

# The Childhood Depression: Narrative in Familiar Settings

OPINION

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## Abstract

The most mental disorders, including depression, involve the children in a way of great influence in their development processes. Similarly, say the researchers, it is imperative to explore the role of prenatal exposure and develop interventions to reduce the long-term negative impact of low socioeconomic status state in childhood on cognitive ability. On this way, parental practices and communication strategies with the child and the adolescent in the understanding of child depression happen thought the analysis of involvement narratives of disease, affective practices, empathic and linked in describing the itineraries of psychic pain and suffering. It is also important to know that there are "prohibited words" in the family and that these words said and prohibited by relatives appears to make the encounter with the brands and the representations that make up the child depression in search of another character, as a way to associate the words the other access codes, and with this to situate pain and psychic sufferings in the return bedding of voices interpretation, especially in the recognition of what transforms life in mental disease possibilities. Because of that, the discourse have been pointed as one of the steps in the treatment of this disease. In the talk it is important to understand the relationship that requires understanding the child, through contact with the dynamics that seek to explain it by words spoken and prohibited in the face of life reality. In this way, in terms of depression, the word heard with ethics and commitment, combined with the medication and its monitoring can be a powerful icon in the treatment of disease.

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## Keywords

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According to data from the World Health Organization (WHO), it is estimated worldwide that about 20% of children and adolescents have some mental health problem, situation which can bring negati-

ve consequences in the short and long term in the developmental trajectories of individuals [1, 11].

In Brazil, some researches have confirmed a high prevalence of mental disorders in children and adolescents [2, 3, 4, 5, 6], pointing out that from 12.7% to 23.3% of the total number of children and adolescents in the country suffer from some type of mental disorder, [7, 8, 9, 10, 11] indexes close to those given by the World Health Organization.

Mental health problems in children and adolescents tend to be caused by several factors: genetic problems, brain disorders, such as epilepsy, violence, loss of significant people, chronic adversities and acute stressful events, problems in the development, adoption, sheltering, besides, the cultural and social aspects that impact significantly the child development. [12]

The lack of awareness about the problem and services offering is evident, although advances are occurring since the implementation of the psychiatric reform which aimed to overcome violence asylum in favor of changing models of care and management in mental health practices. In the 90's, it started to get in to practice in the country the first federal rules regulating the deployment of daily care services, based on the experiences of the first Nucleus or Centers of Psychosocial Attention (NAPS/CAPS) and day-hospitals, the first inspecting and classification rules of the psychiatric hospitals. [13, 14]

Initially, the actions of mental health for children and adolescents in Brazil have been focused on customer service with serious psychic suffering, in particular the cases of autism and psychosis. Then, the concern with several other situations began to impose as in the case for children and adolescents care involved in situation of risk and social vulnerability as trafficking, prostitution, alcohol, drug abuse, and violence. Nowadays, the symptoms that lead the parents and tutors ask for mental health treatment varies from the situations identified to school difficulties, aggressive behaviors, self-harm, among others. [13, 14, 16, 17]

The intersectoral work becomes essential to inclusion and building of referrals for a network of care and protection, while preserving the role of the family, in particular. The family, thus, appears as a factor of psychological health promotion, especially considering the importance of quality relationships linked to coexistence styles with the situation. These styles are the emotional context of parent-child relationships, in which the more specific parenting practices are implemented, especially in relation to care and supervision of children. [13, 14, 15]

In a recent study titled "Grand Challenges in Global Mental Health" [14], the children are the group who need the most special attention for prevention and care. The most mental disorders, including depression, involve the children in a way of great influence in their development processes. Similarly, say the researchers, it is imperative to explore the role of prenatal exposure and develop interventions to reduce the long-term negative impact of low socioeconomic status state in childhood on cognitive ability.

The initiatives on assistance for children and adolescents who suffer from serious mental disorder are few and located. The technical and political misinformation to be broken, recognizes the suffering caused to family member, promote intersectional and individualize the service for children and teens, which was before based on assistance for adults or disabled, it represents the challenge before the new ways to deal with the mental health care, especially when it comes to professional practices. [15, 16, 17]

Thus, it is imperative to recognize the importance of family and family context as psychic suffering and pain expression scenario in the childhood – particularly of depression, and as primordial space for recognition, identification of emotional needs, and the development of intervention actions with attention to social exclusion and discrimination.

Despite this, not all families have the structural, economic and emotional conditions to conduct

successfully the aspects of living with the disease, although it is considered that these, in some way, work out the experience, deal with their suffering and their expectations, and they can make a living with the disease, seeking support in their network, in some belief system, and in clinical treatments. [18]

On this way, parental practices and communication strategies with the child and the adolescent in the understanding of child depression happen through the analysis of involvement narratives of disease, affective practices, empathic and linked in describing the itineraries of psychic pain and suffering, as well as from established relations in a sense building in the living with the child and/or depressive adolescent, particularly, in the anxiety communication which the routine makes it emerge in the impact of care. [19, 20]

In this context, it is observed that the elaboration of a meaning to understanding and living with the disease is a process which highlights the phenomenon of illness as a narrative construction and constitutes an explanatory model, a conceptual system that founds the relationship mediator between the disease, the child, and the family reality. [21]

Thus, the understanding of the child depression narrative, gives us an interpretation about what family members are saying and doing in a given time, considering the language spaces, registering them in a way that reflects an existence condition of the disease, socially and culturally constructed through the meanings outlined to itself and to the other, from the enunciative character of disease. [22]

It is able to demonstrate that family narratives place the depressive reality, as part of the communicative intent, making it possible to understand the symbolic system built socially and culturally in coexistence with their carriers. Because of this, the interlocutors that permeate the narrative about the reality of the disease, related to history production belonging to that reality, reflect the meanings and

build meanings. Related to this, the family narratives as a way to find meanings and manage negotiations at home and when seeking help at the Center (CAPSi), they find in their itineraries contextual clues that come from its element of conflict with the experience of the disease. In other words, the conflict creates a tension that organizes the facts of history. [23]

Taking it to the next level, no one tells nothing without listen to before – and without be in this or that place, without be itself or anything different from itself. [24] About that Foucault [25] emphasizes that the speaking event has psychological reality of participants and is culturally recognized and recognizable; in its identification, must be considered the event goals, the spatio-temporal organization, the participants with distinction of their social roles, the organization of shifts, the standards by which the participants perform and interpret the speak in interaction.

