



## Records about voice-hearing in medical records of a mental health service


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**Objective:** to analyze records about hearing voices in medical records of mental health service users.





**Methodology:** qualitative research was developed with the analysis of 175 medical records of a Psychosocial Care Center. The records were typed in their entirety and inserted into The Art of Data Analysis software. The records were categorized from the description of the hearing of voices and the reflexes of the voices in everyday life. **Results:** the voices may be accompanied by other sensory perceptions, as well as presenting themselves as commanding, pejorative, threatening, and provocative, or even calling, and using noises in general. The reflexes, in daily life, are permeated with changes in habits, routines, and attitudes, alterations in sleep, and fear in varied situations. **Conclusion:** the fragments found are potentially important for understanding how hearing voices can be part of people's lives and not necessarily considered psychiatric symptoms, and may or may not be harmful.

**Descriptors:** Mental Health; Health Services; Hallucinations; Health-Disease Process.

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## Registros sobre audição de vozes em prontuários de um serviço de saúde mental

**Objetivo:** analisar registros sobre audição de vozes em prontuários de usuários de um serviço de saúde mental. **Metodologia:** pesquisa qualitativa que se desenvolveu com a análise de 175 prontuários de um Centro de Atenção Psicossocial. Seus registros foram digitados na íntegra e inseridos no programa *The Art of Data Analysis*. Os registros foram categorizados a partir da descrição sobre a audição de vozes e os reflexos das vozes no cotidiano. **Resultados:** as vozes podem vir acompanhadas de outras percepções sensoriais, bem como se apresentar como de comando, pejorativas, ameaçadoras e provocadoras, ou ainda de chamado, e por meio de barulhos em geral. Os reflexos, no cotidiano, são permeados de mudanças de hábitos, rotinas e atitudes, alterações em relação ao sono e medo em situações variadas. **Conclusão:** os fragmentos encontrados são potencialmente importantes para entender como a escuta de vozes pode fazer parte da vida das pessoas e não ser considerada, necessariamente, como sintomas psiquiátricos, podendo ser ou não prejudicial.

**Descritores:** Saúde Mental; Serviços de Saúde; Alucinações; Processo Saúde-Doença.

## Registros sobre escuchar voces en historial médico de un servicio de salud mental

**Objetivo:** analizar los registros de escucha de voces en la historia clínica de los usuarios de un servicio de salud mental. **Metodología:** investigación cualitativa que se desarrolló con el análisis de 175 historias clínicas de un Centro de Atención Psicossocial. Sus registros se escribieron en su totalidad y se ingresaron en el programa *The Art of Data Analysis*. Los registros se clasificaron en función de la descripción de escuchar voces y los reflejos de las voces en la vida cotidiana. **Resultados:** las voces pueden ir acompañadas de otras percepciones sensoriales, además de aparecer como comando, peyorativo, amenazante y provocador, o incluso como llamada, y a través del ruido en general. Los reflejos, en la vida cotidiana, están impregnados de cambios de hábitos, rutinas y actitudes, cambios en relación al sueño y miedo en diferentes situaciones. **Conclusión:** los fragmentos encontrados son potencialmente importantes para comprender cómo la escucha de voces puede ser parte de la vida de las personas y no necesariamente ser considerados síntomas psiquiátricos, que pueden o no ser dañinos.

**Descriptorios:** Salud Mental; Servicios de Salud; Alucinaciones; Proceso Salud-Enfermedad.

## Introduction

In the biomedical model, sensory alterations are considered symptoms of mental disorders and are divided according to the five human senses. They are named auditory, visual, tactile, olfactory, and gustatory hallucinations<sup>(1)</sup>, that is, as symptoms of diseases, mainly psychoses and/or schizophrenia<sup>(2)</sup>. This nomenclature is often used as a technical term in professionals' notes.

