



## PREVENTING INDIVIDUALS WITH MENTAL DISORDERS AS A GRIEVANCE OF SUFFERING

### PRECONCEITO AOS INDIVÍDUOS COM TRANSTORNO MENTAL COMO AGRAVO DO SOFRIMENTO

### PERJUICIO A LOS INDIVIDUOS CON TRANSTORNO MENTAL COMO AGRAVO DEL SUFRIMIENTO

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#### ABSTRACT

Objective: to analyze the perception of the individuals with mental disorders on the prejudice, factors, psychic suffering generated and the confrontation. Method: qualitative, exploratory and descriptive study. A total of 21 participants were interviewed using a semi-structured questionnaire. Data processing and analysis were based on pre-analysis, material exploration, treatment of results, inference and interpretation. Results: prejudice and stigma came from the various actors and social contexts, and the coming from the family environment caused greater suffering or aggravation to the installed picture. Conclusion: participants reported the suffering caused by prejudice. Lack of knowledge about mental disorder was the main cause of prejudice and confrontation occurred through social isolation, work or daily activities. This study brings to light data on the subject of prejudice and mental suffering and contributes to formulate changes in the training and practice of the professionals involved in care for the purpose of reducing prejudice, stigma and psychological distress. **Descriptors:** Mental Disorders; Preconception; Social Stigma; Mental health; Collective Health; Nursing.

#### RESUMO

**Objetivo:** analisar a percepção dos indivíduos com transtornos mentais sobre o preconceito, fatores, sofrimento psíquico gerado e o enfrentamento. **Método:** estudo qualitativo, exploratório e descritivo. Foram entrevistados, com a aplicação de questionário semiestruturado, 21 participantes atendidos em uma Unidade Básica de Saúde. O processamento e a análise de dados se deram a partir da pré-análise, exploração do material, tratamento dos resultados, inferência e interpretação. **Resultados:** o preconceito e o estigma vieram dos diversos atores e contextos sociais, sendo que o advindo do meio familiar causou maior sofrimento ou agravo ao quadro instalado. **Conclusão:** os participantes relataram o sofrimento causado pelo preconceito. A falta de conhecimento sobre o transtorno mental foi a principal causa do preconceito e o enfrentamento ocorreu por meio de isolamento social, atividades laborais ou cotidianas. Este estudo traz à luz dados acerca da temática do preconceito e sofrimento mental e contribui para formular mudanças na formação e na prática dos profissionais envolvidos no atendimento com a finalidade de diminuição do preconceito, do estigma e do sofrimento psíquico. **Descritores:** Transtornos Mentais; Preconceito; Estigma Social; Saúde Mental; Saúde Coletiva; Enfermagem.

#### RESUMEN

**Objetivo:** analizar la percepción de los individuos con trastornos mentales sobre el perjuicio, factores, sufrimiento psíquico generado y el enfrentamiento. **Método:** estudio cualitativo, exploratorio y descriptivo. Se entrevistaron, con la aplicación de cuestionario semiestruturado, 21 participantes atendidos en una Unidad Básica de Salud. El procesamiento y el análisis de datos se dieron a partir del pre-análisis, explotación del material, tratamiento de los resultados, inferencia e interpretación. **Resultados:** el Perjuicio y el estigma vinieron de los diversos actores y contextos sociales, siendo que el proveniente del medio familiar causó mayor sufrimiento o agravo al cuadro instalado. **Conclusión:** los participantes relataron el sufrimiento causado por el prejuicio. La falta de conocimiento sobre el trastorno mental fue la principal causa del perjuicio y el enfrentamiento ocurrió por medio de aislamiento social, actividades laborales o cotidianas. Este estudio trae a la luz datos sobre la temática del prejuicio y sufrimiento mental y contribuye a formular cambios en la formación y en la práctica de los profesionales involucrados en la atención con la finalidad de disminución del perjuicio, del estigma y del sufrimiento psíquico. **Descritores:** Trastornos Mentales; Prejuicio; Estigma Social; Salud Mental; Salud Colectiva; Enfermería.

