REME • Rev Min Enferm. 2017;21:e-1015
DOI: 10.5935/1415-2762.20170025

RESEARCH

"WHAT HAS NO REMEDY AND WILL NEVER HAVE": A STUDY ON THE ABUSIVE USE OF BENZODIAZEPINE BY WOMEN

"O QUE NÃO TEM REMÉDIO NEM NUNCA TERÁ": UM ESTUDO A PARTIR DO USO ABUSIVO DE BENZODIAZEPÍNICO EM MULHER

"LO QUE NO TIENE REMEDIO NI NUNCA TENDRÁ": UN ESTUDIO A PARTIR DEL USO ABUSIVO DE BENZODIAZEPINAS EN MUJERES

Isabella Costa Martins [1]
Lia Carneiro Silveria [2]
Camila de Araújo Carrilho [3]
Alcivan Nunes Vieira [4]

[1] RN. PhD student in Clinical Care of Nursing and Health. State University of Ceará – UECE, Graduate Program in Clinical Care in Nursing and Health. Fortaleza, CE – Brazil.
[2] RN. PhD in Nursing. Full Professor. UECE, Graduate Program in Clinical Care in Nursing and Health. Fortaleza, CE – Brazil.
[3] RN. MS in Clinical Care in Nursing and Health. Professor. University Center of Catholic Quixadá – UNICATÓLICA. Quixadá, CE – Brazil.
[4] RN. PhD in Clinical Care in Nursing and Health. Full Professor. University of the State of Rio Grande do Norte – UERN, Nursing course. Mossoró, RN – Brazil.

Corresponding author: Isabella Costa Martins. E-mail: isabellacostamartins85@gmail.com
Submitted on: 2016/11/28 Approved on: 2017/06/20

ABSTRACT

Objective: to analyze, based on feminine singularity, the abuse of benzodiazepine drugs and the role of the nurse in the assistance of the psychic suffering. **Method:** case study referenced by research with psychoanalysis. Data were produced through interviews, followed by the construction of a metapsychological essay. **Results:** abusive use of benzodiazepines emerges as a naturalized phenomenon within health services and is, by the way, considered necessary for contemporary women. Psychological distress is related to personal and family conflicts, but its approach is structured around the use of the medication, disregarding the feminine singularity and the conditions in which it is produced. Thus, the drug does not only act chemically, but has symbolic and imaginary effects. Nurses dealing with the administration and control of prescriptions may at these times have an opportunity to listen to users about the place that this medicine occupies in their life. **Conclusion:** pharmacological treatment cannot be approached only in its chemical dimension, since it also carries a symbolic dimension for the subjects. These aspects can be contemplated in the nursing clinic, where the encounter between the nurse and the patient becomes a possible moment to establish a singularized listening. However, in order for the women to gain knowledge on what happens to them, it is necessary that the nurse get rid of the role of the person who holds the knowledge and be able to put himself/herself in the place of the person accompanying the other in his/her own symbolic construction.

Keywords: Abuse of Substances; Psychoanalysis; Nursing Care; Women's Health.

RESUMO

Objetivo: *analisar, a partir da singularidade feminina, o abuso de drogas benzodiazepínicas e o papel do enfermeiro na assistência do sofrimento psíquico.* ***Método:*** *estudo de caso referenciado pela pesquisa com psicanálise. Os dados foram produzidos por meio de entrevistas, seguidas da construção do ensaio metapsicológico.* ***Resultados:*** *o uso abusivo de benzodiazepínicos emerge como um fenômeno naturalizado no âmbito dos serviços de saúde, sendo, inclusive, considerado necessário para a mulher contemporânea. O sofrimento psíquico relaciona-se aos conflitos pessoais e familiares, mas sua abordagem encontra-se estruturada em torno do uso do medicamento, desconsiderando a singularidade feminina e as condições em que ele é produzido. Assim, o fármaco não age apenas quimicamente, mas que ele porta efeitos simbólicos e imaginários. O enfermeiro que lida com a administração e controle das prescrições pode ter nesses momentos uma oportunidade de escutar a usuária acerca do lugar que esse medicamento ocupa na sua vida.* ***Conclusão:*** *o tratamento farmacológico não pode ser abordado apenas em sua dimensão química, pois carreia para os sujeitos também uma dimensão simbólica. Esses aspectos podem ser contemplados na clínica de enfermagem, onde o encontro entre o enfermeiro e o paciente torna-se um momento possível para estabelecer uma escuta singularizada. Mas, para que a mulher possa elaborar um saber sobre o que lhe acontece, é necessário que o enfermeiro exima-se do lugar de quem detém o saber e possa se colocar no lugar de quem acompanha o outro na sua própria construção simbólica.*

Palavras-chave: *Abuso de Substâncias; Psicanálise; Cuidados de Enfermagem; Saúde da Mulher.*

How to cite this article:
Martins IC, Silveria LC, Carrilho CA, Vieira NA. "What has no remedy and will never have": a study on the abusive use of benzodiazepine by women. REME – Rev Min Enferm. 2017[cited _____ ___ ___];21:e-1015. Available from: _____ DOI: 10.5935/1415-2762.20170025

