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From the gates and locks to the possibilities of choosing the path to be followed

Das cancelas e trancas às possibilidades de escolhas do caminho a ser trilhado

De las verjas y cerraduras hasta las posibilidades de elegir el camino a seguir

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Objective: to propose a critical reflection on the care of occupational therapy in Mental Health for people in psychological distress. **Methods:** experience report, considering interventions guided by the Dynamic Occupational Therapy Method, during practice at a Psychosocial Care Center II in a city in the interior of the state of São Paulo, Brazil. Records of the interventions, the subject's speeches and the field diary narratives were used. The analysis was guided by the technique of content analysis that, after reading, made it possible to identify the nuclei of meaning and thematic units. **Results:** 14 therapeutic interventions were carried out and three thematic blocks were built: *Approaching the subject of care and perceptions of the family and professionals*; *Therapeutic process*; *Associative trails and the end of the therapeutic process*. **Conclusion:** the therapeutic process through the use of meaningful activities, the triadic relationship and associative paths were powerful resources in the process of Occupational Therapy care in mental health and in the possibilities of inhabiting and belonging to the world, producing meaning, autonomy and protagonism in life.
Descriptors: Mental health assistance; Occupational therapy; Mental disorders.

Objetivo: propor reflexão crítica sobre o cuidado de terapia ocupacional em Saúde Mental a uma pessoa em sofrimento psíquico. **Método**: relato de experiência, considerando intervenções norteadas pelo Método Terapia Ocupacional Dinâmica, durante uma prática em Centro de Atenção Psicossocial II de uma cidade do interior paulista. Foram utilizados registros das intervenções, das falas do sujeito e das narrativas do diário de campo. A análise foi norteada pela técnica de análise de conteúdo que, após a leitura, possibilitou a identificação dos núcleos de sentido e unidades temáticas. **Resultados**: 14 intervenções terapêuticas foram realizadas e três blocos temáticos foram construídos: *Aproximação com o sujeito do cuidado e percepções da família e profissionais; Processo terapêutico; Trilhas associativas e o final do processo terapêutico*. **Conclusão:**
o processo terapêutico através do uso de atividades significativas, da relação triádica e das trilhas associativas foram recursos potentes no processo do cuidado da Terapia Ocupacional em saúde mental e nas possibilidades de habitar e pertencer ao mundo, produzindo sentido, autonomia e protagonismo de vida.
Descritores: Assistência à saúde mental; Terapia ocupacional; Transtornos mentais.

Objetivo: proponer una reflexión crítica sobre el cuidado de terapia ocupacional en Salud Mental a una persona en sufrimiento psíquico. **Método**: informe de experiencia, considerando las intervenciones orientadas por el Método de Terapia Ocupacional Dinámica, durante una práctica en el Centro de Atención Psicosocial II de una ciudad del interior de São Paulo, Brasil. Se utilizaron registros de intervenciones, del discurso del sujeto y narraciones del diario de campo. El análisis se ha centrado en la técnica de análisis de contenido que, tras la lectura, permitió identificar los núcleos de sentido y las unidades temáticas. **Resultados:** Se realizaron 14 intervenciones terapéuticas y se construyeron tres bloques temáticos: *Aproximación al sujeto del cuidado y percepciones de la familia y los profesionales; Proceso terapéutico; Recorridos asociativos y fin del proceso terapéutico*. **Conclusión:** el proceso terapéutico a través del uso de actividades significativas, la relación triádica y los recorridos asociativos fueron recursos poderosos en el proceso de atención de Terapia Ocupacional en salud mental y en las posibilidades de habitar y pertenecer al mundo, produciendo sentido, autonomía y protagonismo de la vida.
Descriptores: Atención a la salud mental; Terapia ocupacional; Trastornos mentales.

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INTRODUCTION

In psychosocial care, care proposals must be based on practices that consider freedom, respect and prioritize the needs and singularities of the subject of care, with a view to promoting their citizenship and social inclusion.