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INTRODUCTION

It is known that individuals with mental disorders have been and are seen by society as abnormal, alienated, special people or out of reality, social transgressors, aggressive, dangerous and incapable and, from antiquity, are victimized by prejudice and stigma. This mentality indirectly contributes so that these individuals do not receive the necessary care and attention and, therefore, it hinders the full exercise of the greater right of citizenship, taking from them the right to be seen as someone who can manifest their psychic suffering.<sup>1</sup>

It is understood that stigma, which is characterized by visible or imaginary marks, signs and traces that distinguish and delimit the field of action from the "I and the other", can be imposed on the same path of prejudice, and may impose attention or exclude those who are at your surroundings.<sup>2</sup>

It is understood that social prejudice is made more strongly and intensely in small municipalities where the culture of communities is likely to spread prejudices about individuals with mental disorders and, thereby, increase their burden of suffering.

It is revealed that the ills produced by prejudice and stigma in the social environment are also detected in the treatment environment, since these UHS dependent individuals are not always treated as they wish. This situation is produced by the professionals themselves, who are mostly unprepared to serve them.

OBJECTIVE

- To analyze the perception of the individuals with mental disorders on the prejudice, factors, psychic suffering generated and the confrontation.

METHOD

It is a qualitative, exploratory and descriptive study,<sup>3</sup> with 21 individuals enrolled and attended in the specialty line of Psychiatry of the Basic Health Unit Maria Maia.

As inclusion criteria, they are considered to be over 18 years of age, to have a cognitive condition to participate in the interview and to be attended by the Mental Health area in the Basic Unit for at least six months. The work for the recruitment of the participants began in the attendance unit itself and the consultation was carried out with the binder, the chart analysis and the personal contact, at which point the cognitive question was analyzed and the subjects were informed

about the study and how would give participation.

A semi-structured questionnaire was used, made by the researchers, with the following guiding questions: Report on their perception of the prejudice due to having mental disorder; Talk about the prejudice of society for individuals with mental disorders; Describe factors that lead to prejudice; Talk about having psychic suffering generated by prejudice and how to cope with it.

Participants were interviewed on the date, place and time of their preferences and in a private room. The interview was recorded in audio and transcribed in full.

Data analysis and analysis were carried out from the Content Analysis, with the pre-analysis, material exploration, treatment of results, inference and interpretation.

Three categories and their thematic units were constructed: Prejudice for having mental disorder; Factors that lead to prejudice to the individual with mental disorder and Psychic suffering caused by prejudice and confrontation.

It is evidenced that the accomplishment of this study was authorized by the Municipal Health Secretariat and approved by the opinion of number 1,061,910 of the Permanent Research Ethics Committee involving Human Subjects (REC), Federal University of São Paulo (UNIFESP), with the CAAE # 43873015.6.0000.5505.

RESULTS

Twenty-one participants were interviewed, nineteen women and two men, who were in the age group of eighteen and seventy years of age. As for the diagnosis, most had it for depression, sometimes associated with another, and only four received other diagnoses such as epilepsy, schizophrenia and borderline personality disorder.

It should be noted that all participants reported that they were being treated at the time of the interview, with the majority being at least five years and others ranging from six to twenty years of treatment. The majority did not give continuity to treatment, presented depressive symptoms and difficulties to adapt to medications. Some showed suicidal behavior and one part suffered from violent crises.

It is noted that all suffered some kind of prejudice: social, family, religious, professional and only one participant suffered from prejudice in the school environment. Many said that prejudice, coming from the family environment, was the most damaging

and difficult to face. For a large number of participants, prejudice is the result of lack of knowledge and misinformation about mental disorder.

The data obtained are presented in three categories and their respective thematic units to be followed.

#### ♦ Category 1 - Prejudice for having mental disorder

It is noteworthy that the participants reported having a mental disorder due to several factors that provided psychic suffering and, over time, they received the prejudice coming from the fact that they had the disorder and this further aggravated the suffering.

#### ♦ ♦ Thematic unit 1 - Problems, prejudice and suffering

It should be noted that some participants began to perceive and face problems still in adolescence in the family environment, which were accumulated with those that followed in school life and in inappropriate affective relationships lasting through adulthood. Some of these problems were caused by financial losses, material or loved ones, difficulties in adapting to the social environment, pressure on the work environment and the family's remoteness or distancing.

