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The Interactive Feedback Narrative in Dialogue with CAPSi Professionals

A Narrativa Interativa Devolutiva no Diálogo com os Profissionais de um CAPSi

La Narrativa Interactiva Devolutiva en el Diálogo con los Profesionales de un CAPS

Le Récit Interactif de Retour dans le Dialogue avec les Professionnels d'un CAPS

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Abstract

This study aims to present an intervention proposal with health care teams based on a psychoanalytic investigation of the collective imaginary of professionals working at a Child and Adolescent Psychosocial Care Center regarding adolescent suffering. Identifying professionals' demands for reception, qualified listening, training, and clinical reflection led us to develop a new modality of feedback interview for the study participants. After the research meetings were completed, we proposed a collective interview with the professional team to share our findings. Seeking to offer participants a new listening experience rather than a mere communication of results, we created an Interactive Feedback Narrative (IFN) as a dialogical resource developed from the participants' own imaginative productions about the future of the adolescents they care for. As an interactive device, the IFN consists of an unfinished fictional story whose presentation invites participants to add an ending and to initiate reflection on the theme addressed by the narrative. The use of the IFN clearly facilitated the emergence of previously unspoken feelings, such as the difficult balance between hope and hopelessness within a context of precariousness, enabling reflections on professional practices and on the challenges of caring for adolescents in situations of social vulnerability. Beyond recognizing the care offered by the researchers through the construction of an IFN as a metaphor for their lived experiences, the team identified this modality of encounter as a potential source of emotional support for professionals working in public mental health care.

Keywords: adolescent, mental health services, narration, psychoanalysis, psychosocial intervention.

Resumo

Este trabalho tem como objetivo apresentar uma proposta interventiva com equipes de profissionais da saúde a partir de uma pesquisa psicanalítica sobre o imaginário coletivo de profissionais de um Centro de Atenção Psicossocial Infantojuvenil (CAPSi) sobre o sofrimento adolescente. A identificação da demanda profissional por acolhimento, escuta qualificada, capacitação e reflexão clínica nos levou a elaborar uma nova modalidade de entrevista devolutiva para os participantes do estudo. Finalizados os encontros de pesquisa, propusemos uma entrevista coletiva com a equipe de profissionais com o objetivo de compartilhar nossos achados. Determinadas a oferecer aos participantes uma nova experiência de escuta, e não a mera comunicação de resultados, criamos uma Narrativa Interativa Devolutiva

(NID) como recurso dialógico desenvolvido a partir de suas próprias produções imaginativas sobre o futuro dos adolescentes atendidos. Como recurso interativo, a NID é uma história ficcional inacabada cuja apresentação visa convidar o participante a acrescentar-lhe um desfecho e iniciar uma reflexão sobre o tema do qual a NID trata. Ficou evidente como o uso da NID favoreceu a emergência de sentimentos velados, tais como o difícil equilíbrio entre esperança e desesperança naquele contexto de precariedade, oportunizando reflexões sobre suas práticas e sobre os desafios de cuidar de adolescentes em situação de vulnerabilidade social. Além da percepção do cuidado que as pesquisadoras lhes endereçavam, a partir da construção de uma NID como metáfora do vivenciavam, a equipe reconheceu naquela modalidade de encontro uma possibilidade de sustentação emocional do profissional no cuidado em saúde mental pública.

Palavras-chave: *adolescente, serviços de saúde mental, narrativa, psicanálise, intervenção psicossocial.*

Resumen

Este trabajo tiene como objetivo presentar una propuesta interventiva con equipos de profesionales de la salud a partir de una investigación psicoanalítica sobre el imaginario colectivo de profesionales de un Centro de Atención Psicosocial Infantojuvenil (CAPSi) en relación con el sufrimiento adolescente. La identificación de la demanda profesional por acogida, escucha cualificada, capacitación y reflexión clínica nos condujo a elaborar una nueva modalidad de entrevista devolutiva para los participantes del estudio. Concluidos los encuentros de investigación, propusimos una entrevista colectiva con el equipo de profesionales con el fin de compartir nuestros hallazgos. Con la determinación de ofrecer a los participantes una nueva experiencia de escucha —y no una mera comunicación de resultados— creamos una Narrativa Interactiva Devolutiva (NID) como recurso dialógico desarrollado a partir de sus propias producciones imaginativas sobre el futuro de los adolescentes atendidos. Como recurso interactivo, la NID constituye una historia ficcional inacabada cuya presentación tiene como propósito invitar al participante a añadirle un desenlace e iniciar una reflexión sobre el tema que ella aborda. Se evidenció cómo el uso de la NID favoreció la emergencia de sentimientos velados, tales como el difícil equilibrio entre esperanza y desesperanza en aquel contexto de precariedad, posibilitando reflexiones sobre sus prácticas y sobre los desafíos de cuidar a adolescentes en situación de vulnerabilidad social. Además de la percepción del cuidado que las investigadoras les dirigían —a partir de la construcción de una NID como metáfora de lo que vivenciaban—, el equipo reconoció en esa modalidad de encuentro una posibilidad de sostén emocional del profesional en el cuidado de la salud mental pública.

