

## The work at therapeutic residential service: possibilities of rebuilding life outside the limits of a mental hospital

Antonacci, Milena Hohmann; Kantorski, Luciane Prado; Guedes, Ariane da Cruz; Cortes, Jandro Moraes

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

### Empfohlene Zitierung / Suggested Citation:

Antonacci, M. H., Kantorski, L. P., Guedes, A. d. C., & Cortes, J. M. (2017). The work at therapeutic residential service: possibilities of rebuilding life outside the limits of a mental hospital. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(3), 831-839. <https://doi.org/10.9789/2175-5361.2017.v9i3.831-839>

### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:  
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see:  
<https://creativecommons.org/licenses/by-nc/4.0>

## O trabalho no serviço residencial terapêutico: possibilidades na reconstrução de vidas fora dos manicômios

The work at therapeutic residential service: possibilities of rebuilding life outside the limits of a mental hospital

Trabajo en el servicio residencial terapéutico: posibilidades en la reconstrucción de vidas fuera de los asilos

Milena Hohmann Antonacci<sup>1</sup>; Luciane Prado Kantorski<sup>2</sup>; Ariane da Cruz Guedes<sup>3</sup>; Jandro Moraes Cortes<sup>4</sup>

1) Type of aid and name of the funding agency: Ministry of Science and Technology, through the 33/2008 call CNPq in partnership with the Ministry of Health; And Coordination for the Improvement of Higher Education Personnel.

2) This article was elaborated from the master's thesis titled "Workers of the Therapeutic Residential Service: actors in the reconstruction of life outside the walls of the asylum", presented to the Graduate Program in Nursing, Faculty of Nursing, Federal University of Pelotas.

### How to quote this article:

Antonacci MH; Kantorski LP; Guedes AC; et al. The work at therapeutic residential service: possibilities of rebuilding life outside the limits of a mental hospital. Rev Fund Care Online. 2017 jul/sep; 9(3):831-839. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i3.831-839>

## ABSTRACT

**Objective:** Comprehend the working process of professionals in Therapeutic Residential Service, their potentialities and limitations in the process of rebuilding the life of the resident outside of a mental hospital.

**Method:** This is a case study, with a qualitative research approach. **Results:** It was demonstrated a new conception of the object, a large arsenal of instruments based on psychosocial knowledge, and the goal is different from the healing provided by the asylum mode. **Discussion:** The subject in psychological distress, is now seen as an extended object, an active participant in the process of understanding madness as a different way of relating with the world and belonging to a territory, a family, social group, which enables social insertion according to individual needs. **Conclusion:** This perception tries to provide a substitute the mental hospitals, for the freedom to walk around on the city, in an attempt to help residents to rebuild their lives outside the asylums.

**Descriptors:** Work, Health Care Reform, Mental Health Services, Mental Health, Psychiatric Nursing.

<sup>1</sup> Nurse. PhD in Psychiatric Nursing. Professor of the Nursing Collegiate of the Federal Institute of Paraná - Campus Palmas. E-mail: mhantonacci@gmail.com.

<sup>2</sup> Nurse. PhD in Nursing. Professor of the Faculty of Nursing, Federal University of Pelotas. E-mail: kantorski@uol.com.br.

<sup>3</sup> Nurse. PhD in Nursing. Professor of the Faculty of Nursing, Federal University of Pelotas. E-mail: arianecguedes@gmail.com.

<sup>4</sup> Nurse. PhD in Nursing. E-mail: jandromcortes@hotmail.com.

## RESUMO

**Objetivo:** Compreender o processo de trabalho dos profissionais do Serviço Residencial Terapêutico, suas potencialidades e limites na reconstrução da vida fora dos muros do manicômio. **Métodos:** É um estudo de caso, com abordagem de investigação qualitativa. **Resultados:** demonstrou uma nova construção acerca do objeto de trabalho, um amplo arsenal de meios/instrumentos utilizados baseados no saber psicossocial, e por consequência um entendimento de finalidade do processo diferente da cura prevista pelo modo asilar. **Discussão:** O sujeito em sofrimento psíquico, que agora é visto como um objeto ampliado, participante ativo na apropriação do entendimento da loucura enquanto um modo diferente de relação com o mundo e pertencente a um território, a um grupo familiar, social, que possibilita um modo de inserção social adequado às necessidades individuais. **Conclusão:** Essa percepção busca efetivar a substituição dos manicômios pela liberdade de circular pela cidade, num movimento de reconstrução da vida fora dos manicômios.

