Mental health: hospital psychology and hospital psychoanalysis

Salud mental: psicología hospitalaria y psicoanálisis hospitalário

DOI: 10.46981/sfjhv5n1-005

Received on: January 26th, 2024
Accepted on: February 23rd, 2024

Alan Freire de Lima
Ph.D in Anthropology and Religion and Anthropologist from Logos University International (UNILOGOS)
Institution: Associação Brasileira de Psicanálise (ABP)
Address: R. Mansur Yasbek, 98, Vila Mariana, São Paulo – SP, CEP: 04113-135
E-mail: psicanalistaonlinepsicanalista@gmail.com

ABSTRACT
The objective of this work is to reflect on the role of the hospital psychologist as well as the hospital psychoanalyst. Mental health professionals complement the healthcare team in the hospital environment in the process of adaptation and recovery of patients suffering from an illness whilst in hospital. The mental state of a hospitalized patient can often be compromised by various psychopathologies that require the attention of mental health professionals. The methodology used was a bibliographic review within the qualitative approach. The presence of hospital psychologists and psychoanalysts in hospital complexes is recommended. The recovery of a patient's health must be holistic, from physical health to mental health so that the patient has a faster recovery, accelerating their physical and mental recovery, and speeding up their hospital discharge.

Keywords: hospital psychology, psychoanalytic therapy, mental health personnel, psychotherapy.

1 INTRODUCTION

The Federal Council of Psychology of Brazil (Conselho Federal de Psicologia – CFP) as a body whose core responsibilities include registering, supervising and disciplining regulated professions, as well as offering subsidies and guidance on professional performance in the most different areas and social spaces.

In his publication entitled “Technical references for the work of psychologists in hospital services of the Unified Health System of Brazil (Sistema Único de Saúde – SUS) as a guiding guide for the practices of psychology professionals within a technical vision for the work of psychologists in hospital services of the Unified Health System”, proposing to discuss relevant contributions of psychological practices in the hospital context, considering that the subjective depth and mental health of people assisted in hospitals is an indispensable aspect during treatment, also raising debates about the process of illness, losses, hopelessness, mourning and assistance to family members.
These debates are crossed by the specificity of Psychology's performance in the SUS domain, which requires a careful look from professionals at the subjects' susceptibility conditions, as well as active action that reflects the importance of this public policy for guaranteeing the population's rights and the changes in their health and life situations.

The work of professional psychologists in hospitals requires specificity, in which the context of the hospital psychologist's work is different from the psychological clinic within clinical care. It is a complex action that integrates a multiplicity of factors, whether from the hospital structure, the team of professionals involved in each type of pathology in the hospital environment, a clear understanding of the medical diagnosis and complexity of the conditions that the patient is affected by, the patient's condition and family psychological support in the hospital environment.

Knowledge of public health policies is fundamental so that the professional can integrate into the hospital structure in a well-oriented and specialized way, something completely different from a psychotherapeutic clinic, in which the psychologist acts more autonomously and in a context in which dominates their individual clinical performance and so on.

2 METHODOLOGY

The methodology used in this work was literature or bibliographical review, among the authors cited we can highlight Bailey (2006), Coppus and Fagundes Neto (2016), De Maat et al. (2009), Freud (2010), Gorayeb and Guerrelhas (2003), Simonetti (2004) and several other authorities in the areas of mental health.

3 DISCUSSION

3.1 HOSPITAL PSYCHOLOGY: THE HOSPITAL PSYCHOLOGIST

According to Silva (2018, p. 12) the Brazilian Unified Health System is organized into three stages of health care, primary, secondary and tertiary care, where Primary Health Care (or basic care) is the patient's gateway to the health system, with a simpler, outpatient structure, with the aim of guaranteeing universal access, coordinating and expanding care from the secondary and tertiary stages to the most complex levels of care. Secondary Health Care promotes continuity of patient care with the support of specialists and infrastructure to meet the specificities of the case specialty. Tertiary Health Care aims to support and complement Basic Care for diagnostic purposes, treatment and emergency care. The latter is supported by large and complex general and specialized hospitals that bring together technology that can be reconciled with medical subspecialties. When we talk about specialized technologies, we refer to highly complex and technologically complete exams and hospitalizations.
The activities carried out by the psychologist in this type of environment are like a specialized professional, therefore acting at the tertiary level of health care, according to Azevedo and Crepaldi (2016, p. 574), are cited in scientific production: in the triad hospitalized patient, family and the multidisciplinary team specialized in the psychological preparation of patients for surgery; support for family members of hospitalized patients; and psychological support for patients with serious and chronic illnesses, who will undergo invasive procedures and treatments that impact the body and mind of the hospitalized patient.