Historically, attention in the field of mental health is marked by psychiatric and psychosocial paradigms. The psychiatric paradigm was characterized by a reductionist view, centered on the disease and remission of symptoms, prioritizing the asylum form and exclusion treatment, becoming the target of criticism from the psychiatric reform movements worldwide, more specifically in Brazil, from the 1990s. On the other hand, the psychosocial paradigm, present in the actions of professionals and mental health equipment, focuses on care, the subject, their demands and their social context, as well as their social (re)insertion[1].

The historical process of mental health in Brazil collaborates and influences the development of conceptions and practices of occupational therapists, as these arise based on constructive criticism and positions for the transformation of current models, as well as dialogues and/or propositions emerging from practices[1].

With the psychiatric reform process in Brazil, care began to be characterized as a practice to be performed in the real life contexts of the subjects, that is, outside the total institutions and, thus, all professionals in the area, including occupational therapists, found new challenges to structure their practices.

In this direction, occupational therapists turned their practices to the subjects' daily lives and to the construction of life possibilities[2-3]. These practices are subjective and interdisciplinary and, therefore, constituting another challenge, delimiting what is specific to the area and naming professional actions[4].

In both transformative processes, whether for psychiatric reform or for Occupational Therapy (OT), it is understood that the subject must be an active, co-responsible and protagonist in the process of care and life. Therefore, the practices are guided by the stimulus to development, the self-perception and appreciation of subjectivity, their uniqueness and autonomy, differentiating themselves from traditional care approaches, which attribute a passive posture to the subject, who becomes a spectator and a supporting role in the process. process and, consequently, in life[5].

The clinical reasoning and expanded view of OT, pay attention to the particularities of the cases, allowing a space of historicity, in which, through the attribution of meaning to the therapeutic elements and the story (re)told during and in the triadic relationship constituted between subject, therapist occupational and activities, it is possible to stimulate the subject in

the correlation of these to their daily life. This process allows the subject, experiences of transformation of their way of seeing and perceiving the world, (re)construct activities, (re)signify their experiences and stories of and in life, in the search for a path that leads to their social (re)insertion[6].

Among the theoretical frameworks adopted as a basis for the clinical practice of OT, the Dynamic Occupational Therapy Method (DOTM) stands out. In this, the triadic relationship has a dynamic movement that guides and supports the interventions[6]. Through the "Associative Trails" built during the triadic relationship in the therapeutic setting, it is possible for the user and the therapist to attribute meaning to the treatment and the daily experiences of the subject[7].

Understanding the importance of reflection on the forms of care in Mental Health, the power of DOTM and the triadic relationship as tools for the production of meaning and life for the construction of affections and possibilities of inhabiting and belonging to the world, the subject of care, this work aimed to propose a critical reflection on the care of Occupational Therapy in Mental Health for people in psychological distress.

METHODS

This is an experience report of therapeutic interventions aimed at the care of a subject in psychological distress, performed by an occupational therapist, resident of the mental health program, in a Psychosocial Care Center II located in the interior of the state of São Paulo. The interventions were carried out during the second semester of 2019, lasting six months.

The subject of care had been attending the service for 12 years, being assisted by a reference technique and, as a therapeutic plan, individual monitoring by the resident OT and weekly participation in a physical activity group.

The content of all interventions, the subject's statements and the resident's narratives were recorded in a field diary. The records were analyzed and interpreted based on the Content Analysis method, which consisted of reading the recorded contents and later, the survey and identification of speeches and/or words with meanings that indicated nuclei of meaning allowing the recognition of thoughts, feelings or actions related to the subject, their relationships and their history.

From the organization, systematization and grouping of the nuclei of meaning by frequency, similarity or meaning, it was possible to create thematic blocks that made it possible to understand the reality of the subject, their trajectory, their uniqueness and their relationship with people and the world[8].

The composition of the nuclei of meaning was possible through the identification of words and/or speeches with meaning in the field diary records, allowing to understand the subject and their history. It is a reasoning process that seeks to form connections between what the subject says, the OT's observations about what and how the subject does, about the affections that permeate the triadic relationship and, about all the information about them, arising from all actors involved in the process and care[7].

