

## Contribution of transference to the psychiatric nursing process

*Contribuição da transferência para o processo de enfermagem psiquiátrica*

*Contribución de la transferencia al proceso de enfermería psiquiátrica*

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### ABSTRACT

**Objective:** to describe the contribution of the concept of transference to the application of the nursing process in the care of patients with psychological suffering. **Method:** Theoretical study, structured from the following question: Is it possible to develop the nursing process in the care of patients with psychological suffering by using transference? **Result:** The patient is considered as a subject of the unconscious and has a demand he/she is unaware of. **Discussion:** The transference guides the nursing process and favors the elaboration of what has no meaning in the symptom. **Final considerations:** As an implication for practice, the nursing process will articulate the transference function through the nursing diagnosis, which will promote the capture of subsidies for the planning and implementation of care, in which the purpose will be the symbolization of the symptom. To highlight speech as a means to therapeutic relation will offer the patients the condition to dictate the pace of articulation between their signifiers, which will dynamically temporalize the process.

**Descriptors:** Psychiatric Nursing; Nursing Process; Transference; Nurse-Patient Relations; Mental Health.

### RESUMO

**Objetivo:** Descrever a contribuição do conceito da transferência para a aplicação do processo de enfermagem no cuidado do paciente em sofrimento psíquico. **Método:** Estudo teórico, estruturado a partir da seguinte questão: É possível desenvolver o processo de enfermagem no cuidado do paciente em sofrimento psíquico, utilizando a transferência? **Resultado:** O paciente é considerado como sujeito do inconsciente e porta uma demanda que ele desconhece. **Discussão:** A transferência torna-se norteadora do processo de enfermagem e favorece a elaboração daquilo que é sem sentido no sintoma. **Considerações finais:** Como implicação para prática, o processo de enfermagem articulará a função transferencial pelo diagnóstico de enfermagem, que promoverá captura de subsídios para o planejamento e implementação do cuidado, cuja finalidade será simbolização do sintoma. Destacar a fala como meio para relação terapêutica oferecerá ao paciente a condição de ditar o ritmo da articulação entre seus significantes, o que temporalizará o processo de forma dinâmica.

**Descritores:** Enfermagem Psiquiátrica; Processos de Enfermagem; Transferência; Relações Enfermeiro-Paciente; Saúde Mental.

### RESUMEN

**Objetivo:** describir la contribución del concepto de transferencia a la aplicación del proceso de enfermería en el cuidado del paciente con sufrimiento psíquico. **Método:** Estudio teórico, estructurado a partir de la siguiente cuestión: ¿Es posible desarrollar el proceso de enfermería en el cuidado del paciente con sufrimiento psíquico, utilizando la transferencia? **Resultado:** El paciente es considerado como sujeto del inconsciente y porta una demanda que desconoce. **Discusión:** La transferencia se vuelve orientadora del proceso de enfermería y favorece la elaboración de aquello que es sinsentido en el síntoma. **Consideraciones finales:** Como implicación para la práctica, el proceso de enfermería se articulará a la función transferencial por el diagnóstico de enfermería, que promoverá la recolecta de subsidios para la planificación e implementación del cuidado, cuya finalidad será la simbolización del síntoma. Resaltar el habla como medio para la relación terapéutica ofrecerá al paciente la condición de dictar el ritmo de la articulación entre sus significantes, lo que temporalizará el proceso de forma dinámica.

**Descriptorios:** Enfermería Psiquiátrica, Proceso de Enfermería; Transferencia; Relaciones Enfermero-Paciente; Salud Mental.

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## INTRODUCTION

After the Psychiatric Reform, a new place was established for the psychiatric nurse, the one of therapeutic agent<sup>(1)</sup>. Thus, the nurse stops executing actions destined only to physical care, characterized as controlling and observing the behaviors of patients with psychical suffering, and starts to perform their actions considering the individuals' subjectivity, engaging in understanding lived experiences and helping them with social reinsertion<sup>(2)</sup>.

This way, the psychiatric nurse can sustain care through the nursing process (NP), which contributes to the Singular Therapeutic Project, focusing the reprinting in the present time of experiences lived previously, through therapeutic relationship with the patient, which may promote personal growth and the development of attitudes that lead them to reduce their suffering in facing life situations<sup>(3-5)</sup>.

