

## *Mosaic of lives: reflections on sociopsychodramas in collective health*

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### **Abstract**

This paper is based on the experiences of a Psychology training placement with a group of women diagnosed with depression, who are service users of a Primary Care Health Center in a city in the North-West region of Rio Grande do Sul. In the main focus of our reflections is the search for interventions that can liberate roles that have crystallized around this diagnosis. With this in mind, we emphasize the contributions of Morenian philosophy, as these stimulate the development of spontaneity and the rupture of hegemonic social conserves. Thus, we observed how the public environment of the primary care system can be turned into a setting that fosters the human potential, and through work embedded in the socio-psychodramatic theory can further expand general practice.

**Keywords:** Socio-psychodrama. Public health policies. Extended general practice

### **INTRODUCTION: POSSIBILITIES OF IN(TE)RVENTION**

*Because the dark hour, maybe the darkest, in broad daylight, preceded this thing that I do not even want to try to define. In broad daylight it was night, and this thing that I do not want to try to define yet is a quiet light within me, and it would be called joy, gentle joy.*

(Clarice Lispector, *Why This World: A Biography of Clarice Lispector*, 1984)

The place: A Basic Health Unit. A group: women diagnosed with depression. The challenge: to find possibilities of intervention that would break with the social stigma suffered by those diagnosed with this pathology and, at the same time, convert public

space into a collective transformative space. It was in this scenario that Psychodrama found an intern of Psychology and her supervisor. Moment at which a training internship began in the field of health policies in a town in the northwestern region of Rio Grande do Sul.

Considering contemporary Brazilian reality, especially regarding the inclusion of Psychology in the field of health public policies, it is important to highlight the increasing number of professionals inside this field since the 1980s. After the dictatorial period, psychological practices were increasingly focused on social commitment and, despite the many difficulties faced (academic mismatch with social practices, approaches aimed at an orthodox clinical bias, low payment and little recognition of the psychologist in comparison to other professions related to health, etc.), Psychology sought to take over an identity marked by individualist models of subjectivity (DIMENSTEIN, 2001).

In these terms, as public policies began to raise, the birth of “psi” practices in this scenario sought to dissociate from essentialist and universalist theories, adhering to proposals that transcended the public focus, looking at a collective bias. Thereby, the curtains are opened for a stage of action that summoned subjects, that, in Dimenstein (2001, p. 59) words, were able to be “capable to revolutionize everyday life as they believe in the possibility of a new and surprisingly rise; subjects that refuse absolute determinism that exterminate the possible spaces of freedom, creation, diversity”. Here is the gap for Moreno's Creative Revolution and the spaces of psychodramatic action that were about to become possible!

Having this background in mind, this work describes a socio-psychodramatic experience that happened in a Basic Health Unit (UBS). The following pages present considerations about psychological practices in the field of Collective Health through brief reports on chosen socio-psychodramas, performed with a women's health group, in order to contribute to possibilities of intervention in the context of public policy within the psychodrama approach.

## **PUBLIC HEALTH POLICIES AND CHALLENGES FOR PSYCHOLOGY**

To understand the movements about the National Public Health Policy, it is worth mentioning that the first sighs for the creation of the Brazilian Public Health System (SUS) started from the accomplishment of the VIII National Health Conference: an event that had an intense social participation of several sectors of the Brazilian community, especially because it happened during the period in which military dictatorship was over. According to Dhein (2010), until that moment, under the command of a totalitarian government, we had the privatization of health, in which there was an authoritarian relationship between health services and the population. This conference provoked a rupture regarding the notions of public health in Brazil, establishing an expanded conception of health, as a universal right and a responsibility of the State.

From the 1990s, health professions began to integrate public health policies. Social scientists and humanities professionals started working in institutions where previously there was no teamwork. This way, Psychology bachelor courses, that since its implementation in 1962 grounded its practice in an orthodox clinical bias, started to have a minimum curriculum articulated with the promotion of egalitarian policies. This marked an ethical-political stance as a guide for the professional performance of the psychologist (LUZIO, 2009).

Consolidated by all these movements, in the fields of Psychology and Health, a new concept of health enters into discussion. Health is considered no longer as an aspect

attached to a biological dimension, but as a notion that takes into account socio-historical, psychological, cultural, economical sphere: a rupture to dichotomous notions relating "health" as the polar opposite of "disease". In this context, new forms of healthcare is put forwarded, one that promotes universal and equal access services to all people regardless of age, ethnicity, gender, religion, class (DHEIN, 2010).

