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Autonomy and exclusion practices in a psychosocial care center: an experience report

Práticas de autonomia e exclusão de um centro de atenção psicossocial: um relato de experiência

Prácticas de autonomía y exclusión en un centro de atención psicosocial: un informe de experiencia

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This is an experience report of a qualitative and descriptive nature, developed in the second semester of 2019, based on visits, analyses, observations and reflections in a city in the interior of the state of Minas Gerais. It aimed to report the experience of Psychology students about the daily life of a Psychosocial Care Center. The study used discourses established through participation in workshops, assemblies and social activities, as well as contacts established with users. The impressions were transcribed in a field diary, with analysis based on the construction of thematic axes. Four students participated in eight visits that lasted around two hours. Two thematic axes were established: *Asylum inheritance: the lack of autonomy in daily practices; and Daily practices and the development of autonomy*. The work showed that despite the desubjective practices experienced by patients, the institution has proposals for the Psychosocial Paradigm that aim to regain independence, placing the subject as the protagonist of their actions, displacing them from the place of being excluded.
Descriptors: Mental health services; Health care reform; Mental health.

Este é um relato de experiência de caráter qualitativo e descritivo, desenvolvido no segundo semestre de 2019, a partir de visitas, análises, observações e reflexões numa cidade do interior mineiro, com o objetivo de relatar a experiência de acadêmicas de Psicologia acerca do cotidiano de um Centro de Atenção Psicossocial. Utilizou-se diálogos estabelecidos através da participação em oficinas, assembleias e atividades de convivência, bem como contatos estabelecidos com os usuários. As impressões foram transcritas em um diário de campo, com análise a partir da construção de eixos temáticos. Participaram quatro alunas, em oito visitas em torno de duas horas. Foram estabelecidos dois eixos temáticos: *Herança manicomial: a falta de autonomia nas práticas diárias*; e *Práticas cotidianas e o desenvolvimento de autonomia*. O trabalho mostrou que, apesar das práticas dessubjetivantes vivenciadas pelos pacientes, a instituição tem propostas do *Paradigma Psicossocial* que visam a retomada da independência, colocando o sujeito como protagonista de suas ações, deslocando-o do lugar de excluído.
Descritores: Serviços de saúde mental; Reforma dos serviços de saúde; Saúde mental.

Este es un informe de experiencia de carácter cualitativo y descriptivo, desarrollado en el segundo semestre de 2019, a partir de visitas, análisis, observaciones y reflexiones en una ciudad del interior de Minas Gerais, con el objetivo de dar cuenta de la experiencia de los estudiantes de Psicología sobre el día a día de un Centro de Atención Psicosocial. Se utilizaron los diálogos establecidos a través de la participación en talleres, asambleas y actividades de convivencia, así como los contactos establecidos con los usuarios. Las impresiones se transcribieron en un diario de campo, con un análisis a partir de la construcción de ejes temáticos. Participaron cuatro estudiantes, en ocho visitas de unas dos horas de duración. Se establecieron dos ejes temáticos: *Herencia manicomial: la falta de autonomía en las prácticas cotidianas;* y *Prácticas cotidianas y el desarrollo de la autonomía.* El trabajo mostró que, a pesar de las prácticas desubjetivantes vividas por los pacientes, la institución cuenta con propuestas del *Paradigma Psicosocial* que apuntan a recuperar la independencia, colocando al sujeto como protagonista de sus acciones, desplazándolo del lugar de excluido.
Descriptores: Servicios de salud mental; Reforma de la atención de salud; Salud mental.

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INTRODUCTION

The understanding of the enigma imposed by madness has undergone countless transformations over time. In Antiquity, it was seen as the result of supernatural actions, the will of the gods or the actions of demons. However, later, during a long period between the Middle Ages and the Modern Age, the mentally ill came to be considered as someone in diabolic possession and, due to this, their treatment was changed: beatings, torture and imprisonment were the procedures used[1].

In Brazil, interventions on mental illnesses began in the 19th century with the arrival of the Royal Family in the country. The "crazy" were seen as a danger to public order[2] and were thus sent to the basements of the Santas Casas de Misericórdia. Based on the French asylum model, the Santas Casas had as its main characteristic the isolation of the subjects, who lived in prison and under extremely degrading living conditions[2].

