

Research and intervention in the promotion of health: methodological challenges of researching “with”

Rosilda Mendes ¹
Luciane Maria Pezzato ²
Daniele Pompei Sacardo ³

Abstract *This article discusses the broadening of the meaning of intervention as a pathway for research in health promotion and raises theoretical-methodological reflections. Its presupposition is that the set of health promotional practices constitute one of the most intriguing and necessary methodological challenges in a field which seeks, in a critical way, to strengthen the autonomy of the subjects, their participation, the institutionalized movement's value, the processes of subjectivization, and to give meaning to the experiences involved. One important methodological guideline raises the question regarding what type of actions would best address the innumerable challenges of the pedagogical/professional fields and the creation of a collectivity as a catalyst of change. Among recent studies on intervention-research we focused on the theoretical-methodological approach of Institutional Analysis and the writing of research diaries. Finally we consider that methodologies shaped by the principles of inclusion do the following: abandon vertical, self-contained approaches, bring out elements showing the desire to articulate, show the power of action in favor of dialog, highlight that interaction can produce health and that it can activate new forms of constructing health promotion practices.*

Key words *Health promotion, Intervention-research, Participative research*

¹ Departamento de Políticas Públicas e Saúde Coletiva, Universidade Federal de São Paulo *campus* Baixada Santista (Unifesp). R. Silva Jardim 136, Vila Mathias. 11015-020 Santos SP Brasil. rosilda.mendes3@gmail.com

² Departamento de Saúde, Clínicas e Instituições, Unifesp *campus* Baixada Santista. Santos SP Brasil.

³ Departamento de Saúde Coletiva da Faculdade de Ciências Médicas, Universidade Estadual de Campinas. Campinas SP Brasil.

The methodological approach as a challenge to the promotion of health

What inspired us to write this paper on the widening of the meaning of intervention as a pathway for research in the promotion of health, in the first instance, was the recognition that in the last few years there has been a concerted effort in this field to examine theory and methodologies in this area with the perspective of the inter-relationships between theory and practice and researcher and the act of researching. This reaffirms the political, ethical and technical act that relates to all of these types of studies.

As we did in a recent article, we wanted to highlight the fact that there is a diversity of experiences, projects, programs, actions and health promotion initiatives that have been undertaken and that many of them have been limited to identifying harmful effects of certain behaviors and habits with a view to developing principles and norms for life styles. We therefore defend, to the contrary of other concepts, the adoption of the concept of promoting health as “the motor for actions” based on building actions, initiatives, programs or projects that result in the strengthening of subjects and the collective to “leave their passivity for activity due to the desire to be free and happy”¹.

As a way of clarifying the meaning of a set of health promotional practices, it can be said to constitute one of the most intriguing and necessary methodological challenges in a field which seeks, in a critical way, to strengthen the autonomy of the subjects, their participation, the institutionalized movement’s value, the processes of subjectivization, and to give meaning to the experiences involved.

Different to other paradigms that hail from cognitive modern science, in this approach, the interconnection of strategies based on the research method paradigms that do not disassociate research and intervention, involve the participation, the technical know-how and the politics of those who are being reached or those that are involved through the actions. In this study we dealt with methodological actions which covered heterogeneity in relation to the pace of study, the qualifications and the general abilities of the researchers and the subjects involved in the actions. In relation to the subjects it also covered the events and experiences that they lived through in their different fields whose characteristics included: listening, openness, patience, being available when required, being willing to travel, paying at-

ention, sensibility, being tactile, the ability to get closer to others and remain at a distance when necessary, understanding implications and exercising trust. What this means is that as much force as was possible to muster was necessary for the establishing of horizontal relationships between subjects which favors dialogue, permanent renewal that affects all those concerned and above all assessing areas that can be used for product encounters.

