

Work as a source of pleasure: evaluating a Psychosocial Care Center team*

O TRABALHO COMO FONTE DE PRAZER:
AVALIAÇÃO DA EQUIPE DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

EL TRABAJO COMO FUENTE DE PLACER:
EVALUACIÓN DEL EQUIPO DE UN CENTRO DE ATENCIÓN PSICOSSOCIAL

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ABSTRACT

The objective of this study was to evaluate the pleasure at work felt by the members of a Psychosocial Care Center team. This qualitative case study used Forth Generation Evaluation. This study was performed in Foz do Iguaçu, Parana, Brazil, in November and December 2006. Participants were 10 team members. Data collection was performed through observation and individual interviews. The analysis was initiated at the same time as the data collection, and the final analysis was performed as per the following steps: data ordering, classification and final analysis. The following analysis themes were developed: work characteristics at the psychological care center, suffering and coping with suffering at work. During the evaluation, the participants showed pleasure and fulfillment with their work by expressing pride, fulfillment and appreciation of what they deliver. Pleasure occurs during the development of psychosocial care, because they always have the freedom to rearrange their manner of working, making possible to develop activities and attitudes capable of giving them pleasure.

DESCRIPTORS

Mental Health Services
Patient care team
Job satisfaction
Occupational health
Health evaluation

RESUMO

O objetivo foi avaliar o prazer no trabalho de uma equipe de um Centro de Atenção Psicossocial. Trata-se de uma pesquisa qualitativa, tipo estudo de caso, utilizando Avaliação de Quarta Geração. Estudo realizado em Foz do Iguaçu, Paraná, em novembro e dezembro de 2006. Participaram 10 profissionais da equipe. Para a coleta de dados, foram utilizadas observação e entrevistas individuais. A análise teve início simultâneo à coleta de dados, e, para análise final, utilizaram-se os passos: ordenamento dos dados, classificação e análise final. Constituíram-se os seguintes temas de análise: características do trabalho no CAPS, sofrimento e enfrentamento do sofrimento no trabalho. No processo avaliativo, os trabalhadores demonstraram prazer e realização com seu trabalho manifestado no orgulho, realização e valorização daquilo que produzem. O prazer ocorre na construção da atenção psicossocial, pois no cotidiano há liberdade para rearranjar o seu modo operatório de trabalhar, possibilitando o desenvolvimento de atividades e atitudes capazes de lhe fornecer prazer.

DESCRITORES

Serviços de Saúde Mental
Equipe de assistência ao paciente
Satisfação no emprego
Saúde do trabalhador
Avaliação em saúde

RESUMEN

Se objetivó evaluar el placer en el trabajo de un equipo de Centro de Atención Psicossocial. Investigación cualitativa, tipo estudio de caso, utilizando Evaluación de Cuarta Generación. Estudio realizado en Foz de Iguazú, Paraná, en noviembre/diciembre de 2006. Participaron 10 profesionales del equipo. Para recolección de datos se efectuó observación y entrevistas individuales. El análisis se inició conjuntamente con la recolección, y para la evaluación final se usaron los pasos: ordenamiento de datos, clasificación y análisis final. Se constituyeron como temas de análisis: características del trabajo del CAPS, sufrimiento y enfrentamiento del sufrimiento laboral. En el proceso evaluativo, los trabajadores mostraron placer y realización con su trabajo manifestado en orgullo, realización y valorización de aquello que generan. El placer ocurre en la construcción de la atención psicossocial, pues en la rutina hay libertad para reordenar su proceso laboral, posibilitando el desarrollo de actividades y actitudes capaces de brindarles placer.

DESCRIPTORES

Servicios de Salud Mental
Grupo de atención al paciente
Satisfacción en el trabajo
Salud laboral
Evaluación en salud

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INTRODUCTION

Health work is a collective practice designed to promote the health of people, of their families and the community. It is conditioned by the relationships existent among professionals in the health services and society, and permeated by technical and interpersonal actions. Thus, health work should be understood in objectivity and subjectivity terms. This relational dimension has repercussions on the mental health of workers, which enables a positive attitude in relation to themselves and their work and affects how they perform their activities.

Labor is not, by itself, a factor of illness, but certain working conditions and their contexts might cause pleasure and/or exhaustion in workers, directly interfering in the quality of their interventions.

