

Violence against children/adolescents in psychic suffering and nursing care: reflections of social phenomenology



Violência contra crianças/adolescentes em sofrimento psíquico e cuidado de enfermagem: reflexões da fenomenologia social

Violencia contra los niños/adolescentes en los trastornos psicológicos y cuidados de enfermería: reflexiones de fenomenología social

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ABSTRACT

Objective: To reflect on violence against children and adolescents in psychic suffering, and nursing care based on social phenomenology.

Method: Theoretical study based on the conceptions of Alfred Schütz.

Results: The subject in psychic suffering shows conflicts in family relationships, and is often immersed in a biographical situation that removes their autonomy, contributing violence itself. Violence is a social phenomenon expressed through power relations in the everyday world and, through group relationships, resulting in suffering for the victims.

Conclusions: Studies performed by Schütz enable a new look for the nursing care/health professionals who deal with this problem by allowing them to know the biographical situation, and have full stock of knowledge about their patients, their motivations and the meanings these patients attribute to their experiences. This enables the overcoming of the biomedical model and leads to valuing interpersonal relations from the perspective of a culture of peace.

Keywords: Nursing. Violence. Child health. Adolescent health. Philosophy, nursing.

RESUMO

Objetivo: Refletir sobre a violência contra crianças e adolescentes em sofrimento psíquico e o cuidado de enfermagem a partir da fenomenologia social.

Métodos: Estudo teórico fundamentada nas concepções de Alfred Schütz.

Resultados: O sujeito em sofrimento psíquico apresenta conflitos nas relações familiares, estando imerso em uma situação biográfica que retira sua autonomia, contribuindo para que aconteça ações violentas. Trata-se de um fenômeno social expresso por meio das relações de poder no mundo cotidiano e, através das relações dos nós, resultam em danos para as vítimas.

Conclusões: A fenomenologia de Schütz possibilita novo olhar para o cuidado de enfermagem/profissionais de saúde que lidam com essa problemática, por permitir conhecer a situação biográfica e estoque de conhecimento de seus pacientes, suas motivações e significados atribuídos às experiências vividas. Possibilitando a superação do modelo biomédico e valorizando as relações intersubjetivas na perspectiva de uma cultura de paz.

Palavras-chave: Enfermagem. Violência. Saúde da criança. Saúde do adolescente. Filosofia em enfermagem.

RESUMEN

Objetivos: Reflexionar sobre la violencia contra los niños y adolescentes en sufrimiento psíquico y cuidado de enfermería basado en la fenomenología social.

Métodos: Estudio teórico basado en concepciones de Alfred Schütz.

Resultados: El sujeto en sufrimiento psíquico tiene conflictos en las relaciones familiares, estando imerso en una situación biográfica que extrae su autonomía, contribuyendo a suceder acciones violentas. La violencia es un fenómeno social expresado a través de las relaciones de poder en el mundo cotidiano y, a través de las relaciones de los nodos, que resulta en daño a las víctimas.

Conclusiones: Schütz permite una nueva imagen para los profesionales de la atención de enfermería /salud que se ocupan de este problema al permitir conocer la situación biográfica y acervo de conocimiento, sus motivaciones y significados atribuidos a experiencias. Posibilitando la superación del modelo biomédico y valoración de las relaciones interpersonales desde la perspectiva de una cultura de paz.

Palabras clave: Enfermería. Violencia. Salud del niño. Salud del adolescente. Filosofía en enfermería.

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■ INTRODUCTION

The number of deaths among children and adolescents from natural causes decreased in recent decades, while the number of deaths from external causes, violence and accidents, has increased. Brazil occupies the 4th place among 99 countries in number of homicides among children and adolescents, showing that violence against this public is still widely practiced. Just as the understanding of what violence would be changed situations deemed as natural in everyday, these same situations are now reported ⁽¹⁾.

In this context, people with mental disorders are more vulnerable to suffer violence, because the problems they have make them fragile in social relations. Violence can occur in the family, community, and especially in institutions ⁽²⁾.

It is within the family that relationships of care for mental patients will take place, requiring more attention, energy and changes in the context and family routine, which can often be expressed by retaliation from the families themselves, resulting in the use of physical aggression or abandonment. Family Violence happens when the person who suffers these disorders is no longer cared for regarding hygiene, follow-up treatment, rejection, prejudice against the disease, among others ⁽²⁾.

