

HUMAN BEINGS ARE LIKE THAT, THEY SUFFER. BUT SOME DAYS ARE WORSE: PATIENTS' PERCEPTIONS TO START USING PSYCHOTROPIC MEDICINES

Agnes Fonseca Ribeiro Filardi^{1, 2}, Orcid: <http://orcid.org/0000-0002-0685-2402>
Simone de Araújo Medina Mendonça¹, Orcid: <http://orcid.org/0000-0001-5792-0682>
Djenane Ramalho de Oliveira¹, Orcid: <http://orcid.org/0000-0002-5548-8184>

ABSTRACT. The current process of medicalization in our society has occurred in several directions, indicating that any malaise can be treated with medicines. This study aimed to understand the beginning of the use of psychotropic medicines to overcome the problems faced in individuals' daily lives. In-depth interviews were carried out with 19 individuals about their reasons to start taking psychotropic medicines. This study used Heidegger's philosophical assumptions and data analysis as proposed by Max van Manen. The analysis revealed the theme, 'Human beings are like that, we suffer. But some days are worse', which refers to the difficulties experienced that triggered feelings of anger, anxiety, stress, sadness and anguish, leading to the use of psychotropic medicines. The experience of the difficulties faced in life was pointed out as the main reason to start using medicine to preserve individuals' mental health.

Keywords: Medicalization; psychotropic; hermeneutics.

O SER HUMANO É ASSIM, SOFRE, MAS ALGUNS DIAS SÃO PIORES: A PERCEPÇÃO DOS PACIENTES PARA O INÍCIO DO USO DOS MEDICAMENTOS PSICOTRÓPICOS

RESUMO. O processo de medicalização da nossa sociedade, na atualidade, acontece em várias direções, indicando que todo e qualquer tipo de mal-estar pode ser tratado com medicamentos. O objetivo da pesquisa foi compreender o início do uso dos psicotrópicos para superar os problemas enfrentados no cotidiano. Entrevistas em profundidade foram realizadas com 19 pessoas sobre os problemas que levaram ao início do uso de medicamentos psicotrópicos. Este estudo utilizou os pressupostos filosóficos de Heidegger e o tratamento de dados conforme proposto por Max van Manen. A análise desvelou o tema 'O ser humano é assim, a gente sofre, mas alguns dias são piores', que diz respeito às dificuldades vividas que desencadearam os sentimentos de raiva, ansiedade, estresse, tristeza e angústia, levando ao uso dos medicamentos psicotrópicos. A vivência das dificuldades enfrentadas na vida foi apontada como principal motivo para o início do uso do medicamento, como forma de preservar a saúde mental.

Palavras-chave: Medicalização; psicotrópicos; hermenêutica.

¹ Center for pharmaceutical care studies, Faculty of Pharmacy, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte-MG, Brazil.

² Email: agnesfrf@gmail.com



EL SER HUMANO ES ASÍ, LA GENTE SUFRE, PERO ALGUNOS DÍAS SON PEORES: PERCEPCIÓN DE LOS PACIENTES PARA INICIAR EL USO DE MEDICAMENTOS PSICOTRÓPICOS

RESUMEN. El proceso de medicalización de nuestra sociedad, en la actualidad, ocurre en varias direcciones, indicando que todo y cualquier tipo de malestar puede ser tratado con medicamentos. El objetivo de la investigación fue comprender el inicio del uso de los psicotrópicos para superar los problemas enfrentados en el cotidiano. Se llevaron a cabo entrevistas en profundidad con 19 personas sobre las razones para comenzar a tomar medicamentos psicotrópicos. Este estudio utilizó los supuestos filosóficos de Heidegger y el tratamiento de datos según lo propuesto por Max van Manen. 'El ser humano es así, la gente sufre, pero algunos días son peores', que se refiere a las dificultades vividas que desencadenaron los sentimientos de rabia, ansiedad, estrés, tristeza y angustia, llevando al uso de los medicamentos psicotrópicos. La vivencia de las dificultades enfrentadas en la vida fueron identificadas como principal motivo para el inicio del uso del medicamento, como forma de preservar la salud mental.

Palabras clave: Medicalización; psicotrópicos; hermenêutica.