We reflected on the works of Andrade *et al.*² who referred to the Aurélio dictionary for the meaning of “meeting”. It states that this involves a face to face meeting with someone or thing or it can be a collision of two bodies. If therefore the meeting is viewed as a collision of two forces, it can be deemed as a vital moment for the formation and creation of anything or event. It is the coming together of atoms which produces material. In relation to health it is the coming together of managers, professionals and health service users so that actions can be taken in health. This is the case for meetings amongst those in the social sectors that bring about intersectoral projects. This is also the case between subjects with territories where processes are used for construction.

All “good meetings” with other bodies, according to Deleuze in her book *Espinosa*, provokes power generation. “When we come across a body that is in accordance with our nature, we would say that their power joins with ours. This brings feelings of passion which makes us happy and our power to act is broadened and this is favorable”³.

With this type of analysis the meaning of meeting infers a possibility to exchange positive feelings between people and there arises the capability of widening the “power to act”. However, for it to exist it is necessary to believe in the presence of the potential to generate it. There are barriers that impede meetings such as the presence of stigmas, discriminatory views and past experiences that bring about feelings of frustration and disappointment. The task is to be attentive to (in relation to others) that which touches, challenges, annoys and questions us in a deep way.

Our human condition and our professional development is in constant construction and undergoing a process of transformations. Winnicott⁴ states that “We are never finished” and we are going to keep on doing and undoing ourselves throughout our lives. Authors such as Freire⁵ and Lapassade⁶ highlight the concept of the unfinished as a process of continuous creation. This perspective recognizes that our process of devel-

opment and socialization depends “on others”. It is through our social relations and interactions that we grow and learn to: live, work, care (for each other), listen, negotiate, restart, organize, to put up with and to deal with others and life in general.

Meetings and experiences with others bring with them the need for openness to the unknown, to the new, to the unexpected and to the uncontrollable. This also brings the risks of subjects not getting things right and there is a demand for an open posture which is difficult to sustain on a daily basis. Mutual respect becomes an imperative so that the meetings work as areas for experimentation and development. Through the construction of relationships of trust and the openness for dialogue, those that are involved become both co-responsible and co-participants of the processes allowing them to take decisions without help on issues such as the motives and how processes are constructed².

Just as in social relations, in the ambit of health promotion, there are legitimate meetings between subjects who have the ever present interest of comprehension and the simultaneous construction of themselves and others. Beyond the therapeutic character and the care apparatus in health relations, what is of interest to us is the imperative of the meeting so that with this togetherness, inter-relationships and cooperation between people, they can: build their work processes, elaborate actions for the promotion of health and work on happiness projects (theirs and for others).

This raises a relevant aspect to be examined when we want to look at the methodologies in the field of health promotion which relates to elements of the investigatory processes that make research-intervention and participative methods as tools which cause problems in research practices and the production of knowledge. In this vein notions of interdisciplinarity and transdisciplinarity such as with research-intervention allow for the debate to be widened around who are the subjects involved in health promotion practices and how they are inserted into the process of research. What we hope should happen is that as much force as possible is used for the establishing of horizontal relationships between subjects which favors the possibility of meetings, dialogue and permanent renewal that affects all those concerned.

At the end of this paper we deal with the idea of intervention meaning vertical interference and intrusion where it has become natural and is un-

derstood in the area of health. Our proposition, contrary to others, is to bring back the idea of “coming between” and “mediation”. In this way it has a meaning that sits between subject-object, theory-practice, and formation-application of knowledge⁷.

Research-intervention and conformation of a collective

One important methodological guideline arises as to what type of actions would best address the innumerable challenges in the pedagogical and professional fields that include: relations between subjects (that accompany and that are accompanied), the place for the methods, the techniques used in the research processes and the conformation of a collective as a catalyst for subjective changes. Just as there is a dimension of reality in which it presents itself as “a process of creation, as *poiesis*”⁸, the same can be considered in relation to the collective that produces, in one single movement, the effects of knowing and participating in the process of construction. This means that there is not a “collective” that functions a priori in research-intervention, but perhaps a group of people united in pursuance of the same goals whose expectations, motivations and interests are heterogeneous and many times divergent with knowledge, experiences and distinct practices.