For the movement, The International Network for Training, Education, and Research into Hearing Voices (INTERVOICE), hearing voices goes beyond hearing voices and sounds that other people do not hear. Thus, there may be many ways of understanding and relating to voices and perceiving them throughout life<sup>(3)</sup>, and they may not necessarily be related to mental disorders<sup>(2,4)</sup>.

In Psychiatry, nowadays, attempts are made to impose behavioral changes to pathologies and, thus, to diagnose them. As a consequence, there has been a significant increase in the number of people who have been medicated, causing a high dependence on these substances, physical complications, and loss of autonomy due to severe side effects<sup>(5)</sup>.

It is noteworthy that not all experiences of hearing voices are positive because some can be very painful and even disturbing, hostile, and controlling, affecting self-esteem, routine, and sleep and causing changes in the habits of those who hear them<sup>(6)</sup>. Among the voices with negative contents, the commanding voices are considered one of the most distressing symptoms for the listeners, being perceived as more omnipotent and harmful<sup>(7)</sup>.

The contents of the voices are important predictors of the emotional reactions of the listeners and can have harmful impacts on the lives of these people, causing many to seek help in health services<sup>(8)</sup>. Among these impacts, the harm to the daily life of individuals stands out, which can lead to changes in daily routines and attitudes, sleep alterations, and social isolation due to the fear and anguish produced by the voices<sup>(9)</sup>.

However, the voices are not manifested only by words, which may be related to a set of subjective manifestations, whether psychic, sensory, or intersubjective. These manifestations may be linked to social, cultural, religious, and spiritual issues, which affect the person and others who live with him<sup>(10)</sup>.

When the report of a voice-hearer is not explored in its different dimensions (content, intensity, forms of presentation, among others), there is the risk that the voice will intensify and, from then on, he will have his speech transformed into a medicine capsule and/or will enter in a treatment that may have no resoluteness for his demands<sup>(11)</sup>.

Therefore, research on the content of the voices can contribute to qualified listening and assist the work of professionals with listeners, since they are usually related to the person's life story and the traumatic events that can trigger this experience. Moreover, the content of the voices can be considered an important indicator of the emotional response of the listener to the experience, i.e., the more intrusive and frightening the sound, the more severe the impact on quality of life<sup>(12-14)</sup>.

Therefore, it is important to know about the characteristics of these voices and how they can affect the lives of listeners, either by perceiving the voices as threatening and/or controlling or as positive, a companion or a guide. Thus, exploring the multiplicity of explanations given to this phenomenon, the meanings of the voices, and the relationship that people establish in this process of listening, can become an important therapeutic resource for professionals and people in pain. Thus, the objective of this research is to analyze the records about the hearing of voices in medical records of users of a mental health service.

## Methodology

### Study design

This study is an exploratory, qualitative approach and derives from an umbrella research project entitled "Hearing Voices: new approaches in mental health".

### Local

The research was conducted in a Psychosocial Care Center (CAPS) of a Brazilian city in the interior of the state of Rio Grande do Sul, a place that has been operating in partnership with the university for 17 years.

### Data collection

Data collection took place between September 2017 and May 2018 and was conducted by trained collectors who previously conducted a pilot test on the service's inactive medical records to verify the appropriateness of the instrument.

### Participants

For this research, a search was conducted in the active medical records of CAPS users for records about hearing voices.

### Selection criteria

Of the 389 active medical records, 181 records contained registers about hearing voices. Thus, 175 records were part of this study, because six of these

were considered losses due to the precariousness of the records.

### Instrument used for data collection

The instrument used was a questionnaire with closed questions, which were used in a quantitative study\*, and a second part, in the end, in which there was a descriptive open question that requested that any record about the experience of hearing voices found in the medical charts be noted literally on the instrument.

### Treatment and data analysis

The records were typed in their entirety and organized into a database in the Excel program by a typist. Then, they were saved in individual documents in PDF format and entered into the program MAXQDA - The Art of Data Analysis, version 2018.2, by two researchers, jointly. The program collaborated, initially, to systematize the data. The categories were created from the existing information in the documents inserted into MAXQDA.

