



REFLECTION ABOUT THE CONTRIBUTIONS OF PSYCHOANALYSIS FOR THE CARE AND NURSING CLINIC

REFLEXÃO ACERCA DAS CONTRIBUIÇÕES DA PSICANÁLISE PARA O CUIDADO E PARA A CLÍNICA DA ENFERMAGEM

REFLEXIÓN SOBRE LOS APORTES DEL PSICOANÁLISIS PARA EL CUIDADO Y LA CLÍNICA DE LA ENFERMERÍA

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ABSTRACT

Objective: reflecting on the contributions of psychoanalysis to care and clinical practice of nursing. **Method:** the study of theoretical reflection was developed in two stages: the first one has a theoretical redemption of some concepts of psychoanalysis; later, was performed the discussion of the relationship of these concepts in nursing practice from the work processes. **Results:** nursing, seeking the interdisciplinary practice, appropriated the psychoanalytic framework in its work processes to develop care actions in the scenarios of health care. This link has effected on the assistance, especially in the mental health services, but also in teaching and research. **Conclusion:** the pursuit of interdisciplinarity, with closest approach to the psychoanalytic theory, can enlarge the possibilities of producing care and clinical nursing of a more consistent form with the needs of individuals who require such care. **Descriptors:** Nursing; Psychoanalysis; Care.

RESUMO

Objetivo: refletir sobre as contribuições da psicanálise para o cuidado e para a clínica na prática da Enfermagem. **Método:** estudo de reflexão teórica elaborado em dois momentos: primeiramente tem-se um resgate teórico de alguns conceitos da psicanálise; posteriormente, foi realizada a discussão sobre a articulação desses conceitos na prática da enfermagem a partir dos processos de trabalho. **Resultados:** a Enfermagem, buscando a prática interdisciplinar, apropriou-se do referencial psicanalítico nos seus processos de trabalho para desenvolver ações de cuidado nos cenários da atenção à saúde. Esta articulação tem se efetivado na assistência, principalmente nos serviços de atenção à saúde mental; mas também no ensino e na pesquisa. **Conclusão:** a busca da interdisciplinaridade, com maior aproximação do referencial psicanalítico, pode ampliar as possibilidades de se produzir o cuidado e a clínica na enfermagem de forma mais coerente com as necessidades dos sujeitos que demandam esse cuidado. **Descritores:** Enfermagem; Psicanálise; Cuidado.

RESUMEN

Objetivo: reflexionar sobre las contribuciones del psicoanálisis a la atención y la práctica clínica de la enfermería. **Método:** estudio de reflexión teórica realizado en dos fases: primeramente un rescate de algunos conceptos teóricos del psicoanálisis; posteriormente, se realizó un debate sobre la articulación de estos conceptos en la práctica de enfermería de los procesos de trabajo. **Resultados:** la enfermería, buscando la práctica interdisciplinaria, se apropió del marco psicoanalítico en sus procesos de trabajo para el desarrollo de acciones de atención en los escenarios de la atención a la salud. Este enlace se ha efectuado en la asistencia, sobre todo en los servicios de salud mental, sino también en la docencia y la investigación. **Conclusión:** la búsqueda por la interdisciplinariedad, con máxima aproximación a la referencia psicoanalítica, puede ampliar las posibilidades de producir el cuidado y la clínica en la enfermería de forma más coherente con las necesidades de las personas que requieren la dicha atención. **Descriptor:** Enfermería; Psicoanálisis; Cuidados.

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INTRODUCTION

Nursing as an own field of knowledge, inserted in the health sciences, have sought to aggregate their practical knowledge of other areas of knowledge with a view to strengthen interdisciplinarity in the production of care and clinical practice. Perceive themselves joints of his knowledge with different areas of knowledge, hearing both from the humanities as the basic health sciences.

These movements of articulation materialize in interdisciplinary care, enabling overcome fragmented and reductionist look about this subject that demands care and their health needs. "Thus, the understanding of the human being and the health-disease process necessarily involves an interdisciplinary approach - and even transdisciplinary - in the construction of knowledge."^{1:262}

This position is also consistent with the quest for wholeness in health, allowing an extension of the look on the demands of care and on the health needs within the community, and subjects in their singularities. This is because the health needs are complex, and are inserted into dimensions of life whose disciplinary approach is limited and objectifying.²

The construction of interdisciplinary practice requires linkages with other areas of knowledge and work processes beyond the health sector, because these actions alone are devoid of potential to impact changes in the production of health care, and nursing care in particular because, interdisciplinarity requires serious and wide-ranging debate, especially when the entirety is taken as nuclear axis to changes in the training and models of health care.¹

In this articulation of knowledge and practical process, nursing has expanded its scope of technologies to produce the care in health care settings. And this care has diversified beyond the individual attention focused on disease, and won expressions and ways of being developed thanks to the contributions that nurses sought in other areas of knowledge.

