

PSYCHOLOGIST-USER DISCURSIVE PRACTICES IN THE QUOTIDIAN OF A CRAS¹

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ABSTRACT. The aim of this study was to understand the psychologist-user discursive practices in the quotidian of a basic social protection service of the Brazilian Unified Social Welfare System. In order to do so, the observation of the quotidian of a Social Welfare Referral Center was carried out. The field notes were analyzed from the social constructionist theoretical-methodological proposal of making meaning analysis. The meanings about the psychologist-users relationship implied in these practices were discussed in terms of the games of positioning that they implied and of the social discourses that ran through them. The dispute of understandings regarding action plans between professional and user and the influence of discourses of moral judgment and individual responsabilization were highlighted in this process, as were the effects of the professional's place as a specialist, the difficulty of thinking about strategies with a group, collective and community focus and the effects of a psychologizing view regarding the user.

Keywords: CRAS/SUAS; intervention of the psychologist; social constructionism.

PRÁTICAS DISCURSIVAS ENTRE PSICÓLOGA/O E USUÁRIA/O NO COTIDIANO DE UM CRAS

RESUMO. O objetivo desta pesquisa foi o de compreender as práticas discursivas entre psicóloga/o e usuária/o no cotidiano de um serviço de proteção social básica do Sistema Único de Assistência Social no Brasil. Para tanto, foi observado o cotidiano de um Centro de Referência em Assistência Social. O registro em diário de campo foi analisado a partir da proposta teórico-metodológica construcionista social de análise de práticas discursivas e produção de sentidos. Os sentidos sobre relacionamento psicólogo/a-usuários/as nessas práticas foram discutidos em termos dos jogos de posicionamentos que implicavam e dos discursos sociais que os atravessavam. Destacaram-se a disputa de entendimentos entre profissional e usuária/o sobre possíveis planos de ação, a influência de discursos de julgamento moral e responsabilização individual nesse processo, os efeitos do lugar da/o profissional como especialista, a dificuldade de se pensar estratégias com o foco grupal, coletivo e comunitário e os efeitos de um olhar psicologizante sobre a/o usuária/o.

Palavras-chave: CRAS/SUAS; intervenção do psicólogo; construcionismo social.

¹ Support and funding: Fundação de Amparo à Pesquisa do Estado de São Paulo – FAPESP. Número do processo: 2015/08224-0

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PRÁCTICAS DISCURSIVAS DE PSICÓLOGO-USUARIO EM EL COTIDIANO DE UN CRAS

RESUMEN. El objetivo de esta investigación fue el de comprender las prácticas discursivas de psicólogo y usuario en el cotidiano de un servicio de protección social básica del Sistema Único de Asistencia Social en Brasil. Para ello, se realizó la observación en el cotidiano de un Centro de Referencia en Asistencia Social. Se analizó el registro en diario de campo a partir de la propuesta teórico-metodológica construccionista social de análisis de producción de sentidos. Los sentidos sobre relación psicólogo-usuarios en esas prácticas fueron discutidos en términos de los juegos de posicionamientos que implicaban y de los discursos sociales que los atravesaban. Se destacaron la disputa de entendimientos entre profesional y usuario sobre los planes de acción, la influencia de discursos de juicio moral y responsabilización individual en ese proceso, los efectos del lugar del profesional como especialista, la dificultad de pensar estrategias con el objeto el foco grupal, colectivo y comunitario y los efectos de una mirada psicologizante sobre el usuario.

Palabras clave: CRAS / SUAS; intervención del psicólogo; construccionismo social.

Introduction

The Unified Social Welfare System (Sistema Único de Assistência Social - SUAS) was an achievement derived from the 1988 Brazilian federal constitution, in which a scenario of philanthropic and welfare actions became a universal guarantee of social security rights from the state. Thus, social welfare will be considered in terms of public policies and the SUAS, implemented from 2005 in the country, being organized in levels of social protection, with the first level being basic social protection. At this level, there is the provision of assistance to prevent situations of risk arising from situations of social vulnerability and poverty, as well as actions to strengthen family and community links. This provision of assistance is carried out by teams of professionals from the Social Welfare Referral Centers (Centros de Referência de Assistência Social - CRAS).

