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Braga de Azevedo, Elisângela; de Castro Silva, Priscilla Maria; Albernaz Pinheiro de
Carvalho, Mariana; Leite da Silva Pereira, Vagna Cristina; Ribeiro dos Santos, Sérgio; de
Oliveira Ferreira Filha, Maria

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RESEARCH

DIGITAL AND SOCIAL INCLUSION: THE USE OF THE MICROCOMPUTER AS A PROMOTER OF PSYCHOSOCIAL REHABILITATION

INCLUSÃO DIGITAL E SOCIAL: O USO DO MICROCOMPUTADOR ENQUANTO PROMOTOR DA REABILITAÇÃO PSICOSSOCIAL*

INCLUSIÓN DIGITAL Y SOCIAL: EL USO DE LA MICROCOMPUTADORA COMO UN PROMOTOR DE LA REHABILITACIÓN PSICOSSOCIAL

Elisângela Braga de Azevedo¹, Priscilla Maria de Castro Silva², Mariana Albernaz Pinheiro de Carvalho³, Vagna Cristina Leite da Silva Pereira⁴, Sérgio Ribeiro dos Santos⁵, Maria de Oliveira Ferreira Filha⁶

ABSTRACT

Objective: To investigate the use of computer technology, especially the microcomputer as an ally in the process of psychosocial rehabilitation of people in psychological distress, seeking to identify the effects of the use of information in the social context of these people. **Methods:** This was a descriptive - qualitative interpretative approach, performed in Campina Grande / PB / Brazil, with 19 professionals working in the network of mental health care in 2010. We used the technique of content analysis-categorical theme proposed by Bardin. **Results:** The results suggest that inclusion of digital technologies in mental health services as key strategies in the rehabilitation process of the user. **Conclusion:** The use of computer technology is a tool that promotes social inclusion, empowerment and self-esteem of users, fundamental to the process of personal transformation bearer of psychological distress. **Descriptors:** Mental health services, Computers, Socialising.

RESUMO

Objetivo: Investigar o uso da tecnologia informática, sobretudo do microcomputador como aliado no processo de reabilitação psicossocial de pessoas em sofrimento psíquico, buscando identificar as repercussões do uso da informática no contexto social dessas pessoas. **Métodos:** Trata-se de uma pesquisa descritiva - interpretativa de abordagem qualitativa, realizada no município de Campina Grande/PB/Brasil, com 19 profissionais que atuam na rede de cuidado da saúde mental em 2010. Foi utilizada a técnica de análise de conteúdo tipo categorial-temática proposta por Bardin. **Resultados:** Os resultados apontam para inclusão das tecnologias digitais nos serviços de saúde mental como estratégias fundamentais no processo de reabilitação do usuário. **Conclusão:** O uso da tecnologia informática é uma ferramenta que promove inclusão social, autonomia e a autoestima dos usuários, fundamentais para o processo de transformação pessoal do portador de sofrimento psíquico. **Descritores:** Serviços de saúde mental, Informática, Socialização.

RESUMEN

Objetivo: Investigar el uso de la tecnología informática, especialmente la microcomputadora como un aliado en el proceso de rehabilitación psicossocial de las personas en los trastornos psicológicos, tratando de identificar los efectos de la utilización de la información en el contexto social de estas personas. **Métodos:** Se realizó un estudio descriptivo - cualitativo interpretativo, realizado en Campina Grande / PB / Brasil, con 19 profesionales que trabajan en la red de atención de salud mental en 2010. Se utilizó la técnica de análisis de contenido categorial-tema propuesto por Bardin. **Resultados:** Los resultados sugieren que la inclusión de las tecnologías digitales en los servicios de salud mental como las estrategias clave en el proceso de rehabilitación del usuario. **Conclusión:** El uso de la tecnología informática es una herramienta que promueve la inclusión social, el empoderamiento y la autoestima de los usuarios, fundamental para el proceso de transformación personal portador de trastornos psicológicos. **Descriptores:** Servicios de Salud Mental, equipos Socializar.

