



# Production of Care In People With Chemical Dependency: A Look From Subjectivity

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## Abstract

This research aims to describe the care produced in people with chemical dependency with a look at the processes of subjectivation. It is a qualitative literature review in which four dimensions on the subject were produced: Challenges to educate with a view on subjective care, Caring and subjectivity, Tool for caring for patients with chemical dependency and Processes of subjectivation of the encounter in health care. Thus, the research presents the need for changes in health education during this process, with the aim of looking at care in a subjective way, focusing on meeting and relationships, strengthening the horizontality between the worker and the patient, which allows to focus care on the person with chemical dependency, using tools that enhance this reality.

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## Background

When a researched theme refers to the production of care, we noticed that in its construction, we noticed in its construction, there are many meetings that provide experiences that lead us to build a perspective based on the different personal experiences that are connected with health needs. However, this production can be understood as events that, subjectively, lead us with multiple intensities that form and deform the modes of existence of each living being, from a world constructed from the experiences, recognizing the importance of affections in an intense way. Thus, in view of this perspective, can perceive the meeting as a primordial source for the subjective production of care. One can perceive the encounter as a primordial source for the subjective production of care [1,2].

It is worth mentioning that, the encounter between bodies, in which it has the power to affect and be affected, act that occurs in caring, generates, in a way, an immanent power to these,

this way, according to Deleuze [4], in your theory, the Philosopher Spinoza states that bodies are capable of providing happy and sad passions, in the world of health work, In many ways we can say that, the worker's encounter with the patient can produce life or death, that can increase or decrease the potency in acting, it is important that those involved have an exact reason why each action at this moment has great effects on the life of the other, mainly in terms of care [5].

There is still great difficulty when the subject to be treated is a person with chemical dependency, there is a concrete discriminatory idea when the theme is focused on the dependent, that normally reflects the ethical-political projects of society, that are built on the experiences, therefore, in colonized nations, there is always a difficulty when the idea is to provide care with autonomy, especially when it comes to groups that are under social vulnerability, the prejudice and discrimination are still very potent [6-8].



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So, in view of the above, this article aims to describe the care produced in people with chemical dependency with a look at the processes of subjectivation.

### **Challenges to educate with a view on subjective care**

One of the great challenges, is to recognize the formative processes, who are also strongly influenced by society, and their productions and visions of the world, which is very common individual formative processes, without understanding the collective and its importance, and mainly the intersubjectivity built in the encounter between the worker/patient, thus, health training is usually established without providing experimentation that favors a symmetrical dialogue in this meeting, in which technicality is essential and always sovereign in the care process [9].

In other words, during training, curricular components that can awaken a differentiated vision in the field of subjectivity, were formulated in a way that favored the traditional pedagogical orientations, especially regarding teaching-learning methodologies, not allowing an active participation of the student in the knowledge production process, a significant learning, and consequently a disarticulation regarding the production of care [10].

It is important to emphasize that academic training must go beyond the hospital space, experience other realities, experience other realities. New scenarios, which demonstrate the reality, can produce reflections on the practices and resoluteness of the actions, allowing the student an idea of comprehensive and humanized care [11].

In this way, the training offered to health workers operates in general in the acquisition of knowledge about diseases and injuries, which provides the construction of a professional who strives for completeness, having the opportunity to discuss/experience skills and/or sensitivity in the relational field, that is, there is a significant deficit in educational strategies that allow for an approach.

These experiments, which, despite not being part of the academic project, provided ethical and political interference/implications for the professional future, that provide metamorphoses, folds of life, rhizomes, new connections, which from different points of view, will be able to single out your relationship with the world and how the world intrinsically acts [3,5].

### **Caring and subjectivity**

Thinking from the rhizome to understand the world and its productions is characterized by a continuous flow in everyday relationships, which directly influences the processes of subjectivation, since it interferes in the unique way of perceiving the world and defining actions, which provides constant deterritorializations and reterritorializations, through assemblages, passing through an involuntary nomadism of the being and its existence, in which it can be considered as a map that must be built, disassembled, connectable, modifiable, with multiple entrances and exits, because it is built essentially by people who are all the time resizing through the nomadic/multiple condition of the human [12].