RESUMEN

Objetivo: *analizar, a partir de la singularidad femenina, el abuso de benzodiazepinas y el rol del enfermero en el sufrimiento psíquico de las usuarias.* ***Método:*** *estudio de caso en base a una investigación con psicoanálisis. Los datos fueron producidos por medio de entrevistas, seguidas de la construcción del ensayo metapsicológico.* ***Resultados:*** *el uso abusivo de benzodiazepinas surge como un fenómeno natural en el ámbito de los servicios de salud, siendo considerado necesario para la mujer contemporánea. El sufrimiento psíquico está vinculado con conflictos personales y familiares, pero se enfoca sobre todo en el uso del medicamento, desconsiderando la singularidad femenina y las condiciones en que se produce. El fármaco no sólo actúa químicamente, sino que también tiene efectos simbólicos e imaginarios. El enfermero que maneja y controla las recetas médicas puede aprovechar la oportunidad para escuchar a la usuaria sobre el lugar que dicho medicamento ocupa en su vida.* ***Conclusión:*** *el tratamiento farmacológico no puede ser enfocado sólo en su dimensión química, porque también tiene una dimensión simbólica. Estos aspectos pueden ser contemplados en la clínica de enfermería, donde el encuentro entre el enfermero y el paciente se convierte en el momento propicio para la escucha individual. Para que la mujer consiga elaborar lo que le sucede, el enfermero debe ponerse en el lugar de quien acompaña al otro en su propia construcción simbólica, dejando de lado el lugar del que tiene el conocimiento.*

Palabras clave*: Abuso de Sustancias; Psicoanálisis; Atención de Enfermería; Salud de la Mujer.*

INTRODUCTION

This study emerged from the experience of one of the authors who, over five years, developed clinical care for a large number of benzodiazepine users. This care included patients who had been using the drug for several years, as well as those who sought it because of situations of existential nature, such as mourning and marital separation. There is a heterogeneity of cases that culminated in a specific demand for the prescription of benzodiazepines.

The situation that we find in the clinic is consistent with what is presented in the specific literature on the subject. Several national and international studies have warned of the emergence of abusive use of benzodiazepine drugs as a public health problem on a global scale. This phenomenon can be seen both in the time of individual use, as well as in the number of people who currently misuse at least one drug in that pharmaceutical group.[1,2]

Strictly speaking, benzodiazepines should not be used for periods longer than four months, because after that period their anxiolytic effect and ability to act as a sleep inducer drops, and the side effects begin to appear, among them tolerance, dependence and abstinence. Abuse is thus settled, which can even be considered as a mode of chemical dependence.[3]

Besides prolonged use, benzodiazepine abuse is still characterized by imperative demand and insufficiently rigorous prescription, which ends up medicalizing the existence and any form of human suffering, such as personal and work conflicts, among others.[1,4] It has been also observed that, on the part of the professionals, there is an attempt to standardize and universalize the treatment to the detriment of the singularity that the demand assumes in the case of each person.[4,5]

Another specificity of the epidemiological picture is the prevalence among women, which is two to three fold higher than in men.[1,4] In Brazil, research shows that these rates are even higher among divorced or widowed women, low-income women and aged, on average, 60 to 69 years.[4,5]

Authors emphasize gender conception to explain the prevalence of benzodiazepine abuse among women, based on issues of social dynamics and power relations, in which there is a control of one gender over another or one social group over another.[1,4,5]

However, in addition to the particularities of gender, it is also important to discuss how these issues arise in the singularity of each case, from the subjective dimension that this phenomenon involves.

We find, however, health services that meet the demands of people seeking relief from psychic suffering with answers often based on a model where they are understood merely as biological and disease structures. Consequently, health care is centered in treatments based on chemicals (drugs) produced in pharmaceutical laboratories.

In this context, nursing has historically developed a practice also marked by the same disciplinary model of subjects and communities, in which nursing techniques were subordinated to the process of drug treatment and biologism. In view of the historical evolution of nursing care in health care facilities, changes in the care given to patients suffering from psychological distress has taken place, especially after the implementation of practices in psychosocial care services. Such changes have brought a great deal of benefits for mental health treatment, significantly contributing to the emergence of novel therapeutic modalities in Brazil.[2]

In this process, other fields of knowledge have come to support the nursing practice. However, these models have emerged with diversified and heterogeneous characteristics, but have rarely focused on singular subjects in relation to their desires. Other references have also been incorporated, so that a change in their role of vigilance in clinical practice can also be identified, towards a practice capable of directly participating in the care of patients with psychic suffering.[6]

Thinking about the reality of the analysis of the phenomenon of abusive use of benzodiazepine among women and the guarantee of the understanding of the subject in its singularity,

another perspective of approach was followed. Besides considering the subject as a singular being, the psychoanalytic discourse is marked by the introduction of the subject into the field of language and through the logic of the unconscious. For Freud, the unconscious is a necessary and legitimate hypothesis when it comes to approaching psychic life, since this is not fully explained by its conscious dimension.[7]

The unconscious, however, is not a mere chest where some forgotten memories are hidden. The Freudian discovery of the unconscious has in fact produced an understanding that has certain laws of functioning and contains a desire which the subject does not always know or want to know.[8]

Psychoanalysis started as clinical practice in the late nineteenth century, with the early studies of the then neurologist Sigmund Freud (between 1856-1939), which allowed him to unravel the logic of the unconscious. In addition to its clinical aspect, psychoanalysis [9] is at the same time theory, technique and method of investigation.

