



HOSPITAL DISCHARGE OF PEOPLE WITH MENTAL DISORDER: MEANINGS ASSIGNED BY FAMILY

ALTA HOSPITALAR DA PESSOA COM TRANSTORNO MENTAL: SIGNIFICADOS ATRIBUÍDOS PELO FAMILIAR

ALTA HOSPITALARIA DE LAS PERSONAS CON TRASTORNO MENTAL: SIGNIFICADOS ASIGNADOS POR EL FAMILIAR

Fernanda Franceschi de Freitas¹, Marlene Gomes Terra², Adão Ademir da Silva³, Gabriela Zenatti Ely⁴, Nara Marilene Oliveira Girardon-Perlini⁵, Marinês Tambara Leite⁶

ABSTRACT

Objective: to understand the meanings attributed by the family to hospital discharge of people with mental disorders. **Methodology:** a qualitative, phenomenological research, developed with 10 relatives of people discharged from psychiatric hospital of the University Hospital of Santa Maria/RS/South Brazil. The data production occurred by recorded interview, using the question << *Tell me what the discharge of your relative from psychiatric hospital means for you* >>. To grasp the implicit messages in the speeches of the family, we used the proposal prepared by Terra grounded in hermeneutic phenomenology of Paul Ricoeur, prior to all this, the approval of the research project by the Ethics Committee in Research, with Protocol nº 0343.0.243.000-11. **Results:** the family expresses, on one hand, satisfaction with the improvement of the other and by restoring the living family, and secondly, fears for the horizon of possibilities to come. **Conclusion:** the meanings unveiled are marked by ambiguity. **Descriptors:** Family; Mentally Ill People; Patient Discharge; Nursing.

RESUMO

Objetivo: compreender os significados atribuídos pelo familiar à alta hospitalar da pessoa com transtorno mental. **Metodologia:** pesquisa qualitativa, de natureza fenomenológica, desenvolvida com 10 familiares de pessoas com alta hospitalar da unidade de internação psiquiátrica do Hospital do Universitário de Santa Maria/RS/Sul do Brasil. A produção de dados ocorreu por meio de entrevista gravada, utilizando-se a questão << *Conte-me o que a alta de seu familiar da unidade de internação psiquiátrica significa para você* >>. Para apreender as mensagens implícitas nos discursos dos familiares, foi utilizada a proposta elaborada por Terra fundamentada na fenomenologia-hermenêutica de Paul Ricoeur, precedendo a tudo isso, a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo nº 0343.0.243.000-11. **Resultados:** o familiar expressa, por um lado, satisfação pela melhora do outro e por restabelecer o convívio em família e, por outro, receio pelo horizonte de possibilidades por vir. **Conclusão:** os significados desvelaram-se marcados pela ambiguidade. **Descritores:** Família; Pessoas Mentalmente Doentes; Alta do Paciente; Enfermagem.

RESUMEN

Objetivo: comprender los significados atribuidos por la familia al alta hospitalaria de la persona con trastorno mental. **Metodología:** investigación cualitativa, de naturaleza fenomenológica, desarrollada con 10 familiares de personas con alta hospitalaria de la unidad de internación psiquiátrica del Hospital Universitario de Santa Maria/RS/Sur de Brasil. La producción de los datos ocurrió a través de entrevistas grabadas, utilizando la pregunta << *Dime lo que el alta de la unidad psiquiátrica de su familiar significa para usted* >>. Para aprehender los mensajes implícitos en los discursos de la familia, se utilizó la propuesta preparada por Terra, basada en la fenomenología hermenéutica de Paul Ricoeur, antes de todo esto, la aprobación del proyecto de investigación por el Comité de Ética en Investigación, Protocolo nº 0343.0.243.000-11. **Resultados:** la familia expresa, por un lado, la satisfacción con la mejora del otro y por restaurar la vida familiar, y en segundo lugar, el temor por el horizonte de posibilidades por venir. **Conclusión:** los significados revelados están marcados por la ambigüedad. **Descriptores:** Familia, Personas con Enfermedades Mentales, Alta del Paciente, Enfermería.

¹Nurse, Nursing Master, University Hospital of Santa Maria/HUSM. Santa Maria (Rio Grande do Sul), Brazil. E-mail: fe_franceschi@yahoo.com.br; ²Nurse, PhD in Nursing, Federal University of Santa Maria/UFSM. Santa Maria (RS), Brazil. E-mail: martesm@hotmail.com.br; ³Nurse, Nursing Master, University Hospital of Santa Maria/HUSM. Santa Maria (RS), Brazil. E-mail: adaoademirdasilva@yahoo.com.br; ⁴Nurse, Master of the Graduate Program in Nursing, Federal University of Santa Maria /PPGENF/UFSM. Santa Maria (RS), Brazil. E-mail: gabii_ely@yahoo.com.br; ⁵Nurse, PhD in Nursing, Federal University of Santa Maria/UFSM. Santa Maria (RS), Brazil. E-mail: nara.girardon@gmail.com; ⁶Nurse, PhD in Biomedical Gerontology, Federal University of Santa Maria / UFSM - Campus Palmeira das Missões. Palmeira das Missões (RS), Brazil. E-mail: tambaraleite@yahoo.com.br