However, when the therapeutic relation nurse-patient is considered as a central point to the nursing care in mental health, some conditions must be delimited to differ this relation from the social one<sup>(5)</sup>. Thus, concepts such as empathy, self-knowledge, communication and collaboration must be delimited so the therapeutic relationship takes its place<sup>(5)</sup>. However, such theoretical beacons are important when the nurse assumes that the psychical suffering can be considered from the elaborations of the conscious, which, historically, has the consequence of constructing care models oriented by the humanistic theoretical current and promotes a certain diffusion of definitions on the health-disease process in the context of mental health<sup>(5)</sup>.

In this study, we have as a starting point the alternative of recognizing the health-disease process from the unconscious, which requires that other concepts are delimited to the nursing care, such as: transference, unconscious, the inter-subjective relation, and repetition. Thus, this proposal is about the reading of the therapeutic relation established between nurse and patient, conducted through the psychoanalytic clinic, which intends to investigate the unconscious logic that determined the subject through transference<sup>(6-8)</sup>.

The transference is understood as a repetition of forms of satisfaction that the subjects use to inaugurate their relationships during their erotic life. The forms of satisfaction constitute the subject's singularity and are the result of a combination of their innate disposition with lived experiences throughout their first years, as long as there are available objects for such repetition<sup>(9)</sup>.

When considering the therapeutic relation as a base to construct NP<sup>(4)</sup>, it is essential that the nurse assumes a theoretical position to read the lived experiences with the patient, and it is at this point that the transference becomes interesting.

In this theoretical perspective, the relationship must be read as a text, in which the patient directs to the nurse a demand of love, that is based on their repertoire of experiences, and will form a complaint of a symptom<sup>(6,8)</sup>. The repetition of this repertoire may be apprehended as an initial point of transference, and the logic by which it occurs is from the unconscious<sup>(10)</sup>.

Given this context, the nurse can read the relation as a way to explain what the patients elaborate to talk about their suffering, and it will be up to the professional to recognize such repeated pattern of enunciation and elucidate what unconscious logic determines the patients' actions<sup>(6,11)</sup>.

The articulation of such precepts with the NP results in a position change to the nurse, who becomes an apprentice of the subject's

ways of suffering and, consequently, the patients are summoned to talk about their symptoms and are instigated to seek new forms to solve their suffering. Thus, an attempt is constructed to indicate to the patients their position of choice and responsibility over their symptom, and this symptomatic choice is called demand<sup>(6-8)</sup>. In this perspective, the symptom becomes an answer to a discomfort that was not signed before, and, because it was not elaborated, it becomes a problematic answer that patients use in their way of living<sup>(6-8)</sup>. The nursing care can, therefore, provide the elaboration of the symptom, which can occur during the care implementation phase, in the context of nursing consultation<sup>(4,8,11)</sup>.

It is important to highlight that, in this way of operating the NP, the nurse assumes the position of who interrogates the patient's repetition, which was apprehended through the transference relation that occurs during nursing consultation, in the history construction phase<sup>(6,8,10-11)</sup>. Therefore, the questions asked by the nurse negotiate, through the relationship, the inauguration of a new repertoire of lived experiences to the patient, which can bring subsidies to the elaboration of their suffering, expressed by the symptom<sup>(6,8,10-11)</sup>.

In this way, the transference can articulate the NP, and the operationalization of this concept becomes technical at the moment the nurse reads the repetition of the experienced repertoire as an explanation for the suffering. Also, as a care strategy, because it provides conditions for the words to be said and to circulate in the speech to offer subsidies so the patients can find new ways to solve their symptom<sup>(4,6,12)</sup>.

In this perspective, this study is justified by the need of the nurse to recognize the transference as a phenomenon that shows through the patient's speech during the therapeutic relationship established in the nursing practice, when the unconscious is considered in the health-disease process in the context of mental health. Thus, space is opened to nursing actions that can target the unconscious as a key element in the process of the subjects' illness and try to articulate the transference to the NP.

## OBJECTIVE

To describe the contribution of the concept of transference to the application of NP in the care of patients with psychical suffering.

## METHOD

### Theoretical-methodological framework

This is a study based on the psychoanalytic theoretical framework. The space that Psychoanalysis occupies in universities is to summon the researcher for dialogue and reflection among the different disciplines to discuss an aspect of psychoanalysis and to offer a contribution that is not limited to the theoretical confirmation<sup>(13)</sup>.