In line with Bailey (2006, p. 44) and the American Psychology Association – APA have reported numerous times that patients with mental illnesses do not receive psychological services that would help them overcome their mental disorders. The view of hospitals and their teams still predominates in the sphere of prescribing and applying psychotropic and toxic drugs, they are overmedicated to merely suppress symptoms and not their causes, said presenter Bill Safarjan, PhD, financial director of the group of California defense, Psychology Shield.

When psychologists work in hospitals and are members of the medical team, they are in a better position to ensure quality of care and help patients receive psychological rehabilitation services than when they serve only in consultative or auxiliary roles, the presenters said, according to Bailey (2006, p. 44)

Carvalho and Lustosa (2008, p. 33) outlines an interesting overview of the concept of interdisciplinarity in health in an applied way, which concerns interconsultation. Interconsultation corresponds to the presence of a health professional in a general medical unit or service, responding to a doctor's request regarding better care for a patient. This safeguards holistic patient care, with psychology having an important role to play in this context. Psychological consultation can greatly support you in conjunction with other professionals for a biopsychosocial approach to the subject-patient.

The role of psychologists in a hospital environment developed gradually, we will not describe the entire trajectory so as not to extend this work too much, as the focus of this work is to analyze the characteristics, legality, possibilities and limitations of Psychology and Hospital Psychoanalysis.

The Federal Council of Psychology CFP itself points out that specialization in Hospital Psychology is not mandatory for professional practice in hospitals, but it qualifies psychology professionals to work in this professional field, qualifying their training and preparation in a field so specific that it is working in a multidisciplinary way and with patients in critical condition, such as those who are going to treat a somatic disease surgically and the dilemmas of the prospects for curing or not a certain pathology. The hospital psychologist will deal with another contextual reality. The subject and its specificities are regulated by CFP Resolution No. 23/2022.
According to the CFP, the specialties in psychology currently granted to psychologists are the following: Psychological Assessment; Hospital Psychology; Clinical psychology; Neuropsychology; Psychopedagogy; School/Educational Psychology; Organizational and Work Psychology; Traffic Psychology; Juridical Psychology; Sports Psychology; Psychomotricity; Social Psychology; Health Psychology.

To be able to specialize in a specific field of psychology, the psychologist must follow some rules such as being registered for at least two years with the CRP Regional Psychology Council (Conselho Regional de Psicologia – CRP); prove professional experience of at least two years in the area of the requested specialty, as described on the CFP website.

According to Simonetti (2004, p. 15), Hospital Psychology refers to the process of illness of hospitalized patients and the understanding and psychological treatment contextualized in the factor of illness and hospital admission.

Denoting the psychological issues of the disease as an object of hospital psychology, Simonetti (2004) shifts the question of possible psychological causes of the disease, in other words, of the impacts of the disease and its severity on the psychological state of the subject, in which there is potentially a change in your mood and adverse psychological reactions.

Subjectivity is present in each and every disease. Therefore, it understands the disease in its biopsychosocial depth, in an interrelated way, with all the consequences and complications that are inherent to it.

According to Simonetti (2004, p. 33), while in medicine diagnosis is the knowledge of diseases through symptoms; In hospital psychology, the subjective aspect predominates, which is the diagnosis, or rather the existential and subjective situation of the sick patient in the face of their illness. Psychological diagnosis offers a panoramic view of the situation. It is not about diagnosing diseases, but understanding and describing the processes that influence and are influenced by the patient's pathology.