Since 2005, psychologists have become members of the CRAS teams and in 2011 this professional became one of the mandatory members of these teams. From searching the scientific literature produced in Brazil in recent years, it is possible to identify different meanings about what is expected of the relationship between the psychologist and the CRAS user.

Ximenes, Paula and Barros (2009) understand that this relationship must be marked by the joint construction of meanings, it must approach the affectivity of the person assisted in his/her ethical-political dimensions and it must be a space for the development of potentialities. Teixeira (2010) argues that this relationship should not be a place for the normalization of people, but for the empowerment, promotion of autonomy and protagonism of the users. Senra and Guzzo (2012) emphasize that the psychologist, in this relationship, should not naturalize the psychological phenomena and should look at the concrete conditions of life of the population. Trein, Tittoni and Prudente (2013) comprehend that the psychologists should question the use of instruments of knowledge-power over the families,

problematizing the position of the user as vulnerable as the only means of receiving assistance.

Oliveira and Heckert (2013) warn that this relationship should not be marked by the reproduction of devices of control over the population. Pereira and Guareschi (2014) are critical of the psychologist that positions the user as resistant to change. Macêdo, Alberto, Santos, Souza and Oliveira (2015b) state that professionals should talk to the users according to the requests that they bring to the conversations and not through the reading of their needs from psychological theories. Macêdo, Pessoa and Alberto (2015a) understand that the psychologist should carry out attentive and differentiated listening, seeking the history of the users as the subjects in their multiple contexts of relationships. Pereira and Guareschi (2016) emphasize the need for the psychologist not to blame the users for their conditions of difficulty and to look at them in their multiple social relationships and roles, questioning how their form of practice can obstruct the adherence of the users and having a flexible understanding of what constitutes a family. Costa and Alberto (2017) understand that this relationship should not reproduce assistencialist and deterministic discourses. Andrade and Morais (2017) emphasize the importance of empathic and welcoming listening by the professional.

The challenges faced by psychologists in their work in these services include the implementation of these ideals for a good psychologist-SUAS user relationship. Costa and Alberto (2017) identified models of traditional clinical care in the CRAS and perceived psychologists reproducing the discourse of the unstructured family, with a moralistic attitude and the defense of assistencialist discourses. They discussed these difficulties due to the lack training in the graduation course and the professional qualification of these psychologists to work with people living in poverty and collective and community interventions in public policies.

In their study, Pereira and Guareschi (2017), when listening to psychologists blaming families for their situation of social vulnerability and identifying individualistic and normative practices of psychological care, also emphasized the issue of training in Psychology as a significant element for this way of relating to the user. Macêdo et al. (2015b) noted that even when psychologists had been working longer in the CRAS, they still faced difficulties regarding how to act. Romagnoli (2016) mentioned the psychologists' reports of the great overload of work, with their quotidian more marked by responding to emergency situations and goals to be fulfilled and not by planning continuous actions, which would allow other types of relationship with the population. These and other macropolitical elements, that the author mentioned, would make the psychological practice difficult in this context. These are "[...] disempowerment mechanisms, which often obstruct more active ways of working. This policy that is well formulated in the documents, encounters challenges and weaknesses in its execution, which makes the work difficult" (Romagnoli, 2016, p. 155). The author also mentioned difficulties with the implementation of the work methodology proposed by the SUAS regulations. The Conselho Federal de Psicologia (2016) recognizes the limits for the performance of the psychologist in the CRAS, especially those related to the lack of democratic management of the service, the institutional bureaucratization of the work of the psychologist, and the precariousness of the work and a contemporary scenario of deconstitutionalization of the rights of workers.