Usually, the said things says much more than they want. [26] In some ways, the say presupposes a possible construction for what want to translate and for which an answer is sought, through the approaches with the word, allowing, in the thing said, a desire to share within the stories, on the encounter and reencounter with a knowledge that can contribute to the enunciation of events and contingencies, which advertises itself as possibility of discourse. The prohibited words, by its time, post on the variation of communicative discourse update forms, to enable the confrontation of the stories within the suffering.

Thus, the words said by family members bring themselves more enunciates as they try to show, as interactive activities also carry a multitude of prohibited expectations, hidden on the discourse, as this breaks out as a series of reflections and specifics on the recognition of producers of meanings through translation of his narrative. The disease, therefore, is based on human historicity, in its temporality, consisting of a perspective network. [27]

The depressive child, therefore, points out in a family discursive context a symbolic production on the understanding of life stories, considering as relevant its identification to disease and sick aspects. Thus, the family discourse gets an enunciation status [28], taking as presupposition describe, express or represent the experiences of the illness of the depressive child. [29]

The process of interpretation of a narrative requires great concentration and a deep dive into what is being said. In the light of this scenario, it is necessary to capture not only what is said, but also the reference that the person uses. This reference is the seizure of the life of the world, that is, the assumptions that the person uses to define and delimit its experience. Assumptions are premises most of the time, are not said, but are lived and showed through the actions, guiding, also, the analyses that the individual does of its own experience. [30]

A lot of times, experiences of talking demonstrate the dramatis personae of the evangelist agent of life story and opens the spaces closed or blocked by the coldness of the words. At that time, the communicative event conveys the suffering, the voices, and the psychic pain that continuously interpret themselves. So it is possible to use these mechanisms [30, 31, 32], overall by contextualizing the childhood depressive phenomenon.

No message can be interpreted without reference to a superordinated message, within which communication is intended. [33] Based on this principle, we point out that the historicity and narrativity system have an interactive interface. From this point of view, the story is a narrative basis discourse, because it is based on the plot that is stroked and even determined by the time and space that updates the communicative practices. In these terms, all historical understanding includes a narrative design. [34]

Thus, we see the need to question the disease, the movements used to understand its interactivity, such as communicative practices hard by the family members, especially when they are not noticed on

reading of things which put in risk the own dynamic of childhood depression. On this direction, we can infer through the reflections of Jamison, [35] who says that the things we don't know kill us. In this sense, the gap between what is known and what is done can be lethal.

Recognize these experiences in a Psychosocial Attention Center for Children and Adolescents (CAPSi) allows us to understand the links between the different messages produced and broadcast in childhood depressive context, especially by putting on the scene the meanings of disease reporting, in the information description quality built in the interactive process by family members.

In the occasion in which we were asked to investigate the contents of child and teens depression in a countryside city of Northeast, we are faced with a reality made up of kids of both sexes, from urban and rural areas, whose families would open spaces to think about the concept of order and disorder, as well as the relationship between them, to (re) take the personal and cultural meanings in the context of the own language of pain and psychic suffering, when their children were called depressives. Advancing a little more in these spaces, we will find these codenames which are called password [36] submitted by the family as "the disease of the nerves".

This password pointed out an interest in understanding its condition of transcription, especially in contexts of discourses, their directions and demonstrations on what to dismember the psychosocial impact. Understanding password as a code established for each character, we mention the importance of resume as something to be deciphered in order to make familiar what crosses the strange, marking and mobilizing peculiar ways of translating the tragic.

It is interesting to note, however, that the word said and prohibited by relatives appears to make the encounter with the brands and the representations that make up the child depression in search of

another character, as a way to associate the words the other access codes, and with this to situate pain and psychic sufferings in the return bedding of voices interpretation, especially in the recognition of what transforms life in mental disease possibilities. The key feature of the family is the call to understand cognitive adjustment difficulties, which encourages the search for treatment. These appeals, depicting the anguish of "the pain of be", are stereotyped by the narratives, by the continuing description of facts, acts, and happening, by the way as the family (re) tell the story of the child's life, in questioning from its past/past, past/present, present/present, and tiny idea of future deliberations with the other.

Is the fear of contagion by another that today all fear, and this fear stirs up the rescue of the most intimate and emotional tone of the languages in understanding the disease, in other words, the welcome by listening is something that still hangs in the field of ideology, and thought, thus, listening is not just to simple mechanical act of listening, but extensively, to interpret and offer a contrast to the speaker.