After exhaustive reading of the material, a first color coding was done to mark the important fragments related to the study theme, and 471 fragments were collected. One hundred and twelve fragments did not contain a detailed description of the experience of hearing voices with expressions such as: "auditory hallucinations"; or "hears voices". Of the remaining 359 fragments, 54 fragments were discarded for not fitting the analysis categories. With this, they were organized into themes such as impulsiveness, medication use, religiosity, and mystical presence. For this article, 305 fragments were used that referred to the description, in the users' medical records, about hearing voices and their reflexes in their daily lives, of which, only some, considered more representative, were presented as illustrative of the contents of the subcategories. The data were analyzed from the qualitative analysis<sup>(15)</sup>.

After this first procedure, a new evaluation with a detailed description was performed. In this process, two analytical categories emerged, namely: (1) Description and characterization of the records on hearing voices, subdivided into (a) Voices accompanied by other sensory manifestations; (b) Commanding voices; (c) Pejorative, threatening, and provocative voices; (d) Calling voices; (e) Voices and other sensory experiences with deceased persons and (f) Noises in general; (2) Reflections of the voices in daily life, subdivided into (a) Fear in various situations; (b) Changes about sleep and (c) Changes in habits, routines, and attitudes.

The records were identified in the article with the letter "F", for a fragment, and using a numerical sequence according to the database. The numbers correspond to the sequence assigned to the selected fragments and not necessarily to the records included in the study.

To complement the results, the visualization tool of the MAXQDA program was used, which allowed the links between the subcategories to be highlighted in a comprehensible manner through the frequency map in Figure 1. The program used the initial documents and showed the relationship between the subcategories automatically.

### Ethical aspects

The research met the ethical requirements outlined in Resolution No. 466/12<sup>(16)</sup>. Information about the names of the participants was omitted so that their confidentiality was preserved. The research protocol was approved by the Ethics and Research Committee of the Faculdade de Medicina da Universidade Federal de Pelotas under Opinion number 2.201.138.

### Results and discussion

The categories were presented separately and followed by the corresponding fragments to improve the understanding of the analysis. However, this categorization does not correspond to the activity of the voices, since they happen dynamically and relate to each other.

### Description and characterization of the records about the hearing of voices

#### *Voices accompanied by other sensory manifestations*

In the registers made by the professionals of the CAPS researched, the perceptions of voices that appear as noise, voices of dead people, of command, calling, of a negative character, threatening and provocative, as well as voices accompanied by other sensory experiences (smell, sight, touch, and taste) stand out.

The records observed in the medical charts showed other sensory manifestations such as a) sight - figures, deceased people, animals, spiritual beings, objects that change shape, color, and size; b) touch - he feels a touch, the presence of someone, or even that he lacks some organ or that they are growing unusually; c) smell - uncomfortable smells, of flowers, animals, perfumes. These manifestations are exemplified in the following registers.

*She has seen figures inside the house, also snakes, alligators... (F48); She only sees them when they are in her house, visiting her, she doesn't like the smell of "rotten" that she feels, because they stink like rotten meat (F156); [...] she smells flowers, like the perfume of her father who passed away (F299).*

\* Research entitled Voices' Listeners - new approaches in mental health. Supported by the National Council for Scientific and Technological Development (CNPq).

These data are in line with those found in a study conducted in England in 2015, which recorded, in a detailed and diverse way, the manifestations in 153 people who hear voices. The authors found that about two-thirds of the participants showed changes in body perception when listening to voices. Of those, 28% reported distinct changes in other senses, which were termed somatic changes<sup>(17)</sup>.

#### Command voices

Regarding the fragments of medical records that characterized the command voices, it can be evidenced that most of these voices guide people to commit suicide, as recorded below.

*Voices of men, and women, with negative content, telling her to commit suicide, that she is worthless (F76); Follows by female auditory hallucinations telling her to kill herself and attributing the voice to her mother (F147); M.'s mother states that her daughter is always planning suicide (F173).*

According to a study conducted in England with 153 participants, only 5% of these reported voices that issued predominantly negative commands, which is in contrast to the findings of this research<sup>(17)</sup>.