Another French psychoanalyst, Jacques Lacan (1901-1981), addressed Freudian psychoanalysis through the bias of modern linguistics and stated that the unconscious has the structure of a language. So it is by speech that it can be accessed. However, it is important to understand that language is not just a means of communication. It is, in fact, that which allows us to have access to the world, a particular world that will acquire its colors from the symbolic framework of each subject. To approach the world, it is necessary to name it and this is done by means of the signifier. Signifiers are the elements that make up language and are distinguished by their difference from each other: day-night, light-dark, man-woman.

Moreover, according to Lacan[10], a signifier is what represents the subject to another signifier. The signifier-woman represents a subject for the signifier-man. Here, then, what interests us is not the meaning of the emitted word, but what this word conveys to the subject. Thus, the "signifier will consist of the synchronic structure of the material of language, whereas meaning rules it historically"[11].

Using the structure of language, and from the logic of the signifier, Lacan shows how the discourse is formed in two lines: on the axis of metaphoric operations (comparison) and on the axis of metonymic operations (reduction). Metaphor and metonymy lead to Lacan's fundamental idea of supremacy of the signifier and its consequences in relation to the formations of the unconscious.[12]

Bringing the dimension of the unconscious to research means, in a broad sense, to develop a set of activities aimed at production of knowledge and that will establish different relations with psychoanalysis.[13]

All the elements that participate in the psychic life of subjects, including the abuse of benzodiazepines, are in the field of language that places them in their relation with their unconscious desire. Starting from this contextualization, the following questions emerge: How can we think about the issue of benzodiazepine abuse from the dimension of singularity? How can we consider in this massive phenomenon the specificity of each subject in his/her relation with the unconscious desire?

Therefore, to carry out a research as a reference for psychoanalysis implies searching for tools that make the subject of the unconscious appear. Although not always present, this unconscious can be reached through speech, especially as this allows to access the so-called unconscious formations: jokes, lapses, dreams and symptomatic formations.

Thus, this study aims to analyze, based on the female singularity, the abuse of benzodiazepine drugs by a woman and the role of the nurse in the assistance to the singular psychic suffering. The study is based on the interlocution between psychoanalysis and nursing to produce other possibilities for the care of women making abusive use of benzodiazepines.

METHOD

Type of study

The specificity of the object of study required a method capable of going beyond what is considered in observing the regularity of phenomena. Thus, we sought a method capable of apprehending the singularity of the subject marked by language and its symptom. This is because we observed since the beginning of data production that, when it comes to the use of benzodiazepine drugs, from the biomedical perspective, the singularity is not taken into account.

It was decided, therefore, to carry out a case study in psychoanalysis using some concepts approached in the scope of the psychoanalytic research addressed by Yin.[14]

The elaboration of the case study does not focus on completeness, nor does it exhaust the subject's history, nor does it propose to make explanations about the clinical case. Nevertheless, it pretends to present discursive possibilities before the subject of the unconscious in relation to the desire and to the singularized joy. It is organized from the documentary record of the speech of the patient listened, with subsequent production of a biographical account.[14] After this, the metapsychological construction happens.

Participants

Participants in the study were female benzodiazepine users followed up at a Psychosocial Care Center (CAPS), type III, located in the city of Fortaleza/CE. The assistance and listening of the participants took place from April to September 2014.

The selection of the women was made daily, during four weeks, from nursing consultations and activities developed by the nurses in the health institution. The inclusion criteria were: to be on benzodiazepine use for more than one year; be over 18 years of age; having attended the service during the research period. The following exclusion criterion was adopted: presence of acute or chronic disease that limits verbalization; lack of psychic or economic conditions to attend the service; use of neuroleptic drugs; and residence outside the municipality of Fortaleza.

Twenty users were initially invited. Of these, 13 accepted to participate in the study, five attended regularly to the weekly appointments and one continued the process of analytical listening for the period of four months. In order to preserve the participants' anonymity, a pseudonym was used to approach the case.

Data production

The case study has listening as the main tool and, in this sense, the communication with the subjects participating in the research occurred through interviews directed by a single guiding question: "Talk about yourself". The purpose of this technique was to begin the composition of the history, based on the subjectivity of each woman without the interference of the researcher.

This implies operating with a knowledge that is not known beforehand, but that is supposed in the mind of the speaker. Thus, "the conditions of production of knowledge about this unknown"[16] are internal to the relational field that constitutes it. This is what we call "transference" in psychoanalysis. It is not, therefore, a prior knowledge that was already there, in the "interviewee", as a data to be collected by the "interviewer". It is something that is situated in a transferential space in which the "unknown" expresses itself as formations of the unconscious.