Introduction

Psychotropic medicines have been used in the last decades for different purposes, for the solution of conflicts related to life's difficulties, afflictions, unfulfilled desires and many forms of oppression. The utilization of these medicines is often disconnected from a specific pathology and it is associated with the expectation of reaching an ideal of normality. This situation raises questions about individuals' capabilities to deal with human challenges that go beyond the physical body as well as a tendency to ignore experiences and meanings that are not biological (Aguiar & Ortega, 2017; Filardi, Araújo, Nascimento, & Oliveira, 2017; Lopes, Clamote, Raposo, Pegado, & Rodrigues, 2012; Whitaker, 2017).

Non-medical problems are now defined and treated as medical problems, usually in terms of diseases or disorders. The tendency is to approach the whole health-disease process from a purely biological perspective, without considering the psyche and social relations (Maturó & Conrad, 2009). Thus, the use of medicines to deal with life's problems would not only constitute an individual process in which the future consumer of health care becomes convinced of what it is to be normal, but also of a collective phenomenon specific to our societies, which establishes the patterns of normality (Cohen, McCubbin, Collin, & Pérodeau, 2001; Freitas, 2011).

Doctors, in turn, question the adequacy of their responses in practice, whether they are treating depression or the effects of life's difficulties, the life's miseries. They wonder who is depressed and who is just tired or fed up with difficulties and social circumstances (Macdonald et al., 2009; Schalleberger & Colet, 2016). In life, we are subject to unpleasant situations or adverse events that lead us to experience mourning, sadness and to feel that we will be marked by these feelings forever. Indeed, human suffering and the concrete symptoms that lead to the diagnosis of depression exist, but the diagnosis becomes so prevalent that depression has sometimes been called 'common cold of psychiatry'; the underlying problem, in this case, is that we do not always know what we are dealing with

(Paris, 2010). In practice, the quarrel of the diagnosis leads to the question: would it be depression or the effects of life's difficulties, 'the life's miseries'? Who is really depressed and who is just tired or overwhelmed with difficulties and social circumstances? Many people have trouble in life, and many are unhappy, but not necessarily depressed (Soares & Caponi, 2011; Whitaker, 2017). Some authors also argue that, on the one hand, patients stop receiving treatment for depression because specialists do not recognize the symptoms, and, on the other hand, the prescription of antidepressants for patients who are not depressed is much more representative (Jureidini & Tonkin, 2006).

This research arose from the need to understand the underlying processes concerning the use of psychotropic medicines. Such understanding is expected to enable the health professional to develop a patient-centered care practice, in which joint solutions are sought to solve problems. This work presents part of the results of a doctoral research aimed to understand the experience lived using psychotropic and the reasons that led to start using them to overcome everyday difficulties.

Method

This study proposed investigating the daily use of psychotropic medicines drawing on Heidegger (2012) philosophical assumptions and the thematic analysis method proposed by Max van Manen (1990, 2014) to analyze empirical data. Heidegger's phenomenology, on the one hand, is always associated with hermeneutics. Existence puts us immediately in touch with the world, involved in an indissoluble unity, world-person, constituted and constituting himself from his own experience (Casanova, 2013). Van Manen's phenomenological qualitative research, on the other hand, is a specific project for understanding human experience (Adams & Manen, 2017; Ho, Chiang, & Leung, 2017).

The women and men interviewed became aware of the research through the publicity pamphlet that was distributed in various places— an administrative headquarters of state public services, a public university campus, a private university center, two public health services, all located in the city of Belo Horizonte, Minas Gerais, Brazil. The expected profile of the participants was specified in the pamphlet: people who have been using psychotropic medicines to deal with the difficulties of personal life - stress, tension, irritation, anxiety, fear, sadness or some other type of malaise. In the pamphlet, the term 'tranquilizer' was used associated with the term 'psychotropic', for a better understanding by people.

Those who presented themselves, after the calling from the first author, reported using psychotropic to overcome specific difficulties faced in life. Therefore, no differential diagnosis has been established. The interviewees were key informants who lived through the phenomenon under study, people from the general population, of both sexes, different ages and educational levels. Individual interviews were scheduled on the day, place and time according to the participants' preferences. They were held in homes and meeting rooms of a public university and the administrative headquarter of state public services.

Data collection was performed with the technique of in-depth interviews, conducted seeking to elucidate the participants' life-worlds, allowing the phenomenon to speak by itself, from the perspective of people who have been using psychotropic. The interviews were recorded and transcribed verbatim. Participants signed the free consent form and their identification data were deleted to ensure confidentiality and anonymity. For the presentation of the data, the participants were given fictitious names. The Ethics Committee of the Universidade Federal de Minas Gerais (COEP / UFMG) approved the project (CAAE: 30244714.9.0000.5149).