Through these interdisciplinary movements, strategies for nursing care have gained contours that distinguish nursing traditionally exercised in offices or in hospitals. You can identify the development of group activities, interventions in spaces outside the walls of health services, along with school units and even in companies and other areas of society.

These actions reflect the ownership and development of knowledge of other areas of knowledge, applied in the operationalization of care and clinical practice. And not always these other references are explicitly cited as grounds for caution. Among those areas that have contributed to nursing care, this study proposes to reflect on the contributions of psychoanalysis to care and clinical practice of nursing.

This discussion is organized in two stages: at first, a theoretical redemption of some concepts of psychoanalysis, necessary for reflection proposal was made: subject, symptom, listen and desire. Secondly, these concepts were linked to the processes of nursing work.

Breaking the assumption that this approach is to, psychoanalysis has effected more implicitly than acknowledged and deliberate, yet the closer this approach can extend the possibilities of producing care and clinical nursing in a joint, next to the needs of individuals who require such care.³

◆ Some concepts of psychoanalysis

In this first stage of the study, some concepts of psychoanalysis that define the theoretical framework adopted by the authors are presented, because there are several approaches to psychoanalytic theory that sometimes diverge in some theoretical aspects. The concepts of subject, symptom, listening and desire will be worked.

◆ The Subject

Psychoanalysis is understood as a theory and practice that aims to speak of man as being singular, asserting its constitutive cleavage; subjectivity becomes a unitary whole identified with consciousness, to be a divided reality into two systems - the unconscious and conscious.⁴

With modernity, from the nineteenth century, the subject is understood as equivalent to individual, ie, as an indivisible whole, governed by conscience. This way of thinking is heir to a philosophical tradition defended by René Descartes (1596-1650).⁵

In the seventeenth century, with the question "What am I?" Descartes inaugurated the first ideas about the concept of the subject. In his work, the rationalist philosopher seeks the right resources for the recovery of scientific certainty, ie what is true for Descartes is what can be clearly and distinctly conceived solely by reason.⁵

For psychoanalysis, this subject thought by Decartes does not exist. This observation was born from the first reports of a nineteenth century neurologist named Sigmund Freud

(1856-1939). His studies in hysterical patients identified something that some phenomena found in the body did not obey the laws of conscience.⁵

These women lost their sight, speech or sensitivity in any part of the body, without being identified causes of organic nature. Freud developed a method of listening with these hysterical women, which enabled him to discover that his lines unveiled another rationale that, although unknown to the speaker, carried a sense about the symptoms and the subject's own truth. At the time, Freud called his discovery of the unconscious.⁶

The unconscious as Freud designated, it is not merely a bag that hides some forgotten memories. Freud's discovery of the unconscious actually produced an understanding that it has certain laws of operation and includes a desire, on which the subject does not always know or want to know.⁶

The unconscious is accessed by its effects on dreams and through language, the gaps in the slips, in jokes and symptom. Therefore, it is concluded that access to this unconscious does not happen at the level of reason, conscience. And the purpose of psychoanalysis is to explain the logic of the unconscious and desire that animates it. The guy in the Freudian sense is the subject of the unconscious. For he is an unknown place by conscience, another scene.⁶

Lacan (1901-1981), a follower of Freud's ideas, said that the unconscious is structured like a language, and having significant meanings for the life of being, on which the speech I have no control. The subject, which is something that is off-center in relation to the individual, is different from an organism that adapts the elaborations of this subject are not on the same axis of intelligence, excellence, perfection of the individual.⁷

◆The symptom

The symptom in psychoanalysis represents a repressed instinct of the subject, in which suffering and enjoyment are intricately involved. It is an unconscious training woven into language that replaces a repressed signifier in the consciousness of that same subject.⁶ Its occurrence reveals the suffering of the subject from a true inaccessible to consciousness, which cannot be objectified. It is an effect of meaning that runs through the settlement, showing an impossible truth will be written.⁵

The symptom as the signifier and as a mode of expression of the subject is the subject itself, while this effect is the refusal by the

person who puts you a question. Thus, behind every symptom there is only and always the subject itself and the result of this subject must include the reintegration of its history and its assumption, even if it is reflected in the possibility of coexistence with the symptom.⁵ From this perspective, from the discourse of the subject it is for the researcher to interpret this symptom. Initially, Freud believed that the function of the analyst often would be to prove or explain what the patient did not fully read.⁷