Under this new configuration of public health, based mainly on the Federal Constitution of 1988, there are challenges to the category of psychologists, who find themselves trying to also change their spaces and forms of action before the SUS, seeking a mobilization and determining political action that are concerned with the mental health of subjects, advocating an antimanicomial bias and freedom of expression of the users in this field (NASCIMENTO et al., 2004).

Thus, there is an expansion in the performance of the psychologist, who previously was limited to mental health institutions and now finds itself articulating with parameters of an Expanded Clinic, leaving the molds of the office and going to the encounter of a collective and political work, with the intention of also breaking pathological and crystallized modes towards human beings. As Scliar (2007) points out, with this new collective practice, Psychology conquers a space in the field of Health no longer considered Public Health, but Collective Health.

According to Campos et al. (2008), the notion of collective is based on the construction of SUS and its interdisciplinary concepts of universality, integrality and equity. Universality consists in the belief that all citizens have the right to access health services without discrimination; integrality implies an extended view of the subject, in order to guarantee integral actions towards a person; equity refers to the priority of access to the most varied social groups, ensuring them to those who are in poor conditions of life.

In this collective bias, Moreno's philosophy finds a breeding ground for possible actions, since Psychodrama presents itself today as an innovative therapy within health public spaces, coming to the encounter of the human being and taking into consideration the locus in the "here-now". Antônio Carlos Cesarino (apud MOTTA, 2008) describes Brazilian Psychodrama as something that emerged as a movement of contestation, of "noise". According to him, Psychodrama is a socio-political tool and, without it, loses its essence.

In this social arena, the last decades were marked by several socio-psychodramatic movements in the political agenda of the country: from public psychodramas, in the Cultural Center of São Paulo - open and free to anyone interested (that develop works on emerging issues from the collective of the metropolis) to work carried out in the streets of Belo Horizonte, through unrequested Theaters throughout Rio Grande do Sul, Paraná, Pernambuco, until it is used as an intervention strategy in situations of conflict in poor communities (VIEIRA et al., 2011). Brazilian Psychodrama brings back to life the social implication of Moreno's ideals, writing and transforming the story wherever people found themselves, either being in parks telling stories for children, working with refugees, or even within waiting rooms in Brazilian's UBS health system. Having as an existential premise the encounter of those connected in their existence. In this sense, the Morenian Creative Revolution invokes the professional to assume an ethical-political place, which aims at social transformation.

## **INVENTIONS AND RUPTURES: THE MORENIAN GAZE TOWARDS COLLECTIVE HEALTH**

It is important to emphasize that the Psychodrama proposal aims to develop spontaneity and creativity within each subject that comes seeking support, listening and treatment. From this standpoint, when talking about a modern therapy, it is something quite different from the models to which many professional psychologists are used to work: the unconscious, the individual listening and time.

As Moreno (1975) emphasizes, the group's dramatic action that has as main objective working social aspects was named Sociopsychodrama.

This perspective was born exactly from the need for a special form of psychodrama, an intervention that projected its focus on collective factors. In this way, the therapeutic process becomes sociopolitical, shifting from the individual to the group. The group becomes the subject and the issues are not unique, but shared among each member. Thus, each participant in the group is considered therapeutic agent of each other and socio-historical aspects cross the group space.

Therefore, the Sociopsychodrama brings us the potential of the group activity, which aims to work social aspects, providing a rewrapping process of past experiences in the psychodramatic here-now (MORENO, 1975). Faced with a bias that articulates the reinvention and re-inscription of new ways of being and acting in the world, it becomes essential to encourage the performance of new roles so that, through the Psychodramatic stage, it is possible to express themselves and to experience other possibilities of existence, seeking, in this way, to break with what is established to them by hegemonic standards.

Thus, it is understood that the Sociopsychodramatic works can be exactly the mirror of a social gathering taken as a process of greater amplitude and that crosses all segments and social practices, "whose power is to problematize the conditions and criteria of social belonging that forge processes of subjectivation and production of identities" (LIMA, 2011, p. 38). From this point of view, the Psychodrama presents itself as a knowledge that comes to provoke health, however, not according to hegemonic and hygienist strategies, but through the paths of transformation and collective action, that of group potential, creating with difference and respecting among strangers, "between cultural conserves and spontaneity" (idem).