Palabras clave: *adolescente, servicios de salud mental, narrativa, psicoanálisis, intervención psicosocial.*

Résumé

Ce travail a pour objectif de présenter une proposition d'intervention avec des équipes de professionnels de la santé, à partir d'une recherche psychanalytique sur l'imaginaire collectif de professionnels d'un Centre d'Attention Psychosociale pour Enfants et Adolescents (CAPSi) concernant la souffrance adolescente. L'identification de la demande professionnelle d'accueil, d'écoute qualifiée, de renforcement des compétences et de réflexion clinique nous a amenés à concevoir une nouvelle modalité d'entretien avec feedback pour les participants à l'étude. Une fois les réunions de recherche terminées, nous avons proposé un entretien collectif avec l'équipe de professionnels afin de partager nos constats. Déterminées à offrir aux participants une nouvelle expérience d'écoute, et non une simple communication des résultats, nous avons créé un récit interactif de retour (NID) comme ressource dialogique développée à partir de leurs propres productions imaginatives sur l'avenir des adolescents pris en charge. En tant que ressource interactive, la NID est une histoire fictive inachevée dont la présentation vise à inviter le participant à lui donner une fin et à entamer une réflexion sur le thème dont traite la NID. Il est devenu évident que l'utilisation de la NID a favorisé l'émergence de sentiments voilés, tels que l'équilibre difficile entre espoir et désespoir dans ce contexte de précarité, en offrant l'opportunité de réfléchir sur leurs pratiques professionnelles et sur les défis liés à la prise en charge des adolescents en situation de vulnérabilité sociale. Outre la perception du soin que les chercheuses leur adressaient, à travers la construction d'une NID comme métaphore de ce qu'ils vivaient, l'équipe a reconnu dans cette modalité de rencontre une possibilité de soutien émotionnel des professionnels dans le cadre des soins en santé mentale publique.

Mots-clés : *adolescent, services de santé mentale, récit, psychanalyse, intervention psychosociale.*

Psychosocial care in child and adolescent mental health constitutes a field of particular relevance in the Brazilian context, as it responds to the care needs of a significant portion of the population of children and adolescents. Despite its importance, its inclusion on the public policy agenda occurred relatively late and was largely based on the extension of care models originally developed for adult mental health (Vechiatto & Alves, 2019). Only in 2002, with Ordinance No. 336/2002, was a specific chapter introduced addressing the creation of Child and Adolescent Psychosocial Care Centers

(CAPSi) and defining their core characteristics. Among these, the ordinance highlights the mandatory provision of care to children or adolescents and their caregivers, as well as the promotion of dialogue with other sectors, such as education, social assistance, and the legal system (Portaria n° 336, 2002).

Historically, the movement to defend the rights of children and adolescents in Brazil emerged in the 1920s. Prior to that period, poverty was viewed as an "incubator" of abandoned children and delinquent youth, leading the State to focus on social protection through an assistance model centered on institutionalization. This perspective was later reassessed in light of the Health Reform and the Psychiatric Reform, giving rise to new proposals for humanized care that ultimately shaped the current psychosocial mental health care model (Amarante, 1995, 2017, 2022; Vechiatto & Alves, 2019).

This model of mental health care is grounded in guidelines that recognize children and adolescents as subjects of rights and, therefore, as capable of expressing their own demands, in line with the principles established by the Child and Adolescent Statute (ECA for short, in Portuguese; Law No. 8,069/1990). Universal reception, responsible and shared referral, the continuous construction of care networks and intersectoral collaboration, territorially based work, and the shared assessment and construction of mental health needs constitute the pillars of this approach (Ministério da Saúde, 2005). These principles prioritize listening, welcoming, and care in freedom, seeking to reduce social exclusion. Professionals working in Brazil's public mental health system have played a fundamental role in the struggle for rights and dignity through the provision of humane care and treatment. In doing so, they operate on two major fronts: the delivery of direct care to service users and the proposal and implementation of public policies in their daily professional practice (Amarante, 1995, 2017, 2022).

