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AFFECTIVE NEED: A MORE HUMAN PERSPECTIVE

Livia Assunção Davet

ORCID: 0000-0002-1629-3739

Alice Castro Alves Ferreira

ORCID: 0000-0003-3031-9752

Amanda Cechelero Cruz

ORCID: 0000-0002-8583-4148

Beatriz Bertoletti Mota

ORCID: 0000-0002-9938-7182

Camila Fernanda Terhorst Tolpho

ORCID: 0000-0002-2165-2847

Giovanna Stier

ORCID: 0000-0002-0639-5328

Giulia Schaidt

ORCID: 0000-0002-2695-4676

Isabella de Lazari

ORCID: 0000-0002-0996-395X

Laura Alchieri de La Cruz Quintana

ORCID: 0000-0002-7555-7722

Luíza Maria Rocca de Paula

ORCID: 0000-0002-1925-6095

Victoria Beatriz Chagas Fagundes

ORCID: 0000-0001-7216-3691

Karin Rosa Persegona Ogradowski

ORCID: 0000-0001-7683-1263

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Abstract: This article reports an experience developed in groups together with the guiding teacher and part of the team of a Basic Health Unit (UBS) in the Diversity Show in face of the need presented by users and perceived by professionals to talk and/or be in the company of other people. The activity is the result of the Teaching-Community Integration I (IEC) discipline, carried out from observation and practical activities in the field in the Health Units. since the report deals with specific demands arising from the system itself. The objective of this work was to present an account of this experience, with a view to the relevance of highlighting a theme little explored in a sensitive way as presented: affective lack, depression, suicide and abandonment, present in all ages, professions and relationships. As a method, role play techniques were used with fictional characters based on the different groups of people who suffer from affective deprivation. It was concluded that the reactions to the presented project gave rise to many reflections and emotions on the part of all those involved in the dynamics, thus reaching the ideal of dealing with the affective lack and its consequences in a human way.

Keywords: Primary Care, Affection, Health Unic System.

INTRODUCTION

The Unified Health System (SUS) was enshrined in the 1988 Constitution, through Law No. other measures". It is the system that governs the health department in Brazil, consisting of the set of health actions and services provided by the Public Power, through financing at the expense of taxes paid by the citizen, with the private sector only allowed to act in a complementary way, also in accordance with the provisions of the aforementioned law. He is now among the most complete in terms of public health in the world.

Among the principles on which it is based we have: universality, equity and integrality, as for its organization, we have as principles: decentralization, regionalization and hierarchization. These principles guarantee the issues of health promotion and disease prevention, aiming to maintain the concept of health (BRASIL, 2000). Therefore, it is directly related to the population's quality of life, acting in various sectors such as food, work, education, environment, income, basic sanitation, sanitary and pharmacological surveillance, housing and leisure, according to the law, number: 8080/90.

Following the provisions of the National Primary Care Policy (BRASIL, 2017), the gateway to the SUS(Unified Health System) is through the population's access to Basic Health Units (UBS), in which citizens can find the most varied services, such as for example, dressings, inhalations, vaccines, dental treatment, basic medication, actions to promote, prevent and treat acute and chronic diseases, in addition to referral to specialist care, if necessary. In addition to offering this structure, it is an objective that the service is given in a welcoming way, bringing the population closer to health services.

In this context, the importance of welcoming by health professionals who work at the UBS is perceived, through which it becomes possible to know, listen and understand the needs presented by users, directing them to proper care. However, some demands are perceived as predominant, and in this experience report it will be possible to address one of them: the affective lack.

The affective lack is one of the main and biggest difficulties faced by the current society. Briefly, it is the lack of affection from family, friends or any other individual that can serve as support, culminating in strong emotional dependence. Data collected by Ibope (Brazilian Institute of Public Opinion

and Statistics) stated that 28% of the Brazilian population reported not having received affection during their lives, while 21% said they had never given affection to anyone else (IBOPE, 2002). This reality causes great concern since this lack can trigger pathologies, such as anxiety disorder, depression and even suicide attempts, demonstrating here that the health professional with greater contact with the population, such as the one who is active in the UBS, needs to be with this watchful eye seeking to identify warning signs to avoid health problems, but in addition, to act in many cases as support for the population.

