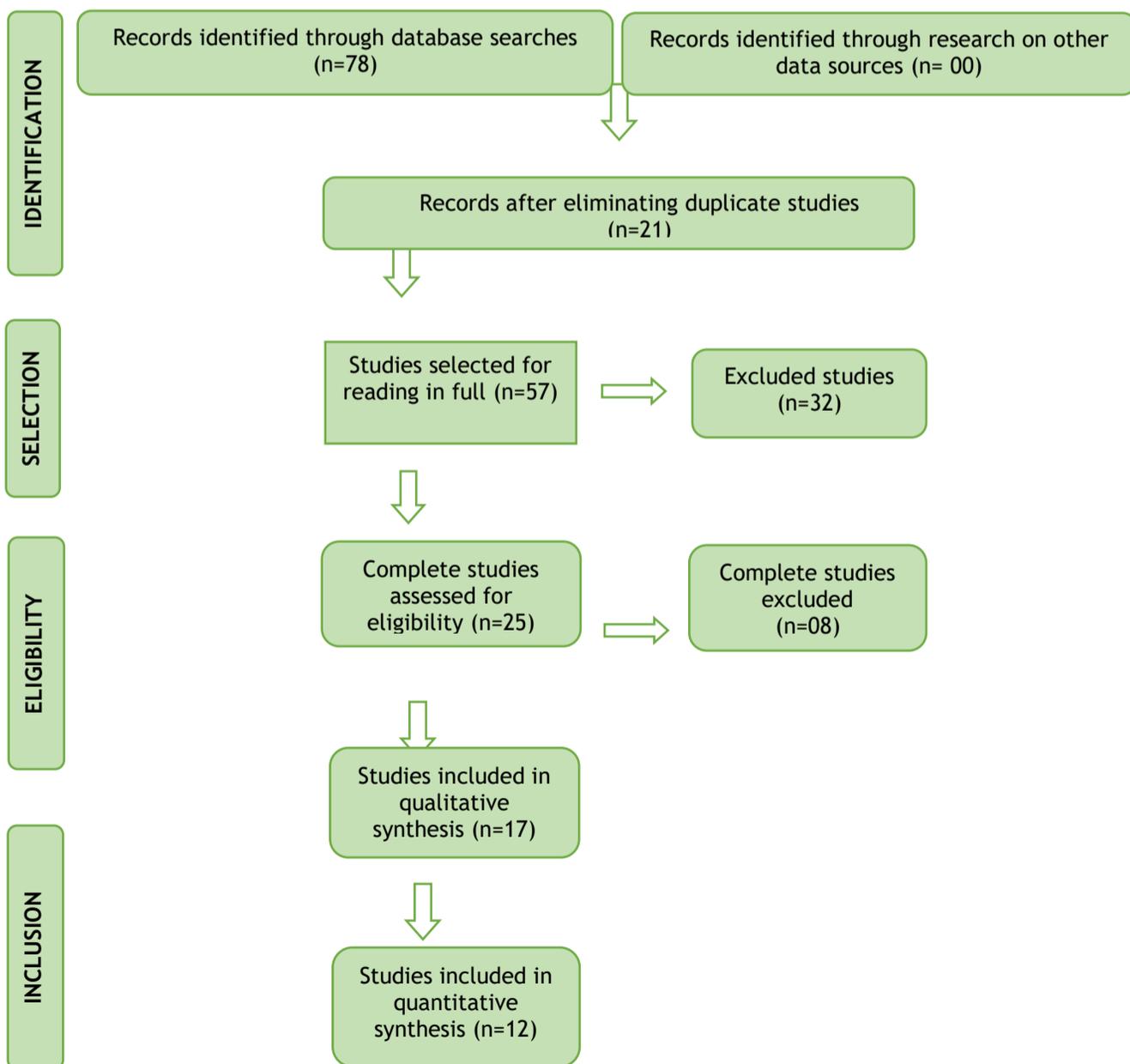


Figure 1. Flowchart of study selection adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA 2009). Picos (PI), Brazil, 2020.

It was found that, with the analysis of the articles about the main information and elements that make up the theme in the studies, the discussion carried out proceeds to correlate the texts according to their theoretical framework, ending the sixth stage with the publication of the research.

