

## THE LIVING EXPERIENCE OF RESIDENTS IN RESIDENTIAL SERVICES: THERAPEUTIC POSSIBILITIES FOR PSYCHOSOCIAL REHABILITATION<sup>1</sup>

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### ABSTRACT

This study aimed to understand the living experience of residents in Residential Therapeutic Services. This was a qualitative study involving nine individuals who had been treated in psychiatric institutions in Teresina. The speeches were obtained through interviews between December of 2010 and January of 2011. The analysis used the concepts of being-with and curiosity, from the philosopher Martin Heidegger. The speeches showed freedom as the meaning of living and were interpreted as curiosity. Freedom was related with taking care of the living space, going to the movies, traveling, studying. Curiosity was unveiled when the resident has the possibility of knowing the new that comes his way. Thus, the walking, housekeeping, shopping, and self-caring bring a longed caring logic through the psychiatric reform that allows for social reinsertion, and citizenship and autonomy rights. Freedom and curiosity produce stimuli for the understanding and overcoming long periods of psychiatric hospitalization, enabling new processes of subjectivation beyond the walls of psychiatric wards.

**Keywords:** Mental Health. Assisted living. Nursing.

### INTRODUCTION

The recognition of the problem of imprisonment and exclusion of people with mental illness has been progressively present. The Brazilian psychiatric reform has deinstitutionalization as one of its strongest pillars based on social and political movements for the deconstruction of concepts and practices in psychiatry<sup>(1)</sup>.

Deinstitutionalization prioritizes the deconstruction of the asylum reality and the construction of new scenarios according to new epistemological, political, social, and cultural bases<sup>(2)</sup>. Since then, the psychiatric hospital no longer poses as the only way to treat and deal with the person with a mental disorder. The new emphasis is towards the “invention of health” and its “social reproduction” in the various diverse living environments<sup>(3)</sup>.

Psychosocial attention services were created with this vision such as day-hospitals, psychiatric beds in general hospitals, and

Centers for Psychosocial Care (CAPS)<sup>(4)</sup>. However, the creation of these services would not solve the problem of individuals who had been discharged after being hospitalized for long periods in psychiatric hospitals, and do not have any family and social support. Reducing the number of beds and overcoming the chronic condition of ‘hospital residents’ involved the search for alternative housing for these individuals.

These living spaces emerged in Brazil in the decade of 1990, through pioneering initiatives with the function of demonstrating the feasibility of replacing beds in psychiatric hospitals, occupied by chronic patients, by houses in the community space. Such experience has generated important subsidies for these assisted housing to become incorporated as the SUS policy through the Ordinance GM No. 106 from February 11, 2000<sup>(5)</sup>.

These assisted housing, from then on, were named Residential Therapeutic Services. They are houses located in the urban space with the purpose to respond to the need for housing for

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people with mental disorders, institutionalized or not, allowing their reinsertion in society<sup>(6)</sup>. These services are characterized as primarily places for residence and not only for treatment. Treatment is placed under the responsibility of other substitute services such as the reference Psychosocial Attention Centers (CAPS) or primary health care teams, and others<sup>(7)</sup>.

Thus, these therapeutic services must offer recreation, education, work, and constitutional rights due to every citizen, providing the resident the privilege to live and enjoy their freedom without being pointed or stigmatized by the others. Thus, this study aimed to understand the living experience of residents at the Residential Therapeutic Services.

## METHODOLOGY

This was a qualitative study with data collected through interviews with nine individuals residing in three Residential Therapeutic Services in Teresina/Piauí, Brazil. The participants were informed about the study and voluntarily accepted to participate by signing an informed consent.

The interviews were scheduled according to the availability of participants, and carried out between December of 2010 and January of 2011. The phenomenological interview was prioritized as the technique for obtaining the meanings, guided by the question: Speak freely about your living experience in this housing facility. The speeches were transcribed and read, seeking to develop understanding and the hermeneutics of the meanings in the living experience from the Residential Therapeutic Services residents. They were analyzed according to the proposed methodology and the concepts of "being-with" and "curiosity", proposed by the philosopher Martin Heidegger's.