INTRODUCTION

The Psychiatric Reform movement in Brazil began in the late 1970s, from the restlessness of mental health workers, denouncing the bad conditions of care for people hospitalized in large psychiatric hospitals. The implications of this mobilization resulted in the drafting of the Law nº 10.216 of 2001, which proposed changes in practice in mental health, encouraging equity in the provision of services, the role of workers and users of mental health services, as well as the development of a extra-hospital network that guarantees social reintegration, citizenship and personal autonomy in psychological distress.¹

With the advent of the Psychiatric Reform, the family became the main providers of care to people with mental disorder. The watchword of the restructuring of the mental health model is deinstitutionalization, the reestablishment of the link with the society and the family of those who were hospitalized for a long time, or even residing in large psychiatric hospitals. Therefore, it is necessary to increase the supply of community services of mental health care, for example, the Centers for Psychosocial Care (CAPS), and psychiatric hospitalization only after having exhausted the possibilities of outpatient treatment, being this preferably in psychiatric units of general hospitals.²

With regard to psychiatric illnesses, it is observed that the majority has no cure, which requires an adaptation of the family to live with this situation. This reality awakens feelings that relate to the difficulties in this process emerged: emotional unpreparedness, lack of knowledge about mental illness, distress and helplessness in the face of crisis, committed citizenship, family environment and interaction in personal relationships hurt, rejection, guilt, medicalization the body for healing and heal family problems.³

The family repeatedly faces emotional overload by living with a person with a mental disorder, triggering misunderstanding, rejection, motivating readmissions or hospital long stay.⁴ The hospitalization may be experienced, possibly as a period of 'relief' for caregivers, a time when they can reorganize and strengthen again at home to receive the person who is hospitalized.⁵

The daily nursing care in a psychiatric ward of a university hospital provides notice that the family of the person with mental disorder experiencing significant anxiety by having someone hospitalized. This fact creates the need for a space in the hospital context

sensitive listening to this man, that gives you motivation to host and can describe how it feels on the responsibility of caring for the other sensitive body. Thus, health professionals will have the opportunity to understand the feelings, fears and expectations of the family, related to the hospitalization of mental patients, which will be under the care of the family after discharge.

To do so, we must look family as a sensitive body entered the world; it needs to be understood from the experience.⁶ The psychological distress may be perceived by the expressiveness of the body by means of gestures, posture and movements. The family members of persons with mental disorder have a lot to communicate through their body language, about the experiences between the family and the other, which needs care.

Note that usually the nursing studies that have as subject the family, are developed through information provided by a member of this genealogy, the family, a being with unique characteristics, which assists in the composition of this group called family. This congregation of people is used as context for an individual phenomenon, which it aims to reveal and is manifested by the family.⁷

The decision to develop the study with family members waiting patient discharge from psychiatric inpatient unit came from an experience of work, when it was found that most people with mental disorders who complete treatment resides with his family and will be under care after discharge. This fact could be confirmed in this study, when the 37 high during the period of production data (January-March 2012), only two people left the hospital accompanied by others, bound for long-stay institutions.⁸

Therefore, this fact justifies the choice of these research subjects, since live daily with the person with mental disorder and is responsible for care in the home and in society. And yet, for the need of nursing to conduct listening to the experience of the family in the case of a person with high mental disorder in a psychiatric ward, because this point is returned to the family, the duty of care.

The health professionals also assume the role of facilitators of implementation of the Psychiatric Reform, then, cannot assume that the family is (in) capable of assisting the person in psychological distress, understand psychiatric illness, the care required, the problems of everyday life, among other duties, without listening carefully to how he is to face treatment, as family caregivers.⁴

OBJECTIVE

- To understand the meanings attributed by the family to the hospital discharge of people with mental disorders.

MÉTHOD

A qualitative study of phenomenological nature in the light of the theoretical-philosophical reference of Maurice Merleau-Ponty and hermeneutic phenomenology of Paul Ricoeur, which comprises the Master's Dissertation << Meanings attributed by the family to hospital discharge of people with mental illness >>, presented to the Graduate Program in Nursing, Federal University of Santa Maria/UFSM, RS, 2012.

The choice of this approach is justified because it is the most appropriate for understanding the experiential descriptions that occurred through intersubjectivity, which constituted perceptual experiences in a phenomenal field. The phenomenological search report how people feel, think and interact with daily life and is an efficient alternative for the study of phenomena that require a sensitive eye.⁹ Therefore, we opted for the phenomenology of Maurice Merleau-Ponty, it substantiates the notion that the meanings attributed by the family to the discharge of the person with mental disorder may be described from the point of view of those who live, since "the man is in the world and is in the world where he knows himself".^{6:6}

Participated in this study 10 relatives of people with mental disorder, previously reported by the attending physician due to their relative discharge from the Psychiatric Hospitalization Unit Paulo Guedes of the University Hospital of Santa Maria (HUSM), Santa Maria, RS. It is noteworthy that this study followed the provisions of Resolution nº 196/96 of the National Health Council¹⁰ and had the research project approved by the Ethics Committee in Research of the Federal University of Santa Maria (HUSM), Protocol nº 0343.0.243.000 -11.

