THE ENTRY IN THE FIELD AND THE CREATION OF DEVICES IN SOCIOCLINICAL RESEARCH[1]

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ABSTRACT. The preparation of devices to produce information in social and health research is something that deserves attention on the part of researchers. This article aims to analyze how research devices have been constructed based on the process of entering the field of intervention in two socioclinical researches. We analyzed the field diaries of two researchers who developed their research in two different fields of intervention: Family Health Strategy of a Municipality of Mato Grosso and the 24 Municipalities that make up the Regional Health Department III of the state of São Paulo. Besides the elaboration of research devices, some concepts of the theoretical-methodological reference of Institutional Analysis were used, namely, the analyzer, cross-referencing, transversality and implication, were adopted for the analysis. We concluded that the development of devices in qualitative research in the research-intervention modality, as in the case of socio-clinical research, should at the same time include tools sensitive to the production of information and also ways of intervening in the reality studied, thus attributing specificity to the framework of intervention research. It is also worth mentioning that, in the case of socio-clinical research, the creation of devices must take place in a procedural way, taking into account the numerous variables that can act as analysts in the realization of these studies.

Keywords: Institutional analysis; qualitative research; implication.

A ENTRADA NO CAMPO E A FABRICAÇÃO DE DISPOSITIVOS EM PESQUISAS SOCIOCLÍNICAS

RESUMO. A fabricação de dispositivos para produzir informações em pesquisas sociais e em saúde é algo que merece atenção por parte dos pesquisadores. Este artigo tem por objetivo analisar de que forma foram construídos dispositivos de pesquisa a partir do processo de entrada no campo de intervenção em duas pesquisas socioclínicas. Foram analisados os diários de campo de dois pesquisadores que desenvolveram suas pesquisas em dois campos de intervenção diferentes: Estratégia

Saúde Família de um município mato-grossense e os 24 municípios que compõem o Departamento Regional de Saúde III do Estado de São Paulo. Para a análise, adotaram-se, além da elaboração de dispositivos de pesquisa, alguns conceitos do referencial teórico-metodológico da Análise Institucional, dentre os quais: analisador, atravessamento, transversalidade e implicação. Concluiu-se que a elaboração de dispositivos em pesquisas qualitativas na modalidade pesquisa-intervenção, como é o caso das pesquisas socioclínicas, devem abranger, ao mesmo tempo, ferramentas sensíveis à produção de informações e também modos de intervir na realidade em estudo, atribuindo assim uma especificidade ao arcabouço das pesquisas-intervenção. Acrescenta-se, ainda, que no caso das pesquisas socioclínicas, a construção dos dispositivos deve se dar processualmente, levando em consideração as inúmeras variáveis que podem atuar enquanto analisadores na condução desses estudos.

Palavras-chave: Análise institucional; pesquisa qualitativa; implicação.

ENTRADA EN EL CAMPO Y FABRICACIÓN DE DISPOSITIVOS EN LA INVESTIGACIÓN SOCIOCLÍNICAS

RESUMEN. La fabricación de dispositivos para producir informaciones en investigaciones sociales y en salud es algo que merece atención por parte de los investigadores. En este artículo se tiene por objetivo analizar de qué forma se construyeron dispositivos de investigación a partir del proceso de entrada en el campo de intervención en dos investigaciones socio-clínicas. Se analizaron los diarios de campos de dos investigadores que desarrollaron sus investigaciones en dos campos de intervención distintas: Estrategia Salud Familia de un Municipio Mato-grossense y los 24 Municipios que componen el Departamento Regional de Salud III del estado de São Paulo. Para el análisis, se adoptó, además de la elaboración de dispositivos de investigación, algunos conceptos del referencial teórico-metodológico del Análisis Institucional, entre los cuales: analizador, atravesamiento, transversalidad e implicación. Se concluyó que la elaboración de dispositivos en las investigaciones cualitativas en la modalidad investigación-intervención, como es el caso de las investigaciones socio-clínicas, debe abarcar, al mismo tiempo, herramientas sensibles a la producción de informaciones y también modos de intervenir en la realidad en estudio, atribuyendo así una especificidad al marco de las investigaciones-intervención. Se añade además que, en el caso de las investigaciones socio-clínicas, la construcción de los dispositivos debe darse procesalmente, teniendo en cuenta las innumerables variables que pueden actuar como analizadores en la conducción de esos estudios.