RESULTS

12 articles were included to compose the integrative review, of which it was observed that

most publications occurred in 2015 (n = 3). All studies were published in national journals. Regarding the method adopted, qualitative studies (n = 10; 83%) and quantitative studies (n = 2; 17%) were observed, as shown in Figure 2, characterizing them in terms of title, authors/year, objective, method, main results, conclusions and level of evidence.

| N | Title | Author/Year | Objective | Method | Main results and conclusions | Level of evidence |
|---|--|---|--|--|---|-------------------|
| 1 | Relationship technology as a device for humanized care in primary health care from the perspective of access, reception and bonding. | <i>Coelho, Jorge.⁵ (2009)</i> | Discuss how users and workers perceive access, welcoming and bonding as light technology in primary care in the city of Fortaleza (CE). | Qualitative, descriptive | The technologies of relationships in health actions indicate the need for respect, effective relationships at work, resolvability in care, access to information between team members and between them and users. | Level IV - B |
| 2 | Therapeutic listening in clinical nursing care in mental health. | <i>Lima, Vieira, Silveira.⁶ (2015)</i> | Understand the concept of therapeutic listening in clinical nursing care in mental health. | Qualitative | Listening is devoid of its therapeutic potential; is conceived as a means to obtain information about the subject in psychological distress that, in summary, corresponds to the objectified signs and symptoms in the body. | Level IV - A |
| 3 | Qualified listening and welcoming in psychosocial care. | <i>Maynart, Albuquerque, Brêda, Jorge.¹³ (2014)</i> | To apprehend qualified listening and welcoming in psychosocial care, from the perspective of users. | Qualitative, descriptive and exploratory | Qualified listening has therapeutic potential when performed and contributes to the improvement of attention centered on people with mental disorders. | Level IV - A |
| 4 | Attentive listening: reflections for nursing in the use of the life history method. | <i>Reis, Araújo, Paschoar Júnior, Santos.¹⁴ (2012)</i> | Carry out a theoretical reflection on the importance of listening attentively to the life story method. | Qualitative, reflective | Sensitive listening, effectively, is a light care technology and becomes therapeutic in relationships, care and research. | Level IV - B |
| 5 | Therapeutic listening as a suicide prevention strategy: an experience report. | <i>Fernandes, Lima, Silva.¹⁵ (2018)</i> | Report the experience in relation to suicide prevention during therapeutic listening with the patient with suicidal behavior and discuss the role of the nurse in the relationship of help in preventing suicide with patients with such behavior. | Descriptive, experience report. | The practice experienced during the nursing consultations provided evidence that the therapeutic relationship, the welcoming and the qualified listening are effective and fundamentally important tools in the prevention of | Level V - A |

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|----|---|--|--|---|--|--------------|
| 6 | The meaning of nursing care during psychiatric hospitalization. | <i>Oliveira, Siqueira Junior, Furegato.</i> ¹⁶ (2017) | Identify the meaning attributed to the main nursing care provided during psychiatric hospitalization according to the opinion of patients and nursing professionals. | Field study, exploratory-descriptive, quantitative. | suicide. Listening/presence are signs of welcome and support, however, professionals are not always available to listen to patients. | Level IV - A |
| 7 | Humanized care: discovering the possibilities in mental health nursing practice. | <i>Oliveira, Silva, Medeiros, Queiroz, Guimarães.</i> ¹⁷ (2015) | Identify humanized care as an instrument for the reorganization of nursing practice in mental health. | Qualitative, exploratory | Humanization means caring for people, collectively, with responsibility, commitment and ethics, helping them to overcome their limitations. | Level IV - A |
| 8 | The effect of therapeutic listening on anxiety and fears of Surgical patients: randomized clinical trial. | <i>Garcia, Simão-Miranda, Carvalho, Elias, Pereira, Carvalho.</i> ¹⁸ (2018) | To investigate the effect of therapeutic listening on anxiety, condition and fears related to surgery in patients in the preoperative period for colorectal cancer surgery. | Randomized clinical trial | The use of this intervention can enable the collection of information centered on the patient, since therapeutic listening seeks, as the center of their actions, the patient and not the disease. | Level II - A |
| 9 | Affective-sexual trajectories of people with chronic wounds in the lower limbs: aspects of therapeutic listening. | <i>Carvalho, Paiva, Aparício, Rodrigues.</i> ¹⁹ (2013) | Discuss the trajectories of people with chronic wounds in the lower limbs, focusing on affective and sexual experiences. | Qualitative | It became evident the need to promote not only healing interventions for the body, but also therapeutic listening and psychological support during the care provided to these people. | Level IV - B |
| 10 | Family support in the intensive care unit: a view of humanization in Nursing. | <i>Valença, Pereira, Monteiro, Germano.</i> ²⁰ (2010) | Reflect on the support given to the family by the Nursing team of the individual hospitalized in an intensive care unit in order to exercise a humanized and welcoming care. | Bibliographic, narrative, qualitative review | Humanization of care and welcoming the family in intensive care are still in the process of being built by reflections and connections of knowledge, allowing the expansion to care with art beyond science. | Level IV - A |
| 11 | Humanization of hospital care: an integrative review. | <i>Penia, Oselame.</i> ²¹ (2015) | Describe the humanization methods used in hospital care. | Qualitative, bibliographic review | Humanization involves the entire health institution and must be part of the way of thinking and acting, of the planning process, including management and even the work processes of the health team. | Level IV - A |
| 12 | Listening duty: an application of Humanistic Theory in the clinical nursing process. | <i>Silva, Santos, Kestenberg, Caldas, Berardinelli, Silva.</i> ²² (2018) | Reflect on the applicability of listening duty based on Humanistic Theory in the clinical nursing process. | Qualitative, reflective | The use of empathy as a vehicle for understanding and elaboration helps the client served. It brings, in itself, a therapeutic | Level IV - B |