**Descritores:** Trabalho, Reforma dos Serviços de Saúde, Serviços de Saúde Mental, Saúde Mental, Enfermagem Psiquiátrica.

## RESUMEN

**Objetivo:** Comprender el proceso de trabajo de los profesionales en servicios residenciales terapéuticos, potencial y limitaciones en la reconstrucción de la vida fuera dos muros de asilo. **Métodos:** Estudio de caso con enfoque de investigación cualitativa. **Resultados:** Demostraron un nuevo objeto de trabajo, gran arsenal de instrumentos basados en conocimiento psicossocial, y una comprensión de diferentes procesos de curación. **Discusión:** El sujeto, que ahora se ve como un objeto extenso, participante activo en el entendimiento de la locura como una forma diferente de relacionarse con el mundo y la pertenencia a un territorio, una familia, grupo social, que permite el modo de inserción social para adaptarse a las necesidades individuales. **Conclusión:** Esta percepción tiene por objeto llevar a cabo la sustitución de los asilos para la libertad en la ciudad, un movimiento de reconstrucción de la vida fuera de asilos.

**Descriptores:** Trabajo, Reforma de los Servicios de Salud, Servicios de Salud Mental, Salud mental, Enfermería Psiquiátrica.

## INTRODUCTION

Mental health care in Brazil, although protected by the Law No 10.216/2001, which “provides for the protection and rights of persons with mental disorders and redirects the mental health care model”<sup>1</sup> is still marked by the fragmentation of positions, in which some groups insist on arguing about the maintenance of practices and institutions characteristic of the asylum mode of attention. However, we believe that this discussion is outdated, since, when approving the law in the year 2001, the Ministry of Health makes a clear choice for the psychosocial care model. We believe that this is an important fact to highlight, especially in the current context of political discussions, attempts to reverse the law, regarding the opening of beds in psychiatric hospitals, and the maintenance of care practices that reproduce the asylum model.

In order to try to advance in the discussions we propose, in this work, to discuss about the reinvention of work processes in the services that legally compose the theoretical

and practical framework of the psychosocial care model. We believe that the fall of the walls must be followed by changes in the practices, since there is little point establishing legally a care in freedom, which continues imprisoning in the day to day of the services.

The importance of this discussion is due to the fact that we believe that work constitutes a central category for the understanding of a society, since it is from the work processes that occur the transformations of reality.<sup>2,3</sup> Thus, as a result of the consolidation of the new model of mental health care, in parallel with the deconstruction and deinstitutionalization of the psychiatric practices initiated with the Psychiatric Reform, some questions arise regarding the assistance to chronic users, with long periods of hospitalization that were withdrawn from their “Used territories”<sup>4</sup> and therefore lost their social, affective and financial ties.

In that sense, Administrative Rule No 106/2000 regulated the Therapeutic Residential Services (SRT), which emerged as a proposal for housing for this group of people, who, when leaving the patient label, given by psychiatry, assumes the role of being a resident, which allows the beginning of the process of relearning to live a daily life, in which he may wish independent of institutional rules.<sup>5</sup> In this way, the work processes of the professionals, inserted in this home, must account for the deficiencies that the unforeseen ones of the day to day will generate in the process of disassembling a way of life to asylum and to remonstrate a way of life psychosocial, that allows the subject autonomy to touch daily life in an unprotected, extramural world.

In view of the above, this study sought to understand the work process of the professionals of the Residential Therapeutic Service, its potentialities and limits for the reconstruction of the life of the resident outside the walls of the asylum.

## METHODS

This is a qualitative research, which as such explores meanings, variations and experiences in the perception of certain phenomena.<sup>6</sup> And in adopting a Marxist referential, the labor process believes that reality is capable of transformation by human action, and for that, it is important to understand the dynamism, the historicity, the provisionality of this transformation. Labor relations and the means of production play a fundamental role in this process, so Marxism has allowed us to understand that human facts are historically determined and that the knowledge and analysis of these facts allow the rational use of this information in the search for improvements of the own human condition.<sup>2,7</sup>

Specifically when we speak of madness, the relationships that have established themselves with society, over the centuries, allow the understanding of the passage from disease, to existence-suffering. This paradigmatic change is significant, because it understands that a subject, even after long years of hospitalization and isolation can return

to walking in life through participation in exchanges established in territorial arrangements, such as the Residential Therapeutic Service (SRT).

