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LISTENING IN THE TREATMENT OF PSYCHOLOGICAL STRESS: AN INTEGRATIVE REVIEW

A ESCUTA NO TRATAMENTO DO ESTRESSE PSICOLÓGICO: UMA REVISÃO INTEGRATIVA

LA ESCUCHA EN EL TRATAMIENTO DEL ESTRÉS PSICOLÓGICO: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to identify in Brazilian journals how listening has been defined within the mental health care. **Methodology:** this is an integrative review study carried out in the Scientific Electronic Library Online (SciELO) database, aiming to answer to the following questions: *What is the concept of listening which grounds these papers? For what purpose is listening developed? How is listening performed?* We obtained a sample of papers published in Portuguese, within the period from 2007 to 2011, which presented the term listening connected to mental health care. In the exploratory time, an exhaustive reading of the abstracts of 170 papers was performed. For data synthesis and analysis, an instrument comprising the following items was developed: paper identification, aims or investigation questions, journal excerpts, keywords, and thematic categories. **Results:** after successive readings, 37 papers were selected, which allowed the organization of the categories “listening as a means” and “listening as an end”, highlighting the excerpts on listening and identifying the keywords. **Conclusion:** there was a polysemy on listening both at the level of discourses and in the practices aimed at the patient undergoing psychological stress. One believes it’s necessary to promote a deeper reflection on listening as a therapeutic tool, so that there’s no risk of using it in an undefined way and with no purpose. **Descriptors:** mental health; stress, psychological; psychoanalysis.

RESUMO

Objetivo: identificar nos periódicos nacionais como a escuta tem sido definida no âmbito do cuidado em saúde mental. **Metodologia:** trata-se de estudo de revisão integrativa realizada na base de dados Scientific Electronic Library Online (SciELO), com a finalidade de responder as seguintes questões: *Qual é o conceito de escuta que fundamenta esses artigos? Com que finalidade é desenvolvida a escuta? Como é realizada a escuta?* Obteve-se a amostra dos artigos publicados em português, no período de 2007 a 2011, que apresentavam o termo escuta articulado ao cuidado em saúde mental. No momento exploratório foi empreendida a leitura exaustiva dos resumos dos 170 artigos. Para a síntese e análise dos dados se elaborou um instrumento que contemplou os seguintes itens: identificação do artigo, objetivos ou questões de investigação, trechos dos periódicos, palavras-chave e categorias temáticas. **Resultados:** após sucessivas leituras, foram selecionados 37 artigos, que permitiram a organização das categorias “escuta como meio” e “escuta como fim”, destacando os trechos sobre escuta e identificando as palavras-chave. **Conclusão:** houve polissemia sobre a escuta tanto no nível dos discursos como nas práticas voltadas ao paciente em estresse psicológico. Entende-se ser necessário suscitar uma reflexão mais aprofundada sobre a escuta enquanto ferramenta terapêutica, para que não se corra o risco de utilizá-la de forma indefinida e sem propósito. **Descritores:** saúde mental; estresse psicológico; psicanálise.

RESUMEN

Objetivo: identificar en los periódicos nacionales como la escucha se ha definido en el ámbito del cuidado en salud mental. **Metodología:** esto es un estudio de revisión integradora realizada en la base de datos Scientific Electronic Library Online (SciELO), con el fin de responder a las siguientes cuestiones: *¿Cuál es el concepto de escucha que fundamenta estos artículos? ¿Con qué propósito se desarrolla la escucha? ¿Cómo es realizada la escucha?* Se obtuvo la muestra de artículos publicados en portugués, en el período de 2007 hasta 2011, que presentaban el término escucha articulado al cuidado en salud mental. A la exploración fueron realizadas lecturas exhaustivas de los resúmenes de los 170 artículos. Para la síntesis y el análisis de los datos se elaboró un instrumento que incluyó los siguientes ítems: identificación del artículo, objetivos o cuestiones de investigación, extractos de los periódicos, palabras clave y categorías temáticas. **Resultados:** después de las lecturas sucesivas fueron seleccionados 37 artículos, que permitieron la organización de las categorías “escucha como medio” y “escucha como fin”, destacando los extractos acerca de escucha e identificando las palabras clave. **Conclusión:** hubo polissemia acerca de la escucha tanto en el nivel de los discursos como en las prácticas orientadas al paciente con estrés psicológico. Se entiende que es necesario suscitar una reflexión más profunda acerca de la escucha como herramienta terapéutica, para que no corra el riesgo de utilizarla indefinidamente y sin propósito. **Descriptores:** salud mental; estrés psicológico; psicoanálisis.

