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ORIGINAL ARTICLE

SOCIAL TIES OF INDIVIDUALS IN PSYCHIC DISTRESS: CONTRIBUTIONS FOR PSYCHIATRIC NURSING

O LAÇO SOCIAL DE INDIVÍDUOS EM SOFRIMENTO PSÍQUICO: CONTRIBUIÇÕES PARA A ENFERMAGEM PSIQUIÁTRICA

EL VÍNCULO SOCIAL DE LAS PERSONAS EN SUFRIMIENTO PSÍQUICO: CONTRIBUCIONES A LA ENFERMERÍA PSIQUIÁTRICA

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ABSTRACT

Objective: understanding the formation of social ties of individuals in psychological suffering, residents of Therapeutic Residential Service. **Method:** a qualitative study of case studies type characterized as observational. There was used the participant observation technique of a resident of Caxias do Sul. Data analysis was by the mapping method. The research project was approved by the Research Ethics Committee, Opinion no. 073/2009. **Results:** it was understood that the ties between residents and their affections were broken and weakened by the hard certainties of asylum mode, which separated either by control or blame the disease. **Conclusion:** the social ties of the residents, this service-house, can be strengthened through this mental health equipment. **Descriptors:** Assisted Living Facilities; Psychiatric Nursing; Deinstitutionalization.

RESUMO

Objetivo: compreender a constituição dos laços sociais dos indivíduos em sofrimento psíquico, moradores do Serviço Residencial Terapêutico. **Método:** estudo qualitativo do tipo estudo de caso caracterizado como observacional. Utilizou-se a técnica de observação-participante de um morador de Caxias do Sul. A análise dos dados ocorreu pelo método da cartografia. O projeto de pesquisa foi aprovação pelo Comitê de Ética em Pesquisa, Parecer nº 073/2009. **Resultados:** compreendeu-se que os laços entre moradores e seus afetos foram rompidos e fragilizados pelas duras certezas do modo asilar, que os separou seja por controle ou por culpabilização da doença. **Conclusão:** os laços sociais dos moradores, deste serviço-casa, podem ser fortalecidos através deste equipamento de saúde mental. **Descritores:** Moradias Assistidas; Enfermagem Psiquiátrica; Desinstitucionalização.

RESUMEN

Objetivo: comprender la formación de vínculos sociales de los individuos en sufrimiento psicológico residentes de Servicio Residencial Terapéutico. **Método:** un estudio cualitativo del tipo estudio de caso caracterizado como observacional. Se utilizó la técnica de la observación-participante de un residente de Caxias do Sul. El análisis de datos fue por el método de asignación. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Opinión no. 073/2009. **Resultados:** se entiende que los lazos entre los residentes y sus afectos estaban rotos y debilitados por las duras certezas de modo de asilo, que se separaron, ya sea por control o culpar a la enfermedad. **Conclusión:** los lazos sociales de los residentes, de este servicio-casa, se pueden fortalecer a través de este equipo de salud mental. **Descriptores:** Instalaciones de Vivienda Asistida; Enfermería Psiquiátrica; La Desinstitucionalización.

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INTRODUCTION

In order to transforming the care to individuals with a psychiatric disorder, arise the community territory-based services, using multiple concrete resources of the territory, including the family as a care focus. It is in this context that therapeutic residential services arise, which are designed to receive people from long years of psychiatric hospitalization and who have lost their family ties.

The Residential Therapeutic Services (SRT) or therapeutic residences are inserted housing preferably in the community, with purpose to take care of people who have spent long years institutionalized in psychiatric hospitals. There are homes that should be configured as a home, given the particularities of the group of people who live in it, may be coming from psychiatric hospitals, custody hospitals or in vulnerable situations. For the most part, its residents lost their family ties. Importantly, these homes are not health services, should provide people who live in them a return to social life.¹

According to the Ministry of Health, the residences are rebuilding places of social and emotional ties to those whose lives found them confined to the hospital environment.¹ This is one of the main devices for the realization of de-institutionalization processes. Residents of therapeutic residences are followed, and shall walk in extra-hospital network (CAPS, outpatient, primary care, etc.).