Despite these advances, it is important to highlight the dismantling of the National Mental Health Program (PNSM for short, in Portuguese), which was set in motion between 2016 and 2018 through public disinvestment and proposals to alter previously achieved guidelines (Cruz et al., 2020; Martins et al., 2019; Mota & Teixeira, 2020). In place of policies aimed at psychosocial reintegration and rehabilitation, incentives for psychiatric hospitalization, including of adolescents, and the financing of therapeutic communities have expanded. These measures, among others endorsed in governmental documents that support this dismantling process, revive ideas of isolation for individuals experiencing mental distress. They reinforce the belief that emotional suffering is an individual problem, disregarding the broader social context and the concrete living conditions that shape people's experiences (Bleger, 1963/2007).

Given the wide range of responsibilities assigned to professionals working in this field, marked by multiple forms of precarity and limited guarantees of rights, combined with the specificities of child and adolescent development, we concur with Bustamante and Onocko-Campos (2022) and Vieira et al. (2020) that the challenges are numerous and result in work overload, excessive demands, and significant emotional impact.

In an intervention study conducted with 28 CAPSi professionals, Saad et al. (2021) identified complaints regarding the absence of space for professionals' subjectivities, as well as those of service users, within the limited opportunities for exchange. It appeared paradoxical that a mental health service would be unable to accommodate affective and emotional demands. Moreover, participants acknowledged that difficulties in dealing with the demands of children and adolescents contributed to emotional instability and feelings of insecurity. Notably, passing a public service examination does not place these professionals in the position of specialists in child and/or adolescent care, which helps to explain their expressed demand for specialized training (Carias, 2022).

Similarly, a review study on the body of knowledge produced about CAPSi by Leitão et al. (2019) identified a gap in the scientific literature concerning in-depth discussions of the clinical dimension of CAPSi services. We therefore reaffirm the relevance of such studies if the goal is to contribute to the qualification of professional practices in mental health, while remaining attentive to users' socioeconomic conditions and the cultural diversity that characterizes Brazil.

Among the methodological strategies for conducting this type of research, Onocko-Campos and Furtado (2008) highlight the use of narratives as a privileged methodological resource in qualitative health research, emphasizing their potential for exploring human experiences. After transcribing interviews conducted with CAPSi professionals, Bustamante and Onocko-Campos (2022) developed narratives about these encounters, which were subsequently presented to participants for evaluation. This approach enabled participant validation, allowing them to suggest corrections and additions.

Riessman (2008) argues that, within the human sciences, narrative studies may generate narratives produced by researchers, participants, or readers. The author further proposes three ways of defining the concept of narrative: i) as a human process of elaborating lived experiences, echoing the contributions of Benjamin (1936/1992), Bruner (2004), and Ricoeur (1990); ii) as narrative data obtained in a study through diverse methods; and iii) as the outcome of an epistemologically and theoretically grounded interpretive process. The latter perspective is exemplified by Ogden (2005), who defines psychoanalytic writing as a form of clinical elaboration and knowledge production sustained by an interpretive process that articulates theoretical and epistemological rigor with the singularity of lived experience.

From a psychoanalytic perspective, inviting participants to freely associate about their lived experiences reinstates narration at the center of the dialogical field established between researcher and participant. Politzer (1928/2004) conceptualized psychoanalysis as a concrete psychology insofar as it methodologically focuses on the drama lived and narrated by the patient in the first person, while cautioning against metapsychological efforts that remove this drama from its experiential

register and return it to speculative abstraction. In line with Politzer (1928/2004), Bleger (1963/2007), and Herrmann (2004), among others, we value the psychoanalytic method for its creative potential to produce meaning about lived experience. For this reason, we advocate its use in qualitative research, as well as the need for methodological adjustments in extraclinal contexts (Granato & Aiello-Vaisberg, 2016). Such adjustments contribute to overcoming the boundaries that compartmentalize psychoanalytic knowledge (Figueiredo & Coelho, 2018) and to expanding it toward transdisciplinary dialogue (Ayouch, 2021).

It is within this spirit of innovation and reinvention that we present an intervention proposal with health care teams. This proposal is inspired by a psychoanalytic study of the collective imaginary, i.e., the set of conscious and unconscious ideas, beliefs, and fantasies, of professionals working at a CAPSi regarding adolescent suffering.

Method

To contextualize the intervention proposal that constitutes the object of this study, it should be noted that this procedure represented the final stage of the first author's doctoral research. The study was approved by the Human Research Ethics Committee at Pontifícia Universidade Católica de Campinas (PUC-Campinas; approval no. 4,929,498). Its purpose was to conduct a feedback interview that, in methodological alignment with the psychoanalytic approach, would offer an opportunity for collective and shared reflection with the researcher on how experiences of illness and professional practices are articulated within the CAPSi.