The idea of interpretation can refer to another: the arbitrariness of the interpreter. Freud is concerned with situating the interpretation; recognize that, between it and the imagination of the analyst can be a fine line. In this sense, he warned of the concern not afford senses there where the subject itself does not prepare them.⁷

For psychoanalysis, the symptom conceived in biomedical framework does not express the subject in his suffering and in his joy. For, even before the psychoanalysis, the symptom was already considered an important concept for medicine, corresponding to an injury to an organ; being further understood as an anatomical and physiological change that needs to be corrected. This understanding presupposed the existence of a supposedly organic normality when suffered some deviation, originated the symptom.⁵

◆Listening

In psychoanalytic referential the language is not just a way of communication what takes place in the conscious; speech does not include in its literal sense unconsciously they are assigned. It mainly expresses the unconscious, and it is precisely that speech is presented in the language.⁷

Through language the subjects have access to the world singularly acquire their colors, their shapes and their meanings from the symbolic framework of each subject.⁷

Listening in psychoanalytic approach has the principle of creating a space for the word to be said, circulate and attend the discourse of the subject. Only then is that access to the unconscious subject is possible, therefore, means listening evoking the speech of the subject, tries to explain the psychological mechanisms involved in what he says and why he says. This process allows the subject to count and be counted, so he eases his anxiety simply by talking about what makes you suffer.⁸

This speech must necessarily pass through the Other, ie, it requires an Other to say. If

the Other is not there, there is an absence. Thus, listening of itself passes through the fact of being heard by the other. And in that sense, it allows us to consider what is being said by the subject aware that this subject is exactly what you say, without knowing what he is saying.⁸

Listening promotes the articulation of the signifier with a meaning, where the subject in psychological distress can relieve or protect the instinctual burden he carries, transferring it to a signifying chain. Listening enables "the recovery of the symbolic anchor through the signifying articulation, and then allow the formulation of a demand and the possibility of clinical unconscious".^{9:493}

Based on these considerations, it appears that the listener does not require anyone planning to develop a specialized knowledge *a priori*. The knowledge that matters is that which expresses the unconscious, ie, is on the side of the speaker. The "[...] listening space should move away from the place of the confessional, providing" accounts "or even production of 'roadmaps healing'".^{9:499}

◆ The desire

Desire is the constitutive lack the instinctual unconscious that moves the subject forward to the objects that it elects to remedy it, is not a substance or much less a conscious urge, instead, is a void that is not filled by the objects chosen because in its genesis it yearns for a lost object.⁵ Therefore, the desire lies outside the field of conscious knowledge and significant elects to represent you from symbolic approximations woven through language; every attempt satisfaction the subject is faced with a hole with your desire as "[...] correlative to lack, this failure to achieve an actual object, that object is itself, this lack metonymy ".^{10:81}

For psychoanalysis desire articulates a demand and metonymic effects appears in the scope of needs presented by the subject, the summary difference between demand, need and desire is the impossibility of this being fully satisfied. Unlike the need for food generates a demand, a request for food, the desire crosses these fields; desire results from subtracting the demand for need.¹⁰

These concepts demarcate psychoanalytic theory to a greater or lesser degree of explicitness; appear in the scientific production of Brazilian nursing.

Psychoanalysis in the nursing work processes:

As a profession, nursing seeks to develop its work processes with a view to producing carefully together with the subjects who use the health services. Even if they are targeted

by certain approaches, in essence these processes are designed as distinct and interrelated phases: Administer, Watch, Teaching, research and to participate politically.¹¹

◆ Psychoanalysis and nursing assist

The meeting with the nursing population in the areas of health care from the perspective of psychoanalysis presupposes a relationship where both carry the condition of subjects, at different times, the exercise of this condition enables the shift of care in their prescriptive format and focused on disease to a perspective where the guy who proposes to nursing care can participate in the drafting of their care giving process.¹²

Because of changes in health care in the country, with the implementation of the Unified Health System (SUS), the model is able to identify a reorientation of care with emphasis on health promotion actions; subjects are situated in this new model as political agents with the potential to engage effectively in these actions.¹³

Without denying this political dimension, and this possibility of engagement, these subjects are also made up psychically, and this dimension will not appear in the theoretical and legal framework of the SUS. For, "[...] even when considering the existence of the subject, yet this construction of knowledge, operates the concentration of power in the hands of those who treat about who is treated".^{13:55}

Moved up an intervention model, where the subject appears as an object of scientific knowledge and technical health professionals, to another model where the disease is considered as socially determined, so there is really a subject.¹³

In both cases the subject is objectified by an external know of himself, which he did not have the opportunity to participate in the development, this has resulted in the disempowerment of its uniqueness, your body, and the possibilities for an active participation in the process to care.