*[...]people do not care at all, they think they are superior, I get annoyed ... it also makes us suffer ... because when you have prejudice, you sink more, you do not want to leave the house for fear of what people can talk about ... this is very difficult because, if there was no prejudice, the person would go out more, would be inserted in the social environment, would not have so much contempt and thus would not feel inferior to anyone. (E1)*

*The prejudice that we receive helps make the problem even worse, you feel misunderstood and you seek, like, an escape from drugs, drinks ... I think it happens a lot with people who have a disorder, they try to pretend to be people normal and begin to drink, smoke, use drugs, in this case, I used drugs ... it is a pain that is not described, it is a rejection, a pain in the soul, it reflects in everything in your idea of future, in your idea in the work area, in relationship, you feel very bad, I can not say much. (E2)*

It is noticed that the development of the mental disorder and the aggravation of the picture due to the lack of family support led some individuals to understand suicide as an alternative to the end of the suffering. Despair, material and affective losses, low self-esteem, and negative expectations for improvements increased suicidal desire.

*[...]I was sure he was going to kill me because he had bought a six-meter rope ... I had researched the rope's weight and size, the correct way to die ... I remember once sitting on the sidewalk and picking up piece of glass of canvas of red iron and I cut myself everything, had much suicidal ideation. (E2)*

The expectation of improvement in the psychopathological situation was low because of the problems generated by the prejudice that resulted in feelings of guilt and self-punishment that, tendentially, guided some of the participants to the suicide attempt.

*It was at the wedding, my ex-husband was a good man for everyone, at the bar, on the street, but indoors, he was violent .... After a while, my son went on drugs, he spent five years in drugs, after being beaten by my husband, it was my son too, he tried to kill me ... that's where I sank. (E11)*

#### ♦ ♦ Thematic unit 2 - Prejudice coming from the different social sectors

It is emphasized that the participants suffered prejudice and exclusion in the workplace, were discriminated against and deprived of opportunities. Those who have managed to keep their jobs have suffered as much prejudice as those who have lost. Participants felt ignored, scorned and isolated, due to the exclusion suffered by not allowing themselves to enter the labor market.

It is noted that prejudice was also manifested in the religious milieu where these individuals were charged with being possessed by demons or victims of supernatural manifestations, a fact that generated revolt, fear and insecurity.

*I suffered prejudice even within the church; they, when they heard of my problem, automatically excluded me. They were taking away the positions they had as if they did not have the capacity to develop. (E13)*

*I have a friend who told me, "I think your disease is from the devil." Wow! This hurt me too much.. (E21)*

The prejudice and stigma were also perceived in the treatment environment itself during psychiatric care or medical examinations. As a result, patients began to refuse treatment and medical aid because they suffered from prejudice from unprepared professionals to assist them.

*But we realize that when it is the day of the psychiatrist at the post, the employees themselves look at people with indifference, they are not all ... because, in my case, when I go through the skills, we come to be humiliated, they ask things that do not have like, questions unacceptable,*



*then the professionals themselves are there they ask things for people as if we were already, thus decreed "you are crazy", come with absurd questions like that if we did not know what we feel, what we are doing, are very slow in rehabilitation and retirement. (E13)*

It was also found in the school environment with the manifestation of prejudice, which led to the marginalization and segregation of those who had mental disorder.

*I studied, but it's the worst school I have in relation to people who have mental disorder, they do not care about the student, they did not help me ... It's where I get the most, too, I suffer bullying in college, there's a girl who says wants to hit me, she threatens me every day; the other day, she took off her slipper to hit me ... people call me crazy ... but people reject people. (E21)*

It was also perceived prejudice, by individuals with mental disorders, in media vehicles, because they are not allowed to expose these cases.

