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RESEARCH

As contribuições da rede social no processo de desinstitucionalização da loucura

The contributions of the social network in the process of deinstitutionalization of madness

Las contribuiciones de la red social en el proceso de desinstitucionalización de la locura

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ABSTRACT

Objective: to know the social network of a resident of a Therapeutic Residential Service (TRS) in the municipality of Caxias do Sul - RS. **Method:** this is a qualitative, descriptive and exploratory study, with a cutting of the research project "Network that rehabilitate - assessing innovative experiences of composition of networks of psychosocial care (REDESUL)". It was developed by means of field observations, analysis of registrations from medical records, elaboration of eco-map and Individual Mar of Person. **Results:** it is perceived that, through the Psychiatric Reform and the creation of substitute services, especially the TRS, the residents of these spaces were reinserted into society and were able to recover their autonomy to establish new social networks. **Conclusion:** it emerges challenge for that the social networks are not just confined to services, but that can be woven in other social spaces, thereby boosting the freedom advocated by the Psychiatric Reform. **Descriptors:** mental health, mental health services, social network, deinstitutionalization.

RESUMO

Objetivo: conhecer a rede social de uma moradora de um Serviço Residencial Terapêutico (SRT) do município de Caxias do Sul - RS. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, sendo um recorte do projeto de pesquisa "Redes que reabilitam – avaliando experiências inovadoras de composição de redes de atenção psicossocial (REDESUL)". Foi desenvolvido por meio de observações de campo, análise de registros em prontuários, confecção de ecomapa e Mapa Individual da Pessoa. **Resultados:** percebe-se que com a Reforma Psiquiátrica e a criação dos serviços substitutivos, em especial os SRT, os moradores desses espaços foram reinseridos na sociedade e tiveram a possibilidade de recuperar sua autonomia para estabelecer novas redes sociais. **Conclusão:** surge o desafio para que as redes sociais não se limitem apenas aos serviços, mas que possam ser tecidas em outros espaços sociais, impulsionando a liberdade prevista pela reforma psiquiátrica. **Descritores:** saúde mental, serviços de saúde mental, rede social, desinstitucionalização.

RESUMEN

Objetivo: conocer la red social de un habitante de un Servicio Residencial Terapéutico (SRT) en la ciudad de Caxias do Sul - RS. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, siendo un recorte del Proyecto de Pesquisa Redes que rehabilitan – evaluando experiencias innovadoras de composición de redes de atención psicosocial (REDESUL). Fue desarrollado a través de observaciones de campo, análisis de datos procedentes de los registros médicos, haciendo eco-mapa y el mapa individual de la persona. **Resultados:** se observó que con la Reforma Psiquiátrica y la creación de servicios de sustitución, especialmente los de SRT, los residentes de estas áreas fueron reintegrados en la sociedad y fueron capaces de recuperar su autonomía para establecer nuevas redes sociales. **Conclusión:** surge un desafío para que las redes sociales no se limiten sólo a los servicios, pero que puedan ser tejidas en otros espacios sociales, impulsando la libertad prevista por la reforma psiquiátrica. **Descriptores:** salud mental, servicios de salud mental, red social, la desinstitucionalización.

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INTRODUCTION

In Brazil, after years of efforts in search of Psychiatric Reform by individuals with mental disorders, their relatives and workers of the field of mental health, through the Mental Health Movement Workers (MHMW), the Paulo Delgado draft law came into force and, subsequently, became the Federal Law 10.216/2001, which proposed the regulation of rights of individuals in psychological suffering and the progressive replacement of psychiatric hospitals by community-based services.[1]

With the consolidation of the Psychiatric Reform as a mental health policy, one started the search for a new housing space for individuals, coming from long admissions in psychiatric hospitals, and who lost family and social bonds. Thus, the Therapeutic Residential Services (TRS) were created, whose main objectives are the psychosocial rehabilitation and the social reinsertion of individuals in psychological suffering, released from long periods of hospitalization and/or in cases of social vulnerability.[2-3]

Accordingly, the social networks emerge as an important source of social support in rebuilding the lives of these subjects, thereby contributing to the rescue of their autonomy and the building of a new daily routine.[4] Social networks are understood as bridges that connect the subjects to the social institutions, by cooperating in their histories in the process social insertions and ensuring their identities.[5]