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INTRODUCTION

With the current mental health policy, the concept of listening as a tool for grounding the practices developed within the services has gained strength and emphasis. However, it's clear that, both in these practices and in the scientific production within the area, there're several ways to design and perform listening.

Generally, listening is indicated as equivalent to the meaning that common sense attributes to the act of hearing, or, even appearing under the nuances of varied tints according to the many theoretical frameworks.

Moreover, both the Ministry of Health and the various actors involved in the historic process for constructing the Psychiatric Reform in Brazil, recognize the importance of this tool for a field that, necessarily, deals with the subjective dimension of mental illness.

Therefore, the following paradox becomes apparent: on one hand, the axial place that listening occupies (or should occupy) in the preparation of any strategy of mental health intervention; on the other hand, an unclear delimitation of this concept and the risk of trivializing its potential, letting it be reduced to a simple repetition of a sterile speech.

So, this study was developed with the aim of identifying in Brazilian journals the way how listening has been defined within the field of mental health care.

METHOD

Integrative review study, a method which consists in the synthesis of a particular subject through the already published literature, and it can point out the need for further studies, as well as reflections on improvements in the clinical practice.¹

The bibliographical survey was performed on the Scientific Electronic Library Online (SciELO) database. The choice of this database was justified by the fact it allows access to the electronic publication of complete editions of scientific journals.

To prepare this study, the steps recommended in the literature were followed, namely: establishment of issues and objectives of the integrative review; establishment of the criteria for inclusion and exclusion of papers; definition of information to be extracted from selected papers; analysis of results; discussion and presentation of results; and, finally, presentation of the review.²

In the first stage of the review, the following questions were established: *What is the concept of listening which grounds these papers? For what purpose is listening developed? How is listening performed?*

Then, for delimiting the papers, we used as inclusion criteria: presenting the term "listening" in any of the fields (title, abstract, keywords or the text body); being within the area of mental health, understood here not only as restricted to specialized mental health services, but as an action aimed at psychological stress in the various health fields; having been published within the period from 2007 to 2011 in Brazil, and being available in Portuguese. Editorials and letters to the editor were excluded from the sample, since we understood that this model of text didn't enabled enough information to achieve the proposed objectives.

After applying these criteria, the search resulted in a total of 170 papers. In the exploratory time, an exhaustive reading of the 170 papers was undertaken.

In this first reading, we found that some papers used listening as a methodological tool for research and not as a tool for intervention in mental health care. These papers were, then, removed from the sample.

Thus, we tried to make a selection of papers that, somehow, connected listening to mental health care. It was also found that some papers mentioned the term "listening" in the title or abstract, but didn't develop this concept throughout the text. These were also excluded. At the end of this step, a sample of papers which made up the analysis corpus was obtained.

For data synthesis and analysis, we prepared an instrument comprising the following items: paper identification, aims or investigation questions, journal excerpts, keywords, and thematic categories. After successive readings, the excerpts on listening stood out, with the identification of keywords. Then, they were organized into the categories "listening as a means" and "listening as an end".

RESULTS

It was found that, within the period under study, there's a frequent publication of papers on the theme of listening related to mental health, ranging from 1 to 5 papers by journal.