By maintaining the pillars of the analytic technique, by means of the provocation of speech by free association on the side of the speaking subject and by the floating listening on the side of the listener, the signifiers were sought, through which one can delimit those that function as chain stitches.

In this sense, the elaboration of the case followed the logic of reading-listening; demarcation of the significant elements in the discourse; identification of the "stitches" of the speech and construction of the metapsychological essay per se.

All the signifiers of the participating subjects, as well as excerpts of their speeches, will be presented, hereafter, in quotation marks, respecting the specificity of speech.

The interview was transcribed, strictly obeying the interviewee's speech, emphasizing its signifiers and all the reports, thus composing the *corpus* of the research.

The second phase of the method was the passage from the research *corpus* to the preparation of the metapsychological essay. This is a proposal of treatment of the material that consists of an appropriation of the experience of analysis for a research situation, in which the researcher gives his written testimony.[15] This essay is a particular instrument in psychoanalytic research, which in this study guided the exposition and discussion of the discourses collected through the open interviews.

Data analysis and ethical procedures

Regarding data analysis, this type of study does not seek to interpret what was spoken, nor to attribute meanings to the speeches. Following another path, the analysis proposed by psychoanalytic research aims at the identification of signifiers, that is, of what is dropped by the unconscious from speech.

According to Iribarry[16], data analysis used psychoanalytic techniques for more than a simple reading and interpretation, but for reading through listening (reading-listening) and through transference *(Übertragung)* from the researcher to the text.

Bringing the dimension of the unconscious to research means, in a broad sense, to develop a set of activities aimed at production of knowledge and that will establish different relations with psychoanalysis.[17]

The study was approved by the Research Ethics Committee of the State University of Ceará, under Opinion number 690,266 of June 09, 2014.

Results

The result of the construction of the metapsychological essay will be presented below based on the listening of one of the interviewed patients, which was named Louise. Next, the discussion was structured from what was extracted from the case, thinking about the place that benzodiazepine drugs occupy in the lives of these women.

Louise and the matchmaker remedy

Louise is 43 years old, has two female daughters, has been followed up by the institution for more than two years. When she went to the health department for follow-up, she had been using benzodiazepines for 15 years. She introduced herself as an "irritated" person, who has "nervous breakdowns" and associated this with what she called "family history".

Taking one of the signifiers that permeate the universe of health services, Louise makes it a very singular use: having a "family history" is a way of saying that her complaints have a history and that this history is articulated with something that is in the family. It is from this starting point, the "family history", therefore, that she begins to tell and to "reveal herself" in the reports to come.

Louise is the eldest daughter of five siblings, two females and two males. As for parents, it is through the signifier "control" that she describes them: on the one hand, the father, a controlling man; on the other, the mother, who in the eyes of Louise was obsessed with the housekeeping, because she was afraid of losing control. It is in the middle of this parental couple, tormented by the possibility of losing control of something that Louise came up as the "uncontrolled" daughter, who would break things, kick doors and have nervous crises:

> *There's also this, that I'm out of control, I used to talk too much, I talked to anyone, I was so damn crazy, out of control. Then I'm known as [...] I always grew up full of adjectives, rebellious without cause, crazy, neurotic, schizophrenic, retarded and other things.*

After these aggressive crises, Louise was overwhelmed by immense sadness:

> *I would get out of that anger and then there would be a cry, an uncontrolled cry, I would scream without stopping and whoever was in front of me would punch, for real.*

Aggressiveness also marked her childhood in social relationships out of home and, because of all these fights, she was nicknamed by male colleagues in the classroom as "macho-woman", what she attributes to the fact that her mother used to cut her hair too short, like that of men.

Aggressiveness also appears in the relationship between the parents, because, according to her, they used to fight very often, even getting to physical aggression. At that moment, Louise stood between them, preventing her father to injure her mother. While speaking, Louise realizes that this attitude of putting oneself between the parents to receive the blows is something that marks her position before life:

> *[...] Sometimes I get angry at myself because I always put others ahead of me and forget about myself somehow, then this was getting worse over time.*

She also associates her current complaints of constant headaches and insomnia to these situations:

> *[...] since I was a child I had this difficulty sleeping... I was sleepwalking until I was nine years old. Then my mother would lock the whole house, otherwise I would open the doors and leave [...] It was a nervous breakdown.*

Louise regrets that all her behavior was neglected by her parents, who found it all to be normal:

> *My mother was the one who brought me here because I was already at a much altered stage of crisis, because my family [...] was camouflaging things. I would come, punch, break things and my mother would tell my father, "she will end up hurting herself!" He would say, "Let her be, let her break, that will help release her anger". The doors there at home were all cracked, when I had crisis, whatever was before me I would punch. But for my family, they thought it was normal. Even today it is so.*

For her, the parents "camouflaged" the things because they did not want to assume a "defective child".