*You may notice that there is no one with these problems doing anything on the TV or on the radio, as they said, they do not want people who are missing bolts and are crazy, they want normal people. (E1)*

*They campaign not to discriminate against other groups such as blacks, Down syndrome, homosexuals, but I have never seen a campaign to not discriminate against people with mental disorders, so you know how to deal with this person, I think just not doing campaigns already It's a bias because they hide. (E2)*

#### ♦ Category 2 - Factors that lead to prejudice to the individual with mental disorder

It is known that for the participants, lack of knowledge and information about mental disorder is the main cause of prejudice and this fact leads society and its microcosm, the family, to act with prejudice, because it cannot understand the disorder and because of this prejudice, individuals are excluded and stigmatized, which causes greater suffering, as well as disrupting treatment.

*I think it is a lot of lack of information, empathy and also lack of sensitivity to put yourself in the other's place because they are people who have a certain limitation, difficulty ... maybe, a little ignorance on the subject because they never went through the problem. (E2)*

*People are prejudiced because they lack knowledge of the situation, lack of love for their neighbor, perhaps because they have not faced these types of problems or because they never happened to them. (E5)*

#### ♦ Category 3 - Psychic suffering caused by prejudice and confrontation

It is emphasized that prejudice from the social milieu, especially that of the family, caused suffering in the lives of the participants. Many of them isolated themselves to escape the problem as an attempt to cope. Many sought other activities, in the social or professional fields, to alleviate suffering. The treatment was reported, by some, as the only solution to the problems. The expectation of the changing attitude of society was nurtured by some. For others, time has become a great ally to learn to deal with prejudice and suffering.

#### ♦♦ Thematic unit 1 - Psychic suffering caused by prejudice

Hospitalizations, self-medication, fear, crying, suicide attempts, physical assaults, fights with relatives, fear of bosses or caregivers, among other situations that further depressed the participants and increased the feeling of inferiority and incapacity, since they felt devalued and rejected with the certainty that they really were in trouble. Many isolated and stopped going to the same places as before. Almost all felt sad because of the prejudice received even from the relatives. Some participants even thought that they were really unbalanced and felt embarrassed or afraid of what other people might think or talk about. Family members' lack of understanding, lack of acceptance of the problem, and lack of support were pointed out as basic factors for suffering.

It should be emphasized that the participants also lacked family support after illness and during treatment, because some families acted in a prejudiced way, did not accept the mental disorder or pretended that nothing happened around them.

*[...]I felt, therefore, rejection of the family, I know that there are always the most beloved; I felt that it was only useful working, cleaning, if I had not done anything, I do not have it, I have no value ... I think family was a cause, I think, of my problems. (E11)*

*We get very sad, feel inferior, I think that I wanted to return as it was before because, if everything went back to normal ..., would not receive prejudice from anyone, prejudice prejudices much more in the treatment. (E15)*

*Rejected, diminished, despised and very sad saw to know that the family itself has prejudice of the people. (E21)*

#### ♦ ♦ Thematic unit 2 - Confronting the suffering promoted by prejudice

It is recalled that most of the participants stated that they believed in escape and isolation as an alternative to not exposing themselves to prejudice. Some have also stated that this was the correct attitude and the only mechanism for coping with prejudice, since they would not be exposing themselves further to suffering.

*I stay indoors without a walk, without going outside; if I see people, I'll flee, I close the door to my room, I do not even want the children ... I hide, I stay in the house, I stay in my room, I avoid visits, I have already gone so far as to expel people out of my house ... I do not want to see anyone ... I run away from people all the time. (E4)*

*I no longer go to places for contempt, exclusion and the fear of being mocked by people; we are very ashamed of ourselves and also of the disease. (E6)*

It is also evidenced that others stated that they learned to deal with the situation and were no longer concerned with comments and evil looks. Another way the participants found to face prejudice was involvement in social work and activities or participation in social or religious groups.

*Now, I started to participate in a group of women who paint and there I am very well treated, the teachers are affectionate, I feel good ... but I try to seek God and I am getting well ... I also do pet shop work, from there, I am distracted and I try not to keep mulling too much, I also try to avoid places that do not do me good and people who do not like me. (E1)*

*But over time, you create ways of dealing with things, after I started taking the pills, I do not care much for the opinion of others ... it makes no difference to me, I do not suffer from it, I do not know how to deal with it all today. (E2)*

The religion was sought by participants as a means to increase hope in a possible cure and to alleviate suffering.