Health work is a collective work that also requires one to think about the care of those providing care, because when workers are satisfied, they feel recognized and consequently experience their work with pleasure, with positive repercussions for the activities they perform. Similarly, when there is suffering, workers may have difficulty exercising empathy in relation to the suffering of another, negatively affecting the delivery of health care.

From this perspective, we promote the view that labor expresses individual interests and desires of workers associated with institutional interests and goals. Institutions should seek strategies to promote pleasure at work, favoring active listening and exchange that can facilitate the construction of a favorable work environment and consequently benefit the mental health of workers.

Labor is a place of realization, identity, valorization and acknowledgement in which pleasure is reflected in a constant search on the part of workers for the maintenance of psychological balance. The search involves different subjects in interaction with a given context, experiencing positive or negative influences related to the confrontation of subjects with labor, a relationship that defines the quality of the workers' psychological well being⁽¹⁾.

The importance of labor is also evident when one considers that one spends most of one's life in this environment, and also that labor can interfere in the relationships of individuals and their families. This relational dimension has repercussions on the mental health of workers, defining the way they perform their activities. The daily routine of work—its organization, planning and execution, associated with relationships established with diverse actors—can provide either a positive or negative meaning, or in some sense both, to the health professional.

Mental health is not the absence of distress or constant and uniform comfort; rather it is the existence of hope,

goals, and objectives that can be elaborated. What makes people live is desire, not only satisfaction. When desire is no longer possible, loss of vigor emerges, causing suffering⁽²⁾. Therefore, the mental health of workers and coping with suffering at work has aroused the attention of many researchers⁽²⁻⁵⁾. The mental health of workers goes beyond technical preparedness and knowledge. It is related to the field of relationships in which one needs to understand that work is dynamic, which is transformed according to the needs of the different actors involved in this process.

Due to our interest in the topic 'workers' mental health' and our understanding that labor is either a source of pleasure or of suffering and even both, we developed the study *Assessment of factors of suffering and pleasure at work in a psychosocial care center*⁽³⁾.

Workers in the mental health field have currently adapted to the transformations occurring in the care model recommended by the psychiatric reform movement that defends a shift from psychiatric medical knowledge to interdisciplinary knowledge, from the notion of disease to the notion of health, from within the walls of psychiatric facilities to the city streets, from mental patient to individual with psychological suffering, from being incapable to being a citizen⁽⁴⁾.

Brazilian psychiatric reform indicates there is a transformation in process for psychiatric knowledge: it considers a positive conception of madness⁽⁶⁾. This transformation is often experienced by workers in Psychosocial Care Centers (PCC) as a factor generating pleasure and/or suffering at work.

PCC are open centers of daily care that develop activities with the participation of users, their families and the community, to deconstruct the asylum model and construct a new model of mental health care in a facility that does not segregates or exclude⁽⁷⁾.

This service requires workers to perform joint activities in a collective space of action and reflection for their professional practices in which the relationships of the team have to be discussed, since professionals in this model of mental health care become multi-purpose, transcending their specific fields of action and breaking with merely technical roles⁽⁵⁾.

Hence, the work performed in PCC can be a source of pleasure depending on the conditions in which it is performed. It is in the organization of work that possibilities of adaptation, between what should be done and the desire of workers, should be sought.

Given the preceding discussion, we present part of the results of the study submitted to the Federal University of Rio Grande do Sul, College of Nursing, Graduate Program, developing the theme: pleasure at work in a Psychosocial Care Center.

Labor is not, by itself, a factor of illness, but certain working conditions and their contexts might cause pleasure and/or exhaustion in workers, directly interfering in the quality of their interventions.

OBJECTIVE

To evaluate the *pleasure at work* of a health team in a Psychosocial Care Center.

METHOD

This qualitative, descriptive case study used the Fourth Generation Evaluation methodology⁽⁸⁻⁹⁾. A qualitative approach enables one to reveal values, attitudes, beliefs and aspirations that belong to *the deepest spaces of relationships*. The concern is not with the generalization of data but with a broad and deep understanding⁽¹⁰⁾. This approach is a good approach in this context due to the fact that the mental health of workers is a complex phenomenon that involves life situations and social relationships in a given context.