Due to the complexity of the issue, we have been strengthening the theoretical bases of the research in the process of reconstitution of the codenames, witnessed by the family, through the discourse outlined to their children as "the mentally ill". Highlight password changes here in the act of linking words to disease and disease carrier. Once again, the ways of ownership that outlines the relationship of familiar with the depressive child and with the other(s). This implied that the forms of representation to the access codes to the disease followed the trajectory of refractoriness to treatment, with all the elements linked to the domain of the language between the gaps left by the domains of knowledge that intercross the treatment process – the search for the cure, the return to life, and the need for clarification on the risk and protective factors. The disease always remains a social phenomenon, because it is the intellectual armor through which we interpret,

and social are the ways through which we cure. [37] A code name stipulated to the children as "the mentally ill" establishes a rapprochement between password and narrative, being that the first family gap emerges from understanding what the other says, While the second is the description of this gap below the form of the word semantics and prohibited, (re) told by family. This discursive viability is expressed in the content of Foucault's work, through words said and prohibited, especially because the new is not in what is said but in what is happening around it. [33]

Considering the passwords used to highlight the meaning, the places of present annoys, as testimonies of the routine, we feel the need to understand what demarcates the complaint and what it is made to map as pathology. Frequently doctors focus on disturbance, separating it from the patient's life, in which the disorder is built, focus on pathology risking realize the real meaning of the problem. [38]

In the talk it is important to understand the relationship that requires understanding the child, through contact with the dynamics that seek to explain it by words spoken and prohibited in the face of life reality. Thus arises the "will to truth" in a Foucault's terminology that by its turn, considers as if the word itself could only have authority through a discourse of truth. [33]

Family life/Fusion is built into the entanglement between what the disease does to imagine and what the context allows thinking about it, through a non-objective, technic, and rational perspective, but under a detailed look of the disease, as a social semantics. However, the poetics of social life is borrowed by the anthropologist Nei Clara de Lima from the State of Goias, by relating the oral narratives as basic source of obtaining the "rhetoric of Enchantment", which consists in the analysis of the word through the cultural context in which it is inserted. In this sense, in narratives can be observed and heard people producing explanations of the world that they belong. [39]

The interpretation should pay attention to the particularity, moving between the universal and the particular, the individual and the social. [37] This Poetics of social life is denoting the rhetoric of enchantment, which is, the gesture and oral form as family members read the world around them.

Enter in this sense, translating the words, while manifestations of natural places to each family and child, what is the order and disorder, comes to characterize the "trunk words" [40], in order to contextualize the spaces of misfortunes – pain and suffering in their dualities and oppositions, description and psychic life magazines, often caught up in secret places. Because of this, it is created, a movement among characters at the moment of resonate passwords and to present a meaning to what restores its experience with the disease.

The pain is always marked with the unpredictable and improvisational seal. The words resonate in the head, and they try to throw a bridge between reality known as before the loss and that unknown today, words that try to turn the diffuse pain of the body in a concentrated pain of the soul. [41]

On this direction, the narrative is a polysemic term. However, in general, it can be defined as the organization of events in time, working out or not in the causal relationships between such events, usually associated with some sort of change. [29]

It is also necessary to consider that the family members narrative, insist on the idea of truth, based on what the childhood depressive phenomenon brings as sequel and what turns on a diary contact with the disease. The real desire of the family is to understand the complexity risks which is expressed in its own discourse, when time, space, and social and mental relate, because the excessive desire for receptive postures get confused with the desire of be free of pain and psychic suffering, that in desperate and exacerbated are expressed through deterioration and mistrust by family members. We all move with difficulty within our limitations. [42]

In this eager (re) invention proposed by the family to seek legitimate pain and suffering that inhabit in then, words are born, are silenced, challenged, manipulated, unknown, threatened, discovered and/or echoed on the possibility of questioning the new knowledge that want to risk of think complexly, that wants to open their arms to hug. This is a possible dream, and we should not change the invisible limits on insurmountable barriers to make it true. [43]

In this way, we print to the disease a new establishment of translation of their carriers, through the value of its own time, which challenges the uncertainties and put them in places of order and disorder, as a way of connecting complex networks between sapiens and demens, experienced by the family discourse. Sapiens, is the living being, animal, primate, hominids, and rational systematic dimension. Demens is the uncertain, unstable, unregulated, hybrid, and immoderate dimension. [44]

The wounded storyteller [45] – is able to squander the pain of sick child by his expression, opportunity in which loses the Northern life, in pain and psychic suffering. This place, in the context of research, allows us to realize, in the scripture of the voices that interpret the child depression, a finding that time is like a wheel that spins and spins and never stop [46]. And, as such, producing mysterious forms of coexistence [39] which confirm themselves in the measure of words employed in the position of passwords (re)reading the lived context, [46] demarcating experiential scars of psychic pain and suffering.

The speech is very important as to the family as to the child or adolescent to express the feeling inside in the mental ill. Many understandings and discourses are reserved in the "I" inside each one of us, in order to delimit the understanding of things in the world, these discourse which reach their climax when released, spoken, externalized, dialogued and understood, to, anyway, effectively, generate the personal and social satisfaction of the communicator.

However, what is so dangerous in putting people to talk? What is the danger of the discourses to multiply indefinitely? Where is the danger? [33] At the moment when such anxiety is expressed, Foucault wants to explain the concern of the institution in establishing the set of discourse. Note that the author draws questions as to know why people can't talk about what they want, where they want, how they want and the number of times they want to. The answer must be found in the historical evolution of the discourse over the years, theme approached by the author with authority, to try to explain that humanity, through the institution, exercises the discourse and makes it limited to a bundle of standards, in order to hide and suspend their latent truth.

In this perspective, it is necessary to understand the meaning of discourse as being a limited number of statements to which we can define a set of existence conditions, general domain of all those listed. That is, a separate group of statements are interwoven, unraveling regulated practices, to account for a certain number of statements. [26]

Being child depression a human condition that is characterized by an existential interference, the discourse while practice and enunciative use, brings itself the rhetoric reference from the same enunciation, as understanding facilitator mechanism of the disease, not only as pathology but also as a problem of social nature due to affect a large number of children at present. The discourse, in this perspective, it is always an event that neither the language nor the sense can drain it entirely. Is a function that crosses a field of possible units and structures making them appear with concrete content in time and space. [26]

In this way, the discourse is a practice that transcends the simple say the word, since this same word is imbued with constructions that are translated from historical, social, and interpersonal practices. In the field of childhood depression, this discourse is too alive with ideas, facts, events and, above all, the

desire of the construction of meaning, which is the apex of the translation of the real will of the family member. For the family, the truth is expressed by their explanatory perspective of disease that makes them to reflect, continually, about their history of life in a spatio-temporal with the child.