This study was approved by the Research Ethics Committee of the Faculty of Philosophy and Sciences, UNESP – Marília, under Opinion No. 1,591,865. It complied with all ethical precepts, the proposal being presented to the service, user and family (sister) and only after their approval and agreement, the Terms of Free Informed Consent were signed, guaranteeing the anonymity of the subject and family. For the protection of the researched, the fictitious name *Reginaldo* was used.

RESULTS

Fourteen therapeutic interventions were performed. At the time of the interventions, Reginaldo was 43 years old, diagnosed with schizophrenia for over 20 years and with a history of numerous and long psychiatric hospitalizations.

Reginaldo was the youngest child of a couple with three children. His mother died shortly after his birth, and Reginaldo was raised by his (deceased) father and older sister. He lived in a small house on the land of his sister's house, and the living conditions and routine were controlled by his sister, with many physical (room with only one bed, control of water use, including bath, limited access to the kitchen, among others) and social restrictions, whereby their possibilities of choice and autonomy in their daily lives at home were almost nul.

He attended regular school and, according to his sister's reports, it was a period permeated by disciplinary problems, evasions and use of psychoactive substances, a phase in which the problems arose.

The grouping of nuclei of meaning by meaning or similarity gave rise to three thematic blocks: *Approaching the subject of care and perceptions of the family and professionals*; *Therapeutic process*; *Associative trails and the end of the therapeutic process*.

Approaching the subject of care and perceptions of the family and professionals

Prior to the follow-up, Reginaldo was introduced to the resident by one of the service professionals, identifying him as the tall Japanese man who crouched in the hallway talking to himself and, anticipating that it was a case with no possibility of improvement, opposing the

view of other service professionals, who believed that monitoring by an OT could help him with his limitations and potential.

The reports of some professionals about Reginaldo were permeated by labels, judgments and prejudices, making it possible to observe the subject's lack of identity, rights and social-family belonging; he carried stigmas with him, placed by the family, society and even professionals, as well as moments of violence, incapacity and worthlessness, as well as weaknesses in the care process.

The introductory speeches stimulated and instigated a dive into Reginaldo's history to discover his real identity and life story to later draw up a care plan.

The first contact with Reginaldo was of approaching and welcoming his anxieties, recognizing his subjectivity and also his role as an active subject, citizen and with powers.

In order to get to know and understand his reality, his home, his habitat, his territory and, to get closer to his life context, a home visit was carried out.

As for the structure and furniture of the house, it was observed that in his room there was only the bed and the walls were all drawn at, the living room had only a sideboard and an armchair, the kitchen was closed off by a grate that was only open at mealtime. The shower and all the faucets in the house were removed and Reginaldo had to request access to another bathroom for his baths. As he didn't have a closet in the room, the clothes were given and chosen by his sister.

When questioned about restrictions on access to the kitchen and control of faucets and bath, the sister reports that Reginaldo had no control over the use of water and also got wet very often, so they chose to install railings and remove the faucets and shower. He mentioned that this was the strategy found to control bathing and meals, and he reported that the food was taken in a lunch box every night, leaving it for lunch the next day, where he had to have his lunch meal in his room or living room. As for the clothes, the sister explained that in previous episodes Reginaldo tore them and, therefore, it was better to prevent them from being available to him.

At this moment, it was possible to perceive the family dynamics and control environment, in which freedom could only be found outside the home. The first impression was the perception of family hopelessness for a good prognosis, explicit in the sister's statements when reporting episodes of the brother's regression, which increasingly demanded constant supervision and, consequently, an increase in the burden.

The controlled world in which Reginaldo was immersed was verified and all his basic daily life activities (eating, bathing, dressing) and social life were controlled by fear and/or fear of new episodes of aggression and exposure.

During four meetings, it was possible to get to know part of Reginaldo's life story, the contexts in which he participated through the lens of the family and professionals, as well as to get closer to Reginaldo, accept his demands and identify his powers. It was then evident the need to deepen the (re) knowledge of the subject of care from their own perspective. These meetings were fundamental for the construction of the clinical reasoning and therapeutic plan.