Case studies seek to grasp a technically unique situation because it enhances the description of the real context in which the intervention occurs, exploring and evidencing the various sources of the phenomenon⁽¹¹⁾. Therefore, it is possible to observe the concrete reality of a PCC, accessing privileged and detailed information, enabling a researcher to know, understand and portray the daily routine of health workers in this service.

The field of evaluation has, since its inception, become increasingly sophisticated and can be divided into four generations: the first generation is characterized by measurement; the second by description; and the third includes the judgment of the evaluation act⁽⁸⁾.

The Fourth Generation Evaluation is a method that proposes a responsive evaluation based on constructivism. It is responsive because it allows designating a different way of focusing an evaluation in the decision of its parameters and limits, characterizing an interactive process and negotiation that involves groups of interest determining which questions are asked and what information is sought. It is constructivist because it characterizes an interactive process of negotiation⁽⁸⁾.

The study was carried out in the PCC II located in Foz do Iguaçu, PR, Brazil. It was an intentional choice related to the Evaluation of Psychosocial Care Centers in the South of Brazil project, financially supported by CNPq and by the Ministry of Health in partnership with the Federal University of Pelotas, the Federal University of Rio Grande do Sul and the State University of West Parana. This choice was also related to the standardization defined by Decree n.336/2002⁽¹²⁾, because this PCC is a service in process of consolidation and due to the availability of the groups of interest to adhere to the study's proposal.

Ten professionals from the PCC multi-professional team participated in the study: two psychiatrists, two psychologists, one nurse, one social worker, one nursing technician, one general services employee and two trainees, one from

psychology and the other from physical education. Among the interviewees, one was a non-contract permanent employee, seven had a temporary contract and two were paid trainees.

Field observation and individual interviews were used to collect data. Observation was initiated on November 20th and ended on December 8th 2006, totaling 297 hours. All the activities developed in the PCC were observed and recorded through descriptive field notes including descriptions of behavior; actions; attitudes; and concrete—never abstract—traits of individuals. Descriptions of the environment and specific activities were developed in the study's setting⁽¹³⁾. Hence, observation enabled the understanding of the context within a PCC, the perception of occasions not identified by the workers, and obtaining information not transmitted in interviews.

The individual interviews were scheduled according to the availability of the interviewees and were held after the study's objective was clarified and the individuals consented to participate in the study. The following guided the interviews: *Tell me about your work at PCC* and *Tell me about the factors that cause suffering at work. How do you deal with them?*

Some steps are suggested for the practical application of the Fourth Generation Evaluation in order to identify the different claims and concerns, among other issues arising in the context to be investigated⁽⁸⁾. The following steps, adapted from the initial proposal of the Fourth Generation Evaluation methodology, were followed in this study: contact with the field and presentation of the proposal, organization of the evaluation, identification of groups of interest, development of joint constructions (involved the application of a dialectic hermeneutic circle), enlarging the joint constructions, preparation of the presentation for the group of interest, and holding the negotiation meeting⁽⁹⁾.

In order to construct a Dialectic Hermeneutic Circle, an open interview is held with the first interviewee (I1), determining an initial construction in relation to the focus of the study, which the interviewee is invited to describe and comment upon in personal terms. The researcher analyzes the main aspects proposed by I1 and the first construction is developed (C1), thus data analysis is concomitant with its collection. The second respondent (I2) is then interviewed and if the issues addressed by I1 are not addressed by I2, s/he is invited to comment on them. As a result, the interview with I2 produces information not only related to I2 but also provides a critique of the data and construction from I1. The researcher completes the second analysis, which results in C2, a more sophisticated and informed construction. This process is repeated until it reaches the last interviewee⁽⁸⁾.

Data analysis was initiated simultaneously with data collection and brought about a pre-analysis. For the final analysis, the following steps were followed: data organization, classification and final analysis⁽⁹⁾. The following themes

of analysis were constructed: characteristics of work at PCC, suffering and coping with suffering at work. In the final analysis, when interviewees talk about the conditions and organization of their activities, they indicate, among the relevant structures revealed in the characteristics of the work performed at the PCC, that pleasure is a central element in the direction of the work process.

The Project was submitted to and approved by the Research Ethics Committee at the Federal University of Rio Grande do Sul (protocol nº 2006629). The individuals were invited to participate in the study and those who consented signed free and informed consent forms in compliance with the Resolution of the National Council of Health⁽¹⁴⁾.