These spaces had as their main goal social sanitation, that is, the "elimination" of undesirable social elements, such as insane people, the leprous, criminals, children with impulsive behavior and prostitutes; under the justification that they would be in a state of social inadequacy[3]. Thus, it can be said that it is in this context of loss of autonomy, vulnerability and situation of abandonment that the institutionalized mad people found themselves until 1980 in Brazil.

In the 1970s, critical movements to the hospital model of psychiatric care began in Brazil. The services provided did not meet the users' needs and their therapeutic methods were precarious. In addition, admissions were automatic and arbitrary, which deprived the individual of freedom, thus removing their autonomy. In view of this, this period generated numerous claims in relation to psychiatric treatment in Brazil and, from that, discussions on the subject began in numerous important events in Brazil, such as the Congress of Workers in Mental Health[4].

The reform proposals reached the governmental spheres, which allowed the constitution of the Guidelines document for the area of Mental Health, written in 1980 by the Ministry of Health. This document defended the extra-hospital treatment, establishing a limit for the hospitalization of subject, family reintegration and the promotion of research regarding Mental Health[5]. Therefore, proposals for the formation of new services that promote more humanized and appropriate forms of care for these people have emerged.

In the late 1980s, the Psychosocial Care Centers (*Centros de Atenção Psicossocial* - CAPS) emerged and the process of reducing the number of beds in psychiatric hospitals/asylums in Brazil began. CAPS are health services that substitute the asylum model available to the community, which has a multidisciplinary team, which works in an interdisciplinary way.

After the creation of the CAPS, in support of the Psychiatric Reform in Brazil, in 2001, the federal deputy Paulo Delgado proposed Law No. 10.216[6], which aimed to protect and guarantee the rights of people in psychological distress, thus allowing a new care model in the field of mental health. Through this law, there was a change from the existing model in Brazil, asylum isolation, to a new model: community care. This current service is offered in a decentralized and multiprofessional way, with the CAPS as the main support institution.

CAPS is an open institution to receive people with a psychiatric diagnosis, stimulating their social and family integration, supporting them in their initiatives to seek autonomy, the freedom of users of this service, may still contain traces of total institutions, proven marks in the applicant difficulty in recognizing the oppression exerted in psychiatric hospitals and the difficulty in understanding the role of patients and "excluded", assumed in this context[7]. Before, it was characteristic that these subjects had all aspects of their lives defined by a single authority, and all must strictly obey this figure, not considering personal aspects and desires[3].

Overcoming the asylum heritage is not simple, and thinking about new treatment practices goes beyond resorting to open spaces for treatment. An effective renovation is more than a change in physical spaces. It is necessary to overcome the biomedical model that has an

institutional discourse, reflecting on the daily lives of individuals who occupy this place[3]. In view of this, this work aimed to report the experience of Psychology students about the daily life of a Psychosocial Care Center.

METHODS

This experience report was developed from visits, analyses, observations and reflections developed in a Psychosocial Care Center (CAPS) by students of the Psychology course at a university in the interior of Minas Gerais, as a criterion of a discipline component of a semester academic.

The institution was chosen due to the proximity between the advisor professor and research and extension projects developed in it. Currently, the institution has 10 professionals with higher education (including psychologists, nurses, social workers and doctors) and serves more than 400 users weekly.

A total of eight weekly visits to the institution were carried out from September to November 2019, lasting between one and two hours, for exploratory studies that would allow the construction of a reflection on mental health practices throughout history and also on professional practice the psychologist and other technicians involved.

After each visit, the student's impressions were transcribed into a field diary. During the weeks in which the visits were carried out, the professor responsible for the discipline supervised to resolve any doubts and handle possible anxieties.

During the semester, the students were encouraged to establish contact with users to find out how they got to the institution, what their routine activities were, what activities were available, preferences, definition of the therapeutic plan, among other demands.