In this thematic block it is evident the "stigma" suffered throughout his life trajectory, the "invalidation" of Reginaldo and, consequently, on the "loss of his identity", subjectivity, and singularity through a "controlled world" imposed by the family and by the labels given to it.

Therapeutic Process

- Work methodology

As a work methodology, occupational therapeutic interventions were individual and organized considering the demands of the user, their needs and potential, and also based on the life story reported by the subject and under the lens of the family and professionals. Since for the construction of the therapeutic relationship and bond, it was necessary to intervene knowing Reginaldo for what he brought.

- The activities

The repertoire of activities used during the meetings consisted of artistic, reflexive and manual activities, of interest, mastery and skills of the subject.

The use of expressive activities, through free drawing, writing and painting, enabled communication, reflection and recognition of the place where Reginaldo lived and family relationships, and enabled Reginaldo to access and express feelings and internal pain related to losses significant during his life, such as the death of his mother and father.

During a drawing activity, Reginaldo drew two characters, identifying himself and the therapist, and making an unexpected invitation to OT to participate and compose the activity. In this sense, it was possible to verify the senses and meanings that Reginaldo began to attribute to relationships and also the confirmation of the therapeutic bond.

The manual activities of mastery and skills, such as the construction of a kite, allowed Reginaldo and his technique (as a child who flew a lot of kites) to teach OT how to make kites. This activity consisted of a powerful resource for rescuing and accessing memories of lost

and/or forgotten skills, stimulating and favoring the recognition of potentialities and experiencing the role of protagonism and autonomy when teaching what they knew, taking them out of the condition of spectator and passivity towards life.

Continuing with this activity, it was proposed to Reginaldo to launch and fly the kite in the extramural space of the service, allowing the exploration of the territory, access to memories and old habits, the rescue of knowledge, skills and persistence to keep the kite in the sky, in addition to bring and allow a moment of leisure and new records of life.

In this intervention, the user had the possibility to decide and conduct the activity, being possible to verify his domain when deciding on a place without obstacles to lift the kite, the wind direction, the control of the quantity and pressure of the line for the kite to rise and stay higher and farther and even the care of winding the line on the spool to collect the kite.

- *The results*

The activities helped, guided and complemented the elaboration of the therapeutic project, making it possible to relate and attribute meaning to some points of the subject's life history and, in many moments, promoted the subject's emancipation.

Interventions with significant and powerful activities provided a space for recognizing himself, his subjectivity and the encounters of the worlds in which he transited, as the moments of contact with the lived reality seemed too painful for him.

During the therapeutic meetings, it was possible to identify inhospitable situations and unexpected speeches that allowed them to be in contact with Reginaldo and let themselves be affected by the relationship built in the triad.

With the expansion of the therapeutic setting, it was possible to stimulate and involve Reginaldo in group and external activities, enabling socio-affective exchanges and providing opportunities for the expansion of their relationships and support network.

It was possible to identify the movement of resonance of the therapeutic setting in other spaces, where the constructions and achievements of autonomy and empowerment began to be developed in everyday life, in other spaces and with different people.

In this thematic block, it was evidenced that during the therapeutic process the “significant activities” were configured as a “potent resource” of communication, expression of Reginaldo and also of exploration of the world, allowing him to “rescue” himself, his abilities and skills and its “autonomy”.

Associative trails and the end of the therapeutic process

To carry out the Associative Trails at the end of the follow-up, it was necessary to group the activities based on the characteristics and ideas proposed by Reginaldo, so that their understandings could be shared, so that OT and Reginaldo could talk, seeking convergences and divergences in perceptions and opinions of each. Their records also helped OT in rescuing the activities and encounters comprised by the triadic relationship during the therapeutic process.

The implementation of the entire process, of all activities and experiences were exposed to Reginaldo, and interpretations and some answers not brought before gained space.

Reginaldo separated the activities he liked the most, all of which involved the moments in which he allowed him to “do it too”, organized the activities that reminded him of his family and brought the representation and meanings of the colors he used.

OT mediated the organization of the trails, considering Reginaldo's limitations in understanding the proposal, as well as its interpretation of the content he brought, being able to review the hypotheses that were raised during the process and assess whether the path taken had produced sense to him.