This study is situated within the field of qualitative research that employs the psychoanalytic method. Qualitative research is widely recognized for its capacity to generate knowledge in investigations aimed at understanding human phenomena in their complexity of meanings (Flick, 2018; Guba & Lincoln, 1994; Turato, 2011). The psychoanalytic method, understood as a rigorous approach to investigating phenomena as concrete processes, facilitates access to both the conscious and unconscious dimensions of human conduct (Freud, 1923; Herrmann, 1979; Laplanche & Pontalis, 2008).

To further contextualize the proposal to present an Interactive Feedback Narrative (IFN) at the final meeting with participants, it is necessary to briefly outline the overall research design of which this study is a part.

Procedures and Participants

Collective interviews were conducted with 15 professionals from a CAPSi team, divided into three groups of five participants each. Interview duration ranged from 1 hour and 40 minutes to 2 hours and 30 minutes. At the time the research was conducted, the team consisted of 26 staff members. The principal researcher attended a team meeting to present the research project and invited professionals to participate on a voluntary basis. The interviews were held at the participants' workplace in order to minimize potential discomfort or inconvenience. The scheduling and composition of the groups, as well as the rooms made available for the interviews, were defined by the service manager and the participating professionals.

The interviews employed the Drawing–Story with Theme Procedure (Aiello-Vaisberg, 1999; Visintin et al., 2023), a tool that facilitates participants' emotional expression and supports the understanding of both conscious and unconscious dimensions of what is communicated about the proposed theme. Accordingly, in each of the three groups, participants were invited to draw "an adolescent in mental health care" and then write a story inspired by the drawing. Subsequently, they were asked to produce a second drawing–story depicting "this adolescent ten years from now." As a final step, participants were invited to reflect on and share their impressions of the drawing–stories produced by the group.

Immediately after each interview, the principal researcher recorded her initial impressions and the participants' communications that appeared most significant to the research topic. This procedure was termed the Initial Associative Report (IAR). Based on the IAR and a free-floating reading of the participants' productions (drawing–stories), Transferential Narratives (TNs) were developed (Aiello-Vaisberg et al., 2009) following detailed interpretive analytical work. The TNs constitute the final form assumed by the researcher's account in order to communicate, in an involved manner, what was experienced during the encounters with participants. Within our research group, the narrative material produced was shared with other researchers to broaden the range of emerging meanings. This procedure represents a form of triangulation of results (Santos et al., 2020), adopted to enhance scientific rigor in qualitative research.

Preliminary results from the interpretive analysis of the material produced by participants suggested that certain issues, only hinted at or implied, might emerge more clearly and potentially be worked through if we innovated at the stage of the feedback interview. We observed that requesting participants to depict the adolescent in the future removed them from their "comfort zone," if such a term can be applied to the demanding work carried out at the CAPSi, and prompted them to reflect on their own practices and on the life trajectories of the adolescents they serve. This experience became the guiding thread for the next step: the construction of an IFN for the final group interview.

The Process of Developing an Investigative Resource

Determined to offer participants a new listening experience rather than a mere communication of research results, we created an Interactive Feedback Narrative (IFN) based on participants' imaginative productions regarding the future of the adolescents they care for. These imaginative productions were conveyed through drawings, stories, and reflections that constituted the final stage of each research interview, as well as through latent communications, gaps, and deviations in participants' discourse that suggested the presence of something meaningful awaiting disclosure.

As a dialogical resource, the IFN is an unfinished fictional story developed by the researchers and presented as an invitation for the group of participants to complete it toward an ending and to initiate reflection on the theme around which the IFN was constructed. Like all Interactive Narratives (Granato et al., 2011), the use of the IFN "privileges the dialogue between researcher and participant in the production of knowledge grounded in human drama" (p. 160).

The feedback interview, planned from the outset of the research, within this transitional framework initiated by the presentation of the IFN to mediate the final dialogue between the researcher and the participants, now gathered in a single group, went beyond the goal of simply reciprocating the time and collaboration of those involved. The challenge was to construct an IFN capable of placing everyone, researcher and participants alike, before adolescents representative of the population served by the CAPSi, whose narratives might suggest possible outcomes of the work undertaken. Given that CAPSi services care for children and adolescents up to 18 years of age, which partially explains professionals' resistance to projecting these youths' futures, we concluded that the IFN plot needed to be displaced in time, to a moment when the bond between professionals and adolescents had already ended.