The analysis was carried out in two stages, revealing the thematic aspects of the phenomenon. In the first moment of the data analysis, a holistic approach was performed. The first author, during data transcription, read and reread countless times the content of the interviews. This holistic reading enabled the researcher to develop a familiarity with the meanings engrossed in all the speeches and to capture the global meaning of the text as a whole. At that moment, the theme, the fundamental or paramount meaning of the text in its entirety, was represented by a sentence. In the second moment, the analysis process was detailed by establishing the sub-themes, subdivisions contained in the global understanding. In this process, a selective approach or line by line was also carried out - a detailed reading that looked for phrases, sentences or statements that added meaning and revealed the lived experience. The narratives were interpreted revealing the reasons to start using psychotropic medicines. The NVIVO® software (11 version) was used to assist in the data analysis and organization.

The first author, responsible for conducting and transcribing the interviews, is a clinical psychologist, the other authors are pharmacists. The study was written following the consolidated criteria for qualitative research reports (Tong, Sainsbury, & Craig, 2007).

Results

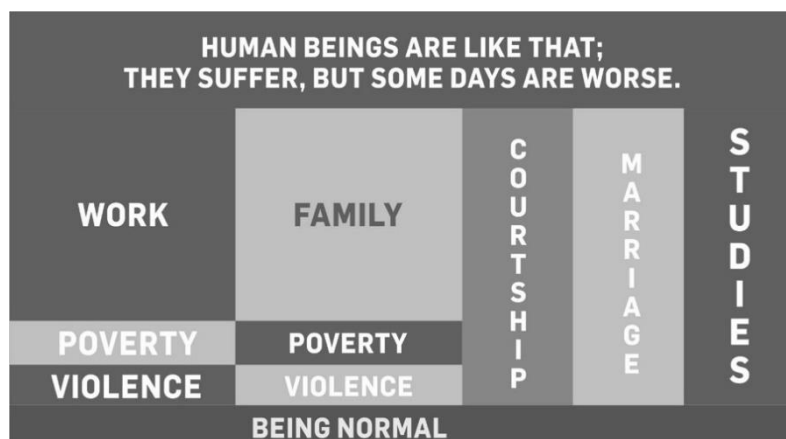
The interviews were conducted with nineteen people - fourteen women and five men - who have been using psychotropic medicines to overcome the problems faced in life. The total time of the interviews was 15h03min43s. The first author was responsible for the content transcription of the recording. The women ages ranged from 18 to 81, and the mean age of 41 years. The maximum time of using the medication was 38 years, a minimum time of 1 year, an average time of 9 years. The men ages ranged from 32 to 65 years, and the mean age of 48 years, the maximum time of using the medicine was 27 years, a minimum time of 1 year, an average time of 13 years.

In the interviews, participants reported the experience of specific problems, perceived as more significant than the set of problems already experienced when they started using psychotropic medicines. The thematic analysis carried out revealed that the medicine was seen as necessary for the person to return to a balanced point at a given moment when the problems experienced started to be recognized with a high degree of difficulty, which exceeded the personal capacity for its solution. This difficulty felt as unbearable, led to the search for medical help and the use of psychotropic medicines.

'Human beings are like that, we suffer. But some days are worse'

The theme 'Human beings are like that, we suffer. But some days are worse', refers to our human condition and the suffering experienced. The subthemes relate to the problems faced in daily life, at work, in the family, in love relationships (courtship and marriage) and in the process of education, which triggered emotional reactions, feelings of anger, anxiety, stress, sadness and anguish. Besides, it was clear that the daily lives of some participants, both in the realms of work and family, were crossed by the proximity and the experience of dire situations related to poverty and violence. At times, suffering becomes overpowering. The perception, when living these emotions, is that life is out of control. There is a subliminal fear of 'going crazy' or that the reactions when facing the problems are not normal. The determinants to start using psychotropic medicines are shown in figure 1.

Figure 1. Determinants to start using psychotropic medicines.



Source: The authors.

Work

Stress at work was reported by most participants as a determinant to start using psychotropic medicines.

Natália (81 years old) had already worked with cutting and sewing since she was 18. At the age of 34, she had so many clients that, to handle the service, it was necessary to work hard; it means to work day and night.