In this sense, analyzing social networks of people with mental disorders is a way of understanding the stigma of mental illness resulting from the trajectory of these people, by highlighting the institutional field (health professionals and institutions), the fields of primary sociability (friends and relatives) and the fields of secondary sociability (neighborhood associations, non-governmental organizations, churches), i.e., spaces and people with whom they relate and from whom receive support for dealing with their daily difficulties.[4]

When inserted into a therapeutic residence, the residents have the opportunity to rebuild their lives, their identities, in addition to weaving new social networks every day. These services also allow these subjects to establish a new relationship between insanity and society, since they contribute in decomposing the stigma of madness and move care shares from the hospital to the territory.[6]

Thus, the social networks are considered essential in the process of deinstitutionalization of madness, as well as for psychosocial rehabilitation. Under this perspective, the TRS should undertake to welcome individuals in psychological suffering, who were removed from society for a long time, thereby assisting in the decomposition of the concept of madness established in the past.

Accordingly, this paper aims at understanding the social network of a resident of a Therapeutic Residential Service (TRS) in the municipality of Caxias do Sul - RS.

METHOD

This is a study of qualitative, descriptive and exploratory approach, with a cutting of the research project "Network that rehabilitate - assessing innovative experiences of composition of networks of psychosocial care (REDESUL)", developed by the Faculty of Nursing from the Federal University of Pelotas, in partnership with the School of Nursing from the Federal University of Rio Grande do Sul. The REDESUL research was approved by the Research Ethics Committee from the Faculty of Dentistry at the Federal University of Pelotas, through the Letter nº 073/2009.

As a reference for the qualitative step of the REDESUL research, the Everyday Network Analysis Method (MARES, as per its acronym in Portuguese) was employed, thereby enabling the user to be understood as a main subject in the investigation process. The MARES is a qualitative methodology that seeks to rescue the symbolic complexity of the social practices woven into overlapping interactive systems linking the regions of morality, affectivity, spontaneous association, law and co-responsibility in the public sphere.[7]

The place chosen for the development of this study was the municipality of Caxias do Sul - RS. This choice was made because the TRS of this city has highlighted the diversity and richness of data related to the composition of the social networks of the resident, as well as the contributions of such networks to her. The subject of the present study was chosen after the reading of data of medical records from participants of the REDESUL research and of data registered by researchers in the field diaries.

The criteria used for selecting the subject were: being aged above 18 years; being resident of TRS; having agreed to participate by signing a Free and Informed Consent Form (FICF); possessing cognitive ability; having accepted to provide information to the elaboration of the eco-map and individual map of the person in the qualitative step of the REDESUL research.

By considering the criteria for selection, the chosen subject was a resident of a TRS II of Caxias do Sul, because residents have greater autonomy in this place, without requirements for the presence of health staff during the entire period. In order to ensure the anonymity of the subject, it was identified through the letter M (*moradora*, which is the translation of resident in Portuguese). The ethical principles were followed pursuant to the Resolution nº 196, of October 10th, 1996, of the National Health Council (known as CNS), linked to the Brazilian Ministry of Health (known as MS), which regulates researches involving human beings, [8] and the Code of Ethics for Nursing Professionals, according to the Resolution of the Federal Nursing Council (as per its acronym in Portuguese COFEN) nº 311, of January 8th, 2007, through Chapter III, articles 89, 90 and 91.[9]

The data were collected in the TRS, in May 2010, by the REDESUL research team. Field observations were performed by four investigators, who were identified as Obs. (observer) and with number of random order, thereby being identified as Obs. 1, Obs. 2,

