

Narrative research with drug-using women: a feminist ethnographic experience

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Abstract: This is a narrative research, inserted in the feminist epistemological field, that sought to know the life trajectory of women who use crack. A multi-sited ethnographic research was carried out, which started from listening to drug-using women who took part in a public mental health service to, then, following two of them through the spaces in which they lived, namely, shelter, school, health center, in addition to their own homes. The narrative interview technique was used as data collection method. The act of listening to the women allowed us to disarticulate fixed meanings and challenge the guiding intelligibility of care practices to people who use drugs. The limitations that the condition of user of a mental health service establishes to the enunciation of a valid knowledge of the women about themselves stood out, as their narratives are a product of the discourse created about them by the health field, which institutes and prescribes their own materialization as drug users.

Keywords: drug-using women, feminist epistemology, ethnography, narrative interview.

Introduction

Incorporating the shifting discussion on drug use of a field that claims to be therapeutic but is crossed by moral issues to register its political realm is a challenging task, either because it is a problem within illegality or because of the proposition of giving voice to a social group so far regarded as unable to create positive meanings socially legitimized to their experiences, which are characteristically marginal. Thus, listening to women who use drugs is a possibility to produce and articulate narratives that can subvert the systematic silencing in which they were and remain inserted.

Spivak (1987) guided this question three decades ago, by asking herself: “Can the subaltern speak?”, a questioning that interrogates whether conditions of oppression can give rise to political expressions of speech, understood as the articulation of narratives not captured by the dominant meanings and understandings. That question thus posed “alludes to the oppositions speech/silencing, equality/oppression, politics/servitude, which are essential to understand the vicissitudes and contradictions of this difficult and painful process of emancipation, when one fights to transform the conditions of oppression” (Castro, 2011, p. 300). Therefore, this shows the urgency for women who use drugs to speak for themselves about their experiences and needs.

In view of these considerations, we assume as initial hypothesis that the drug use by women is within

a gender standard that establishes specific contours to this experience. Thus, on the one hand, the use of drugs by women would be based on fragility, which has historically assigned them a place of dependency, arising from the need for protection and surveillance over their bodies. On the other hand, it would also be related to an attempt to shift the modes of reproduction of the standards established by the heterosexual matrix, from practices notably opposed to the ones expected and determined by it (Queiroz, 2015).

To investigate this hypothesis, however, we must break the limits of production of discourses on drugs made by experts, to get to know the speech of these women about their everyday experiences and their relationship with drugs. Therefore, in an attempt to move beyond the speech of the subjects considered producers of legitimate knowledge on the topic – experts, researchers, and health care professionals –, we sought to listen to the women themselves as direct enunciators of their experience.

To this end, we carried out a multi-sited ethnography research (Fischer, 2011; Marcus, 2001), aiming to investigate different subjects, groups, and places interconnected with each other, to characterize globally distributed large processes that are locally developed in different ways. Thus, we started by listening to drug-using women inserted in a public mental health service to, then, enter the daily life of two of them, “following them” them through the spaces in which they lived, namely, shelter, school, health center, besides their own homes and surrounding streets.

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Multi-sited ethnography and narrative interview: methodological articulations on feminist social research

Multi-sited ethnography (Fischer, 2011; Marcus, 2001) proposes a shift from the conventional ethnographic research, focused on local situations to analyze the ways in which meanings, objects, and cultural identities circulate in fuzzy spaces. Thus, unlike classical ethnography, which deals with the dense description of a single group (Geertz, 1978), carried out after a long period of immersion in the field, multi-sited ethnography proposes the research of different groups and/or places interconnected with each other, thinking about the relationships established by them from dynamics that go beyond their existence in a same and single site (Fischer, 2011; Marcus, 2001).

Marcus (2001) indicates several ways of carrying out a multi-sited ethnographic research. Our study adopted the schemes defined by the author as “following people” and “following plots” to characterize the trajectory of drug-using women, from the understanding of how their experiences have been produced by historical processes that situated them within certain discourses.