Nevertheless, Louise has always been very attached to her father, although her position has always been one of questioning paternal authority:

> *I got a lot bitten, because I never... most of the times I would not accept it, I would not accept no as answer. [...] I have a very great difficulty receiving orders, because as I have been controlled all my life.*

At the age of 18, Louise married and that is when the benzodiazepines became part of her life, because, according to her, that was what allowed this marriage to occur:

> *When I got married, it was because of the pills. I even told the psychiatrists: if I were married to me, I would have left me! There was times when I could not stand it!*

Concerning the prescription of benzodiazepine, she states that it was given by a cardiologist:

> *Because he, I am hypertensive and he thought I was much uncontrolled.*

However, aggressive crises continued to occur after the marriage, and thereafter the husband was called in to react. Like the father, he was also passive:

> *My husband would come in quiet and go out mute. When I had the crises, he would sit on the couch. Then I would do everything inside the house, he would go quickly lock the door. He would leave me, he did what my father used to do.*

Aggressiveness also appeared in the relationship with the younger daughter who, according to her, was more attached to the father, almost his "shadow":

> *It's this huge aggressiveness, and with my daughter, the fight was not worse only because there's always some-*

one to separate the two of us [...] when I would go for her it was to hit her, for real, it was not a light slap, no, it was to break her face!

As always, the aggressive crises were followed by very strong attacks of anguish:

Then I started having a crisis of disappearing. I wanted to, I wanted to [...] My apartment is small, but for me it was that size. I felt short of breath, I felt anguish, it all together, headache, I felt trembling.

When we met for the interviews, Louise was undergoing some transformations stemming from the therapeutic process she was following for two years and also going through changes in family relationships. She says she started to improve with therapy, but in that same period the family began to say that she did not need treatment anymore and began to hide her remedies saying that she needed to learn to live without them.

The husband also began to enter a depressive state and stopped working. At that moment, Louise was summoned to look after him. The symptoms returned and she did not know how to handle it:

Because problems are happening there at home and I have to keep myself strong to have balance because the balance... my daughters have already told me: "the balance of the house, the sustenance of life was me". I'm tired of it, I'm tired, I'm tired of that weight. I cannot stand it anymore [...]

After the day she made this report, Louise did not show up for the next scheduled interview. Attempts of further contact were made, but there was no reply from her.

DISCUSSION

While listening to Louise, we realized that the place she has in the family was that of "uncontrolled", a place that was constantly reinforced by her aggressive crises. It is interesting to observe how being "uncontrolled" responded by the symptom of the parental couple who tried to camouflage something that perpassed this "family history".

From the beginning of his psychoanalytic elaborations, Freud highlighted his concern about the child's place in relation to the parents. In the text on narcissism[18], he addresses how the child at first identifies with parental narcissism. That is, the child is taken by parents as that one that will meet the expectations of what they themselves failed to meet. This is often expressed in the course of investment by parents who, before their own desires, make their children a continuation of their narcissism.

Thus, the child fits precisely in what is unconscious of this parental relationship, because the encounter of several issues, as the history of the couple and of each member, happens. There is a transmission of this psychic construction both as regards parental narcissism and the child's identification with narcissism in exchange for the love of the parents. Most of the times, the child presents a symptom in response to the production of this unification. As Lacan asserts[19], "the child's symptom is able to respond to what is symptomatic in the family structure", taking the child as the representative of the couple's truth.

It is in this perspective that Louise, before a couple who fears the "defective", presented herself as aggressive and uncontrolled. The parents, in turn, tried to "camouflage" this symptom, because they could not bear the truth that it carries with it. This is because the symptom is, in addition to its role in the cause of the suffering of the subject, a sign of satisfaction that remained unmoved, and the symptom is a consequence of the process of repression.[20] For Psychoanalysis, the symptom is not taken as something to be eliminated, but as a place containing a truth for the subject to be deciphered;[21] each subject organizes himself under his symptom. For the psychic processing of the subject, the symptom presents itself as a return of what has been repressed and as opposed to its realization.

We also perceive that this repressed truth is manifested in different ways, whether hysterical, phobic, or obsessive. The hysterical manner is characterized by the complaint of disordered world that, notwithstanding, is sustained as an unsatisfied desire. There is a refusal to keep oneself as missing and desiring. This is where Louise's speech is situated at the prospect of blaming the father for her aggressive behavior (I am this way because he beat me, because he beat my mother) at the same time that she identified herself with him and started to assume the paternal trait of aggressiveness as her own (beating friends, daughter).

To exemplify this identification, the hysteric "is worth of the emergence of a virile identification with the father, as a way to capture from him an orientation to her desire in the sexual field". At the same time that she establishes the father as a controller, she keeps questioning the authority of the father by affirming her conduct before his authority and by behaving as an objector whenever her father commanded or performed his function. This demonstrates how Louise subscribes to the discourse of the hysteric: the one who elects a master for then knock him down.[22]

Another relevant aspect to consider in the hysterical position is that it represent a question about the feminine that can be understood in the following way: Am I a man or a woman? In this case, it is interesting to note how the "macho-woman" signifier translates this question by linking it to the trait that identifies her with the father, which is the aggressiveness. Being "macho-woman" tells of her way of presenting herself under behav-

iors that she considers to be typical of men, while questioning the need to feel loved, an inherent construction of the feminine. She "fights as a man" while also complains about the lack of affection from her father and relatives, a characteristic that marks the feminine position towards the need to feel loved.