In this context, discussion of social ties and trade between the subject and the other, and its origin in this study is grounded in the theory of donation framework, aiming to articulate the insights of sociology with psychoanalysis. Thus we propose a possible dialogue between these areas, in order to understand and expand the perception, minimizing the apparent gap that may exist between the individual and the collective, since they are loved inseparable and interconnected, and inclusive and not exclusive to understand human relations.²

In this way, we can see the dimensions micro and macro psychosocial, from an individual self, for a community self, whereas people in psychological distress are part of a social network. The creation of psychoanalysis by Sigmund Freud is compared to the contributions made by Karl Marx in terms of its historical and social impacts. Psychoanalysis is a theory, a practice as a profession or a method of investigation.²

The purpose of clinical psychoanalysis (analysis), refers to the fact searching for focus originating symptom, ie add the unconscious contents in consciousness, with the removal order of symptoms or so of self-discovery. The procedure for access to the unconscious of each person relates to the interpretation of the dream content, of free associations and slips. So every symbol, every word has a particular meaning for each person. Although we associate the patient's image lying on a couch in analysis, it is stated that psychoanalysis has endeavored to contribute with social phenomena, showing us all the time we have the possibility of decoupling of social ties.²

In this sense, psychoanalysis has its own way of understanding social phenomena, called extramural psychoanalysis, which seeks to address the subject entangled in social webs and not solely on the individual, connected to a treatment condition psychoanalytic.³ Although psychoanalysis is a theory and technical treatment, Freud made frequent use of collective phenomena in order to understand the individual phenomena, and state verbatim that individual psychology is also at the same time, social.⁴⁻⁵

When reducing the abnormal behavior at the individual level, these assume a lower level, different than when expressed in the collective. The reduction of the share to the pathological through psychopathology exclusively, as some would be illusory, and would imply that each society would devise their preferred forms of mental disorders, and that normal would be defined in terms of a collective order that the very exception would not indifferent.⁶

It is said that psychoanalysis is not solely a science of the individual being, but of being conceived in social. Thus it is concerned with understanding how to forge the social bond, and thus allow the subject exists in a more autonomous manner within society that is steeped (consciously or unconsciously).

In order to understand the anti-utilitarian theory, in which this theoretical framework is anchored, it is necessary to understand utilitarianism. It is a doctrine that human subjects are governed by the logic of selfishness and permanent calculation of any pleasures or dislikes, or your profits or losses.⁷

In modernity, utilitarianism no longer fits in any philosophical system in particular or specific component. Such that for today's modern, which does not have instrumental value, no longer makes sense. The critique of utilitarianism is at the heart of the Anti-utilitarian Movement of Social Sciences

(M.A.U.S.S.), which was founded in France in 1981. The anti-utilitarian critique has two different times to recognizing: a diffuse criticism, which arises in the 80s, and the critical titled purposeful, you want to put the gift as an anti-utilitarian alternative paradigm in the field of Social Sciences.⁸

In sociological terms, taking into consideration that utilitarianism has influence over the useful, and embraces its functionality, what matters primarily, even before producing goods or even children, is the production of social ties. Thus, the loop becomes more important than the well itself, is what says the gift. "Utilitarianism" does not mean useless free, or useless in the sense of having no reasons; moreover, what matters is the covenant sealed by the gift, meaning allowing this sense, the passage from war to peace, or otherwise. The author states that no one can have access to this utility, if not able to exit the utility registration, concluding that the tie should be desired for him and not for the good.⁸

Sets up in a sociological perspective, the gift or donation in order to be understood that all services or goods, occurs without an intention to return, but with the intention of maintaining or creating and or reconstruct the link social.⁸ Thus, the relationship between the social and the individual is always tense, on the one hand psychoanalysis closed around the individual as opposed to the biological subject, arrived at a moment that it's best to understand the subject in their biological, social and psychological. For the author, this relationship between the individual and the collective is always tense.⁹ The result of this discussion refers to a psychosocial subject, with the two inseparable spheres, the psychic and the collective, with the object of study the restoration of ties social consisting of individuals graduating from asylums, and now residents of Therapeutic Residential Service (SRT) of Caxias do Sul - RS.