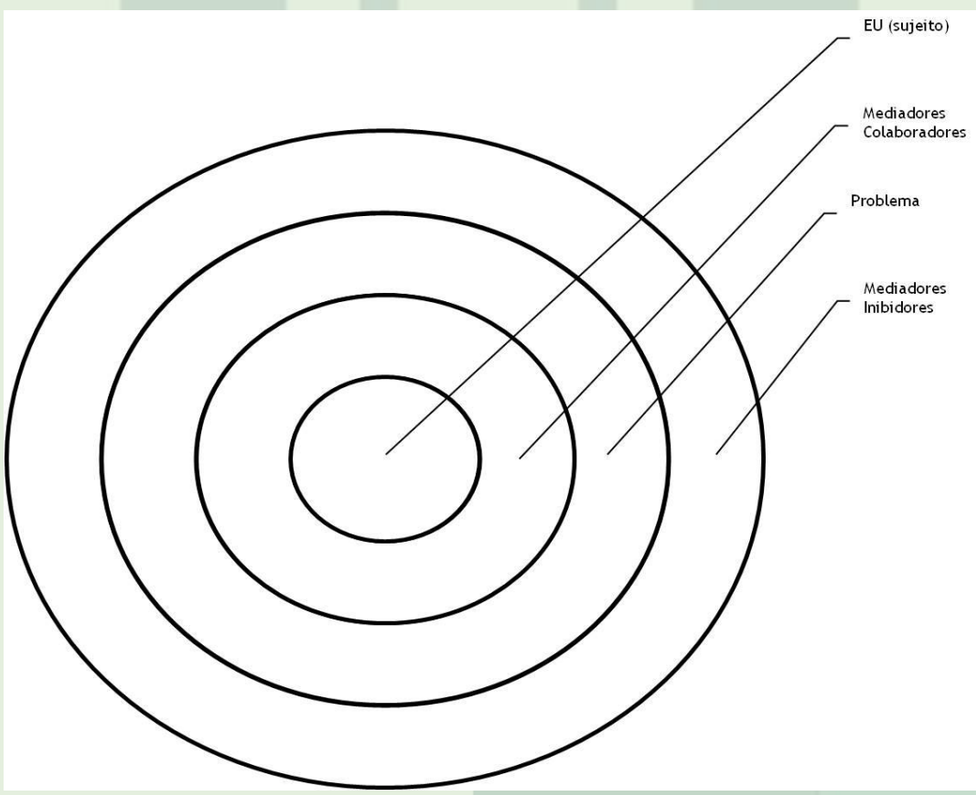
Obs. 3 and Obs. 4. The eco-map was individually developed after the interview with the resident of the Therapeutic Residential Service.

The Individual Map of Person was individually developed by the resident assisted by a researcher. The Individual Map of Person aims at detecting the main difficulties that afflict subjects in their immediate everyday life (family, community, work, public services and health), and understanding the way in which they deal with these problems and the mediators to whom (people or organizations) appeal to mediate such conflicts and establish outputs.[7]

On a sheet of letter-sized paper, the name of the resident was put on the inner circle and she was required to expose three everyday problems. Then, the resident was asked to answer about the collaborating mediators that helped her to overcome these difficulties and which inhibiting mediators provided the perpetuation of these problems. Lastly, the resident was stimulated to develop a way out for each problem.

The collaborating mediators can be trusted people or institutions that are triggered in the development of strategies for mediation, judgment, comprehension and resolution of conflicts and difficulties. As for the inhibiting mediators, these contribute to the perpetuation of the conflict, loss of group solidarity and of synergy.[7]

The figure below demonstrates how the circles exposed in the letter-sized sheets were distributed:



Caption: Eu (sujeito) – I (subject); Mediadores colaboradores – Collaborating mediators; Problema – Problem; Mediadores inibidores – Inhibiting mediators.

Figure 1: Individual Map of Person.

Source: Martins PH. MARES (Everyday Network Analysis Method): conceptual and operational aspects. In: Pinheiro R, Martins PH, organizers. Health assessment in the user's perspective:

A multi-centered approach. CEPESC/IMS-UERJ; Recife: University Publisher from UFPE; São Paulo: ABRASCO; 2009. p. 61-89.

RESULTS AND DISCUSSION

This topic will present the eco-map and the Individual Map of the Person of M, by means of figures. Subsequently, it will perform the discussion of these data by highlighting elements that comprise the social network, as well as the nodes and flows of this network and the collaborating and inhibiting mediators and of each problem described by residents.

