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Original Article

O SIGNIFICADO DE MORAR EM UM SERVIÇO RESIDENCIAL TERAPÊUTICO

THE MEANING OF LIVING IN A RESIDENTIAL THERAPEUTIC SERVICE

EL SIGNIFICADO DE VIVIR EN UNO SERVICIO RESIDENCIAL TERAPÉUTICO

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RESUMO

Objetivo: descrever o significado de morar em um Serviço Residencial Terapêutico na perspectiva de egressos de internação psiquiátrica. **Método**:trata-se de uma pesquisa qualitativa, realizada com 13 moradores de duas Residências Terapêuticas. Os dados foram obtidos por meio de entrevista em profundidade e analisados por meio da técnica de análise de conteúdo. **Resultados**: emergiram duas categorias que ilustram a visão dos moradores: Residência Terapêutica: um lugar de direitos e escolhas;Residência Terapêutica: um lar ou uma casa de passagem? **Conclusão**: os moradores relatam satisfação e reconhecem a Residência Terapêutica como um espaço para uma vida mais independente. Devido à marcante herança asilar enfrentam dificuldades para apropriar-se de um espaço para chamar de seu, progressivamente retomam a vida em comunidade e enfrentam desafios para empoderar-se e fazer escolhas. Como um dos dispositivos do processo de Reabilitação Psicossocial, a Residência Terapêutica representa um espaço para construção da autonomia, independência e inclusão social de pessoas com transtornos mentais.

Descritores: Moradias assistidas; Desinstitucionalização; Saúde mental; Serviços de saúde mental.

ABSTRACT

Objective: describe the meaning of living in a Residential Therapeutic Service in the perspective of people discharged from psychiatric hospitalization. **Method**: this is a qualitative research, conducted with 13 residents of two Therapeutic Residences. Data were obtained through in-depth interviews and analyzed using content analysis technique. **Results**: two categories emerged, illustrating the vision of residents: Therapeutic Residence: a place of rights and choices; Therapeutic Residence: a home or halfway house? **Conclusion**: residents reported satisfaction and recognize the Therapeutic Residence as a space for a more independent life. Due to the remarkable asylum heritage, they face difficulties in appropriating a space to call their own, gradually resume community life and face challenges to empower themselves and make choices. As one of the devices of the Psychosocial Rehabilitation process, Therapeutic Residence is a space for the construction of autonomy, independence and social inclusion of people with mental disorders.

Descriptors: Assisted living facilities; Deinstitutionalization; Mental health; Mental health services.

RESUMEN

Objetivo: describir el significado de vivir en un Servicio Residencial Terapéutico en vista de los egresos de hospitalización psiquiátrica. **Método**: se trata de una investigación cualitativa, realizada con 13 residentes de dos residencias terapéuticas. Los datos fueron obtenidos a través de entrevistas en profundidad y analizados mediante la técnica de análisis de contenido. **Resultados**: emergieron dos categorías que ilustran la visión de los residentes: Residencia Terapéutica: un lugar de derechos y decisiones; Residencia Terapéutica: un hogar o una casa de pasaje? **Conclusión**: los residentes informaron satisfacción y reconocen la Residencia Terapéutica como un espacio para una vida más independiente. Debido a la notable herencia asilar, ellos enfrentan dificultades en la apropiación de un espacio que puedan llamar suyo, reanudan gradualmente la vida en comunidad y enfrentan a los retos de hacerse valer y hacer decisiones. Como uno de los dispositivos del proceso de Rehabilitación Psicosocial, la Residencia Terapéutica es un espacio para la construcción de la autonomía, la independencia y la inclusión social de las personas con trastornos mentales.

Descriptores: Instituciones de vida asistida; Desinstitucionalización; Salud mental; Servicios de salud mental.

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INTRODUCTION

The Brazilian Psychiatric Reform has brought the demand for the construction of a new paradigm of care in mental health and puts into question the urgent transformation in the provision of health and life conditions for people with mental disorders to break with the logic of exclusion and social segregation.