Reflecting on the importance of this subject in Brazilian and global society, the group of medical students decided to address this issue in a playful way during the Diversity Show event, in 2019, to illustrate the most varied groups and situations that may be lacking affective; in addition to the extreme need that health professionals who will be in contact with the public are prepared to better serve the population, in a welcoming and empathetic way.

Therefore, the present article aimed to report the experience of students of the Medicine Course on the issue of affective lack, in the Diversity Show.

LITERATURE REVIEW

The process of training in medicine involves theories and broad experiences about the health and disease process of the human being. However, health professionals are not only required to treat physical ailments; often, it is only necessary to listen and support the patient, since many see the Basic Health Unit (BHU) as a welcoming environment.

From the moment a patient seeks the UBS to be heard and advised by the professional, the lack of communication and attention becomes noticeable. This situation in which the professional is required to listen and

support is identified as an affective lack. The affective lack can come from childhood and can often be developed within the family, and in some cases, isolation or lack of family ties are also responsible. The lack of bonds, company and often time to be with the other results in the need to connect and create bonds (MIRANDA,1997).

In view of this, the professional's ability to offer attention, care and a moment of listening is characteristic of values of solidarity, love and empathy, reflected in the daily life of the UBS. In this context, many patients use the consultation time to dialogue and, thus, try to minimize stress, and even make up for the lack of daily care, building a relationship of trust with health professionals.

With this, we seek a medicine that treats the patient in an integral way, taking into account their physical and psychological complaints. For this, it is important to use the concepts of transference and countertransference properly during consultations. In transference, the patient brings up his feelings and experiences and it is the physician's role to know how to listen and show empathy. While in countertransference, it is the doctor who exposes his feelings and perspectives in order to help the patient in the consultation. These concepts, when well applied, help to minimize the affective lack, as the patient is able to express himself and feels heard and welcomed by the professional (ZAMBELLI, 2013).

In addition, another way of trying to address and minimize the affective lack is through multidisciplinary care. A Health Unit that has several professionals is certainly more prepared to treat its patients in an integral way. Thus, each health professional does not feel overloaded, as they share the tasks, and the patient feels welcomed and cared for.

Based on the principle of transversality, the Ministry of Health has reaffirmed HumanizaSUS as a policy of the Unified

Health System that covers the different levels and dimensions of care and management. The National Policy for the Humanization of Care and Management of the SUS (Unified Health System) aims to provoke innovations in health management and production, proposing tools and devices for teams to consolidate bonds, networks and co-responsibility between users, workers and managers. With this, care is expected in a comprehensive, resolute and humanized way, covering not only the complaint, but the patient as a whole. (BRAZIL, 2010)

This way, there are several tools to encourage and promote the formation of a bond between the professional and the patient, so that an integral approach can occur, which goes beyond the limits of therapy to treat the person as a whole, with their beliefs, fears and understanding of the health-disease process. And from that, to identify the cases in which the affective lack presents itself, analyzing its entire context of beginning and development so that the individualized therapeutic approach is established.

EXPERIENCE REPORT

The Diversity Show is part of the activities carried out in the Teaching-Community Integration subject, of the higher education institution in the context of this report. It is a work carried out from observation and practical activities in the field in the Health Units of Curitiba and discussions in the classroom. Subsequently, students select relevant themes they experienced during the period to present to the academic community in order to bring reflections and possible future projects in the health area.

Thus, the academics, together with the guiding professor and part of the Basic Health Unit (UBS) team, discussed the main needs presented by users or perceived by professionals. Among the various reports, the

large number of patients who often sought the UBS to talk and/or be in the company of other people stood out. In this, the subject to be addressed during the presentation of work on the Unit visited during the first half of 2019 was defined, creating the presentation “Affective need: a more human look”.