Palabras clave: Análisis institucional; investigación cualitativa; implicación.

Introduction

Institutionalism consists of a movement composed of various forms of knowledge and practices originated around the 1960s in France, amid strong questionings of some institutions, such as politics, psychiatry, education and work. In Brazil, institutionalism was

introduced from 1970 onwards, in a political-historical context quite different from the French, because the country was within the scope of a civil-military dictatorship (L'Abbate, 2012; 2013).

According to Barbier (1985), there are four currents of Institutional Analysis in the field of social and human sciences: the socio-analytic institutional analysis, the institutional socio-psychoanalysis, the schizoanalysis, and the institutional analysis of sociological inspiration. These four currents compose a complex plot that is articulated through different sets of knowledge and practices and can be visualized in a scheme that relates its various theoretical approaches, their respective authors, products, practices and discourses (Barbier, 1985).

For this article, we used the reference of the Socio-analytic Institutional Analysis proposed by Lapassade and Lourau (1972), and especially by Lourau (2014), who, based on the dialectic of Hegel and Castoriadis, developed the concept of institution considering three moments - instituted, instituting and institutionalization - demonstrating that the institution is not confused with the notions of equipment and organization, because the name institution must be given "to a universal norm, or one considered as such, whether marriage or education, whether of medicine, of paid work, of profit, of credit (...)" (Lourau, 2014, p.15).

The instituted corresponds to the element that names and identifies each institution; it is apparent and visible. The instituting consists in what impels, provokes, moves the instituted element. And this dialectic of the instituted and instituting corresponds, in turn, to the process of institutionalization (Lourau, 2014).

The Institutional Analysis in a situation of intervention corresponds to a Socio-analysis, whose creation is attributed to Lapassade (L'Abbate, 2012). He proposed to focus the action on analyzing devices with the purpose of raising the instituting (Romagnoli, 2014), comprising the analyzer as "to that which reveals the structure of the organization, *to provoke it, to force it to speak*" (Lourau, 2014).

The devices correspond to the conformations of heterogeneous and provisional elements created for specific situations of intervention, and can provoke a destabilization in the instituted modes of the organizations (Rossi & Passos, 2014).

Commenting on the different situations that are faced in the different groups, Guattari (1987, p. 101) states that "the role of the group analyst would be to unravel such situations and lead the group as a whole so as no more flee from the truths they cover". For Lapassade (1973, p.39), "it is the analyzer that does the work of analysis", and hence the analyst's impossibility to exert control over the analyzers (Lapassade 1979). Lourau (2014, p. 303) incorporated the analyzer as one of the principles of Socio-analysis.

The crossings are in line with the conservation of something previously existing, hindering the process of analysis (Rocha & Deusdará, 2010). On the other hand, transversality consists of a dimension that seeks to overcome a pure verticality or a simple horizontality, so as to achieve the maximum communication between the different levels and in the different senses (Guatttari, 1987). In this way, while the crossing leads to the maintenance of something that is instituted, transversality contributes to the production of the instituting, both processes being inevitably present in the analysis.

Contrary to the notions of transference and counter-transference, because it was believed that it would not be possible to use them in the relations that take place between subjects within the institutions, Lourau (2004b; 2004c) proposed the concept of institutional implication to name the relations that each subject establishes, albeit unconsciously, with the institution to which belongs and didactically divided the implications in primary, that is

"those updated in the device of analysis (and/or research) and in its local questions" and secondary, "those of the intervener/researcher in the scientific institution, but also its relation to politics " (Monceau, 2013, p.

Incorporating new principles to those already defined by Socio-analysis, Monceau (2013, 2015) developed, from the years 2000, the Institutional Socio-clinic in the interventions that he has been carrying out in the area of French National Education. In general, Institutional Socio-clinic is used in long-term interventions and is based on some fundamental principles, among them the work of implications (Monceau, 2013).