The study complied with ethical procedures and was approved by the Residential Therapeutic Services and the Research Ethics Committee from the Federal University of Piauí under protocol number 45/10 (CAAE-0252.0.045.000-10). The criteria established by the 196/96 resolution of the National Health Council of the Ministry of Health, which deals with ethical procedures in research involving humans, were met. Anonymity, ensuring

complete privacy, was guaranteed to the study participants who were identified in the study as Dep 1, Dep 2, and so on to maintain confidentiality.

## RESULTS AND DISCUSSION

### THE MEANING OF THE LIVING EXPERIENCE FOR INDIVIDUALS PREVIOUSLY TREATED IN PSYCHIATRIC HOSPITALS

To the study subjects, living in RTSs meant freedom expressed by the possibility to leave, to be free, to go to the streets, church, parties, and CAPS. Freedom to talk, go hiking, and sightseeing. When reporting these possibilities, they describe freedom as the choice of doing or not doing anything – and denote a feeling of well-being and enjoyment in living this new life situation.

Here I go out. Go to mass. Go to a party, go to CAPS and there, I talk to people. I like the conversation, it's cool, it makes the time pass. I go to the mall. I feel good (Dep 1).

Here is better. I go out to the street. I feel free. I walk on the streets, going around here, and go to the swimming pool. I went to the city park and the zoobotanical site, and I always go to CAPs (Dep 2).

This freedom meant by the residents is a novelty, which when experienced, it involves curiosity. Being free is also being curious, it is to seek to meet the new and have the possibility in every novelty, to be driven to a new knowledge. Knowing is a way of being and being in the world<sup>(8)</sup>.

The resident knows freedom and this is interpreted in the modes of curiosity. Curiosity is an ontological trend to view. However, for Martin Heidegger<sup>(8)</sup>, curiosity is being busy at seeing, not to understand what is seen; curiosity only searches the new and after being renovated by it, it runs towards another novelty. Heidegger exposes that one does not want to learn, but to know the possibilities of self-abandonment in the world of novelties<sup>(8)</sup>.

Thus, residents moved by curiosity, do not seek to understand or take ownership of what they see; they occupy themselves with the

possibilities to indulge into the world just to see. They constantly seek the new and are always in search of another novelty; once a novelty is visualized, they leave for another.

In this world of possibilities, the outside stimulus at the RTSs and socializing in society take the resident to a process of self-production, of construction of their subjectivity, of (re) living opportunities. There is a way to experiment with changes in a new territory of life favoring new processes of subjectivation beyond the walls of the psychiatric wards.

In this understanding, the residential therapeutic services can provide a form of care, produced inside or outside these services, which leads to the restructuring assistance to persons in psychiatric distress to stimulate the promotion of mental health, enabling, thus, their reinsertion in society<sup>(1)</sup>. This form of understanding of care must be the keynote in practices overcoming psychiatric treatments to decrease the chronicity effects of long periods of permanence of individuals in the hospital.

Thus, the deponents, who before lived imprisoned in a place where they could not go out to the streets or even roam around for a short time, have, in these new spaces, the possibility of leaving alone and the freedom to go shopping, go downtown, to mass, to CAPS, and other spaces without being barred or suffering any kind of coercion.

Here I am free. I go downtown alone, to the supermarket, do my groceries, which I could not do before. I go to the doctor, to church, to the mall, and to my aunt's house. I do this all alone. Here I even go to the pizzeria (Dep 3).

We can leave here. I go to CAPS for a gym class. We always go out. We go all together. It is very good. Here I travel. I go to school too. I learned a lot here. I've also been to the gym. I exercised in the treadmill and working out bikes (Dep 4).

At the RTSs they enjoy living again in the cities, living in society, sharing experiences with social groups again, free of institutional restraints, and no longer surrounded by walls that preclude their freedom to experience activities along with people and with the world that surrounds them. The possibility to get out and to show up as social beings has a very important significance in the lives of those

residents. For them it means to exist in the world again.