The Therapeutic Residence as a device of the deinstitutionalisation strategy of the Psychosocial Attention Network (RAPS) aims to shelter individuals with mental disorders discharged from asylum institutions that have lost their ties or that do not have the conditions to return to the family nucleus for various reasons, such as refusal by the individual and/or the inability of the family to accept him/her[1].

In Brazil, the first Therapeutic Residences emerged in the 1990s with Law 3,657/1989, in order to replace hospice in the logic of substitutive mental health services. Subsequently, the Ministry of Health introduces the Therapeutic Residential Services in the Unified Health System with ordinance no. 106/2002. It defines the basic rules and financing for the construction of the Residential Therapeutic Services (SRT) with the ordinance no. 1,220/2000. These actions represent achievements and enable the expansion of an initiative hitherto restricted to some pioneer states[2].

Inserted in the perimeter of the city, outside the hospitals, the Therapeutic Residences are linked to the Centers of Psychosocial Attention (CAPS), ambulatory specialized in mental health, or even to the family health team with matrix support in mental health. Uncharacterized as a health service, they promote the contact of their residents with society and articulate the process of social reintegration[3] in order to concretize the life in the city.

Professionals from CAPS or other services linked to the Therapeutic Residence work in tune with the caregivers to ensure the autonomy of the residents. They have the main role of promoting psychosocial rehabilitation by inserting the user into the community service network, organizations and social relations, building autonomy[4], restructuring life and exercising citizenship.

The Therapeutic Residence is one of the devices of the Psychosocial Rehabilitation process[5], with the logic of reducing beds in psychiatric hospitals and overcoming the condemnatory condition relegated to many people[6]. It consists of coexistence and housing spaces for up to eight users, in the following modalities: Residential Therapeutic Service I, the simplest, which requires the help of only one caregiver; the Residential Therapeutic Service II, for people that require intensive care, daily technical monitoring and permanent auxiliary personnel, both articulated by the Network of Psychosocial Care-RAPS of each municipality, as determined by the Ministry of Health in 2004[2].

After received at the residence, the new inhabitant enters a long process of rehabilitation, with progressive social inclusion and personal emancipation. Experience has not been a simple activity, as the legislation idealizes; on the contrary, it implies singular experiences of the subjects in this process, permeated by worries and conflicts that affect the appropriation of the new home and overcoming isolation[7].

The Residential Therapeutic Services emerged as an extremely important instance for attention to mental health, with physical infrastructure and, in some realities, with multi-professional team, inserted in the urban spaces, designed to accompany and help the people in the construction of autonomy and independence, adapted to the needs, under the proposal of an Individualized Therapeutic Project-PTI[7].In the regulation of Residential Therapeutic Services-SRT, its conception and effectiveness require agreement among the services of the health care network, basic and specialized, and in intersectoral actions. It arises from the perspective of going beyond the discharge of people with mental disorders, but especially of preparing them for the social (re)insertion.

Since its implementation in the country is relatively recent, it needs a wide discussion in order to assure its residents an ongoing process of return of capacities for resumption of public life.

Given the importance of this care device on the platform of mental health policy, some questions raised to build this study, namely: How does the Therapeutic Residence promotes the protagonism of the residents? Has the

Therapeutic Residence led the residents to exercise autonomy? Based on the presented assumptions, the purpose of the study is to describe the meaning of living in a Residential Therapeutic Service from the perspective of the residents themselves.

METHODS

This research is anchored in the assumptions of qualitative analysis and, in this sense, the findings cannot be quantified, but understood in the dimensions located in the object of the proposed study, in the meaning brought by people discharged from psychiatric hospital about living in residential therapeutic service.

The study bases on the theoretical framework of Psychosocial Rehabilitation, according to Benedetto Saraceno[8]. The author establishes that Psychosocial Rehabilitation constitutes a strategy that enables the individual to recover the capacity to generate meaning for his/her life and potentiality to reestablish and exercise citizenship.