In the community, the bearer of mental disorders is called names, humiliated, and even ignored in everyday life on the city streets. Inside institutions, this person is mistreated, characterizing the institutional violence that happens at school, health facilities, the Centers for Psychosocial Care (CAPS) and psychiatric institutions. In them, the person in psychological distress is not seen as a subject, having little or no recognition and acceptance of their complaints, leading to loss of identity, family ties, deprivation of liberty. Added to this, there is the use of super dosages of medication, used to reduce the autonomy of these patients ⁽²⁾.

Health professionals, especially nurses, play a prominent role in the prevention and identification of cases, combating this violence. However, combating this violence still proves difficult due to the lack of data and the hidden nature of violence, which makes the stock of knowledge of the true extent of the problem, the fear of spreading violence and generating more violence, the lack of more effective coordination by the protection and victim assistance agencies, the need for nursing updates on the issue of child abuse, the lack of use of integrality as a guideline, since they act based on the biomedical model ⁽³⁻⁴⁾.

It is necessary that they extend the look beyond the disease, and that their attention is integral, also focused on the family, who, in this scenario, is the caretaker and responsible for the assault. In order to achieve this, the humanistic-phenomenological perspective has strongly crossed the notion of care in nursing, where care has revolved around an ethic, with striking elements such as the appreciation of the relationships built, feelings and positive emotions towards this other person and a moral ideal, which has the preservation of human life as its ultimate goal ⁽⁵⁾.

This perspective is consistent with the framework of social phenomenology, formulated by Alfred Schütz, which values the experience of the subject in the world and seeks to understand how it operates in social relations. Concepts like the world of everyday life, biographical situation, amount of stock of knowledge, face to face relationship, social action, make it possible to think about the problem of violence and nursing care ⁽⁶⁻⁷⁾. In this context, the following question emerged: What is the contribution of Alfred Schutz' social phenomenology for nursing care in the context of violence against children and adolescents in psychological distress?

The link between violence and mental health as well as the strengthening and support of research on the topic has been pointed out while gaps and strategies to prevent violence are yet to be adopted by countries ⁽⁸⁾, which reinforces the relevance of the study. Reflecting on nursing care in philosophical perspective can also contribute to the construction of new forms of care.

Thus, this theoretical article aims to reflect on violence against children and adolescents in psychological distress and nursing care based on the social phenomenology of Alfred Schütz.

About the world of everyday life

About the world of everyday life

It is the scenario of sociability, characteristic of interpersonal relationships, social attitudes, plans and ideals directed to objects and people, all experiences that are produced or modified in everyday human life through an attitude of recognition of the conditions and people around ones self, making their presence in the world realistic through a natural attitude ⁽⁶⁾.

Violence is defined as a complex social phenomenon, which gained attention from scholars and health policies in recent decades, due to the large number of casualties, especially among children and adolescents ⁽¹⁾, it is therefore expressed through interpersonal relations in daily world life, and in the "we" relations that happen face to face, that violence with physical and psychological harm may actually take place.

The recognition of violence as one of the elements in the life of children and adolescents provides a comprehensive look at this phenomenon in the context of nursing care

provided for these groups⁽⁴⁾, as this audience tends to suffer various types of violence concomitantly, understanding it as a generator of psychological distress.

Biographical situation and Stock of knowledge: implications for nursing care

The biographical situation of the subjects is conceived within a world that already existed before it, and that is passed on to each person. This is often done expecting that the receiver will take on roles that were typified through time and/or the subject itself typifies his or her experiences according to the spaces in which he or her dwells⁽⁶⁻⁹⁾.

The biographical situation is closely related to the construction of the stock of knowledge. Stock of knowledge is primarily made up of a person's relationship with their family, where they become mediators of their relationship with the social world. Let it be noted that the context of domestic violence has been part of this stock, permeating the biographical situations determined by these subjects⁽¹⁰⁾.

Moreover, what is "lived" regarding violent practices of children and adolescents can cause them to manifest a violent "type" with difficulty to relate to people and solve everyday problems, that may lead to thinking that this is how a cycle of violence is installed.

The stock of knowledge, however, is not "stable". It constantly changes according to the relevant experiences of the subjects, and is "accessed" during day-to-day activities. This is why every instant, biographically determined situations are experienced; and why there is given importance in working with the contexts of violence where children and adolescents are inserted⁽⁶⁻⁹⁾.