Thus, considering the peculiar aspects related to this pathology, the binomial child depression-discourse is effectively in the body of the family narrative, which, by its time, is laden with spoken and prohibited words, able to provide consistent support in the treatment of disease. In this way, it is easy to see that the narrative is the detailed reporting of what happens before, during and in the development of depression.

Therefore, to listen to the family narratives on the route of complaints and symptoms, involves a series of theoretical and practical paths that flow to the most diverse and different means of seeking to understand words, voices, images, requests, pains and psychic suffering, In addition to the perspective of what is recognized as disease. In this context, gradually, the child depression gains the status of human translation, in the movement of its history and of the family discourse. Is what Foucault similarly considers as a nameless voice on hold. [33]

Thus, each social act has a meaning and it is composed on the form of its discursive sequences which articulate linguistic and extra-linguistic elements. [47] The act of saying, by itself, notably, does not configure the discursive practice. It is emphasized, however, that these words bring inside, and this is noticeable through the gestures, intonations, enunciation, anyway, the rhetoric. The said is complemented with the unsaid. The narrating/hear is the tradition that unites in the same discourse plan the physical and the metaphysical world, the historical and the mythical world. [39]

In this line, the childhood depression is an event that erupts in a time and space, when the family would recognize themselves because the meanings

there look obvious, natural [48], translated as a matrix of meaning. [26] This matrix, by its time, can only be perceived in the translation from the bonds of power and knowledge, from the discourse. In this way, the narrative is taken from understanding of the enunciative function of the family members, in the recognizing of the plot of power and knowledge which are manifests because of depression.

Although, even in the morbidity of their words, family members exude the enchantment of their discourse. This enchantment does not necessarily mean beauty and harmony, but, above all, an expression of a truth of life, narration of episodes, facts and feelings that highlight on said and unsaid, speaker and spoken. Thus, the rhetoric, the allegory, the utterance in which the family member is character appear on its own told plot, as itself could be seen in what is expressed, in superhuman effort to understand child depression by means of words.

For this reason, to describe a formulation as utterance is not to analyze the relationship between the family and what it said (or it wanted to say, or it said without wanting to), but in determining what is the position which can and must occupy the depressive child to be its subject. [26] This assert only comes to commune with our understanding, in the sense that the family member speaker, by saying its enunciation, reflects its subject position, because in childhood depression concept, this reflect exercise is inherent in family condition. The family member wants to know the reason of the disease and why its children feel pain. Then, when he says, tell or discourse, translates stories lived and question past moments face to present moments for not see future expectations. Clearly, for the family members, the enunciation is the stereotype of their function in life story told, in which it appears as active and/or passive subject.

The discourse, consequently conceived, is not the manifestation majestically developed of a subject who thinks that knows what says: it is the contrary,

a set that can be commanded the dispersion of the subject and its discontinuity in relation to itself. It is an area of exteriority in which is developed a network of distinct places. [26]

In this way, the field of discursive order agrees with the same understanding of Lima [439], opportunity in which is highlighted the poetics of social life attached to oral narratives, as a subsidiary source of our enquiries about childhood depressive phenomenon. This understanding brings the information sought in Foucault's work in what interspersed the discourse said and unsaid. From this point of view in reveal historical events and people-to-people links, the discourse is seen as enunciative practice – action of interdiscourse, complementarity and the struggle of the different fields of power/know. [48] There is no enunciate which do not assume other; There is no one that does not have around itself, a field of coexistence. [26]

In addition, to speak about childhood depression under the gaze of family narrative is, beyond a shadow of a doubt, redeem the discourse said and unsaid in the rhetoric of enchantment for, in the end, to filter the peculiar aspects of the disease, presented by the word of family members, who, by saying, unsaying, smiling or crying, provide us with the translation of their life histories in the spheres of time and space. That time summarizes in a distant past and ideally passed without the disease, that is considered a happy time, such as, by a wrapped gift of pain and psychic sufferings, overpowering the soul, in which the relation power/know, referred by Foucault, summarize into nothing, though a negative feeling by the want of truth. On this meaning, still emerge, a future that does not exist or go deep by morbidity and by melancholy of noting the child "pass in the life" amid a disharmonious gift, rooted of personal bad weather. The depression is that experience of disappearance and that fascination for a death state – maybe a dead – that would be also the only capacity of keeping alive and inanimate. [49]

It emerge, in this mixture, the real voices that interpret when the words of family members, said and unsaid in their enchantment narratives, denote a subjective character of their condition of subject speaker/listener. Thus, the family member is the main actor of the scene, it is the character of its own life history, said under the look of depression and unsaid after its social and psychic effects in the living among others. It seems to emerge to us the theory of polyphony, a theory of dialogue in which it is understood that there are many voices speaking the same discourse, because sometimes either the recipient is present there, or because that discourse is referred to many others. This double crossing would be, in this case, the discursive polyphony. [48]

The relationship between this polyphony and what is referred to them, enlarge field of narratives through the meaning of words used by family members, who, by saying, confide their concerns and describe, vehemently, the pain of the soul which corrodes and disarms them.

The narrative, therefore, is composed on the tension of two forces. One is the changing, is the inexorable course of events, the endless narrative of the life (the story), in which each moment presents itself for the first and last time. Is the chaos that the second force attempts to organize; it seeks to give it the sense, to insert an order this order is reflected by repeating (or likeness) of events: the present moment is not original, but repeats or announces past and future moments. [50]

In this way, it is easy and complex to realize that the discourse comprises a synesthetic environment of induced elements of psychic pathology, lived by the child, which in its family structure and in its social interaction. There is, however, a sensible changing in the signifier and in the signified of the read things, found in the characterization and contextualization of depressive child behavior.