Implication, in Institutional Analysis, is not synonymous with engagement or commitment, but corresponds to the ways in which subjects relate to institutions (Lourau, 2004b; Penido, 2015).

Monceau (2015) points out that professional involvement is the set of relations that the subject "establishes with the profession (thought as an institution with its own dynamics) to which he belongs, and with the other institutions in which, or in connection with which, he exercises his profession" (Monceau, 2015, p 198).

We understand that professional practice has become a set of professional implications, including ways of relating to co-workers, other institutions, ways of thinking about relationships and giving them meaning and value. Through this daily contact, and in a reflexive way - as in a mirror - professionals recognize themselves by looking and being with the others, at the same time that they also form their own way of being upon the others.

In this sense, and entering the questions that involve the research, for Lourau (1997), we must make the distinction between field of intervention and field of analysis.

The field of analysis consists of the theoretical system and the more general context involving the intervention, while the field of intervention comprises the space-time available to the controllers from an initial order and the demands, including those that arise in the course of the intervention. Thus, the field of analysis cannot be understood as "something" separate from the field of intervention, although it can be done and idealized at times other than the "here and now". The field of analysis is pervaded by the field of intervention, just as the theory is crossed by practice, by thinking, the researcher by the researched, thus representing a process that is intertwined (Rossi & Passos, 2014).

The field of analysis involves not only the post-intervention period, but also the preparation of the project and the moments that precede it, being therefore broader than the field of intervention. The latter is equivalent to a certain period of time in which the intervention occurs, being limited to a group and/or establishment.

Intervention research corresponds to investigations where the researcher is, at the same time, technician and practitioner, seeking transformations through questionings of several senses crystallized in the institutions (Lourau, 2004a).

Thus, when we enter the field of intervention in intervention-research, as it is the case of socio-clinical research, we previously considered that, beside the rules, values and functioning of each group, there are crossings of several institutions. Thus, it is necessary to consider the best way to enter the spaces with the objective of producing research "data" and transformations in the investigated reality.

We understand that the data are produced in the encounters between the "researcher" and the forces of change and reproduction, and not as a simple collection of information in the field, that is, the interest of intervention research is the movement, the metamorphosis (Passos & Barros, 2000).

The insertion of the researcher does not take place in a natural or neutral way. His entrance needs to be systematized, reflected, constructed and reconstructed permanently in the encounter with the subjects (Rosseto et al., 2010), where the implication analysis of the researcher must be present throughout the process.

From this context, we seek to analyze the fabrication of research devices in the process of entering the field of intervention in two socio-clinical researches, believing that this proposition can theoretically contribute to reaffirm the lack of neutrality on the part of researchers in the development of their researches, and also that the devices put into practice in an intervention research can be (re) organized during the process of development of a research.

Methodological route

This is a qualitative study that proposes to analyze how research devices were prepared since the process of entering the field of intervention in two socio-clinical researches developed by two PhD students (the first two authors of this article), who used the socio-clinical research strategy.

There were two intervention research fields: one of them is made up of two Family Health Strategy (FHS) teams of one municipality of Mato Grosso and the one team of supporters of the National Humanization Policy (NHP) and articulators of Continuing Health Education (CHE) of 24 municipalities that make up the Regional Health Department III (RHD-III), in the State of São Paulo.

The subjects involved in the first study are nurses, physicians, nursing technicians, community health agents and receptionists of the two FHS teams. In the other study, they are the supporters of the NHP and articulators of CHE from each of the 24 municipalities of the RHD-III.

Part of the empirical material related to these studies consisted of the field diaries of the two PhD students, important instruments for recording experiences, perceptions and apprehensions, as well as relevant tools for analyzing the own implications of these researchers.

A research field diary, in the perspective of institutionalism, consists of a tool that has the potential to produce reflective movements of the practice itself, from the moment the act of writing becomes a plausible occasion for reflection on the thing experienced, revealing untold aspects. In addition, a research field diary makes explicit the lack of neutrality of researchers in the act of researching (Jesus, Pezzato, & Abrahão, 2013) because they areconsciously or unconsciously implicated with the research.