## **MOSAIC OF LIVES: TRANSFORMATIVE SOCIOPSYCHODRAMAS**

The work in question took place in a UBS of a town in the northwestern region of Rio Grande do Sul. It lasted for a year and a half and each meeting with the women's group was held weekly, during 3 hours. Therefore, we begin by presenting, in order to facilitate the reader who comes in contact with the work carried out here, a summary (as brief as possible but with the necessary information for understanding the group dynamics) of the meetings.

Regarding the choice of Sociopsychodramas for analysis and discussion, the criteria for electing those encounters presented here is, first, a temporal question, that is, each encounter concerns different moments of the group process. The first one chosen represents the initial months, the second one reflects the second half of the work with the group, and the third Sociopsychodrama refers to the last encounters of this group.

It is worth highlighting that the group was homogeneous in relation to gender, since the participants were selected by the management team of the UBS (composed of a psychologist, a nurse, a nutritionist and a psychiatrist) and sent to the group. This way the criteria for participation were determined by local staff members, following the required specification: the participant must be a woman and diagnosed with a depressive disorder.

It is also important to note that this group has existed for more than a decade and, despite the modifications of participants, it remained practically homogeneous when the internship in question began.

A striking feature when activities began was the fact that the members themselves feel bound in their lives, according to their narratives. There were around 30 women with very low self-esteem, overweight, difficulties in personal relationships, antisocial symptoms and lack of perspective for changes or pleasure in living. When we arrived with the proposal to "act out" the pains, the lights and the shadows that crossed their lives, at first, this proposal was received with great resistance, passing through movements of dichotomies between reality and fantasy (taken here as illusions sold socially and internalized as dreams to be conquered), so then ruptures with pre-established patterns occur, dissolving crystallized roles to the liberation of spontaneity.

The meetings are described below, so that the transformation of this group can be followed, specially regarding the turn of patterns that began rooted in a codependent and pathological self-care model, in which the users seek the service to overflow their pain, to a complete change in their self awareness and ways of dealing with frustration and suffering.

## **DESIRES AND EXPECTATIONS**

One of the first topics discussed was "desires and dreams", since many of the early meetings involve long processes of complaints from participants, in which we repeatedly heard about the difficulty in conquering dreams and fulfilling desires.

So on a summer day, after a month of meetings and stage of bonding with the group, it was asked to them to stand and walk in a circle with their eyes closed. Then they were asked to think about what they had come to do in the group that particular afternoon, what they were looking for in there. After that, we asked them to form a circle, encouraging them to think of a word to describe what they wanted and what they wanted for their lives. At the moment when they described their desires and their dreams, the protagonists should find a word that would represent this dream and then walk, each one exposing their words, seeking people with similar words / dreams, so that, in smaller groups, they would create sculptures that represented this dream. The dramatizations were carried out with great mobilization of the group, who was fascinated to discover different dreams. Finally, the group was told to choose a scene whose words and sculptures represented health, self-esteem and love. It was asked them to stay in their small groups on the Psychodramatic stage while it was asked to the audience to create new forms for the sculpture that they were seeing. Making use of the public, all the participants felt integrated in the same sculpture, which ended with a 'magic trick' done by the main protagonist: she had transformed the scene creating a united and happy family – or as we understand, the recipe all women there believed necessary for their dreams become true. The scene ends with the happily ever after family. During the sharing process, the group discussed the possibility of changing even if one do not have a happy and united family. Some silence fell on the group that ended the meeting with some discomfort still within.

## **REAL WOMAN x IDEAL WOMAN**

In the theme "Ideal woman x real woman", as warm up, it was proposed for them to walk thinking about what we have of real, how is our body, what we like the most,

what we dislike and what we can do to change? As they walked, they were told to make body sculptures that would show these questions. In the sequence, small groups were formed by similarity in the sculptures. So they were asked to discuss about the ideal woman, "who would she be?" The women should describe subjective aspects, body and mind qualities of this ideal woman, etc. After the discussions, each small group was asked to organize a scene, roleplaying their ideal or real woman. Although the scripts could be free, based on their shared conversations, the scenes should have a title and only sounds, being dramatized without words.