In order to contemplate the richness of the exchanges that are established in these relations the option of data collection was the observation and semi-structured interviews. The collection process was organized from previous contact with the field, followed exploration of the field of study, followed by visit to the mental health network services, proposal of the study and identification of the subjects of the study, scheduling interviews. A total of 480 observation hours were recorded, recorded in field diary, with the impressions obtained during 16 hours daily at 3 weeks of observation. The semi structured interviews were carried out with 6 workers, being recorded by audio equipment and later transcribed in full, allowing the organization of the data collected for analysis. We chose an interview script with five guiding questions about the operation of the service network; Contribution to the provision of psychosocial care in the municipality; Difficulties and facilities in the operation of the network; Work in the SRT and the importance of working in the SRT for the lives of the residents.

The confidentiality of the interviewees was respected, being these denominated "Worker", followed of the order in which the interviews took place. The transcription of the audio data was fully analyzed, classifying the speech according to the categories that emerged from the study's own reference, object, instruments and purpose of the work. The project was approved by the Ethics Committee of the Faculty of Dentistry of the Federal University of Pelotas (UFPel) under Opinion No 073/2009. It is believed that the form of organization of work processes in the Alegrete/SR SRT are parts of a totality that can not be analyzed in isolation, and can not be abstracted from the other social relations that allow them to exist and that give them a social meaning, Ideological, scientific and technical. This way, the present work is located in the context of a country that lives intensely discussions about the ways of dealing with mental health, stage of political struggles by conquest and/or reconquer of spaces, for a care in freedom qualified to the user of the health system. A system that proposes to be unique, universal, integral and equitable, but which sometimes still runs counter to the law and favors hospital-centered care and which values specialties. But also a country that counts on municipalities that respect the principles and laws that guide the health system and with an important militancy with regard to mental health, and that must be presented in national scenarios, so that they can be thought of as possibilities Guiding experiences for the orientation of other networks.

## RESULTS AND DISCUSSION

The Therapeutic Residential Service emerges as a place of practice that builds its knowledges based on individuals' individual human needs, establishing collective and multiprofessional relationships, and exercising their knowledge in real life, stimulating the appropriation and autonomy of users. In order to do this, the constructions around the object of work demand that it be understood from an expanded vision, so that the worker can adapt his instruments of work and direct in a shared form what type of reconstruction of life can be constructed, Without belittling or frustrating the person, with expectations falling short or beyond what he can answer at that moment.

*"Each patient has a problem, has a diagnosis, but he can do it, one can study, another can do something else. [...] have to look like any other person. Of course there are some that are more difficult, but we are trying to see, well, if the patient can not do that, if he can not study, he can do something else, something he knows [...] I always think An employee has to be putting it there, never taking it to the side that he can not, I think they can!" (Interviewee 1)*

*"We have to respect. So we have to respect what the person knows how to do, and if she does not have the conditions, she does not." (Interviewee 4)*

The rupture movement with old knowledge that conceived the object of work in mental health as disease, and with that all classified in a certain pathology were equal, can be evidenced when the worker states that each subject is different from the other, a "has a problem, has a diagnosis", another can do something else, but that can not be greater than the potentiality of each subject. At that moment, recognizing that there is a "problem" and that it does not negate the potentiality of the person, allows the worker to place the disease in parentheses<sup>9</sup> and work only with the subject and all the possibilities to be developed individually.

This change in the worker's view of his object of work opens the way for the deconstruction of the idea of separation between health and illness, as if the existence of illness were a condition for the suspension of a 'normal' life, that is, activity of daily life, work, and, on the contrary, health a sign of the maintenance of the individual in the role itself.<sup>10</sup> In the speech of the worker, the proposal is that there be the suspension of the disease and not of life, so that the subject can, in a way appropriate to his own subjectivity, reassume his role, his capacity for exchanges with society, social characteristic of a healthy life. From this perspective, the disease ceases to be incapacitating and of medical ownership and begins to constitute existence-suffering, redefining the object of intervention, therapeutic practices and the purpose of care.

Thus, the new paradigm questions and overturns the clinical certainties of psychiatry and proposes a new form

of care, which is permeated by uncertainties due to the complexity of the intervention object, but which is richer in terms of expanding the possibilities of the subjects. These possibilities were subtracted from the subject during the years of confinement in the asylum. Here it is important to keep in mind that when arriving at the SRT “the crazy one” is a figure marked by the routine, habits and restrictions asylums, and that unlearned to live without the rules imposed by the institution.

The reconstruction, and perhaps most importantly, the reappropriation of lives for these people, requires SRT workers to see each resident as a unique being belonging to a social group, and from there to build, with a high degree of creativity and malleability, means of intervention with the objective of enabling the resumption of a life, which is a unique life, and which must be lived in a unique way.