In this way, research field diaries were produced according to the theoretical-methodological reference of the Institutional Analysis and analyzed under the guiding theme of preparation of research devices and by means of some concepts derived from the theoretical-methodological reference of institutionalism, among them: analyzer, cross-referencing, transversality and implication.

Field diaries are extremely relevant for the analysis of implications. In the two researches included in this article, the analysis of field diaries took into consideration the devices, since the entry in the field and using the proposition made by Paillé and Mucchielli (2012) that takes into account three moments in the analysis of empirical material: transcription, transposition and reconstitution.

In transcription, the observed scene is passed from testimony to its inscription in the form of a written speech, adding field notes and reproductions. In the transposition, while field notes are written, categorized, commented or rewritten, there is a moment when the words and gestures of the actors are reconsidered and restored through the words of the researcher. And in the reconstitution, usually constituted by the final report, it is the moment in which a form of narrative is made discussing the main categories of analysis and interpretation (Paillé & Mucchielli, 2012).

Entry in the field and preparation of a device

Both studies were approved by the Research Ethics Committee of the Nursing School of Ribeirão Preto - University of São Paulo, according to the Opinions 1,568,447 and 1,761,806.

The entry into the fields was carefully planned and agreed prior to the approval of the Research Ethics Committee, as it was necessary to obtain authorization terms signed by the respective municipal managers in order to conduct the research.

In order to discuss this process, it is important to understand that "field" corresponds to a spatial excerpt of empirical reach of the theoretical excertp corresponding to the object of investigation (Minayo, 2002), closer to the notion of intervention field brought by Lourau (1997), but that does not subtract the presence of the field of analysis, for example, in the process of making this scientific production.

One of the resistances present in the development of field research projects is the one mentioned by the researchers themselves, to be investigating in their own fields. In the two socio-clinical studies presented here, this process was no different. The entry into the field of intervention did not happen without the existence of resistance on the part of the researchers. This process is rarely explained in scientific research, but it can be demonstrated and resumed in analysis processes, such as the one being produced in this article:

> *I am very afraid that the intervention fails, the research fails, the team does not accept the project, refuse it in the middle, mainly by the proposal to discuss mental health. (field diary 1, 01/28/2016).*

> *Sometimes I wonder why I I decided for a field survey. I could well do a historical, bibliographical research... it would be just me with the books and articles... what will be the receptivity of the subjects of my research? (field diary 2, 11/5/2015).*

Resistance occurs in the sense of suspicions, fears and anxieties in the face of the unknown. After all, it is not known what the real receptivity of the group to the proposals made by the researchers would be. This is also due to the need to have, under control, the entire planned course (even mentally) of the progress of the research, placing it within the framework of a Cartesian research, in which the devices to be put into practice are previously prepared, searching the measurement of the results. Therefore, the researcher who works in the perspective of socio-clinical intervention must always be immersed in a process of self-analysis, trying to analyze its implications to the research and to the institutions that cross it.

Upon entering the field, the researchers also took into account that each group has its own functioning, with rules and values already constructed and often instituted. Given this, we consider that the best way to get into the field would be to start by presenting and discussing the research project with the subjects. This was done in a gradual way, allowing the readjustment of the devices, as after all, these were not established a priori, but agreed with the subjects of the research, based on the previous experiences of each one and on the need perceived by them in the trajectory of the research, considering the non-neutrality of the researchers.

In one of the studies, the intervention group consisted of two FHS teams, totaling 17 professionals, including two physicians, two nurses, four nursing technicians and nine community health agents, who participated in groups of CHE performed biweekly in the unit itself within a period of one year and coordinated by the researcher.

In the other study, the group consisted of 35 health professionals who developed, in their respective municipalities, the role of supporters of HNP and articulator of CHE, who were interviewed and participated in 10 monthly meetings also from the perspective of the PHE, coordinated by a team of researchers, including the PhD student.

In order to facilitate the exposition and understanding of the facts, we will present the reports of field entry and the construction of devices in the two surveys separately. Then, we will discuss the similarities and distances in the process of preparation of these devices, culminating in some considerations made from then on.