Psychodiagnosis is not applied in hospital psychology Simonetti (2004, p. 35) having to achieve a rational understanding of the illness process, the use of knowledge from the clinical perspective, and the methodical planning of therapeutic actions based on the psychic processes involved in illness. The work of psychological listening must prevail and the overcoming of cultural taboos of “divine punishment”, the hospital psychologist will work on listening to complaints without repressing, in the work of hospital psychology it is up to the psychologist to incorporate the knowledge of psychoanalysis in which the use of silence, without neglecting dialogue, is a powerful weapon to bring to the surface all the content that is repressed and latent in the patient's mind, this silence of the analyst is filled by the speech of the analysand, the patient, in line with the recommendations of Simonetti (2004, p. 48-50).
In a practical way, Simonetti (2004, p. 25) brings us mental health professionals some guidelines and strategies of a practical and active nature in managing illness in the symbolic register, as the body is a symbolic entity, not merely physical, which uses of two techniques: analytical listening and situational management:

To implement its strategy of working on illness in the symbolic register, hospital psychology uses two techniques: analytical listening and situational management. The first brings together the basic interventions of clinical psychology, such as listening, free association, interpretation, transference analysis, etc. These interventions are familiar to the psychologist, what is new is the unusual setting in which they take place – the hospital. The second technique, which is situational management, encompasses interventions aimed at the concrete situation that forms around the illness. Here are some examples of these interventions: situational control, change management, situational analysis, conflict mediation, bridging psychology, etc. All these actions are specific to Hospital Psychology, that is, the psychologist does not do any of this in his office, but in the hospital it is necessary to move away from the position of neutrality and passivity characteristic of clinical psychology (Simonetti, 2004, p. 25)

For Simonetti (2004, p. 25) the great challenge for psychologists is to overcome the way of working in the psychological clinic for hospital psychology, as the environments, situations, dilemmas, symptoms among other variables require a different attitude from the hospital psychologist. What's more, the unsuccessful experiences of hospital psychologists, due to the psychologist's inadequacy in transposing his work in the psychological clinic to the hospital environment, this transposition is expressed in a disastrous exercise due to the distance from the hospital reality, this inadequate psychological assistance, reveals and masks false knowledge.

The Federal Council of Psychology (2019, p. 13) relies heavily on Simonetti's considerations regarding the distinction between medical work and hospital psychologists, while the doctor treats the disease as a physical body in search of its cure, the Hospital psychologist leaves this objectivity aside, and focuses on the subjectivity of the subject, in which the symbolic body and the subject's mental conditions form the core of his work.

Yáñez (2022, p. 1) points out that researchers in Latin America have sought to detect associations and factors that predict the risk of hospitalized patients developing mental disorders. A study in Paraguay revealed that a number of factors such as diagnosis, cause of hospitalization, prognosis and length of stay can increase the chances of patients developing depression and anxiety disorders after prolonged hospitalization.

In research carried out in a Burns Unit in Baranquilla, Colombia, it was revealed that a long period of hospital stay is associated with anxious-depressive states, decreased ability to express emotions and adaptation. Both studies suggest that patients benefited from mental health care interventions from hospital psychologist care while they were hospitalized.
Although non-pharmacological or toxic mental health care effectively reduces anxiety, anguish and pain, it is concomitantly capable of improving self-esteem and coping capacity; and increases the likelihood of people adhering to treatment, therefore reducing time in hospital, as well as a reduction in anesthesia and less painkillers, a decrease in dependence on drugs and toxic substances, therefore dependence on drugs and the harmful effects they cause, promote physical and mental recovery in a holistic and positive way.

3.2 HOSPITAL PSYCHOANALYSIS: THE HOSPITAL PSYCHOANALYST

Sigmund Freud (2010, p. 62-65) points out that the purpose of life is essentially the program of the pleasure principle, designating that this is the principle that governs and commands the functioning and mechanisms of the psychic apparatus since its genesis and development, psychogenetics. Since the purpose of life is the search for happiness, becoming happy and staying that way, this goal is made up of two sides, two antagonistic fields, one positive and the other negative, yet complementary, which are nothing more than, on the one hand, the absence of pain. and displeasure, and on the other the experience of intense sensations of pleasure. happiness, or the attainment of happiness, corresponds to the latter. For Freud, however, this purpose or program that the human being seeks is in conflict with the entire world, both in the macrocosm and in the microcosm.