Journal	Year					Thematic area
	2007	2008	2009	2010	2011	
Ciência & Saúde Coletiva	1	–	3	–	1	Collective Health
Estudos de Psicologia	1	–	1	–	–	Psychology
Psicologia: Teoria e Pesquisa	2	–	–	1	–	Psychology
Interface – Comunicação, Saúde e Educação	–	2	–	–	1	Interdisciplinary
Revista Saúde Pública	–	2	–	–	–	Public Health
Revista Brasileira de Saúde Materno Infantil	–	1	–	–	–	Interdisciplinary
Revista Texto & Contexto Enfermagem	–	1	–	2	–	Nursing
Physis: Revista de Saúde Coletiva	–	–	1	–	–	Collective Health
Psicologia em Estudo	–	–	1	1	–	Psychology
Acta Paul Enfermagem	–	–	1	1	1	Nursing
Revista Brasileira de Enfermagem	–	–	1	–	1	Nursing
Revista Saúde Sociedade	–	–	–	1	–	Public Health
Revista Psicologia Clínica	–	–	–	1	–	Psychology
Revista Estudos Feministas	–	–	–	1	–	Interdisciplinary
Fractal: Revista de Psicologia	–	–	–	1	–	Psychology
Revista Gaúcha Enfermagem	–	–	–	1	–	Nursing
Revista Latinoamericana de Psicopatologia Fundamental	–	–	–	1	–	Psychology
						Nursing
Escola Anna Nery Revista de Enfermagem	–	–	–	–	1	Psychology
Psicologia: Ciência e Profissão	–	–	–	–	1	Nursing
Revista Escola de Enfermagem USP	–	–	–	–	2	Psychology

Figure 1. Quantification of the papers according to journal, publication year, and thematic area.

In the category “listening as a means”, studies which situate listening as a means of investigation for the development of interventions were taken into account. That is, listening is a moment of investigation where the health care professional dedicates her/himself to gather information, to hear the complaints of patients, seeking to be informed on their actual needs and, thus, prepare her/his interventions.

The category “listening as an end” was obtained through the papers based on a definition of listening as an intervention in itself; be it due to the fact of enabling the expression of emotions and feelings or due to promotion of the understanding on elements involved in psychological stress. This category also includes studies which regard listening as a means for accessing the unconscious, working, therefore, as an intervention. This understanding is theoretically situated within psychoanalysis.

DISCUSSION

● Listening as a means

In this category, listening is understood as a mechanism for obtaining information to the subsequent development of interventions. There’s the idea that we must, at first, refine what the patient brings to the service as a complaint, so that, then, the professional can make decisions with the purpose of solving the problems.

Authors report that listening needs to be carried out in a problem-solving way with regard to the care provided to all patients.³

This implies the need for listening to the complaints, the suffering experiences indicated by the subject, in search of accountability concerning the demands uttered.⁴

It can be seen that the concept of listening is associated to the fact of putting the professional in a position to trigger responses or solve some problem identified. Collaborating through these discussions, studies claim that the professional, in an attitude of listening to the user, allows her/him “to express what she/he knows, thinks, and feels with regard to her/his health status”.^{3:755}

For this, it’s necessary that she/he is an investigator and gets as much information as possible, coming closer to the patient’s reality and knowing her/his actual needs, since it’s through the communication process that the complaint can be really understood and, only thereafter, solved.

The listening process enables not only the embracement of anxieties and concerns, but the needs, expectations, and doubts revealed at the time of health care provision. It’s believed that, for a situation of greater involvement between the subject undergoing psychological stress and the professional, the latter should hear her/him from the perspective of triggering some solution to the problem observed.⁵

The papers from this category point out the importance of refining the patient’s initial complaint, because the one who comes to the health service is not always able to express

her/his actual need. Often, the patient brings different demands with regard to the actual problem afflicting her/him, being afraid that her/his speech isn't taken into account.

Other authors consider that spaces for listening in mental health care tend to enable a solution to the complaints related to psychological stress. However, this problem-solving context is not always available, so, there's a need for referring to a follow-up by other professionals, other therapeutic activities, other health services.^{6,7}

The patient's clinical condition itself, often, can hinder the expression of psychological stress, such as, for instance, an apathetic patient who barely speaks or, on the other hand, a restless patient who just can't concentrate her/himself and who is even violent.

When this patient comes to the health services, there generally has only a listening with regard to violence. The other complaints are disregarded and approached as less important ones. This is due to the principle that these demands brought by individuals undergoing a suffering experience to the services don't constitute an actual suffering experience, as they're associated to a problem within the social sphere, they aren't signs of "actual" diseases.⁸

Authors indicate that both the mad man/woman stripped of her/his status as a subject and the user admitted to a non-psychiatric service, often merely regarded as a bed or medical record number, need an approach related to health care, as an ethical listening which implies a resizing of the health professional's role through an attitude of response to another person's need.⁹

This demand refinement aims to facilitate the professional's task, allowing a better design of needed interventions which, often, are ruled by approaches restricted to examinations and prescriptions. Thus, it "eventually leads to a devaluation of psychosocial complaints that, despite uttered at the beginning of consultation, lose their power and end up without a proper referral".^{10:481}

It corroborates the researches which highlight the excessive appreciation of diagnostic and treatment techniques by health professionals in their daily work routines.¹¹ In general, they don't listen to nor are interested in knowing the patient's suffering or expectations, bringing up communication problems. They relate these problems to the professional who doesn't work as a source of emotional support and safety, who doesn't get

close to the patient with affection.¹²

The papers also refer to the need for having a good time to listen to the patient's complaints, because often the time devoted to it is very small.