The two FHS teams of a municipality of Mato Grosso

The construction of this intervention did not start from a request of the service, but from a social request, based on the previous experiences of the researcher and previous studies. The request is made by someone and its statement, even when formally written, does not directly reflect the situation in question, needing to be analyzed in the group as a whole (Monceau, 2013).

One device used for the process of entering the intervention field was participant observation. The researcher remained in the service for 30 days as a participant observer, performing on average 80 hours of observation in this period, sharing in the work activities. In this period, some actions that did not intend to be explained by the team were appearing and revealing conceptions and ways of acting of the team. An example of this is the type of relationship established and the way of working between the two FHS teams that shared the same physical space. In addition, one of the teams demanded to talk about their anguish, mention their daily life, talk about their interprofessional relations, network and municipal management.

Therefore, we perceive that the researcher's field entry was generating demands that are different from the order, because they appeared with the research conducted and are produced by all those involved in socio-clinical work (Monceau, 2013).

Also during the process of entering the field, the semi-structured interview with all workers of the two teams was used as a second device, and was carried out concurrently with the participant observation aiming to bring the researcher closer to the context, so as to understand better the field of intervention in question. This device pointed to the existence of some crossings related to the local work process, mental health care and inter-professional relations at work.

These steps allowed for reflections not only on the entry into the field but also on the teaching practice through the analyzers that emerged from the execution of the devices and through the very process of analyzing the implications of the researcher.

> *Presenting the project to the team and building the PHE process together with the professionals, made me realize that even as a teacher, having managed to advance in more contextualized academic practices, we still have difficulty considering the needs of the service, and the professionals are still not protagonists. (field diary 1, 04/11/2016).*

Several times we entered practice fields, entered the space and territory of the patient/family and the health team, and then we were absent due to crossings linked to the reorganization of academic activities, carrying out discontinuous care actions to the other, often without co-responsibility in this process.

Although these initial notes are not necessarily oppositions to an intervention, resistance happened throughout the field entry, such as the difficulty of the team to approach the content and discuss mental health.

> *The physician informed me that she understands that a mental health consultation cannot be done in conjunction with a consultation to address hypertension care. I explained that the psychic aspects pervade any care and any consultation, there is no separation. (...) We closed, scheduling her interview for the first stage of the research; she re-scheduled the interview three times, and did not perform it (field diary 1, 05/03/2016).*

The entry in the field mobilized questions and approaches with the theoretical reference and its concepts. It was possible to perceive that some subjects verbalized the will to participate in the intervention, but they positioned themselves in such a way as to "oppose" the processes of reflection and problematization of the professional practice itself, adopting, therefore, movements of resistance. Some analyzers that could be identified as examples would be the non-inclusion of some members in discussions about new work strategies, the absenteeism of some professionals in the meetings, the denial of participation or the execution of any activity that would remove them from the pre-established schedule and already agreed.

Monceau (1997) proposes the analysis by the resistances and not of the resistances, taking them as analyzers of the institutional contradictions. For this, the author presents three instances that constitute the dialectical moments of this process: defensive, offensive and integrative.

During the defensive moment, there is a movement towards the disappearance of power manifested by the intransigence that corresponds to the self-preservation of power itself. In the offensive moment there is a movement towards the construction of a new power, manifested through the construction of something new, without commitment to the dominant power. And the integrative moment is directed to the disappearance of the resistance (it is repressed and remains latent), tending to assimilation in order to avoid a break-up. However, it can reappear as absenteeism, loss of interest, dissimulations, among other symptoms (Dóbies & L'Abbate, 2016).

In this sense, resistance can also be an analyzer as it denounces something in the team, but it must be collectively discussed (Monceau, 1997). To be an analyzer, this needs to be shared, discussed, and analyzed in the collective sense. In this way, the resistance was worked on in the group in order to achieve a process of self-analysis and collective

analysis and we were careful not to run the risk of producing movements in the direction of guilty parties, impoverishing the analytical process.