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|--|--|
| | potential, providing consolation, comfort, broadening of the understanding of oneself, relieving loneliness, anxiety and raising self-esteem. Above all, it helps to elaborate and find meaning in the lived experience. |
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Figure 2. Characterization of the articles regarding the title, author, year, objective, method and main results, conclusions, conclusions and level of evidence. Picos (PI), Brazil, 2020.

It was found, in the analyzed articles, unanimously, that therapeutic listening promotes holistic care based on the subject's understanding as a biopsychosocial being. It is pointed out that, despite this, professionals sometimes neglect it during their care practice, reflecting negatively on the quality of care provided. Furthermore, it was pointed out the need to implement therapeutic listening as a relationship and health promotion technology.

DISCUSSION

Health care should be based on integrated and quality care by the health team, and skills in identifying and interpreting data are necessary in order to highlight the most effective actions to solve problems. It is necessary, therefore, for effective and qualified communication to take place,¹³ as this instrumentalizes the care and prepares the professional to behave before the different personality models of the patients, bringing to light the sense of humanization of those who listen.

Therefore, the professional's attitude of understanding the perspective in speech and the patient's feeling through the ombudsman is involved, but showing himself present and committed to the moment of dialogue, favoring the synthesis of information to return the speech, in a way more clarified in order to survive a self-analysis by the patient.¹⁴

In short, the studies analyzed point out, therapeutic listening as an important care tool that enables the professional to obtain more reliable information about the individual and his mental state,¹⁵ that is, an analysis more favorable to the understanding of the patient's real psychological suffering, which shows the adoption of a holistic character, by the professional, resulting from the transformation of the panorama regarding health care seen with the evolution of the psychosocial care network linked to humanized care. Becomes the focus directed at the human being integrated to social and environmental influences.²³

In this sense, therapeutic listening, professional-patient-family relationships are

valued, making dedication and commitment necessary to participate in a shared experience to reduce the difficulties presented by little familiarity, in addition to obtaining complementary information to diagnoses and interventions. It allows the patient to understand their situation and act as a protagonist in their treatment, as they, when expressing themselves, listens to themselves and contributes to their improvement.¹⁶

It should be noted that therapeutic listening has several forms and moments to be applied. There will be the user who seeks mental health assistance by a qualified professional to undergo a reception, thus, being offered advice and information about their problem and concerns.²⁴

Through this initial contact, the formation of the professional-patient bond is made early, and respect and acceptance must be expressed by a humanistic posture, that is, the professional must clearly assume a welcoming aspect with regard to listening, listening carefully to the reports of the patient and their family and, with feedback on succinct questions, stimulate, as much as possible, the user's self-reflection and openness of thought in order to collect as much information as possible, in addition to undertaking their risk classification to support new therapies.¹⁷

In the approach of listening, it must be done individually, in a group, with the family or support groups with other users, nevertheless, involve the performance of a multi-professional team in order to expand psychosocial support, resolve insecurities and add clarification of multiple demands.¹⁸

It is necessary, when applying it in support groups, to pay attention to the guidelines given in listening based on the therapeutic objective to be reached according to the demands of the group itself, that is, the formation of focus groups with a common objective, such as, for example, the literature points out the clarification groups, and the guidelines explain, or make clear, common conditions, and dialogue should arouse comparisons for self-understanding at the collective level.⁶