Eco-map

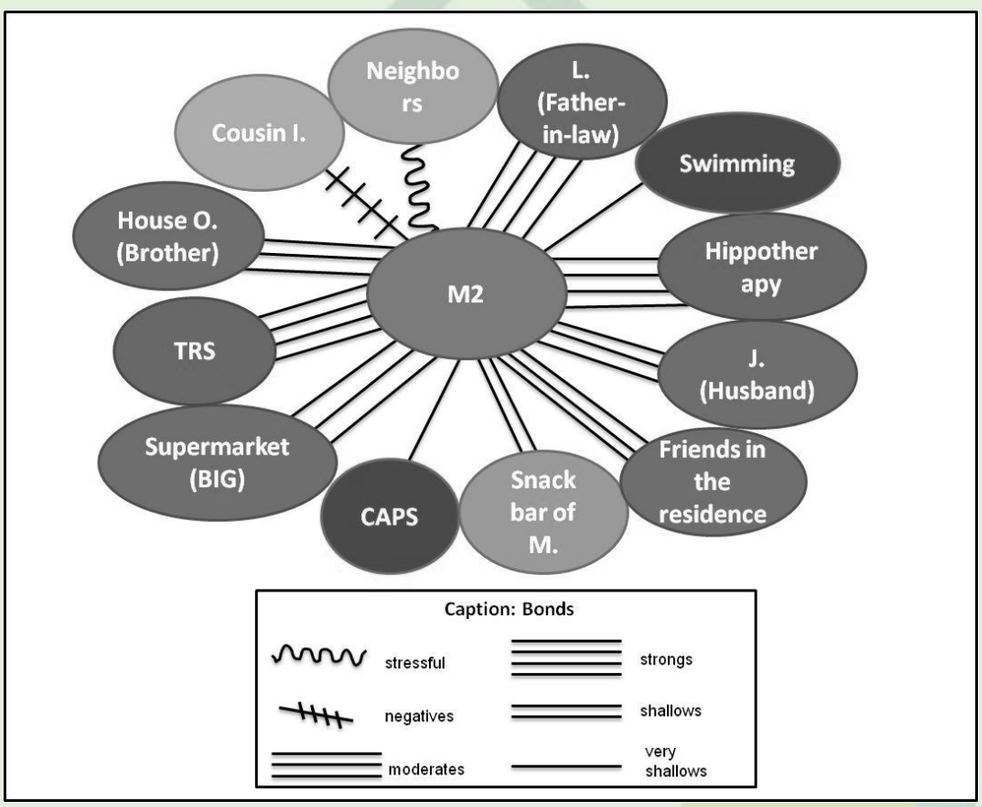


Figure 2: Schematic representation of the Eco-map of M
Source: Database –REDESUL Research, 2010.

Individual Map of Person

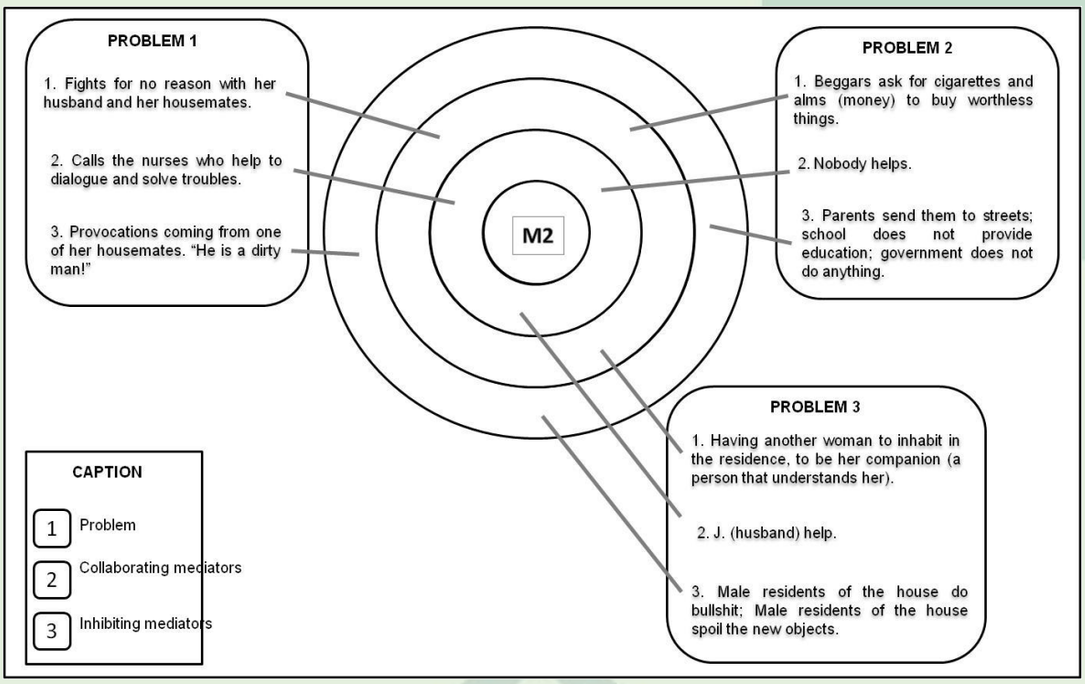


Figure 3: Schematic representation of the Individual Map of the Person M
Source: Adapted from Martins PH. MARES (Everyday Network Analysis Method): conceptual and operational aspects. In: Pinheiro R, Martins PH, organizers. Health assessment in the user's perspective: A multi-centered approach. CEPESC/IMS-UERJ; Recife: University Publisher from UFPE; São Paulo: ABRASCO; 2009. p. 61-89.