If on the one side the procedural perspective for investigated phenomenon indicates the constitution of a collective and of a “common plan” between subject and object and between “us” and “them”, on the other hand it creates the challenge to resist the capture of different logical homogenizer that is all encompassing of the diversity of singular subjects, maintaining an open flux of communication between themselves. What is dealt with is the construction of groups that go beyond the dichotomy and hierarchy and which hegemonically regulates institutional relations and intersubjectivity in the ambit of health, overcoming the pre-established barriers of the disciplines and the knowledge of the research participants so that collectively it is possible to understand the complexity of investigated reality.

In the ambit of health promotion whose complex object is multifaceted and is closely watched, it extends beyond the science disciplines being a powerful methodological resource for a complex approach. This is particularly the case for investigatory processes and it is the constitution

of synthetic models that is the result of distinct disciplines. With this perspective interdisciplinarity or transdisciplinarity as some authors⁹⁻¹¹ prefer to state become an imperative and present themselves as an alternative to the production of knowledge and intersectoral working becoming a strategy for understanding and for permitting intervention in problems in the field of social practices.

“Intersectoriality has a meaning similar to interdisciplinarity in the construction of knowledge¹². In everyday practice we see that a large part of the projects and programs for promoting health have strong disciplinary and sectoral connotations that reflect the persistent social division of work and knowledge amongst specialized entities. Faced with the necessity to overcome the fragmentation of human knowledge which was inherited from the illuminist and positivist projects in search of visions and actions that are more global, interdisciplinarity seeks to establish the meaning of unity in diversity and promote the overcoming of restrictive visions in themselves or which affects others and the world¹³.

Such forces for overcoming these challenges would correspond to the articulation which encompasses a wide knowledge base and practices that come from different disciplines which come together around one theoretical and operational field. This is based on a common axiomatic developing a system of interaction between disciplines that express themselves at different levels and whose finalities are also common. This means that we have considered actions and projects that are interdisciplinary and or intersectoral in health depend on the coming together of a wide gamut of elements, among which, there is a movement of closeness between the subjects and interest groups around definitions of problems constructed in a procedural and shared way.

Again the call for the constitution of a “common” makes itself present as the driving force of the processes of research and of intervention in the ambit of health promotion so that the energy, resources, capacities and the potential of subjects and social organizations that meet together (being disperse, non-articulate and fragmented) are able to very slowly establish a collectiveness in a “common plan”⁸. In the perspective of the authors, the “common” interdisciplinary and intersectoral call in the promotion of health is a concept that is very political. There is no prior data but the experiences are both deep and enriching.

“We ought to construct a common which is not based on similarities or identity but includes

the paradox and instability of limits between that which is common and different. Between one that connects the different subjects and objects and one that regulates knowledge and experience”⁸.

Another aspect that appeared to us to be relevant and worth highlighting so that there is a movement from a position of disciplinary and sectoral isolation in one meaning towards “inter/between knowledge and practice” in relation to opening new areas of knowledge known as “open rationality”¹⁴, is the search for a distancing from the model of instrumental rationality that is dominant in the production of scientific knowledge. At the same time it assumes irreducibility and disorder, giving a place for uncertainty that cannot resolve itself¹⁵. There is acceptance of a contradiction (between two notions that ended up complementing each other) and the possibility of plurality and multiple cognition or living with different explanations for the same phenomenon. With this in mind and faced with the complexity of health promotion it is appropriate to articulate the contradictions of the subjects, the institutions and their discourses through radical inclusion of different levels of reality allowing for mergers, synergies, diversions and different guidance.

The strategies for disciplinary and sectoral connections, more than widening the dialogue for better expression between the internal components from science and other sectors, become more necessary requiring a return to science with art, ethics and politics. We supported Varela¹⁶ upon considering that “there is immanence between the living, the knowing and the doing”, that puts experience, knowledge and experimenting as a “you can do” which is a form of self-creation. This has been our investment in the development of research-intervention in the field of health promotion. The results align themselves with the process of subject’s constitutions and subjectivity, including the researchers that were involved.

