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RESEARCH ARTICLE

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BIOGRAPHICAL NARRATIVES OF AN ADDICT: CONFLICTS AND DILEMMAS

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ABSTRACT

This text's main scope is to bring to the fore a more in-depth approach to drugs, cultural relativism and the construction of a distorted discourse historically constructed around the concept/prejudice, the use and abuse of some drugs. Thus, the need for a balanced and integrated understanding of drug problems is essential today as an increasingly instigating and problematic phenomenon in our society. Therefore, in addition to theoretical-conceptual exploration in bibliographic sources, biographical narratives of an addict person who, of her own free will, through the open interview technique, volunteered to reveal the forms and causes that led them to become a drug addict. In the conclusive results, the present writing reveals the conflicts and dilemmas faced and revealed in the biographical narratives of the participant of this study.

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INTRODUCTION

Initially, man resorted to natural products, with few variations in the types of drugs, which changed the way of use and the motivations that led to the use. Archaeologists, anthropologists, and several other scholars agree with the suggestions made by cave paintings in the Stone Age that, still in the Upper Paleolithic, between 40 and 10 thousand years ago, point out that man used hallucinogenic plants to get drunk, although these plants, fungi and other organic substances have not survived time. (DUARTE; MORIHISA, 2008). In the period of antiquity, experts in the subject stated that the use of plants or fungi as psychoactive substances provided mystical experiences about the development of spirituality and that this use

corresponded to the first religious rituals. These phenomena related to the spirituality of the subject could only be changed when the specialists stopped worrying about the onset of drug use and began to investigate why its effects were taken. Thus, the medicinal force, the visionary action, and the sensations of pleasure they provoked were enough facts for these peoples to consider them as sacred plants.

Not by chance, many of these primitive societies were organized around the figure of shamans. These healers were people who mastered knowledge about the drug and the rituals needed to prepare them for consumption, whether to heal the sick, to talk to God, or to predict the future. Most shamanic religions, which predominated before the Christian Era, had cults involving the use

of psychoactive substances. [...] Over time, however, the ecstasy caused by the drug lost importance in the ritual, which began to use plants without psychoactive effect. Some theories speculate about which would be the original plant and the most accepted. He says it was *Amanita Muscaria*. Among the peoples of North Asia, we have as an example the Koryak tribes, who still use the *Amanita Muscaria* mushroom – with strong hallucinogenic power, called 'entheogen', used in religious rituals (ARAÚJO, 2012, p. 27).

Whether for cultural, religious, recreational reasons or even as a way of coping with problems, transgression or transcendence, man has always had relationship with drugs, and this relationship may depend on the context, be harmless or assume extremely dysfunctional patterns of use with biological, psychological, and social consequences, directly affecting the individual's life. However, the concept, human perception and moral judgment about this use has evolved greatly over time. Cultural relativism regarding the use of drugs, different from one society to another, even thinking about a regulation of this use, when perceived perniciously within a given social organization, does not change in any way the anthropological, cultural, and social relevance of the use of psychoactive substances. Within this relativism, one has the false idea of thinking that alcohol is not a drug, that the use of drugs only refers to young people and adolescents, that there is a kind of explanation for understanding the problem of drugs, that a solution appreciated in the West has effects in the East, that we can cure societies of the evils of drugs, that the use of drugs inevitably means a terrifying decay, in short, that the problem lies in drugs, in the imbalance of society or simply in the subject who uses them. Thus, the need for a balanced and integrated understanding of drug problems is essential today as an increasingly instigating and problematic phenomenon in our society. The considered increase and scope of approaches on drugs include medicine, law, psychology, pharmacy, spirituality, economics, politics, anthropology and even history. Griffith Edwards says that one of the worst mistakes made in recent years concerns the tendencies to neglect the social and cultural dimensions of people who use drugs and their respective contexts. Regarding the meanings of its use, it distinguishes three general conditions attributed, alternatively or simultaneously, to the ingestion of drugs in social contexts that vary according to the organization and beliefs of a given society within a given social and historical period.