By considering the eco-map of M, one can identify a large relationship with different areas of society. M also has strong bonds with some institutions, such as the supermarket and the snack bar. Furthermore, she establishes a good relationship with the hippotherapy, activity in which M is involved through the TRS.

Thus, one can see that M is inserted into a new social network, thereby developing different possibilities in her daily life that did not exist in the institutional space. The observations cited below demonstrate some of the trajectories of M by other areas of society that comprise her social network:

> *M and her partner say they really like horses [hippotherapy]. (Obs. 1)*

> *M likes to go to supermarket, likes to buy good things, they are well attended, well treated. (Obs. 2)*

In this context, the SRT arise as a space for encouraging social exchanges and relationships of planning, social insertion and redefinition of lives of subjects in psychological suffering, thereby allowing the formation of new social bonds through the integration of the individual to society. When inserted into this new reality, the resident has the possibility of forming new bonds with its new territory.[6]

In the eco-map of M, one can see a strong bond with her brother, with the demonstration of a good relationship with this subject. Nonetheless, although the resident

has exposed this strong bond in the building of its network, she mentions lack of family support, as the following statement denotes:

> *M says that would like to have more support from her family. (Obs. 3)*

The family must be stimulated to modify its way of thinking and caring of the individual with mental disorder, with basis on a viewpoint targeted to improve the coexistence with this subject and that allows its insertion into the family environment. The mental health services also have an important role and should give the family a space to exchanges and enable a partnership with the purpose of conducting a new form of care.[10]

Thus, it is necessary that professionals of the field of mental health assist in developing potentialities of collaboration of families so that they extend skills in order to provide a holistic care to family members in situation of psychological suffering. To that end, it is important that the health staff is able to provide a suitable assistance to families and to comprehend the relevance of their participation in the process of psychosocial rehabilitation.[11]

In the social network of M, described in the eco-map, one can identify bonds of complicity with her companion, thereby constituting a network of support and of confidence, by providing support in their everyday actions:

> *M says she is married (lives with her partner) for six years. It was love at first sight. (Obs. 1)*

Social support means mutual help, a strong and unified social network. Accordingly, regarding the social support provided by support networks, it is important to emphasize the positive aspects of relationships, such as, for example, the exchange of knowledge and the assistance in difficult situations.[12]

The resident also has a strong bond with her father-in-law, who is also a resident of TRS, by considering him as a member of her family. M maintains a strong bond with the service and the staff. The relationship with the other members of the residence is good, although there are some conflicts every day, since some behaviors from the housemates are considered inhibiting mediators and, therefore, made her feel annoyed. In order to assist in solving these problems, M has the nurses of TRS, identified as collaborating mediators. Moreover, as an output for this situation, the resident mentions attitudes of affection, such as a hug, a gesture of fondness or a handshake. The previously mentioned situation can be elucidated in the following statement:

> *M asks the nurse to mediate a conflict with one of the residents of the house, by saying he is "doing bullshit" for days, the nurse tries to mediate the conflict by stimulating dialogue. (Obs. 4)*

With the onset of therapeutic residences, the subjects acquired the possibility to inhabit in a house, that is to say, became able to constitute the notion of home, thereby

creating spaces for circulation and establishing material and affective bonds again. Thus, individuals must be stimulated to have autonomy and interact with society in order to build and expand their social network.[13]

Another situation that bothers M is the lack of a woman in the house to accompany and understand her. Male colleagues are coarse and wearing the new items of the house, thereby being considered as inhibiting mediators and mediators. As collaborating mediator, M has her partner. As a way out for this problem, the resident has the help of nurses of TRS. Thus, one can realize that M has a good relationship and a greater affinity with the nurses of TRS, by constituting an affective and friendly bond with these professionals.

The professionals of services must provide spaces for dialogue, individual or group, in the pursuit of discussing specific questions experienced by subjects.[14]In this context, the listening can be understood as an attitude of professionals in attempting to comprehend the subject bearer of mental disorder, by helping it to alleviate its suffering.[15]

Nevertheless, the bearers of mental disorders need to spread their networks of relationships beyond the TRS as part of the process of psychosocial rehabilitation, thereby seeking to weave new bonds in different social spaces.