“Following people” is, for Marcus (2001), the most obvious and conventional way to materialize a multi-sited ethnography. It is about following and remaining with the movements of a particular group of subjects, passing through multiple places to meet what lies out of their source scenario. This allows the researcher to analyze what occurs with the subject in several places. According to Marcus (2001), “following the plots, stories, or biographies” is also a rich source of connections, associations, and relationships about the multi-sited objects of study, since plots and life stories narrated individually can reveal unexpected associations between places and social contexts, being potential guides to conduct ethnographic observations and analyses that would otherwise remain invisible.

The author also analyzes the engagement of researchers on multi-sited ethnography, pointing out that, on it, they find themselves wrestling with often contradictory personal commitments, which generate conflict and work out “not by taking refuge in the role of distanced academic anthropologist, but by being some sort of activist ethnographer, renegotiating identities in different places while learning more about them” (Marcus, 2001, p. 123).

This shows the ethical-political nature of multi-sited ethnographic research, which, by requiring the researcher to move through different places and social levels, brings an activist aspect to the research. In the words of Marcus (2001): “it is a very specific activism, circumstantial to the conditions posed by multi-sited research. It is about putting into practice the feminist *slogan* that politics is something personal” (p. 123).

Our multi-sited ethnographic research consisted of following people and stories through several

places, starting with the members of a group of women from a public service of care for drug users. As data collection method in the meetings with the women, both when we were in their group and when we met them in other spaces of the city, we used the technique of narrative interview (Schutze, 1992), which has the main goal of rebuilding the dynamics of the interaction between individual biographical processes and collective mechanisms. We chose this method because we believe the narrative form has a structure that allows people to give meaning to personal and collective experiences, creating the idea they have about themselves, sorting what was lived, organizing past memories, and guiding each narrators’ consciousness and their future action (Brandão & Germano, 2009). Germano and Silva Serpa (2008) point out that, unlike the logical reasoning of science, “the narrative reasoning does not crave one (alleged) historical or factual truth, but the ‘narrative truth’ that a person or group conceives by the organization of life events in an understandable or verisimilar plot” (p. 13). Therefore, this has to do with considering the story of a narrator about her/his existence through time, so that she/he can freely tell their life and give their own categories to their narrative. In this sense, one must make it clear that, when working with life stories, the researcher’s interference must be minimal.

According to Bruner (1997, p. 99), the heterogeneity of the social worlds and temporal experience can be shown in the thought and the narrative text and, once the narrative view is assumed, one can ask: “Why is one story told and another is not?” It is at this point that the political and social hierarchies appear, establishing which conceptions must be the “official” ones of the self. In this sense, “feminist critiques profusely wrote in recent years about the way in which women’s autobiography was marginalized by the adoption of a totally male canon of autobiographical writing” (Bruner, 1997, p. 99). Thus, feminist epistemology denounces the way in which hegemonic conceptions and practices of knowledge production systematically disregarded women and other socially discriminated groups (Harding, 1987). According to Vargas (2012), theories thus produced “make their activities and interests and the unequal power relations they experience invisible, in addition to not meeting their real needs” (p. 33).

About it, Longino (1987) points out that political considerations are relevant forces in scientific production, able to shape the deductive reasoning and the content of the knowledge produced. Thereby, committing to a feminist science requires a rupture with the idea of neutral science, assuming the political positions present in our methodological choices. This also reflects the need to assume that there is no particular method capable of ensuring the elucidation of an alleged “woman nature,” since, according to Haraway (2009):

There is nothing in the fact of being a ‘woman’ that naturally unites women. There is not even such a situation – ‘being’ woman. This is a highly complex category built by sexual scientific discourses and other questionable social practices (p. 47).

Thus, in view of the methodological issues presented and considering our insertion in the feminist epistemological field, this research privileges the narratives of women about their life trajectories and drug use, a choice that reflects a political position in an effort to make the speech of women about themselves emerge. Such a choice, rather than trying to mean a specific methodology capable of revealing the “nature” of what is going on with women, is justified because it reflects one of the main ideas of feminist epistemology, namely, that the subject of knowledge is a *situated* subject, i.e., a subject who has her/his own perspective of what they know, of themselves, and of other cognizant subjects (Vargas, 2012). Therefore, this deals with the adoption of principles and practices of research capable of providing speech space to subalternized subjects, who were historically silenced by objectivist scientific practices. A postured listening of the women’s speech thus requires methodologies that allow the immersion in research situations that do not exclude the tensions, resonances, transformations, resistances, and complications. “I am arguing in favor of policies and epistemologies of allocation, positioning, and situation in which partiality, and not universality, is the condition of being heard in the proposals of creating rational knowledge” (Haraway, 2009, p. 30).