The reading on drugs showed that this subject of discourse is crossed by the discursive formations of transgressive and devious subjects in the various sociocultural instances that are inscribed in the places where one identifies or is identified in a relationship between discourse, history, and culture. Discourses that profoundly affect the subject "in the context of drug use" since these are constituted in society and are constituted by it. By intertwining in any discursive formation, whether ideological, cultural, or social, this subject constructs his mode of subjectivation and is constantly fed by new discursive formations, producing other visions since it affects and is affected by the socially produced discourses about the understanding of the use of illicit drugs. We are taught whether in the family or in the glue, that drugs kill, that from the use of it, are created marginal, that their use is prohibited, we are warned about the negative consequences of this use, that their commercialization is a crime and these terms, are always linked to marijuana, perfume thrower, cocaine, heroin and crack. The World Health Organization (WHO) defines drugs as substances "that affect the mind and mental processes", that is, drugs are all that messes with the brain, including tobacco and alcohol there.

The broader definition, provided by pharmacologists, considers drug "any substance capable of altering the normal functioning of any organism". It is the interpretation most like that of the ancient Greeks, who used *the word phármacon* for both medicine and poison. They understood that no substance is good or bad. The use that is made of it is that it will dictate its consequences. This interpretation considers that marijuana and cocaine are drugs, just

like aspirin and even chamomile tea you drink to sleep better. (ARAÚJO, 2012. p. 14).

Already related to their effects, drugs can be classified in relation to their action on the brain and behavior caused on the central nervous system – CNS as follows: stimulants, depressors and disturbing (ARAÚJO, 2012). We recall that among the various effects that each drug causes, there may be differences related to this form of classification, making them in the historical course, in different reactions, depending on the use made of it, varying this use between recreational, medicinal, and religious.¹²³

In the mid-1980s, a new way of using cocaine was discovered among users where its effects could be intensified, albeit with shorter duration, crack – another smoking form of cocaine use, a name given mainly to the noise produced when the stone is burned for its use. Its production was like that of *freebase*. A mixture of cocaine hydrochloride on a liquid basis (which may be ammonia, sodium bicarbonate or sodium hydroxide) for the removal of hydrochloric acid, smoked in glass pipes to even empty soda cans. It began in decaying areas of New York, Los Angeles, and Miami, which discovered crack, produced as follows:

The cocaine hydrochloride was dissolved in water, sodium bicarbonate was added, the mixture was warmed, which, when drying, took the form of hard and smoking stones. These stones contained not only cocaine alkaloids, but also baking soda and all other ingredients that had previously been added to the powder. But although the crack is not as pure as *freebase*, when lit, it releases a vapor that is largely pure cocaine, producing an effect like that. However, unlike *freebase*, usually prepared by the users themselves from the powder, crack was usually produced by traffickers and sold ready to be used. (DOMANICO, 2006, p. 14).

Crack emerges in Brazil around the 1990s, with rapid expansion, especially in large urban centers. Initially in the city of São Paulo and then in the various regions of the country. In Brazil its use was spread mainly among the homeless of large cities, according to the data presented, in the same proportion its devastating effects were visible in users as: thinness, dirt, the various crimes committed to maintain addiction and fissure caused by the absence of the drug (DOMANICO, 2006). As much as crack comes to assume the representation of a new drug, in fact it can be thought of as a form of cocaine administration, being a byproduct of this. However, it is necessary to understand that it was from this propagation that this problem received greater visibility in relation to the complexity that the various sociocultural aspects imply, such as culture, justice, and the field of public health policies nowadays.

Thus, anthropologists focus on the need for public debate on false authoritarian and prejudiced ideas that produce disqualification, demonization, and stigmas of drug users, disemboid in subcultures and marginalization of subjects. For Howard Becker in *his book Outsiders: study of sociology of deviation*, drug use – psychoactive substances are perceived as a behavior that deviates from normal and socially taxed as something extremely destructive. The author makes a discussion bringing important resignifications of the concept of

¹Stimulants are the ones that speed up their operation. The most common effects are decreased sleep and appetite and increased alertness, blood pressure and anxiety. Some even increase body temperature or have specific effects, such as making people more talking – cocaine case. Amphetamines, nicotine, and caffeine are other examples of such drugs.