Freud points out that in the plan of “Creation” the desires to achieve so-called happiness are unrealizable and out of the question for the plan of “Creation” itself, according to the author, what is expressed as happiness is just the satisfaction of a need. repressed to a high degree, in maximum tension, and according to its attribute, only achievable episodically, its ephemeral character. What we only feel is a contrast between pleasure in a tepid way in relation to displeasure and existential pain, happiness itself is unrealizable, unhappiness has no obstacles in human life, unlike happiness. According to Freud, suffering threatens from three sides, namely:

[...] from the body itself, which, destined for ruin and dissolution, also cannot do without pain and fear as alarm signals, from the external world, which can attack us with superior forces, relentless and destructive, and finally, of relationships with other human beings. The suffering that comes from the latter is perhaps felt more painfully than any other; we tend to consider it as a somewhat superfluous ingredient, although it is no less fatally inevitable than suffering from other sources. (Freud, 2010, p. 65)

In view of the above in Psychoanalysis, the theoretical field developed by Sigmund Freud, explains in a constituent, structural, clear and symbolic way the aspects involved in the search of human beings for the pursuit of happiness in the form of an ephemeral pleasure in which life imposes limitations on the its achievement, with unhappiness being an imperative that life imposes on human beings, in its
most varied aspects, summarized in three sides, the body, pain and fears and, finally, human relationships and interactions.

Although Freud explains the three sources of human suffering, therefore of the human condition, of human existence, which are the fragility of our own body, the superior power of nature and the deficiency of the dispositions that govern relationships between human beings in the family sphere, society and the State. Sigmund Freud (2010, p. 80) expresses that the fragility of our own body and the forces of nature on our bodies and environment are forces that cannot hesitate for a long time, we will never be able to dominate nature completely, as well as the human being, understood as an extension of the creative forces, nature, will always be a transitory formation, with limited adaptations and operations (functionalities). Freud points out, however, that if we cannot avoid all suffering, we can, however, eliminate part of it, suppress what is viable.

Regarding the source of social suffering, the theorist emphasizes that the dispositions that we ourselves create are the sources of human unhappiness, that a large part of the blame, or the cause of our misery and the so-called our culture, and that we would be much happier if we returned to primitive conditions, giving up our culture. All the scientific progress of dominating nature to facilitate work and reduce the suffering of hard work on the human body, did not increase the pleasurable satisfaction that was expected from life, which this arrangement of space-time, the shortening of distances and communications with the technological increase, the subjugation of natural forces, did not make human beings happier.

Ultimately, what's the point of increasing life expectancy if it's painful. Freud proposes that we treat the essence of this culture whose value of happiness is called into question, the fruits of our dispositions that our culture has provided us stands out in two purposes: the protection of man against the adverse effects of natural forces, such as regulation and codes of conduct in the relationships of men with each other. Freud defines culture as everything we create, all the activities and all the values that support man as he subjects the Earth to his designs, protecting men against the aggressions of nature.

In ancient times, many human religions attributed an ideal to the gods for the protection and symbolization of human property, nature and protection in relation to it, whose ideal formulation of omnipotence and omnipresence was incorporated into the gods of their cultural ideals – those desires and phenomena that were inaccessible, unreachable or prohibited, nowadays human beings have come very close to everything they desired or that were prohibited and/or limited, becoming or becoming almost equal to god, increasing man's similarity to god, the author adds that even his proximity to God did not make him happy, he does not feel his similarity to God.

Gomes and Próchno (2015, p. 784) within a society that strives for a healthy and beautiful body, the sick body is a major obstacle to a full life in the sense of minimizing pain, displeasure, suffering
versus pleasure, shows himself destitute in the face of hospitalized illness, in view of the rapidity of the changes that occurred to him in this extreme condition. The paradox in the face of the demands of being beyond a health-body to a perfect, ideal, sculptural body and a beauty-body, we have an invalid body, displaced in the feeling of subjective emptiness, of lack of vigor and in fragmentation. This fact of a devitalized, fragmented and sick body is a reality rejected by contemporary civilization, which strives for the ideal of a beautiful, healthy and perfect body at all times. The imperious order of denial of the pathological body causes discomfort and imposes the incessant search for immediate and total satisfaction.