Hereafter, we will start the report of our ethnographic experience with women who use drugs, produced from narrative discursiveness and feminist epistemological and methodological principles.

Narratives of women in group: collectivization of experience and institutional impasses

The first step of the research consisted in conducting meetings with a group of women who attended the day-permanence of a Psychosocial Care Center For Alcohol and Other Drugs (CAPS-ad)². CAPS-ad is a 24-hour service that offers outpatient treatment, in open environment, with individualized therapeutic plan according to the needs assessed for each individual. It provides continuous care to people with drug-related needs during all days of the week, including weekends and holidays. According to the existing public health policies, CAPS-ad uses the

strategy of harm reduction, as abstinence is not required for inclusion in the treatment. It seeks to adjust the supply of services to the needs of patients, using low-demand technologies, such as: adaptation of timetables to the specificities of each user, reception of patients even under the influence of substances, dispensation of supplies of health protection (clean needles and syringes, condoms, etc.), among others. As needed, in addition to day-permanence, the use of night stay can also be offered as a therapeutic option, and there is even care to the patient’s family members, with specialized guidance and support (Brasil, 2012).

From September 2011 to June 2012, 21 meetings of the group of women were conducted, attended by 23 women and two trans women. The meetings of the group focused on the women’s narratives about themselves, in a process of meaning production with collective and interactive nature. According to Spink and Medrado (2004), “meaning production is not an intraindividual cognitive activity nor a pure and simple reproduction of predetermined models. It is a social and dialogic practice” (p. 42). Such a process made emerge in the group the possibility of (re)construction of discourses historically disqualified and rendered invisible by the hegemonic logic present in the scientific assumptions and practices. In this sense, we sought to “throw light on non-perceived sexist practices, accepted as natural/normal; on the ‘gender blindness’ of policies and institutions, which tend to exclude, ignore, make invisible, and/or silence women, generating an unequal and discriminatory social order” (Vargas, 2012, p. 5-6).

Methodological alternatives, such as the group of women, enable people to think about “the permanent interaction between the way by which they understand the world and who they are as historically situated people” (Saffioti, 1991, p. 150). Thus, the methodological effort to produce knowledge that may arise as an alternative to the hegemonic science is characterized, among other things, by a constant challenge to objectivity, conceived as separate from subjectivity, and by the denial of the nonscientific character of the experience.

Therefore, by the constitution of what we call here *device group* (Barros, 2007), these women shared their life stories, and their experiences of violence emerged weaving a backdrop for common meanings created by the participants about their trajectories. At the same time, sharing their stories in the group also allowed the women to collectivize their experience and to deconstruct individualizing explanations for drug use.

In this sense, it is worth saying that the device groups have the potential to be a route of emergence of the political realm, since they force deindividuation processes, focusing on the collective dimension of experience (Barros, 2007). However, one must point out that, even if the device group has a virtually freeing power, this is not ensured beforehand, and one may relapse

2 All the field work of the thesis from which this article derives was submitted and approved by the Research Ethics Committee of Federal University of Minas Gerais (CEP-UFG), and the research project was registered in Plataforma Brasil under the CAAE number: 21135213.0.0000.5149.

into subjection practices. Therefore, one can say that the construction of knowledge and change is only possible from the (re)construction of the subjects involved, both researchers and researched ones. And that is how, by the collective interpretation of the relations of subordination and oppression to which they were subjected and the recognition of the positions of fragility and insufficiency historically assigned to them, the group increased the questioning of gender condition in its members.