### Type of study

Theoretical study that aims to formulate reference frames and to create concepts, its field originates in practices of integration, reflection and research<sup>(12-13)</sup>.

### Methodological Procedures

This study was structured from the following research question: is it possible to develop NP in the care of patients in psychical suffering using the psychoanalytic concept of transference?

To answer the proposed question, it was necessary to delimit what transference is and to apprehend, simultaneously, the concepts of unconscious and subject based in texts by Freud and Lacan, concepts that are essential to understanding transference<sup>(9-10,14-15)</sup>.

To articulate the psychoanalytic concepts proposed and the application of NP in the care of patients in psychical suffering, it was also necessary to identify the applicability of NP in psychiatric nursing care, and, to do so, we used a review of the literature<sup>(16)</sup> that deals with such application. Thus, it was possible to identify recurring topics in the NP developed in mental health to locate the transference points of insertion in a proposal of work that considers the subject of the unconscious.

### Data source, collection and organization

The data source was characterized by texts that delimit the concept of transference<sup>(9-10,15)</sup> and an integrative review of the literature about the concept of NP and its applicability in the psychiatric nursing care<sup>(16)</sup>.

### Study steps

The study was conducted in three steps: 1 – apprehension of the concept and technique of transference; 1 – reading of an integrative review of literature about the concept of NP and its applicability in psychiatric nursing care<sup>(16)</sup>; 3 – approaching of the apprehended concept of transference to the findings of the integrative review, which were: the NP as a method that promotes integral and autonomous care and that preserves the subject's particularity in all its phases and the nurse as therapeutic agent.

### Data analysis

Data analysis was developed through the reading technique used in psychoanalysis research: free association among signifiers<sup>(13)</sup>. From that reading, signifiers are taken as the transference and the nursing process in its steps.

## RESULT

### Transference

To understand the psychoanalytical concept of transference, it is necessary an explanation of the constitution of the subject process for psychoanalysis according to the field of language, which organizes the operation of the unconscious<sup>(6,17)</sup>.

To the operation of the unconscious, symbolic material elements are essential, engendered among themselves and articulated in a signifying chain<sup>(17)</sup>. Each signifier (S) is a sound-image attached to a concept, a signified (s). Thus, signifier and signified are united arbitrarily, forming a set that receives the name of linguistic signs<sup>(17)</sup>.

The Lacanian algorithm (S/s) takes the concept of linguistic sign, subverting it, so that the signifier is capitalized because it is prevalent in speech, the consequence of considering the supremacy of the signifier over the signified enables the subject to speak and that communication is a source of deception and ignorance, since the subject, when speaking, is not always aware of the signified that the signifier summons in their experience<sup>(17-18)</sup>. Therefore, it is through the supremacy of the signifier that the consideration that there is deception in every speech is explained<sup>(17-18)</sup>. Such consideration can favor the nurse as

apprentice of those deceits committed by the patient when talking about themselves. Those deceptions need to be "read", then, as unconscious formations that determine the ways of living and suffering, even when the subject is now aware of them.

Thus, speech is determined by the unconscious, even if it is not separated from a signified, such determination is apprehended through actions of the unconscious formation (joke, Freudian slip, symptom, lapse)<sup>(17-18)</sup>. For example, when summoning the linguistic sign "carteira" (which, in Portuguese, can mean "wallet" or "student desk"), its acoustic image—signifier—needs a signified that is apprehended by the context, that is, it holds money, or it is from the school environment. However, the arbitrariness delimited by the unconscious disregards the identification of context to recognize the signified, which results in the singularity of understanding a message by each subject involved in a relation<sup>(17-18)</sup>. Such singularity delimited as formations of the unconscious can be noticed in patients' speech when they talk about their lives, and something without sense is lodged in the discourse.

Thus, signifier and signified are articulated in the constitution of the subject of the unconscious, and for that we must consider the experiences lived and signified from the symbolic conception of the child and its entrance in the world of language, through stories told from generation to generation, plans for the child's future, and the name chosen by the parents<sup>(7-18)</sup>.

The Place called Other is where we find all the signifiers that are articulated in a chain, which we can understand, with repository, that the child will use those to name their experiences and sensations (fear, hunger and thirst)<sup>(6-7,10)</sup>. It is through language that the subjects recognize their existence and consequently name their psychical suffering.