Therefore, recognizing the subject in his psychic dimension from psychoanalysis involves creating spaces so that it entails and decide on ways of caring that will uniquely meet; thus, occupying a place in the production process of care, not just the condition of the object of therapeutic practices. In this sense, "[...] the symptom gains new status of substitutive satisfaction, gate conservative character as a compromise, but being in deciphering may indicate continuous approximations of desire".^{14:50}

Assuming that the discourse of the subject produces the social bond, this attitude implies new ways of acting that "[...] the strip bait stability and bother us, which corresponds to a need: to think, and a desire: the pleasure of creating".^{4:784}

When considering the subject and established relationships with the health service as a starting point for the production of care, can be produced in one horizontal therapeutic relationships, enabling the construction of "[...] transferring ties that circulate the existing knowledge to produce new knowledge and new relationships".^{14:54} And so, through this transference relationship, the nurse pass to take the place of the big Other, which does not mean the condition of knowing the owner, but one who follows the subject in the discovery of what constitutes his desire enabling it to draw the meanings that emerge from the combination of the significant.¹⁴

◆The teaching: the production of the clinical case

Health education and nursing has been discussed as a device for building a clinical practice that is driven by the demands of the subject that appeals to health services.¹¹ This clinical practice in turn demand other frameworks and tools to be developed on this subject, starting from psychoanalytic theory, was identified as a tool for care and clinical nursing clinical case.¹⁵ It consists of a methodology in which the subject that demands careful participates in the elaboration of his experience of suffering and their care needs. In this process there is an inversion of the relations of knowledge and power traditionally constituted in health services: the subject is regarded as a right to know about their condition, allowing you to exercise some power in the relationship of care holder.⁵

In constructing the clinical case, we seek to favor spaces for the subject's speech is produced freely, without being necessarily tied to institutional programs and protocols. Well, this speaks

[...] It is the best and richest source of information on his life story. Such wealth can be learned every nursing care performed in the history of nursing was collected without pre-defined script, because the stuff was explored collected following the associations made by the patient, technique called free association.^{16:386}

In general, education of the nursing process is grounded in research roadmaps and clinical approach where the subject responds to the

information requested by the nurse while a psychoanalytic device; the transfer can happen at this time of the nursing process.

In the field of nursing education, psychoanalysis contributed to the elaboration of an approach to the subject less focused on tools and pre-built scripts, and thus, less imbued in objectify this subject and its demands.

◆The search

The research emerges in the practice of nursing as an educational principle as an activity of production of new knowledge; is conceived as one of the moments of the process of nursing work of an undissociated form of the other.¹¹

Based on psychoanalysis referential to

[...] Take care of the scientific research could bring new elements, besides the recognition of subjectivities, let us recognize and consider in our research unconscious mental processes that interfere in it. Working with this hypothesis, it is used if the operators described here and that can mean new paths for the know-how of nursing...^{3:1482}

Think this time of nursing care in the light of psychoanalysis implies the recognition of the subject of the unconscious, and its status as subjects divided. And once being invested as a research subject, talking of this subject must be considered in its singularity, "[...] because it demarcates a particular expression of the subject that occupies a place / position [...]"^{3:1482}

Thinking about the research that will support the clinical practice of nursing, the theoretical framework of psychoanalysis structure a reading of the unconscious understood as a locus of desire "[...] that determines the psychic structure of a subject, and presents breaks in speech the same".^{12:117}

In this perspective, the investigative act is interested in

[...] Issues initiated by the human psychic life, embodied by speech or by writing the subject, you can find in Psychoanalysis, elements and concepts that will certainly contribute to a better theoretical and methodological consistency.^{4:487}

Psychoanalysis now brings in its significance the investigative activity, whose primary interest is expanding the meanings of speech of the subject, and enter it in the production of knowledge about yourself that is not decoupled from production of care.¹⁷

FINAL REMARKS

Interdisciplinarity in health care is a principle that guides the articulation of knowledge and practice around the needs of individuals who use the health care network.

From the perspective of consolidating an interdisciplinary practice, Nursing has appropriated the psychoanalytic framework in their work processes to develop care initiatives in various scenarios of health care.

This link has been effectuated on the assistance, especially in the mental health services where the listener is already a practice in its daily life. The concepts of subject, desire and symptoms may be linked to the process of nursing work in that this subject is recognized as divided, the subject of the unconscious.

By fostering closer ties with psychoanalysis, nursing can expand the possibilities of producing clinical care and more consistent with the needs of individuals who require such care. It is important to think about how psychoanalytic theory can incite questions about our practice also in leading groups, body care, use of medications, thus pondering, as the dimension of the unconscious can produce effects in various situations inherent to the work nursing.

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