Nevertheless, Rocha and Aguiar (2003) point out that the multiple determinations of subject positions present in the group prevent what could be a privileged state of interaction in which one could lead another to be “made aware.” It makes more sense, then, “to talk about a clash of different subjectivities, which would give greater importance to the construction of public spaces for discussion and debate where these different subjectivities had the opportunity to face each other” (Silva, 1993, p. 130).

Thereon, the decentralized and multidimensional view of subject as a dynamic and mutant entity, situated in a context of constant transformation, is essential, being presented by Braidotti (2002) from the concept of *nomad subjectivity*, which “has to do with the simultaneity of complex and multidimensional identities” (p. 30), and it is worth highlighting that being in a field of feminist debate entails the recognition of prioritizing gender in the structuring of these complex relationships.

That is how we have assumed in this study the importance of considering the particular location of each woman, as proposed by Rich (2002) in the essay “*Notas para uma política da localização*,” seeking to combine, at once, “a more or less universal idea about what unites us as women and an individual idea of what it is to be a woman, at a particular geopolitics, in a given socioeconomic space” (Pereira, 2009, p. 74).

Finally, given the assumptions of feminism as intellectual field and its attempt to understand and shift the constituted scientific and academic powers, we assume a rupture with the idea of scientific neutrality, basing our work on the notion of situated knowledge, which defines an openly interested look over the object of research. According to Foucault (1999), it is about “making local knowledge intervene . . . against the unitary theoretical instance that would intend to filter them, hierarchize them, sort them on behalf of a true knowledge, on behalf of the rights of a science that would be possessed by some” (p. 13). That is how the feminist perspective “introduces and requires the construction of the object from a situated look . . . the subject who claims to be methodologically feminine and/or feminist will never have a neutral speech” (Machado, 1994, p. 22).

Therefore, it is from the theoretical-methodological framework of the field of feminist studies that the experiences of women with drug use, shared in the meetings of the group, are analyzed in this research. Thus,

two large groups of narratives have emerged from the meeting of the group of women at CAPS-ad: (1) Narratives of experiences of helplessness and submission, effect of the violence produced by the assimilation of the heterosexual gender standard, in which drug use appears as a remedy for pain or as a result of it; (2) Narratives for questioning the heterosexual gender standard, in which drug use appears as a possibility of break or attempted subversion of the standard (Prado & Queiroz, 2012).

Thus, in the two identified groups of narratives, the situations commonly described by the users as associated with drug use reproduce gender inequalities supported by precepts that assign women a role of insufficiency and fragility. Their justifications for the use of drugs, based on the notions of emotional unrest, poor mental health, emotional frustration, etc., are examples of this. Narratives of drug use associated with experimentation of their body or recreation, commonly mentioned by men, appeared only occasionally. One must remember that the medical knowledge was largely built from an assumption of fragility of the woman’s body, which established specific bodily practices, almost always agreed to social spaces governed by protection and control (Victoria & Knauth, 2004).

It is worth saying that our insertion in a health service brought decisive implications to the attempt of listening to the women. The fact they are subjected to a treatment, even if in an open service based on the harm-reduction paradigm, already characterized them as people under institutional custody arising from a particular characterization of “problematic” drug use. Thus, apart from the fact of their possibility of speech being limited by the requirements of the institution, the entire medical apparatus of control of bodies and lifestyles that dictated the possible contours for the experiences in that space also limited our possibility of listening (Foucault, 1987, 1988). Hence, even having met the women, their narratives, produced in that particular space, were the result of a discourse about themselves prepared by the health field, which instituted and prescribed their own materialization as drug users. In this sense, Butler (2006) points out that “when Foucault says that discipline ‘produces’ individuals, he not only means that the disciplinary discourse drives them and use them, but also that it actively constitutes them” (p. 80).

Destructuring narratives: attempts to blur institutionalized paths

The second stage of the research was defined, therefore, from the understanding the institution had a narrative production established as effect of the discourse of the health professionals about the women. Thus, in an attempt to access subjective productions that somehow could escape the normative prescriptions, we established the “street” as a field, seeking to capture nuances in the speeches of the women that could not be perceived in the narratives produced in the CAPS-ad group.