²Depressors, as the name suggests, reduce brain activity, and generally leave people drowsy. Some of these substances also have analgesic effect because they more intensely decrease the work of neurons involved with pain processing. Alcohol, benzodiazepines, barbiturates, inhaled substances and all drugs' opioids are depressors. An important detail: depression is not the same thing as depressive, that is, what causes depression.

³Disturbing drugs are those that, more than increasing or decreasing central nervous system activity, change the way it works. That is, its effect is less quantitative and more qualitative. By changing the way our brain works, they cause delusions, delusions, or hallucinations. Marijuana, LSD, and several hallucinogenic plants are included in this category.

deviation, totally dislinking this term from the idea of crime to a conception that proposes a social relationship that generates naturalization without impositions of labels and rules for those who do not comply with them in this case, deviators (BECKER, 2008 [1963]).

METHODOLOGY

Methodologically, this research is an exploratory biographical case study of basic nature with qualitative approach. Regarding data/information collection techniques, we used direct observation, the non-directive interview technique. Regarding the analysis techniques, we applied content analysis and the sociohistorical narrative course discourse (YIN, 2001; GIL, 2008; XAVIER et al., 2021). From narratives of the biographed subject arises the interest in developing a biographical study of Dandara – pseudonym of a former prostitute and addict. Therefore, the present work consists of a range of interviews, with the theme that generates the conversations emphasizes forums of a more intimate nature involving the life of the interviewee: the abuse of drugs. Thus, narratives constitute sources of credibility, and these sources are not presented in a trivial way, but with a willingness to affect social experiences, with emphasis on subjective actions that foster intersubjectivity relations, elaborated and performed in each context and with certain groups. The orality produced by the biographed subject consolidates the foundation of this research, in which the narrative and the use of memory stand out, which in the words of Xavier (2014, p. 110), can be perceived as follows:

Oral History is conceived through narratives of social subjects about the most diverse subjects witnessed or that, in one way or another, they have become aware of them. These are testimonies of living beings who, when questioned, discuss what they know about certain events, people, places, institutions, governance and so many other subjects. These testimonies are unique, unique and serve as a marrow for the research work on which the researcher is dedicated and seeks with intensity to discover truths.

Oral history opportunizes the analysis of the so-called excluded, marginalized, minorities, emphasizing the importance of underground memories that integrate minority and dominant cultures, opposing the official memory, the national memory. What prevails is the focus of the excluded, the unspoken, of what is between the lines. It is this marginal memory that prevails far from the official pathways, which seeks the opportunity of listening to surface in the public space. Pollak (1989) emphasizes the selective form and character of dispute: memory as a destructive, uniformizing and oppressive phenomenon of marginal memory over national collective memory. Underground memories emerge in circumstances of crises in heightened fears and selectively reveal the tracks and essays experienced by the infamous, which filter out what can be remembered and what should be forgotten. Therefore, the option to proceed with the biographical narrative is part of the interest of, from the empirical experiences and knowledge of the biographer, to thoroughly understand the processes that encompass the tonics proposed here, with emphasis on drug addiction. Furthermore, the relevance of the interview as a data collection technique allows the understanding of subjective elements and, among others, we opted for the open interview modality. The option of proceeding with this type of interview assumes that this allows a more exploratory discussion on the issues that are intended to be addressed. Its structure is constructed from generating themes introduced by the interviewer, leaving the interviewee freer to discuss such propositions. Thus, questions and answers occur through formal conversations. It is important to emphasize that the interference of the interviewer should be minimal, seeking to adopt the position of listener.

The open interview is recommended when the researcher aims to obtain as much information as possible on a given subject, from the interviewee's approach, according to Minayo (2005).