We used the following inclusion criteria: age younger or older than 18 years old, to be relative of patients hospitalized in the Psychiatric Unit Paulo Guedes / HUSM with preview of discharge, have preserved their cognitive function to understand and answer the questions posed in the interview, have previously been informed by a doctor about the discharge.

For production data was interviewed, open individual who had the issue << Tell me what the high of his family's psychiatric ward means

to you >>. The number of subjects was not pre-determined, therefore, phenomenology seeks the phenomenon in its essence and this is revealed in the discourse of the interviewees. When commonalities are manifested in the content of the discourse, it is considered that there is sufficiency of meanings, indicating that the interviews may be closed.¹¹

The family members were interviewed at the unit of psychiatric hospitalization Paulo Guedes, in the period January-March 2012, were aged between 20 and 60 years old and had the following kinship with the people who received discharge: three mothers, two sisters, a father, a grandson, a stepfather, a husband and a wife. The duration of the interviews observed the time of expression of the family (between seven and fifty-five minutes). To ensure the confidentiality of the identity and the information provided by the respondents, was used the letter 'F' (F1, F2, F3, F4, successively) to describe the issuers of speeches, being the initial letter of the word family, followed by a number that corresponded to the sequence of their participation.

As for the expression, Merleau-Ponty considers that before uttering the words, humans already intend what you mean, what you say; suddenly a multitude of expressions comes to the aid of his silence and favors the manifestation of your thoughts. The language is the wealth of all you may have to say, it provides for the future of the human experience, just find the phrase already elaborated on unconscious language, to grasp the hidden words that the being revealed. The expression inhabits since the eternity.¹²

For Merleau-Ponty, the materialization of being in the world happens through the body, this carries the reflective property of consciousness and the visible property of the object.¹³ The body occupies a central position in the world and is the direction in which all objects turn their face. Being a part of the body is a means predetermined, interlacing with certain projects and strive to accomplish them. The ambiguity is in all being in the world, because when is addressed to the world, the man impacts his perceptive intentions and practices against the objects, which are prior and outside them, but only exist because of motivating thoughts and wills in the human being.

The perception is the result of the action of the world on man, this way, the perceived world carries the corporeality of the beholder, enabling the perception of another's behavior, which also is part of this world. The

perception still contains all the human gestures directed the world, conscious and unconscious, because in both cases make up the field of view of the man, and among the things intended by these gestures, there is a relationship outside of the world directed to humans and the world of man. The relation body-world is sensitive.^{13,6}

A human being enters into the world of another since the moment that it begins to perceive it; when using it directs gestures, which allow to identify that the world to which he refers is the same as that the other apprehends. Being in the presence of the other provides an unveiling of intentions, since these are hidden in the gestures of your body and allow the human being to recognize the face of his expression, due to exchanges established at this meeting. These experiences that intersect instigate changes in the way of being in the world, rising another me, carrying what is most secret in man and makes its articulation with the other. The secret of another does not pass the secret of the own human being.¹²

Thus, to apprehend the implicit messages in the discourse of family, we used the proposal prepared by Terra¹⁴ grounded in hermeneutic phenomenology of Paul Ricoeur.¹⁵⁻⁶ Hermeneutics, is a process that interprets contents and meanings hidden or revealed in discourses.¹⁶

Initially, interviews were carried out paying attention to the context in which family members were included, as well as his actions, feelings and thoughts manifest. Furthermore, it was also recorded in a diary, after the interviews, all forms of expression of the family. Thus, it was possible to approach the other, to know their experience.

Following the oral discourse established in the interview was listened to, and after, the speech was transcribed into written text, which revealed the stories experienced by the family. With the speech written in text form, we performed a simple reading of the speech, the speech of seizing family, preserving the original speech, seeking to realize the first meanings. There is a need for an approach to the text to reflect on the experience of the family in relation to the discharge of mental patients, aiming at understanding and interpretation of what lurked in his experience. It was possible to observe the detachment of the context of the interview and the family, as this was no longer present.

Later, held critical reading, but other readings were necessary, with a view to understanding and interpretation of what the family desire to express (meanings). After

reading each text, the ideas related to the object of study were highlighted and organized into themes (segments included in the text of the speech, which formed a unit of meaning), to realize that the speech longed to say and the images projected on the text, the metaphor. This "will consist of the power to rewrite reality, which leads to the need for an awareness regarding the plurality of modes of discourse and on the specificity of philosophical discourse."^{15:9}

The appropriation happened when the message was revealed dynamically, allowing multiple interpretations, it is not an absolute truth.¹⁴ She has several synonyms such as: take for yourself and hold yourself, or make your what is alien. Human beings have a need to make theirs what for them is strange. In this perspective, ownership of given reality means turning it into a world for themselves.¹⁶

RESULTS AND DISCUSSION

From the meeting between the familiar and researchers emerged a meaningful metaphor of the work, which proved the discourses through three themes: the world of the family revealed by the existentialism of the relative in relation to the other (the person with mental disorder) and the ambiguity of discharge: between the possibility of living and the fear of a new crisis.