We returned to the participants' narrative productions, applying the psychoanalytic method to recover the elements that would compose the IFN. To this end, we followed Herrmann's (2001) guidelines for conducting a free-floating reading of the material in search of a new configuration of meanings. Herrmann proposes three basic stages: i) "letting it emerge," adopting an open stance toward the new; ii) "taking it into consideration," allowing oneself to be cognitively and emotionally affected by what stood out in the first stage; and iii) "completing the configuration of meaning," the moment at which an idea for the IFN takes shape. Once this idea was established, we followed a set of guiding steps that supported the creation of the Interactive Narrative:

Step 1: Familiarization with the investigated theme, situation, or conflict;
Step 2: Construction of the characters and their functions within the plot;
Step 3: Adjustment of the vocabulary and language used;
Step 4: Selection of the narrative focus or foci;
Step 5: Definition of the narrative's spatial and temporal setting;
Step 6: Composition of the emblematic scene;
Step 7: Definition of the moment at which the narrative is suspended;
Step 8: Preparation of the first version of the Interactive Narrative;
Step 9: Triangulation of the first version with the research group;
Step 10: Revisions leading from the first version to the final version.

Below, we present excerpts from the IFN so that readers may follow the proposed idea, as space limitations prevent the full narrative from being presented. The IFN, read aloud to participants, begins with the following introduction:

> It is a workday like any other. You have just arrived and are preparing to start the day, which so far seems as though it will be calm. You even think about this, but you know that unpredictability usually prevails. And indeed, something out of the ordinary happens. You receive a delivery: a brown envelope, with no return address and no explanation. Inside, there is a flash drive and a handwritten note that reads, "We hope you like it." You are intrigued, and someone nearby quickly goes to a computer to see what is on it. As soon as you connect the flash drive, you discover the following videos.

Subsequently, with reference to the videos, we presented the stories of two young adults, Natasha, aged 25, and Jonathan, aged 24, who narrated their life trajectories in the first person 10 years after having received care at that CAPSi. We chose to present the story of a woman and a man because, during analysis of the material, we identified forms of suffering that differed according to the gender of the figures drawn by participants. It should be emphasized that the content conveyed in Natasha's and Jonathan's stories derives from the interpretive analysis of participants' productions and reflections, as well as from a review of the literature on the main issues experienced by adolescents in CAPSi settings.

Natasha's video reveals an adolescent who arrived at the CAPSi presenting symptoms compatible with a psychotic episode, including persecutory ideas, auditory hallucinations, and affective withdrawal. However, the narrative was organized around bodily changes, difficulties in relating to peers at a new school, lack of information and knowledge, which led to an unwanted pregnancy and subsequent abortion, and, finally, limited interaction with her parents, who were always working to support the family. Particular emphasis was placed on the support Natasha perceived during her treatment at the CAPSi,

including professionals' patience, sensitive approaches through music, and the welcoming care she received. By way of illustration, we present an excerpt from Natasha's account:

> I spent three years with you, and today I can see that the time I spent at the CAPS helped me discover possibilities I never even dreamed of. It also helped me understand that, even when opportunities exist, because of my issues and the hardships of life, some of them are less accessible, or not accessible at all, to me. It's hard to realize that life isn't always fair. (…) There are times when I feel really low, when I don't know what I'm doing in the world. In those phases, the voices tend to come back and seem to want to push me down even further. That's why I still see my psychiatrist and attend the therapy group at the health center, even though I often think I don't want to take medication anymore… it makes me gain weight and feel sluggish. I guess that's it, overall, things are moving along. I'll stop here, I've talked too much already. I hope you're doing well.

In Jonathan's narrative, we chose to recount his experience at the CAPSi due to episodes of aggression, as well as his involvement in socio-educational measures related to drug trafficking. In his own words, he describes these experiences as follows:

> Life hasn't been easy for me. Back then, when everything started, I had a lot of dreams… I wanted to see the beach and the ocean. I thought maybe I could be a famous athlete, in soccer or volleyball. I wanted to date. But I learned early on that being from the outskirts, Black, and broke puts those dreams really far away from us. I tried to do everything right, but I had these rage episodes that I still can't explain. Out of nowhere, it feels like fury takes over and I lose control, smashing whatever is in front of me.

In Jonathan's story, we highlighted the conflict experienced by the adolescent in the face of the abandonment inherent in a life marked by multiple vulnerabilities. As an adolescent, he finds support among drug traffickers in his neighborhood, including assistance in purchasing medication for his mother. We also sought to emphasize the young man's naivety: when he feels cared for, he is unable to clearly discern the implications and consequences of becoming involved in drug trafficking. As in Natasha's story, we underscored the aspects of care that Jonathan recognized during his time at the CAPSi. Finally, we chose to include a reflection voiced by Jonathan to convey our perceptions of the professionals' suffering, such as the difficulty of envisioning a future for these youths, the sense of impotence in the face of so many vulnerabilities, and the uncertainty surrounding the outcomes of their practices: "I can see that you really want to help us, but there are things that are beyond your reach. I think you know that. I've even wondered whether you suffer because of the work you do."