I was nervous! One day I said to myself, 'No, I'll go to the doctor to see if I take medicine because I'm getting anxious'. I wanted to serve my clients because, as I served, I earned! The profession caused me stress because I was anxious to deliver the sewing (Natália).

Tábata (38 years old), an art education teacher, reports the problems she faced at school, "I started taking the medication because I had problems with the school administration. I wouldn't be able to cope with the pressure without the medications. Wow, I suffered a lot, mainly from the problems I faced at work".

Sofia says that she worked a lot, from Monday to Friday, from 8 am to 6 pm, and at night, she went to college, arriving at her home at approximately 11pm. On Saturdays, she often worked overtime. On Sundays, Sofia needed to devote her time to college tasks and her family, who had few financial resources. She says she had an anxiety crisis.

I worked all day long, went to college, worked in one accounting Office. Therefore, it was very intense! My family lived in another city. I lived in Belo Horizonte. I had to take care of college, work, family and myself (Sofia).

Murilo, a technician in the public service, prepared, for six months, a detailed report with his team, as had been required by the company leaderships. To do this, he had to work 12 hours daily. However, the work of the team did not always satisfy the service providers, who resorted to the senior management. The technical team determined a parameter, and the managers requested changes to meet political requests from directors and deputies. Murilo then had an anger attack at work. From then on, he started using psychotropic medicines.

At 7 am, my office door was already full of people, directors and deputies. I entered and, when I looked over my desk at that pile of paper, processes, it gave me such despair! At that moment, I even started to cry, I ran my hand over the table, and I threw the process pile on the floor. It made me angry! I was cursing. It wasn't even 8 o'clock yet! I left my room straight to a doctor's appointment (Murilo).

In everyday life, in the context of work, some participants experienced situations of poverty and violence, as told by the teachers Jaqueline (49 years old) and Rafaela (47 years old) and the administrative assistant Vitor (59 years old), who work in public schools located on the outskirts of the capital of the state of Minas Gerais, and the police officer Walter (42 years old). Jaqueline had worked for the City Hall for 20 years and reports that she did not take any medicine because she considered herself very calm. She started working at a public school where all of her coworkers were taking psychotropic medicines (clonazepam, fluoxetine, and haloperidol) and were often on sick leave. The teachers emphasized they could not stand the work at school due to the connection between people in the neighborhood and drug trafficking. According to Jaqueline, some men entered the school and took the boys to beat, and others warned that they would kill certain boys. Jaqueline found all of this very complicated, but she did not feel that the situation affected her life until she witnessed a crime in her work environment.

The students pulled me, and I fell, hurting my kneecap. I thought they were setting off fireworks in the neighborhood. When I got up, schoolmates murdered three students. After that, I went to the doctor, and he said I should take fluoxetine (Jaqueline).

Rafaela, who graduated in biology, passed a contest to become a teacher in the city government. She was starting a new job,

When I arrived at school, it was a shock! Many bad things, many sad things, many poor children, molested children, children raped by their father and mother. This reality shook my life. Hungry children, mistreated [...] Some children wore long sleeve shirts in very hot days to hide that they were beaten at home (Rafaela).

Vitor reported that the school faced many problems, such as lack of discipline and violence. For instance, students with a gun threatened teachers. He believes students respect him and mentions that other teachers call on him when they feel threatened, to impose discipline. "I got tired of coming and taking a gun from a boy [...] Next year I'll retire, and I'll go away because it is constantly dangerous" (Vitor).

Walter, 42, a police officer for 18 years, talked about his difficulties in dealing with violence at the workplace.

This whole period, I worked on the street and in the lockup. Just weird places. I hated it. I had a hard time. It was terrible. I kept hearing screaming in my ear all day. It's people using drugs and trying to escape. Moreover, I had to stay alert. I had no structure or support from other professionals, and I was also unable to help anyone. It was very hard! Some coworkers used drugs to try to forget while others drank (Walter).

Family

Some participants also reported serious family problems as triggering factors to start psychotropic use. In the case of Elisângela, 52, the violence was experienced within the family circle. She discovered that her daughter was being abused by her father, which led her to seek medical help and to start using psychotropic medicines to support the emotional rollercoaster that she was experiencing,

One day I came home from work and my daughter, who was not even nine years old, had a bite in her butt. 'My father was playing with me, and he bit me'. I found out that her father was abusing her. I used fluoxetine to control anxiety, the worry about this problem, and to be able to control myself (Elisângela).