A work object in the SRT, unlike the asylum mode, should no longer be seen as a sick, incapable, destined to live a lifetime restricted to a limited space of social exchanges. On the contrary, the psychosocial mode defends a new way of looking and proposes to break with the idea of incapacity, linked to madness, still very present in society.

*“I do not see them sick. Sick is the one who is on a bed, who can not do anything. I think they are human beings, they do everything, they know, they are very intelligent, they are not those people, who, as they say, ‘are crazy, have to be hospitalized’, I do not think so! You have to work for a ransom for them, to get into society. To see this, we’re fighting!”* (Interviewee 1)

*“It is very discriminated, ‘madman’s place is in hospice,’ ‘it has to be locked,’ that whole thing. And you see that here they have a social life practically the same as ours. They go to school, they go to the market, they go to church, they leave the bus alone, without needing anyone’s help, they go there in the CAPS. Resident X goes to the library, picks up a book, he knows the day he has to give back, he pays the monthly fee there.”* (Interviewee 2)

Many achievements have been achieved through the change in the model of mental health care, but there are still many ways to go, and one of them is the way the madness is still seen by society, even after many years of struggle for Brazilian psychiatric reform. The deconstruction of the manicomial paradigm, so deeply rooted in society, must take place beyond the simple fall of the walls in the physical sense, since “when walls fall, what remains is continuity between spaces”<sup>11</sup>, and therefore the importance of overthrowing the asylum that exists in each of us, which insists on maintaining the cultural apparatus that sustains discrimination and the imprisonment of madness.

To understand that the madman “has a social life practically equal to ours”, is to say that it is possible to break

with the differences that separate the crazy ones, confined to the asylums, and the healthy components of the society. The approach between the actors, worker and subject in psychic suffering, present here in the speech of the worker, seems to indicate possibilities of a dialectic between the experience of care and the experience of madness, when articulates team, user, and the possibilities that the territory offers to the residents and how they travel in this space offered. In fact, they not only transit, but assume responsibilities and commitments, initiating a process of transforming from the crazy place to a political subject.

The residents belong to a group that was, and still is, excluded from various spaces in the city, however, the way in which networks and work processes are organized has the potential to break this cycle of exclusion imposed on the subject in psychological distress, this break can be observed by the fact that the inhabitants occupy a space considered intellectual, and, traditionally, little frequented by the population in general, that is library of the city. Consume culture, confers a new social role, different from that traditionally imposed by institutionalization, allowing the opening of spaces for new forms of dialogue with the city, and circulation in the spaces of consumption of art and culture, breaking with old precepts of incapacity, inadequacy and segregation of madness.

The complexity of the object requires the use of a complex of specific instruments of work, which include methods, techniques, equipment and/or resources to perform interventions to that particular object.<sup>2,3</sup> In the psychosocial mode, the means/instruments of work are based on theoretical constructions and equipment of assistance, that no longer allow the coercion of asylums, be they physical or chemical, but rather, extended resources – like the object – with a view to the replacement of the subject facing the existence-suffering.<sup>9,12</sup>

In this context, emerges a medium that seems striking in the day to day of the workers of the municipality is the psychosocial knowledge. The use of this knowledge, as a means of work, enables the creation of new dialogues with the complexity of existence-suffering, itineraries of exercise of rights and a new social place for the experience of madness. The use of psychosocial knowledge, which values the wishes of the residents of the house, is present throughout the process and can be evidenced in some lines.

*“If one of them wants to buy something, a radio, a clothes, even a cream, and he asks me to go downtown to buy, I say, ‘No, you want to buy? I go with you, we go to the market and you choose to your taste.’ These things we have to cultivate in them. Why can not I buy something that they will not like, and give them to use or give them to eat, and if he does not? You have to let their freedom choose.”* (Interviewee 1)

The relationships that have been produced from the institution of psychosocial knowledge open a field of transformations, from the valuation of the subjects in psychic suffering. Their experiences, their tastes, their desires, are now valued, as in a return to their own bodies, which were previously restricted to receiving what was offered. This instrument of work seems to impart a singularity in the production of new forms of dialogue between worker and resident, with respect to the exercise of rights and autonomy.

The delimitation of the instruments used in mental health work processes is a difficult task, since from the extension of the object, because the complex object requires complex and interconnected instruments. So, psychosocial knowledge emerges as an important tool that guides practices in the care of the user, but also leads to the relationships established between management and workers, facilitating the construction of interconnected actions in order to qualify the network of attention.

