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Blossoming in arid soil: experience reports of psychological practices in the context of a hospital

Florescer em solo árido: relato de experiência sobre prática psicológica em contexto hospitalar

Florecer en suelo árido: relato de experiencia sobre práctica psicológica en contexto hospitalario

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This is an experience report aiming at reporting the psychological follow-up of a mother of premature twins, as conducted by a psychology resident in a hospital. 28 individual sessions were carried out in 2016, recorded in field journals and analyzed according to Winnicott's approach and studies on psychology at hospitals. The results indicated that, throughout the process, the patient grew psychicaly and emotionally, through a relation of listening and understanding that allowed her to re-signify the hospitalization of her premature children.
Descriptors: Psychology; Internship and residency; Hospital care.

O objetivo deste estudo é relatar a experiência de um acompanhamento psicológico realizado a uma mãe de gêmeos prematuros por uma residente de psicologia no contexto hospitalar. Foram realizados 28 atendimentos individuais no ano de 2016, registrados em diário de campo e analisados segundo a abordagem winnicottiana e estudos sobre a psicologia hospitalar. Ao longo deste processo, os resultados indicam o crescimento psíquico e emocional da paciente, por meio de uma relação de escuta e compreensão, que permitiu a ressignificação da hospitalização dos filhos prematuros.
Descritores: Psicologia; Internato e residência; Assistência hospitalar.

El objetivo de este estudio es relatar la experiencia de un acompañamiento psicológico realizado a una madre de gemelos prematuros por una residente de psicología en el contexto hospitalario. Fueron realizados 28 atendimientos individuales en el año de 2016, registrados en diario de campo y analizados según el abordaje winnicottiano y estudios sobre la psicología hospitalaria. A lo largo de este proceso, los resultados indican el crecimiento psíquico y emocional de la paciente, por medio de una relación de escucha y comprensión, que permitió la resignificación de la hospitalización de los hijos prematuros.
Descriptores: Psicología; Internado y residencia; Atención hospitalaria.

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INTRODUCTION

The practice of psychology in the context of a hospital stands out once the particularities of this setting are considered and associated to the development of the profession, which has been moving towards overcoming traditional clinical presuppositions. In this aspect, the insertion of psychology in the institution as a part of the multiprofessional health team can help it to act from a broader perspective than that of a biomedical/curative one. That is done through listening, which gives space for the suffering of the hospitalized person[1].

This approach gives the therapist a role in the search for a welcoming and safe environment that can make the treatment easier - this role is associated to the maternal care offered to the baby in the first stages of life[2]. To this end, it is important for the professionals to identify themselves with the needs of their patients, through a balance between transference and countertransference - which represent, respectively, the feelings and fantasies awaked in the patient and those which the patient awakes in the analyst[2-4].

The concept of holding, created by Winnicott, is relevant here, as it indicates the ability of the caretaker to provide a good enough environment, offering care and repairing mistakes. Holding takes place both in a subjective scale and in regards to concrete aspects of care, as to establish bonds of trust that favor the integration of fragmented aspects in the life history of a subject[4].

According to Winnicott's theory, the relationship between a mother and a baby, in the first stage of the baby's life, happens under the influence of a condition called "primary maternal preoccupation", which relates to a stage of complete devotion and identification involving mother and child. This condition makes it easier for the mother to perceive and care for the needs of the baby, who is completely dependent on her[2].

One example is the mother's experience. As she gets in touch with the records of her child regarding the care received, she can feel anguish, especially inside the ICU, an environment considered to be hostile[5].

Such factors require the therapist to be understanding, trustworthy and capable of carefully handling the situation, so that they can aid "the mother in the development of the possibility of being a mother, and the father the possibility of being a father"[2].

Thus, the importance of studies which approach the theme of hospital psychology focusing on the family who has a premature baby is reinforced, considering the particularities of this practice[5], and seeking resources and strategies for the psychologist to make considerations on the professional practice within this context.

This is an experience report aiming at reporting the psychological follow-up of a of a mother of premature twins, as conducted by a psychology resident in a hospital.

METHOD

The experience report portraits the trajectory of a psychology resident in 2016, a professional in the Program of Integrated Multiprofessional Residence in the Professional Field of Health (PRIMAPS), in the line of childhood and adolescence care.

The practice followed the logic of the demand of care in the selection of participants and/or inclusion or exclusion criteria.

The setting of this experience was a general hospital, and the case was monitored from start by the resident in individual sessions with the patient, supervised by a preceptor and a tutor, both of which are psychologists and co-authors of this study, as to guarantee that ethical considerations would be respected.