In the process of reading and (re) reading, inherent in the condition of family members, the essen-

ce of objects becomes, differently, on the opposite of usual and normal concepts, since the pathology is severely reduced, the wisdom to tell the story and to tell itself. The meaning of whom we are, depends on the stories we tell ourselves in particular, and of the narrative constructions in which each one of us is, at the same time, the author, the narrator and main character. [51]

From the perspective of discursive process, the word of the family member constitutes a determining factor to make possible the complexity of disease stabilization, specifically when the interpreter offers his "listening", in an attempt to hear the said and realize the embedded in its word of massacre, suffering and pain. The unsaid, in additions the transitional period between the said and the say, which should be considered as a basic source of the mechanisms used in so-called "healing" of the patient.

This painful experience is the crucial moment of the disease. On this glimpse, listening is its exhaust valve and also the opportunity of telling its life story to disclose its desires and allow the interpreter to see the ways of pathology stagnation. We believe that the pain must be changed, but not forgotten; contrary, not obliterated. [52]

The word said and unsaid, although, it is the way capable of provoke the reaction to conflicts and to the manifestation of experiences of depressive child, such as to suggest expressions in the interpretation of problems caused by depression.

Consequently, the "listening" get into scene with the facilitator element essential to the family and to the treatment of their children, in addition, it will be translated into words, which effectively bothers in the functioning of the environment in which they live. The symptoms of the disease are reflected in everyday life, and particularly, enable the interpreter the opportunity to loosen the moorings of what causes the trouble. So further, Foucault's discourse reveals a tendency inherent in the human being that is to search, incessantly,

a beginning, to get a guide to the discourse, in order to deposit the information said and unsaid, to disclose its longing. The invitation of Foucault is that, through research of discourse; we see our story and our past, accepting think otherwise the now is so evident to us. [48]

Therefore, the fear of not have the listening to its use transform the family, on the sense of bringing it negative feelings by the longing of truth. on this connection, the same longing, when accomplished, heard, comprehended and reposted, it causes odd sensations in the family life, on a way that rescue hanging and unimaginable asleep feelings.

The family member longing true reflects itself in a desire of being heard, comprehended and "healed", or, unless, to listen and feel that it is possible a solution for its infinite and uncountable problems. From that moment, listened to, without retaining its discourse, the family member starts a voluntary process of reaction to the pathology; it is what Foucault, in an analog mode, calls rupture of the discursive structure. It is the opportunity in which the family member face finds the viability of translating the disease, what is relevant indeed in the process of clinical, psychic and social rehab, because it is seen that the depression reduces the child personal and interpersonal ways in the family relationship.

Thus, the discourse is a complex relationship, and this relationship defines its own rules of existence exercise of enunciation of the enunciators [53], because it seeks to describe what is effectively said, from the point of view of its material existence.

The narrative, although, loses much of lived, there is a waste of living that the listening can help to rescue it. [54] In the child depressive phenomenon, the "listening", by the translator, can work as a rescue of implicit elements, hidden inside of depressive child who need to be polished to make possible its possibility of "healing". It is the crucial role developed by the listening: listen to the "pain of being" [29], which is the top of depression, and which cannot be said, but perceived by the word.

To understand a little about this pain, it is needed allocate the childhood depression in the perspective of narrative, what allows us to delimit a place of present and authentic events from the particular view of their speakers, especially while the place is established by the proximal systems with the family. In this measure, the happening can be seen as what essentially gives a testimony of multiple fails of adaptation, preserving the possibilities of vulnerability of psychosocial interaction open, and thus, indicating other happenings. [56]

When it is about a happening that connect other happenings, the childhood depression gets the rout of the abandonment state, which, although is characterized by the passive waiting – disposition of appeal – for the other, defines, at the same time, a defensive posture, of protection of a primitive space. [57] It comes characterize its inscription of the real, as a way to signalize a progressive habitation of something that needs the identification and interpretation, in front of the strange that come back, and repeat, but the same time appears as different. [58]

We understand that the family narrative would make an opening of potential benefits of a precocious intervention in what can print access to the time of the disease, to the sick, such as the communication that could be established, considering that, in each child, the depression crystallize itself around a particular group of circumstances. [52]

The narratives through the words that circulate them, reveal circumstances that take place in the interior of lived, allowing the description of experiences which reinforce the ways of coexistence of those that share the same mysteries, through the significant damage on developing and global operation of children. [34] It is what is shared with some that serve it of "cement", which reinforce the feeling of belonging and favor the new relationship with the environment. [59] It is interesting to note, however, that through the narrative the family members remember what happened, they put the experience

in a sequence, they found new explanations to that and play with the network of happenings which build an individual and social life. [60]

Thus, the narrative represents, in the investigation of childhood depression, a way of capturing the senses, delimiting particular perspectives of what provoke, and establish a trace to the own experiences about the lived, associated to the processes of pain and psychic suffering. It is not a simple matter of putting everything out. Before that, what worries is to know in which affective circumstances the individual needs of putting everything out, exactly, what is the thing that must be put out. [61]

The actual registration, to remount words, places the narrative in settings that provide a cover over the extent of that lives, allowing it to understand the longings and movements involved in depressive States, through the way of happenings, of the scenarios and the actions involved in seeking passage to be interpreted by its strangeness. It is interesting, in that direction, realize that the despair of the soul finds refuge in the creation, in the permanent search for sense. [55]

Pain and displeasure allow, through the narrative, the enrichment and the progressive primitive territory housing with the incorporation of thinking. However, the opening on the pain becomes possible if there is the belief, if the object gives hope. [71] by the rescue of events, old and new answers are emanating, old and new senses are produced, old and new interpretations are pronounced. In fact, a network of significance is established between parts of the stories that are told and confronted with the real circumstances of everyday life. This would make understanding the interpretation and depression process, in what the word admits between life, death and the search for treatments, while constant rebirths. [62]