DATA/INFORMATION COLLECTION, INTERPRETATION

ANDR ESULTADOS: Dandara Aragão, our interviewee, recalls her life trajectory highlighting the right issues that constituted her journey, as an addict. Currently the girl, is 51 years old and affirms and as a former sex worker is a recovering addict the biographer starts the conversation explaining the factors that drove her entry into prostitution and later the abusive use of drugs in which she reports as follows:

I went into the night out of necessity, alcoholism of my father, absolute bankruptcy of my family, my mother going through need, my brothers needed to study, and I was the eldest daughter, I took the role of the guy of the house, of the man of the house and became the provider. And there were situations at the time, which was my father's illness stemming from his alcoholism that I was desperate for. Because he urgently needed treatment. At the time as there was not much known about the treatment of alcoholism on top of self-help work, we had to resort to medicine and medicine, pushed homeopathy and homeopathy at that time was very expensive and I saw my father with cirrhosis, and he was suffering a lot. I was 20 years old already of age did not get to know the minor prostitution. A friend suggested to me: - friend I have a friend, who to go out with him, he gives a buck started like this. So, this friend introduced me to this boy, and we left all three and then with time, this very boy took me to a nightclub, and I was curious to know this club [...] I saw, that in a week that money I worked for a month, in the club I earned much more [...]. (MATOS, 2016, p. 50-51).

Family conflicts, love disappointments, financial issues, lack, low self-esteem, the search for sexuality, for independence. Finally, there are numerous reasons that move a girl to seek the activity of prostitution and later involvement with drugs, according to the report:

I remember that the first time I used powder, I was in São Luís do Maranhão. I wasn't even going to be on this show. In case, the dear chose two girls there on the pretext that they had to have sex with each other I said I'm out. All right, so the girls went to do the show when it was around 4 o'clock in the morning, they called the hotel where I was staying and said: Dandara is the following the guy fucks a lot and we're not getting more he asked to bring you, but don't worry that you won't be with any of us. So I went, because I drank too much, and alcohol made me very compulsive for sex. When I got there, I saw they were snorting cocaine. [...] That is, my initial contact with cocaine was favored by a situation within prostitution. (DANDARA, 2012).

In the conception of the interlocutor, drugs and prostitution are at the same level and these two associated elements can cause an emotional and psychological imbalance. For Dandara, a call girl is more conducive to getting involved with drugs, than a so-called ordinary girl, because drugs are elements that guide the spaces of prostitution and the social scope of a call girl is cabaret, that is, she lives with drugs on a daily basis, and this leaves her vulnerable and incited to make use of narcotics. However, the co-announcer reveals that even struggling to give up drugs, she made use of crack and became addicted to reaching at the bottom of the barrel. And what is crack?

Crack has emerged as an option to popularize cocaine, for its low cost. For the production of crack, a mixture of powdered cocaine (not yet purified) dissolved in water and plus baking soda (or ammonia) is heated. The heating stiffens the solid part of the liquid. After the solid part dwells, it is cut into stone form. Because it does not go through the final process of refinement through which cocaine passes, crack has many residues of the substances used throughout the process. Ready for consumption, the stones can be smoked with the use of pipes, usually improvised. When lit, the stones emit a sound, hence the origin of the name "crack".⁴

⁴InfoSchool: Navigating and Learning. Crack. Available in: <https://www.infoescola.com/drogas/crack>

When talking about her experience with crack, the biographer emphasizes the sensations that the drug provided her.

I fell in love with that ecstasy. It was an intense pleasure that lasts no more than fifteen seconds. It's an ecstasy that people usually talk about in slang, it's such a blow, it's like you used it there and in fifteen seconds you float. It's a feeling... There's no way to explain it. And that's why it creates the compulsion to want another to prolong that escape. And this one you want another you're using more and more. It was pleasurable at first, every start is pleasurable (DANDARA, 2012).

The sensations of pleasure mentioned by Dandara when using crack, they pay to a debate triggered by researcher Fiore (2008), when discussing issues that involve the possible controversies between pleasures and risks, in illusory and artificial meanings that "drugs" cause to its users. Specifying better, it defines:

The pleasure afforded by the consumption of "drugs" can hide the danger of a funesto temporal effect. This would be the main illusory meaning of pleasure caused by "drugs", at least in the form assumed by this term in the prevailing medical discourses. He hides a kind of trap, whose few possible exits are painful, which thus opposes his initial face, when it was a kind of "pleasurebait" capable of attracting the unsuspecting or reckless individual. For a variable but finite period, the consumer obtains through the consumption of the "drug" a pleasurable sensation, but that can, over a certain period, make him dangerously attached to it. If you do not interrupt or regulate this relationship, you will be condemned to seek in the consumption of the "drug" the simple avoidance of the sufferings imposed by your lack. This stage would be, finally, what characterizes a situation of dependence, in which the individual would not be in the domains of pleasures, but rather close to relief. Whether or not this feeling of relief can be considered pleasurable matters little, since a form of chronological progression between pleasure and its double nefarious emerges from this discourse: first, the search for new sensations, experiences, considered positive; then the avoidance of lack, abstinence, an eminently "negative" pleasure. (FIORE, 2008, p. 145).