Madalena, 38, lost her daughter in a car accident. Shortly after, her son-in-law took her grandson, preventing his contact with the maternal family. To see him, it was necessary to submit a request for a visit to the courts.

The day my daughter died, her husband said he would let my grandson stay with me. Soon after, he traveled to Bahia, Brazil, and took the child without warning. I almost went crazy. Upon returning from the trip, he announced that he would no longer return the boy. My daughter died in August, and at the end of the year, I lost contact with my grandson. To be able to be in contact with him, I had to go to court (Madalena).

Love relationship: courtship and marriage

For some interviewees, the main reason for using psychotropic medicines was the problems involved in a loving relationship.

Rafaela ended a long-term engagement, on the verge of marriage, to begin a troubled courtship with her student, many years younger. She said, "This relationship was the biggest weight in my life".

Andreia, born into a family with few financial resources, lost her parents at a very young age and soon got married. She highlighted that her marriage was never good.

I was seven when I lost my mother. In the same week that she died, my father had an accident and had to amputate a leg. Shortly after, we moved to the countryside, where I got married at a very young age. At that time, I still had no life experience. My husband was always a very good person, he never left me in need of anything, but he was very ignorant [...] he was never kind to me. I was very nervous when I got my boy. The doctor prescribed diazepam and amitriptyline (Andreia).

Beatriz said that her first experience with the medicine was when she was very young because of the end of a relationship. However, she started to make regular use of the psychotropic later when she was separating from her husband. She reported, "I was in a difficult period of her marriage, separating, starting another relationship, being with another person. These were all determinants for starting to use psychotropic medicines" (Beatriz).

The psychotropic medicines started to be used by Walter when his marriage ended. He said he got married at that time because his girlfriend was pregnant. Nevertheless, it all went wrong, and they broke up, "After that, I started to 'fall slightly'. I believe that the complications during my separation made me remember many bad situations. This fact unsettled me a little" (Walter).

Education

Some research participants reported the difficulties faced in their education as a reason for starting or maintaining the use of medicines. Denise, Laura, Sofia, Tânia and Tábata correlated the process experienced with psychotropic medicines. Denise says that the medication came to calm her down, mainly when she saw that she had not passed the entrance exam for college, and she felt very irritated and distressed. For Laura, it was tough both to work and to study for a contest. She reported, "At times, I came home very tired. I couldn't manage this situation. Due to this factor, the psychiatrist did not completely withdraw the medication". For Sofia, the overload of work and college was responsible for

the crisis of anxiety and the starting to use medicines. Tânia's difficulty was in concentrating on writing her school tasks when anxiety and inattention increased. Consequently, "[...] the doctor prescribed a medication for that period" (Tânia). Tábata reports, "Presenting school tasks was terrible, I 'messed up everything', lots of anxiety and despair, I would forget the content" (Tábata). On the other hand, taking psychotropic medicines, she felt more comfortable presenting the work.

Being normal

The speeches of the participants were permeated by the desire to reach normality. The fear of emotions, reactions, imbalance, 'going crazy', and not withstand the pressure from the problems experienced reflected the fear of not being a normal person. The feeling reinforced the idea that it was necessary to use psychotropic medicines. This theme was present in several moments of the interviews. The concern with normality can be illustrated in the statements of some participants. Sofia emphasized her desire to "[...] be a normal person, to be a controlled person [...]", as well as Tábata, who wanted to "[...] try to be a normal person". Tânia, on the other hand, reported her concern about her mood, which "[...] changed a lot, for small reasons, but with the medicine, it was not a 'line', but a little closer to the normal line" (Tânia). However, in Beatriz's experience, it was no longer possible to block her reactions with psychotropic, as she did previously; for her, today, if something happens, she will have a reaction, which is normal, and she needs to know how to deal with it.

Discussion

The main problems reported by the research participants, men and women, as triggering factors to start using psychotropic medicines, were related to difficulties that have a strong psychosocial correlation: problems at work, in the family, in love relationships and studies. The report of the problems experienced also showed that the daily lives of some participants, more specifically, the work routine and family life, were marked by situations of poverty and violence.