On the sick body is the stigma of happenings; They also lace and suddenly expresses the insurmountable conflict. [63] This desire to gain greater knowledge about how to identify the disease is

expressed at the time of the story told, life circumstances and realities listened in reporting conflicts and life events. The child's family member asks time. And we can even ask ourselves about the brutalization suffers in its life, to the point that they feel with more clarity the internal perception of time. [49] The attention required to realize the narrative time is an important factor in permanent interaction with the time of informant. To let the narrative acts is permit new temporal horizons, new potentiality. Narrating, the family discovers that each action evokes other, always renewed. The smallest of actions carried out in the other actions. [49]

Childhood depression reaches, through the narrative, the (re) visiting of each family territory, from commands established of things that causes helplessness, allowing a (re) sizing of the situation experienced, thought of what is done between the crucial points towards the construction of the own history of suffering. The narrative report situations which are understood as fragments, compact moments of life, and strongly symbolic and essential intense happenings. [62]

To tolerate the trajectory of the scenes, connecting them to the moment of narration, to trace the reality an add its original background are exercises continually done by the family members, who recapitulate episodes experienced because of feelings disorder caused by the demonstration and the nomination of their own feelings. However, this same opening spreads on the evil and malicious way, because the depression had to rescue all of this, and the narrative has to translate.

Initially, the childhood depression shares a set of responses which indicate a reality in need of regeneration, especially in what does the spaces of need for answers, return to family appeal, assuming a position before the wait time for a cure, such as from the filled place by the complaint on the development of its intimacy with the disease. That time when the truth is searched, the answer, by (re) connecting the lived story, it highlights facts and

happenings, with the target of rescue the existence, allegory, onomatopoeia, dialects. They are expressed in their word, and in their discourse.

It's necessary to avoid that the desperation from our mortal condition provokes outbreaks of feeling immortality. It is healthier for us to project spaces of escape further than conceptual, theoretical, and methodological walls, which close the vision of larger, full, dangerous, creative; unstable, uncertain, provocative, and shameless horizons. This is the life: it lazes so uncertain by the biochemical dynamics of matter, it insists on the instability of movement, even though when it walks inexorably towards the inertia, the harmony, and the balance. [43]

Thus, the desired response should be sought through the truth on daily routine, in the experiences, in the existential story. To treat depression with subsidy in narratives is precisely this: to seek an answer in the words, in the discourse, in the perspectives of each family member, to eventually be able to treat it in a more palpable way, according to the context of those informants. The imaginary feeds the man and makes him Act. It is a collective, social and historical phenomenon. [64]

This same answer, however, depends on a listening closely committed to interpretation and with the desired comfort by the depressive, because its imaginary, pain, and desperation are in need of welcome, which can be made possible by listening. Having a depressive child, however, from this point of view, is a request to be heard. In this context, the time comes into play as a facilitator, because, through its continuity, transmit stability when (re) tell the story.

The need to be recognized in its identity encourages families to count its story in a way that the person feels the desire to embrace it. We could call this narration and the fantasy that inspires "original novel". This identity falls apart in the transfer relation, it accepts a new introjection and in an acceptance of doubt about itself, it amplify its own space. [65]

In fact, it is the time that will unchain a kind of restlessness on the search of knowing and getting something not desired, but that reflects itself by strangeness and by persistence of the possibility of producing a significant improvement in the exchange between the I and the other. To receive the doubts, the uncertainties, the orders and disorders on the course of pain and psychic suffering, their speakers, in the sense of to present real intention which are being developed in the circumstances of the disease and its treatment, continuous doubts are narrated about the existence of psyche, reflected on the repeated recitations on behalf of contemporaneity. [57]

In this same direction, it is necessary to mark the importance of the complaint as indispensable element in the translation of the crossing of what it wants to know before what is lived. It is created in this way, a kind of common language, established between to carry a persistent, opaque, intense, and long-lasting complaint of a depressive nature suffering, [36] and the place occupied by the speak in what transmits while demands. This provokes a particular relationship in the seizure of spaces, in the territorialization of real emergency, in order to encourage recognition of the place of a time transcription when it could be possible to prevent/react to its misfortunes.

That question opens the possibility to mark the narrative of childhood depression in clash of forces, in the constant rewiring of voices, coming from both inside and outside the family, increasing the time of the disease in conjunction with the treatment received. This is the articulation of words and because their movement that knowledge are (re) in an attempt to interpret the circumstances which remove the significance to what is familiar, real and continually lived, in the establishment of what implies in desperation, abandonment, routine, strangeness, absence and death feeling. All this contributes to create a context, an ecology of ideas that energize topics, questions and metaphors,

opening spaces for the appearance of passwords in order to cause what is seek to recognize. [66, 67, 68, 69, 70]

An aspect to be highlighted refers to the possibility of finding the sense emphasized by the password in the course of childhood depression, as a carrier of complex networks of representations, on the displacement of what is revealed while truth. The important thing to be identified by its password is the movement in the voices as practical knowledge that would facilitate the creation of access codes to the pain and psychic suffering. The pain is closely related to learning about the environment and its risks and on the body and its limitations. [71] The strategy would be a scenario of action that can be changed because of information, events, and unforeseen in the course of the action. [72]

Captured by passwords, the family members seek to translate the depression as “the disease of the nerves” – a mark constituted by the intensity of suffering and by the possibilities exchanged with its treatment. The passwords would open the way for a therapeutic strategy, which constant would be the assumption of clinical conditions, underlying the suffering of child, of which it would be with, requiring greater elucidation. [36]

The childhood depression, therefore, starts to acquire various steps to the interpretation about the routine of the disease, rearranging it in own discourse of the reality experienced, represented as disease of the nerves, of fear, of soul, of death, of the heart, of bad things. The discourse responds to a half listening virtually, or in other words, the understanding of interpretation as the sense. [56] In this way, we would be entering in the local context, moving between the universe and the particular, the individual and social, without forgetting the words and senses that the animate them. [37]

This assumes, however, a particular relationship with the balance of the speaker by the other senses that arise through the process of medica-

tion, invested by the desire of healing. It is in this scenario that fits our understanding context and meaning of depression, to the type of treatment to depressed children, bringing the medical team to the (re)configuration of legitimation to listening the other.