To understand how these and other challenges, such as the lack of theoretical-methodological foundations, inadequate structural conditions for the work, precarious working contracts, political pressure and bureaucratization of the work (Costa & Alberto, 2017; Macedo & Dimenstein, 2012), circumscribe the possibilities for interactions between

the psychologist and users in the CRAS allows the problematization of the extent to which this micro-relational space can allow openings and resistances to forms of relationship that are far from what is expected from the performance of this professional in this context. Most of the studies to date have interviewed professionals about their practice in the CRAS and their relationships with the users ((Macedo & Dimenstein, 2009; Pereira & Guareschi, 2014; Pereira & Guareschi, 2016). In the present study, the possibility of directly accompanying the moments of psychologist-user interaction in the daily routine of a basic social protection service was perceived, perceiving the materialities and sociabilities that run through them, the power relations that surround them and the macrosocial circumscribers that compress them. Therefore, our aim in this study was to comprehend the psychologist-user discursive practices in the quotidian of a basic social protection service, the CRAS, in the Brazilian SUAS.

Method

In the social constructionist research proposal, used in this work, we understand the study of discursive practices as a way of analyzing making meanings. Discourse practices are an “[...] expression used to demarcate and distinguish the focus of interest from studies on the role of language in the social interaction” (Spink, Brigagão, Nascimento, & Cordeiro 2014, p. 327). Meanings are understood here as “[...] a collective undertaking through which people, in the dynamics of historically dated and localized social relations, construct the terms from which they comprehend and position themselves in everyday situations” (Spink et al., 2014, p. 329).

In this study, it was sought to understand, from the discursive practices of the field notes, the different meanings about the psychologist-user relationship in the quotidian interactions of a CRAS. For this, we used the theoretical-methodological proposal of Spink et al. (2014) that analyzes the temporality of making meanings. Social discourses that run through the construction of a particular meaning are analyzed in the so-called Long Time. The interpretive repertoires used by people to construct meanings are analyzed in the Lived Time. In the so-called Short Time, it is possible to analyze the way the microcosm of the conversation, taking into account the social positions of each of its interlocutors, allows specific meaning constructions.

In the social constructionist proposal, observation is ‘in the’ quotidian, not ‘of the’ quotidian, as Cardona, Cordeiro and Brasilino (2014) highlighted, understanding participant observation as a social, dialogic and reflexive practice, as the strategy privileged for the study of complex scenarios and as an uncontrolled method, involving the active collaboration of the researcher in the production of the registered material. Moving away from a more positivist notion in science, to observe is taken as a possibility of ‘compromised coexistence’ and the scientific rigor of this method starts to articulate with the visibility that the researcher gives to the making meaning process in this coexistence. Systematization and control give rise to fluidity and complexity in the production of records that are useful from a critical reading of the situation studied.

Over six months, in the second half of 2015, 20 weekly visits, one morning each, were made to a CRAS in a city of the Brazilian state of São Paulo for participant observation in the quotidian of the work of the psychologist in this service. The team included five social workers, one of them the coordinator of the service, and one psychologist, all with public work contracts, as well as reception and cleaning staff. The psychologist had been in the service for approximately one year and worked 20 hours a week. The observations were

recorded as field notes. The lack of organization in the city of a registration center to evaluate the receipt of material and financial benefits from the CRAS made the whole team focus on the function of attending the population to complete and update the register. The remaining time was directed toward emergency requirements and home visits for families in situations of noncompliance with the conditions of the *Bolsa Família* Program, the main benefit for providing funds to people in need. According to the psychologist, overwork at that time prevented group activities in the service.

The study was approved by the Social Welfare Department of the city and the Ethics Committee of the (data omitted for peer review), under CAE number (data omitted for peer review). The recording of the observations was authorized by the professionals and by the users through the signing of a consent form. The real names of these people were omitted from this work, as were details about the service studied in order to maintain the anonymity of the participants.

The narrative construction regarding the analyzed material used extracts of four fragments of the field notes (here called 'Interactions'), discussed in articulation with the literature of the area. Taking this scenario into account, the analysis extract sought to prioritize interactional moments in which greater interactional richness and different games of psychologist-user positioning could be visualized, as well as different meanings regarding this relationship. The use of the first person singular in the presentation of the results of this study refers to the voice of the researcher, author of the field notes and also author of this article.