Given this, the baby is organized by its relationship with the mother, who has the function of presenting the learned language as a chain of signifiers to her child, in a way that this is the only possibility of subjectivity<sup>(10)</sup>. However, in this relation between mother and child, there is a gap of sense, as the mother cannot name her child's experiences, demonstrating, thus, a space the child should consider as lack<sup>(7,10)</sup>. It is through this attempt to signify this gap between saying and feeling that the child will repeat the way of relating with others in its life<sup>(12)</sup>.

Such gap refers to a fundamental, guiding concept of the psychical organization of the subject, the lack, organized from the paternal metaphor, which breaks the dual relation between child and mother, separating them. It consists of the founding mark of the subject and is printed in the functioning logic of the unconscious, which will repeat itself through the signifier arrangement in every moment of life. Hence, signifiers structure and form human relations<sup>(10,17)</sup>. Consequently, it is possible to read the repetition by the therapeutic relation with the patient through transference<sup>(6,9,19)</sup>.

The dimension of desire is also inaugurated by the lack, so that the object of need (for example, milk) is transformed into object of desire<sup>(7,20)</sup>.

This has the effect of alienating the object of desire from the object of necessity, thus, the object children elect for their satisfaction, because it is alienated from necessity, will never fulfill their complete satisfaction and, by the gap between desire and necessity, it moves the repetition in search of an object of

satisfaction that will not be reached, and moves the subject to a repetition that updates their unconscious logic<sup>(7,10,20)</sup>.

In this sense, the plane of demand is also inaugurated, situated between the field of desire and necessity, and it causes all human requests to be signified by language, and it is in this plan that the subject directs to the Other (unconscious), asking for their love<sup>(20)</sup>.

Introducing transference puts into question the love characterized as a set of all manifestations of affect within human experience, which is established by words, in the speaking subject, situating the transference-love<sup>(15)</sup>.

Given this context, the functions of the plane of love are delimited, defining the lover as a subject of desire searching for what is missing, although they do not know what it is, and the beloved, who, faced with the lover, is the only one to has something, marking the subject's search for what is desired and lacking, that is, the missing object that needs to be found<sup>(19)</sup>.

Moreover, this love originates in ancient characteristics and reproduces childish reactions, constituting the fundamental character of state of love<sup>(19)</sup>. It is to this extent that the transference consists in the individual's own method of conducting his/her erotic life, always repeated, a result of the combined action of their innate disposition and of the influences received during the first years of life<sup>(9)</sup>.

Thus, the speaking subject expresses a speech that can interest the nurse because it brings the formations of the unconscious<sup>(6)</sup>. To encourage its opening when the transference is considered in a relation, the nurse must occupy the position of listener, making use of an appropriate technique, attention evenly suspended in face of what he/she listens<sup>(7,21)</sup>.

On the other hand, it is recommended that patients speak everything that comes to their mind, without selecting what to say, because it is from the "free association" that it is possible to capture the signifier chain, giving credit to the word the subject said<sup>(21)</sup>.

By considering the transference as repetition, the nurse can read the establishment of the connection of the patient with his/her figure to one of the psychical series or images of others with whom the inaugural relation (example: mother-child relation) that determined the matrix of repetition was established<sup>(9,15)</sup>.

Similarly, the transference is a fragment of the repetition of forgotten past, so that the patient does not remember what was suppressed; however, they express this past through repetition<sup>(9-10,19)</sup>. For example, the patient does not say he/she remembers that it was challenging and critical to be under his/her parents authority, although he/she will behave accordingly with the nurse.

The good news is that the nurse-patient relation established through transference uses repetitive actions as a content to be elaborated, in which the purpose is to allow the memory of the suppressed content, giving a new meaning to it. This therapeutic condition is possible when repetition is read as a demand for love<sup>(19,22)</sup>. Thus, the transference opens a field for nursing interventions, in which, through the therapeutic relation, the patient can learn new ways to respond to parents, located as organizing functions of the signifier repository that offers answers to the subject's life<sup>(19)</sup>.

## DISCUSSION

### The transference as guiding of the nursing process in psychiatric nursing care

It is important to mark the description of NP, currently developed in psychiatric nursing care, so that it is possible to start a dialogue that will favor the creation of a guiding practice through transference relationship.

