104 - BURNS UNIT: LISTENING AND A PSYCHOLOGIST (RE) CONSTRUCTION OF A PLOT FOR DIRECTIONS

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doi: 10.16887/85.a2.104

INTRODUCTION

Over the past few years several studies have pointed out some fundamental issues surrounding the practice, teaching and research psychologist who works in health care settings, specifically in hospitals (Chiattone, 2000). According to Spink (2007) recent changes in the type of participation of psychologists in health and the opening of new fields of endeavor have introduced qualitative changes in practice that require, in turn, new theoretical perspectives. In this sense, the expansion and the inclusion of psychologists in various fields, such as in hospitals, require further investigations of the interventions to be developed according to the particularity of each context.

With regard to this, it can be said that research involving interventions of psychologists in the context of patient care with burns, are still little explored. Many of the research raised for the present study, we address the issue involving burns, refers particularly to other areas of knowledge such as Nursing, Medicine, Physiotherapy, Nutrition, Occupational Therapy among others. Less frequent surveys that addressed interventions of psychologists concerning this subject were found.

The subject affected by the burn is seen suddenly experiencing pain, hospitalization, and the commitment of its vital functions. In general, hospitalization happens quickly and unpredictably, with no time for that individual and their families prepare for a hospital stay, how can commonly occur in the situation of other diseases (CARVALHO E ROSSI, 2006).

In this sense, this study sought to understand the contributions of the intervention of professional psychology towards the patient with burns. Furthermore, addressing the implications of hospitalization and rehabilitation of the patient in the psyche of the individual affected by the burn.

MATERIAL AND METHOD

This is a qualitative research based on analysis of participant observation and fieldwork diary produced during extracurricular internship at the Burns Unit of a public hospital, located in the state capital of Rio Grande do Sul.

RESULTS AND DISCUSSION

To speak of burns, it is necessary to recognize that skin is the largest and most exposed organ in the body, thus, more vulnerable to injury. Although it is the organ that occupies the largest extension of the body, generally do not pay much attention to the skin. The attention turns when it modifies as in cases of sunburn (MENEZES and SILVA, 1988; NEVES, 2003).

Responsible for the feel, protection, term regulation and secretion, the skin is an elastic coating that protects the environment from man to pass physical and chemical agents and prevents excessive loss of water and electrolytes. Both the baby and the adult, is the principal organ of perception allowing transmission of physical and emotional sensations (RIBEIRO E FERRANTI, 2005; BITELMAN, 2003).

To Franulic and Gonzales (2000) a burn somehow alters the biographical course of an individual. The authors bring that may be affected: the psychological balance, the ability of biological adaptation and sexual life, body image, and self-esteem.

According Werneck et al. (1995), the experience is usually a traumatically experienced because treatment involves excruciating pain, anguish, long hospitalization and frequent readmissions for reconstructive surgery of scars. Regarding hospitalization Jeammet and Consoli (2000), state that it has sufficient to induce an effect of stress and disorganization of the patient's emotional control conditions. Situations of concern for the nature of the disorder, separation from family and precipitation in an unknown world, beyond the impact of physical effects that can be triggered, often generating anxiety in patients.

To Angerami-Camon (2002), during hospitalization, the patient experiences a process of depersonalization. Added to this, certain practices are considered more aggressive the way they are conducted within the hospital environment. During hospitalization, the patient is included in a hospital routine that combines several times and procedures - and sometimes can be invaded your privacy and intimacy. In this regard, it is pointed out in the sections shown above in regard to procedures, such as baths and debridement where the patient may find himself in the situation of stigmatized patient by passive very front procedures in which it is subjected, having to be stripped of their belongings, getting naked in front of other people, stay away from family and social life; "Ceases to have its own name and now has a number of beds, or someone carrying certain pathology." (Pg. 16), as is evidenced in the following excerpt:

> "(...). Here, we know the names of all patients and staff always called by name '- Although the technique has spoken it, I realized that on many occasions between the team they refer the patient to the' 414 'or' 3 418 '. Also, I noticed that some refer to the patient, according to the type of burns he suffered, 'came a major burn', 'came a 2nd degree deep'. (...) ". (Field diary, 25/07/2012)

In this sense, the work to lessen the processes of depersonalization in hospital settings, the psychologist will be helping to humanize the hospital, for surely this is one of the larger process of annihilating existential dignity of the person hospitalized (ANGERAMI-CAMON, 2002).