Results and discussion

The first interaction selected refers to the consultation of Liliana, a former homeless person and drug user, aged 40 years, with four children, the youngest being four years of age. The psychologist was called Angelica.

Interaction 1 - "They will not let me free myself"

"On this day of going to the CRAS, there was the consultation of a user that Angelica pointed out to me as one of the most challenging cases she followed. Liliana lived in the shanty town and did not like to live there, because the children were in contact with 'bad people' [SIC]. Liliana started the conversation saying that she would take all the children and move to (name of the city), because there were some family members who she had not had contact with for years. It seemed to me that there was a clash of perspectives regarding Liliana's future, as Angelica had recently participated in a case conference with professionals from the social welfare network and public defender of the city regarding Liliana's family, in which these professionals thought differently about what Liliana should do. I understood that the main issues involved the fact that Liliana's children had already been in care and the question of a water bills debt that was unpaid by Liliana, who would have to go to court. In the conference, it was decided that Liliana could negotiate this debt and gradually pay it off, without having to move. In addition, the good bond Liliana had with the children and her attempt to be a good caregiver was talked about. According to the professionals, the children were so afraid of being put into care again that they pretended to go to school and went home or stayed in the street. Liliana said that the neighbors who denounced her were liars, that she was not using cocaine, but that she drank. Watching Liliana speak, I found her beautiful, intelligent and funny. She knew she could only rely on the professionals up to a certain point, since they could decide about taking her children back into care. She spoke very angrily about the intervention of one of the professional teams that took care of her family, which was following all her steps. It was at the health unit that she went to take the child who had stomach pains and they were asking the children if the mother had beaten them. Angelica continued the conversation going against Liliana moving to another city and telling her that this debt would follow her anywhere, that she could not work there with a bad credit reference, and asking her

how she would go with the children without even knowing if she would have anywhere to sleep. At the same time, Liliana was talking about her plan of action, which to me did not seem meaningless. Liliana had got a property, and she was thinking of renting the property or selling it to go to the other city. She was worried about continuing to live in the community she was in because of the risks of one of the older children becoming involved in crime and she understood that her relatives in the other city could protect her children should something happen to her. The conversation followed with both Liliana and Angelica defending what they understood would be the best thing to do. In the end, they agreed to meet the following week. After this consultation, Liliana told me that she had a good relationship with Angelica and that she was very honest with Angelica about her intentions, which allowed for a frank conversation in terms of opinions on both sides” (authors emphasis).

In the positioning games of this conversation, we have the place of target of the professional interventions, occupied by Liliana, and the place of specialist that decides about the life. The voices of the professionals of the social-assistance network were externalized in the conversation by Angelica. I, the researcher, occupy the place of the outsider, the academic who has the privilege of being able to think of alternatives for the interaction, since I do not experience the quotidian of the CRAS as Angelica experiences it and I do not suffer the influence of the macro policies of this service as Romagnoli (2016) reminds us. From this place, I see the interaction of Liliana and Angelica as a dispute of understandings. The understanding of the situation by the professionals, whose voices are brought into the conversation by Angelica, seems to be based on some social discourses that mark a specific identity understanding of Liliana. The scientific discourse about people who use psychoactive substances refers to the fact that they are people who do not have control over this use, the very notion of addiction invites us to look with suspicion on a Liliana who, although not using cocaine, admits using other drugs. These discourses invite us to doubt the possibility of Liliana’s personal agency in the implementation of her plans, which highlights the need for other people to take the place of decision for her, in this case the professionals.

Not only because of the history of drug use, but because of the legitimacy of a specific way of relating in the context of professional care in our society, the professional is expected to be the expert regarding the other. Their access to a university, consecrated as the *locus* of better and more accurate knowledge about the world, ends up authorizing them in this place of knowing about others. Also because of this privilege of seeing the problem and decision issues, Liliana was not invited to participate in the conversations about her life in the case conference carried out by the network. The possibility of action plans being a joint production in the CRAS, an aspect sought so much by the PAIF policies (Ministério do Desenvolvimento Social e Combate à Fome, 2012), is limited by the discourse of autonomy in mental health and the meanings of the professional-user relationship produced are of a vertical relationship and a relationship of an expert about others. Guareschi, Lara and Adegas (2010) discuss, from the Foucauldian theories, to what extent social welfare institutions, like many others, often function in a logic of ‘governing’ people, transforming them into ‘intelligible bodies’ by reading their behaviors from the knowledge produced by the scientific disciplines.