To conclude the IFN, we added an explicit invitation to reflection and dialogue: "Silence fills the room when the videos end. You decide that it is worth gathering together and talking about what you have just seen…"

After reading this excerpt, the researcher remained silent, waiting for participants to respond according to how they had been affected by the narrative. In the following section, we present participants' contributions and some of the reflections that emerged from this process.

Results and Discussion

As noted above, although the use of an Interactive Narrative in the feedback interview was not initially conceived as an intervention, the outcomes observed at the stage in which the main findings were shared with participants authorize us to propose the use of the IFN not only as a feedback device, but also as an intervention with professionals working in CAPSi services and other public mental health settings. A situation of dual vulnerability became evident: professionals who work with populations exposed to multiple risks while themselves operating under precarious working conditions, marked by limited material and human resources. Proposing interventions aimed at caring for mental health caregivers, by offering spaces in which they can reflect on their practices and on their own mental health, appears to us as a viable pathway for sustaining the emotional well-being of professional teams that lack many other forms of support, such as continuing education programs, opportunities for specialization, protected time for study, and clinical supervision, among others.

A substantial body of literature on CAPSi emphasizes the ongoing need for professional training, the importance of spaces for exchange and mutual support, and the value of clinical–institutional supervision (Aragão et al., 2021; Bustamante & Onocko-Campos, 2022; Cubas et al., 2022; Damasceno et al., 2022; Leitão & Avellar, 2020; Leitão et al., 2019; Moreira et al., 2018; Nunes et al., 2023). In our study, the identification, during collective interviews, of a demand for reflective and dialogical spaces that are not afforded by everyday work routines, combined with the anguish that emerged when professionals were invited to think about the future of adolescents in situations of social vulnerability, led us to rethink the feedback interview format.

To ground this reformulation, we drew on a psychoanalytic perspective that seeks to study human phenomena in concrete terms and in close connection with the broader social contexts in which they unfold, as proposed by Bleger (1963/2007) and Politzer (1928/2004), and more recently by relational psychoanalysis (Kuchuck, 2021). This approach

integrates intersubjective perspectives, object relations theory, and self psychology, emphasizing the inseparability of the individual from their social context. We also found in Donald Winnicott's work a particularly fertile interlocution, given his emphasis on the role of sufficiently good environments in sustaining emotional development while respecting human singularity and diversity. From this standpoint, Winnicott's (1962/2022) recommendation that professionals decenter themselves to respond to the needs of the other, when he suggests that we be analysts practicing something else that we believe to be appropriate to the occasion (p. 155), is especially pertinent.

Within the CAPSi context, we understand this Winnicottian recommendation as a call to attend to the ethical–clinical dimension of care, which we consider fundamental to professional practice, to the implementation of Unified Health System (SUS) guidelines, and to the well-being of workers themselves. Vieira et al. (2020) similarly draw on Winnicott's contributions to address the needs of both professionals and service users, arguing that reflection on the contributions present in the work of the psychoanalyst [Winnicott] may compose a perspective of team practice that, without abandoning the sociopolitical dimension, also does not exclude the clinical dimension of care (p. 112). We add the ethical dimension of care, implicit in public policies aimed at humanizing health care, as a central element if we are to move toward a society of care, as proposed by Hirata (2022), without which dignified survival, particularly in contexts of psychosocial vulnerability, would not be possible.

With the aim of organizing a transitional framework for the feedback interview, which we came to refer to as Transitional Interviews, insofar as we sought to offer the team a new experience through the introduction of a fictional and playful element, we constructed the IFN as an interpretive sketch intended to reinitiate dialogue.

At this final meeting, the 15 participants had the opportunity to hear their own narratives reinterpreted through the IFN and were invited to reflect on what we had identified as significant, based on the clues they themselves had provided. We were aware of the risks involved: participants might laugh at the transitional proposal, reject the interpretive movement, or experience discomfort. None of these outcomes occurred. Given space constraints, we highlight selected points of reflection that led us to recognize the potential of the proposal, based on participants' responses following the presentation of the IFN.

A first observation concerns the degree of proximity between the experiences narrated by the IFN characters and the professionals' lived experiences in their daily work, as illustrated by participants P1 and P2:

> I'm very moved and emotionally stirred because, as you were reading, it sounded so much like stories of people we've already cared for. They kept coming to my mind, as if you were actually telling the stories of the people we work with (P1).

> That's true. It seems like you know much more about what we live day to day here than we imagined. I didn't think it would be possible for you to have such a close sense of our reality based only on the interviews (P2).