Besides the process of depersonalization, another point to be noted and taken into account in interventions Psychologist with burn patients is a matter of pain. Whether physical or emotional, pain is constant and follows the patient during hospitalization. In this sense, we realize the importance of a space for listening to these patients, since pain is a subjective and personal experience and only know from the statement of the one who suffers as put Sasdelli and Miranda (2001). For these authors, the pain works as a process alarm, indicating that something is wrong in the body. Therefore, it is pertinent that the psychologist is aware of prior to hospitalization issues in relation to previous personal history, and that interventions provide a space for the patient to talk, so give new meaning to the experience of hospitalization and the experience of pain:

> "(...) By following the procedure of debridement through the glass that separated the surgical ward from the recovery room, I realized that the way is performed to explain physical pain - explains the pain experienced by patients because it really is a procedure very aggressive to the skin (...) in some way, this could explain the psychic manifestations that can occur in patients because, for most patients to be anesthetized (in the body), somehow everything is done even told and said it is not recorded in the patient's skin. He did not feel, but feels. That is somehow what happens to your skin and you can sign up on the psychic. (...) ". (Field diary, 20/07/2012).

Impressions arising observations forwarded by the search for an understanding regarding the issues brought up in the field diary, records related to the psyche of patients fragment to undergo aggressive skin procedures. As explained above, the skin at the same time intimately private and public remarkably, is the ultimate interface between the self and the other - between our inner self and the outer world (BITELMAN, 2003). Each of us is able to live an intense and lasting pain that can disrupt the psychic apparatus, threaten psychic integration in the body, affecting the ability to desire and the ability to think (Anzieu, 1989). In the case of burn patients, we believe that these issues are exacerbated further, since the burn is considered traumatic and time of the sudden happened does not allow the patient to psychological assimilation (LAPORTE and LEORNARDI, 2010).

> "(...). The patient said he was psychologically shaken, because sometimes when I was asleep or was falling asleep, waking in fright, sweat, having nightmares. He linked this to the fact that the accident which caused his burns occurred when he would have put fire in a tin, fell asleep and woke up in flames. (...) ". (Field diary, 17/07/2012).

In "The Interpretation of Dreams," Freud (1996) raises issues relating to anxiety-dreams, in which they can acquire new meanings, which are even in line with the medical view of what she defines as nightmare disorder or anxiety related to the dream. To Coutinho (2009) from the perspective psychoanalytic, the dream of distress might be defined as one whose manifest content and latent causes sudden awakening by a crisis of anxiety, usually associated with physical manifestations.

In this sense, the psychologist must be to attend all events - conscious and unconscious - the patient, to provide a space for listening to the alleviation of suffering caused by possible burning and consequent hospitalization. By providing a space for listening, psychologist favors the establishment of what Anzieu (1989) calls "piel de palabras", where the reestablishment of the ability to communicate with others (and himself) allow the patient to rebuild one I- enough for your skin in spite of her wounds, may well contain the painful skin affections. The author further states that the "piel of words" that is woven between the patient and a sympathetic interlocutor, can symbolically reestablish a continent psychic skin, able to make more tolerable the pain of a wound of real skin.