¹Nurse, PhD in Nursing from the Federal University of Paraíba, Professor at the Department of Nursing, Faculty of Medical Sciences of Campina Grande, Group Member of studies and research in community mental health - UFPB. Email: elisaaz@terra.com.br. ²Nurse, Doctoral Program Graduate Nursing, Federal University of Paraíba, Professor at the Federal University of Campina Grande, Professor at the Department of Nursing, Faculty of Medical Sciences of Campina Grande. Group Member of studies and research in community mental health - UFPB. Email: priscillamcs@hotmail.com. ³Nurse, Master in Nursing Program at the Graduate in Nursing, Federal University of Paraíba, Professor at the Federal University of Campina Grande, Professor at the Department of Nursing, Faculty of Medical Sciences of Campina Grande, Group Member of studies and research in community mental health - UFPB. Address: São Gonçalo street , nº110, apto 201, Bairro: Manaira. CEP: 58038-330. João Pessoa/Paraíba - Brazil. E-mail: mary_albernaz@hotmail.com. ⁴Nurse, Doctoral Program in Nursing Graduate Nursing, Federal University of Paraíba, Professor at the School of Nursing Nova Esperança, Professor at the Federal University of Campina Grande. Group Member of studies and research in community mental health - UFPB. Email: vckrika@hotmail.com. ⁵Nurse, Doctor of Health Science in Sociology at the Federal University of Paraíba (UFPB), Associate Professor at UFPB. Email: srsantos207@gmail.com. ⁶Nurse, PhD in Nursing from the Federal University of Ceará, IV Adjunct Professor at the Federal University of Paraíba, Leader of the Group of Studies and Research in Community Mental Health. Email: marfilha@yahoo.com.br.

*Dissertation: Network of Care Mental Health: Weaving Practice of Social Inclusion in the city of Campina Grande-PB, 2010 Federal University of Paraíba.

INTRODUCTION

Psychiatric reform led to the creation of a network of substitute services, whose major objective of professionals working in these services would be the social inclusion of people in psychological distress in society, in the family and at work, thereby providing his right to citizenship and autonomy of this subject.

It is true that traditional therapies, including psychotherapy, for a long time, were effective for control of psychiatric symptoms, however, such practices have become fragile when it comes maintenance, control and rehabilitation of those suffering from mental disorder. In this sense, the non-traditional therapeutic modalities and rehabilitative advances have aided us in order to improve the quality of life and social inclusion provided to these carriers.¹

It was in this perspective that advances innovative practices of social inclusion and the work has been carried out in the different areas of the network of mental health care in the country. Therefore, it is understood that such practices represent transformative actions in the care offered in the contemporary, this clientele.

Two political events that reinforce these developments were in psychosocial care, the National Mental Health Policy and National Solidarity Economy, there is seen, incentives initiatives to generate jobs and income Deeds intersectoral public. Thus, the work as a means of social inclusion of people with mental distress is affirmed as a right of citizenship and distinct actions of humanists, or even care and treatment.²

With the advent of technology and the overwhelming growth and development of

information technology, the personal computer has become one of the most important tools of connection with the world. The technological advances of the modern world society has required the monitoring of these developments, as well as the new discoveries and inventions, so that individuals and communities have become increasingly dependent on modernity.

One can see that in all social sectors keep in touch with "machines", whether in the workplace, at the supermarket, in banks, in short, the value is undeniable that technology has nowadays, especially in facilities that have provided .

However, raises up a great discussion: whether the technological resources exist, then they just play their role effectively in the presence of a human being, just emphasizes the need forceful man has to evolve in the face of technology. Nowadays, it is almost inconceivable that a person is not able to handle minimally a technological resource or at least did not have any initial contact with a computer. However, this reality still exists and represents a large portion of the population.

It should be emphasized that the technology to become more and more popular nowadays, socially includes people who benefit from it, however, as it also includes exclude when creating a polarity of scope, considering that such means are not a reality accessible to everyone. Thus, it is necessary to make the creation and development of public policies that promote digital inclusion, from activities and programs aimed at generating spaces experiences oportunizar able to experience working in the perspective of social inclusion with different audiences, the example of people in psychological

distress, particularly in the psychosocial rehabilitation of these subjects.

From this perspective, the government of Brazil, through the Ministry of Planning, Budget and Management has proposed, in 2003, guidelines to ensure the inclusion of the Brazilian citizen as producer of collective knowledge.³

Given this context, digital inclusion may be a strategy to work the social reintegration of excluded persons and affected by mental disorders, while familiar and even enables them to operate computer resources, expanding opportunities and inclusion fields, Besides the quality of life by investing in issues that may directly reflect the recovery of citizenship and return to productive life of these actors and laborious.