RESULTS AND DISCUSSION

The study defines the point in which suffering is expressed, which results from the individual's psychological structure. The impact of labor is individually considered, separated from other subjects, but certain regulations concerning the mental health and work relationship pervades the work collective. Forces pushing individuals toward pleasure and/or suffering at work should be sought in the organization of work.

The work at the PCC also occurs in the context of social relationships and interfaces between the singular and the collective, work and mental health, and should be used as a space to construct a reflective practice on the activities and relationships established among professionals. Subjectivity, motivations and desires appear as central elements and can produce pleasure and/or suffering.

Labor is increasingly more significant in the lives of people. It gives them identity and can be either a source of pleasure and well being or a source of health problems. Its process requires discipline and responsibility to achieve its purpose; whether labor is a source of pleasure depends on the conditions in which it is performed.

Psychiatric Reform has enabled the construction of a new model of mental health care oriented in line with the psychosocial mode, according to which mental suffering is not an individual phenomenon but occurs among people who relate to each other, giving a sociocultural, political, biological, and psychological perspective to health interventions. This study's object is the subject in all his/her dimensions and an interdisciplinary team working to promote mental health⁽¹⁵⁾.

The purpose of this model is to enable subjects to position themselves, leading them to acknowledge themselves as persons who actively participate in their own change. Hence, this practice aims to enable in *a psychopathological individual all the possibilities to exercise his/her subjectivity, enlarging his/her ability to choose, talking about him/herself, his/her history, culture, daily life, and work*⁽¹⁶⁾.

It is in this process that the PCC is configured as an innovating facility, a space of interlocution, a device that has

its functioning marked by integrality, citizenship and an interdisciplinary approach, seeking to meet the demands of users and devising new ways to care⁽¹⁵⁾.

The workers of the studied PCC manifest satisfaction and realization when they talk about their work.

We understand that our work is not one hundred per cent. But there is affection and dedication within the team. We perceive there is reciprocity on the part of patients. They love it here [...] (I 6 – 11/29/06).

Then when you realize he manages to perform a complete task, it's victory for us and for him. [...] So, like for us, this is a great achievement (I 4 – 11/28/06).

As we've been organizing this service, we have had a closer relationship [...] we have a good relationship [...] it improved the relationship within PCC (I 3 – 11/27/06).

The feelings expressed in the reports indicate that the work performed is a source of pleasure, identified in the manifestation of the PCC users, the satisfaction achieved when a patient performs a task, and through the partnership to perform and organize activities within the service. All these convert into positive feelings concerning work, recognition of gratification and pride of what workers produce.

The organization of work, characterized by the content of a task and professional relationships, exerts an impact on the psychological functioning of workers, generating pleasure or suffering depending on how significant the task is for the worker and whether the relationships are of acknowledgement, cooperation, trust and solidarity or not. Hence, pleasure or suffering is part of a subjective relationship of workers with their work so that when they relate with others, experience and share their task, pleasure or suffering is influenced by personal values. Pleasure is present when feelings of valorization and acknowledgement are experienced at work⁽¹⁷⁾.

When pleasure is experienced at work it facilitates the encounter of health professionals and users, enabling the establishment of an intercessory space in this process, in which there is a mutual relationship of intervention in the act, from which a relationship of trust and responsibility emerges. This feeling brings satisfaction to the health team, which feels it is *producing health* amidst tensions that arise from the act of caring, and also concretizes the critique of the asylum, encouraging users to become autonomous⁽¹⁸⁾.

It is in this intercessory space that a relationship of trust and responsibility emerges between professionals and users, producing in workers a feeling of acknowledgment for their work in which they feel valued for what they do and produce, because they acknowledge themselves as important in the PCC organization. At the same time, they feel admired and accepted, which is characterized as pleasure.

The same work that is a source of pleasure and human development can also cause suffering and illness. It is evident that the work and the relationships that originate in

work can never be taken as a space of subjective or social neutrality⁽¹⁹⁾.