Another point to be considered is that in addition to "brands" in the psyche of the subject, it is marked by wounds, and in most cases, will find themselves scarred skin. Although the issue of pain has been most evident in the stories of patients, preoccupation with body image and the effects of the burn lines were marked in some patients, including speech of some professionals, as is illustrated in the excerpts below:

> "(...). In compliance with this patient Y. asked me how was your face. While he talked with me, looked at his hands - which were well burned - until said 'I'm horrible right? My face must're too ugly '(...) ". (Field diary, 17/07/2012).

> "(...). You see only the 413 that boy here, (referring to the patient's bedside), 19 years, I was helping his father to move the car and blew the barrel of petrol on his face. A Jewry, a cute kid, young, girlfriend, threatens to stay with a deformed face and having to go through multiple plastic surgeries to correct (...) ". (Field diary, 27/07/2012).

According to Schilder (1999) the formation of the image of our body is made by including other parts of the body, such as gestures, postures and attitudes; also depending on how they treat others in our body. Thus, over time, knowledge and other new environments, nurture from imitation and observation, create, and constantly reorganize their body image, and the body schema not only stipulated by pictures, but mainly by contact, by relationships. In this sense, one might think, from the fragments of a field journal that due to the burning, the possible scarring may affect the image of the patient's body and yourself, being eminent demand for reorganization of your image body made from your relationship with your body and the environment, and their relationship and contact with others and how others see you.

From the questions analyzed from observations and records of a field journal, is evident the importance of the intervention of psychologists within the context of patient care with burns, since this event is mobilizing for the patient but also the family and by care staff. This is because both the patient's family as the team end up "feeling on the skin" reflections procedures as limitations, needs reconstruction, and suffering generated by burns.

CONCLUSIONS

From this I hear, it can be noticed that patients who suffered burns need a space in which to turn their pain into words, assigning a network of meanings that contribute to the birth of "new skins". In addition to physical pain, is pain that affects the constitution of the subject, with an understanding of this, based on their subjectivity and their life story. In this sense, listening to the psychologist as an instrument of intervention is grounded in the possibility of providing a space for the patient to build and rebuild a sense of continuity. The establishment of a "piel de palabras", woven between the patient and a sympathetic interlocutor, can symbolically reestablish a continent psychic skin, able to make more tolerable the pain of a wound physical skin. Thus, through the presence of someone who rejects the marked body and while not the 'assaults' with the procedures, but it deals with the psychological needs of patients makes the listener will eventually provide the the reestablishment of this meeting willingness to communicate with yourself and others. Through speech, there is strengthening the integrity of the subjectivity of the patient, despite the 'wounds' caused by the burn.

REFERENCES

ANGERAMI-CAMON, V. A. O Psicólogo no Hospital. In: ANGERAMI-CAMON (ORG.). Psicologia Hospitalar: Teoria e Prática. Pioneira: São Paulo, 2002. (pg. 15-28).

ANZIEU, D. El Yo-Piel. Biblioteca Nueva: Madrid, 2007.

BITELMAN, B. Pele. In: Volich, R. M.; Ferraz, F. C. & Rocha, W. (Orgs.). Psicossoma III – Interfaces da Psicossomática. São Paulo: Casa do Psicólogo, 2003. (pg. 353-357).

CARVALHO, F.L., ROSSI, L. A. Impacto da queimadura e do processo de hospitalização em uma unidade de queimados sobre a dinâmica familiar: Revisão de literatura. Ciência, Cuidado e Saúde, 2006. Disponível em: Acesso: 05/05/2013.

CHIATTONE, H. B. C. A Significação da Psicologia no Contexto Hospitalar. In: ANGERAMI-CAMON, V. A. (org.). Psicologia da Saúde – um Novo Significado Para a Prática Clínica. São Paulo: Pioneira Psicologia, 2000. (pg. 73-158).

COUTINHO, A. H. S. de A. Sonhos, angústia e alienação. Reverso, Belo Horizonte, v. 31, n. 58, set. 2009. Disponível em: http://pepsic.bvsalud.org/scielo.php?pid=S0102-73952009000200006&script=sci_arttext Acesso em: 14/10/2013.