Dialogue established through participation in workshops, assemblies and social activities was used. The dialogues took place on an informal basis, dealing with family dynamics, routine, food, dependency conditions, living in the institution, subjective issues and other issues that users wanted to discuss or talk about. The group arrived at the thematic axis through the debate on how some practices in CAPS are influenced by institutional brands and how this occurs nowadays, since the asylum discourse still acts on the subjectivity of individuals who attend these institutions.

The analysis of field diaries was carried out based on reflections on institutional discourses internalized in CAPS users from their own impressions transcribed in field diaries. The elaboration of the work was built collectively, which allowed the emergence of new views and interpretations of the expressed contents.

RESULTS

This experience was developed by four Psychology academics under the supervision of a professor, through eight visits during the semester. It can be observed how the subjects' autonomy is affected by the asylum trajectory, and how the institution seeks to welcome these individuals, leaving aside the past of institutionalization. In view of this, and for better organization of what was observed, two thematic axes were established: *Asylum inheritance: the lack of autonomy in daily practices*; and *Daily practices and the development of autonomy*.

Asylum inheritance: the lack of autonomy in daily practices

In this axis, aspects related to the desubjective practices observed during the visits appear. Such tutelary practices show themselves as the greatest expressions of the ghosts that inhabit the memory of total institutions. The restriction of madness for the protection of society is closely linked to the conditions of surveillance, the massive presence of the institution in a rhizomatic way, abolishing desire and putting the institutionalized madman in its place.

During the visits, one of the recurrent issues was related to the use of medication. For many of these subjects, the use of chemical-pharmaceuticals was more relevant than other activities.

One of the markers is the apparent deep knowledge of users about the importance of medication. When a professional or technician asked if one of the users had already taken the medication, some said: "*go there, get your medicine, he asked you to go there and take your medicine, and it was common to hear them talking about medication with the technicians and professionals*".

Regarding workshops, there was no such type of reinforcement, they called each other to participate, but did not insist on participation in case of refusal. Many stayed close to the places where the activities took place, observing, but did not participate.

Users demonstrated that they prefer to go to the nearby store accompanied by a technician and the group. This was observed in a therapeutic follow-up (TFU) activity. One of the users was walking with the others and asked to go see a nearby cheese shop. The psychologist replied that he could go, but he asked someone to go with him. This same behavior was repeated in trips to the bathroom: it was normal to ask someone to accompany them to the bathroom.

It was common to report feelings of discomfort in relation to the eyes of other people in the city. In another walk with users, a passerby began to speak nonsensical and offensive terms to users, a moment in which the discomfort for the situation becomes clear. Even in groups, introspection is perceived when some other individual who is not a CAPS user speaks to them, causing them to recurrently seek help from a professional.

The need these individuals feel to report simple tasks or actions to make sure they are not committing some kind of infraction is also notorious. At a specific moment, one of the subjects had money to buy a chocolate drink, however, instead of performing such action, he preferred to confirm if he could buy such an item. In another episode, one of the users of the service asked if he could pick up a pamphlet available in a public place.

The use of terms, metaphors and argumentative lines such as: sick in the head, problem in the head were common in established conversations. The use of these terms to refer to other subjects who are at the site was also evidenced, in addition to laughing often at the delusions presented. It was also common for users to approach researchers so as not to get close to a certain person: because that person was crazy. This also happened when the group that was leaving for the TFU. At that time, some users said: *don't let they go, they run away, they disappear.*

Daily practices and the development of autonomy

To deal with the expressions of discomfort, for having to perform some activities alone, the CAPS inserted TFU practices. During the TFU, it was mentioned that a certain user would only go to a certain location if he had a group, because he reported not feeling comfortable going unaccompanied.

It was noticed that TFU participants better explore new places in the city, in addition to broadening their horizons, constituting other social ties. The TFU walks allowed exchange of experiences. On a trip to church, a user told his whole life story with the church as a background. Stories like this were very present, and this urged others to share their experiences as well.

The TFU also showed to increase sense of belonging and the bond between participants and also with the city itself. The exits also reinforced care practices, such as: looking when crossing the street, checking the traffic lights, if they were all together, and others. This concern with the presence of the other was also visible in daily life and in activities outside the TFU. Several times, questions related to the daily lives of the users were heard.