Studies evidence that listening provided by a longer consultation time, allows the establishment of respect and trust between professionals and users. Moreover, it "facilitates the perception of needs beyond that which, perhaps, originated the consultation or conversation".^{13:163}

Those studies which focus on listening as a means to establish or deepen the bond with the professional and/or service were also found within this category.

The creation of a bond between the actors involved in health practices happens as a consequence of listening. These authors regard listening as a communication element through which the professional can easily put her/himself in the user's shoes, aiming to solve problems.³

The analysis also allowed us to understand listening as an identification of demands for the services organization. The production of health-promoting environments will be achieved through listening to the opinions and desires reported by people.¹⁴ A study on communication and health care approaches that listening implies an acute sense of perception, so that it's possible to listen to what the person says.¹⁵

In this analytical category, it's understood that listening emerges as a care and service management tool, acting as an instrument for the development of interventions. The aim, in this case, would be to listen to better define the patient's needs, or even, to establish the bond needed for a good adherence to treatment.

• Listening as an end

"Listening as an end" involves the studies which conceive listening, in itself, as a therapeutic process. The studies are also divided between those for which listening is regarded as an intervention facilitating the patients' verbal and non-verbal expressions; it works, therefore, as a kind of release of feelings. They also include those who take into account the therapeutic effects of a mutual understanding, due to the fact of understanding the other person, and those who regard listening from the perspective of psychoanalysis, where the speech is understood as a manifestation device of the unconscious.

Listening as a release of feelings is characterized by the manifestation of what

one thinks or speaks. Through this listening, the patient drowns her/his sorrows, sheds some light on her/his emotions, anxieties, worries, and uncertainties. To utter what she/he knows, thinks, and feels about her/his health status and to share her/his feelings and thoughts with the professional, it's possible to rescue the potentials of care, address the weaknesses, and reduce tensions.

Listening is understood as a strategy which can and should be accessed by the professionals in clinical practice. In the first meetings between the professional and patient, it can be even embarrassing for the patient to talk about her/himself and about her/his feelings, but since trust in each other is established, it allows someone to express her/his thoughts and feelings.¹⁶

Other authors report that speech, dialogue, and word are regarded as powerful medicines and excellent therapies, so, one has to utter what she/he feels, speak what is repressed, release her/his feelings, sharing intimacies and secrets.⁷

Listening as mutual understanding is grounded on the establishment of a dialogue, a conversation, a reflection on diverging interests between the professional and user, where one seeks to build humanized relationships, an awareness on her/his role with regard to care and mitigation of conflicts without judgments, "a listening which seeks for mutual understanding without looking for guilty and innocent ones".^{8:1045}

Authors emphasize that the meeting lived and dialogued between the professional and user at the health service, mediated by listening, develops itself through a communication interested in co-responsibility, in a help relationship, and in the achievement of a trust relationship.¹⁷ In this context, listening is understood as the ability to consider the other person concerning her/his otherness, regardless of place.¹⁸

Listening as a release of feelings and listening as mutual understanding have in common the fact that they're ruled by a conception of language process as privileged communication, grounded on interpersonal and interactionist theories. These theories have a model where the communication process involves issuing basics elements as issuer, receiver, channel, code, message, and feedback.¹⁹

In this communication process, there's always an issuer of a message which makes sense (code) to a receiver, which, in turn, issues a response, both using a channel which can be verbal, non-verbal, or written; the

issuer receives the message through her/his senses and encodes the response (feedback) and sends it, turning it into a new message which serves as a stimulus to another person. Thus, the communication process is continuous and it involves effects on people in an interactional field in search of information exchanges.²⁰