The sessions took place in the Neonate Intensive Care Unit (ICU) and in the Pediatric Nursing wards. The case started with the hospitalization in the ICU of the newborn in critical state. Later, after the baby's condition had improved, the baby was transferred to the Pediatric Nursing ward.

The case was monitored for three months, and its analysis used as bases all reports of individual sessions conducted by the psychology resident and of all groups conducted by the professional team.

Considering the personal character of this experience, the results were described from a first person singular perspective. The mother was renamed as "flower" to have her identity protected.

The discussion of the results presented was based on the studies of Winnicott. Regarding the theme of the bond between mother and children, and the transference dynamics that take place involving therapist and patient. This option is a perspective that allows one to consider the environment as a potential space for human growth, especially in the first stages of life, focusing on the link between mother and baby[2].

RESULTS

The field report had 28 reports, all of which were tabled in chronological order and systematically read so that results could be written.

Flower gave birth to extremely premature twins, who were hospitalized in the ICU. She is the mother of six other children who did not live with her, as she had lost their custody.

Flower had recently lost two babies born prematurely in previous gestations, which led her to suffer a lot and feel a lot of fear regarding the hospitalization of the twins. She was very insecure and distrusting. She reported that she had a history of chemical dependence and passages in prisons, which meant that she received, with some frequency, prejudiced and stigmatizing looks and attitudes from professionals.

Based on the complex demands that the hospital receives, one of the lines of work of the resident concerning children and adolescents is the family monitoring, since this type of support is very important during hospitalizations that take place in the first stages of human development. According to this perspective, the multiprofessional residency team conducted two groups with the family members in the ICU sector, and Flower attended to some of the meetings of this group.

The birth of these babies was of special significance for her, as it represented a chance to re-signify the maternal experience that she could not have with her other children after losing their legal custody. It was also a chance for her to elaborate the two recent premature baby losses.

With no professional help, she had not used psychoactive drugs for 9 months, after a long history of chemical dependency of her and her husband, and eventually led them to attempts of theft and further imprisonment of both. During the hospitalization of the children, the husband was still in prison and she dealt with the experience at the hospital alone.

In the meetings, there was space for the expression of the ambiguous feelings brought forth in the ICU. While she wanted the children to get better soon, she also wanted them to be hospitalized for longer, since as long as they remained in the hospital they would be still under her custody, which was not certain otherwise, and still under legal evaluation.

In this context, the care was not merely related to the birth of the babies, it needed to understand her as someone who was also being born. Being nine months free from the use of psychoactive drugs suggests the idea of birth.

Throughout the supervised sessions, Flower's statements raised feelings of anguish in the counter transference relations, although there was a feeling of confidence regarding her words and her ability to face suffering.

This factor was important for a bond to be formed and favored the establishment of a safe and psychologically health environment for Flower, since, in the conversations, she revealed that her capabilities as a woman and mother was put through the test many times by the social and health institutions she had been to, since they always questioned how true her words were and her desire to change. This can be noted in the records of the fifth meeting:

I told her it was very difficult to trust someone who was offering care. She agreed. She agreed. She explained she was afraid that talking to me could harm her chances further. I restated that secrecy was part of the psychological care.

As she entered in a relation of care where she was accepted as she was, with no

judgement or evaluation, Flower could feel safe to discuss the loss of her children, which reverberated in the current suffering with the twins.

To give a voice to that suffering that could be heard, there her relationship with the babies and the staff was mediated, following the rhythm of her adaptation to the context of the hospital. The extract below refers to the fifth session and illustrates such considerations:

I asked whether she was touching her children. She said she did not know she could. I guided her regarding the rules and possibilities of the ICU and mediated with the team [...] I was there in the first moment she and the babies touched. She got emotional, showed me how small their hands were, and talked to them.

In this example, it is easy to see that the bonds were strengthened as the connections and the communication with the children and the team were facilitated.

As days went by, Flower received news to the effect that the judge decided in favor of her keeping the custody of the children, which gave her new strength. Little by little, her older children manifested wishes to go back to live with her, which reinforced the recognition of herself as a mother figure.

A welcoming environment, thus, was paramount in the therapeutic process, one that could give support to her when she was suffering and responded to her achievements, allowing her to elaborate the pain she went through.

Through these occurrences, she started describing the situations she went through as a daughter, seeing herself as different from her parents, and explaining that they had offered all they could in the past. It was found that, as she thought about this, she was also re-signifying the guilt she felt for not being the mother she would have liked to be.