In addition to TFU activities, CAPS also carried out activities with the community, with events such as the Anti-Asylum Day, in which users, mental health professionals and supporters

go out onto the streets to ask for a society without asylums and with humanized care. Events are also held such as beneficent feijoada, birthday celebrations for professionals and users.

The proximity that the place maintains with educational institutions also seemed to be positive. Many teaching activities added new perspectives to the daily lives of these subjects. The insertion of cameras in certain workshops aroused the interest of some users in the practice of photography, making them a recurrent habit.

The weekly assembly was the place in which users, together with professionals, decided on their day-to-day activities. At these times, they could exercise autonomy and take even more of the space. In a specific assembly, patients asked for a different lunch, then it was explained and thought through how that lunch could happen.

At all times, the presence of users in decision making was noticeable. Highlights: dialogue about rights; workshops for the production of soap and artistic material with a view to greater financial independence. Users who had some kind of income used the money for leisure activities and to buy personal products and some had the habit of showing what they bought.

DISCUSSION

Internalized asylum practices can be analyzed through ideological discourse, which allows deducing the positive and negative functions of the place. In institutions for the treatment of people with psychological distress, the first negative function is the production of surplus value, resulting from the use of products from other institutions, such as chemical-pharmaceuticals. This will be responsible for generating relations of dominance and subordination, making open institutions subtly approach hospital-centered practices[8].

The alienation that many of these subjects suffered for having had a long period of their lives controlled by authority figures also interferes in the manifestation of the asylum discourse. The institution of habits and control of bodies became internalized, as a way to escape possible punishment[3].

Ideological ignorance, which ends up making these subjects alienated[7], is also responsible for the reproduction of these behaviors and thoughts, which are evidenced through the speech, a feeling of not belonging and difficulty in performing certain tasks outside the care institutions, now that they are no longer found jailed.

Foucault, in *Madness and Civilization: A History of Insanity in the Age of Reason*[9], establishes that the insane person, during their institutionalization, has their speech disqualified, under the stigma of unreason, causing their language to become false. This, together with the infantilization of the subject, the authority in the figure of the doctor and the punishments and moral corrections made these subjects, outside the walls of institutions, to continue to direct their discourse towards figures of authorities.

The non-recognition of madness as a non-pathological manifestation, present in the discourse of CAPS users, occurs when the mad person sees in the other something of their own subjectivity and starts to support the same posture of the social imaginary, in which madness is felt as something weird, scary. The strangeness that this individual presents about suffering in relation to madness occurs due to the experiences that this individual developed in relation to his own mental suffering[10].

Furthermore, the explanations that these subjects gave for their symptoms and suffering were also similar to the discourses present in psychiatric hospitals, bearing characteristics of the medical discourse and the biological model. Characterized by the reduction of the subject to their illness, this discourse still present in service users today, makes them see only the phenomena around psychotic suffering, leaving subjectivity in abeyance[11].

The feeling of not belonging to a group is due to the fact that madness never had a well-defined place. When these subjects receive a psychiatric diagnosis, they end up identifying themselves and automatically internalizing that diagnosis. Instead of knowing-about-itself, which could occur through an analysis process, the subject is covered by a signifier that

exempts them from the need for subjective understanding of their condition, placing them in a condition of alienated and separating them from a possible construction of some truth about itself[12].

The movement of construction of autonomy occurs through the movement of co-construction of subjects and collectives. However, for this to occur, it is necessary that these service users leave these asylum practices and claim their rights. For this, it would be necessary for them to recognize their role as excluded, being able then to oppose the power that made them objects without identity[8]. Thus, it is necessary to place these subjects in an active and reflective role about their daily choices and the possibilities they have when establishing a life in society.

The way society faces madness also reflects on this subject, how it is still common to think that mad people are worthless and incapable of building their daily lives outside institutions. Costa-Rosa[8] proposes thinking about the "Psychosocial Paradigm (PSP)", through the use of different therapeutic resources and emphasizing social reintegration and investing in work with the family, the community and the individual.