♦ The world of the family revealed by its relative

To listen to the family about their experiences and perceptions in relation to mental patients, allowed to witness the revelation of several worlds familiar and unique, because the world is the human being living, what makes sense for each, the atmosphere that permeates all thoughts and perceptions.⁶

The family showed his world when he described his life with the person who was hospitalized when she reported her difficulties, showed concern or resentment by a look or gesture, sighed resignedly when tears came to relieve the pain or when smiled, reflecting on positive situations. This multiplicity of sensations is the body's own family, inserted and communicating with the world and reveals the meanings that emerged from the intersection between their experiences and those of the person with mental disorder in a relationship of mutual consequences.⁶

At the same time, the own family interacts with the singularities of other beings that make up the world of the family and also experience the effects of mental disorder.

The descriptions revealed from the approach to the distance from the family of the person with mental disorder. The ambiguity occurs precisely on the basis of coexistence, which appears sometimes characterized by the pleasure of each other's presence, sometimes with anguish, fear and loneliness, due to the responsibility for the care of this.

The following speeches reveal the family's perception about some circumstances experienced by the person with mental disorder, which pertain to the world of the family.

That I bring him here when he needs it. Run with it. We spend a little work with him. [...] We work, you cannot keep him down there [referring to the need for a companion in the ER during the observation period]. Then I said to the doctor: I cannot stay with him [shakes his head in negative statement]. I work and have five children. I cannot stay, I don't have how to stay. I came to him, but I cannot stay. (F1)

And I'm gonna turn into two people to care for him and take care of the mother [...] It will be like taking care of the mother and taking care of him. Hence do not know if I'll be able to work [...] [Sighs] Life is tough, but it has to work. (F8)

Reveal the complications in the relationship between the family and the person with mental disorder, since such a link is traversed by everyday situations. The interaction between human beings involved in the care and the demands of daily life sometimes becomes a generator of suffering for both, because it establishes a relationship of dependence between subjects, which suffocates them and induces the familiar notice is attached to person with a mental disorder.

Emerge also worry and burden of family that takes more directly the responsibility of care, while the others remain missing or deny their responsibility and cooperation. It is evident the pressure and pain that this family is exposed, since it has little partnership to share their difficulties and care of mental patients.

The speeches show the experience of suffering in the world of the family, which, as a result of mental disorder, it is a generality, and arises from humans feel us. We know that every individual has a life story with different traits and also have social, cultural that differentiate them from each other and make them liable in the world. It can be said that the human being is filled by "impersonality, which enables them to feel what the other feels".^{17:72}

Only thing he [the person admitted] questioned us, is that we treated him differently, because we did not want to charge a lot of from him and not put him to work. He has no conditions. (F3)

He does not want to help his father, as I plant rice [...] And it is not know, working in the field, does not want, does not like [shakes his head in negative statement]. (F5)

He is a worker that I would like to count with him to work in any segment, if he was able, he was obviously sane. (F7)

It manifests the difficulty of conceiving the family mental disorder as a disease that allows the affected person to occupy themselves with functions that provide value, like any other human being, and not merely as something definite, which offers no possibility of other perspectives or improvement. It seems that the family has difficulty envision alternative activities for the participation of people with mental illness in the home or in society. Proves to be important to think that issues related to the ignorance of the disease, the life experiences, personal beliefs, among other things, contribute to pessimistic view about the disease on the other.

One possibility so that person feel inserted, useful and appreciated is stimulate the realization of tasks in house in which she lives, if you have conditions and provision since, when participating of certain activities that benefit everyone the relatives, will be collaborating for one conviviality harmonious, a relationship more empathetic, stable and the reduction or absence of overloads for some component family.¹⁸

My grandmother always had a little problem so mentally and was kind of hard to go there, live 24h [lower the look and tone of voice] [...] She straightened trouble with everyone [...] She had quarrel with my sisters with my mother, my uncle, but it was because of the disease. (F6)

Sometimes, exit a discussion [between the person and hospitalized mother], but it is always there. Together is not[...] is difficult to work, nobody works, I guess. It has not yet, I could not make a home for me. And while'm living up to get with her [his mother]. (F10)

Conflicts are one of the main difficulties present in the world of families, since symptoms of certain mental trigger in people who have irritability, euphoria, false beliefs of persecution or grandeur, making the family their central target of criticism, hostility and distrust, by proximity of living or to be the main driver and chaperone treatment. Observe that the family shows understanding about this situation, because it recognizes

that these events are motivated mainly by narrow living and/or symptoms of the disease.

This understanding is important to reduce or avoid discord, which foster unity of the family to cope with the mental disorder, awareness and respect of these singularities and limitations of the person with the disease, the progress of her probation and solidifying the sense of family¹⁸. Thus, the person with mental demand resilience, insight, patience and persistence of the family, qualities that illustrate the dedication required to offer care to these people.