During the process with the psychologist, a subtle non-verbal communication process could be noticed, regarding the concrete needs of care Flower had.

After the ICU, the monitoring oftentimes was extended to the Pediatric Nursing ward. For example, it was manifested as participation in conversation with the doctors, clarification of doubts and solving of conflicts, opening spaces for the moments of tears and silence of Flower during sessions.

As time passed, Flower was found to be maturing in the hospital environment, starting to see herself as a person, as manifested by her recovery of vanity and self-care.

During the tenth session, a manual activity was carried out. The objective was to build a tree that represented the family relations, and during this activity, the following issues could be noticed:

As she built the tree, she put her eight children on the trunk. I asked if anyone was missing. She said the husband was. I asked if she herself was not a part of it. She smiled, and put herself with the children. The tree had no roots. I told her that that made me think she wanted to start from the present, leave the past behind. She agreed. I added that, in spite of that, not all roots could be forgotten.

In this excerpt, her own self is being rescued to life, to this tree that was starting to blossom. Symbolically, she presented in the activity the desire to forget the past that made her feel guilty, and that reverberated in her forgetting herself: she did not put herself in the trunk, the tree had no root.

When it was said that not all roots could be forgotten, it was the same of stating to Flower that humans exist within their own stories, including the undesirable parts, but also dreams and the desire to change.

Additionally, the intensity of the pain she felt in regards to the hospitalization of the babies and the distance from the other children, may be related to the suffering gone through consciously, without the numbness offered by the psychoactive drugs. The hospital, thus, presented an opportunity for her to be awake in the real world.

It should be taken into account that the residence program came to an end, and it was necessary to bring the care to an end before the patient was discharged and severing the bond.

As this issue started to be discussed in the sessions, Flower was visibly shaken with the end of the sessions, which was manifested by statements on her part highlighting the solitude and abandonment she suffered in the past.

To Flower, the sessions were an unknown experience, and as she received them, she could bring a new meaning to her story in a creative and unique way, as exemplified below by the reports on the last family group in the ICU:

We worked with strings wrapped around glass bottles. We talked about what did this activity mean to us, we saw the tangling and unravelling of many stories in the ICU, many of which were slow, full of suffering, but each with its own beauty, since people take with them what they learn through experience. Flower mentioned, on the act of wrapping the string around the bottle: the end was the most difficult part.

It was understood that Flower was expressing her difficulties in passing the last days of hospitalization of her children without the monitoring of the psychologist: bringing this bond to an end was also difficult for the psychologist herself.

Being a resident psychologist allows one to experience one's passage through the hospital, building a space where this role can be performed within a process which is made more complex by the fact that psychology was oftentimes not recognized as important by the team, and the resident was sometimes not recognized as a professional.

This "non-place" may have favored the process of identification and approximation of the psychologist with the patients and their family members. As they, the psychologist also knew the difficulties in adapting to the hospital.

DISCUSSION

The experience described in this report was important for the professional education of the resident, which was favored by the fact that the practice led to constant reflections on, especially, the theoretical concepts of psychology, as they relate to its practical aspects.

Therefore, many studies, supported by Winnicott's approach, associate the relationship between therapist and patient to that between mother and baby. Such approximation is possible once you consider the non-verbal communication established in therapeutic relations, as well as the characteristics of care, connections and bonds of trust, that should favor the initial dependency experience of the patient, so that they can walk towards autonomy, towards their emotional maturity[4,6,7].

In a similar way to that of the primary maternal preoccupation, the therapist needs to have an identification with the patient and adapt to their needs[6].

The concept of holding is experienced when the therapist can create an environment that, through attention and interpretation, supports and embraces the patient, so that they can find a true relation that can offer hope in the confrontation of the risks and challenges inherent to life.

When the patient experiences holding, situations of suffering can be transformed and re-signified as positive experiences[4].

One must consider that the history presented was filled with intense affection and, because of that, the involvement of the psychology professional and her interest in caring for the patient were not without risks, when one considers the counter transference feelings.

That is why the weekly supervision sessions in the residency were essential, for the psychologist to reflect and consider her own anguish and professional anxieties as these were affected by the life of the patient[7]. This ethical need of the therapist represents a way to protect themselves, but especially the patient, who cannot be invaded by the feelings of the professional[6].