In the continuity of the intervention research, a reflection group was created as a third device, with the aim of triggering self-analysis processes by means of conversation wheels about the difficulties and potentialities experienced in the daily work, analyzing some analyzers (understanding of CHE and mental health; basing the meeting on bureaucratic discussions unrelated to PHE; and insecurity in mental health care) that emerged from the semi-structured interviews and participant observation. Thus, we consider that CHE was used as a device to analyze mental health actions in the FHS.

CHE allows for daily reflection and collective analysis of work processes and mutual accountability for the production of autonomy and care in the perspective of integral care (Mishima et al., 2015). This is a pedagogical concept that links education, actions and services, adding learning, critical reflection on work, and health promotion and resolution (Brasil, 2009).

At this stage of the intervention, resistance was still manifested by delays and re-scheduling of meetings, non-participation of physicians in the activity and non-performance of other activities that would allow the review of the practice carried out with the inclusion of new strategies, such as home visits in the expanded clinic and in a model of psychosocial work. That is, resistance was crossing the activity of reflection and research.

> *Re-schedule the group again made me wonder if the group really wants to continue. They accepted, but they cancelled, re-scheduled, they arrived late, and leave to go to the bathroom, keep checking the cell phone (field diary 1, 10/05/2016).*
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> *We scheduled the consultation to discuss the case starting from the reflection group, but the physician did not show up. (...) When the physician arrived at the place, she informed that she would not give attention to anything besides her work, especially if they were demands generated by the research (field diary 1, 10/24/2016).*

Resistances can be movements of indulgence or retaliation, but they can also be movements of support of good practices in situations of precariousness. In order for the resistances to come out of paralysis and gain movement, they must be analyzed collectively, including the institutional dimensions that permeate them. Refusal of the proposal, for example, should serve as an element to analyze the situation (Dobies & L'Abbate, 2016).

Another situation of resistance occurred during the meetings when the researcher presented daily scenes observed by her or in interviews. The group, still in the process of reflection (because the research is in progress), started a movement to talk about its difficulties regarding participation, delays and absences, but still with little analytical process, using the daily activities of the service as justifications.

In addition to the resistance related to the beginning of the project and the approach to mental health, from the moment the meetings started, the researcher was able to analyze and understand her own resistance in entering the field of intervention. This happened when she analyzed her resistances in the discussions with the research group, the counselor and the health team, facilitating the acquisition of movement, as well as the analysis of her implications with the research and other institutions that crossed it.

Humanization supporters and phe articulators in each of the 24 municipalities of RHD-III

The general objective of this research was to analyze the professional implication with supporters of humanization and articulators of CHE in the 24 municipalities that make up the RHD-III (Regional Health Department).

In this context, the researcher was inserted in the field of intervention through another research that had the objective of implementing and analyzing institutional support strategies with a view to developing co-management and reception in primary care units that joined the Program for Improving Access and Quality - PMAQ of the six municipalities of a health region, RHD-III, in São Paulo. This research, at first, was directly linked to the PhD project of this researcher.

However, with the development of the research, the researcher began to identify crossings that prevented him, in a way, to separate his PhD project from what was part of the other project, sometimes giving a feeling of impotence and not belonging to that production as something that referred to his PhD thesis, as it is placed in his diary:

> *(...) my PhD aims to work only with the supporters, it is different, and this is very important: to delimit the projects. (...) A feeling of doubt and discouragement. It looks like the project is not mine (field diary 2, 10/9/2015).*

This revealed the researcher's implication with the research, considering that the implication arises in order to put an end to the illusions related to analytic 'neutrality', by arguing that the observer is already involved in the field, and his intervention modifies the object of study, transforming it (Lourau, 2004a).

Finally, the objective of the study of the intervention research, developed by the researcher, was to analyze the professional implication with the supporters of NHP and the articulators of CHE of the municipalities of the RHD-III.

We believe, therefore, that the fact of modifying the object of study and of transforming it consists of a process that compiles the act of researching and, above all, the development of researches that have intertwined goals. In addition to this, we also identify that this process is part of the PhD student's maturity in the search for the development of his thesis. The object of study does not appear a priori but is woven during the course of the PhD.