FRANULIC, A.; GONZÁLES, X. Adaptación psicológica y social del paciente quemado: seguimiento a 6 meses. Boletin Cientifico.Associacion Chilena de Seguridad. Diciembre, 2000. Disponível em: http://www.cienciaytrabajo.cl/pdfs/04/Pagina%2040.PDF Acesso em: 19/05/2013.

FREUD, Sigmund. A Interpretação dos Sonhos. Edição Standard brasileira das obras psicológicas completas de Sigmund Freud. Rio de Janeiro: Imago, 1996. 2. ed. Rio de Janeiro: Imago, 1987.

JEAMMET, P. R. M.; CONSOLI, S. Psicologia Médica. Rio de Janeiro: MEDSI, 2000.

LAPORTE, G. A., LEONARDI, D. F. Transtorno de estresse pós-traumático em pacientes com sequelas de queimaduras. Rev. Bras. Queimaduras. Vol. 9. Nº 3. 2010; Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-03942009000100015 Acesso em: 03/05/2013.

MENEZES, E. L. M.; SILVA, M. S. A Enfermagem no Tratamento de Queimados. São Paulo: EPU, 1988.

NEVES, S. M. Eu-pele, psicossomática e dermatologia: nos limites da palavra, da transferência e do corpo: a pele. In: Volich, R. M.; Ferraz, F. C. & Rocha, W. (Orgs.). Psicossoma III – Interfaces da Psicossomática. São Paulo: Casa do Psicólogo, 2003. (pp. 359-369).

RIBEIRO, F. Z.; FERRANTI, J. Intervenção Fisioterapêutica na Mão Queimada por Choque Elétrico. [online]. Centro Universitário Claretiano. Batatais, 2005. Disponível em: http://biblioteca.claretiano.edu.br/phl8/pdf/20001451.pdfAcesso: 24/05/2013.

SASDELLI, E. N.; MIRANDA, E. M. F. Ser: O sentido da dor na urgência e na emergência. In: ANGERAMI-CAMON V. A. (Org.). Psicossomática e a psicologia da dor. São Paulo: Pioneira, 2001. (pg. 93-112).

SCHILDER, P. A imagem do corpo: as energias construtivas da psique. 3. Ed. São Paulo: Martins Fontes, 1999.

SPINK, M. J. P. Psicologia social e saúde: práticas, saberes e sentidos. 4. Ed. – Petrópolis, RJ: Vozes, 2007.

WERNECK, G. L.; REICHENHEIM, M. E.; CARPEGGIANI, R. Aspectos psicossociais das queimaduras. In: GOMES, D.; SERRA, M. C.; PELLON, M. A. Queimaduras.Rio de Janeiro: Revinter, 1995. (pg. 227-230).,

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ABSTRACT

The subject affected by the burn is seen suddenly experiencing pain, hospitalization, and the commitment of its vital functions. Besides the process of depersonalization, the issue of pain, whether physical or emotional, is constant and follows the patient during hospitalization. To understand the contributions of the intervention of psychologist towards the patient with burns, in addition to addressing the implications of the patient's hospitalization and rehabilitation in the psyche of the individual affected by the burn. The method consists of an analysis of participant observation and field diary records produced during extracurricular internship at the Burns Unit of a public hospital, located in the state capital of Rio Grande do Sul. The results indicate that listening to the psychologist as an instrument intervention, is founded on the ability to provide a space for the patient to build and rebuild a sense of continuity. The establishment of a "piel de palabras", woven between the patient and a sympathetic interlocutor, can symbolically reestablish a continent psychic skin, able to make more tolerable the pain of a wound physical skin.

KEYWORDS: Burn Unit, Health Psychology, Psychological adaptation.