Research-intervention and implications

Interdisciplinary and transdisciplinary thinking that cuts across political plans also cuts across: pedagogy, sociology, philosophy and other areas. This was the line taken by Lourau when Institutional Analysis was proposed which broke away from disciplinary boundaries. Institutional Analysis (AI) emerged in France in 1960 and was influenced by the following institutions: physio-

therapy, pedagogy, psycho-sociology and Lacanian psychoanalysis. It was made up of different movements and theoretical tendencies which included the French institutionalist movement¹⁷. It came up at a moment when the perspective of the research-action switched to being contested. The idea of research-intervention was presented which aimed to question the various meanings in the institutions.

For Rocha e Aguiar¹⁸, “it was necessary to deal with the widening of the theoretical-methodological base for participative research, proposing an intervention of micro-political order in social experience. According to the author, the presuppositions of the research-intervention model has been allowing for the construction of areas for collective problems next to the practices of formation and obtaining potential in the production of new thinking/doing in education”. In this vein the research-intervention model alters the classic affirmation: “Knowing to transform” from research-action for “transforming to know”¹⁹, and “putting the researcher with the producer of new meanings and new intercessions”²⁰.

With the above in mind and taking up as a challenge the inventive character of science which puts in “constant movement transformation, not only redoing their statement but creating new problems that require original practices for investigations”, there will be two methodological ways for research-intervention that can support the initiatives for the promotion of health. They both seek to widen the meaning of intervention taking on experiences such as “support point” and methodological “path”. Here the experience is understood as “a knowing-doing, knowledge that comes and emerges from the doing”, which does not dissociate itself²¹.

Research-intervention, as we understand it, has been going on and has been supported in two *modus operandi*: institutional analysis and cartography. The common thread between them is the direction of the intervention, without pre-determinations, following evidence in a “political-ethical direction that evaluates the effects of experiences”²¹.

Among the recent formulations concerning research-intervention we highlighted the proposition that ended up being an intervention practice based on the theoretical-methodological approach of AI. Supporting the concepts of AI covers: analysis of order and demand, self-management of intervention, rules on what is said or on free expression, making clear transversality, analysis of the implications for researchers and those

that practice and the construction of elucidation of the analysts. Monceau²² states that “these operations define how to carry out analysis in a social institution”. René Lourau and Georges Lapassade^{23,24} called intervention “socio-analytical or socio-analysis”.

At this point it is worth explaining further this idea. The socio-analytical intervention, in its most classical form, was short lived and was a quick unveiling of a hidden structure from the institution²⁵. “At the end of the 1980s and in the 1990s the modes of intervention diversified with institutional analysis”²¹. From this finding Monceau, under the guidance of René Lourau and Antoine Savoye, proposed the continuation of the work of the socio-analysts with the perspective of the socio-clinical institutions which is wider and more diversified in relation to references and theoretical influences.

In concluding this paper it is worth noting, above everything, that this approach supports the idea of implication, in other words, the researcher upon investigating a certain situation maintains him/herself in direct contact with people and territories. Thus they modify and are modified by the experiences produced through intervention. This occurs with greater or lesser intensity, depending on how every subject is going to implicate him/herself and the research as we have “different degrees of participation with reference to commitment in a situation”²⁶. However out of all those that are implicated more have been affected than others. Lourau proposes that we do an analysis of our implications which is fundamental in sociopolitical projects for researchers in processes of analysis of multiple places and they belong to everyone in a given area. However it does not deal with delimiting positions but it does cover dynamic relations that circulate in intervention processes.

Inspired by H. Lefebvre, Lourau²⁷ presents five dimensions for the implications:

“*The primary implications*: 1) implication of the researcher-practitioner with the object of the research/intervention, 2) implication in the research institution or other institution that it belongs to and before everything in the research/intervention team, 3) implication in the social order and in the social demands. “*The secondary implications*: 4) social/historical implications from the utilized models (epistemological implications), 5) implications in the writings or any means that serves for releasing research”.