The study by Van Geffen et al. (2011) in Amsterdam presented similar results: pointed that all 18 participants who used Selective Serotonin Reuptake Inhibitors medicines (SSRIs) also reported difficulties in daily life, at work, in the family or the affective relationship with the partner, leading them to feel unable to deal with their problems, before seeking medical help. The use of psychotropic medicines to deal with problems that occur in daily life has also been described in the study by Dias et al. (2011), in which the results showed that nursing professionals used medications to deal with the stress of the occupational workload, demands and dissatisfaction with work and/or family environment (Dias et al., 2011). In other research, medicine has been referred to as a way of relieving daily stress from both the doctor and the patient's perspective (Filardi et al., 2017). Besides, a study carried out in two cities in the state of Goiás, Brazil, also showed a high prevalence of the use of psychotropic by members of the military police, related to work activities (Costa et al., 2010). Furthermore, the results found in a study conducted in the northeastern of France by Baumann et al. (2007) demonstrated a strong relationship between social deprivation and the use of psychotropic medicines for both sexes.

Studies carried out in Brazil show that psychotropic medicines are still a widely privileged strategy, used uncritically, despite the transition from the hospital-centered model

to community mental health treatment (Campos et al., 2012; Santos, 2009). Likewise, in other countries, studies demonstrate the primacy of medicines as the first choice of treatment, often the only offered intervention (Lacasse, Megan, Lietz, Rider, & Hess, 2016). Although the benefits of psychotropic medicines can be demonstrated mainly in the initial phase of its use, in general, the patient's recovery can occur with or without them. Studies on the process of recovery in mental health and well-being demonstrate that successful experiences do not have an exclusive focus on medicine use and symptom remission. Instead, they occur gradually and dynamically, involving multiple factors of reconnection with life, with oneself, with time. They include the process of recovering the meaning of life; the development of coping strategies, the planning of the future, taking into account the circumstances of life, the friends and social familiar support networks, the desires and personal abilities (Kartalova-O'Doherty & Doherty, 2010; Jacob, Munro, Taylor, & Griffiths, 2017).

Besides, for people who experience situations of poverty and violence, it is necessary to think that:

Permanent impoverishment produces intense suffering, a sadness that crystallizes in a state of chronic passion in everyday life, which is reproduced in the body memory from generation to generation. It blocks the body's power to affect and be affected, breaking the links between mind and body, between higher psychological functions and society (Sawaia, 2009, p. 370).

And yet, Sawaia (2009) reaffirms that people in situations of poverty are not exclusively concerned with biological survival, since the restrictions of their rights and the lack of dignity generate as much suffering as the precariousness of material resources (Sawaia, 2009). Therefore, it is necessary to definitively recognize that external factors and the living conditions reduce the ability of every man to assert himself in the face of the environment and to assume the responsibility for its transformation. Therefore, it is necessary to ensure holistic care that rescues the capacity of being, considers and favors cooperative interventions, incorporating the meanings and senses of reality (Arruda & Arruda, 2010; Carneiro & Antunez, 2017). Also, avoiding the tendency to concentrate explanations and interventions on the level of the individual psyche and not on the structural scenarios that produce and sustain the origin of the problems (Mills, 2015).

Recently, developed studies demonstrate that the use of non-pharmacological approaches to deal with human suffering is little valued. Despite this, it is possible to develop skills to deal with psychosocial consultations, which consequently promote a new meaning for the benefits of non-drug interventions (Creupelandt et al., 2017).

The themes and sub-themes that emerged in the course of the investigation on the use of psychotropic medicines to overcome the problems faced in daily life should not be ignored, but to be part of the debates on public policies and clinical practices in order to incorporate and develop relevant interventions. Proposed interventions and therapies are recommended that consider both the circumstantial problems and the impact of the problems experienced in daily life and that address the development of overcoming strategies.

Final considerations

The philosophical assumptions of hermeneutic phenomenology promoted the elucidation of the world as experienced by people, the meaning of the phenomenon studied. Psychotropic medicines were used as a way to alleviate human suffering.

The research participants reported mainly the experience of social stress as a reason to start using the psychotropic medicines to protect their well-being and mental health, based on the perception that their emotional balance could be at risk. Their reactions to the difficulties faced are part of the experience lived by every human being who goes through complicated or more severe problems in daily life, leading to the need for a request for help. Moreover, psychotropic are certainly an increasingly available option for coping with psychological problems. Nowadays, they have been indicated as a way of helping people to overcome the different problems faced in life. Participants reported the benefits of psychotropic medicines mainly at the beginning of use, although all the medicines were used chronically.