However, studies in Australia with 199 patients found commanding voices in more than half of the sample studied, as evidenced in similar results in this research. In addition, patients reported that they felt unable to resist them and classified the voices as intrusive, with fewer coping strategies<sup>(18-19)</sup>.

As observed in the records, command voices can be distressing and indicative of a high risk of harm to self and others, and yet their content, severity, and importance are often not fully investigated, reported, and discussed as a team in health services. The data point to the need for more careful support when the voice eavesdropper reports the presence of commanding voices<sup>(11)</sup>.

#### Pejorative, threatening, and provocative voices

Pejorative, threatening, and provocative voices are also hurtful, which can lead to feelings of worthlessness, fear, and distrust.

*[...] before he was having mistrust, voices telling him he was dirty (F68); Reports auditory and visual hallucinations; when he wakes up, in the middle of the night, he sees devil, snake... (F73); Content of voices always of less worth, of depreciation (F85).*

As observed in the fragments above, the Australian study evidenced that about 60% of the participants endorsed negative adjectives regarding the content of the voice, describing it as persecutory, abusive, offensive, obscene, accusatory, threatening, and critical<sup>(18)</sup>.

The orientation is that these people consider and value positive voices. As for the negative ones, the indication is to try to understand and control them to

create a way to deal with them, valuing the meaning of the voices and the singularity of the person's history<sup>(20)</sup>.

#### Calling voices

Regarding the content of the voices, the fragments below show voices that call, which can be from people or close relatives, or even, only the gender of the voice is described without identifying it.

*Reports hearing a man's voice calling her (F114); Reports auditory hallucinations (usually of her parents calling her) (F122); Confirms auditory hallucinations, hears a woman calling her (F288).*

Consistent with these fragments, a study that compared "auditory hallucinations" in 20 adults from three different cultures (San Mateo, USA; Chennai, India; and Accra, Ghana) reported that the voices in the Indian and Ghanaian cultures were recognized as being from people the participant knew, such as a brother, father, mother, mother-in-law, sister or sister-in-law, and from a husband or wife. In San Mateo, those who reported hearing family members regularly were sexually abused women who heard the voice of the abuser (father or stepfather)<sup>(21)</sup>.

#### Voices and other sensory experiences with deceased persons

In the fragments of the voices, deceased people also manifest themselves. One can observe that the experiences are related to people known in the past, relatives (husband, father, daughter, brother, wife), and strangers.

*She reports that she has heard voices, dead father and mother [...](F118); Dead family members talk to her (F91); She used to take care of sick people who are now dead and she sees and hears them until today (they are her friends) (F187); She sees dead people often (F103).*

In some situations, voices can play an important role for the listener, as when the voice belongs to someone who has died, and the message it conveys is positive. In fragment F187, for example, we notice that the professional's annotation suggests a positive connection between the person and his voice, saying that they are friends. This voice, in turn, can help the listener to overcome the loss and experience grief, or even enable a feeling of protection evidenced in F118<sup>(22)</sup>.

Moreover, in some cultures, keeping in touch with deceased people is an important role to play in controlling and transmitting messages from the spirits. One social function, particularly emphasized by anthropologists studying organized religions, is to promote the belief that it is possible to communicate with the dead. This power can enable one to occupy a valuable social role, such as a prophet, shaman, or medium<sup>(4)</sup>.

#### Noises in general

Another characteristic of the voices found in the analyzed medical records was the records about

the noises heard, which are described as non-verbal hearings, a fact that corroborates the literature<sup>(18)</sup>. In the fragments, non-verbal sounds can be observed in the form of crickets, songs, noises, and cries, children playing, people laughing, doors slamming, and howls.