Traces of a hysterical picture are identified in the presented case by means of converting elements, such as constant headaches, diffuse malaise, psychic absences and the "desire to disappear" associated with moments of distress. Symptoms appear, in hysteria, as an escape from excitations that found no other way but the body to show the sexual function of the subject. Therefore, the body ceases to be in the service of a strictly organic function and is invaded by the sexual function.[22]

It is notable that it is precisely at the moment of encounter with the sexual present in the imminence of the marriage that the symptom of Louise (characterized by the lack of control and aggressiveness) no longer sustains itself and she begins to question it, and become distressed. We know, along with Freud and Lacan, that anguish appears when the symptom (and the fantasy that sustains it) falters. It is believed that it is at this point that benzodiazepine appears to Louise as a mediating element between the symptom and the anguish. When she tells us, "I married because of the remedy," she indicates that it was only thank this medicine that it was possible to endure this place where the encounter with the other sex placed her.

It is important to analyze in further detail how the drug appears and what function it assumes for this subject. Firstly, it is important to note that the medication cannot be taken only in its chemical dimension. As in everything the expressing person relates to, the benzodiazepine is taken in the subjective constitution from its imaginary, symbolic and real dimensions.[23] Of course, not everything from Louise's relationship with medication will be exploited here. First, because saying "everything" is not possible; but also because, in an academic research, the conditions required by an analysis that would allow the subject himself to elaborate the meaning of the medication are excluded. However, the speeches captured in the interviews allowed grasping some signifiers, showing how to build this network of meanings.

Another necessary step in this analysis is the interrogation of the symbolic place that the medication occupies in this case. For the drug is "caught in the finer symbolic networks of the Other".[21] For Louise, this network is woven with the signifier "aggressiveness." This is the place she finds in the symbolic Other. She identifies in the father the one who is aggressive and he is the one whom Louise addresses a demand to control her aggression (the father would do nothing, he did not realize that she needed treatment, her husband did not act in the face of her crises). It is as a symbolic element that the medicine will be taken, then, as a demand directed to the Other, "a demand to obtain it or to be deprived of it".[23]

Paradoxically, in spite of calming her, the medication also imaginatively puts her in the place she occupies in the family, as the "uncontrolled", the madwoman of the family. Being someone who needs medical treatment is seen, especially by the father, as the much-feared confirmation of having a "defective" child. It is known, from psychoanalysis, how much what is feared and what is wanted are close to each other. It is the "familiar uncanny" that inhabits the core of each of us.

It is interesting to note that when the listening allows Louise to question this whole network of meanings, it directly affects the family dynamics that dictates the role of each one. With this, Louise begins to leave the place of crazy and uncontrolled, the husband becomes depressed and the children begin to interfere in her treatment. The remedy then arises in its real dimension, as out of sense; and the family goes on to say that she must learn to live without these remedies. Louise must continue to assume the place of the "uncontrolled".

We also questioned the place and function that the health professional and the subject occupy in the context of the relation with the benzodiazepine, when discussing the symbolic place that the medication establishes. As Laurent says,[22]the drug is captured in the finer symbolic networks of the Other. For Louise, this network is woven with the signifier "aggressiveness." This is the place she finds in the symbolic Other. In the case presented, this arose from a demand from an Other able to control her: "who prescribed my medicine was the cardiologist because he found me very uncontrolled". It is no coincidence that benzodiazepine is better known in health services as a controlled medication. For this, we situate the approach of concepts that trace the subjects in relation to their desire and the exposed signifiers.

While discussing the issue of abusive use of benzodiazepines to be more often observed among women, through psychoanalytic logic, we have shown how a subject, when marked by the construction of unconscious desire as opposed to enjoyment, can insert the drug into the structure of his symptom and adjust it, then, to his way of enjoying. When the malaise appears in the subject, therefore, in the form of anguish, bring the subject close of the symptom, and distant to his own desire. This is perceived in the situations that constitute the frequent and regular consumption of benzodiazepines, whose drug is articulated as one more resource for the subject to deal with the desire of the Other. And then, if joy is found in the permanence of constant multiple complaints demanded from the other, his desire becomes increasingly distant or even deposited in the buffering of the continuous use of medicines.

The present research does not intend to present closed answers, but it is understood that it is possible to make some psychoanalytic contributions to the nursing clinic and the field of mental health, in this sense: psychic suffering cannot be reduced to biochemical or neurological alterations. It is neces-

sary to consider that suffering is not a disease and that a certain amount of it is even necessary for us to constitute ourselves as subjects. The ideal of healing that permeates the field of health aims to eliminate the symptom as the focus of treatment. The symptom, as a phenomenon, may even disappear, but it continues to find other ways of telling its truth. This is an unconscious truth that results in a message about what strikes the subject.[9]

On the other hand, the understanding of femininity under the scope of psychoanalysis leads to questions about the health policies for which women are often defined only by their anatomical configuration and their reproductive capacity.[24] For this field of knowledge, it is not the anatomical location that defines what it is to be a woman. This question opens the possibility of space for femininity, it is the plurality of discourse, the possibility of artisanal construction of its singularity.[25]

From this conception, the nurse cannot occupy a mere place of specialist in dealing with the patient; he must rather be open to the speech of the other, taking an interest in what he has to say. This often mobilizes anxiety, which creates haste in an attempt to respond to the patient's demand for immediate solutions, such as the prescription of benzodiazepine. Extending the space of time between listening to the complaint and giving an answer can favor this approach so that the woman is able elaborate her own questions, implying what she complains about.