However, we consider the need for health professionals to strengthen referrals and increase access to other forms of non-pharmacological help to overcome problems clearly linked to the surrounding reality.

Thanks

We would like to thank everyone who, having an interest and willingness to report their experiences, participated in the research.

References

- Adams, C., & Manen, M. A. V. (2017). Teaching phenomenological research and writing. *Qualitative Health Research, 27*(6), 780-791. doi: 10.1177/1049732317698960
- Aguiar, M. P., & Ortega, F. J. G. (2017). Psiquiatria biológica e psicofarmacologia: a formação de uma rede tecnocientífica. *Revista de Saúde Coletiva, 27*(4), 889-910. doi:10.1590/S0103-73312017000400003
- Arruda M. P., & Arruda, L. P. (2010). O profissional da saúde como um mediador de emoções. *Revista Eletrônica de Enfermagem, 12*(4), 770-774. doi: 10.5216/ree.v12i4.12261
- Baumann, M., Spitz, E., Guillemin, F., Jean-Francois, R., Choquet, M., Falissard, B., & Chau, N. (2007) Associations of social and material deprivation with tobacco, alcohol, and psychotropic drug use, and gender: a population-based study. *International Journal of Health Geographics, 6*(50) 1-12. doi:10.1186/1476-072X-6-50
- Campos, R. T. O., Palombini, A. L., Silva, A. E., Passos, E., Octávio, E. M. L., Serpa Júnior, ... Gonçalves, L. L. M. (2012). Multicenter adaptation of the guide for autonomous management of medication. *Interface-Comunicação, Saude, Educação, 16*(43), 967-980, doi:10.1590/S1414-32832012005000040
- Carneiro, S. F., & Antunez, A. E. A. (2017) Violência e resgate do humano: um olhar fenomenológico para a periferia de salvador. *Psicologia em Estudo, 22*(4), 575-586. doi: 10.4025/v22i4.36988
- Casanova, M. A. (2013). *Compreender Heidegger*. Petrópolis, RJ: Vozes.

- Cohen, D., McCubbin, M., Collin, J., & Pérodeau, G. (2001). Medications as social phenomena. *Health, 5*(4), 441-469. doi:10.1177/136345930100500403
- Costa, S. H. N., Cunha, L. C., Yonamine, M., Pucci, L. L., Oliveira, F. G. F., Souza, C. G. ... Leles, C. R. (2010). Survey on the use of psychotropic drugs by twelve military police units in the municipalities of Goiânia and Aparecida de Goiânia, state of Goiás, Brazil. *Revista Brasileira de Psiquiatria, 32*(4), 389-395. doi: 10.1590/S1516-44462010005000023
- Creupelandt, H., Anthierens, S., Habraken, H., Declercq, T., Sirdifield, C., Siriwardena, A. N., & Christiaens, T. (2017). Teaching young GPs to cope with psychosocial consultations without prescribing: a durable impact of an e-module on determinants of benzodiazepines prescribing. *BMC Medical Education, 17*(259) 1-9. doi:10.1186/s12909-017-1100-3
- Dias, J. R. F., Araújo, C. S., Martins, E. R. C., Closi, A. C., Francisco, M. T. R., & Sampaio, C. E. P. (2011). Fatores predisponentes ao uso próprio de psicotrpicos por profissionais de enfermagem. *Revista Enfermagem UERJ, 19*(3), 445-451. Recuperado de: <https://www.facenf.uerj.br/v19n3/v19n3a18.pdf>
- Filardi, A. F. R., Araújo, V. E., Nascimento, Y. A., & Oliveira, D. R. (2017). Use of psychotropics in everyday life from the perspective of health professionals and patients: a systematic review. *Journal of Critical Reviews, 4*(3), 1-8. doi: 10.22159/jcr.2017v4i3.17598
- Freitas, F. L. (2011). Tristeza e depressão: análise do discurso dos médicos psiquiatras de um município de Santa Catarina (Dissertação de Mestrado). Programa de Pós-Graduação em Saúde Coletiva. Centro de Ciências da Saúde. Universidade Federal de Santa Catarina, Florianópolis. Recuperado de: <https://repositorio.ufsc.br/handle/123456789/95536>
- Heidegger, M. (2012). *Ser e tempo*. Campinas, SP: Editora da Unicamp.
- Ho, K. H. M., Chiang, V. C. L., & Leung, D. (2017). Hermeneutic phenomenological analysis: the 'possibility' beyond 'actuality' in thematic analysis. *Journal of Advanced Nursing, 73*(7), 1757-1766. doi: 10.1111/jan.13255
- Jacob, S., Munro, I., Taylor, B. J., & Griffiths, D. (2017). Mental health recovery: a review of the peer-reviewed published literature. *Collegian, 24* (1), 53-61. doi:10.1016/j.colegn.2015.08.001
- Jureidini, J., & Tonkin, A. (2006). Overuse of antidepressant drugs for the treatment of depression. *CNS Drugs, 20* (8), 623- 632. doi: 10.2165/00023210-200620080-00002
- Kartalova-O'Doherty, Y., Doherty, D. T. (2010). Recovering from mental health problems: Perceived positive and negative effects of medication on reconnecting with life. *International Journal of Social Psychiatry, 57*(6), 610-618. doi: 10.1177/0020764010377396