From then on, joint and dialogical work processes are organized, with spaces for meetings and exchanges, built on the established links between all the actors involved in the process, both managers and employees and users of the services, reflecting a feeling and sharing of demands.

*“These periodic meetings, which we have all Monday, are very good! Because we take there what we are feeling of problems, difficulties and facilities. And we get the support of the system coordinator and the secretary.”* (Interviewee 2)

*“Dialogue is important. We have a weekly meeting here, and this weekly meeting is important for us to talk about the weekly history of the house and to discuss living with colleagues.”* (Interviewee 6)

Meeting spaces are important tools in the health work process, as they allow for exchanges between management, workers and residents, welcoming demands, reinventing attention, building new strategies, making possible the construction of a common project that the multiple dimensions of mental health needs.<sup>13</sup>

Such sharing spaces favor the strengthening of another important work instrument that is the co-responsibility of actors, workers and management, in the attention to users. This marks a project that transforms the process of constitution of the mental health network of the municipality, adding different practices and institutions committed to the freedom and social inclusion of the subject in psychological suffering.

*“It motivates us to keep fighting, because we have the support of the network. We are very much supported by everyone, both the CAPS I team, CAPS II team, CAPS*

*ad team, SAIS team. Our communication and our relationship is very cool.”* (Interviewee 2)

*“What helps here is the whole industry working together. That’s how we work here, whatever we need we ask and they give us support.”* (Interviewee 5)

This work among the different teams that work in the axis of deinstitutionalization makes it possible to operate technically with resources that are not only those exercised by the same daily service team, increasing the therapeutic resources in the care of the subjects. In this sense, the service network can organize itself as a network of support to the extent that there are professionals available and able to establish connections and dialogues between the different points of the network. Sharing this commitment is a form of co-responsibility in health production, seeking the effectiveness of practices and promoting individuality and citizenship in a broader sense.

Thus, some authors<sup>14,15,16</sup> have pointed to the need for the processes of change to be guided by integrated actions of intra and interinstitutional character, not only from health institutions, but also by investing in the use and management of resources and potentialities of the territories, collectively building responsibility for care.

*“Here in the community, there was a teacher who taught in a room to the residents of the neighborhood, and they always invited them to go. They were going to study there. So I think there is this exchange between the residents and the neighbors, it becomes a network and they are meeting other people, they are meeting other people, they go out, they go to church, they are always changing.”* (Interviewee 1)

*“These workshops that participate in the CAPS, I think one day could be done in other places, such as squares, to improve their relationship with society.”* (Interviewee 6)

It is important that subjects also leave the spaces of services and are welcomed by society, start to move through the neighborhood, the streets, the squares of the city, in order to implement the precepts of the “reform clinic”<sup>17</sup>, which relates the historical subject to his/her daily life and which is integrally affected by the spaces where it is realized. The SRT seems to be the space that proposes to residents and workers this challenge of deconstructing traditional and hegemonic ways of practicing, caring and living, considering all the possibilities that the encounter of madness with the city is capable of presenting. However, there is no ready formula for mental health care, since it is carried out based on the attempts that the unpredictability that day to day.

*“You are always making new experiences... Because sometimes not everything you can. But it has worked well, we have always acted in understanding, in caring, in attention, in dialogue with them.”* (Interviewee 2)

Working on the logic of “understanding, caring, attention, dialogue” with the residents, the work happens by mobilizing affections, involving the actors, in relationships that overcome the barriers between professional/user. The involvement of the workers who work in the substitutive services makes possible the construction of life projects, which in this scenario was very evident. There is a great desire for a change in relationships to transcend service spaces and to achieve encounters between the city and the madness.

*“They [residents] wanted to study, so the employee went there and talked to the principal. In the first days the employee goes, forwards them, two, three days later, as he goes alone. And I say to the college, do not treat them like a sick, treat like anyone else, like your students!”* (Interviewee 1)

It should be borne in mind that the SRT is not only an institutional service to return to a home, on the contrary, it is a housing space that seeks the deinstitutionalization of the subjects, and that, therefore, it must use means of work with a view to the conquest of the territorial spaces, and all possibilities in the face of the discovery or rediscovery of new exchanges, of new relations, of new desires to be realized, in order to reconstruct life.

In this sense, the role of the team reveals itself as an important mediator in the exploration of the territory, in order to identify what can be offered as a field of possibilities for the resident, as well as to mediate the construction of this field of relations.<sup>18</sup> In the case of Alegrete, the desire to return to school was one of the possibilities offered by the territory, with which some residents would like to relate, from then on the mediating presence of the team, empowered with their psychosocial knowledge, seeks to deconstruct the idea of “treating as a patient” and to construct a place where the subject is recognized as a student with the capacity to make and sustain their choices.