Thus, practitioners and nurses who deal with children and adolescents in psychological distress, and are exposed to the reality of violent practices need to know the biographical situation of these subjects, in order for them to contribute to the stock knowledge at hand, so that their experiences, at least in the Children and Youth Psychosocial Attention Centers (CAPSi) can be harmonious, healthy, with a view to favoring attitudes and behavior without violence.

Knowledge of the biographical situation of the subjects is useful for professionals to understand the behavior that is connected to the biographically determined situation, knowing that what was experienced by the subject influences in their social conduct.

This means that getting to know the biographical situation of the subjects facilitates the planning of more effective interventions, and allows a better understanding about the situations of violence experienced by the subjects, as they do not always appear as the lead complaint⁽¹¹⁾.

Face to face relationship

The relationship between the professional and the patient is intersubjective, a face to face interaction is needed, because for Schütz, it is only within an interaction that a question to someone can be addressed, being it essential that the subject and the professional have the same environment in the face to face relation⁽⁶⁾.

The words of my fellow men are like that, first of all, signs in a context of significance objective, also being an indication of the subjective sense comprising all of his experiences, including those of the present⁽⁷⁾.

It is imperative to understand that the care provided by Nursing requires the establishment of a face to face relationship, both with users, their families and communities, and with the multidisciplinary team, seizing the inter-subjectivity of the subjects, respecting their biographical situation and, thus, elucidating transformed practices that are founded on common goals, and are based on group motivation⁽¹²⁾.

Thus, establishing links will facilitate partnership, because through the relationship we will have a more human connection, more unique, that will seek treatment that most closely matches the needs of users and families, implementing a more sensitive team performance for listening, understanding vulnerability points and the construction of individual therapeutic interventions⁽⁴⁾.

It is important for the actions of professionals in the prevention/combate of violence that face to face relationships happen, so there is understanding with no value judgment, for which phenomenology makes use of *epoché* or *phenomenological reduction*⁽⁶⁻⁷⁾. Nursing care in the form of *epoché* could facilitate face to face interaction, as well as helping in the professional treatment is consistent with the meanings that the subject assigns to their experiences of violence in their world of life.

Social action or conduct

It is noteworthy that the action in the world of life happens consciously and deliberately, however, consciousness depends on the experience, it is composed by different experiences so that children and adolescents who suffer violence, their actions or social conducts will be crossed by their experiences of violence.

In this sense, the subjectively meaningful experiences emanating from our spontaneous life shall be called *conduct*⁽⁸⁾, so the *approach is only action when* it has a meaning or intention.

The role of the nurse/health care professional as a social action is care, where this care exceeds the natural care that

any human being can give to another. Professional care implies a specific type of social relationship between the subjects who participate in it. Adds to the factual careful technical and scientific dimension, which differs from what is practiced by common sense, and be based on the inter-subjectivity, in the body of knowledge and biographical situation of the professional caregiver⁽¹⁰⁾.

In order for social actions of professionals to be directed to the care of children and adolescents who have suffered forms of violence, it is important that they can understand what the motivations of patients, if their current actions refer to situations of violence that were experienced and how it affects the choices in the world of life of these individuals and work with them so that their motivations for the future, i.e. plans, projects, do not involve violence.

■ FINAL CONSIDERATIONS

Violence, due to its complexity, turns out to be overlooked by many health professionals, or understood as not being their responsibility, especially when involving children and adolescents in psychological distress.

Alfred Schütz, from his social phenomenology, brings a fresh look to the phenomenon of violence, because it allows the professional to become aware of the biographical situation of the subjects, the stock of knowledge they possess, their motivations and the meanings that they attribute to their experiences. In this sense, one can trace a treatment plan that meets the real needs of the subjects, looking, within the face to face relationship, for an intersubjective relationship that facilitates this interaction and brings the professional closer to what is lived by the patient.

Social phenomenology also assists the practitioner to overcome the biomedical model, meeting the subjectivity of the other, favoring the professional to feel that it is necessary to grasp and understand the accounts of users, to arrive at a kind lived. Knowing the type of children and ad-

olescents living in psychological distress allows the nurse/health professional to conduct health promotion activities so that violence is confronted from the perspective of a culture of peace.

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