*There are noises [...], they sound like crickets (F140); Reports hearing singing voices (F243); Hearing voices of children playing (F64); With auditory/visual hallucinations, children crying, people laughing (F98); Claims to be seeing shadows as if knocking at the door (F35); Claims to have visual and auditory hallucinations, shadows and voices similar to howls (F39).*

The literature also described other important characteristics that can be related to the hearing of voices and stressed the importance of better characterization of these by professionals working in mental health, such as, for example, intensity (volume, strength, or amplitude of the manifestations); frequency (manifestations over time); quantity (number of voices); clarity and reality; forms (first, second or third person); identity or relationship (known or not); content (e.g. changed in time, reflect thoughts that the listener may have); forms of presentation (feature, way of being); emotional valence (valuation of emotions generated by the voices) and memory and repetitiveness (e.g. repetitions of their previous experiences)<sup>(4,18-19)</sup>.

The social construct, that is, the way hearing voices is understood in culture and society can influence the way mental health professionals try to help listeners. These professionals must question and describe, in detail, the information about the voices to highlight positive and/or negative content. These identifications and characterizations allow the person to resignify and share his experience aiming at overcoming stigmas and prejudices<sup>(4)</sup>.

It can be observed, in the records presented, that the voices are sometimes identified by the ombudspersons as to gender and quantity. About gender, this may be female, male, or undefined. One study, which had as one of its objectives to characterize the phenomenon of hearing voices, showed that participants were more likely to hear a male voice than a female<sup>(18)</sup>. In another research, which aimed to analyze the topographical variables of hallucinatory voices of CAPS attendants, most of the interviewees could differentiate the gender. However, this was not the most striking issue for these listeners, but the feeling that was associated with the manifestations and how the voice presented itself<sup>(11)</sup>.

Regarding quantity, another survey found that 81% of participants reported the presence of multiple voices and only 7% of individuals reported hearing a

single voice. In addition, they could identify if these were external or internal to the body and if they were conversational (involving the listener) or voices that commented on specific things<sup>(17)</sup>.

### Reflections of the voices in everyday life

Regarding the reflection and impact of the voices in daily life, we noticed a change in habits, routines, and attitudes of the participants of this research, in addition to the report of fear in various situations and, especially, change in sleep patterns. Thus, daily, differentiated limitations and emotions can occur that impair daily activities.

#### *Fear in various situations*

Fear is the emotion most present also when hearing voices for the first time. The fact of feeling fear is also among the situations that can act as triggers for the occurrences of voices, causing impairment in the activities of the listeners. This can be observed by the results found in a survey conducted in England in which, among the 153 participants, 41% reported fear as an emotion related to voices<sup>(17)</sup>.

The findings of this study corroborate the data mentioned above, because, in several fragments, fear is presented as one of the limitations in the daily life of the ombudsman.

*Says she is a little afraid to leave home (F273); [...] fear of dying and not being able to raise his grandchildren (F332); Quiet, isolated patient, auditory hallucinations and intense fears (F280).*

Fear acts as a limiting factor in activities that are considered ordinary for those who do not hear voices. A survey conducted in Brazil in 2018, with twelve people who hear voices regarding their life history, evidenced that fear was associated with having to report on this experience because voices are associated with madness and schizophrenia. This factor contributed to a more solitary experience among the participants, in an attempt to avoid stigma and prejudice. In other situations, the fear was not generated by the fact of hearing voices, but by what the voices communicate to the listeners, which can generate silence and isolation<sup>(23)</sup>.

#### *Changes about sleep*

In moments of loneliness and silence, there may be a confrontation with the voices, which is why nighttime and sleep are constantly cited.

*She can't sleep at night and hears voices (F347); her husband mentions that she talks all night (F46).*

Sleep, on the other hand, is a fundamental biological need with reflexes on memory, binocular vision, conservation and restoration of energy and metabolism, and when affected, it causes changes in the physical,

labor, cognitive, and social functioning of the person, which can compromise his quality of life<sup>(24)</sup>. Thus, one realizes that the quality of sleep and life are inevitably interconnected and, most of the time, impaired.