*I raise my head and go to church, listen to the word of God on the radio during the week and it's difficult. Sometimes I also clean things up, even though I've cleaned them before, I'll clean them up again. (E7)*

*The only place I did not stop going was in the church .... the best attitude I took was to go to church and occupy my head to try to have a better life, that's it. (E8)*

*I go to church and look for God, because if it was not for my faith in God, I do not know what it would be, so my faith helped me a lot. (E13)*

It is stated, finally, that some participants understood medical treatment as a solution and coping with problems, although some only sought medical help in times of crisis. Still,

some participants felt the expectation of society changing concepts and others would like to see the end of the prejudice and craved socialization and insertion programs in the labor market.

*I may even have a revolt ... to want society to be a little smarter or a little bit ... more observant and not be a little ignorant. (E9)*

*People are very selfish, they should change this behavior. (E16)*

*Because people had to help each other, understood, and not be mocking, criticizing, it is very frustrating to see this, it is very lacking understanding even with the next. (E10)*

It became the allied time, for some participants, to face the prejudice received and to relieve the pain. In this way, they reported that the reaction of society no longer interfered in their daily life, that is, they lived the way they thought best without paying attention to what society was talking about or thinking about them.

*Now, prejudice has already suffered for a long time, so I know how to deal with it ... it has bothered a lot before, but nowadays, it does not bother me ... now, psychic suffering generated by prejudice does not, Let people think what they want, I do not care that I do not work, I do not care that they think I'm crazy, I understand. (E14)*

## DISCUSSION

It is known that exclusion has made individuals with mental disorders feel inferior and ashamed of themselves. Some participants attempted to alleviate suffering by isolation as an attempt to avoid contact or situations. The prejudice suffered provoked an aggravation of the psychopathological situation due to the increase in the emotional load resulting from trauma.

It is understood that the human being did not take seriously the issue of mental disorder, because he always treated the subject in an ignorant way, closing his eyes, not giving the appropriate treatment and doing nothing for the benefit of individuals with mental disorders.<sup>4</sup>

It is inferred that throughout history, individuals with mental disorders have always been seen as abnormal, different, undesirable in the social environment and totally subject to exclusion. Consequently, these individuals react in relation to their social environment, most of the times, in a negative way, isolating themselves.<sup>5</sup>

The suicidal desire was motivated by a range of factors, among them:

unemployment, low schooling, inadequate affective relations, family conflicts, social isolation, prejudice, stigma, depression, schizophrenia, addictions, among other factors, corroborating found in the literature.<sup>6</sup>

Also in this study, data confirming the literature that point to the problems originated during the marriage, such as changes in housing, illness, family loss, physical and verbal aggression and separation, as factors to influence mental illness and potentiate the aggravation of the psychic picture.<sup>7</sup>

It can be seen that another factor, which also led to the worsening of the health situation of the participants, concerns the problems faced in the work environment such as conflicts with colleagues and caregivers, repetition of work, fatigue, fear of financial crises, medications, overload of hours worked, lack of autonomy, ergonomics problems, collection for increased production and quality and removal for health reasons corroborating what is in the literature.<sup>8-9</sup>

There are many difficulties faced by individuals with mental disorders for access to the labor market, so that they can get jobs or resume their careers. This situation destabilizes and brings harmful consequences to the mental health contributing to the cases of hospitalizations.

There are moments of exclusion and violence in the periods of hospitalization to which individuals with mental disorders are subjected, causing psychological suffering, since they are forms of repression and segregation.<sup>10</sup>

It is understood that this can become the negative point of the treatment process, because, throughout the evolution of the psychiatric care in the country, it is verified that the psychiatric hospital was not the adequate equipment and it promoted much suffering and exclusion.<sup>11</sup>

The social isolation of individuals who were intramural was promoted through psychiatric hospitals as a hegemonic model because, in these hospitals, the social reintegration of these hospitals was not undertaken and, in general, human rights and citizenship rights were compromised. their inmates, causing more suffering and death.