The practice of Psychosocial Rehabilitation implies "helping the person who, at some point in his/her life, has lost the capacity to generate meaning, accompanying him/her in the recovery of unprotected spaces, but socially open to the production of new senses"[8].

Psychosocial Rehabilitation foresees the use of a set of strategies to rescue the individuality and subjectivity of the person in psychic distress, understood in its entirety and in a respectful way. It is a process of reconstruction for the full exercise of citizenship and contractuality in three main spheres: dwelling/habitat, associated with material conditions, reception, appropriation of the domestic environment and housing itself; social network, which involves building bonds and expanding relationships with the community, family and other groups, which strengthens situations of daily life; and labor, in the perspective of production and exchange of goods and values, based on income generation and effective participation in the world of work in order to provide a better quality of life and restore contractual power[8-9].

Data collection was performed in October 2011 with 13 residents of two Therapeutic Residences (one male and one female), located in the city of São Bernardo do Campo, São Paulo. The municipality restructured the Mental Health Care Network by massively investing in deinstitutionalization actions, currently constituting eight Therapeutic Residences of different modalities.

The choice of these two RTs for this study based on being the first experiences of the municipality in the year 2010. They are located around the Adult Psychosocial Care Center III (CAPS III) that receives daily technical support from a coordinator. The approach with the social actors of this research happened during teaching practices in the CAPS III, which allowed bonding and invitation of the residents to report their stories.

The previously established relation with the residents and with the professionals of the services fundamental for the construction of this work. Recorded interviews were conducted at the residences, on previously agreed days and times.

All schedules were made respecting the availability of each resident. The inclusion criteria for this study were being resident in the RT, accepting the proposed invitation and being able to sign the acceptance term respecting ethical issues.

All residents accepted to participate in the study. Both at the time of the invitation to participate in the research as in the collection itself, the objective of the study, as well as the audio proposal, were detailed. The used collection technique was the In-Depth Individual Interview[10], with the following guiding question: What does the Therapeutic Residence mean to you?

Regarding the ethical issues, the researchers presented the study to the residents of the Therapeutic Residences and to the Psychosocial Care Center (CAPS) team linked to the development of the study. This complied with Resolution 466/12 of the National Health Council. The Human Research Ethics Committee approved the study with protocol number 178/2010.

Only after the signature of the Informed Consent Form by the research subjects, the collection started and happened without interruptions. In respect to the confidentiality of the interviewees, the letters F (female) and M (male) identified the social actors of these studies, followed by the sequential number of the interview.

The analysis of the empirical material was conducted through the Content Analysis Technique[11], in five stages: full transcription of recorded interviews; reading of the data from a

floating attention; re-reading of the material with emphasis on words and phrases of the original texts, indicating convergences and divergences in the reports of each interview; identification of the convergences and divergences of the words and phrases marked with clipping of the original texts; elaboration of categories; and discussion of the data, based on the assumptions of the Psychiatric Reform and the conceptual framework of Psychosocial Rehabilitation.

RESULTS AND DISCUSSION

The study population involved 13 residents, six women and seven men, with a mean age of 55 years and psychiatric hospitalization time ranging from two to 21 years. The women have lived in the Therapeutic Residence for six months and the men have been there for one year since their respective inaugurations.

Category 1.Therapeutic Residence: a place of rights and choices

The narratives of the residents indicate that the Therapeutic Residence is associated with the idea of a place of rights and respect for the individuality. It works as a point of connection and appropriation of the subjectivities and space of valorization of autonomy as subjects of rights, thus exceeding the asylum logic.

The asylum model, as an area of normalization and loss of rights, subtracts individual capacities from choices and opportunities, imposing rules and obligations. As a tool for Psychosocial Rehabilitation, the Therapeutic Residence rescues the free movement and empowerment of its residents and leads them to the process of resumption of decisions.