The Nursing Process (NP) consists of an instrument that provides a systematic guide to developing a way of thinking that orientates the clinical judgments necessary for nursing care, and is divided into five steps, explored below<sup>(4,16,23-24)</sup>. The NP provides an assistance focused on the evaluation of the patient, which creates data to identify diagnoses, directs the goals to be traced and orients the selection of interventions most adequate to the patient's situation, and later an evaluation of the results achieved with the interventions is performed<sup>(16,23-24)</sup>.

The investigation consists of one of the NP steps performed to obtain data that can direct the patient's therapeutic by establishing the Nursing Data Collection<sup>(4,6,25)</sup>. It is in this moment that we can highlight the apprehension of the subject's elements through their speech, which will subsidize, then, the conduction of the treatment and, consequently, of the Singular Therapeutic Project (STP), allowing the psychiatric nurse to perform valid clinical judgments and to plan appropriate interventions with the patient<sup>(4,6,16,24-25)</sup>.

There is also the stage of diagnosis and, to develop it, nursing has adopted Classification Systems<sup>(3-4)</sup>. Similarly, with the psychiatric nursing care it is possible to name the patients' problems, their related factors, as well as signs and symptoms as a possibility of recognizing and identifying different answers to real or potential mental health problems<sup>(4)</sup>.

There is also the stage of the assistance plane in which the interventions to be developed are defined, and then a plane is elaborated that will systematically guide the therapeutic interventions, allowing it to reach the expected results<sup>(4,26)</sup>. This care planning is individualized regarding health problems, condition or necessities of the patient, and it is traced with their participation and, when possible, with the family<sup>(3-4,16)</sup>. To each diagnosis, the most adequate interventions are selected<sup>(4)</sup>.

The stage of implementing the care plan elaborated by psychiatric nurses consists in the performing a set of interventions formulated to prevent mental and physical disorders and to promote, maintain and restore health<sup>(4,25)</sup>.

The nursing consultation is the activity through which the nurse identifies the health necessities, can prescribe and implement nursing actions that help in promoting, preventing, protecting and recovery of the patient<sup>(4,6)</sup>. Then, the nursing consultation can be considered as a setting in which the nursing process steps are developed<sup>(4,16)</sup>.

The last stage of NP is evaluation and, considering that the nursing care is a dynamic and continuous process, it is necessary to collect and analyze new data to obtain other diagnoses and perform changes to the care plan. So, it is adequate that this evaluation occurs during the implementation of the interventions<sup>(4,26)</sup>. In this context, the NP documentation is important, as more detailed registers can improve the nurses' diagnoses judgment and ensure the quality of nursing care<sup>(27)</sup>.

In the post-reform context, for the practice of nursing clinic, the therapeutic relationship is implemented to establish care, which allows the opening of a relationship with the purpose of treating psychological suffering, and this includes the symptoms presented<sup>(3,5,8,24)</sup>. It is through this relationship, in which the nurse can listen to elements present in the patient's speech, including the subject in nursing actions<sup>(6-7,25)</sup>.

One can consider that the therapeutic relation between nurse and patient assists in implementing the psychiatric NP, contributing to the effective composition of the fundamentals of therapeutic planning<sup>(3-4,16,24)</sup>. The therapeutic relation proposed in this study considers the subject of the unconscious, the object of intervention is constituted by the signifiers they bring in their speech and are defined as formations of the unconscious<sup>(7,10,17)</sup>.

The NP is developed when the transference relation between nurse and patient is established, as long as there is a setting for the transference to act and to stand as a care possibility. Therefore, an articulation will be presented below between the concept of transference and the development of NP in psychiatric nursing.

The therapeutic relationship, in this theoretical perspective, becomes intersubjective, and allows the nurse to focus on the patient's speech, which, when read as a subject of the unconscious, is regarded as an effect of the signifier chain structured from its constitution<sup>(7-8,17,28)</sup>. Consequently, while exploring the significant, we take in consideration that the logic of the unconscious of this subject will be apprehended through their speech.

Moreover, this apprehension of speech collaborates with the planning of nursing interventions, and in this aspect the transference must be attributed to the subject and can manifest in any mode of affective relationship<sup>(6,8-9,19)</sup>.