This definition, however, is not closed as it puts challenges in front of grounded scientific

knowledge. For Lourau²⁷ implication translates itself as a “collective analysis of the research conditions”.

Our experience in the field of health promotion has shown that innumerable affects and implications are lived and told by the researchers in the field giving their experiences. Affect does not have anything to do with empathy as Favret-Saad²⁸ mentioned. Upon telling us of his anthropological experiences he called us to think of a place that occupies experimentations in the investigative process:

“My experience in the field - gave way to non-verbal communication that was not intentional and was involuntary and gave rise to the game of affections that was devoid of representation. It took me to explore a thousand aspects of an essential opacity of the subject in itself. This notion is, old as the tragedy and it has sustained itself for a hundred years in therapeutic literature”.

Upon allowing itself to be affected by experiences and what happens to us in the experiences, this presents us with a challenge; research without a priori leaving space for things to happen. Foucault understands events as an eruption of singularity that occurs once and can be considered as poignant. It is the emergency of a singularity and at the same time a rupture in evidence²⁹. Depending on the posture of researchers it permits the opening for the new to happen.

On the production of data

The work of the research is always accompanied by registers on what is demanded of it from the start of the implication and this takes into account the attention given the researchers. The researcher's questions are focused on the collection of information in registered form and in the use of information in a confidential manner. How and why to register? What is to be done with the register? Who does the register interest? How can the analysis be more collective?

Research-intervention requires a “political narrative” according to Passos and Barros²¹. Kastrup³⁰ emphasizes the attention of the researcher or attention to cartography upon defending the idea that is you have good attention when you are in the field and you value your work to the extent that it becomes relevant in the process of research. Four gestures of cartographic attention can be defined: “The tracking, the touch, the rest and the attentive recognition”.

From this perspective “there is no collection of data” as per tradition. There is a stage for collecting data in the research but from the beginning we bet on a “production of data”. For Kastrup³⁰ and Barros & Kastrup³¹ it was not just about dealing with a mere change of words in order to avoid the traditional vocabulary but it was to propose conceptual changes so that they distinguish themselves from the practice of research. The data is produced by the different devices and by different research strategies that is seen or that is perceived and is discussed.

Such an argument makes sense and causes one to think in the research-intervention model in relation to institutional analysis or cartography. They are built as intervention devices. This theme expresses itself in propositions of devices known as “group” as an instrument of analysis that is extraordinarily collective because from this what is promoted is the view of the meeting between the members of the group³². The idea of the group is one of an “open machine that notes differences” which taken as a device “triggers off a process of networks, compositions and decompositions from collective networks (multiple) and singular ones”³³. This is just as the proposition of devices such as *agenciamento*: “an artificial product of innovation that generates events and does virtual updates and invents the new”³⁴.

We did not intend to not consider the innumerable intervention devices that measure investigation practices compromised by interaction situations. It is participative research as a type of research-action or a participatory research. We also did not intend to ignore the methodological journey compromised by the production of knowledge and the formative character which is inherent in it. We want to, however, highlight this without diverting one's attention from the vigor that is characterized by participatory processes. There is a combination for which there is no prescription but spaces for self-discovery in modes that allow for the giving of more appropriate questions. This means an openness to certain risks and an intention to problematize practices and collectively produce some critical and reflective responses. These should be all encompassing of the mode interfering in relations and mentalities.

In this sense, inspired by the notion of experience by Bondiá³⁵ we understood that the production of diaries for research becomes a potent device that makes events possible that “affect and touch us”.

The diary is an intervention tool that has the potential of producing reflection movements

from practices in as much as the act of writing was and is being lived in the ambit of the individual of the collective; it is a moment for reflection on and about what has been lived. It may or may not reveal information for the researcher in the process of research³⁶.

Lourau³⁷ affirms the following in relation to the diary:

other invented devices or to be invented can support the production of other types of intellect that is not organic [...] by Gramsci; nor engaged, by Sartre [...] but implicated (whose political project includes transformations of itself and its social place from the strategies of collectivism of the experiences and analysis). Maybe if we can make such strategies ever more popular we can feel the results of this utopia. It is a bet and as such it presents risks.