Speech should be free in the validation groups, in which listening tries to give meaning to the information expressed, and in expression groups, where listening techniques are focused on maintaining silence as a therapeutic form, and the professional's verbalization must be focused on acceptance and feedback with descriptive questions in order to achieve more deeply the patient's self-reflection. In short, it supports the consonance of the application in listening to the patient's narrative without profound interference from notes or advice, but perceiving and feeling the reports from a psychological point of view and guiding them to reflect on their own condition.¹⁵

As another scenario, home listening is emphasized, in which his technique is based on the aforementioned way, but it is worth highlighting the traits of this practice, as it proves effective in circumventing obstacles related to access to the unit and acceptance of treatment. Great progress has been shown in studies to reduce anxiety and depression, with this practice being more commonly used in postpartum women with postpartum depression.⁷

It is inferred that it is of interest that the method, in this scenario, is combined with family participation, because, in addition to providing opportunities for speech centered on the feelings of the circumstance, in addition to sharing the experience with family and friends, there may be the sharing of points of view provided that the comments are aimed at comforting the patient heard.¹⁹

The family must be considered as an important influence on the therapeutic results of treatment in mental health. It is, however, extremely important to observe family interactions and the performance of roles, if possible, in moments of individual listening before leaving for the group, as the family, as a key part in the treatment results, it can also negatively influence this course, being a risk factor for the patient's worsening, because, often, the lack of understanding and support of the members, especially those who assume a leadership role, can assist in giving up therapy and even be the spring that drives stimuli in generating the disorder.²⁰ A challenge must be fulfilled, in this sense, which is to reach the family as a product of advancement in the recovery of the individual, offering to collaborate with emotional support, solidarity and appreciation of life.²⁵

It is recognized that the effectiveness of therapeutic listening as a health technology, to a large extent, depends on the professional's ability to provide emotional support and conduct care in a beneficial way in order to provide a comfortable and judgment-free atmosphere for the externalization of the individual's problems.²¹

However, it is necessary to associate therapy as a technological resource for proper professional training, that is, a skill that is developed by systematic and technical aptitude, following clear steps and objectives, such as humanized reception, the identification of risk factors, the protection of the person, the prevention of aggravating behaviors, the strengthening of bonds and the preparation for return to society. The listening technology is linked to each aspect of it as a contributor to the general process of mental health treatment, and the practice of the general process contributes to the improvement of the skills of the professional who performs the listening.⁴

To this end, it should be added that the listening skills rooted in the professional should not be treated as innate, but as a result of the professional's training and position in the pursuit of improving communication skills, using expressions of respect, trust, recognition of rights, acceptance and, above all, empathy, and these are achieved through rehearsal by reading, dramatization, discussions, lectures and the practice itself.¹⁷

It should be noted that the great challenge for therapeutic listening is still to make sense of the subject's perception on the part of the listener, and the professional's disbelief in undertaking a meaningful listening, in other words, the patient's reflection and self-analysis, achieved by listening with a therapeutic purpose, can only be achieved through the conviction of the professional team that accompanies him and the family and social support, as this is a health-building process.²²

CONCLUSION

Therapeutic listening is a valuable method for the recovery of patients with mental disorders. For this technology of care, technical and systematic actions are required, but also humanistic for their best effectiveness, depending on environmental, family, social, accessibility factors, but, especially, the willingness of the professional to provide quality multifaceted care, requiring, therefore, investments by the health systems in the training and qualification of health professionals so that they are prepared to provide support and humanized assistance.

When this listening is performed correctly, excellent results are shown in the recovery of the patient's self-perception as a person inserted in a social context, reduction and control of anxiety and depression. However, when it is wrongly treated, the development of capacities is delayed, making trusting relationships more difficult, in addition to the implementation of new therapies.

The production of new studies and discussions on the relevant topic are shown, given that listening is presented as an active part in a very

wide range of interventions in different health care modalities, and the literature lacks further details on the particularities of the benefits of listening and its application in other levels of health care.

It is also concluded that this health intervention technology, despite being familiar to nursing professionals, still lacks the dissemination of its system for an application that prioritizes the quality and effectiveness of care, in addition to raising awareness that making use of instruments such as these strengthens the welcoming and bonding of clients, as well as directly interfering in the quality of care provided, especially in the perception of mental health.

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