I go out alone. Sometimes, I go to the Central Market to see my friends. I do water aerobics in the Teacher's Club. At the CAPS, I see a psychiatrist. I buy my beer, sit at the bar, and I talk, the psychiatrist has allowed me. In the evening, sometimes I go there to the bakery, have a cup of coffee at six o'clock, and then I come back. I am doing very well, you know. I am very balanced; I do not feel anything anymore (Dep 7).

To be able to leave the psychiatric institution and live in houses, to live the possibilities of inhabiting, were all part of the desires of each of these residents. This is not matter of fact only, it is closely related to feelings, to the process of existing as individuals, citizens, and social beings<sup>(9)</sup>.

In these spaces, emerging alternatives of being in the world experiencing facts and activities are possible, often hidden in desires and dreams. The residents describe the existence of a living experience in which they experience what was missing before and now they are allowed to have. Thus, in expressive freedom, they become legitimate as citizens, sure to go places and have choices.

The biggest difference here is due to freedom. Because before, I was trapped there in the psychiatric hospital. There, we could not go out, we were strained. Here we can go out to shopping and sightseeing. I think that here is better. Because here we can go out and we could not before. Here we go to CAPS, where I participate in the choir. I sing and we do biodance. I love to dance. I feel good here in the house. I watch movies, I like to be outside in the evening, I like riding a bike. Here we have 'Quadrilha' party, Christmas party, Carnival, and we go to AABB; we swim and play ball there. (Dep 8).

The meaning of this freedom, so well described by deponent eight, calls attention to the emphasis on the return to social life. This new living is a bet of the Brazilian psychiatric reform, which proposes the creation of outpatient treatment services that promote social harmonious living.

Therefore, it is this routine living in the house and city that enables the excluded to "become authors of their own lives, exceeding the sick place and moving toward other roles: as a citizen

owner of rights, consumer, producer, and subject”<sup>(10: 794)</sup>.

When these individuals transition into new territories, and take charge of their lives again, a unique opportunity is offered to experience the power of coming and going. This condition establishes the right of choosing to go out, walk, travel, and talk with different people. They are also stimulated to choose what they want to do. At the RTSs, the desires of residents are rescued and potentiated.

Nevertheless, this pathway is not as simple as shown because residents used to live in psychiatric hospitals wards and ended up settling in the hospital environment, within the disease, and the isolated form of living. The hospital took their autonomy to govern themselves outside those walls, imposing institutionalized attitudes and making the beginning of the return to social living and performance of normal activities, difficult.

However, these activities and this shared living have been gradually happening, and today, as reported by the participants in this study, they ‘manage’ the dimensions of their lives, their going out in the streets, their activities, and no longer have a dependent position as when in psychiatric institutions, which were massive and restrictive.

Now the RTSs, residents produce a sense to their lives when they go through the city, relate with people in society, and visit places never visited before. By making choices based on their desires, the residents live new processes of subjectivation and potentiate the deinstitutionalization of mental illness, which represents the phenomenon so coveted by the Brazilian psychiatric reform<sup>(11)</sup>.

However, these graduates should continue in the process of care. When placing a meaning in the living experience with freedom, CAPs emerges as one of the important spaces, listed alongside others, that convey pleasure in being attended. It is important to note that at the RTSs, nurses do not participate directly because the site is not considered a health service but rather a living space. The connection with CAPs, so well reminded by the deponents, should continue towards this return, expressed as the search for a care with freedom, it must be valued and prioritized by the nurse who has, in this return, the possibility to perform therapeutic interaction

with these residents, evaluating their health process, autonomy, and social reinsertion.

To allow conversation about all these novelties is also a way of interacting with these residents. Speaking and listening are considered forms of care<sup>(12)</sup>.

## FINAL CONSIDERATIONS

The living experience of RTSs residents showed the feeling of being free and experimenting situations that were not experienced when they were in psychiatric institutions. They begin to ‘see’ the new to discover possibilities to self-abandon themselves in the world seeking and living changes that come their way.