In the national context of public policies for mental health care, focusing on different shades of the Brazilian Psychiatric Reform, constitute multiple care equipment in freedom, as the SRT which nurture these people return to another life, in another context, without their families may nevertheless freely and as citizens. We argue that the exchanges between people inevitably generate line in yourself and another person, and that these contents are the sediment of intense or weakened, weakened or strengthened, negative or positive way, but are always present in the inner constitution and logically social related to relationships of

individuals. Justified this study in the search for understanding the constitution of social ties of individuals in psychological distress, who spent long years of their lives institutionalized in psychiatric hospitals, lack of studies dealing with this object and with the theoretical approach proposed.

OBJECTIVE

- Understanding the formation of social ties by individuals in psychological suffering, residents of therapeutic residential services.

METHOD

This is a qualitative study of case studies type, characterized as observational. Study subjects were 7 residents, however for this article, was chosen intentionally only scene that involved a resident only in order to give the account object of this study. There were the subjects of this study selection criteria: not be neurotic or in psychotic crisis and not have significant intellectual deficit, being a resident of the SRT, coming from psychiatric institution and or asylum; have in their medical record of his life before joining the SRT; agree to carry out research and scientific dissemination of data; his guardian have signed the Instrument of Consent. A guide for data collection instrument was used for the observation.

Was used primarily participant observation as a data collection technique. Data were collected in the first three weeks of May 2010, in a Therapeutic Residential Service and a Power Address, members of the mental health network in the city of Caxias do Sul. The whole experience and observations were duly transcribed in journal field, where for a while folded observations in the field, and held meetings between researchers in the evening to discuss the day's activities and planning the next day's work.

In the first week of data collection, after initial presentation of the researchers residents and SRT workers, beginning occurred participant observation of a free and intensely in the context of service, experiencing all activities that residents conducted in order to always a researcher with the team and the resident when the output of this their daily activities (hippotherapy, water aerobics, trips to the CAPS, shopping, visits, doctor visits, trips), so as to always keep at least one researcher within the therapeutic residential service , being held a few brief notes during the observation and the backlog at the end of the day in detail. In the second week participant observation intensified beginning

the realization of individual cartographic maps with users who had verbalized conditions. In the third week participating comments intensified a lot, and was mapped an iconic scene that represents the social bond of the residents of SRT.

The descriptive nature of this study is justified because you want to search accurately and in depth, the facts and phenomena of a specific reality. In this perspective the descriptive nature of this study is called case study.¹⁰

The ethnographer notes social discourse, and in doing so he makes this event in the past, what happened just at the time in which occurred in a report that can be consulted again. Thus, he was elected to the Theory of Sun or Gift (Mauss), while theoretical framework, since concepts like the gift and the gift, show a sensitivity to understand the importance of daily practices like love and intimacy, also rivalry and competition in people's lives. These are key concepts in order to understand the structure of life's relationships. The theoretical foundation of the gift of the theory is based on the understanding that, in the act of giving some object or a person receiving the gift, that is, the receiver is itself the obligation to repay the first offer. What supports this trade relationship is precisely the obligation of reciprocity and not good value itself.⁷ The result of these exchanges between individuals or their groups, constitutes the earliest forms of economic and social solidarity among human groups. Thus, donations which has itself a reciprocal force, strengthen alliances, promote aid between individuals and mutual assistance.¹¹

Data analysis occurred by the mapping method proposed by Deleuze and Guatari, which has been used in field studies that seek to grasp and understand the subjectivity.¹² Thus it was chosen an everyday scene emblematic of the residents to represent their social bond.