It becomes subject to the process of writing which is not an easy task. It requires an availability to review itself and not to be touched by the experience but to reflect on them. The diary keeps registers of life; that which was registered at a particular moment. They are impressions that arise after a meeting in the field. They are however transversal and fragmented as it is practically impossible to be drafted due to its complexity³⁶.

According to Hess³⁸ the diary can have a thematic approach which is multi-referential and which can be read from different angles: individual, group, institutional or organizational. The diary is accepted as having “spontaneity and the force of feeling partial judgement and a lack of distancing”.

According to this movement, the writings of diaries are considered true documents that contains that which has been lived with its contradictions, doubts, conflicts, happiness and that which has touched someone through experiences in the field of research. It is a powerful tools where people can reflect or create spaces for reflection on practices and knowledge that has been produced.

Through experiences in using them we noted that diaries can have different formats and can be shared. This register has reflections, desires and wishes which can be for individuals or others. It constructs relations that are closer between subjects and the research and uncovering hidden questions. It also widens the possibility for insertion and relations between all those that are involved. This contributes to the circulation of knowledge. There will be advances as referred to by Silveira et al.³⁹, in the “research with” and the “write with” that will activate all those in the production of knowledge. The possibility of “write with” is present when we work with the idea of

“research with” from the research-intervention model. In other words, in as much as we propose to do an analysis of the implications during the research process bringing multiple places into one, be it the researcher or the subject of the research, a collective territory is created with a common plan known as a “plan with”. In this meeting there are new meanings that bring desires, histories, limits, knowledge and that which challenges given understanding. What is also produced is a “writing policy” in harmony with the “research policy”³¹ that ought to include contradictions, enigmas, tensions and doubts.

The process is permeated by ethical questions which brings problems and conflicts. However it will be necessary to ensure that the subjects interact and conditions need to be created in order for there to be: knowledge, learning, discussions, questions and invention. Given that “the production of data is based on processes and procedures it prolongs itself in the moment of analysis”³¹, and it will be necessary to find out the author of the registers. How can one deal with the different times and the distinct knowledge of all those involved? Is it possible to construct the collective “common” from the production of writings even if the researchers “speak” in different places?

Final considerations

What we wanted to show in this paper is the existence of powerful perspectives of new scientific realities which are both social and political and which can guide practices and research in the field of health promotion. We are constantly re-examining theoretical-methodological references as well as practices and values that sustain them. We frequently came across limits in relation to the classic paradigms that encourage sharing and specialization and that take us on a journey that produces synergies and the desire for innovation and creativity.

Methodologies that are informed by principles of inclusion and diversity seek to break away from vertical approaches of life and require materialized evidence of desire to articulate the power to act in favor of dialogue and interaction between subjects. Fragmentation is a reality in daily life as well as the permanent movement that favors interaction and articulation not isolation. These movements are also captured for that which is instituted and hegemonic. These are forces that tend to be repetitious and can paralyze and can go against institutive drive. From

this there is integration and cooperation between subjects that produces health and activate new ways to construct practices that promote health.

We are reinforcing in this paper that the idea of the production of diaries in the perspective of the research-intervention model can potentialize the institutive movements since it permits other modes of present relations in research, bringing the idea of analysis of the implications. These make people think on what was possible to produce and what was not. It also allows one to think on the effects of the experiences on the individual and the collective as well as institutions and

organizations. It is however with the analysis of the primary and secondary implications that we will be able to carry out collect analysis of the conditions of the research including its subjects and institutions.

Upon bringing some questions to light to be reflected on in relation to “research with” this refers us to other notions as “participation”, “affects”, “good meetings”, “links”, “choices”, “potency”, “affections” and “implications” that were understood as values. These should be stimulated and used in the ambit of investigations in the field of health promotion.

Collaborations

R Mendes, LM Pezzato and DP Sacardo worked together in all stages of the preparation of the article: conception, write-up and final revision.

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