However, the attempt to meet the women in noninstitutionalized spaces was more complex than anticipated, because of an essential factor: somehow, all those women were under some institutional supervision, especially in the fields of health and social work. Their trajectories indicated a pilgrimage through health services – health centers, Emergency Care Units (UPA), Centers for Psychosocial Care (CAPS), hospitals – and social work institutions – Reference Centers for Social Work (CRAS), Specialized Reference Centers for Social Work (CREAS), and transitory shelters. They presented several demands to these institutions: examinations, access to medicines, consultation with specialists, emergency care, and chronic disease treatment. On social work, they sought to access benefits – such as sickness aid, family allowance, and social rent – or information about the withdrawal of documents and job opportunities, among others.

Accessing a narrative that was not an effect of the institutions seemed to be, therefore, impossible. Nevertheless, we believed that some nuances could be explored to expand the territory of production of discourses by these women. Thus, we started the attempt to “blur” the institutionalized narratives, bringing speech elements that, besides being inevitably crossed by institutions, also caused breaks in the discourses produced by them. Inspired by this effort, we started the second stage of the field research, no longer seeking to be “outside” the institutions, but “circulating” through them.

Multi-sited ethnography appeared, then, as a methodological strategy capable of enabling the access to the trajectories and threads that constituted the movement of these women through various spaces. Thus, by the action of “following” the plots and life stories of the women, individually narrated, we could possibly reveal what was going on with these subjects collectively, by the association between several places and social contexts.

We chose the narrative interview technique as data collection method because we believe that the autobiographical account of the women about their trajectories could provide narratives capable of, as proposed by Scott (1999), elucidating the historical processes that, by the discourse, positioned them as subjects and produced their experiences. Thus, we must stress that, more than accessing the experiences of drug-using women, we sought, by their autobiographical accounts, to identify how these women were formed by their experiences. According to Josso (2006), adopting autobiographical accounts as a methodology is based on two paradigms, “the paradigm of a knowledge based on a subjectivity made explicit and the paradigm of an experiential knowledge, which values the reflexivity produced from singular experiences” (p. 21).

As previously discussed, such paradigms approach the assumptions of feminist methodologies, which consider the speech of women about themselves essential to any knowledge production that intends to

criticize the hegemonic scientific standard. Therefore, by “following” two women who attended the CAPS-ad group – Cleide and Célia³ – in their everyday spaces, we sought to meet the always plural and unfinished voices of the subalternized subjects, who are historically silenced by objectivist scientific practices. This is how such women, accessed in their difference, were able to cause a break in the knowledge hegemonically constructed about them, revealing, by the constitutive experience of their subjective position, other possible intelligibilities for their experience as drug users.

Results

Cleide is a 23 year-old young woman, smiley and laid-back. She attended the CAPS-ad group of women with interest, but little involvement, only laughing at the narratives of other users. She entered the list of women we could contact in the second stage of the research because she fulfilled the established criteria: having attended at least two meetings of the group and being a crack user. Shelter, school, and CAPS-ad were our displacement circuit when “following” Cleide and her path on the map of multi-sited ethnography.

If we sought linearity, what we found in Cleide’s narrative was a myriad of memories, among which she did not establish any causal relationship. Thus, when asked to produce meanings for her trajectory, Cleide showed little interest in her historical condition, only distinguishing as “her life” a succession of events arbitrary for her. Therefore, throughout the meetings we had, Cleide presented a fragmented narrative, with a flow similar to a free association that, when told, acquired materiality and possibilities of meaning.

In these meetings, which took place from March to November 2013, Cleide seemed to oscillate between a position of refusal to pathologize her crack use, which justified her low adherence to the interventions in the health field, and of hope of possibly receiving some benefit or privilege from the acceptance of the label of “addict.” In the field of social work, Cleide assumed her demands as a right. In this field, there was adherence and search for recognition: as a citizen in search of the regulations of her documents, social rent, and referrals to job opportunities.

Cleide referred to one of the researchers as “*the teacher who asks a lot of questions*,” which indicates the asymmetric way in which our relationship was created. After all, if one of us was the teacher, correction was expected from her. Maybe that is why our relationship was not constituted with a bond of trust and intimacy, but from the need to produce socially expected answers. Because of this, Cleide probably did not grant us the honor of deeply knowing her story, motivations, and desires.