Weak bonds with the Psychosocial Care Centre (CAPS, as per its acronym in Portuguese) and with the hydrotherapy service are also displayed in the eco-map and in the statement below, thereby highlighting a distance between user and these services:

> *M complains that she would like to change workshop, because, currently, she is in the cooking workshop and liked the costume jewellery workshop. She says that no longer wants to attend swimming lessons because the water is cold and it is very expensive. (Obs. 1)*

In this context, the CAPS must provide information and propitiate care that stimulates the potentialities of each subject and its values from the reality of each one. This service can also enable and encourage the conviviality with others, through activities such as therapeutic workshops and of relationship with other users, by assisting in the expansion of the social network of individuals in psychological suffering.[16]

Nonetheless, the professionals need to understand that the fact of developing skills is just one of the several contributions to the deinstitutionalization process and must be linked to other actions of recapture of citizenship and of social reinsertion, in search of psychosocial rehabilitation.[17]

The only conflicting relationship that M has is in relation to neighborhood, since the resident and the other colleagues of therapeutic residence listen to radio at a too loud volume at night, which prevents a good conviviality with neighbors:

> *M tells that neighbors complained about the loud volume of radio and the nurses helped. (Obs. 2)*

The neighbors also have an important role in the building and management of bonds with the residents, since there is the need to welcome these subjects, respect differences and win the prejudice, with a view to having a friendly conviviality.

It is crucial that one performs a transformation in relation to the way of thinking and to the attitudes of society, so that the individuals in psychological suffering are accepted as human beings worthy of respect and with right to live in freedom. This involves the association between collective interests (family, mentally ill people, workers and society) and political bodies and, consequently, the guarantee of a suitable and dignified assistance to individuals in psychological suffering and their families.[18]

One of the problems cited by the resident concerns a social situation that is faced by homeless people. M reports that they ask for cigarettes and money to buy worthless things. She also refers that parents send children out of house and; that school institutions do not provide education and that the government does not do anything. Therefore, these facts are considered as inhibiting mediators.

According to M, there are no collaborating mediators, since she understands that nobody helps to solve these questions. That is why the resident mentions that informing the police about the situation and leading the underage people to prison is the solution to this problem that bothers her.

With the deinstitutionalization process, the subjects in psychological suffering were able again to live as integrating members of society. Thus, after this process, the bearers of mental disorders started to have the right to make decisions and the opportunity to express themselves, walk around and sleep, in other words, rebuild their daily lives through the weave of new social networks.[13]

In this sense, M could experience the sensation of freedom, when exposing a situation that bothers her, but that, in other times, within the institutional environment, she would not have the opportunity to do so.

In light of the foregoing, through the analysis of social networks of the resident of the TRS of the municipality of Caxias do Sul – RS, it was possible to realize the importance of social networks as essential allies in the process of deinstitutionalization of madness, according to the precepts of the Psychiatric Reform related to psychosocial rehabilitation and social inclusion.

CONCLUSION

One should emphasize the relevance of this study with regard to the principles of the Psychiatric Reform, because it outlines specific characteristics of social networks from a resident of a TRS and how it has established bonds with society, after years of segregation in psychiatric hospitals, which encourages reflections on transformations and elaboration of

new policies in the field of mental health with a view to meeting the needs of the residents of these services.

Furthermore, this study has great importance to scholars in the field of health, so that they understand the retrograde concepts of the ancient hospital-centered model and the transformations that took place after the implementation of psychosocial care model, with the possibility of forming their opinion and assuming the commitment to fight related to the freedom of individuals in psychological suffering.

One should also highlight the importance of nursing professionals as essential actors in the assistance in psychosocial care, since they provide a comprehensive care to individuals in psychological suffering, thereby considering their subjectivities and spreading the actions for the territory of these customers. Accordingly, nurses can spread care to families and strengthen bodies in the social scope, by seeking the strengthening of the social networks of individuals in psychological suffering and aiming at achieving new ways of care in freedom.

Finally, it is expected that this study might contribute to the development of mental health actions in order to meet the freedom advocated by the Psychiatric Reform Movement and that people are aware to reflect on the interests of the residents of TRS. Nevertheless, it emerges a great challenge so that the social networks are not exclusively restricted to the sphere of services, but they should go further, in other words, to the social environment.

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