Through the bias of transference, which consists in the repetition of psychical series founded during the subject's first years of life, the NP can be developed in the psychiatric nursing care<sup>(6,9)</sup>. So that the childish reactions can be directed to the nurse, allowing an indication of the patient's past and assisting in the way of treating this subject, facilitating the data collection and allowing to create a Nursing Data Collection<sup>(6,7-9)</sup>.

When assuming the patient care based on the conception of the subject of the unconscious, we read a request that consists of a demand of love<sup>(7,10,19)</sup>.

The subject, when approaching the nurse, situates himself as he demands, however, because it is something from the unconscious, he does not know it<sup>(19)</sup>. Therefore, in the nurse-patient relation, the subject will search for what is missing, which is their fundamental condition, and in this search articulates with their desire, then the outbreak of transference-love is configured as a demand that the patient makes to the nurse, and they carry within themselves the need of realization of an unknown desire, by remitting the gap that delimits the contours of the missing object and mobilizes the patient to search for it in the therapeutic relation<sup>(19)</sup>.

Thus, the desire carries to a near future what it sustains as an image of the past<sup>(10)</sup>. This shows that while performing the Nursing Data Collection it is possible to start to recognize how the subject was structured and what is being searched in the relation with the psychiatric nurse, so as to provide a direction to the care with the patient<sup>(6-7,12)</sup>.

This situation of approach can inaugurate a new possibility of therapeutic relation between subject and nurse, which will be

delimited by the following functions apprehended by transference: lover and beloved. The lover appears as subject of desire (patient), and the beloved as the one, in the context of this couple, who is the only one to have something, thus the psychiatric nurse is the one who at first can give something to the patient, situated in the place of beloved, which is, however, a mere deception, because de condition of love is "to give something you do not have"<sup>(10,19)</sup>.

Faced with the subject's demand for love to the nurse, it is necessary that the nurse do not answer. That is, the nurse should not provide their love to the patient, however, they should maintain a firm hold on the transference love treating it as a reproduction of what happens with the patient in other relations established in life and that are associated to the suffering. Such situation should be maintained by the nurse, who will then apprehend what goes back to the patient's unconscious origins and, consequently, will have subsidies for care planning<sup>(6,8-9,25)</sup>.

For example, one can recognize the demand of love made by Alcibiades to Socrates, who does not accept such love, thinking he had nothing of love in himself, assuring that he had nothing to offer him and denied his love. This movement becomes a metaphor for the position of analyst, here also suggested for the nurse, when such movement is considered in the perspective of the subject of the unconscious and situates it in the transference relationship. Therefore, through the denial of love, the patient will elaborate their objects of love investment and will remember what makes them suffer<sup>(9,19,22)</sup>.

In the moment the transference relationship is established, the nurse does not know yet which demands the subject brings, as it is something from the unconscious and hidden, repressed, so that it can only be revealed in the speech, when the formations of the unconscious appear, which can be identified by the transference action, so the nurse should provide means for the word to be spoken, to circulate and to be present in the speech<sup>(6,10)</sup>.

Thus, in the Nursing Data Collection the transference function is identified, and it is established from the patient-nurse relation, characterized by a knowing about the articulated symptom and the demand to get rid of it. Therefore, the configuration of the History from the identification of the transference function is articulated with the diagnosis, because it is an identification of the repetition of psychical series of the subject in the relational context, constituting the mode of referral that the subject has when responding by their position in the world and in relationships established in life, and we call this symptom<sup>(10,19,29)</sup>.

Such way of referral is traversed by meanings that are converted into physical symptoms, which leads to consider a mental reading as a symptom of the body, that can be identified by signs and symptoms the nurse will recognize through applying NP in the treatment of the patient with psychological suffering<sup>(6,29)</sup>. Then, the symptom understood as a formation of the unconscious is attached to the ways of suffering and is identified through the nursing diagnosis, opening the possibility of intervention in the nurse-patient relation, in order to modify it.

In the subject's dimension, such way of referral in erotic life is related to the unconscious, which is unknown to the subject, as it has a content articulated by the signifier logic of the psychical structure of each one. Therefore, such consideration results in the impossibility to establish a diagnosis that will serve to more than one person, which justifies the singular care<sup>(6-7,12)</sup>.