Another meaning that is present in this interaction is that of the psychologist-user relationship as a space of persuasion, of trying to convince the user about possible ways of life that are more adequate. Here it is important to bear in mind that dealing with situations of vulnerability may require the provision of modes of action that may be relevant to people with little access to information about rights and possibilities of action. However, this provision may occur in a conversational model in which there is the privilege of listening to the user. As Cardoso (2017, p. 67) mentions, what will be taken as important for the service

user's life must be a “[...] collective construction shared by conversation [...]” and the resolution of a conflict must be seen from the notion of shared responsibility. To understand more about the reasons that made Liliana think about moving city and to understand her feelings about care for the children could be a facilitating element for the professional-user partnership in this dilemma.

Silva and Carvalhaes (2016) reinforce the critique of this disciplinary and normative character of the institutions, showing the role of the notion of ‘truth’ in this context. The possibility of the professional positioning herself as an expert regarding the other, in the case of Liliana, comes from the questioning of the normality of her behaviors, from the ethical fear of not letting her children be exposed to real dangers, from the doubt about Liliana’s ability to take decisions, based on a specific understanding of what good decisions are and what good mothering is, and from the mistrust of what she says in the conversation. From these elements, which can generate great insecurity in the psychologist, psychological theories can offer a sense of safe harbor. An alternative way to achieve this security is highlighted by the authors mentioned above, from the positioning of the user as inserted in the “[...] discursive game as a constructor of truths [...]” (Silva & Carvalhaes, 2016, p. 252), in a non-hierarchical relationship.

From a social constructionist perspective of communication, dialogue is synonymous with opening space for the tension of the multiple truths about the world, legitimized in their coherence, not by comparison among themselves, but by the discursive communities that sustain them. Liliana and Angelica arrived in this conversation starting from distinct social histories and occupied social places in the conversation that allowed specific power games. Remaining attentive to these circumscribers by opening up more space for the user’s logic in this negotiation of meanings, as indicated by Ximenes et al. (2009), would help even in the construction of the adherence of these people to practices proposed by the CRAS. Liliana did not return for the consultation scheduled for the following week.

Interaction 2 - “I do not do therapy, I would, but it is not done here”

“Today the door to the psychologist’s office is open because she is alone in the house and from afar, she takes care of the front door of the reception. Dona Gloria arrives at the service and approaches Angelica about her willingness to have psychotherapeutic monitoring. To which Angelica responds: ‘Unfortunately I do not do therapy, I would, but it is not done here’. Dona Gloria: ‘I feel like talking to someone’. Angelica: ‘There is the University Psychology clinic (name of the University) that you can go to. If you need to come here on Thursdays, I’m here. There is also the question of manual work. Would you like to do this?’ Dona Gloria: ‘I’d like to, but I have pain in my hands. Such a lot of pain, could it be the death pain?’. Angelica asked Dona Gloria to wait a little while and soon she’ll call her to talk. In the waiting room she and I talked. She tells me that there has not been a doctor in the health center for months because there is a lot of gun fire and they do not want to work there, but she is in great pain and wants to do examinations. Our conversation turns to Dona Gloria’s past, and she tells me about the dances there in the south, her native land, about the ‘beautiful ‘bombacha’ men (typical clothing from the southern region of the country)’. She says that there was no depression there, that she knew people and spoke to many people who explained to her ‘things of life’. She said that with the change of city ‘she left one place for the other and made no friends’. She said she knows other women who travel with groups of older people, but she does not have money and does not know any of those groups. She says that in the CRAS there is a need for someone ‘to start doing’ groups. I ask if this person could not be her, if she could invite other women who also came from other cities, or who are alone and organize a ‘gaucho’ dance. She is surprised at the idea, her eyes shine, she straighten her body in the chair and begins to think how she could do it. Angelica calls Dona Gloria and I enter the room to follow the conversation. Dona Gloria talks about the lack of a doctor in the health center. The psychologist says that it would be important for her to go to the Public Prosecutor’s Office to report this. Dona Gloria says it’s no use going on the TV or anywhere on her own. She says that the girl from the health center told her to go to the social welfare to complain about this, but the psychologist says:’