It is good, it helps us. It helps, too. Give money, buy something and gives us too. [...] We also think the lack of it. [...] Because he is very calm, after he leaves here he is one year, two years, he is well and good. But there comes the end of the year it starts. (F1)

It is evident here, the feeling of belonging to family, represented by this family in relation to the person with a mental disorder, because its virtues are identified with affection, their absence in the home is perceived when hospitalization is necessary, and there the recognition period of stabilization of the disease, as well as the onset of a crisis. Thus, reveals that it is possible to preserve and strengthen family ties, despite moments of disorganization and frequent disagreements that may occur.

The sharing of existence and a life story provides the necessary lessons for family members recognize their needs, affinities and commitment to each other, thus consolidating a coexistence that encourages wellness and overcoming adversities faced in everyday. It is in this atmosphere of mutual support that the rapprochement of the family occurs, contributing to the integration of people with mental illness in the family and community.¹⁹

Thus, it is clear that mental illness affects all members of the world family and, before this event, you need to help these people to rearrange their homes and their lives, for the remainder of this coexistence and these affections after the emergence of disease, is mobilized and fosters the opportunity to resurface and keep the family. This arises from an act of love, but when that feeling disappears, the essence family dies and the link between these people is maintained by the formality and convenience, and not by the desire to share a life.²⁰

♦ The existentialism of the family in relation to the other (the person with a mental disorder)

The family appears to be asleep your body, it waives that brings meaning to your life, on

behalf of the other. His world loses identity, because their experiences are mixed up with those of the person with mental disorder. There are few opportunities to do something for the family itself, there is a need to think of the other, with each other.

Remained latent in the work of the speech and came between the lines of the world subject interviews of each family, which is weakened by addressing the crisis episodes of mental disorder, for having to deal with society's prejudice, which excludes the person whose behavior cannot meet the established standards; exhaust the care of the other, the support network still deficient health, financial difficulties, the reflections and future perspectives on the cause of the disease.

In the next speeches are unveiled insecurities, perceptions and barriers that the familiar faces in caring for mental patients.

You have to take care of him. It's very dangerous. I'm afraid of him, you know. We, at home, are much afraid of him. We have small children, afraid. (F1)

I'm not quiet, I am very worried about him, and even so, when he is with his children. I'm afraid, so that at any moment he is well, after a while he can get bad. So I'm afraid, because then starts first with aggression. (F9)

As mentioned above, the fear seems to be constant companionship of the family. These beings fear aggression, which can be directed to them, to others or to the environment, and the risks arising from the unpredictability of behavior. Often it is in times of crisis mental patients that the family experiences fear with greater intensity¹⁸ because it is a critical circumstance, in which the bodies of both remain on alert due to the feeling of imminent threat. A life taken by fear, invariably result in suffering for this family.

His father scolded me and he was meddling, hence manifested this disease [...] One day, then, since the age of 19, he could not contain himself, started a fight and left appealing to the punch on the parent [...] he came to get sick, ended up hospitalized [...] he was not born with this problem, it was just quiet, he was nervous. (F2)

Again the family refers to situations in which hostility and discussions were present in the home. Conflicts originate suffering any order at all involved: couples, children, siblings, and other relatives.

Moreover, the speech brings the familiar explanation for the mental disorder, because the uncertainty of a triggering factor for the disease, recall negative experiences that may have contributed to the current situation. This

action also reveals the intention of relieving anxiety and insecurity about their questions, often unanswered.

He did not want to [take medication], then he said he was doing badly, which gave stomach pain [...] His grandmother let him take his medicine on account, but he does not take [...] Give the remedy [the mother recommending other family members], because it is tough not to take. (F3)

This problem he had now, but it is his fault, because we always give aid [...] Now he saw again where it came to stop, because of his problem, he stopped taking the drugs. 're Not needed here, but as he is stubborn [...]. (F5)

The speeches show one of the challenges of family members of persons with mental disorder: enlighten her about the disease and the importance of continuity of care. Family members express disappointment because their voice is not heard when warns other family members about the possibility of the person does not take medication or when it pays no attention to the advice on the implications of the abandonment of the therapeutic process. This highlights the lack of aid for the maintenance treatment and frustration due to frequent clashes and failures in trying to raise awareness that person. From this frustration comes the blame of the sick person for not following the care and advice of family and health professionals, as well as accountability for the family did not adopt such guidelines.

In reference to communication, Merleau-Ponty argues that, in a dialogue, the word of the other touches our meanings. When I speak and hear, what I hear is inserted in the spaces of what I say, my word merges with the other, I hear myself in him and he in me. However, for the expression differences are converted into sense, you need a moment of reunion, of admiration, not with what is similar between subjects, but what's different, and, therefore, it is imperative I and others are willing to turn something inside us.¹²

He has come a few time hospitalized. Several times [...] The last time he asked. He asked me to bring him, that he felt bad. He even asked me to bring him. (F1)

It was good to come back here, because she was with a serious crisis of these problems it [...] was very good at getting people to bring it forth, her treat. (F6)

Although currently the hospital is not the first option for the treatment of mental disorder, since it is considered a prescriptive environment, deprivation of liberty and exclusion, the hospital is still perceived as an opportunity to care for the person who needs

treatment²¹ and their families. These relate great difficulty in dealing with each other in times of crisis at home as they have no physical structure similar to health services and the person is resistant guidance and assistance from relatives, often because they recognize that their behavior triggers fear in the family and that these, already weakened by the series of events that experience, fail to maintain the security and steadfastness in their attitudes.