Issues related to social inequality, prejudice, lack of coordination within the public health care network, and the absence of shared responsibility for adolescent care, factors that make the work of mental health professionals significantly more complex, were also mobilized by the IFN, as illustrated by P1's statement:

> Both the interviews and this moment we're having here make me think a lot about how difficult our work is. It's difficult because it feels like we're always swimming against the current: the current of a society that expects something different from these young people; the school, which doesn't always partner with us and wants us to "fix" those who cause problems. Sometimes it even feels like we have to fight against health centers, because many want to refer adolescents here who could be followed there, without realizing the stigma that attending a CAPS can bring to someone's life. Unfortunately, we know this is the reality, an adolescent who comes to the CAPS starts experiencing prejudice very early on (P1).

In a study on child and adolescent mental health conducted with primary care managers, Lourenço et al. (2020) observed that professionals often describe their practice as "complex" or "complicated," referring more to difficulties in understanding the experiences of children and adolescents than to the multiplicity of phenomena underlying the challenges faced at these life stages. Participants in our study also acknowledged this difficulty, although some were able to articulate their perceptions regarding the diverse ways of experiencing and being an adolescent. We nevertheless reflect on the role of work overload in sustaining this difficulty, as professionals must manage the countertransferential feelings elicited by adolescents' emotional demands while remaining attuned to their socioeconomic realities, a scenario further compounded by insufficient support within the broader care network.

Furthermore, another relevant observation concerns the difficulty professionals face when working with children and adolescents who, in addition to mental suffering, live under conditions of severe socioeconomic vulnerability, a situation that can generate significant anguish among professionals (Bustamante & Onocko-Campos, 2022). This aspect deserves special attention, as it may give rise to defensive, unconscious responses that distance professionals from the possibility of developing interventions that truly address users' needs. Nunes et al. (2023), for example, identified the absence of specific mental health actions for adolescents within Primary Health Care Units (UBS), which tend to be limited to sporadic and predominantly educational initiatives, such as guidance on pregnancy prevention and sexually transmitted infections.

Participants P15 and P10 acknowledged the dilemma of living daily at this crossroads, which often undermines hope for meaningful action and traps professionals in feelings of impotence:

> It is very interesting to hear someone tell us about what we experience in our daily work. These stories are exactly that, snapshots that portray different realities we live here: dealing with poverty, lack of opportunities, prejudice, mental illness, but also with the strength and richness of each person's individuality and subjectivity, along with the possibilities of finding forms of expression that may help them in some way. I think we are constantly on the margins, striving to remain alongside them without sinking ourselves. Hearing about this gives us renewed energy to think about what else we can do, even though it is very difficult and, yes, even though we have to deal with our impotence far more than we would like (P15).

> I was really touched by the way you presented the feedback. I wasn't expecting that, and it affected me deeply, in a good way. One thing I realized is that we don't really think much about the future of the young people who come through here. Maybe because the present is so harsh and full of deprivation that there is no time to think about the future, or perhaps because we know they will face so many difficulties that it becomes too painful to imagine it (P10).

The challenges professionals face in their relationships with adolescents at the CAPSi emerged as another central theme in participants' reflections. Beyond the previously mentioned factors related to multiple vulnerabilities and the lack of specific knowledge about adolescence in contemporary contexts, Le Breton (2017) cautions against a generalized and reductionist view of adolescence:

> The myth of a youth that is always ill at ease with itself, rebellious and painful, is often a way of neutralizing the real tensions that mark the youth of our societies. The world would never change; young people would always be difficult. By enclosing them in a kind of destiny, in a negative ontology, we free ourselves from the discomfort of the present time and justify not taking appropriate measures. We wait for youth to end (Le Breton, 2017, p. 126).

Confronting their own sense of hopelessness regarding adolescent suffering through the IFN did not appear to produce the paralyzing effect that hopelessness often entails. On the contrary, it was striking how one participant (P7), upon recognizing the lack of perspective she projected onto the adolescents' futures, was able to develop a more sensitive and critical stance toward working with the other's subjectivity:

> Since participating in the interview where we did the drawings and stories, I've been deeply affected. Today's meeting seems to complete the cycle that began there, but not in a way that closes off reflection or ideas. That day, I actually felt somewhat distressed, because I realized how little I usually stop to think about how my expectations regarding the future of the adolescents we care for might impact their lives. Since then, with every adolescent I see, individually or in groups, I keep asking myself: am I attentive and open to what he or she is showing me? Or do I think I already know what is best for them? (P7).

The study conducted by Aragão et al. (2021) with CAPSi professionals identified concerns that align with the discussions presented here, revealing unease related to excessive demands and difficulties in dealing with the specificities of adolescence. Participants in our study similarly acknowledged that task overload hampers team-based case discussions and the implementation of interdisciplinary actions, while also recognizing deficient communication as a factor that directly compromises the quality of care provided.