To carry out the aforementioned project, a dark tunnel was organized, within which 4 students acted fictitious characters based on the different groups of people who suffer from affective deprivation. With this, it was intuited to exemplify the theme in more depth. So, first, a student welcomed the visitors and addressed a brief introduction, exposing quantitative and qualitative data on the topic. Then, a second academic accompanied the spectators through the gallery, using a flashlight to illuminate the characters.

The tunnel began with the character “Valentina”, 6 years old, who suffered from the affective and physical absence of her parents. Filled with expectations while waiting for her mother, the character reported how her parents always promised to spend more time with her, but never fulfilled this agreement. They still showed little patience with the girl’s childhood, trying to keep their daughter alone in her room most of the time. In addition, the child commented that those responsible for her tried to fill her with toys in order to distract her, with the aim of making the girl forget about them for a few hours. “Valentina” sought to represent the parents’ lack of affection, especially because of the feeling that they did not love or want her.

Soon after, visitors found the character “Pamela”, a 23-year-old journalist. The young woman reported that her boyfriend had ended their five-year relationship and that any attempt to resume the union had been frustrated. It made her feel alone in the world, leading to the feeling that there was no reason to stay alive. The absence of the only

relationship that the journalist had for sure made her depressed to the point of attempting suicide. Because she was unable to make the attempt, this became, for the character, another motivation for her not wanting to stay alive. “Pamela” aimed to represent the affective lack in the face of drastic changes in personal relationships, as well as the problem of suicide that can arise from such anguish.

Continuing through the tunnel, viewers found the character “Nathália”, a young health professional who reported having an intense and tiring routine at the hospital where she worked. During her testimony to visitors, the character told about how she lived alone, far from her family, with few friends and no support from the health system to which she was so dedicated. Thus, the patient reported having developed Major Depressive Disorder and that, due to her ease of accessing medication, she was thinking of suicide due to toxicity, but that she had not yet had the courage to take the plan forward. This character gained even greater importance when, at the end of the day, the student who interpreted this case received the news that a doctor very close to her had attempted suicide that afternoon by ingesting about 30 pills of various drugs. Thus, we could see how present this case is in reality and how necessary are the interventions regarding the mental health of professionals in the care area.

Finally, viewers had contact with Dona Hermínia, an 84-year-old woman who lived alone. Her kids moved to another city and she didn't have any other relatives or friends around. To meet her need for company, the character visited the Health Unit near her home almost daily. She was already known to all the employees and even used the unit's meeting room for lunch and fetched her own coffee in the Unit's break room. Hermínia visited the Unit even on days when she had no appointment, often with the excuse that she

wanted to measure her blood pressure, thus managing to spend time at the UBS and talk to the professionals who worked there. This character was the inspiration for our work, as she actually exists and attends the unit constantly, having lunch with the employees and taking flowers as a gift.

As a way of finishing the presentation and an opportunity to disseminate more information, the group decided to put two academics so that visitors could find them as soon as they left the tunnel. One of the academics held a sign with the phrase “Free Hugs” and the other handed a printed message written “You are stronger than you think. Believe. Disk 188 – Life Appreciation Center (CVV)”. On the chalk board in the room behind the academics, several motivational phrases were also placed and the CVV number was repeated. Faced with the impact caused by the reports, some of the visitors told the academics about how strong it was and that they cried during the presentations. In addition, all visitors accepted hugs as a form of support and comfort.

CONCLUSION

In this work we approach the “Affective need: a more human look”, theme chosen after several reports heard during the visits to the Basic Health Unit by the academics. In general, the reactions to the presented project were of many reflections and emotions. Most of the visitors left the tunnel with tears in their eyes and hugged the student with the sign “Free Hug” for more than 30 seconds, reporting that it served as comfort after witnessing the stories presented. The message delivered at the end was an ideal outcome, as everyone thanked and congratulated the group for the sensitivity of the project presented.

Carrying out the work was as exciting as watching the reports. The fictitious cases presented were based on real stories witnessed by the Basic Health Unit team and we were able

to relate them to many cases of our day-to-day. In addition, it touched on a very common point, but little explored in such a real and sensitive way as presented: affective lack, depression, suicide and abandonment, present in all ages, professions and relationships.

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