It is proven that the loss and / or the impossibility of employment cause guilt in individuals with mental disorders, insecurity, depression, humiliation, discrimination, shame and open the way to isolation.<sup>12</sup>

It is identified that the religious environment should be the appropriate place

for the adequate coexistence and interlocution between the society and the individuals with mental disorders, however, a reality was completely different, since some religious behaved like disruptive agents of the mental health by the fanaticism, traditionalism, oppression, lack of dialogue or by misunderstanding about mental disorder or deviant behavior, as also found in the literature.<sup>13</sup>

In this environment, it is necessary to provide conditions to assist in the psychic restructuring of individuals with mental disorders and, in the present times, with scientific development and knowledge, it is inadmissible that demonic possessions are associated with mental disorder.

Intense psychic suffering is promoted through the prejudice and stigma associated with the difficult moments of a person's life, which may stimulate the search for priests, sanctuaries and deities, since somehow the participants believed that the religious environment could contribute to help.

It is known that the refusal of individuals with mental disorders to receive treatment is also based precisely on the lack of care that should be better and more humane on the part of treatment professionals.<sup>14</sup>

It is considered that work in mental health should result in meeting the main needs of the individual. The process of mental health care can not be restricted to technical procedures, but must reach issues on prevention, promotion, rehabilitation, socialization and protection. Such professionals must act with criticality and innovation and be transforming agents. However, this situation is far from the desired, because it is a moment of transition between what is considered the specificity of technical action for what is understood as meeting the needs of the individual with mental disorder.<sup>15</sup>

It is required, from professionals, ethics in care and treatment. However, it is common for these professionals to charge the family with the involvement and acceptance of the mental disorder, but they themselves do not understand the psychic suffering, often because of the lack of training, information or insecurity. Many professionals encounter difficulties due to insufficient and inadequate training.<sup>16</sup>

It is pointed out that schooling is a vitally important phase, since it serves as an indicator of mental health, development and socialization, to see the importance of the school in the relational factor and in the cognitive and pedagogical development. In



the cases of individuals with mental disorders, who presented some type of mental disorder in which there was intellectual and social exclusion in the school environment, without the proper accompaniment or treatment, the problems related to the insertion in the school were getting worse, fact that ignited the differences and gave rise to prejudice and discrimination.<sup>17</sup>

It is understood that school should be the ideal place to explore diversity, eliminate segregation and prejudice. It is a space conducive to promotion and articulation, through actions involving education, health, social assistance, for awareness in order to anticipate and resolve conflicts.<sup>18</sup>

It is understood that the media is a strong instrument that moves and shapes public opinion, therefore, mass information can contribute to the manifestation of stigma and prejudice.<sup>19</sup>

On the other hand, it is proposed that campaigns in mass media can be a decisive factor in the reduction and eradication of prejudice in relation to individuals with mental disorders. In order to achieve this, investments and awareness.

It is shown, through the reported psychological suffering, that the target of the prejudiced and the stigmatizing is not exactly the person, but rather the characteristics that they let evidence. No wonder, because it is facing a contradictory society, easy target of prejudice, a phenomenon that has its roots in the fertile social and psychological soils.<sup>20</sup>

It is perceived that society shies away from issues related to mental disorder and there is no initiative of public managers to work on the imaginary of people so that the stigmatizing ideas of the past will not result in prejudice and stigma.<sup>21</sup>

It is noted that there are innumerable difficulties faced by these individuals, especially when they wanted to help with the expenses of the house, because they felt incapable, they showed changes of mood and humor, they accused the low self-esteem and they suffered with the stress, the anxiety and the shame of if same.<sup>22</sup>

It should be noted that some families are not prepared to play roles in the process of rehabilitation of individuals with mental disorders and, instead of helping, increase suffering and favor the manifestation of prejudice and stigma.<sup>23</sup>

It is understood, however, that the family can not be blamed for the cases of manifestation of mental disorder, because one must take into account the historical, social

and cultural contexts of these families so that this misconception is not committed. Therefore, families also need help to cope with this situation, which overloads this whole social structure. Support is given to individuals affected by mental disorder, but little or no effective care is provided to the families of these individuals to deal with the lack of material resources, psychosocial, educational, financial, emotional, health and routine all the family.<sup>24</sup>

It is known that prejudice worsens the situation and, unfortunately, some family members act in a prejudiced way, because they avoid the duty to help. However, families suffer due to the material difficulties that present themselves and to the unpreparedness and lack of knowledge about the mental disorder.