Access to updated information can contribute more effectively to prevent diseases, and for this to happen it is necessary to consolidate a process of promoting and encouraging ongoing training, in order to develop and expand programs promoting health.⁴

Given the above, it is emphasized that the productions relating to mental health that allude to technological and computational resources are a topic of great interest, however, in the face of incipient shortage of studies proving this proposed intervention, while facilitating the care and the process of social reinsertion, encouraging reflection about using these computer technology, especially the use of the microcomputer as a vehicle mediating the encounter between people in psychological distress and inclusive networks of autonomy.

Thus, this study emerged from the need to find answers to the following questions: What is the importance of digital inclusion in the life of people in psychological distress, from the point of

view of psychosocial rehabilitation? What is the impact of the use of information in the social context of these people?

Thus, this study was developed with the aim to investigate the use of computer technology, especially the microcomputer as an ally in the process of psychosocial rehabilitation for people in psychological distress, seeking to identify the effects of the use of information in the social context of these people.

METHODOLOGY

This is a research field based on empirical observation of the practices of mental health professionals in Campina Grande / PB / Brazil and, from the speech of the subjects involved in the study we sought to clarify the inclusive character of the action permeated by practice. It is understood by practice, a social action that expresses the "know-how" of health professionals in their daily actions. This "know-how" may be grounded in tacit knowledge (empirical) or explicit knowledge (formal) in the field of mental health.

In general, the reasoning developed for this study is the inductive method, in which particular experiences are analyzed to arrive at a construct on the general character of inclusive practice in mental health services in that municipality. Therefore, it is a search for qualitative-descriptive and interpretative.

The extra-hospital network of mental health services in Campina Grande, has seven Centers for Psychosocial Care (CAPS), so distributed: two CAPS I, a CAPS II, a CAPS III, two CAPS CAPS Children and Alcohol and Other Drugs. The network also features a community center and six therapeutic residences.

They were part of this study, nineteen professional network-hospital mental health of the

city, however, as this article it is a cut of Master's thesis, Department of Graduate Nursing, Federal University of Paraíba, entitled Network Care in Mental Health: Weaving Practice of Social Inclusion in the city of Campina Grande-PB5, the practice described here, was reported by two professionals at the following inclusion criteria: Be professional and be working for a minimum of one year in mental health network of the municipality, be developing practices of digital and social inclusion and have availability to participate in the research. The collection of empirical material occurred in June and July 2010.

As an instrument of data collection, we used a semi-structured interviews, addressing the following issues: (1) You develop some practice social inclusion? (2) Describe Inclusive practice developed by you and your team. The interview was recorded with the help of two devices Media Player 4 (MP4) and subsequently transcribed verbatim and literally.

In the process of analyzing the empirical technique was used for analysis of categorical-themed content. In this perspective, building the corpus of analysis, some steps have been traveled, having been organized around three poles chronological: 1) pre-analysis, 2) exploration of the material, 3) the treatment of the results, inference and interpretation.⁶

Information about the recording, reading and signing the consent form (ICF) were performed before the start of the interview. To maintain the anonymity of all participants in the use of 'speech, we use abbreviation containing the letter P (Professional) and the numeral sequence of the interview.

The research was conducted according to the ethical aspects of research involving human subjects recommended by Resolution 196/96 of

the National Health Council, which addresses the rights and obligations of the researcher and subject. The project was submitted to the Ethics Committee in Research of the University Hospital Lauro Wanderley (HULW) which gave its assent on 01/07/2010, under the protocol number 264/10.

RESULTS AND DISCUSSION

The use of digital technologies in Brazil as a means of digital inclusion has spread gradually by institutions that cater popular classes.⁸ In mental health, this initiative is still in its infancy, however, in this study, was found in the speeches of professional services network mental health of Campina Grande-PB, a practice that digital inclusion is targeted to people in psychological distress attended the service to the family members and persons living in the territory.