As victims of seclusion, the residents of the two Therapeutic Residences highlight the satisfaction of basic needs, previously regulated by strict norms and schedules.

The excerpts from the speeches of the residents from both Therapeutic Residences show the importance of the freedom to decide the amount of food and what they want to eat, revealing the compulsory deprivation suffered in the asylum spaces:

"[...] I like it, here, we have cake, lots of cake, lots of cake, lots of cake [...]" (E1Fem)

"[...] good because we eat well, we have a great dinner, we have breakfast, eat bread, drink coffee in the afternoon. We eat, we have a great treatment [...] "(E2Fem)

It still pervades the quality of what they receive as food:

"[...] at the hospital, the food is bad [...]" (E3Masc) and refers to the Therapeutic Residence as a family environment with a sense of belonging. "[...] here, I like the food, here, we have homemade food, at the hospital the food was good, but I prefer the residence food [...]" (E4Fem).

From the assumptions of Psychosocial Rehabilitation, the residents bring to consciousness the understanding that the Therapeutic Residence produces the approximation of memories of a home, they express that it is not only a place of abode, but also a house that gives life and promotion of personal satisfaction.

Aspects such as food represent a background for those deprived of the satisfaction of minimum needs and who gradually constitute themselves as subjects of rights to choices:

"[...] there is coffee, juice, rice and beans [...]" (E5Masc). "[...] here, we have good, delicious food [...]" (E6Masc)

"[...] here is good for me!...here, I eat. There, at the hospital, I did not eat, the food was bad, that was soy, they did not give us coffee at the hospital [...] "(E7Masc)

The hospital, as a power institution, dominates and invades the personal and territorial space of the hospitalized patient, depriving him/her from privacy as a prerogative and a primordial necessity for the maintenance of individuality[12].

In view of the historical course of psychiatry, residents of the Therapeutic Residence expose the continually trivialized bodily invasion, reporting that nothing was their own, not even their own clothes, in the total abortion of their personal dignity, and, when hospitalized in the psychiatric hospital, the corporal hygiene was something purely obligatory.

The right to be different and not homogenized in the use of their own clothes is anchored in the principles of Psychosocial Rehabilitation and in the contractual power of the user, in what concerns the access to goods and services usually subtracted by the asylum power.

The following phrases are emblematic of a trajectory of construction of new identity:

"[...] we take a shower, put clothes on, here, each one has his/her own clothes, each one has his/her wardrobe [...]" (E4Fem).

"[...] the clothes that are here are mine, at the hospital, I lost my clothes [...]" (E7Masc).

The discretion of asylum institutions about the daily life of individuals imposes an absolute law to be followed, acting on the actions and choices of their inmates[13], far from what the Therapeutic Residence proposes:

"[...] here, there is no “cannot”, here, we can [...]" (E9Masc). The inhabitant reinforces the freedom of concrete and subjective appropriation of his daily life.

As a synonym for living, the Therapeutic Residence represents a private space, where residents have the right to decide who they want to receive in their home. Since it is around the CAPS, it allows access by different professionals, who look after their residents, in constant supervision and support to the possible demands and in the privilege of their autonomy.

Feeling invaded in one’s privacy is legitimate, as the interviewee reports: "[...] I think there are a lot of people, it is all day with a visit [...]" (E1Fem).

The Therapeutic Residence is a house of abode, and, therefore, it has its rules and who gives the tonic are its owners. The teams, CAPS professionals and caregivers are responsible for monitoring their own actions in order not to succumb to asylum practices. These should protect the interests of the residents without carrying out paternalistic actions that do not fit the interests of the same ones[14].