Being back in the city, living in a house, going to new places, means being much more exposed to the differences and frustrations that life can present. The resident, after so many years ‘protected’ life from the walls, may not have the necessary coping to overcome some barriers imposed by life, and the team and its knowledge once again prove important in this process.

In this return to daily life, it is necessary to (re)learn the activities that once seemed, and were, as natural to society as eating the time that you are hungry, cooking your own food, without needing anyone to choose when, how much. What to eat, take a shower, and finally learn to interact with

you and with each other. This role of teaching the resident to interact socially must be assumed by the worker, as the following speech demonstrates:

*“I think my time is all for teaching them. If they need anything: to take a shower, or if one wants to cook, I’ll teach him to cook. If you have to go out with them, for example, to take them to the doctor, [...] We talk to the patient such a day is the consultation, you have to check, we go with him there. We went the first time, the second time he can go “alone”, no problem!”* (Interviewee 1)

*“Trying to show them what has to be done, how it has to be done, if they do not know what we’re trying to teach, we try not to do it for them. Unless they try to do it and do not really get there I go there, do it and show them how to do it. The other day, I take from them what I taught, but I always try to be teaching them how to do it. For them to have a certain autonomy in the day to day.”* (Interviewee 3)

The invention of new means of work that interrupt the social death of the individual, is a daily challenge in the production of care in the SRT. It is not enough if you move home it is imperative to live the house, the street, the city. Therefore, it is necessary to ensure that the resident does not construct a “marginal insertion”.<sup>19</sup> For the author, attention must be paid to the quality of insertion, not restricted only to the living space in the house, but that it can assume insertion roles in the city.

All this change in instruments comes from the changes in the purpose of this work, since the purpose is what one wants to achieve with the work. Here we understand that it is necessary to discuss the possibilities of reconstruction of the life of people, who after years of institutionalization, have failed to live outside an institutional environment. It is believed that social reintegration should be based on a possible reconstruction, within the limits of each subject, without the search for parameters of a social homogenization.

Thus, it acts in order to broker the reappropriation of the “territory used”<sup>4</sup> of the residents, offering some initiatives, which are already recognized as a reality in the process of returning to social life. The conquest of the territories of the territory is fundamental in the construction of the scenario of reinsertion, because this can be a fertile space for experiments that the encounter between the madness and the city can offer.<sup>20</sup> Among them, the workers recognize some points in the community, in which the residents already transit.

*“Nowadays the college accepts them, they are people who study, and mainly, they are the ones who least disturb!”* (Interviewee 1)

*“They go to the little thrift shop they like to go to, they go in church, to the market. The first time [in the market] I went along, to see how they are treated, the Dweller 7 was in the box. He went, put things on the girl’s desk, then she looked at him, talked to him, greeted him, asked how the day was, something and such.”* (Interviewee 2)

In this space, the meeting between the residents and the school, or the market already produces a natural acceptance, as the worker affirms, because there is a movement of acceptance of the residents that breaks with the shackles relegated to the madman in the asylum. Here it is important to understand that the subject in mental suffering would never pass through these spaces if he remained asylum in the asylum, that is the richness of the purpose of the work process of psychosocial attention.

Moreover, the possibility of access to the purchase of goods repositions the subject as an integral part of the capitalist world’s trade-regulating cycle. By being able to consume what he wants, the dweller goes beyond the concept of need or need, and encompasses a dimension that includes desire, including all the goods of social production, far beyond the fulfillment of necessity, otherwise the Risk of marginal inclusion, that is, some of their needs, usually very urgent, are remedied, but citizenship or autonomy are not cultivated.

*“We try to teach them how to do things in here so that when they get out of here, they already know if they turn out there. [...] their autonomy, suddenly there are some who will not stay here for a long time, they leave here and they already know how to turn out there, in their own house or that of their relatives.”* (Interviewee 5)

Autonomy guarantees the individual the ability to cope with the various life situations that he may be exposed to, and it is on this basis that the worker plans his or her care. It is not teaching pedagogically to bathe or sweep the house, but rather to deal with the possibilities that the inhabiting the city can generate.

It is believed that the transformation of a user into a citizen necessarily passes through the central aspect of autonomy. In this sense, some strategies are adopted to allow the increase of autonomy, even in the protected space of the service. The Assisted Residence located in the back of the SRT allows a situation of passage, in which the residents are appropriating new ways of living until it is possible to live in a house other than the service.