Studies show that one of the major challenges in building spaces socializers mental health is the search for devices that work from the perspective of individual and collective subjectivity, from a paradigm capable of crossing the dispute involving prejudice, strengthening the pharmaceutical industry, globalization and public health policies. Thus, efforts have been aimed at building networks of social relations that go beyond physical and geographic barriers, able to act as mediators of speech and citizenship for people in psychological distress. With the practice of digital inclusion, you can track numerous effects on subjectivity and family relations, so that this experience has demonstrated the feasibility of using computer resources in enabling people in psychosocial mental illness.

Thus, in order to develop work using digital technologies, especially digital inclusion, there is need for provision of computers to access sociedade.⁹ is the first step toward achieving the

Azevedo BA, Silva PMC, Carvalho MAP *et al.*

Digital and inclusion...

production, selection, meaning the information and building knowledge and individual group. It is believed that the proposed use of information spaces with the aid of microcomputador facilitates and strengthens the construction of knowledge, access to social goods, networking and solidarity, especially the redefinition of the image of socially excluded.

Information spaces are defined as devices that besides allowing the correlation cognitive, communicative and factual problems through projects singular also provide a link with distant and abstract issues in order to promote the general social and scope of projects and problems.¹⁰

An interesting example of space resocialization of people in psychological distress mediated by the use of microcomputer Telecentre is the Juliano Moreira, located in the city of Rio de Janeiro has made use of this strategy to boost the self-esteem of people with mental disorders, reintegrating them into society. This initiative provided grants to a psychiatric patient who produced a book of poetry titled "Hope is the essence of life", composing a collection. Valter Bartolomeu da Costa was the creator of that work and developed his work in Telecentre Hope area of digital inclusion and citizenship rescue.¹¹

In this context, this study allowed the researchers to build the category described below:

Course of Microcomputer as a practice of social and digital inclusion for people suffering of psychological distress.

The Inclusive Practice is being held at the community center and culture, "Arts and Crafts", located in the city of Campina Grande / PB and its course facilitator who operates in a professional network of psychosocial care for three years. This is a basic course in microcomputer operator

developed for people with mental disorders, their families and the community. Thus, it was realized its context in the speech below:

Informatics is a new world, a world parallel to their world, so they enjoy it. The course is quite simple, really geared for them, so they can understand a little computer and can learn a little of the Internet, the worldwide network that is what we try to see here. So we start with Windows, so they know exactly tinker with the operating system, then go to the Word, to construct texts and arrive, finally, on the Internet, which would be another world that they are also able to meet (Professional n. 16).

Before the report, it is clear that people in psychological distress are gaining access to the digital world, through attitudes of professionals working in community centers and culture. This is a course that respects the user's time, enables digital inclusion, promotes citizenship, ethics and access to culture and the construction of active subjects and capable as they relate professionals:

They are very fond of computer science, is one of the most sought assiduously here they come. The course is trying to bring them pleasure in doing that, then the people have a period of up to six months, but if we see the need to extend them a little more, do it, why? Because unlike other courses, we do a course toward them, so if there is a difficulty, if learning is slower, we can give a tip for them to learn, because the intention is to make them learn and make them feel good about that. You really do like them, they see what is good, so from that, they can create interest in other things within that area or whatever. You do not know the joy that is when they can write their own name and see it on the computer screen (Professional n.16).

We have a course where we have mainly user CAPS ad, which is a user who needs to use this constant, is developing some actions, we had the CAPS II users who have finished the course, received the certificate, this to his self-esteem is very good, [...] and they both can develop at home because

J. res.: fundam. care. online 2013. jul./set. 5(3):364-372

they can do some typing service, internet, search somewhere, even within the service because it is rotating very this course here, much as it respects users' time (Professional n. 7).

Respondents show that users have pleasure, satisfaction and improved self-esteem to do the computer course. Moreover, the professionals show up motivated with the realization that this practice has promoted the inclusion in both the digital world as to work. Another factor noted in the reports relates to the public frequenter of course that mostly consists of users registered in CAPS Alcohol and other Drugs. The intention of professionals to offer the course to that user's profile is to get them to create motivation and interest to pursue the labor market and thus can overcome their limitations or disabilities.

