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Health and Psychoanalysis: Concepts Linked to Create Strong Public Policies

R Onocko

A Massuda

I Valle

G Castaño

O Pellegrini

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Objectives: To review concepts from both the fields of public health and psychoanalysis in order to confront the dilemmas of new health practices at the periphery of large cities in contemporary society.
Methodology: Analytical interpretation. The authors review the concepts under the recommendations of Gadamer.
Results: The authors describe new dilemmas at the periphery of large cities, such as violence, mobility, unemployment and mental suffering, as problems that impact consumers as well as members of health teams that serve them. To show how to fight these dilemmas in health practices, the authors review concepts from the psychoanalysis and public health fields. The concepts of psychoanalysis are categorized in three parts: imaginary significance, unconscious and narcissism. Imaginary significations maintain identity in a society. For the authors, the process of imaginary significance creates a societal image of those who utilize public health services as poor, helpless, degraded and worthless. Over time, this perception causes the team of health providers to actually feel that way. As for the unconscious, this consists of an imaginary significance in which individuals do not have total control. In this case, the authors find that a health providing team tends to give positive value to their work unconsciously. Finally, adherence to narcissism is the total identification of the health team with their work, so that if their work is lacking, the team adopts defensive strategies to alleviate the psychological suffering that such deficiencies cause, including idealization, somatization, bureaucratization, aggression or avoidance. Next, the authors review three notions of public health: vulnerability, clinic expansion and an active search. The first is the inclusion of the patient and their uniqueness in health activities. The second implies the overcoming of the biomedical paradigm and the support of autonomy through an emphasis on individuality and social networks. The third proposes epidemiologic surveillance by health care teams to identify cases and outbreaks of infection, and to anticipate demand for services in a non-bureaucratic way.
So, in view of these two interlinked traditions, the authors found four dynamic strategies in medical practices. A) Vulnerability without listening, where a health team determines by itself the risk of subjective perception and the role of parental figures which prevent the patient from taking responsibility for their own health; the authors suggest the use of respectful listening, giving value to words, establishing agreements, not regulations. B) Active and objective search for solutions, employing patients' own resources in order to start from their daily lives. C) Clinical expansion with less prescription, more negotiation and the use of effective therapy. D) Incidence of imaginary significance and the subjectivity of the team that maintains static images or perceptions of their patients by not observing changes in the patients suffering after receiving services. The authors propose the articulation of politics and clinic management, including the subjectivity of the health-care team.
Conclusions: The concepts of psychoanalysis and public health contribute to overcoming some barriers in implementing public health policies. The authors conclude that teams should use less alienating devices in remote and disadvantaged regions of contemporary society.