3 Fictitious names.

Cleide assumed living life in a way named by many as unreflective; for her, a light and cheerful way. She was able to go through the institutional procedures that could give her a social registration more adapted to the hegemonic normalization standards, but was not mobilized to comply with all the requirements of this process. For now, being able to access the minimum benefits provided to her condition of “person who makes the street her address” was the focus of her interests. The company of her husband, also in a homeless situation, meant a lot, because it represented protection and ensured maintenance of her way of life. The institutions – CAPS-ad, health center, shelter, and other devices of social work – were accessed when needed, but the possibilities for adherence and continuity of the proposed interventions were always dictated by Cleide, who, in her wandering and “resistance,” kept alive the rejection to any attempts to discipline her body and life.

Celia, the second participant of the research, was 42 years old when she attended the group and was in crack abuse condition for five years. Over eight months, from April to December 2013, we met her seven times in her house and in her reference health center. During this period, she granted us three taped interviews, which were treated following the predicted stages of study, namely, literal transcription, preparation of the *corpus* of analysis, identification of main issues reported in the narratives and their core content.

At the beginning of this period, even with the frequent clarifications on ethnography and its goals, materialized in the informed consent form signed by her, Celia assigned the title of “my therapist” to one of the researchers. Later we would understand that the status of that relationship was not established by a written and signed contract, but from a relational dynamics that involved them as women in a bond of intimacy and complicity.

Celia, in a surprising and unexpected way, stopped using crack on her own in the beginning of our meetings, which made us think that something very important was being produced in that interaction. Throughout the meetings, she started to refer to one of the researchers as “my colleague,” bringing her closer to her. *Colleagues*. The researcher was no longer the “therapist” who had knowledge and authority over her, she was now her “colleague,” her partner. They shared intimate stories. In a time when her sister called her while we were talking, wanting to go to her home, Célia told her she could only receive her later: *“My colleague came here for us to chat. Our conversation is a conversation like... hidden. More people can't be here. It's just between us.”*

Only gradually it became clear to us the specificity of the bond that was created on those meetings. It was not, indeed, a relationship for the mere research data collection, and at that moment it was possible to glimpse what Barros and Silva (2002) pointed out about studies with narratives:

collecting life stories is a relationship, not a mere collection of information about the other; and establishing a relationship notably takes place throughout a process in which reciprocal bonds of trust and affinities will be created over time. (p. 138)

In this sense, still according to the authors, the composition of the narrative of a life does not result from a series of interviews with an informant, but “from a unique meeting between the researcher and a person that agrees to trust her or him” (p. 138). Such a relationship has become possible because the reflection placed there somehow concerned both of them, researcher and interviewee, situated at that time at the same level, “on equal terms.” Thus, “a significant relationship, an authentic interaction” was established (Ferrarotti, 2011, p. 97).

Celia presented in her narrative a paradoxical relationship with the medication prescribed in the health center: while the medicine allowed her to remain abstinent, it also kept her “tamed,” appeased before her tasteless everyday life. Whyte, Van Der Geest, and Hardon (2002), in a study with female users of benzodiazepines, identified the ambiguous role of medicines in the women’s lives: on the one hand, they increase dependency of consultations and are subject to medical control; on the other hand, they are important resources of power, since they give them control over their lives. To Celia, the management of her medication was an exercise of autonomy, being related to her episodes of crack use, as they happened in periods when she was less medicated and, therefore, more active, which made her wish to change and overcome the restrictive context in which she was inserted.

Discussion

The act of listening to the women made possible by multi-sited ethnography represented the meeting with the production of *differences* that disarticulated fixed meanings and challenged the guiding intelligibilities of care practices in the field of care to people who use drugs. The information resulting from this meeting provided possibilities of experiences with drugs hitherto unknown and only partially and incipiently understood by us, since, among other things, they destabilize the hegemonic ideals of standardization, to which we are also subjected. Thus, more than inviting us, the movement toward listening to the women urges us to recognize the limitations of our knowledge and practices in the field of care offered to women who use drugs, opening the possibility of a new look at their issues.