- Lacasse, J. R., Megan, H. P., Lietz, C.A., Rider, A. & Hess, J. Z. (2016). The client experience of psychiatric medication: A qualitative study. *Social Work in Mental Health*, 14(1), 61-81. doi:10.1080/15332985.2015.1058312
- Lopes, N., Clamote, T., Raposo, H., Pegado, E., & Rodrigues, C. (2012). O natural e o farmacológico: padrões de consumo terapêutico na população portuguesa. *Saúde & Tecnologia*, 8, 5-17. doi:10.25758/set.504
- Macdonald, S., Morrison, J., Maxwell, M., Munoz-Arroyo, R., Power, A., Smith, M., ... Wilson, P. (2009). 'A Coal Face Option'; GPs' perspectives on the rise in antidepressant prescribing. *British Journal of General Practice*, 59(566), 299-307. doi:10.3399/bjgp09X454106
- Manen, M. V. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York, NY: State University of New York Press.
- Manen, M. V. (2014). *Phenomenology of practice: meaning giving methods in phenomenology research and writing*. California, CA: Walnut Creek.
- Maturo, A., & Conrad, P. (Eds.). (2009). *La medicalizzazione della vita, salute e società*. Bologna, IT: Franco Angeli.
- Mills, C. (2015). The psychiatrization of poverty: rethinking the mental health–poverty nexus. *Social and Personality Psychology Compass*, 9(5), 213-222, doi:10.1111/spc3.12168
- Paris, J. (2010). *The use and misuse of psychiatric drugs: an evidence-based critique*. Chichester, UK: Wiley-Blackwell.
- Santos, D. V. D. (2009). Uso de psicotrópicos na Atenção Primária do Distrito Sudoeste de Campinas e sua relação com os arranjos da clínica ampliada: “uma pedra no sapato” (Dissertação de Mestrado). Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas.
- SchalleMBERGER, J. B., & Colet, C. F. (2016). Assessment of dependence and anxiety among benzodiazepine users in a provincial municipality in Rio Grande do Sul, Brazil. *Trends Psychiatry Psychother*, 38, 63-70. doi:10.1590/2237-6089-2015-0041
- Soares, G. B., & Caponi, S. (2011). Depression in focus: a study of the media discourse in the process of medicalization of life. *Interface-Comunicação, Saúde, Educação*, 15(37), 437-446. doi.org/10.1590/S1414-32832011005000006
- Sawaia, B. B. (2009). “Psicologia e desigualdade social: uma reflexão sobre liberdade transformação social”. *Psicologia & Sociedade*, 21(3), 364-372. Recuperado de: <http://www4.pucsp.br/nexin/artigos/download/psicologia-e-desigualdade-social.pdf>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. doi.org/10.1093/intqhc/mzm042

- Van Geffen, E. C. G., Hermsen, J. H. C. M., Heerdink, E. R., Egberts, A. C. G., Verbeek-Heida, P. M., & Van Hulten, R. (2011). The decision to continue or discontinue treatment: Experiences and beliefs of users of selective serotonin-reuptake inhibitors in the initial months - A qualitative study. *Research in Social and Administrative Pharmacy, 7*, 134-150. doi: 10.1016/j.sapharm.2010.04.001
- Whitaker, R. (2017). *Anatomia de uma epidemia: pílulas mágicas, drogas psiquiátricas e o aumento assombroso da doença mental*. Rio de Janeiro, RJ: Editora Fiocruz.

Received: Feb. 10, 2019

Approved: Jun. 23, 2020