Self-isolation is considered to be a bad chronifier that worsens the situation of individuals with mental disorders, since this practice shows weaknesses and fear by the reaction of society to their situation. Embarrassment and discomfort are felt by these individuals. Fear of demoralization leads these individuals to dodge situations or environments causing stress or comorbidity that further aggravate the psychopathological picture. Therefore, self-isolation impairs coping actions that could be put into practice by individuals with mental disorders.<sup>25</sup>

Therefore, the attempt of individuals with mental disorders to adapt to the environment in which they live through coping strategies and actions is validated, however, it is verified that the isolation that individuals set out to perform and other attitudes of have had no effect. For some, this occurred in the short term and the isolation, on the one hand, removed them from the stressors, leading to the worsening of the picture regarding gregarious affectivity.

It is pointed out that the activities developed by the participants are important, since they contribute to the improvement in their quality of life, to the psychosocial reinsertion and reconstruction of their social network. By themselves, they can help in alleviating the psychic losses and losses generated by prejudice and stigma.

It is reported that individuals with mental disorders also use coping as a strategy for coping with stress-producing events, through deliberate, flexible actions that take into account applications and experiences that have already been successful.<sup>26</sup>

It is noted, however, that self-isolation prevents the use of coping, as this practice

highlights the frailties of individuals with mental disorders and their fears for the reaction of society.<sup>25</sup>

It is recalled that some participants seek relief through faith as an attempt to value and respect and rescue self-esteem.<sup>27</sup>

However, it is noticed that the practices and the conviviality in the religious environment did not have the desired effect, because the prejudice was also felt in this social context.

It is argued that treatment is essential for the stabilization of the picture of individuals with mental disorders and it is important that these individuals want the accompaniment and participation of their relatives, which will give security during the process providing a reliable environment.

However, it is pointed out that this alone will not guarantee the success of the process, since other changes must occur, especially with regard to the professionals involved.

It is believed that the creation of substitutive services emerged as the product of some of these changes proposed by the Psychiatric Reform, but even consolidated, they have not yet guaranteed the overcoming of the mental practices and practices that will only be possible as soon as there is commitment of the professionals, the more effective and affective participation of the families and the destitution of the asylum legacy through the urgent deconstruction of the social knowledge on the way to see and to understand the mental disorder.<sup>28</sup>

It will be possible to effectively combat stigma and prejudice as soon as there is a greater incidence of information and awareness campaigns and public policies in order to educate and inform society about the nature, degree and impact of the ills that stigma and prejudice cause in individuals with mental disorders, to dispel myths and encourage more positive attitudes and behaviors.<sup>29</sup>

It is believed that concepts and prejudices must undergo drastic changes by society and the mental health system. Thinking and caring for individuals with mental disorders must undergo transformations. Only then will these individuals be seen as worthy human beings of respect and deserving to live integrated in society having their limitations respected by their peers.<sup>30</sup>

It is evidenced that managers lack political will to develop campaigns to decrease with the prejudice and stigma related to individuals with mental disorder in the line of

investment used in awareness campaigns on prevention of other diseases.

As limitations of the study, the difficulties in collecting data derived from the chronification table of some participants.

## CONCLUSION

It is revealed that all the participants reported the suffering caused by the prejudice and stigma received by social groups in different contexts such as family, religious, work, school and in the treatment environment. All reported that they felt inferior, ashamed of themselves and devalued. This situation affected the daily life of individuals with mental disorders and resulted in worsening of the psychopathological.

Most of the participants stated that the lack of knowledge about the mental disorder and the lack of preparation on the part of the family and society to deal with the situation were shown to be essential factors for the incidence of prejudice and stigma in relation to individuals with disorders mental.

It is evident that all individuals sought, in some way, to face the prejudice, but the actions did not have the appropriate effect. All were waiting for changes in society to prevent prejudice from continuing to spread and, in its wake, greater suffering for patients with mental disorders.

It is concluded that this study brings to light data on the subject of prejudice and mental suffering and contributes to formulate changes in the training and practice of the professionals involved in care in order to reduce prejudice, stigma and psychological suffering.

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