Drawing on a Winnicottian theoretical framework, Miranda and Onocko-Campos (2014) emphasize the crucial importance of creating sufficiently good spaces for healthy emotional development in order to enhance clinical practice within public health services, a position we also endorse. The authors justify this proposal by considering the central role these services play in caring for a large segment of the Brazilian population, which requires ongoing attention and continuous updating to improve responses to psychosocial demands. They further acknowledge that professionals may defensively respond to the anguish generated by overwhelming emotional demands in patient care, particularly when they perceive themselves as having limited cognitive and/or psychic resources. Such defenses may include resistance to engaging with affective issues and multiple vulnerabilities. From this position, there is a risk that proposed practices become disconnected from underlying sociocultural issues and, consequently, fail to meet the population's needs.

We conclude that the framework proposed for the feedback interview fostered feelings of being welcomed, belonging, and identification, factors recognized as therapeutic in group work insofar as they provide support for integration and collective development (Yalom & Leszcz, 2006). In this sense, the boldness of conducting a research feedback process that brought to light some of the significant elements inhabiting mental health professionals' practices, as well as the suffering of both professionals and service users, proved productive in restoring a sense of meaning to the professional caregiving role.

One participant described the effects of the environment created by the interview framework: "The way you conducted the interview and this meeting reminded me of the work we do here, doing things together and in groups. I felt very welcomed and cared for. It was really interesting to take part in a research project like this, in practice" (P12).

Another participant highlighted the sensitive listening that permeated the entire research process and found its culmination in the feedback interview:

> I was also very moved by the way you presented this feedback. I was really expecting a more technical presentation, with slides. I never imagined it would be like this. But I'm glad you surprised us. I felt you were very sensitive in what you perceived and in how you conveyed it to us (P6).

Reflecting on the work of professionals who operate under such adverse conditions, we may draw on Winnicott (1971/2019) to consider that this willingness to persist may be grounded in the desire to foster the development of a more just and egalitarian society, a shared aspiration among the professional team. However, participants helped us recognize that the dream of "making a difference" must be continually nurtured, lest it devolve into indifference and the bureaucratic automatism of certain practices. One resource for providing such support is clinical–institutional supervision (Chrusciel & Torres, 2022; Devera & Yassui, 2022), which, despite its recognized benefits, occurs with insufficient frequency to meet existing demands. At the other extreme, training initiatives are also described as inadequate.

Far from positioning ourselves as researchers detached from the many difficulties and constraints faced by these professionals, we propose the use of Interactive Narratives within transitional encounters as a means of, following Figueiredo's (2021, p. 106) reflections on supervision: protecting the capacity to feel, experience, dream, play, and think among professionals.

In this way, we align with Miranda and Onocko-Campos (2014) in emphasizing the need for spaces of reception and listening that allow professionals to experience and work through their own contradictions, ambivalences, feelings of impotence, and hopelessness in relation to their work, thereby expanding their capacity to offer emotional support to those in their care.

Final Considerations

The transitional framework mediated by an Interactive Narrative, initially proposed to meet the objectives of a feedback interview with mental health professionals participating in a research study, proved to be a powerful complementary support strategy to those already developed within CAPS services, albeit still insufficient to address the full complexity of existing demands. We endorse approaches that foster professionals' active involvement and agency, facilitating processes of elaboration of the conflicts they face and, in doing so, restoring their potential for creative and genuinely human encounters.

In this regard, and in line with Figueiredo (2021), it is essential to adopt a form of listening that goes beyond the omnipotent desire to "save" the patient, allowing space for the unexpected and for being affected by unconscious emotional communications. We argue that such listening is equally fundamental in interventions aimed at caring for professionals themselves.

Initiatives such as the one presented in this study may inspire future research in the field and contribute to the creation of care spaces for professionals working in public mental health services. In addition to the direct benefits for professionals, such initiatives are expected to contribute to the improvement of care for adolescents with mental disorders—a population whose needs appear to be rendered invisible by practices primarily oriented toward children and adults.

The development of an IFN requires prior contact with the institution and the work team in order to become acquainted with them and to identify both their conscious and unconscious demands. Analogous to clinical practice, preliminary interviews play a crucial role in building the therapeutic bond and in identifying participants' needs. In this process, initial contacts provide material that can nourish the researchers' imagination and give rise to an intervention attuned to the perceived demands.

We acknowledge as a limitation of this study the fact that it represents a single experience conducted with a specific CAPSi team. Nonetheless, we believe that the potential demonstrated by this experience may serve as a source of inspiration for new psychosocial intervention proposals in the field of mental health or health more broadly. In our view, its value lies in its capacity to address professional suffering and the resistances it engenders, enabling the exploration of creative capacities as well as the identification of new demands to inform future interventions.

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