Unlike maps for geographers, this type of research mapping allows psychosocial landscapes are mapped. In this case, the world is to be charted as with a parallel world created by the cartographer so that they seize the affections that reside and affect. The practice of the cartographer addresses the formation of desire in the social field. No matter which field of life that will be studied, any human act is liable to be charted: social movements, violence, fantasies that inhabit the conscious or unconscious, institutionalized groups or not. There are protocols to be followed to that cartographer, the rule is to

have one or other rules, perhaps the greatest rule were the courtesy to seize scenes.¹³

It can be said that in practice the cartographer interbedded history and geography, as part of existential territories, in the constitution of realities. He accepts life, their symbolic territories or not and whether delivery of body and soul. What defines the profile of a cartographer researcher is that it has as main feature is the exclusive sensitivity, which is committed to assert in his work. It takes as extra-moral principle the expansion that life takes, without than the actual expansion of life is its parameter. The vibrating body captures in the air a sort of feeling that varies for each situation, for each singularity and the tolerance limit of what is affected by the cartographer should also be evaluated.¹³

In summary, the records of the field diaries provided data on the daily lives of residents of the SRT, your daily life, difficulties and skills, their relationships, their transit in and out of service. The charts in turn provide data that refer mainly the trajectory of life of residents before living in SRT in order to portray what life was like the resident before arriving at SRT, contributing to understand how social ties were weakened or maybe destroyed.

Thus mapping seeks to capture the universes and worlds that are organized by each person in its territory, the desires, the constructions and deconstructions that are becoming obsolete in people's lives, or by concrete possibilities in the path of life, corresponding to multiple forms of socio-cultural integration.

The research project was reviewed and approved by the Research Ethics Committee of the Faculty of Dentistry, Federal University of Pelotas (Opinion 073/2009). All respondents agreed to participate in the study by signing informed consent. There was guaranteed their anonymity, and Rafael a fictitious name in this study and the Professional F, his career.

RESULTS AND DISCUSSION

It is understood that the social bond set in the entity that connects the subject to other (external environment, people, institutions or things) at intensities and multivariate measurements. Specifically, individuals in psychological distress, which had their fragmented social ties, weakened, perhaps destroyed by life asylum has its modified social ties and strengthened by multiple equipment of substitutive mental health services, in this case, the SRT takes supremacy in this building.

In this context of introduction of the individual in the community, in the social environment, I invite the reader to follow the scene that unfolds at the local supermarket, when Rafael decides to buy some toiletries.

Professional F arrives and went shopping in the market Rafael purchase a dental cream, Professional F says look at the price as it is R\$ 30,00 to spend on toiletries. He gives R\$ 1,84. Follows and says he wants to take twelve soaps. Professional F questions why both soap, he insists says use it in the month and you want to take. Put in the basket, and goes to buy razor, buy two packs with five each. Professional F helps you go adding, note that still have money. Professional F suggests buying a shampoo, it first does not agree, but the conversation begins to think that may be good to use shampoo, read the various types, see prices, ask to smell, opens and shows us and he chose one and takes two bottles of the same shampoo.

The fact of having the possibility to choose the amount of soap you want to buy, but for the professional look exaggerated, symbolizes the autonomy, the right to choose Rafael citizen, the possibility to err on the amount of soap, and verify that the end of the month did not use this entire amount and have to reduce next month. It is the empowerment of resident-user-citizen in the social environment. As a subject of rights and duties, free, with the possibility of choices.

Rafael, like the other residents who lived many years in mental institutions, have difficulty getting a job or an income that enables support himself and so in many countries is guaranteed a minimum income to these people. In Brazil, this benefit is guaranteed by Volta program for the Ministry of Health House, which implemented the rehabilitation aid, intended for people who have mental disorders and are discharged from psychiatric hospitalizations, by Law 10.708 of 31/07/2003.¹⁴

In this context, we emphasize that the fact that the resident have money empowers socially, having the possibility to buy the amount you want soap, same as buying twelve soaps may seem exaggerated for the professional or for any of us.