And what will the social welfare do?'. And continues: 'Now let's see about the card for you to catch the bus. How much is your electricity bill each month? How much is the gas? How long does the gas last?'. Amid the questions of the psychologist, Dona Gloria says: 'I'm taking antidepressants. I've been depressed ever since I stopped working. I want to go home (to the South), but my kids do not want me to. The psychologist does not enter into this conversation. Soon the psychologist finishes filling the form and the conversation ends. Dona Gloria is gone and I have not seen her in the weeks and months that followed" (authors emphasis).

The meaning of the psychologist-user relationship as not being a space for the performance of psychotherapy seemed to restrain the professional from listening to the emotional difficulties experienced by Dona Gloria. Angelica was in dialogue with the SUAS regulations that affirm that the psychologist's practice in basic social protection should not be traditionally clinical, due to the risk of reducing situations of social inequality to individual issues, of losing the view of the potential of collective actions to deal with the suffering derived from the vulnerabilities experienced by the people, due to the intention that the work has a preventive character and due to the rejection of a care model focused on a diagnostic, psychopathological and curative logic (Pereira & Guareschi, 2017).

Barros (2014) highlighted the great confusion generated by this issue of psychologists knowing that they should not perform psychotherapy in the CRAS, however, at the same time, recognizing in this practice that which guarantees their professional identity in this service. In the study of Barros, a psychologist stated: "I had not seen this thing of poverty (in the university)" (2014, p. 162), another stated: "I feel like a *bandeirante*, a pioneer". These repertoires seem to be part of Angelica's claim that she would like to offer psychotherapy, but that 'unfortunately' could not. Her training was also directed toward the clinical practice with a deepening of the psychoanalytic theories, an approach that predominated the training of many of the psychologists who entered the CRAS in the first years of implementation of this service (Oliveira, Dantas, Solon, & Amorim, 2011).

The discourse of criticism of the clinical practice in the CRAS participates in the difficulty of understanding the role of the psychologist in this context. Without other theoretical-methodological perspectives for this work, Dona Gloria's referral for psychotherapy is the only possible action. In my conversation with Dona Gloria, my contributions started from the valorization of group strategies as a way of responding to the isolation that she highlighted. I was also dialoging with the social constructionist discourses of positioning the user as a specialist, as a partner in the production of the practices proposed by the CRAS, by valorizing the effects of empowering the user in the place of co-coordinator of these practices. A Dona Gloria that organizes groups of older people is very different from a depressive Dona Gloria with 'death pains'. From the social constructionist perspective, this repositioning of the user is not proposed in a naive way, with the games of power and specialties involved in this participation being considered. However, there is the investment in strategies of adherence of the people to the services from the reconfiguration of their place as co-responsible for the decisions taken and for putting them into practice.

Ximenes et al. (2009) see the psychologists in the CRAS as organizers of community groups and strategies, with their work focused on the interactional processes and their socio-cultural aspects, with their space of action being the spaces of community coexistence. Focusing on interactive networks would prevent a reductionist and psychologizing view of the people, with the emotional suffering thus seen in its ethical and political aspects. It is the problematization of the difficulties faced by the residents from actions together with them, as emphasized by the authors, and not just the recommendation that Dona Gloria seek the Public Prosecutor's Office, something that individualizes the response to the difficulty and

increases the disbelief of the population in the social control that can possibly be carried out by the users.

Some actions suggested by the authors to achieve greater social transformation are the expansion of spaces and public events for the population, promoting greater socialization, community development projects, support networks, and fostering exchanges of experiences. To do this, the psychologists should know the area and the resources that already exist, have informal conversations with the community and propose their practices from the context. The authors stress that they comprehend that the psychologist's action alone does not modify social structures, however, this position favors initiatives to combat the difficulties faced.