Freedom, so well meant by the deponents, also demonstrates a break with the paradigms that sustain the psychiatric institution whose argument was based on the inability to have an autonomous life or to behave or circulate in public places due to the unusual behavior of these individuals. The premise that is now expressed is that society must learn to live with the differences that mental illness impose and know how to respond adequately to these situations.

The occurrence of a deinstitutionalization is also considered. The bearer of mental illness, previously treated at psychiatric institutions, is gradually entering the world of Residential Therapeutic Services as subjects in charge of themselves and with each other. Thus, one can understand that these provisions are contributing, even if gradually, to the improvement of these subjects.

The discovery of possibilities has also occurred in these services in regards to production of life, sharing living spaces in an attempt to overcome the conditions previously experienced in psychiatric institutions.

It is thus pointed out here, the urgency to discuss greater involvement of nurses in the process of rehabilitation and social reintegration of individuals who had been for long hospitalization periods, in psychiatric hospitals. To this end, it is necessary to overcome the challenges to implement policies of deinstitutionalization, ensuring health, and integrating previous mental health support

network patients to provide their long-sought social inclusion.

## O VIVIDO DE MORADORES EM SERVIÇOS RESIDENCIAIS: POSSIBILIDADES TERAPÊUTICAS PARA REABILITAÇÃO PSICOSSOCIAL

### RESUMO

Este estudo objetivou compreender o vivido de moradores de Serviços Residenciais Terapêuticos. Trata-se de pesquisa qualitativa realizada com nove sujeitos, egressos de instituições psiquiátricas em Teresina. Os discursos foram obtidos por meio de entrevista durante o período de dezembro de 2010 a janeiro de 2011. Na análise utilizaram-se os conceitos de ser-com e curiosidade, do filósofo Martin Heidegger. Os discursos apontaram o significado do vivido como liberdade e interpretados como curiosidade. A liberdade significada pelo cuidar da moradia, de ir ao cinema, viajar, estudar. A curiosidade desvelada quando o morador tem a possibilidade de conhecer o novo que vem ao seu encontro. Deste modo, os passeios, o cuidar da casa, fazer compras e cuidar de si trazem uma lógica de cuidado almejada pela reforma psiquiátrica que permite a reinserção social, o direito à cidadania e autonomia. A liberdade e a curiosidade produzem estímulos à compreensão e à superação dos longos períodos de internação psiquiátrica, possibilitando novos processos de subjetivação para além dos muros manicomial.

**Palavras-chave:** Saúde Mental. Moradias assistidas. Enfermagem.

## LOS RESIDENTES QUE VIVEN EN LOS SERVICIOS RESIDENCIALES: POSIBILIDADES TERAPÉUTICAS PARA LA REHABILITACIÓN PSICOSOCIAL

### RESUMEN

Este estudio tuvo como objetivo comprender la experiencia de los residentes de los Servicios Residenciales Terapéuticos. Se trata de una investigación cualitativa realizada con nueve sujetos salidos de las instituciones psiquiátricas en Teresina. Los relatos fueron recolectados a través de entrevistas durante el período diciembre de 2010 a enero de 2011. En el análisis se utilizaron los conceptos de ser-con y curiosidad, del filósofo Martin Heidegger. Los discursos señalaron el significado del experimentado como libertad e interpretado como curiosidad. La libertad significada por el cuidado de la casa, ir al cine, viajar, estudiar. La curiosidad desvelada cuando el morador tiene la posibilidad de conocer el nuevo que viene a su encuentro. De este modo, los paseos, el cuidar de la casa, el hacer compras y cuidar de sí traen una lógica de cuidado deseada por la reforma psiquiátrica que permite la reinserción social, el derecho a la ciudadanía y autonomía. La libertad y la curiosidad producen estímulos a la comprensión y a la superación de los largos períodos de internación psiquiátrica, possibilitando nuevos procesos de subjetivación para más allá de los muros del manicomio.

**Palabras clave:** Salud Mental. Viviendas asistidas. Enfermería.

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