Elias (2008, p. 88) demonstrated Freud's (1919) concern when thinking about the complete importance of psychoanalytic practice in reaching beyond the limits of consulting rooms, to dedicate itself to the colossal neurotic misery present in the world, alerting us to the need to adjust the technique to new scenarios and circumstances, with the same rigor that this praxis involves. Following his egery, the particularities of psychoanalysis sought the apparatus of his aegis to support psychoanalytic work.

According to De Maat et. al. (2009, p. 14) in their studies published in the Harvard University Psychiatry Magazine, Harvard Review of Psychiatry, revealed that Psychoanalysis is more effective in treating mental health than Psychology and its therapeutic techniques and approaches, and in psychotherapy for moderate and mixed pathologies, success rates were 64% at completion and 55% in psychological follow-up [...] In psychoanalysis for patients with moderate and mixed pathologies, the success rate before and after psychoanalytic psychotherapy was 71 % and the pre-follow-up success rate was 54%.

3.3 TYPES OF TREATMENTS AND INTERVENTIONS

The treatments are diverse, although with different focus and approaches depending on the training and specialization of the professional, environment and professional team and the specificities of each patient with a view to improving perspectives at the pre- and post-operative level in order to enable a recovery of the point patient within a psychotherapeutic and/or psychoanalytic approach. These approaches, according to academic studies, show that the subject's recovery occurs faster, reducing the impacts of psychological suffering with a significant reduction in the use of medication and length of stay.

Juan (2015, p. 2) explains that surgical psychoprophylaxis has a preventive approach, the general objective of which is to prevent the condition of pathology and surgery from causing harm to the functioning of psychic functions, as it significantly reduces the probability of appearance of further complications, whether physical or psychological, as Juan mentions:
Relevant aspects for the implementation of a Surgical Psychoprophylaxis program are presented. Providing the patient with adequate information in accordance with their operating model can significantly reduce anxiety and stress and facilitate their cooperation during medical procedures, making the patient active in their recovery process. (Juan, 2015, p. 4)

4 CONCLUSION

Hospital Psychoanalysis, according to studies published by the Harvard University Psychiatry Magazine, has proven to be scientifically effective, with objective data for certain moderate and mixed pathologies. Psychoanalysis is progressively consolidating itself as a field of mental treatment for hospitalized patients. Today, in an incipient way, we are facing a great reality of great change in the theoretical and empirical paradigm regarding the effectiveness of Psychoanalysis as a necessity in the hospital environment.

Coppus and Fagundes Netto (2016, p. 97-98) explains that the “cure” for psychoanalysis does not always agree with, or have the same meaning as, the medical cure. “Curing” or recovering health in psychoanalysis is not related to the suppression of symptoms, but mainly refers to a change in subjective position. Psychoanalysis works on the subjective issues of illness-death, unlike medicine, which aims to cure somatic illness.

The subject under analysis is the one who begins to get involved with his illness process, that is, the cure in psychoanalysis refers to turning a neurotic suffering into a common suffering.

Therefore, the psychologist/psychoanalyst present in the hospital environment should not try to adapt to the objective medical discursive model in order to be able to integrate into a hospital health team to achieve the goal of a discourse different from his own, because if this is the case, his practice will be dispersed. of what established the originality and specificity of theory, perspective and psychoanalytic clinic.

It is worth highlighting that the psychoanalyst's work in the hospital allows treating a subject who cannot be divided between mind and body, on the contrary, the psychoanalytic vision seeks to understand the subject in his subjectivity inserted in a biopsychosociocultural context and in interaction with his somatic pathological condition. and psychic. The human body in the human unconscious is not only organic but it is permeated by what is said about it, by the way it is represented, by subjective and symbolic factors of man. The representation of the subject's body is influenced by a series of models and ideals of body-health, body-perfection, beauty and power, and it is with this non-static body that he becomes ill and it is from this body that the subject can suffer, and an existential crisis unfolds.