The apparent fragility of the social bond of Rafael can be compared to the possible fragility of the bonds that form the bridges of the Incas, because they are made of grass or wool, though the Spanish could never recreate

some replica. The loop of both the Inca bridge and Rafael become similar because they enter into the difference, on the one hand the Inca bridges are different by the fragile constitution of an unusual materials loop of string, on the other hand we have the social bond of Rafael constituting a power relationship of choice when buying an unusual amount of soap to be used by one person only, a relationship that is founded on difference, to be different and relate to the world in a different way.

It comes into play at this point a tool used by SRT to assisting the resident to recognize how to manage his money, called "Pedagogical Bank". This is a tool care and empowerment for individuals who use mental health services. It calls our attention this tool care and the empowerment used by SRT.

The Pedagogical Bank operates as follows: the inhabitant of the money is stored in labeled envelopes nominally private in a closet in the room professionals. All residents have an amount of R \$ 10.00 to spend on whatever they want during the week (snacks, soft drinks, cigarettes). Every movement of the money or at the beginning of the month when they receive their credit, their movements in and outflow of cash are recorded in a book and thoroughly explained to the resident that there is any movement. Even in cases where the resident might not seem to understand the professional also explains so any movement in individual money.

So the resident can choose to have lunch out, if not in the mood to have lunch at home, for example. In our view the great possibility to choose whether or not to eat lunch, whether to buy a snack at noon, or if you want to buy soap to twelve during the month, are configured in significant empowerment opportunities that contribute to the strengthening of the social bond of this citizen supermarket, trade between the residents, with professionals and with the social environment that is submerged after all.

Professional X explains that they work with the technique of teaching bank, functioning as follows: every week the user has R\$ 10,00 to spend on whatever you want (ice cream, soft drinks, etc.) and is accompanied to learn to deal with money. Rafael wants more R\$ 100,00 for buying cigarettes, plus R\$ 30,00 for buying hygiene equipment and R\$ 10,00 (for ice cream, etc.). Do together accounts, Rafael and the professional that assists (it still has the provision of a stereo valued at R\$ 90,00)

and conclude that left over R\$ 260,00 for the rest of the month.

Reflecting that madness, pain, being suffering, aging are not characters in a life that has lost its way before it, are signs of a normal life dictates. Thus a life that faces the amazing, with the unusual, is an impoverished life, standardized and unable to act creatively.¹⁵

It is evident that one should always bear in mind that just as health workers can be the actors who cut the chains of imprisonment, on the other hand can be themselves who imprison individuals in psychological distress in other ways.^{14,16}

The daily life of a home should be the keynote of residential and practitioners need to "keep in mind and practice" the repudiation of any regulation or standardization of behaviors. And in this context that the fact different from buying twelve soaps by Rafael deserves mention, by also highlight their autonomy. Leaving the supermarket we find Rafael in SRT, with a choice of a variety of activities that the residential and the community can offer him. The mapped scene Rafael favors autonomy to own money to buy, and have the choice of getting what you want and how many, and to be part of this range of activities that the network can offer.

Thus, the varied menu which this service available to residents how professionals develop their work activities, the institutions that are part of the social network (local businesses, churches, friends, neighbors, equine therapy, hydrotherapy, community) and Services (CAPS, CAPS alcohol and drugs, child CAPS, Basic Health Unit, general hospital, emergency room, SRT) contribute to strengthening and (re) -Construction of the ties that cast individuals to the social environment.