Thus, reveals the need for attention to the family and especially the family that cares, interviews explains its need for aid and cooperation, to exercise the care of another. The support of mental health services is of importance to assist you to think and realize the care that family member. Also realizes the urgency to stimulate reflection of the family for the care of yourself, because the close contact between the person with mental disorder causes difficulty in recognizing as sensitive body also worthy of attention. Leaving care of themselves in the background, the family is also susceptible to the development of mental disorder.

This urgency corroborates the changes in the role of the nurse in mental health, in line with the proposed new service for people with psychiatric disorder, because the expansion of looking at the possibilities of action of these professionals allowed beyond the coordination, administration and evaluation of activities of the nursing team, new technologies were developed carefully with the active participation of nurses as the elaboration of therapeutic projects, participation in workshops, groups and practices in the waiting room, function active in the multidisciplinary team and therapeutic agent by the population served.²²

Moreover, to the extent that the feelings of family members are connected to the person with a mental disorder, emerge undergoing care, as these can be seen as actions for interaction, coexistence. It is noticed that the familiar quest itself an effort to recover the other.¹²

♦ Ambiguity of hospital discharge: between the possibility of living and the fear of a new crisis

The speeches reveal the reflection of the existence of family, their perceptions of events related to the history of the world of being with a mental disorder, which affects their daily living; unveil an ambiguous relationship with the person who is getting high, that is, the possibility of conviviality and fears of a new crisis.

The action of coming out with the person with mental hospital inter-relates with the duration of hospitalization, because the family can devote part of their time used for the care of the other, the other, indicating a positive aspect of this period. This provides instant reunion with the restoration of its strengths, as it promotes relaxation, pleasurable sensations and attention away from negative experiences. By detachment of the difficulties, the family is strengthened to consider the mental disorder as a condition that can be addressed.¹⁹

To exemplify a negative outlook for the family as the high of the person with mental disorder, cite fears of a new crisis, usually triggered by the abandonment of treatment, for stressful situations in family relationships, affective or society, or through the redemption of painful experiences experienced in moments of collapse. Apprehend things the way we see them under certain angle and distance, therefore the phenomena are undefined and ambiguous.²³

In this sense, the discourses below reveal the diversity of sensations experienced by the family at discharge of mental patients.

Much elegant and happy [smiling] [...] And the children particularly well, so waiting for him. These days, the doctor called me to see about some drugs those was supposed to pick up and thought it was his discharge [...] Then I got there [at home] and were all sad. (F2)

Ah is bliss [smiling]! Is that at home, the joy of the house is him, you know. [...] We packed, painted the room, waiting for him. And we're hoping him very well dressed. (F8)

It is noticed that the return of the person with mental disorder to your home, arouses great expectations in families. There is a mobilization to carefully prepare the environment and intense anxiety for the arrival of another, both feelings are motivated by affection and desire to greet each other in the best way possible, revealing a genuine feeling of happiness of the family by having a person with a mental disorder back at home, also expressed in their bodies, the smile.

Wait, let's see [...] Suddenly now he has changed, I do not know, let's see. It is because of his problem. Let's now see how it goes from now on. (F5)

It transpires here in disbelief that the person leaves the hospital to be able to modify their attitudes. This incredulity of the family is apparently triggered by repeated confrontation of resistance of the person with mental illness to accept is a carrier of a disease and its difficulty of adherence to

therapy. Skepticism deserves attention and intervention of health professionals so that does not become hopelessness, when the family associates care to suffering, no longer show possibilities of improvement and comes to believe that there is no point helping people with mental disorder.²⁴

A victory until she get out [...] It has no more to do ... The business is taking, I'll try [...] I'll try anything to be with her, but if she does not help. .. [...] And I have one thing to say: I'm doing this not so much for her, more by my mother [raises his index finger] [...] So, I guess that's what I'll do , this tribute to mother. (F4)

It's great, you know, you could take your grandmother leave now. Whether or not it is part of the family [tilts his head to the right side seeming resignation]. (F6)

These discourses point ambiguity in the words of the family, therefore, at first, say the high is a positive development, but then expose wish valuation behind certain attitudes and conformism.

Culturally it is expected that the family is caring, consideration and continuous care to the person with a mental disorder, but family relations permeated by psychiatric illness tend to be more intricate. Thus, the emotional bonds between family components and high wear of the person with mental disorder brings up conflicting feelings, carried by negative experiences experienced by the family and the meanings constructed for these experiments.