*“We have the little houses in the background that is where some keep. There are residents who lived 40 years there in São Pedro in Porto Alegre and now they do all their service, all alone. Of course they rely on our guidance, but practically they live alone there, they take care of themselves.”* (Interviewee 5)

The fact of having a protected space, but at the same time stimulates a life independent of service, sends the inhabitant to a space in which he has to manage the conflicts and situations that the reality that life presents. Based on this first experience of living ‘beyond’ the service, new possibilities for the reconstruction of a family structure are opened up.

One of the purposes of the work process within the context of psychosocial care is to enable the resident to rebuild his life not only outside the walls of the asylum but also outside the walls of any service. The workers believe that those people can occupy a social place that goes beyond users of mental health services, for them there is the concrete possibility of the residents to develop more autonomy, either on the way to the assisted living, or in the acquisition of their own houses, regardless of whether they return to their families or not.

Finally, it is important to highlight that the SRT proposal is configured in a service mode that carries with it an important task, which is the deconstruction of the stigmas of madness, since it bets on the urban coexistence of the crazy ones as citizens and seeks to concretize the effective substitution of asylums for the freedom to move around the city, in a movement to rebuild life outside the walls of the asylum. In this sense, during the field work, a speech in particular caught the attention, and seems to represent the deconstruction that is proposed the insertion of the crazy in the city.

*“I knew the ‘Boca Murcha’ in the street and when I came in here and met the Dweller 12. This one is out of order, it’s great, it’s an example of a person, the education he has! But outside he was a monster understood? He lived in the street, he lived dirty said that up to times aggressive with society, even I was afraid of him! And I with the coming to the therapeutic residence I met the other side of his life, I ended up knowing the (name of the resident).”* (Interviewee 6)

This speech becomes emblematic in the construction of a new social place possible for the crazy, when the worker says he can now see a person with a name and no longer a stigmatized character of the city. The inhabitant, according to the worker, is an example of a person, evidencing the important deconstruction movement of all the stigma that insanity carries with itself, since the “Boca Murcha” loses the place of monster, feared by society and wins another social place, the example of person.

The image of mental illness-madness operated by the critical tradition of psychiatry, modern rationality, and historically produced discourses and practices that have forged a stereotyped and numbed figure for those who escape the limits of that rationality,<sup>21</sup> is deconstructed from the fall of the walls of the asylum, which imprisoned the subject, not only in the physical sense, but in the broader



sense of imprisonment in asylum concepts, which delegate to the insane the image of marginality and dangerousness. The resident's trip to the house can draw another possibility of life. In this the madman becomes a person, who transits in a territory, that inhabits a house, that makes friends, that goes to school, that reconstitutes lost ties, in the end that returns to enjoy the possibilities that freedom can offer.

## CONCLUSIONS

At the end of this study, which is inserted in the context of the political transformations of mental health care, it is believed that these are not enough if they are not carried out day-to-day in the work processes in the services. Based on this perspective, the need to look for new modalities of attention, such as the Residential Therapeutic Service (SRT), emerges. In this study the SRT of the municipality represents only one of the promising experiences in the consolidation of points proposed by the new paradigm of attention to mental health, presenting paths and possibilities to be traced by other scenarios. The SRT are spaces of construction of possibilities of reinsertion of the subject in psychological suffering in the society, for that reason one must be careful that it does not become a device of resumption of a morally acceptable life, but of valorization of singularities. The option to study a health network that values the singularities of the subjects, from different possibilities of social circulation, allows to divulge forms of organization of work processes that have shown effective results in terms of care in freedom, and not the simple adhesion To acceptable policies and parameters of socialization or reconquest of social skills.

This study reaffirms the importance of presenting successful experiences of (re)construction of life projects, in order to disseminate what has been produced in terms of care in psychosocial care, proposing new ways of advancing in points that still remain critical, even after so many Years of struggles for new ways of caring for mental health. However, it is not the intention of the study to establish standard formulas for the process of reconstruction of social life and the insertion of subjects in psychic suffering outside the walls of the asylum. The certainties could lead to a retrocession to the old asylum concepts.

Instead, we want to look at all the possibilities for rebuilding the lives of people, who, after years of institutionalization, have failed to live outside an institutional environment. Still, it is believed that this must be a possible reconstruction, within the limits of each subject, without the search for parameters of a social homogenization. Therefore, the relevance of this study and its contribution in the discussion about the work processes in the SRT, as a space that proposes the challenge of the deconstruction of traditional and hegemonic forms of clinic, caring and living, is highlighted, considering all the possibilities that the encounter of madness with the city is able to present.