Interaction 3 - "I have to be honest with you"

"Angelica called Talita for the consultation that had been previously scheduled. Her little son stayed in the reception with a lady who accompanied her and Talita entered the room with a baby in her arms. Talita started the conversation by asking about her 'Bolsa Família' benefit that was blocked for no reason. Angelica said: 'I have to be honest with you. My baby was sick and I have been off work, I came back and I still have not entered your appeal (to unblock the benefit)'. 'I didn't know', Talita replied and began to say that she was very worried about her family's situation of having to take in the lady in the waiting room and her children. This lady, who she knew from her Church, had come from another city, running away from her abusive husband and brought her five children. And now Talita's family needed to support everyone. Angelica replied that it was important for Talita to be concerned first with her own family: 'Do not stop giving food to your children. She was the one who was irresponsible'. Talita continued her story: 'Tomorrow my daughter will have an operation on her leg, put pins in, and then have chemotherapy. I'm going to stay with her in the hospital for 15 days. How is it going to be? Her children are full of lice, which even fall on the ground'. Angelica: 'So it is not your responsibility to take care of another family. You cannot work and they stay at home doing nothing. There are people who collect garbage, do anything, I do not even like to say it, but its true'. Talita asked: 'Can't I ask for a food hamper Angelica?', To which Angelica replied: 'The city does not have any food hampers. The city did not apply for a grant to buy them'" (authors emphasis).

What drew most attention in this interaction was the game of responsabilization present in the conversation. Talita wanted to know about correcting the error in cutting off her *Bolsa Família* benefit, and from the position of professional, it was Angelica who had the power to act in relation to that error. However, from the position of mother who had to be away from work to care for her sick child, Angelica justified not having fulfilled this responsibility. Personal difficulties served to justify Angelica's difficulty, but not to justify the Talita's friend's difficulty to feed her own children.

The moral discourse of individual responsabilization for the situation of social vulnerability was triggered by Angelica, who stated that it was the friend's responsibility, and not Talita's, to deal with the situation and with the use of this discourse Talita had her initiative of welcoming the family condemned. Angelica, however, did not respond to her professional position and the municipality also failed to fulfill its responsibility to apply for grants for basic food hampers. The meaning for the psychologist-user relationship was that of the space of deresponsibilization of Talita in relation to taking in people outside her family. Talita's action can be read as a solidarity action typical of community life, an aspect valued by SUAS policies.

The discourse of individual responsibility for overcoming poverty was also used by Angelica when saying that Talita's friend should not stay at home, but go and look for work, something she "[...] could not be talking about [...]", perhaps due to perceiving the moral judgment present in this speech. Trein et al. (2013, p. 59) draw attention to how social welfare policies respond to the liberal discourse that wishes "[...] to produce self-managing

subjects". The notion of autonomy derived from this understanding is criticized by the authors, since it embeds the idea of a "[...] subject producing his/her own satisfaction" (p. 59), deresponsibilizing the state and society for the social inequalities. Talita's friend was responsible for her situation and the psychologist, CRAS and city council left unharmed from the game of responsibility.

Interaction 4 - "Because what moves a person is education"

"I arrived in the morning at the service and there was a girl with a baby on her lap and a lady in the reception. Angelica was talking to a woman user with the door open, with the following dialogue: Angelica 'Did you finish high school? You could try for PRONATEC (professionalization program). Go and find out'. Marita: 'Yeah, I passed in 55th place (I did not hear where). It had more than 1000 people'. Angelica: 'Maybe you can get a job in what you've done before, it's better,' and added, 'Because what moves a person in life is education. You'll do it right and you'll enjoy it more as you'll be dealing with people. Do you have internet access? Because there is a website that has the PCI entrance exams [...] Have you thought about doing a public job examination? A technical course?'. The girl answered something about this not being a good time for all this, since she was with her young son. Angelica responded: 'You think when he's about 5 years old. But today while he's in daycare and you're not doing cleaning, you get to read Portuguese, Mathematics'. My attention is drawn to the amount of Angelica's guidance for the girl and I wonder if Angelica was directing the girl to do something that she wants to do herself and cannot, that was to study, her desire get training for herself, at the same time that she takes care of her young son" (authors emphasis).