In the case of people with chemical dependence, it is fundamental to recognize the encounter at the moment of care, these should be considered as tools capable of constituting assemblages that determined transformations in the consistency plane (singular/multiple), enabling the construction of lines of

flight through ruptures constants that the immateriality of this condition allows to happen [12].

According to Silva et al<sup>13</sup>, the uniqueness and otherness of the family must be perceived by the worker, especially with regard to the life changes that cross their modes of existence, especially with regard to the life changes that cross their modes of existence, just as they are organized through their ethical-political structure, which may intervene in the production of care, therefore, care must be viewed in a systemic way and try to understand the life and experience of the chemically dependent person from this perspective [14].

### **Tool for caring for patients with chemical dependency**

It is important to understand that in subjective care, technology must move along three dimensions: the relational, the production of knowledge and the technique, among these possibilities, the construction of singular therapeutic projects, in which it allows a (re) invention of practices that reconfigure in a different way. powerfully forms actions based on the ethics of care, and in this way can produce, through these acts, an amplification and propagation of a production of integral care through a strengthened team/interprofessional work[15,16].

It is important to identify health care, from individual assistance, within the service or in other spaces, as it is essential that workers operate in networks, in which patients must actively participate in this and build it together, with continuous flows and sometimes without protocol standardization, thus forming connections, with the intention of producing the individual's health in a resolute way.

The configuration of health care has historically been built with a strong influence of the hospital, with the production of a hegemonic clinic, in which power over the body, over the life of the other is a real logic in which it overlaps with the vulnerability of the patient with dependence chemistry, therefore, it is interesting that care tools that seek new paths are stimulated.

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Thus, the resolution of actions becomes complicated, the result of an unequivocal individualistic training, in which it was not user-centered, but on the consequences/diseases presented by them, and that each scientific field carried out its care technologies, without any articulation between the same.

Therefore, care practices are usually summarized, regardless of the patient's needs, through solitary actions, however, it is essential that moments of acceptance, bonding, accountability, qualified listening, should also be used in the composition of health work, in the act of caring, so that we can have qualified health care for the chemical dependent.

### **Processes of subjectivation of the encounter in health care**

From the moment that a subjective production of care is recognized, it is important to glimpse a definition of vibrating body by Deleuze and Guattari<sup>12</sup>, when the authors describe how the body manages to reach the invisible in the encounter, which is immanent, and this it is sensitive to the effects of these bodily

connections, this is the sensation, and from that moment on, the desire arises in a propulsive and powerful way, giving new meaning to the lives of everyone who found themselves in this experimentation.

That is, the practice of health is composed of folds, redoubles, it is a continuous process of subjectivation with oneself and with the other, a metamorphosis, which, in the face of experimentation, a continuous (re)birth of the health worker, as well as of the person who chemical dependency<sup>12</sup>.

Thus, it is necessary that the specialized health services that assist these patients understand this process, and create spaces where workers can discuss the inflection produced in experimentation; the knowledge, the truth, its connection with us; and the outside, which makes us bend. It is like affecting oneself, and thus, new modes of existence are produced, the multiple taking shape in this singular being, and thus, a re-signification of the service is possible, as well as comprehensive and humanized care, with an expanded look., and the family inserted in care, which can provide an event that causes positive and transformative actions in several aspects.

### Conclusion

Although we have work teams in the services, there is a need to move towards interprofessional care, in a collaborative way and with effective communication, with intersectoral and interdisciplinary actions, which would allow health care in all spaces with a person-centered look with chemical dependency, and consequently produce efficiently and assertively.

Thus, the worker and the entire team must have the autonomy of the other as an image/objective, represented in the resumption and in the search for a better quality of life, with the aim of overcoming all the challenges presented. Therefore, it is essential that there are radical changes in health education, that recognizes care tools that go beyond technicalities and that intersubjectivity and subjectivation processes are understood during the encounter with the person in need, in this case, the person with chemical dependency.

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