The source of balance for some is a source of fatigue for others. Workload is usually classified as a physical and psychological load. The physical load results from the confrontation of the worker's desire with the employer's injunction contained in the labor organization. This load increases when freedom of organization diminishes, giving way to suffering. To transform exhausting work into balancing work, one needs to make the organization of work more flexible so as to permit more freedom to workers to rearrange their operative mode and to find activities and attitudes from which they derive pleasure⁽²⁰⁾.

It's crazy (laugh). It actually is, I know each one of them, and I make a point to know them, especially when they're newly arrived. [...] So when one of them comes into my workshop, even with all that volume of work, I have the entire history in my mind. I manage to associate each situation in each moment the patient needs care. [...] It's a practice of years of work, working with a heavy load [...] So when you know the patient's history, it's a lot easier for you to maintain the therapeutic follow-up (I 4 – 11/28/06).

Despite the heavy workload in the PCC, which could cause fatigue, this report conveys that the activity is being used as an opportunity to approximate and construct, leading to pleasure. The worker experiences the workload as a possibility to create and organize his/her operative mode, as his/her own way of caring, strengthening his/her professional identity with the freedom to rearrange activities.

Hence, being able to know the patients' individual histories gives satisfaction, despite the work load, because the task appears as a reflexive act of knowledge production and its final result is constructed and structured by the worker him/herself. In the daily construction of the work at PCC, one should provide his/her live work in action daily in order to produce other possibilities for patients to live with more dignity; to allow his/her actions to be open to modify the work process; and learn with another's way of doing, committed to producing vivified relationships that consider another individual to be an essential subject in the process⁽¹⁸⁾.

The fact workers know patient histories is experienced with pleasure/satisfaction because it brings to light intimacy, life, the desire of those who seek daily a transformation of what is prescribed. That is, it is in the relationship with another that workers visualize the freedom of doing their practice in their own and specific way, creating and inventing new forms of performing a task and achieving its purpose.

We understand that psychosocial work requires professionals to be able to criticize the asylum model and also produce new practices based on the rights of users to come and go, of demanding care. Psychosocial work requires welcoming individuals in crisis and providing individual and collective care. This in turn leads workers to experience the tension between new practices and asylum practices. It has

repercussions on the mental health of workers, affecting the organization of work and the subjectivity of workers.

Therefore, the work in the PCC is characterized by dealing with human subjectivity in which one needs to institute a more intense social relationship, resorting to different therapeutic devices in their routine. The property of reinventing and recreating oneself should be a characteristic inherent to the work of the teams in these services to keep them oriented in the search for the life and health promotion of individuals under the shadow of psychological suffering, and their families⁽²¹⁾.

The PCC can become a rendezvous with friendship, be understood as a political exercise, a process in which new connections, new links and encounters are devised. A less hardened work method is possible in which people are available to relate with another, forming creative collectives of affectionate becoming⁽²²⁾.

Work in the PCC should not be reduced to working conditions, it also happens in social relationships and interfaces between the singular and collective, and should be used as a space to construct a new reflective practice concerning the activities and relationships established there, in which subjectivity, motivations, and desires seem to be central to the organization of work, and can produce pleasure and/or suffering.

CONCLUSION

Workers show satisfaction and self-realization with their work. This was identified in the manifestation of users, in the sense of achievement and partnership to realize and organize activities.

This pleasure is acknowledged as pride in what is produced, enabling a relationship of trust and responsibility as well as a positive feeling for producing psychosocial care despite the tensions faced in the daily routine.

Pleasure at work is also present in the construction of realization and the possibility of providing individualized care, which strengthens the identity of workers who have freedom to rearrange their operative way of working, allowing workers to find activities and attitudes from which they derive pleasure.

The feeling of valorization and acknowledgment produces in workers the pleasure of their work, enabling the construction of creative arrangements in the organization of their daily activities in which they feel acknowledged and valued for what they individually and collectively do and produce.

The experience of pleasure has enabled workers in the PCC to create new way of dealing with the daily routine of actions in the service, allowing one to express freedom in the construction of more singular and creative spaces at work.

Pleasure and suffering occurs in the interface of the singular and the collective, requiring from workers a reflective practice on the organization of activities and their relationships. It is in the daily routine that one should look at the multiplicity of events and practices, as well as their im-

plications for the work and mental health of workers. New connections, new encounters are created and enable a less hardened way of work, placing professionals in relation to others, forming creative and affective collectives.

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