Such sentiments reveal that "there is no life 'inside' than a first test of our relationships with others." Therefore, we are not stable because of the ambiguity that humans (family) experiences being a body, has a history (personal and collective), which reveals that what we aim to be intentional and depends on the choices he makes from interactions and relationships established with things and with others.^{12:52}

The ambiguity of things always appears in profile as a figure-ground relationship, in which the manifestation of the figure candle background and unveiling this fund can reveal several figures. This means that the feeling and reflection are not observed at the same time, however compose the same unit. Thus, every statement attests to the family every moment "while our gaze travels through the show, we are subjected to a certain point of view, and these successive instants are not likely to overlap to a certain part of the landscape ^{6:14}, since all "engagement and even every denial, every doubt takes place in a field previously opened one himself attests that plays before the particular acts." ^{6:479}

Thus, it is clear that the three themes that reveal the meanings attributed by the family to the hospital mental patients, express ambiguity. Therefore, one can not assign a single meaning to high, since the ambiguity happens as a result of a continuous movement between objective perception and sensitive to each family.²⁵

The experiences of these people are intense and constantly circulate between what the family can describe, rationalize and what he truly feels, regardless of their wishes. This dynamics is affected by earlier experiences, the body family, which is not able to seize them altogether at the same time. As a result, the perception proves to be ambiguous and its meaning can be adapted to the time it happens.²⁵

FINAL REMARKS

The familiar world was shown through multiplicity of sensations that involves all beings coexisting with mental disorder. The family experience ambiguous perceptions about the other that distance them from their loved one, when restricting attention to the disease, and sensitize when open to understanding the experience of the other. The uncertainty is permeated by feelings of longing for mutual support, in order to reunite the family and restore the understanding and affection, in contact with a person with a mental disorder.

The existentialism of the family in relation to the other was relinquished due to sympathy for the manifestation of mental disorder that family member associated with the awareness of its implications. The family intends to share with others this charge, not allowing him to suffer alone, but this attempt to support, he experiences sensations inherent in human life (fear, doubt, frustration, distrust), they do pay attention to you again and realize that it also suffers from the disease each other. But do not know or cannot ask for help. In his speech appears that he needs help to take better care of each other, and also need to be careful.

The ambiguity is manifested by the high family through their experiential descriptions while smiling, motivated by the desire to see the person on the return home, for a look discredited, which realizes high as a matter of time to revive the difficulties faced with person with a mental disorder, or an ambiguous speech, denoting sensations experienced by the contradictory intentions and being in the world.

This research reveals that the meaning assigned by the family to hospital discharge is ambiguous, which expresses the intertwining of two natures: the impersonality (life world) and personhood (world culture). On one hand, he experiences sensations optimistic, and the other disbeliefs, leading the person with mental disorder back home. At one pole, the family wishes to acceptance and ability to reframe on the family through their actions, relationships and interactions with others who need to be careful. Already, on the other pole, expresses the everyday relationships within the family, the fear of a new crisis triggered by the abandonment of treatment and stressful experiences suffered by the other's behavior is not accepted by society.

Nursing in hospital care needs to direct his gaze over to the family, because the consequences of mental disorders are not restricted to the person affected by the disease and the walls of the inpatient unit. Understand the experience of the family may assist in the care provided by nursing and activities of the multidisciplinary team's psychiatric unit, enabling a better discharge planning for people with mental disorders and the development of potential for strengthening family ties, integrated care and partnership with the health service.

It is necessary to promote actions of groups of health education as a space for the expression of the body itself, since it allows the resumption of living (normal body) through the action of the perceptive body. In this space, you can admire the care of the family, as well as aspects related to the mental disorder of hospitalized, regarding the discharge plan and treatment, it is evident the need for information from relatives. Access to knowledge, undoubtedly, will enable them to get the other back at home and represent stimulus to care more affectionate and optimistic.

The family is always present in everyday nurses, partner in continuity of care, but he lacks guidance on health/disease presents vulnerabilities and therefore deserves the attention of professionals to make decisions and take actions to care more actively. Family members have the opportunity to understand the guidelines provided to them and have the autonomy to choose the best way to care for others.

REFERENCES

1. Brasil, 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. Berlinck MT, Magtaz CA, Teixeira M. A Reforma Psiquiátrica Brasileira: perspectivas e problemas. *Rev latinoam psicopatol fundam* [Internet]. 2008 [cited 2011 Sept 20]; 11 (1): 21-7. Available from: <http://www.scielo.br/pdf/rlpf/v11n1/a03v11n1.pdf>.

3. Jorge MSB, Abreu AGC, Lopes CHAF, Morais APP, Guimarães JMX. Saúde mental e suas dimensões: análise documental das publicações de periódicos de 2000 a 2005. *Rev gaúcha enferm* [Internet]. 2008 [cited 2011 Mar 19];29(3):468-74. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/viewFile/6776/4079>.

4. Gonçalves AM, Sena RR. A reforma psiquiátrica no Brasil: contextualização e reflexos sobre o cuidado com o doente mental na família. *Rev latinoam Enferm* [Internet]. 2001 [cited 2011 July 18];9(2):48-55. Available from: <http://www.scielo.br/pdf/rlae/v9n2/11514.pdf>.

5. Souza RC, Scatena MCM. Produção de sentidos acerca da família que convive com o doente mental. *Rev latinoam Enferm* [Internet]. 2005 [cited 2011 May 16]; 13 (2): 173-9. Available from: <http://www.scielo.br/pdf/rlae/v13n2/v13n2a07.pdf>.