In this paradigm, the emphasis would be shifted to the subject constituted by a body in its existence and suffering by a social body. The new care proposed by the PSP gives the subject contractual power in their psychosocial rehabilitation process, making the concept of autonomy for this space transcend the access to basic services, focusing on the production of life for these subjects. Thus, when articulating with other social segments, it is possible to broaden the horizons of these subjects, since citizenship and autonomy are not only promoted with the assistance policies of the state[13].

In practice, this occurs when the service receives other segments of society, allowing these subjects to have access to other social groups. In the Psychiatric Reform, changes are also brought about with society, as now the user, who was previously isolated and abandoned in a psychiatric hospital, starts to circulate freely on the streets, using community devices, such as squares and social centers[4].

For the construction of protagonism, which requires the recognition of their role as "excluded", it is necessary to create concrete forms that remove the subject from this role and allow them to become "user-actor"[13].

Initiatives such as the anti-asylum day, assemblies, art and culture projects and active participation in public events help to transform this subject's social place. Such activities also represent an attempt to escape from hegemonic rationality, these collective activities are a political exercise, of denaturalization of practices and questioning of powers[14].

Income, even with psychotic suffering and withdrawal from the labor market (in the form of disability retirement or sickness benefit under the Organic Law of Social Assistance), is a way to guarantee the individual's autonomy. Without income, they become financially dependent on their family members, who may consider them a burden[15].

The CAPS initiative to help individuals acquire income through social benefits indicates a movement to regain autonomy, as economic exclusion prevents them from actively participating in the consumer market. In addition, income provides several opportunities for these subjects to engage in certain practices such as leisure and thus, greater social inclusion.

From the experience carried out, it is essential to legitimize the rights of CAPS users, a work aimed at recovering the feeling of belonging and real understanding of their own subjectivity. This can prevent public mental health services from being just a place to reinforce exclusion, even if through practices unveiled only in the users' discourse.

The historically established submission and marginalization was visible throughout the visits. It was noticeable that users still have as outstanding characteristics, the presence of reproductive alienation of behaviors and thoughts that are not compatible with the common reality, supported by the asylum speech, and which reinforces the difficulty of fitting into reality outside a prison institution. This strengthens the non-belonging to a structured social body

perceptible in speeches that point to the reproduction of a discourse not yet overcome by years of asylum alienation.

It was noticed that the institution tries, based on the Psychosocial Paradigm, to promote the inclusion of users and undo the asylum logic established for some time. Despite the initiatives that help to promote civil, political and social rights, the suffering of the social body becomes evident while the discourse of biomedical logic is brought to light even in the institutional environment of the CAPS, through the strong asylum influence on subjectivity of the individual and in his way of seeing himself in the world.

CONCLUSION

This work allowed future Psychology professionals to improve their attentive look, sensitive listening and welcoming, so that facing the other is always considered their uniqueness.

It was notorious that the CAPS is a humanized social device, in which professional practices are less close to an excluding context and that there are alternative practices to care and mental health.

However, this does not exempt the continuous work that health professionals must have to encourage the autonomy and socialization of these users, since it is necessary to remember that the CAPS is not a nursing home institution. CAPS must be a place of passage, an open field of action, involving political, ideological and ethical issues that provide spaces for these users to develop themselves as singular and autonomous beings.

There is an urgent need to promote theoretical and technical references and guidelines in favor of joint work among the entire society. It is also evident the need to sustain that it is a life project, influenceable and evolving, which leads to non-completion. Despite being a field in which change is the only constant, it does not mean that it should not be investigated.

It is necessary to analyze the changes throughout each process individually and consider each stage of the construction of autonomy and the reduction of alienation and marginalization as an alteration in the current reality, which will certainly have historical consequences.

This study had as a limitation the study the reality of only one institution from the observation of a specific group of undergraduate students of a Psychology course. However, it is believed that, from this immersion, for a considerable period of time, the students reached a more critical view of the reality of the service. It is recommended to expand studies in other mental health care institutions in order to broaden the spectrum of results and foster future discussions aimed at improving reality.

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Clara de Simoni, **Julia do Couto Bueno**, **Julia Luciula Silva** and **Lara Perussi Zanetoni** contributed to the collection and analysis of data and writing. **Tiago Humberto Rodrigues Rocha** participated in the design, data analysis, writing and review.

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