If these individuals were "stamped" by the psychiatric admissions, away from its geographic and symbolic territories, today has multiple possibilities in the objective dimension of health services, spread in the territory, with churches, with residential neighbors, people who live in the neighborhood, work in the bakery, in the bar, local shops, workshops, the PCC in the Literate Brazil Program, hydrotherapy, in hippotherapy. These various possibilities strengthen these individuals to relate with each other and with this all around, restructuring social ties that were lost in time and space of the asylum.

In the context of services and network sociability, health professionals are called to

co-responsibility for the formation of these webs in people's lives.^{17,21} Charting the social ties of these residents, I understand that the example of the Incas, professionals, residents and society are called to build bridges, in health services and in the cities with the most unusual wires that we can assume in order to rebuild these social ties as an Inca bridge that breaks down the barriers imposed by time. The Inca bridges were always identified as true marvels of engineering, as today do not understand the exact shape of its buildings, and how resist time.¹⁸

The construction of these bridges, between the subject resident and cities, that is, the social bond between the resident and the world, has been made by the community psychiatric services and the professionals who serve them, including international experiences, as in Denmark and the Canada - which are countries that are examples for this service configuration.^{19,20}

And both here and there, these residents find passage through the Inca bridges autonomy, ability to choose, freedom of going out, living life, building a social bond perhaps more energized, and certainly different from what was once a day.

CONCLUSION

This study is included in the core of research that aims to understand the individuals in psychological distress, with its multiple dimensions in the context in which they are, in this case the residents of Therapeutic Residential Services in the city of Caxias do Sul, in the Serra Gaucha, trying to understand the phenomenon by which these same subjects construct and structure the social ties that insert them in the social context, marked by relational exchanges, valuing and recognizing them as citizens of law.

Practices of the past, the pretext to legitimize the practice of traditional psychiatry, a linear relationship detention power of knowledge about madness, as the separation of psychological distress carrier in relation to his family and his affections is that produced the fragmentation or destruction of social ties these people.

The team of professionals has an important link with the locals, the driving to a more autonomous life which leads to the assumption of this study confirm that the social ties of individuals in psychological distress, which were broken or weakened, are reconstituted based on the relational exchanges between the residents of the SRT

and between villagers and SRT professionals, forming a social network, propelling them to a life outside the service and thus enabling transit in other social networks.

The mapped scene brings to the stage the resident having the possibility to buy an unusual number of hygiene products in a supermarket. In this episode were discussed empowerment, autonomy and their freedom, structured into different possibilities to recreate life. Leaving the supermarket still find the resident, with a range of possibilities in the residential and outside, ie with a social network and a network of services that can be accessed.

It follows that social ties of individuals in psychological distress, residents of this service called SRT-house, can be strengthened by inserting them in the street, in supermarkets, in the neighborhood, the city, in the community.

How fortifying mechanisms, identifies social exchanges between the residents, through living in daily life, in partnership relations, friendship, affection, as well as conflicting relationships sometimes seen that the life of relations of any person is marked by conflicts and affections.

The professional team drives them to a life outside of SRT, which, in our view, contributes to enter the resident back to a life of belonging within the social environment, after the long years within nursing homes.

The concern of the social bond is born in psychoanalysis, and in this study, we sought to broaden your understanding in individuals with psychological distress, assuming that these ties have weakened the ground that historically, are excluded because they are different. Thus, the study of the social bond here is designed in single-pointed way, using the anthropological conceptions in light of the Gift of Theory of Marcel Mauss and the theoretical framework of the authors of the Anti-utilitarian Movement of Social Sciences, seeking to understand the care of the insane context of deinstitutionalization.

It is hoped that this study may bring contributions to nursing, justified by the scarcity of studies aiming to seize the daily life of residential care homes, and how the process of caring for others is established in these health devices so allow these people, whose lives were taken by imprisonment in the hospice, this time back to have their freedom. For this reason, this study is of particular importance for Nursing due to its uniqueness to understand the social bond in a care perspective (of Nursing Science), and

thus aim to be a significant contribution to the Psychiatric Nursing.

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