For this, in this case, it is necessary to know that the medication does not only act chemically, but that it carries symbolic and imaginary effects on the subject. Thus, the nurses dealing daily with the administration and control of prescriptions may have an opportunity to listen and find out the place that this medication occupies without necessarily aiming to eliminate the drug, but perhaps to think of other possibilities to deal with it.

On the other hand, despite recognizing the importance of technical knowledge for nursing professionals, it is necessary to consider a clinical practice based on the singularity of the subjects as a relevant field for nursing care. It is necessary, therefore, to seek a consistent framework that goes beyond this restriction of technicist perception.

It should be thought, then, in the accomplishment of a clinical nursing practice that does not deny the singularity and that intends to go beyond articulations that produce procedures and techniques.

For this, it is necessary to construct a possible point of dialogue for these discrepant practices (the collective discourse and singularity of speech). It is, thus, in the clinical space that we can find this possibility of dialogue. This is admissible in a clinic that assesses not only the biological risks of dying or becoming ill, but also the subjective and social risks of each subject.[26]

Nurses who work with subjects in psychic suffering, especially in the field of mental health, are also required to assume an ethical stance against the injunctions of the socioeconomic mode of production in which we are inserted. The mere fact that the position of health care workers already puts the nurses in a situation of having to endure the misery of the world, as Lacan said[10], calls upon them to give some kind of response to human malaise.

However, giving answers that disregard the subject of his/her ethical position puts the professional at the service of the capitalist discourse, aiming at maintaining its normative order. This opens up possibilities for a stance within the capitalist discourse without reinforcing it.

FINAL CONSIDERATIONS

Using Psychoanalysis as a reference for research has made it possible to consider the speaking being in its singularity, marked by the constitutive division of the unconscious subject. In this sense, the study of the presented case allowed to bring contributions to the nursing clinical performance, while it appropriated the psychoanalytic concepts such as listening, symptom, desire, subject, unconscious, femininity.

The discussion of the case contributed to an in-depth reflection on what we do, as nurses, when we listen to those who demand something from us. This is because, after open opportunity for listening, Louise presented her suffering about the use of the drug right away, in the first contact, reporting that she had been using benzodiazepines for over 15 years.

Thus, she brought us the question of how the nurse would conduct the case with an approach driven by the biological/drug model: would the nurse give the prescription of the drug without giving space for listening, a fact that routinely occurs in institutions? Would he be astonished and would forward the case to other professionals when faced with the situation? Would he deny assistance with the excuse that this is not his job in the field of mental health? Or would he understand it as mere chemical dependence? These questions may intertwine; the goal is not to bring pre-established answers, but to seek to understand them, bringing up important discussions to the nursing clinic.

We also questioned the place and function that the health professional and the subject occupy in the context of the relation with the benzodiazepine, when discussing the symbolic place that the medication establishes. Placing itself as a demand of the Other, the medicine is put as a way to mediate this relationship between the professional and the patient. Presented, therefore, as a solution capable of buffering the fault that falls on the subject, the drug does not fulfill this function, because this fault cannot possibly be buffered. Thus, the use of benzodiazepine should not be perceived solely based on its chemical effect. It is something that does not stop signing up, that "has no remedy and will never have", because it is a mark of another order.

It is important to know that the meaning of the complaint presented by the subjects cannot be generalized. Therefore, a treatment with standardization of symptoms should not be performed, nor should the case be presented as a unified assumption for all women. It is, therefore, about the signifiers related to the speech of each woman, but that open the possibility of discussing the contributions to the studied reality.

In nursing practice, the encounter between nurses and patients is a moment to establish intervention and listening directed to the subject. Because Nursing is an active profession in the reality of mental health and one that stays in contact with the patient most of the time, nurses should consider their consultation as a space and a primordial tool to develop listening.

By betting on singularized listening, a nursing clinic capable of including the subjects in their care process is possible, calling them and making them responsible for the emergence of a stance different from that of the object of the Other's desire. In this way, the professional is allowed to leave the position of specialist and holder of the knowledge in the face of the patient's need.

It is considered, therefore, that the development of a research can be an important instrument for the performance of the profession, being able to contribute to relevant improvements in care practice, providing new knowledge and ways of acting. Furthermore, it may represent an aid to nursing to grow as a more critical and reflective profession regarding the application of new theories in its care.