Moreover, in several papers we found an understanding of listening as an access to the unconscious. This understanding is theoretically grounded on psychoanalysis, which "with its own method and clinical management can provide us with an apparatuses to consider what the subject says, besides having the principle that the subject is right there, in what she/he says, without knowing what she/he is saying".^{21:77}

In the psychoanalytic approach, one regards the symptom as a language formation, i.e., shaped through the elements of language itself. A symptom is formed in an attempt to deal with contents that were impossible to symbolize consciously. There's a trauma which needs words to be uttered; the word meant reconnects, sliding from the representable non-traumatic experience.²²

In this perspective, language isn't a mere means of communication, understanding, that the speaker uses to express her/himself. It's actually what allows us to have access to the world, a completely private world, which will acquire its colors through the symbolic framing of each subject.

Listening, in the psychoanalytic approach, assumes that it's needed to create conditions for the word to be said, circulate, attend the speech of the subject. Thus, the readings can emerge from the unconscious, through lack of knowledge with regard to what is unsaid, what isn't understandable with regard to the subjectivity of those who suffer.²³

In this sense, the intervention goes beyond its instrumental character and listening becomes the very tool of intervention. It's not listening in order to intervene afterwards, but rather listening to intervene.

A psychoanalytical listening provides the signifier connection, where the subject undergoing psychological stress can relieve or protect her/himself from the instinctual burden, transferring it to a signifier chain. Our thoughts corroborate these authors in the sense that listening enables "the recovery of symbolic anchor through the signifier connection, and, then, it enables the formulation of a demand and the possibility of the unconscious clinic".^{24:493}

In this perspective, there isn't an a priori

expertise on the part of the listener. The knowledge which is at stake is that of the unconscious, that is, it's on the side of the speaker. The professional works allowing the subject to listen to her/himself, without providing turnkey solutions, without judging, interpreting, explaining, or investigating.²⁵ Therefore, "the listening space should depart from the place of confessional, rendering of 'accounts', or even the production of 'healing roadmaps'".^{24:499}

By using this tool, one needs to identify the communication levels through which the subject expresses her/himself, besides having a fluctuating attention focused on the subject's speech as a whole and not only on the points which are of interest to the professional.²⁶

Another essential rule of the Freudian psychoanalytical framework with regard to therapeutic listening is the technique of free association of words, where the subject speaks freely about any issue.²⁷

No matter about what chronological time the subject speaks, because, within this technique, the unconscious will be present at the discursive scene, through ruptures in her/his speech (lapses, dreams, jests, slips, repetitions). And the subject can reformulate other signifiers with regard to her/his distresses, anxieties, and symptoms.²⁶

In the transference field, regarded as the moment of clinical listening, the professional takes the place of the supposed knowledge and, thus, adopts strategies where the subject is heard with regard to her/his uniqueness and can assume the discourse constructed together.²³

Listening enables an approach to what is "unrepresentable in a process seeking to attribute meaning to what disturbs the subject. That is, the 'place occupied by what is traumatic is, indeed, the place of analytic listening'".^{28:192}

According to this framework, the professional needs to know how to intervene at the right moment of listening, so that the subject doesn't remain paralyzed at a particular point of her/his associations. Thus, as an essential characteristic of psychoanalysis, listening implies the recognition of the other person as a subject with unique experiences; a subject who transforms her/himself and is transformed through the meeting between the health professional and user.

The health professional properly instrumentalized by means of this listening tool as an access to the unconscious can

establish care modes, allowing the subject her/himself to reconstitute the plots of her/his history and suffering, refraining from the position of knowledge master with regard to the suffering of another person.

CONCLUSION

There's a polysemy with regard to listening both at the level of discourses and in the practices aimed at the patient undergoing stress. Thus, it's worth emphasizing that what is at stake when specifically dealing with psychological stress, as it presents itself in mental health services, is not under an objective reality, something already given beforehand, but a set of feelings and emotions which can only be approached through the unique way how each subject expresses her/his life experience.

In this perspective, listening becomes a strategy for the development of mental health care, focusing on the subject's autonomy. This is so because it's through the speech of each subject that one can establish a closer contact to her/his suffering, correlating it to her/his life story and the meanings that she/he attributes to her/his own illness.

However, one believes it's necessary to foster a deeper reflection on listening as a therapeutic tool, so that we aren't at risk of using it in an undefined way, turning listening into a fad, a senseless term which often is reduced to a mere gathering of information.

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