Dandara states that crack manifests itself in a contradictory way, because the aprazimento it provides is singular, intense, and thorny. She says she was stuck in this prazimento to the point where she couldn't see anything else. Therefore, Fiore (2008) points out that the use of drugs can provoke pleasures, however, it is doomed to negativity and risks, with properties of obscurant an adverse weather effect, especially the illusory sense of pleasure that the drug can provide. The referenced author says: "And drugs give a kind of short circuit, give the body a kind of pleasure without it existing. They give a chemical illusion of pleasure." (2008, p.146). In an interview given to doctor Drauzio Varella, the researcher and psychiatrist doctor, Ronaldo Laranjeira explains:

Drugs trigger the brain's reward system, an area charged with receiving pleasure stimuli and transmitting that sensation to the whole body. This applies to all types of pleasure – pleasant temperature, rewarding emotion, food, sex – and plays an important role for the preservation of the species.

Evolutionarily man created this area of reward and that is where drugs interfere. By a kind of short circuit, they provoke a chemical illusion of pleasure that induces the person to repeat their use compulsively. With the repetition of consumption, all natural sources of pleasure lose their meaning and only the immediate one provided by the drug, even if it compromises and threatens the user's life.⁵

⁵ORANGE, Ronaldo. In fashion: DrAuzio. OTHER STORIES #39 | CHEMICAL DEPENDENCE, 20 November 2021. Available in: <http://drauziovarella.com.br/dependencia-quimica/dependencia-quimica/Acesso in: 17 May. 2022>

The biographer attests that in her moments of: "flashes of rationality" identified crack, as a closed space, dark and asphyxiating. "It was, as if I was going into a funnel and it was tapering every second. It was a unique pleasure, but it cost a lot of money" (DANDARA, 2012).

I started selling my stuff so I could get the crack, I took my card and stuck me inside a motel, called the dealer, he'd give my card in his hand and say, I want you to bring five grams of the beginning, here's the card, take the money in the bank. The guy became my friend, logical. If he said he was going to take only three hundred reais, he'd take five hundred or more. So, it was a cheap one that came out expensive. The few times I wasn't about the effect of the drug, the crack I started to see around me and the things I had done as a result of using the drug and I started charging myself, I started blaming my drunkenness, because when I got drunk, it was when I had the guts to get into a mouth mouth at 3am, pay fifty reais to the motorcycle taxi, convince the motorcycle taxi to go to the mouth with me. Then there were several situations, until I came to evaluate, until I say: I will not use anymore (DANDARA, 2012).

For Nietzsche, what fixes memory is pain. Thus, resentment is affected by anamiudamemory of a pout to forget. The resentative is a submissive of his inability to forget.

And through this resentful memory, Dandara recapitulates his arrival at rock bottom and his decision to stop drug abuse. Presented the problem that involves the reports, it is essential to present a little of the history of drugs and some conceptions of use about them that help to think a little more about the subject starting from different forms of discussion.

Final Considerations

We found in a brief historical journey about drugs, that they have always been associated with culture. Its use does not occur involuntarily or in isolation. This is perceived through the characteristics historically rooted within society and disseminated through cultural and social groups and classes where the individual is inserted. In the interviewee's reports, we noticed two factors of great relevance and we can affirm that the culture of crack use characterized. She described that she started out as a cocaine user, and did not like marijuana or any other drug, where crack is a new form of cocaine use, that is, complementary. Then he said he tried the crack, through friends and not through traffickers, as so much is disseminated by the media. It is noted through these passages the relationship between the curiosity to prove a new drug for those who are already users and the opportunities that the social and cultural environment offers to dependents. Very common elements in the context of these people who for some reason cannot escape this situation provided by those who already use it.

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