It is a fundamental problem to the human society, involving a practical and theoretical challenge, because it is necessary not only to find solution, but to explain what happened, how it get started and what is its story, provoking, in this way, a search of senses that, to be recognized, must be interpreted. [62]

The Defense offered by depressing phenomenon to the family members is the word, which is managed according to the degree of intensity of pain and/or psychic suffering that affect them. And this is how, of course, the disease can be treated, ameliorated in their effects, crafted in their symptoms, and can be decreased internal and external in their conflicts, from the dissatisfaction of the conviviality with disease.

The childhood depression, however, must be translated as disease that establishes in the family, capable of being psychic and bodily affected by excess of violence experienced inside and outside of it. [49] Recognize it as a means of access to reality, through the gestures, tones of voice, words, feelings, revealed memories in the psychic life, remount speaks and time of what needs listening. When the focus is the human psychic life, it cannot save time for listening. The depression enables, by the speaking directing it to the other, which unfold the internal times of life. Those times and that speak were frozen by the depression, that preserved them alive, but inanimate. [49]

It is precisely the emphasis on listening that it is necessary to introduce in the treatment of childhood depressive phenomenon, which is considered here as a problem not only of the depressive child, but of its family. The order to listen is the total from the subject to the other: It puts in first place the

contact almost physical of them (by the speaking and by the listening), it creates transference: 'listen to me' which means 'touch me, and know that I exist.' [73]

Because of that, the emphasis of the narrative as substratum in the treatment of childhood depression, especially by lead, in its interior, guiding elements of this phenomenon manifested in each family. It is stamped that to be depressive is a permanent condition of life, but to be depressive offers of transitoriness. The definition of establishing the being depressive emanates from the discourse, which describes the pain of to be and that, finally, the depression says.

Thus, as we are observing, the power of the word in relation to the several faces of depression is really intense. In this way, the discourse could be considered a real kind art, practiced to relieve the pain.

Foucault [74], in his last course at Collège de France, from February to March 1984, under the title "Lé courage de la vérité" (The Courage of truth), after study Platão's work about Socrates' death, it was demonstrated how the practice of truth telling (parrhesia) and the "the care of the self" can conduce us to our own truth. And, in this sense he claimed to Dreyfus and Rabinow [75]: "What strikes me is the fact that in our society, art has become something which is related only to objects and not to individuals, or to life". The life of every individual could not be a work of art?" And it is here that it will translate the truth beyond the limits of discourse to operate in the field of rhetoric, of allegories, of dialects, and of enchantment. Clearly, the record of these facts, by their limited and sometimes unavailable nature, translates a diversified thinking in the form of analyzing the will to truth, sought by the family members, especially by inquietude and by anxiety of a truth that comfort them.

The biggest truth was not in what the discourse was or in what the discourse said: it has come,

however, the day when the truth moved from the ritualized act of enunciation, effective and fair, to its own enunciation: for its meaning, for its form, for its object, for its relation to the preference. [33]

And this enunciation is, exactly, the expression of its own subjective disorganization. The adverse situations are highlighted by saying the will to truth. In the family members' view, this will of truth becomes the desire of determine if the depressive condition is authentic or not.

What is called depression today – if we exclude the melancholic psychosis – it is eminently the status of the soul that hides the subject more than reveals it; a kind of ethic retreat that stops the subject – by comprehensible reasons, sure – of assuming the consequences, better saying, of the existence of unconscious, whose irruption could summarize itself with the following discovery: "I do not want what I desire". [36]

Thought the (re)telling the lived, revealing the secrets of Pandora's box, they meet moments in which the discourses come out, in words that if they wish to leave flow are opened, where what is hidden in the chance establish voices and words, hopping that one of them "speak speak" [56], from what remain of them, that is the reminiscent truth.

In this sense, the family members have an anagram of their depressive children; a creature that doesn't know anymore with whom it must live and share its daily routine. [76] I would not like to be forced to enter in that uncertain order of discourse; I would not like to see with him what is peremptory and decisive; I would like to have him close to me as a calm, deep, and indefinitely open transparency, and that the others could answer my expectation, and that the truths, one at a time, rise themselves; It could be necessary only take me, in it and for it, as a happy rudderless boat. [33]

In that perspective, the will to truth by the families hang in the field of their narrative, in order to measure values, questioning ideas, abolish ideals

and, above all, look for comfort. Those narratives show themselves modern, in order to translate an extensive cultural text [77], enabling an understanding of lived context as social mechanics to the social semantics. [78] According to Foucault's countersignature, there is the possibility of this discourse flee from a right order, determined to take on, effectively, the end of the intended truth.