The groups presented their scenes, exposing conflicts experienced daily with their partners, relatives and in professional sphere. Among the scenes, one caught the attention of almost all the participants, a remarkable scene in which a real woman took care of her house continuously. At that moment, the group was asked to create new sequences for this scene, so the participants taking the place of the protagonist, one by one, started transforming the scene, but keeping them within the context of a real woman. During the sharing stage, the group revealed that this scene was specially remarkable by the fact that the participants had seen themselves "from the outside", seeing themselves, their achievements and roleplaying all of this. The narrative that sums this encounter was: "give life to the common life." The meeting on that day ended with the words of one member: "The only way is to be happy the way we are! We need to live in the real, not the fantasy of an ideal. "

## **MOSAIC OF LIVES**

With the theme "Mosaic of lives", the personal questions of each woman of the group were created through a mosaic – a collage made of different colors and pieces of materials. This was a remarkable day because it was one of the meetings where the participants brought questions in which they were protagonists. In other words, they have moved from the spectators place to social actresses, artists of their lives: taking control of their choices and decisions, breaking with the pattern of "depressives" associated with them for a long time. So, on that day, they were asked to think about their life, in all the good moments they had experienced until then (until a few months, this had no effect, because only negative aspects came out). Afterwards, they were asked to create a drawing that represented the chosen moment. At the end of the drawing and their presentation to the group: a surprise! We asked them to tear their works. The reactions were the expected ones, after all they did not want to tear their drawings, because they had done them with a lot of care. However, a seed of detachment had been planted and, little by little, they began to tear them apart. Then the Sociopsicodrama took place, as the women began to play among themselves and in small groups the reconstruction from the perforated pieces of drawings. They were dramatizing (some even verbalizing) events in their lives that, like the drawing, had broken, but at that moment, a process rebuilding had begun.

By joining the pieces of paper and colors, it was possible to observe the creation of new ways of dealing with losses, disappointments, and disagreements. After this moment, the groups met, forming a mosaic of lives. At the end of the dramatization, during the sharing, statements were made about the need to "start over even when we are feeling broken down in pieces" (Participant's narrative).

When looking at the three encounters presented: from desires and expectations as something far from accomplishing, to the difficult clash between blunt roles of real woman vs. ideal woman, and finally to the encounter with themselves in a mosaic of lives, it was possible to observe the power of the group when bringing the matter of collectivity.

In this context, whose proposal was to listen actively to all the participants and to incite the action through the exchange of experiences, the transformation of the group is less seen as a collective reflection, but mainly as a way of questioning reality on the stage of a surplus reality.

Moreno (apud MONTEIRO, 2004, p. 2) already told us this when he said: "Life offers us countless stories, why do not use them instead of representing the works already written?". In this sense, the meetings made possible for the participants to question the historical conditions that produce and surround us as women in Brazilian contemporary society. Beyond that, it provoked new possibilities of action before hegemonic ways of living that shape our ways of being in the world. Therefore, the Sociopsychodramas could "transform non-territorialized places into proper and singular places of creation" (MASCARENHAS, 2008, p. 65). The UBS, in this sense, became an arena of social transformation, under Moreno's approach, betting on the cosmic potential of each person there, protagonist of their own life.

## **FINAL CONSIDERATIONS**

At the end of this article, it can be affirmed the great importance of the support that Sociopsychodrama provided as a theory of in(ter)vention, introducing itself as a constitutional tool of transformation of groups, enabling new ways of being, and acting changing the contemporary world. With the present work, it was possible to visualize the potential of the Sociopsychodramatic approach, which incited the rupture with hegemonic social conserves that end up provoking suffering. Besides this aspect, the Morenian gaze made it possible to denaturalize a set of practices based on the hospital-centered model, which seeks only to buffer symptoms.

In this sense, Sociopsychodrama became paramount for this work of academic experience, in which users of public health policies, the group of women in question, had, in addition to a listening space, a space for integral transformation, in which they were able to express themselves and to visualize other possibilities of life. Through the invention of roles provided by the Psychodramatic stage in the course of the meetings, the participants came into contact with the ability to play in other roles, to experience different ways of seeing life, believing in their creative forces, from a versatile space in which spontaneity was liberated in the as if.

From this perspective, these changes were possible because the Morenian gaze shifts the individualistic and ahistorical understanding of individuals, towards an extended clinic. Therefore, when preparing an interventional practice, we must consider all aspects involved, so that the focus can be on listening as well into building a new view of the world. Through the psychodramatic approach new modes of feeling and seeing ourselves are created. This includes critiques towards the director and auxiliary ego as well, since new professional practices are needed; practices immersed in the flexibility of a broad vision of different subjective realities provoking us to experience a new ethical-political locus, permeated by unsettling actions, a clinic dislocated of miraculous formulas, capable of healing all subjective modes of suffering.

Finally, alluding to the words of Clarice Lispector (1984) presented in the epigraph of this work, the Psychodrama in the field of Collective Health does not seek to precede "this thing that I do not even want to try to define", but it brings the "gentle joy" as a stage of invention to public health policies.

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