During the nursing process, the intervention is focused on speech, contextualized by transference, as a possibility of elaborating the discomfort the subject carries, but has difficulty in finding, as it is articulated in a signifier series, that it, is determined by its unconscious structure<sup>(10,18,21,28)</sup>. In this way, the care plan will be based in the elaboration of the symptom taken as an unconscious formation, which is expressed in the patient's speech and is characterized as something that always goes back to the same place, that is, it is repeated<sup>(6-8,12)</sup>.

It is important that, during the nursing consultations, the nurse is supported by the theoretical referential that will guide him/her in developing the relationship. This way, when the patients' demand appears, the nurse will be able to interrogate it, articulating it to the affect the patient expresses as an indication of the knowledge they have about their life condition.

Thus, the implementation of care plans is also favored by the transference, as it enables the patients to talk and elaborate their symptoms, allowing the nurse to indicate the points of condensation and displacement between affect and language so the patients can continue its elaboration. For this purpose, the nurse must not answer the demand, but, as said above, interrogate it<sup>(19)</sup>.

When the nurse does not respond the demand of love the patients directs towards them, in the context of the transference relationship, the patients' unconscious is kept open, which allows it to create new signifiers that will re-signify their psychological suffering and to relocate the subject to inaugurate new ways of facing their suffering<sup>(19,29-30)</sup>.

The evaluation is also benefited by the transference perspective and by the development of new forms of coping. The development is characterized by the symbolization of what constitutes the symptom. From the symptom symbolization, it acquires function of signifier and receive the value of enigma to the subject and becomes open to interpretation, so the symptomatic manifestation can be questioned, interrogated, and permeates the subject's treatment<sup>(6,10,22,27,30-31)</sup>.

### Study limitations

Because it is a nursing care based on the reading of the relation nurse-patient through transference, the professional must have conditions to recognize the repetition that determines the transference relationship in clinical practice. This is a theoretical study, so it does not illustrate what are the highlights than can be read from transference in a therapeutic relationship, and, for this, it is important to proceed with the development of clinical studies.

### Contributions to the nursing field

The understanding of transference contributes to the application of NP in the care of psychiatric patients with a proposal of nurses' positioning as therapeutic agent from the apprehension of transference love. Such position can allow the patients to explore the signifiers, to identify the repetition of what sayings and acts that comes from the unconscious contents of the subject during the nursing care. What enables the nurse to recognize how the subject was structured and the way they direct their demand of love, which establishes the interface between this concept and the nursing data collection.

One of the implications for the practice of NP highlighted in this study was the possibility of articulation between the

transference function and the nursing diagnosis, which promoted the capture of subsidies to care planning and implementation. In other words, this articulation places the nurse as the one that must not attend the demand for love from the patient, from the transference relationship, which makes the nurse endure the repetition resulted from unrequited love, but it is also this professional to make the repetition score in the context of the relationship materialized by the patient's speech.

So, care is intended to give the patient the symptom symbolization, which can drive the interventions for achieving of results, and which has as horizon the tessitura of new signifiers that allow the inauguration of a new position of the subject in face of his/her suffering, which can characterize the evaluation.

It should be noted that, in practical terms, a difficulty to apply NP from the transference relation, which referential is based on psychoanalysis, is characterized by the challenge of the nurse of establishing the reading of signifiers and recognize the repetition. Such difficulties can be overcoming through the nurse's theoretical investment and through the development of his/her own self-knowledge, passing by the experience of analysis.

### FINAL CONSIDERATIONS

The transference is a fundamental concept as the therapeutic relationship is highlighted, constructed from the conception of the subject of the unconscious. Because it puts into question the transference love, which comprises all manifestation of affection belonging to the human experience, structured by language and captured in the patient's speech.

It is then apprehended that, when the speech is highlighted as a means of excellence to de development of therapeutic relationship, in the context of nursing consultations, the recognition of the concept of transference by the nurse offers to the patient the condition of dictating the pace of the articulation among the signifiers. And, consequently, it temporizes the NP dynamically. Thus, it is with the patient that the pace of repetitions in progress, through transference, imply a perception of continuity, when the nurse is able to deny the request of love.

### ERRATUM

Article "Contribution of transference to the psychiatric nursing process, with number of DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0640>, published in the journal *Revista Brasileira de Enfermagem*, v71(suppl 5):2161-2168, on page 2161:

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