When the universal path is not for happiness, the access to it is entirely singular. The uniqueness of this path requires us to consider that the conditions of its possibility are unequal, or unevenly distributed. There is no way preformed neither in the microcosm, nor in the macrocosm to prepare the subject to get it. [36]

In the field of childhood depression treatment, the narrative fulfills its facilitator role, by expressing the will to truth of the family members. Thus all its rhetoric gives a valuable subsidy on diagnosis and treatment of disease, notably by bear with specific traits in the act of exposing dangerous thoughts orally [52], and then filter their real desire that is stereotyped in its truth: "cure", welcome, inner peace, happiness, serenity and joy. These predicates appear to pass us the tangible meanings, from the words spoken by the depression, on hold. So there would be no start; and instead to be the one where the discourse comes out, it would be before the chance of its course, a small gap, the point of its possible disappearance. [33]

To think of a black time passed is a terrible evil. Depression can easily be the consequence so in the excess of which was cheerful as in the excess of which was horrible. The worst of the depression lies in a present moment that cannot escape the past that idealizes or regrets. [52]

In this sense, the childhood depression is a way to interrupt especially the innocence: the mental suffering that conduces it, it get used to be prolonged, intense, intimate and indivisible, by letting the family members, friends and colleague to handle with a kind of loss almost unfathomable, such as

the feeling of guilt. The depression brings in some family members as consequence a level of confusion and devastation that, in its largest part, it stays beyond any description. [35]

The Family members constantly warn the listener or interpreter of the internal dissatisfaction that alert their children. After tireless alerts, they are to be taken as fact; those voices perceived only by it and then establish a consolidated ideation of disease of the nerves. However, the narratives foment themselves by a discourse rooted in the words of indecision, doubt, insecurity, powers and perils, pessimism and, above all, by the uncontrollable desire of escaping from the pain of being that bother them.

To listen to, committed, the potential of family members narratives is to lessen the risk of the execution of the pain and the psychic suffering, especially when it is still in the stage of saying and unsaying. To interpret and listen to the rhetoric of enchantment of the family is one of the effective means to treat and prevent the disease. In this case, the listening must be unreservedly committed, because it transcends the family boundaries, passing to need support and unconditional zeal of the clinical apparatus.

We believe that the words are strong; they can crush what we fear when the fear seems more terrible than the positive side of life. We turn, with increasing attention to the love. The love is another way to advance. They need to act together: when alone, the pills are a weak poison, the love a blind knife, an insight, a rope that crack under the excess of effort. With them together, if you are lucky, you can save the climbing tree. [52]

In terms of depression, the word heard with ethics and commitment, combined with the medication and its monitoring can be a powerful icon in the treatment of disease.

Through the psychoanalysis, the childhood depression is configured as a moment when the child "it is out of mind" and, because of that, it can

attack itself. It is the lowering of the ego self-defense capacity, which allows the irruption of disease. With the gradual loss of libido, the anxiety assumes the personality preventing the ego acts and, with that, the child presents specific content of sadness, low self-esteem, loneliness and need to call people's attention that surround it. [79]

In the same way that, for psychoanalysis, child depression in *lato sensu* occurs in a long and lasting moment of fragility of self-defense mechanisms of psyche, the body becomes an instrument easy to depreciation, and so it is handled as revenge itself. Being depressed is a State that spends a lot of fragility. This fragility is expressed on the vulnerability of thought, in desperation, in pain.

The pain and psychic suffering generated by the childhood depression depend on each family to set limits to their tortures outlined in living with the disease. Fortunately, the boundaries that most families establish for themselves are high. Nietzsche once said that the idea of limits imposed by the man maintains it most of the time in the darkest part of the night.

Freud, in a letter addressed to Abraham, claims that "depression is the persistence of unconscious investment in the object-representation". [80] There are evidences that the problems connected to family structure and support are related to childhood psychiatric disorders, specifically to mood disorders. [81] It is important to highlight that the approach of childhood depression, it is necessary to consider the direct clinical observation, by complementing continually the data analysis of clinical evolution, including the signs and symptoms, bringing to the families a contact with diagnosis related to conduction, management, and treatment, involving not only the physical well-being, but also the emotional and social. [82]

As a rule, the diagnosis occurs from the presence of certain symptoms that manifest themselves in a certain length, frequency, and intensity of time which the world recognized psychiatric manuals

that are in use that describe thoroughly to designate what is commonly called "depression" or "depressive diseases". [83]

It is worth noting, however, that diagnose child depression is not the same task that diagnose any disease, because of its peculiar character of pain and/or psychic suffering that changes the specificity of representation of the disease [84], as well as the mechanisms of translation to clinical and therapeutic logic. It is necessary to stamp, again, that the listening must be sensitive and committed.

We live a scattering of vanishing lines and streams of deterritorialization effects and speed favor the production of subjective mutations open to experience – of the space, of the time, of the body, of the other – and others opened to a tight identifiable subjectivity. [36]

We are at a time conducive to suffer, because of the profusion of therapies, medicines etc. [75] In addition, and perhaps as a result of the deterritorialization flows that pervade society today in all its dimensions, is a "great" time for that suffering find difficulties to be subject and, from there, treated. Now, it is referred to a particularity of vital operating and delegate to expert. [36]

In terms of treatment, the medication is the element commonly used by most professionals in the field, notably by having a secure and fast stabilization effect of depression. Pharmacological manipulation predominates in the treatment of the causes and in the prophylaxis of the act. However, there is no need to separate the use of medication and the psychotherapy. They must act together to achieve the end sought.

Antidepressant drugs, which act more specifically on individual neurotransmitters, not only change the clinical practice radically by its popularity and dissemination, but also provided additional evidence for the role of neurotransmitters in the origins or the perpetuation of child depression. Classified as selective serotonin uptake inhibitors, they act mainly by blocking the removal of serotonin in the synapses.

This, in turn, increases the availability of serotonin in the brain. [35]

At this point, specifically, the Pharmacology and the narrative appear in the treatment and prophylaxis of depression symptoms. However, when no one listens, the hopes and the troubles experienced by the patient centralize on medication, thus creating a dependency relationship.

Once it was said, it is completely important to remember what was explained above about the discourse of the family and mostly of the child/adolescent to the process of internal healing have bigger shots of happening.

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