The meaning of the psychologist-user relationship in this interaction is that of the space of guidance. The offer of guidance was rejected by Marita, who was focused on her role as caregiver of the child. The logic of guidance, in this relational scenario, bureaucratizes the conversation and prevents listening to the user's needs. In addition to running the risk of being an action to regulate and control the user's life, imposing hegemonic ways of life, as warned Santos, Heckert and Carvalho (2017).

The discourse of education as a value is socially legitimized, and professionalization can be an element for the empowerment of the users of the CRAS. However, as Trein et al. (2013, p. 56), warn, this discourse must be analyzed from its use to favor the neoliberal logic that understands those who do not work as "[...] unproductive and needy [...]" and those who work as "[...] productive subjects, qualified for the labor market [...]", preventing other ways of understanding the meaning of work in the lives of these people.

The risk of not problematizing the discursive practices of psychologists with users in their socially, historically and culturally constructed character is that, as Silva and Carvalhaes (2016) affirm, it is assumed that the people attended have the same world view as the professionals. Macedo and Dimenstein (2009) observed the repetition, in their interviews with psychologist workers of the CRAS, of the discourse of the need for qualification of the users, with indications to attend professionalizing courses, without questioning the real conditions of the local labor market. The psychologist-user relationship restricted to a space of guidance gives little opening for planned actions, articulated with other strategies to foster community engagement and with the positioning of the user as the producer of responses to the difficulties experienced.

Final considerations

In this study, focusing on the psychologist-user discursive practices from the observation of the quotidian of the CRAS, it was possible to dispute understandings about plans of action between professional and user, the influence of discourses of moral judgment and individual responsabilization in this process, the effects of the place of the professional

as a specialist, the difficulty of thinking about strategies with a group, collective and community focus and the effects of a psychologizing view of the user.

As Cordeiro (2018) points out, although the need for training psychologists for their work at CRAS is so endorsed, there is a lack of studies that focus on this topic. Motta and Scarparo (2013) defend that professional training encourages psychologists to create daily interventions that are sensitive to the dynamics of the context and in inter and transdisciplinary dialogue. Silva and Ribeiro (2019) explore the team's joint action at CRAS as a privileged locus for the training of the psychologist, valuing the production of knowledge in everyday professional relationships.

An important caveat must be made. While the focus on this relational microcosm, on one hand allows the analysis of a greater wealth of meanings and games of position, on the other hand, it fails to address the macrosocial aspects that participate in the making of these meanings. The greatest risk, with this focus, is to blame the psychologist for failing to respond to the ideas of the psychologist-CRAS user relationship advocated by the SUAS regulations and Psychology theorists without taking into account that she, too, had her performance affected by what Romagnoli (2016) calls macro policies, that is, the demands, organization and structure of the work to which the psychologist must respond.

The psychologist in this study worked in a decentralized unit of CRAS, where there were only two professionals in the morning in three periods of the week in a territory of approximately 500 families registered in social programs. Thus, this study did not aim to simplify a complex scenario in which the psychologist was still in the process of constructing her practice, existing with the doubts of her own team regarding what her function was in the service and overwhelmed by a demand that the social welfare department would need to be responsible for the registration of the users to receive benefits. She was also experiencing the difficulties of a lack of training in her graduation for work in this context of public policies, without training programmed to qualify her work and without the institutional safeguard to deal with emergency situations that came to her. The point here is to provoke reflection on what ways of coping with these challenges may be possible, which are not limited to the reproduction of modes of action that maintain the users as the target of the interventions of psychologists in the CRAS, but that promote the construction of partnerships between these users and professionals in order to face the challenges, to invest in the resources of the community to respond to the challenges and to mobilize these professionals in seeking the politicization and collectivization of their work demands.

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Received: Sep. 25, 2018

Approved: Jun. 05, 2020

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