The embrace and the care must not be dealt with only by the psychologist inside the hospital, as they contemplate the experience of affecting and being affected in any area of health. However, it can be argued that, in the case of psychology, the listening and bonds permeated by transference and counter transference are conditions for the care to take place.

Therefore, one of the roles of the psychologist is to recover the psychic and emotional health of the patient with a disease, while also bringing forth the healthy aspects of the hospital environment, which has historically been considered a place marked by disease[1,5].

From the results mentioned, the patient gained confidence to confront the reality, pain and pleasure, without depending

on the use of psychoactive substances that would anesthetize her vitality.

It can be argued that, when the therapist follows the rhythm of the patient, movements of change and integration of personality are made possible[4,7].

Therefore, the disposition to confront reality becomes a possibility when one is in an enabling environment, personified in the image of a provider of care who shows that is possible to start again and to continue being[4].

CONCLUSION

The experience of psychology resident allowed for an approximation to the experiences of the patient, regarding their ambivalent perceptions of time and space in the context of a hospital. Both of them saw it as a space of transition, adaptation and learning, where time were fast and dynamic, but in a slow dimension of wait, recovery and hospital discharge.

Through this shared subjective experience, it was found that, in the hospital, the psychologist needs to offer concrete care, as to mediate and communicate with the team, giving voice to the needs of the patient.

Additionally, the time the patient stays in the hospital is that of urgency and acceleration, and the therapist is the responsible for preserving this subjectivity so that they feel at least some level of security in the unstable and threatening setting that is the hospital. A space where one can fit: the slow process of suffering, the confusion of ambiguous feelings, the entire being of the person who is in front of the professionals.

Such aspects represent the embrace that health institutions need, that composes the essence of the work of the hospital psychologist.

The work of psychology in the hospital is substantially different from the traditional clinical activities, since the patients are living through times of urgency and become more sensitive to the care which is then offered. That can favor the construction of meaningful work both for the patient and the professional.

However, for the experience to have features of transformation and learning, the hospital must be a good enough environment.

Cases like Flower's allowed for the construction of a space as a psychologist, the understanding of the role in the team, and enable creative and authentic expressions in the profession.

It was possible for the professional to experience the work of hospital psychology from the perspective of mediating the communication of the patient and the team, while simultaneously promoting the quality of life to the family, in spite of the suffering with which it was confronted. The soil of the hospital was arid and hard to adapt for the professional and for the customer who was cared for (Flower).

REFERENCES

1. Mutarelli A. O serviço de psicologia no hospital: modelo assistencial de cuidado na busca pela promoção de saúde. Rev SBPH. [Internet]. 2015 [cited in: 10 may 2017]; 18(1):173-88. Available from: http://pepsic.bvsalud.org/pdf/rsbph/v18n1/v18n1a09.pdf

2. Serralha CA. O ambiente facilitador winnicottiano: teoria e prática clínica. Curitiba: CRV; 2016.

3. Dias EO. Interpretação e manejo na clínica winnicottiana. São Paulo: DWW Editorial; 2014.

4. Januário LM, Tafuri MI. A relação transferencial para além da interpretação: reflexões a partir da teoria de Winnicott. Rev Ágora [Internet]. 2011 [cited in: 10 may 2017]; 14(2):259-74. Available from: http://www.scielo.br/pdf/agora/v14n2/a07v14n2.pdf

5. Arrais AR, Mourão MA. Proposta de atuação do psicólogo hospitalar em maternidade e UTI neonatal baseada em uma experiência de estágio. Rev Psicol Saúde [Internet]. 2013 [cited in: 10 may 2017]; 5(2):152-64. Available from: http://www.gpec.ucdb.br/pssa/index.php/pssa/article/view/284/346

6. Kahtuni HC. O terapeuta/mãe, o paciente/bebê e os cuidados requeridos. Psychê [Internet]. 2005 [cited in: 10 maio

2017]; 16(9):197-212. Available from: http://www.redalyc.org/pdf/307/30716913.pdf

7. Medeiros C, Aiello-Vaisberg TMJ. Reflexão sobre holding e sustentação como gestos psicoterapêuticos. Psicol Clin. [Internet]. 2014 [cited in: 10 may 2017]; 26(2):49-62. Available from: http://www.scielo.br/pdf/pc/v26n2/04.pdf

CONTRIBUTIONS

Luana Rodrigues de Oliveira Tosta was responsible for the conception and writing of the article. **Luciana Maria da Silva and Andrezza Sisconeto Ferreira Dias** were responsible for the supervision of the case study and conducted a critical review of the text.

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