The insertion of a psychologist/psychoanalyst in an intensive treatment unit in a hospital is similar to the work of a psychologist or psychoanalyst in a clinic, however, in the hospital context there
are a series of challenges for mental health professionals such as noise interference, intense movement of other health professionals, sharing of spaces within the hospital environment, among other variables.

These characteristics and their specificities are what differentiate the work of a mental health professional in an individual clinic from a hospital environment in which a large proportion of patients are affected by physical/somatic conditions that potentially affect their mental health, and that the lack of mental health professionals in these environments can eminently increase the time for physical and psychological recovery and freedom from toxicological dependence on drugs to deal with the effects of physical illnesses on the subject’s psyche.

It is important to endorse that applied psychoanalysis cannot be carried out without the support of psychoanalysis with all its theoretical and methodological support, in other words, the analyst’s work remains based on rigorous training which, according to the theorization proposed by Freud, which includes the tripod psychoanalytic: personal analysis, supervision of the cases he treats and his theoretical training. Clinical psychoanalysis and research go together, praxis and reflection, analysis and theorization, clinic and research, so within the scope of theoretical training we could include theoretical production from the clinic.

Finally, Simonetti (2004, p. 26-27) the humanization of medicine is a fundamental element, as science and technology have advanced very quickly, there is a need for public policies, universal health care and greater excellence in the treatment of conditions that They affect human beings holistically, not dichotomizing the biological from the psychological sphere. There is a need to develop relationships between medical practices and the most varied human issues that refer to other fields of knowledge such as anthropology, religiosity, psychology, psychoanalysis, history, politics, economics, culture, etc. It is in the latter that human psychosocial aspects are contextualized and constituted, as psychic phenomena do not occur in isolation, but are inserted in a cultural context, which is made up of their customs, values, myths, beliefs, artistic representations, folklores, economic conditions, ethical, educational issues and transmission of knowledge between generations of a given people. It is extremely important that hospital psychologists have this material in their culture, as well as in other cultures, so that their work is enriched with this therapeutic arsenal, which through analogies, references, symbols and symbolic structures and social representations of institutions social issues on the subject-patient. The religious factor can be a factor that can help, as well as hinder the treatment process, which must be analyzed with extreme attention and criticality of its interference in the analysis and therapeutic process.

In line with the theories of psychology and psychoanalysis presented in this research for Wahass (2005, p. 64-65) psychology, as a science of behavior and of mental processes, emphasizes knowledge and investigation into the paths and experiences, traumas and conditioning in which the subject was affected during the life that interfered with lifelong development, which may expand or limit the
cognitive processes of learning, motivations, socialization, affectivity, behavior and social attitudes, personality, etc.). Furthermore, it seeks to understand how biological, behavioral and social factors influence health and disease.

Thus, health (and/or hospital) psychologists are interested in knowing how biological, psychological and social factors affect health and illness. Therefore, are engaged in promoting and maintaining health-related behaviors, which hospital psychologist has a central role in identifying and seeking methods so that the patient deals with their illness in a hospital environment, especially during hospitalizations, with a view to identifying pre-existing psychopathologies and those arising from physical pathologies that led the patient to hospitalization for prevention and treatment of diseases and in the analysis and improvement of the health system at individual and collectives.

It is extremely important that the hospital psychologist has an arsenal holistic informational approach to human cultures, anthropology contributes in a decisive to the sciences of the human psyche as it adds knowledge about the specificities of each human group and the conception of cultural relativity in its professional culture, knowledge of other cultures prepares you much better for work with immigrant patients and those with different moral, cultural and religious values so that your work is enriched with this cultural arsenal in the therapeutic field that through analogies, references, symbols and symbolic structures and social representations of social institutions on the subject-patient. However, the religious factor can be a factor that can help, as well as hinder the treatment process, which must be analyzed with extreme attention and criticality of the its interference in the analysis and therapeutic process.
REFERENCES