We highlighted the limits that the condition of “user” of a mental health service specializing in drug-related demands establishes to the enunciation of a valid knowledge of the women about themselves. In this sense, the women remain being seen by specialists from the device of medicalization (Fiore, 2002), i.e., as subjects with the right to health and specialized social care. Thus,

only very incipiently we can observe their emergence in health services as subjects whose speech, legitimized, is considered in the development of professional practices in the field. Therefore, women are put in the condition of object of an institutional intervention based on biopolitical standardization (Foucault, 2008), which deals less with listening their uniqueness and more with the management of their health and bodies.

Hence, considering that the subjects in question here are *women* who use drugs, this standardization shows the controls exercised especially around heteronormative ideals of surveillance over their bodies, to the detriment of a care focused on listening to their “real” needs. Generalizing, this causes most care practices directed at women in the family realm to be focused on meeting their food, sleep, hygiene, and rest needs, in addition to referral to services specialized in detoxification, practices seen by them as actions of control over their life and punishment by their situation of dependency (Santos & Silva, 2012) and not as recognized actions of “care.”

An essential observation that must be made about the ethnographic research with women who use drugs in a feminist perspective is the indispensable explanation of the challenge that listening to them represents to researchers. If meeting the *difference* was something we longed for, for example, conducting this meeting proved to be all the time something that escapes, that is difficult to understand, and because of this it produces the constant need of assimilation from previously known theoretical schemes. Thus, the effort to avoid assigning fixed meanings to the women’s trajectories or the production of a knowledge about them made exclusively by us represented a constant methodological task. Therefore, the main methodological challenge throughout the field work was improving our ability to listen to the meanings that the women produced about their own experiences and about themselves, for not building a knowledge *about them, for them*, not even *with them*, but rather to elaborate, by reflexivity (Neves & Nogueira, 2005), a knowledge about *our relationship with them*, the only experience about which we could be legitimate enunciators.

It was from that position as researchers that we could, then, see emerge in our experience with women who use new and unknown drugs denominations about the phenomenon that we sought to know initially. Thus, we did not meet “users” in the field, but “women” whose trajectories included experiences of drug use, designated by them in different ways. These meetings provided the extension of our possibilities of understanding their singularities, which are central to explore their forms of engagement with the world and to develop possible strategies of care and preservation in drug use.

Finally, this research produced a shift in the classic mode of creation of scientific knowledge, placing in the core of the research the debate around the conditions of production and authorship of knowledge. Thus, it is from the

position of whom was active subject of the experience under analysis that we can talk about the different meetings that took place in this study: the frustration by the relationship not established with Cleide; and the intense relationship of intimacy experienced with Célia. It was a real experience that produced the knowledge of this research; knowledge that is always partial, situated, and affected by the experiences that constituted us as researchers.

Conclusions

By directly listening to women as methodological resource, we are in line with an epistemological inscription that values reflexivity and experience as access paths to the political realm. Such a choice also inserted our study amid researches that criticize the way how hierarchies are constituted in the production of scientific knowledge. It is, therefore, from questioning the ideals of neutrality and objectivity and valuing the positioning and involvement of the researcher as access paths to experience – understood as a result of historical and discursive processes – that we believe the conditions for the development of more effective interventions and research in the health field can be created.

The methodological path followed presented challenges arising from the requirements it has, including the cost of a necessarily long immersion in the field, essential for the establishment of close links and enabling access to the daily life of the subjects beyond the institutional spaces where they circulate with fixed denominations.

Another issue raised by this study concerns understanding that the several features of social, historical, and cultural context require psychological practices and tools that need to be created and reinvented especially from the use of methodologies by which listening to the subjects involved is possible. In this sense, one must question whether the conditions of oppression can give rise to political expressions of speech, understood as the articulation of narratives not captured by the dominant meanings and understandings. Therefore, this shows the urgency for subjects to speak for themselves about their experiences and enunciate their rights and the need to build research and intervention methodologies consistent with this proposal.