REFERENCES

1. Souza ARL, Opaleye ES, Noto AR. Contexts and patterns of undue use benzodiazepine among women. Ciênc Saúde Coletiva. 2013[cited 2016 Nov 30];18(4):1131-40. Available from: <http://www.scielo.br/pdf/jbpsiq/v64n3/0047-2085-jbpsiq-64-3-0207.pdf> DOI 10.1590/0047-2085000000080
2. Cunha CDA, Souza MCC, Cattanio GAA, Iahnn SR, Lima RC. Benzodiazepine use and associated factors in elderly in the city of Dourados, MS, Brazil. J Bras Psiquiatr. 2015[cited 2016 Nov 30];64(3):207-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000400026
3. Castro GLG, Mendes CMM, Pedrini ACR, Gaspar DSM, Sousa FCF. Uso de Benzodiazepínicos como automedicação: consequências do uso abusivo, dependência, farmacovigilância e farmacoepidemiologia. Rev Interdisciplin. 2013[cited 2016 Nov 30];6(1):112-23. Available from: <http://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/21/pdf_14>.
4. Mendonça RT. Corpo feminino medicado e silenciado: gênero e performance. Saude Transf Soc. 2011[cited 2016 Nov 30];1(2):43-50. Available from: http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/536/66
5. Oliveira EM, Aguiar JMA, Cavalcante MMB. Consumo de psicotrópicos por mulheres: terapia ou iatrogenia? Essentia. 2011[cited 2016 Nov 30];13(1):25-38. Available from: http://www.uvanet.br/essentia.old/edicao_ano13n1/psicotropicos.pdf.
6. Silva TC, Kirschbaum DIR. Psicanálise como método de pesquisa que se desenha na prática clínica: contribuições para a Enfermagem. Rev Gaúcha Enferm. 2008[cited 2016 Nov 30];24(3):486-90. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/6780/4083>.
7. Freud S. (1915). As pulsões e seus destinos. Belo Horizonte: Autêntica; 2013.
8. Freud S. O caso Schereber: artigos sobre técnica e outros trabalhos. Rio de Janeiro: Imago; 1969.
9. Quinet A. As 4 + 1 condições da análise. 10ª ed. Rio de Janeiro: Jorge Zahar; 2005.
10. Lacan J. Subversão do sujeito e dialética do desejo no inconsciente freudiano. In: Lacan J. Escritos. Rio de Janeiro: Jorge Zahar; 2003.
11. Kaufmann P. Dicionário enciclopédico de psicanálise: o legado de Freud e Lacan. Rio de Janeiro: Jorge Zahar; 1996.
12. Dor J. Introdução à leitura de Lacan. Porto Alegre: Artes Médicas; 1993.
13. Freud S. Introdução ao narcisismo: ensaios de metapsicologia e outros textos (1914-1916). São Paulo: Companhia das Letras; 2010.
14. Yin RK. Estudo de caso: planejamento e métodos. 2ª ed. Porto Alegre: Bookman; 2005.
15. Costa A, Poli MC. Alguns fundamentos da entrevista na pesquisa em psicanálise. Pulsional Rev Psicanálise. 2006[cited 2016 Nov 30];19(188):14-21. Available from: http://www.editoraescuta.com.br/pulsional/188_02.pdf.
16. Iribarry IN. O que é pesquisa psicanalítica? Ágora (Rio J.). 2003[cited 2016 Nov 30];6(1):115-38. Available from: http://www.scielo.br/pdf/agora/v6n1/v6n1a07.pdf.
17. Kyrillos Neto F, Moreira JO. A pesquisa em psicanálise na Universidade: reflexões a partir da teoria lacaniana dos discursos. Rev SPAGESP. 2010[cited 2016 Nov 30];11:55-65. Available from: http://pepsic.bvsalud.org/pdf/rspagesp/v11n1/v11n1a07.pdf.
18. Freud S. Introdução ao narcisismo: ensaios de metapsicologia e outros textos (1914-1916). São Paulo: Companhia das Letras; 2010.
19. Lacan J. Nota sobre a criança. In: Lacan J. Outros escritos. Rio de Janeiro: Jorge Zahar; 2003. p. 369-70.
20. Freud S. A dinâmica da transferência (1912). São Paulo: Companhia das Letras; 2010.
21. Maurano D. Histeria: ontem, hoje e sempre. Rio de Janeiro: Civilização Brasileira; 2010.
22. Laurent E. Como engolir a pílula. In: Miller JA, organizador. Ornicar? De Jacques Lacan a Lewis Carroll. Rio de Janeiro: Jorge Zahar; 2004.
23. Carrilho CA, Silveira LC, Martins IC, Dantas RA. Improper use of psychotropic substances amongst women: a study based on the female singularity. REME –Rev Min Enferm. 2015[cited 2016 Nov 30];19(3):664-672. Available from: http://www.reme.org.br/artigo/detalhes/1031
24. Aguiar DT, Silveira LC, Dourado SMN. A mãe em sofrimento psíquico: objeto da ciência ou sujeito da clínica? Rev Esc Anna Nery. 2011[cited 2016 Nov 30];15(3):622-8. Available from: <http://www.scielo.br/pdf/ean/v15n3/a26v15 n3.pdf>.
25. Gallano C. A alteridade feminina. Campo Grande: Jorge Zahar; 2011.
26. Campos RO. Psicanálise e saúde coletiva: interfaces. São Paulo: Hucitec; 2012.