RÉSUMÉ

Le sujetatteintpar la brûlureest considéré econnaîtsoudainune doul eur, unehospitalisation, et l'engagement de sesfonctionsvitales. Outre le processus de dé personnalisation, la question de la douleur, qu'ellesoit physique ouémotionnel, estconstante et suit le patient pendant l'hospitalisation. Destiné à comprendre les contributions de l'intervention de la psychologie professionnellevers le patient avec des brûlures, en plus d'aborder les conséquences de l'hospitalisationet de réadaptation du patient dans la psyché de l'individuaffectépar la brûlure. La méthode consiste en une analyse de l'observation participante et champ journal documents produit saucours de stageparascolaireau Service desBrûlés d'unhôpitalpublic, situédanslacapitale de l'Etat de Rio Grande do Sul. Les résultats indiquent que l'écoute de la psychologue commeun instrument intervention, est fondé esurlacapacité de fournirun espace pourlepatient à construire et reconstruire un sentiment de continuité. La mise en place d'un "piel de palabras", tissé entre le patient et un interlocuteur sympathique, peut symbolique mentrétablirune peaupsychique continent, en mesure de faire plus supportable la douleurd'unepeau physique de la plaie.

MOTS-CLÉS: unitédes grands brûlés, psychologie de lasanté, l'adaptation psychologique.

RESUMEN

El sujetoafectado por laquemadura se ve de repente experimenta dolor, lahospitalización, y elcompromiso de sus funciones vitales. Además delproceso de despersonalización, el tema deldolor, yasea físico o emocional, es constante y sigue al paciente durante lahospitalización. Dirigido a comprenderlascontribuciones de laintervención de lapsicologíaprofesionalhaciael paciente conquemaduras, además de abordar lasimplicaciones de lahospitalización y larehabilitacióndel paciente enla psique de la persona afectada por laquemadura. El método consiste enunanálisis de los registros de observación participante y eldiario de campo producidos durante prácticas extracurriculares enlaUnidad de Quemados de un hospital público, ubicadoenla capital del estado de Rio Grande do Sul. Los resultados indican que laescucha de la psicóloga como instrumento intervención, se basaenlacapacidad de proporcionar unespacio para el paciente para construir y reconstruir un sentido de continuidad. El establecimiento de una "piel de palabras", tejida entre el paciente y un interlocutor simpático, simbólicamentepuederestablecer una piel psíquica continente, capaz de hacer más tolerableeldolor de una herida física de lapiel.

PALABRAS CLAVE: Unidad de Quemados, Psicología de laSalud, laadaptación psicológica.

UNIDADE DE QUEIMADOS: A ESCUTA DO PSICÓLOGO E A (RE) CONSTRUÇÃO DE UMA TRAMA DE SENTIDOS.

RESUMO

O sujeito acometido pela queimadura se vê, repentinamente, enfrentando a dor, a hospitalização e o comprometimento de suas funções vitais. Além do processo de despersonalização, a questão da dor, seja física ou emocional, é constante e acompanha o paciente durante o período de hospitalização. Objetivou-se compreender as contribuições da intervenção do profissional de Psicologia frente ao paciente com queimadura, além de abordar as implicações da hospitalização e reabilitação do paciente no psiquismo do sujeito acometido pela queimadura. O método consiste na análise da observação participante e dos registros de diário de campo produzido durante estágio extracurricular na Unidade de Queimados de um hospital público, localizado na capital do estado do Rio Grande do Sul. Os resultados apontam que a escuta do psicólogo, como instrumento de intervenção, é pautado na possibilidade de proporcionar um espaço para que o paciente construa e reconstrua uma noção de continuidade. O estabelecimento de uma "piel de palabras", tecida entre o paciente e um interlocutor compreensivo, pode reestabelecer simbolicamente uma pele psíquica continente, apta a tornar mais tolerável a dor de uma ferida da pele física.

PALAVRAS-CHAVE: Unidade de Queimados, Psicologia em Saúde, adaptação psicológica.