Finally, we must mention that, although psychology has studied the processes of social exclusion/inclusion in a conscious effort to help ensuring rights and, thus, create conditions for the full exercise of citizenship, it has also approached the topic (as well as many of its conceptions of subject) with an excessively individualizing perspective, thus often collaborating with the processes of social exclusion. Recognizing the political dilemmas that constitute psychological phenomena, aiming to problematize the universal character of how psychology has historically dealt with differences, is therefore required to break with the essentialist logic present in its work in public policies, and this is one of the main ethical challenges of psychology in the field of rights of people who use drugs.

Pesquisa narrativa com mulheres que usam drogas: uma experiência etnográfica feminista

Resumo: Trata-se de pesquisa narrativa inscrita no campo epistemológico feminista, que buscou conhecer a trajetória de vida de mulheres usuárias de crack. Foi realizada uma etnografia multissituada/multilocal, que partiu da escuta de usuárias inseridas num serviço público de saúde mental para, na sequência, seguir duas delas pelos espaços nos quais circulavam, quais sejam, abrigo, escola, equipamentos de saúde, além de suas próprias casas. Como método de coleta de dados foi utilizada a técnica de entrevista narrativa. A escuta das mulheres possibilitou a desarticulação de sentidos fixos e desafiou a inteligibilidade orientadora das práticas de cuidado às pessoas que usam drogas. Foram ressaltados os limites que a condição de usuária de um serviço de saúde mental estabelece à enunciação de um saber válido das mulheres sobre si mesmas, sendo suas narrativas produto do discurso sobre elas elaborado pelo campo da saúde, que institui e prescreve sua própria materialização como usuárias de drogas.

Palavras-chave: mulheres usuárias de drogas, epistemologia feminista, etnografia, entrevista narrativa.

Recherche narrative avec les femmes utilisatrices de drogues: une expérience féministe ethnographique

Résumé: Ce travail est une recherche narrative inscrite dans le domaine épistémologique féministe, qui a cherché connaître les trajectoires de vie des femmes utilisatrices de crack cocaïne. Une ethnographie multi-située a été conduite, en commençant par écouter les utilisatrices insérées dans un service de santé mentale publique, pour à la suite suivre deux d'entre elles dans les espaces à travers lesquels elles circulent, à savoir l'école et les établissements de santé en plus de leur propres logements. Comme méthode de collecte des données, la technique d'entrevue narrative a été utilisée. L'écoute des femmes a permis le démantèlement des signifiants fixes et remis en cause les intelligibilités dirigeant les pratiques de soins aux personnes qui consomment des drogues. On a mis en évidence les limites que la condition d'utilisateur d'un service de santé mentale imposent sur l'énoncé d'une connaissance valable des femmes sur elles-mêmes, leurs narratifs étant un produit du discours élaboré sur elles par le système de santé, qui établit et prescrit leur matérialisation en tant qu'utilisatrices de drogues.

Mots-clés: femmes utilisatrices de drogues, épistémologie féministe, ethnographie, entretien narratif.

La investigación narrativa con mujeres que utilizan drogas: una experiencia etnográfica desde la perspectiva feminista

Resumen: Se trata de una investigación narrativa inscrita en el campo epistemológico de perspectiva feminista, no cual buscó conocer las trayectorias de vida de mujeres usuarias de crack. Se realizó una etnografía multisituada / multilocal, que partió de la escucha de usuarias insertadas en un servicio público de salud mental para luego seguir dos de ellas por los espacios por los cuales circulaban, cuáles son, la calle, escuela, equipamientos de salud, además de sus propias casas. Como método de recolección de datos se utilizó la técnica de entrevista narrativa. La escucha de las mujeres posibilitó la desarticulación de sentidos fijos y desafió las inteligibilidades orientadoras de las prácticas de cuidado a las personas que usan drogas. Se resalta los límites que la condición de usuaria de un servicio de salud mental establece la enunciación de un saber válido de las mujeres sobre sí mismas, siendo sus narrativas producto del discurso sobre ellas elaborado por el campo de la salud, que instituye y prescribe su propia materialización como usuarias de drogas.

Palabras clave: usuarias de drogas, epistemologia feminista, etnografia, investigación narrativa.

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