The nights and the moments close to falling asleep can be permeated with anguish, fear, and increased voice activity. This can lead to difficulties in sleeping, which impairs the development of the routine activities of any individual. Sleepless nights can also cause uneasiness for the people around them, since situations such as walking around the house, talking at dawn, or being agitated affect not only the listener but also those around him, as in the F46 register.

### *Changes in habits, routines, and attitudes*

Among the changes in habits, routines, and attitudes, suicidal behavior stands out initially. As suicide is a human phenomenon, permeated with subjectivity and individuality, it is necessary to give due attention to the individual experience of the ombudsman to understand the risk factors and identify the reasons that lead him to think of taking his own life to assist and predict which plans and behavioral clues to prevent them from being put into practice<sup>(25)</sup>.

In the fragments of the medical records, one can observe from ideation (thoughts and desire to die), which goes through planning with elaborate plans, to the existence of previous attempts.

*Refers to a desire to die "ending it all". She felt the desire to die. Would have plans, and throw herself into the water (F7); Patient with depressed mood, ideation (ideas of death), and auditory hallucinations (F129).*

The difficulties of leading an ordinary life, which cause limitations at work and in social relationships, are factors that act directly in the will of the listeners to take their own lives. This fact reveals the severity of suffering and fear of the future<sup>(26)</sup>.

Suicide presents itself, for many ombudsmen, as an escape route, an alternative to end the constant suffering. Hearing voices is often not peaceful, and for many it is painful and disturbing, leading to the desire to take their own lives. In addition, as noted earlier, commanding voices can influence a person's suicidal behavior<sup>(11,27)</sup>.

Therefore, special care and attention are needed at these times, which should occur in a way that makes the lives of these individuals a little more comfortable. In this regard, voice-hearing groups are becoming one of the fastest-growing movements in healthcare facilities around the world where people can share their experiences using their language, and learn from the real experts in hearing voices: the voice-hearers themselves<sup>(4)</sup>.

Moreover, the groups become an important means of identifying suicidal behavior, because they normalize voices and other experiences and offer an alternative to help people not to exist only as marginalized, medicalized people, recovering their condition as citizens in the community<sup>(27)</sup>.

Other changes in daily attitudes are observed in the fragments, such as the appearance of aggressive and conflictive behavior, sometimes due to the same command voices, sometimes due to the suffering and anxiety that the cause of the voices, which can generate arguments and problems among the people around them as the appearance of fights with family members in general and with children.

*Reported that is hearing voices and fighting with the family (F121); At the age of 26, the patient began to have symptoms, and started drinking, and picking on her and her children (F126).*

As can be seen, the voices are capable of provoking emotional changes and evolving into aggressive crises. Confirming this assertion, a study developed in Brazil showed, in all its participants, reports that the voices cause changes in an emotional state, taking them to the limit of not finding means to maintain control. Generally, this occurs due to stressful situations that can cause violence, changes in mood, and also loss of memory and sense of time and space<sup>(11)</sup>.

Changes in habits and routine are also present in situations that demonstrate how complex the lives of the voice listeners can have a routine. Unexpected and often inexplicable attitudes for those who do not hear voices can be translated simplistically, being reduced to strange and bizarre behaviors.

*Broke the glass with your hand to avoid hearing "voices" (F58); Started sleeping at brother's house [Because of the voices] (F103); Only wants to stay in the dark (F188).*

To deal with issues like these, conventional Psychiatry approaches may not be sufficient, as they ignore the experiences and focus only on removing the symptoms. When the focus shifts to treating the symptoms, the reasons that led the ombudsman to take certain actions may be ignored. Moreover, many ombudsmen are not bothered by them and/or have already found their ways of dealing with voices outside of psychiatric care. Thus, opposing the idea of treating only the symptom, and often only through medication, may be a good option<sup>(28)</sup>.

Figure 1 below represents an idea of how the phenomenon can occur from the analyzed fragments (numerical quantity indicated in parentheses), their relations are sometimes strong (wider arrows) and sometimes weak (thinner arrows). The arrows in both directions in a two-way street indicate what voices affect and are affected by.