## REFERENCES

1. Ministério da Saúde (BR). Lei no 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Brasília: DF; 2001.
2. Marx K. O Capital. 5ªed. Rio de Janeiro (RJ): Editora Civilização Brasileira S.A; 2014.
3. Mendes Gonçalves RB. Práticas de saúde: processos de trabalho e necessidades. São Paulo (SP): Cadernos CEFOR; 1992.
4. Santos M. O Espaço Cidadão. 7ed. São Paulo (SP): Editora da Universidade de São Paulo; 2007.
5. Ministério da Saúde (BR). Portaria n 106, de 11 de fevereiro de 2000. Institui os Serviços Residenciais Terapêuticos. Brasília: DF; 2000.
6. Silverman D. Doing qualitative research. London (UK): Sage; 2013.
7. Chauí M. Convite à Filosofia. 2ª ed. São Paulo(SP): Ática; 2010.
8. Canguilhem G. O normal e o patológico. Rio de Janeiro (RJ): Forense; 1978.
9. Rotelli F. Desinstitucionalização, uma outra via: a reforma psiquiátrica italiana no contexto da Europa e dos "Países Avançados". In: Nicácio F, organizadora. Desinstitucionalização. São Paulo (SP): Hucitec; 2001.
10. Basaglia F. Escritos selecionados em saúde mental e reforma psiquiátrica. Rio de Janeiro (RJ): Garamond; 2010.
11. Scarcelli IR. Os sentidos do morar e a cidade: um olhar sobre os serviços residenciais terapêuticos. In: Cadernos IPUB. Desinstitucionalização. A experiência dos Serviços Residenciais Terapêuticos. Rio de Janeiro (RJ): UFRJ/IPUB; 2006. p.71-82.
12. Costa-Rosa A. Atenção Psicossocial além da Reforma Psiquiátrica: contribuições a uma Clínica Crítica dos processos de subjetivação na Saúde Coletiva. São Paulo (SP): Editora Unesp; 2013.
13. Carvalho BG, Peduzzi M, Ayres JRCM. Concepções e tipologia de conflitos entre trabalhadores e gerentes no contexto da atenção básica no Sistema Único de Saúde (SUS). Cad. Saúde Pública. 2014;30(7):1453-1462.
14. Vieira Filho NG, Nóbrega SM. A atenção psicossocial em saúde mental: contribuição teórica para o trabalho terapêutico em rede social. Estudos de Psicologia. 2004;9(2):373-379.
15. Antonacci MH, Kantorski LP, Willrich JQ, Argiles CTL, Coimbra VCC, Bielemann VLM. The structure and flow of the health care network as an instrument of change in psychosocial assistance services. Rev Esc Enferm USP. 2013;47(4):888-95.
16. Azevedo DM, Gondim MCSM, Silva DS. Matrix support in mental health: the perception of professional in territory. R. pesq.: cuid. fundam. [periódico na Internet]. 2013 jan/mar [acesso em 2002 Aug 12];5(1):3311-22. Available at: <[http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1951/pdf\\_689](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1951/pdf_689)>.
17. Delgado PGG. Instituir a desinstitucionalização: o papel das residências terapêuticas na reforma brasileira. In: Cadernos IPUB. Desinstitucionalização. A experiência dos Serviços Residenciais Terapêuticos. Rio de Janeiro (RJ): UFRJ/IPUB. 2006;19-34.
18. Sanzana APMP, et al. A Reforma começa em casa: o fio da navalha na clínica dos dispositivos residenciais terapêuticos do IMAS Juliano Moreira. In: Cadernos IPUB. Desinstitucionalização. A experiência dos Serviços Residenciais Terapêuticos. Rio de Janeiro (RJ): UFRJ/IPUB. 2006, p.169-178.
19. Weyler AR. O hospício e a cidade: novas possibilidades de circulação do louco. Imaginário - USP. 2006;12(13): 381-395.
20. Arraes-Amorim AK, Dimenstein M. Loucura e cidade: cenas biopolíticas e incursões (des) institucionalizantes. Fractal: Revista de Psicologia. 2009;21(2):319-33.
21. Foucault M. História da loucura na Idade Clássica. São Paulo (SP): Perspectiva, 2009.

Received on: 01/06/2016  
Reviews required: No  
Approved on: 10/10/2016  
Published on: 10/07/2017

---

### Author responsible for correspondence:

Milena Hohmann Antonacci  
Rua Padre Anchieta, 4156 apto 201. Pelotas/RS  
ZIP-code: 96015420  
E-mail: mhantonacci@gmail.com