6. Merleau-Ponty M. Fenomenologia da percepção. Trad. Carlos Alberto Ribeiro de Moura. Martins Fontes: São Paulo; 1999.

7. Angelo M, Bousso RS, Rossato LM, Damião EBC, Silveira AO, Castilho AMCM et al. Family as an analysis category and research field in nursing. *Rev Esc Enferm USP* [Internet]. 2009 [cited 2012 Sept 20];43(n.spe2):1337-41. Available from: http://www.scielo.br/pdf/reeusp/v43nspe2/en_a33v43s2.pdf.

8. HUSM. Relatório Semestral do Serviço de Estatística. Santa Maria; 2012.

9. Terra MG, Silva LC, Camponogara S, Santos EKA, Souza AIJ, Erdmann AL. Na trilha da fenomenologia: um caminho para a pesquisa em enfermagem. *Texto & contexto enferm* [Internet]. 2006 [cited 2011 Feb 12];15(4):672-8. Available from: <http://www.scielo.br/pdf/tce/v15n4/v15n4a16.pdf>.

10. Brasil. Resolução nº 196, 10 de outubro de 1996. Dispõe sobre as diretrizes e as normas regulamentadoras de pesquisa envolvendo seres humanos. Conselho Nacional de Saúde. Brasília, DF; 1996.

11. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad saúde pública* [Internet]. 2008 [cited 2011 Oct 18]; 24 (1): 17-27. Available from:

<http://www.scielo.br/pdf/csp/v24n1/02.pdf>.

12. Merleau-Ponty M. A prosa do mundo. Trad. Paulo Neves. Cosac & Naify: São Paulo; 2002.

13. Chauí M. Os pensadores, Maurice Merleau-Ponty, Textos Seleccionados. Abril Cultural: São Paulo; 1980.

14. Terra MG, Gonçalves LHT, Santos EKA, Erdmann AL. The use of Paul Ricoeur's Hermeneutic-phenomenology philosophy as a methodological framework to guide an educational nursing research. *Acta paul enferm* [Internet]. 2009 [cited 2011 Feb 12]; 22 (1): 93-9. Available from: http://www.scielo.br/pdf/ape/v22n1/en_a16v22n1.pdf.

15. Ricoeur P. Teoria da Interpretação. Edições 70: Rio de Janeiro, 1976.

16. Ricoeur P. Interpretação e ideologias. 4th ed. F. Alves: Rio de Janeiro; 1990.

17. Carvalho, AS. Metodologia da entrevista: uma abordagem fenomenológica. 2nd ed. Agir: Rio de Janeiro; 1991.

18. Brischiliari A, Waidman MAP. O portador de transtorno mental e a vida em família. *Esc Anna Nery Rev Enferm* [Internet]. 2012 [cited 2012 Sept 12];16(1):147-56. Available from: <http://www.scielo.br/pdf/ean/v16n1/v16n1a20.pdf>.

19. Dias AB, SILVA MRS. Processos familiares no contexto do transtorno mental: um estudo sobre as forças da família. *Ciênc cuid saúde* [Internet]. 2010 [cited 2012 Feb 23];9(4):791-98. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude>.

20. Santin S. Dilemas no cuidado à família sob o olhar da filosofia. [Internet] 2000 [cited 2011 Oct 07]; 67-74. Available from: <http://silvinosantin.wordpress.com>.

21. Furlan MM, Ribeiro CRO. An existential health care approach in hospital psychiatric nursing. *Rev Esc Enferm USP* [Internet]. 2011 [cited 2012 Oct 16];45(2):390-6. Available from: http://www.scielo.br/pdf/reeusp/v45n2/en_v45n2a12.pdf.

22. Damásio VF, Melo VC, Esteves KB. Atribuições do enfermeiro nos serviços de saúde mental no contexto da reforma psiquiátrica. *J Nurs UFPE on line* [Internet]. 2008 [cited 2012 Nov 14];2(4):425-33. Available from: <http://www.revista.ufpe.br/revistaenfermage>

m/index.php/revista/article/viewFile/329/pdf_404.

23. Matthews E. Compreender Merleau-Ponty. Vozes: Petrópolis; 2010.

24. Schülhi PAP, Waidmam MAP, Sales, CA. O cotidiano familiar da pessoa com esquizofrenia: cuidando no domicílio. Rev eletrônica enferm [Internet]. 2012 [cited 2012 Sept 8];14(1):16-24. Available from: http://portais.ufg.br/projetos/fen_revista/v14/n1/pdf/v14n1a02.pdf.

25. Sena ELS, Boery RNSO, Carvalho PAL, Reis HFT, Marques AMN. Alcoolismo no contexto familiar: um olhar fenomenológico. Texto & contexto enferm [Internet]. 2011 [cited 2012 Oct 23];20(2):310-8. Available from: <http://www.scielo.br/pdf/tce/v20n2/a13v20n2.pdf>.

Submission: 2013/01/29

Accepted: 2013/08/22

Publishing: 2013/11/01

Corresponding Address

Fernanda Franceschi de Freitas
Hospital Universitário de Santa Maria
Unidade de Internação Psiquiátrica Paulo
Guedes
Av. Roraima / prédio 22 / Campus UFSM
Bairro Camobi
CEP: 97105-900 – Santa Maria (RS), Brazil