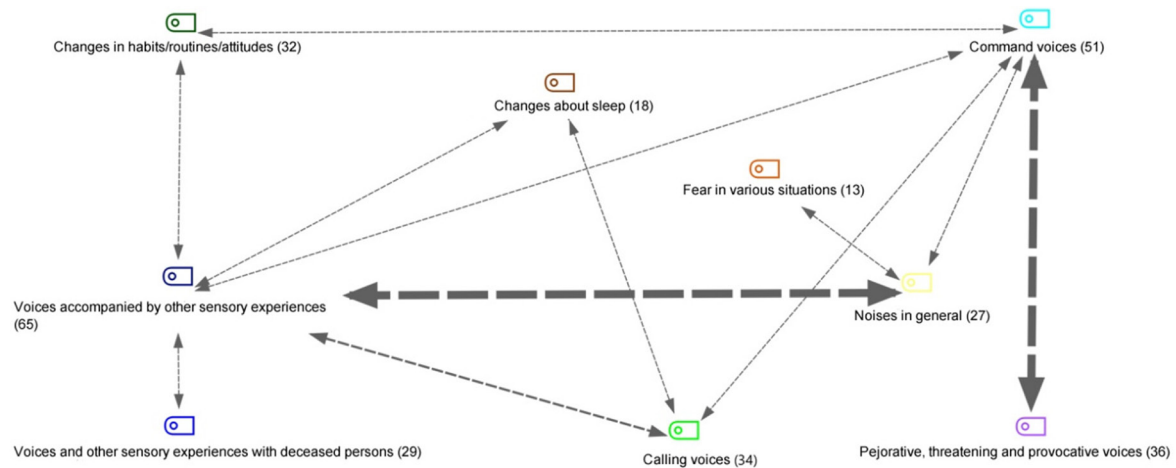


Figure 1 - Relationship between the categories and subcategories from the voice hearing fragments. Pelotas, RS, Brazil, 2017-2018

It is perceived, therefore, that the command voices relate to several other fragments and have a strong relationship with pejorative, threatening, and provocative tones. Likewise, noises, in general, are accompanied by voices and other sensory experiences. These, in turn, were the subcategories that were most closely related to all the others.

For the listeners, hearing the voices of dead people is not an apparently unpleasant situation, which may be because, at least, there is some contact with those who have already departed, as previously discussed. It is different when it comes to noises in general, which are more frightening and seem to create strong negative emotions.

## Conclusion

The study aimed to analyze the notes of mental health professionals regarding people monitored at CAPS who hear voices. Most of them are individuals with severe and persistent mental disorders and are therefore part of a specific group of voice-hearers.

The fragments found are potentially important for understanding the various ways that the phenomenon of hearing can occur. The voices can be accompanied by sensory manifestations, such as uncomfortable vultures and smells, and commanding voices, which influence people to suicidal behavior, which can be threatening and provocative. In addition, they can present themselves in the form of a call, experiences with deceased persons, and noises in general, which can be from people or close relatives, as well as experiences with deceased persons. The noises in general can be formed by singing, laughter, and knocking on doors, causing inconvenience to the listener and the people around him.

One can see how the voices influence the daily life of the listeners. In addition, fear is a constant feeling, which can be a limiting factor in daily activities. Sleep

and its alterations cause difficulties in sleeping and cause substantial changes in routine, mood, and attitudes.

The voices occur dynamically and relate to each other, affecting social, psycho-emotional, and family dynamics. These, in turn, may also be part of people's lives and not as psychiatric symptoms, and may be harmful or not, and need to be constantly identified and characterized.

The limitation of this research is the fact that it deals with fragments of notes taken by the professionals of the service in the medical records. Thus, there is a need, in other studies, to work with interviews with the ombudsmen. There is a considerable number of notes in the medical records without a detailed description, which, therefore, reduces the material for analysis.

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