The perception that “doing an activity” made it possible for Reginaldo to remember and re-signify experiences became evident, to demonstrate affection and, through his potential, to build new stories.

It was also possible to verify the power of the bond and the affectations in the opening of doors for the construction of a care that aimed to expand the possibilities of life and existence in the most different ways. This perception was evidenced in a final home visit to the family, where Reginaldo expressed the importance of the therapeutic bond and, also in the face of his sister's emotion when she was amazed by the activities, inviting her husband to contemplate and, also when understanding how the therapeutic process was and the recognition of Reginaldo's potential.

The family's sensitization was explicit, because in the "*Return to the family and the second farewell*", in which the therapist shows through the photos the activities carried out in the therapeutic process, she moves and speaks with embargoed eyes: "*Come and see B., you only see Reginaldo crouching down talking to himself... look at the things he did*" (Field Journal). There was then recognition of the transformations and potentialities and also of the perception of possibilities for Reginaldo's conquests with the continuity of follow-up.

For the composition of this thematic block, the nuclei of meaning were immersed in words and phrases that pointed to the performance of OT as a “process” of “perceptions” and

"recognitions", by Reginaldo, therapist and family members, and about the "transformations " and "potentialities" from the "resignifications" of experiences and "bonds".

DISCUSSION

The results of the thematic block "*Approaching the subject of care and perceptions of the family and professionals*" pointed to the importance of considering the subject, their demands and their context as the central focus of interventions during the care process. Therefore, it was essential to know the subject from his point of view and from the lens of other people he lives with.

A review study pointed out the importance of OT carrying out interventions that allow knowing and listening to the people who make up the subject's social and family context, expanding the action beyond everyday activities and, thus, involving variables from the real life context, in addition to social (re)insertion and/or seek to expand the subject's participation in social life, the feeling of belonging, demands a movement of openness and availability of the professional to identify, reflect and act on the possibilities of the subject, family and society[7].

The contact with the subject, their history and life context is essential for the reflection on a professional practice as a device of life transformation, world construction and meanings and possibilities of social (re)insertion.

In the same direction, on deinstitutionalization and OT pointed out that this process requires the occupational therapist to be open to new experiences, in the sense of abandoning comfort and exploring the unknown, the different, overcoming the paradigm of the "crazy" as dangerous and incapable[9].

In this experience report, it was possible to identify the use of labels and prejudices, even if veiled, attributed to the subject by the family and professionals, the invalidation of their identity and their occupational roles and the repression and control of their desires and impulses. It is pointed out the need for the care proposal based on Psychosocial Rehabilitation to have a look at the potentialities as an empowerment strategy in the attempt to belong to the world, stimulating new ways of existing and relating, instead of looking at the difficulties and deficits of the subject[9].

During the interventions, the availability and sensitive and expanded view of the OT associated with proposals for the development of activities that were significant for the subject were fundamental for the creation of a bond, for the expression of anxieties, fears and desires and also for opening doors that facilitated the rescue of skills and resignification of experiences.

A national study on the use of activity in the DOTM states that from the therapist's opening to the encounter with the subject of care, she showed the power of this and, that it is from the relationship with the subject's singularities and the quality of the encounters that expectations are created and become part of the therapeutic relationship[10].

The present experience report in the thematic block "therapeutic process" confirms the importance of using meaningful activities as a powerful therapeutic resource in the OT clinic, constituting a differential and facilitating element in the care process. This result corroborates another work that points out that the activities pulse towards the construction of powerful bonds of affectations, of stimulating self-perception and creating new possibilities of meaning in life, building new ways of dealing with everyday and social situations, with the disorder and its symptoms, as well as expanding autonomy and contractuality[10].

In the use of human activities and the construction of meanings, the use of activities in line with a professional attitude open to the unknown, sensitivity and an attentive look at what emerges in the therapeutic setting, and the appreciation of subjectivity and uniqueness, enable the OT stimulate different ways of (re)signifying situations and relationships, in addition to experimentation and experiences of doing, being and being in the world[2,7].