Possessing the right to decide is a gain in the struggle against the suppression of compulsory denied life:

"[...] there is television, and we are able to increase the volume in the residence[...]" (E5Masc)

"[...] there is more freedom, we have locks at the hospital, locks on the doors. We are locked at the hospital, here is better, we do not have it [...] "(E10Masc)

Once hospitalized, the subject has no control over his routine; all activities are hermetic. In the next statement, the inhabitant shows interest in having a job, an aspect that meets the expectation of capitalist society, where the one who does not produce is dispensable to the system:

"[...] I am attending two courses, I have requested the “Back Home” indemnity, some money for me to rent a place to live, I am already employed, it is good to have a little freedom, the Therapeutic Residence is a perspective for every one to find a way in life [...]"(E8Fem)

Making plans to enter the labor market is a purpose in addition to learning something, such as the resident who intends to undertake a vocational course, a possibility to enter the space of social, materials and of sense [15].

The return to the productive chain is supported by the proposal of the work axis of Psychosocial Rehabilitation, which anchors the social insertion and the deinstitutionalization of the discharged patients.

Contractual power, through capital, represents an important variable in user satisfaction and an ethical need to sustain his/her choices. So say thein habitants:

"[...] I was attending a course, cafeteria course [...]" (E4Fem)

"[...] First, I am waiting for the document to be ok, then I will receive the retirement, and see something to do and make money [...]" (E10Masc)

The following speech demonstrates the process of institutionalization of the resident while she was at the psychiatric hospital and the difficulty inherent in the process of living in the Therapeutic Residence.

"[...] it's not ideal, we want our space, I think the hospital has a better clinical care, who has a problem here, has to go to the doctor, there, at the hospital, we had everything, it was very practical, if I could choose, I would choose the hospital, here you cannot make your own decisions, you have time to attend CAPS, if you want to leave, you have to be accompanied [...]" (E11Fem)

There is a contradiction about the conception of living in this narrative, because, on the one hand, she considers that the psychiatric hospital can be her home, for always having a health professional available; on the other hand, she states that it is necessary to have her own space, different from what the Therapeutic Residence offers.

The long years of hospitalization produced a false understanding about the closed environment of the hospital. The resident believes that this one offered "facilities" and "privileges" and highlights the difficulties to take ownership of the new scenario, make her own decisions and face life outside the asylum.

However, there is a clear difference between "being" and "dwelling", in which “being” implies little or no ownership of space by the

individual, whereas “dwelling”, on the contrary, reveals a concrete and symbolic appropriation of the space where one lives[16]. It is also necessary to reflect on the work process carried out by the teams of the Therapeutic Residences and the CAPS, who, through a zealous attitude, can unconsciously reproduce the institutionalizing asylum logic.

Thus, those who work in the Therapeutic Residences must anchor their praxis in the assumptions of Psychosocial Rehabilitation as a conception of (re)taking the singularity, positioning themselves as intermediaries in the process of constructing affective and social exchanges of their residents[17].

Category 2. Therapeutic Residence: a home or halfway house?

The Therapeutic Residence is an important device in the context of psychiatric reform and mental health policy. When leaving the asylum for the Therapeutic Residence, the resident lives the transition from leaving equipment to another. In this process, the desire to transform one's life gives rise to unique and singular concerns about living outside the closed space of the asylum and (re)beginning of his/her citizenship.

Residents of the Therapeutic Residence reveal their preferences while continuing at the Therapeutic Residence or returning to the hospital. They are unanimous in rejecting the past and, above all, wish to build a home to call their own. They emphasize the Therapeutic Residence as their own home, as a space of protection, as their own house, where there is satisfaction, conceptualizing it as their residence, their home, and, in the place they currently live, they feel recomposed:

"[...] here is house, there, it is a hospital, it is my residence, my address, zip code" (E1Fem)

"[...] this cannot be considered for our whole life [...]" (E11Fem)

"[...] here, it is better because it is a house, I want to stay here forever, I live here [...]" (E6Masc)

"[...] it is fine for me here! Here is good... I just did not like that place (hospital), here for me I am in heaven! I want to stay here [...] "(E7Masc)

Resumption of life before psychiatric hospitalization is also manifested in the intention of independence, of self-support, in the firm desire to follow a different path, and in the idea that one should not take ownership of the Therapeutic Residence throughout life:

"[...] in my house, in my own house, I intend to go to my house, the house that is my own [...]" (E2Fem)

"[...] the idea of going back to the hospital would be horrible, I would lose everything I am doing, once the indemnity comes out, I will rent a small room [...]" (E8Fem)

The experience of the residents has been positive, with progressive gain of autonomy and bridge to carry out projects, through involvement with work, reaching the expectation of emancipation from the perspective of psychosocial rehabilitation:

"[...] now I can go away to take care of my life. I want to take, get my documents, make a file to work as a collector [...] "(E1Fem)

"[...] I am already practically employed, because I am already looking for a job, I have been approved and now I just have to star working [...]" (E8Fem). This sentence expresses the previous statement.

Taking on a new space of habitation requires internal transformations for which the residents are not ready yet, making necessary the support of the team in overcoming the transformation into another. It is possible to see, in this follow-up of life outside the walls, the construction of a new modus operandi to face the “being again”.

The concern for the future is contextualized in the criticism that the resident is responsible for looking for alternatives to the residence, after all, this is a halfway place and that, even considered a place of replacement of senses for the life in community, it is not his/her property.

"[...] the therapeutic residence is important, but it cannot be considered for the entire life, even because the house is rented. A change that occurs with the politics, if the person did not get it, and did not obtain own or rented housing, what happens? You can go back to the hospital! [...] "(E11Fem)

The resident has a sense of committed belonging, with plausible concern about the place she lives in. She points out external factors such as a possible party-political change, which reverberates in the fact of not possessing her own house. The fear of losing this place and not having another to go and especially the possibility of going back to the asylum.

A study that analyzed the representations of the lives of users of an SRT emphasizes that this space represents the home that they had

never had and that allows them to receive affections[18]. In this perspective, the findings of the present study point out that duality while understanding the Therapeutic Residence as a service and/or as a house/dwelling is sustained by the fact that it is a house in movement. In the logic of psychosocial care, practices, ideas need to be reinvented daily, which meets the manicomial logic of hard certainties, that is, where there is no room for doubts and questions[17].

These intentions point to an understanding that the Therapeutic Residence has produced transformations as one of the pillars of Psychosocial Rehabilitation, facilitating and strengthening the lives of these discharged patients. Some residents, when understanding the Therapeutic Residence as their own home, view it as a transient house, point of support and transition for the resumption of another story. However, they also recognize it as their own home, a place of protection to live.

Taking into consideration the insertion in the community, the conceptual framework of Psychosocial Rehabilitation supports the understanding of the object of this study. Operating Psychosocial Rehabilitation is not moving the person from a state of incapacity to a state of ability[8].

The exercise in/of the Therapeutic Residence as an important substitutive service bases on the daily construction of governance of one's own existence and on the potential of internal and external transmutation. Professionals and residents are committed to the deconstruction of practices based on the exclusionary manicomial model to orchestrate a dynamic of subjects of rights and duties, masters of their own decisions.

CONCLUSION

When thinking over the experience of living in the Therapeutic Residence, the discharged patients expressed satisfaction with the space where they live, exposing the suffering, the anguish and painful memories of living in the asylum, projecting new experiences.

The Therapeutic Residence posits the appropriation of choices and rescue of the autonomy, allied to the commitment of the professionals that work in it, constituting a powerful device in the reconstruction of citizenship and social insertion. Although, with its routines, it exerts control of the spaces by the excess of zeal and/or responsibility of its inhabitants, they call it home.

From these findings, the Therapeutic Residence has brought hope, respect, resolution and opportunity to build their stories, even facing difficulties while protagonists in this process of change.

The proposal to listen, recognize and value narratives of residents of a Residential Therapeutic Service is considered genuine and essential. The study is designed beyond the understanding of the exercise of appropriation and management of one's life outside of asylum spaces, reaffirming the importance of strengthening the construction of transformative actions.

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