It is believed to mediate communication processes and ensure the free expression and individual issues, digital inclusion allows the individual to locate the context in which it operates, determining the significance of relationships involve learning, language, memory and thoughts. It is in this context that digital inclusion is the process of understanding, storage and use of information as an important element of personal transformation, so that this process seeks to rehabilitate such a strategy promotes opportunities for individuals in psychological distress, contemplating strengthening the autonomy and competence of these subjects.¹²

Studies show that the insertion does not occur by simple matter of encouraging the development of skills or competencies, but to stimulate the subjects are authors on social networks and in the affections of the human being. It constitutes social networks, enabling citizens to produce their materials from the reflection on the context of their lives.

J. res.: fundam. care. online 2013. jul./set. 5(3):364-372

Thus, the digital inclusion initiatives conquer space and gain notoriety, to the extent that encourage autonomy, independence in creating relationships, and promote the empowerment of participants, surpassing discriminatory barriers that act similarly to physical obstacles exclusion from society.^{7,10}

Given this context, it appears that some limitations are present to implement a digital inclusion program, it is not enough just to goodwill, availability and solicitude of the facilitators of the process as the material need, especially microcomputers, it is imperative to viability of the initiative. From this perspective, were identified in the speech of the interviewee, some weaknesses in the material point of view, especially when it comes to the resources necessary for its consolidation:

We have eight students. It is! Just by the little amount of computers we have, so we have eight students divided four in the morning and four in the afternoon. The time is eight to nine, the first two students, the other two students ranging from nine to ten, here comes the afternoon, two students from two to three and two of three to four students. The course is also offered to the family, currently we only have users in all CAPS, CAPS ad, which is what we, in fact press (Professional n.16).

Scholars in the field of social inclusion argue that "transforms lives by computing profoundly alter the form of knowing and relating with nature and with people. Has a decisive influence in the form of knowing and constructing subjectivities. By producing a text on the computer, for example, no longer think straight and you can, of circular form, follow recurrences of the thought process. Likewise, if you relate with people in a digital network, individuals become more aware of reconfigurations that can

happen and the network itself. This extends all human potentialities.^{10,13}

The technologies comprise subjectivities, as they act as vehicles for production, processing and object manipulation as a form of objectification of the subject, as also the use of language games, and finally, how to exercise self-knowledge.¹⁴

Embed people in psychological distress to the era of computer technology, society and culture, crossing boundaries and obstacles, such as the bias means include them in the contemporary world. Digital inclusion intends thereby to provide satisfactory measures that subjects members of an increasingly global society can have access to technology, information, knowledge and learning. Therefore, promoting digital inclusion also refers to the formation of human resources trained to use the informational and communicational technologies in favor of political transformation, social, cultural and economic.¹⁵

Based on the foregoing, it is understood that information technology is the path that must be traveled to gradually users in psychological distress are included in the digital world, social life or work, providing thus building a collective level, even if unstable and open to the inflections of time and movement, both of the subjects, the institutions involved in the biggest challenge is to make these people are entitled to citizenship.

Thus, the use of digital inclusion has shown beneficial results from the point of view of psychosocial rehabilitation of people in psychological distress, as it falls on the individual spaces that value skills, potentials and opportunities, popularizing the use of microcomputer and internet, while tools that insert, socialize and give the character of citizenship to these individuals.

J. res.: fundam. care. online 2013. jul./set. 5(3):364-372

CONCLUSION

The psychiatric reform in Brazil brought a new discussion about mental health care in the country and required a redesign of care practices and health services available. This new design now requires the expansion and adoption of actions inclusive health enabling social rehabilitation of the mentally ill.

Thus, this study sought to reflect on the importance in developing strategies that enable the individual to the social reintegration, since users of the network of mental health care are victims of social exclusion.

Thus, the use of technology as a tool for psychosocial rehabilitation process of the individual has been considered in this research as one more strategy to be used by public health services in the rehabilitation process of patients with psychological distress. Although still present themselves scarce and limited strategies propagated through networks of digital inclusion, they seem efficient, according to evidence found in the reports of health professionals interviewed in this study.

This leads us to infer the possible proposals for action to be worked by health managers as to meet the needs of equipment and training of professionals as a way to expand the comprehensiveness of strategies in mental health services.

From this perspective, it is believed that this study will awaken the look of managers and health professionals to understand that the use of digital technology has its potential in relation to the assistance of users of mental health services. It is a professional tool that meets users' needs, enhancing their self-esteem and promoting their autonomy.

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Digital and inclusion...

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