In a review on the construction of meanings in OT, in the DOTM, "doing an activity" takes on two meanings, the first of which refers to experimentation with activities in the triadic relationship (subject-activity-therapist), inviting the subject to use their creativity and explore their abilities, learn, discover their taste and preferences, being a space to get to know the subject, their way of doing things, their abilities, capacities and limitations. And, the second meaning is to "do activities" in everyday life, the one that the subject already performed or started to perform after OT[7].

For subjects who have difficulties in performing activities in everyday life, OT can propose an experimental field made possible by doing in the triadic relationship, enabling a space of subjectivation, of encounter-construction where the subject can make choices, build, destroy, transform, but also, demonstrate their affections, desires and expectations and, thus, relating the two senses. In addition to enabling processes of resignification of bonds and experiences leading to movements of transformation and empowerment, as evidenced in the results of this report[7.10].

The therapeutic building process constitutes a relationship of interference and mutual affects[9], in which the OT, when observing the subject performing the activity, affects them and indirectly interferes in the doing, meanwhile, the OT is also observed and affected by the patient and the activity.

The technique called “associative trails” contained in the DOTM consists of the process of analyzing the activity together with the subject of care, thus building a narrative of its process[10]. In the study presented here, it was possible to observe that part of the results pointed to the technique, as an important process during the care process. It is evident the importance of this moment with the user being permeated with perceptions and recognition of potentialities and abilities and, mainly, of "transformations" from the "resignifications" of experiences and "bonds".

A study on DOTM reports that the knowledge of the OT when meeting with the power of the subject of care is reaffirmed and amplified by doing it together, producing actions of freedom, well-being and health[10]. The results of this report indicate that unlike the psychiatric paradigm that suffocates the subject's voice, the psychosocial paradigm frees, expands and enables the subject to be the protagonist and teller of their story, having the right to voice and citizenship.

The promotion of mental health, based on psychosocial rehabilitation and associated with the use of activities aimed at stimulating the protagonism of the subject of care, promotes the construction of the subject's emancipation[8,10]. Transforming the excluding and passive reality into a reality of protagonism, tracked and oriented towards the expansion of healthy spaces and well-being in their daily lives.

Through the activity, the experimentation throughout the therapeutic process and the application of the associative trails technique, it was possible to create and propose spaces for reflection and validation of meanings, and also for (re)construction, enabling the emergence of new values, ideas and perceptions, thus corroborating notes from another work on the subject[7]. In addition to the aforementioned triadic relationship, it is worth mentioning that the support, sharing and interventions of other team professionals were essential.

CONCLUSION

The promotion of psychosocial care for the subject in psychological distress involved action and care strategies aimed at welcoming and looking at the subject beyond the disease. The therapeutic process through the use of meaningful activities, the triadic relationship and associative paths were powerful resources in the process of OT care in mental health, capable of promoting spaces of health, power, expression and subjectivity, thus resonating in other spaces of the life of the subject of care.

It was also possible to verify that the care offered enabled the transformation of the subject, allowing him to leave the condition of passivity and submission in a controlled

environment to the condition of an active subject, being the protagonist of a world of possibilities.

Even with the psychiatric reform and the mental health network in place, there is still a need to critically reflect on the care processes that are built, emphasizing the importance of territory, subjectivity, protagonism, contractuality and citizenship. Instigating the need for professionals to leave their comfort zone and approach occupational therapeutic interventions aimed at the process of re-signification of experiences, attribution of meaning to life and the construction of spaces of subjectivation, belonging and well-being.

As limitations of this study, there is the short time of monitoring the subject and, in this sense, reports of experiences with more meetings are suggested, being possible more material for analysis and discussion. Another limiting factor that made it difficult to broadly and in-depth discussion of the results was the reduced number of publications of case reports, and of specific OT experiences in mental health guided by the DOTM, justifying the need for investments and encouraging the publication of intervention studies.

As contributions of this study, the possibility of reflections and improvement about interventions and discussions of OT care in mental health based on the DOTM stands out, alerting to the need to develop care actions that meet the assumptions of psychosocial rehabilitation.

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