In any case, experiencing this project enabled the researcher to enter the field of intervention, the recognition of some workers who would compose his study group and the establishment of a link with them and the RHD-III of Araraquara.

There was verbal order from the RHD-III through the Coordinator of the Development and Qualification Center for the UHS (CDQ-UHS) of the need to instrumentalize the humanization supporters and articulators of CHE from the 24 municipalities that composed this RHD-III for the development of support and articulation of CHE in their territories.

> *There was somehow an order to help the NHP supporters and CHE coordinators to strengthen their supportive actions in their territories, as they often feel that they do not have enough instruments to carry out their functions in the territories (...) (field diary 2, 04/25/2016).*

Once the order was accepted, the PhD project was redesigned in order to work with the supporters of the NHP and articulators of CHE with the intention of supporting them, placing the order given by the director of the CDQ-UHS in analysis with the participants.

The devices planned in the first PhD project were: the development of institutional diaries drawn up by the supporters themselves, containing reports on the respective daily work that should be analyzed, with some moments of return of the analysis data.

According to Hess (2006), the institutional diary is one in which the narrator moves from an intimate writing to a public writing. It is a description of the events that take place around an experience inside an institution every day and/or on some days of the week.

When proposing the preparation of these diaries, the researcher faced some resistance on the part of the supporters, resistance that should be considered as analyzer, since writing, in itself, produces a "transparency" that allows a certain control of the actions that are being carried out by the professional (Pilotti, 2008). Moreover, what is chosen or not to be put in the diary by the narrator already concerns its implications, composing a process of self-analysis. Often, "it is in the re-reading that we find something that escaped us the first time, but that it is profoundly interesting and innovative" (Jesus, Pezzato, & Abrahão, 2013, 222).

In the new configuration of the research the following devices were proposed: semi-structured interviews with each one of the supporters of the NHP and articulators of CHE of the 24 municipalities; reflection group with the same supporters and articulators (consisting of monthly discussion spaces already organized by the RHD-III) and moments of restitution of the analysis. The aim of these interviews was to identify some issues related to the professional implication of the research subjects, in addition to enabling the researcher to get closer to the territories and his entry into the field of intervention, similarly to what happened in the research carried out at the two FHS teams in Mato Grosso.

The interviews revealed the professional involvement of NHP supporters and articulators of CHE in the development of support and articulation in their territories. These implications are under the interference of an agglomeration of institutions that cross the daily life of making support and articulation, with the political power being one of the main issues.

Subsequently, data produced through semi-structured interviews were analyzed collectively in several meetings of the reflection group through a process of restitution, moving in the direction of attending the order, the demands of the participants, the RHD-III and the own researcher with his research object.

Based on the order made by the director of the CDQ-UHS, it was possible to use the existing space, i.e. the monthly meetings, for the development of the intervention research. That is, no new space had to be created, which directly generated less resistance on the part of the study participants.

The analyzers emerged and were collectively analyzed from the proposed devices. Thus, socio-clinic research kept its course, taking into account the entire investigative process, reaffirming that the analysis of the implications in the development of research is potent for the process of transformation and design of the study and the devices to be manufactured, besides the entry into the intervention field.

It is worth mentioning that there was a need to resubmit the project to REC, as new devices for data production were incorporated, in addition to a general re-adaptation, above all, of the objectives of the initial project, giving way to a new research project.

Final considerations

The organization of devices in qualitative research in the research-intervention modality is quite relevant in the process of research design, since it must encompass not

only tools that are sensitive to the production of information, but that can also intervene on the realities studied.

In a Socio-clinical research, the construction of the devices occurs in ongoing, that is, has taken place throughout the intervention. Whether in the field, or during the conduction of work groups, devices may exist a priori, but what will indicate their use is the very progress of intervention research as a whole.

Numerous variables can act as analyzers of the process of conducting a Socio-clinical research: created or formalized orders, spaces already organized for the development of the research, among others. Resistance is always a variable to be analyzed during this process, marking the creation of research devices and/or serving as an analyzer of the intervention process.

We hope that this article may inspire other socio-clinical researches developed in Brazil and in the world, since it is a counter-hegemonic process in the way of thinking and developing qualitative health research.

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