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THERAPEUTICAL ACCOMPANIMENT AND PSYCHIATRIC REFORM: HISTORY OF A PRACTICE[1]

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ABSTRACT. The present work deals with the historical process of consolidation of Therapeutic Accompaniment (TA) as a practice in the course of the Psychiatric Reform. It is a systematic review of literature on the subject through the identification and analysis of articles published in the SciELO, PePSIC and CAPES Periodicals Portal, from the following keywords: therapeutic accompaniment and therapeutic companion. As the articles demonstrate, the history of TA was not linear, presenting advances and setbacks in its process. Despite the divergences presented by the authors regarding the TA's time of onset, there was, in the reviewed papers, agreement about the movements that influenced the TA, the main ones being the Psychiatric Reform and the Antimanicomial Campaign. After discussion of the arguments presented in the different articles, we conclude about the importance of visibility and promotion of these practices in Mental Health, in order to affirm the TA as a clinical and political device in Mental Health.

Keywords: Therapeutic accompaniment; psychiatric reform; mental health.

ACOMPANHAMENTO TERAPÊUTICO (AT) E REFORMA PSIQUIÁTRICA: HISTÓRIA DE UMA PRÁTICA

RESUMO. O presente trabalho versa sobre o processo histórico de consolidação do AT como prática no percurso da reforma psiquiátrica. Trata-se de uma revisão sistemática de literatura sobre o tema por meio da identificação e análise de artigos publicados nas bases de dados SciELO, PePSIC e Portal de Periódicos Capes, a partir das palavras-chave: acompanhamento terapêutico (AT) e acompanhante terapêutico (at). Como os artigos demonstram, o histórico do AT não se deu de forma linear, apresentando avanços e retrocessos em seu processo. Apesar das divergências apresentadas pelos autores em relação ao tempo de surgimento do AT, houve, nos trabalhos revisados concordância quanto aos movimentos que influenciaram o AT, sendo os principais a reforma psiquiátrica e luta antimanicomial. Após discussão dos argumentos apresentados nos diferentes artigos, conclui-se pela importância da visibilidade e promoção dessas práticas em saúde mental, de modo a afirmar o AT enquanto dispositivo clínico e político em saúde mental.

Palavras-chave: Acompanhamento terapêutico; reforma psiquiátrica; saúde mental.

ACOMPAÑAMIENTO TERAPÉUTICO (AT) Y REFORMA PSIQUIÁTRICA: HISTORIA DE UNA PRÁCTICA

RESUMEN. En este estudio se discute el proceso histórico de consolidación del Acompañamiento Terapéutico (AT) como práctica en curso en la reforma psiquiátrica. Se trata de una revisión sistemática de la literatura sobre el tema, mediante la identificación y análisis de textos publicados en las bases de datos SciELO, PePSIC y Portal de Revistas CAPES, utilizándose las palabras clave: acompañamiento terapéutico y compañero terapéutico. Los textos demuestran

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que la historia del AT no sucedió de forma lineal, ocurriendo avances y retrocesos en el proceso. Aunque haya diferencias entre los autores en relación a el tiempo de aparición del AT, en los estudios revisados hubo acuerdo en cuanto a los movimientos que influyeron esta práctica, siendo los principales la Reforma Psiquiátrica y Lucha Antimanicomial. Después de la discusión de los argumentos en diferentes artículos, es evidente la importancia de haber visibilidad y promoción de estas prácticas en la salud mental, con el fin de afirmar el AT como dispositivo clínico y político de Salud Mental.

Palabras-clave: Acompañamiento terapéutico; reforma psiquiátrica; salud mental.

Introduction

Mental Health care has undergone several changes in recent decades. Previously, different forms of uniqueness or manifestation of psychological distress were disqualified and subjected to practices of objectification (Severo & Dimenstein, 2009), which did not consider the biopsychosocial value of the individual. Disagreeing with the current model of treatment in psychiatric hospitals and propitiated by the re-democratization period of the country, the Brazilian psychiatric reform arose in the second half of the 1970s, in order to propose a reformulation of the existing logics in mental health care, having as main characteristic the claim for the citizenship of the crazy person (Tenório, 2002). Amarante (1995, p. 91) defines psychiatric reform as "a historical process of critical and practical formulation whose objectives and strategies are the questioning and elaboration of proposals for the transformation of the classical model and paradigm of psychiatry"

The reform will legitimize, in this process, the condemnation to the effects of regulation and control imposed by the psychiatric walls. In this sense, Tenório (2002) points out the importance of considering that the assumptions brought about by the psychiatric reform are based on a heterogeneous field, which defends citizenship, but which mainly involves aspects that include the politics, the clinic, the social, the cultural and the rights of the individual. In addition, it should be considered that the psychiatric reform is a process that is still constantly being constructed in Brazil and in the world, since it is related to the economic, political, historical and cultural characteristics of each space, influencing how the practices will be produced in each context (Maciel, 2012).

In the context for the composition of a new scenario of mental health care, the practice of Therapeutic Accompaniment (TA) emerges as a way of thinking about the action in mental health that reformulates psychiatric logics on the aspects of time and space (Palombini, 2004). Before the psychiatric reform, the subject was subjected to an institutionalized experience, restricted to the walls and bars of the psychiatric hospital, and time, in this case, became static. Due to the precepts of this political and clinical movement, the dimensions of time and space are experienced in a more flexible and changeable way, as well as the relationships between professionals in the mental health network and users. In the practice of TA, the restricted space of the walls is abandoned and the places of social exchanges where the city and the individual are involved are occupied (Palombini, 2004), seeking to promote social reintegration.

Although there is no consensus in the literature on mental health regarding the definitions of social reintegration and psychosocial rehabilitation, we consider, in agreement with Paranhos-Passos and Aires (2013), that psychosocial rehabilitation is a strategy that aims to provide the autonomy of the individual in psychological suffering, so that it can act independently in the different social contexts, exercising his full citizenship and directing it to social reintegration. This, in turn, refers to the possibility of living with family, friends, health professionals and other members of society through the circulation and occupation of social spaces.

Gruska e Dimenstein (2015) point out that the experiences for consolidating rehabilitation in the field of mental health rely on a complex and heterogeneous plan of forces, crossed by internal interests and contradictions that are sometimes contrary to the logic brought about by the psychiatric reform. This points to a need to analyze the political and social forces that involve the actions in the field of mental health and cross the practice of TA. In this sense, Palombini (2004) points out that TA can be understood in three ways: first, as a clinical-political technology of action in the public mental health network that must act in agreement with the substitute services; second, as a clinical-political training strategy, both in the university context and in the network professionals; and third, as an important tool

in the process of establishing and analyzing the ideas brought about by the psychiatric reform. TA is, above all, understood as a practice in search of transformations in which it is possible to coexist between different ways of being in the world, to deal with temporalities and other spatialities (Palombini, 2004).

In a similar logic, Lancetti (2008) brings the adjective "peripatetic" to designate a clinic without walls, constructed in the walking process, which makes possible and provides the strengthening of links between the user and the community. Referenced by psychoanalysis, this practice aims to enable the individual to be accompanied in his circulation space and favor an intermediation between this, the institution and the public space (Palombini, 2004). Considering the process of deinstitutionalization of the clinic, the TA represents in its practice the possibility of legitimizing the psychiatric reform in the sense that it also questions the overcoming of the intramural clinic paradigm. As Tenório (2002) argues, the historic construction of practices prior to the psychiatric reform has made the clinic the main device built by society to deal with insanity, and the psychiatric reform cannot deviate from the fact that facing the clinic implies operating in its own interior.

The definition of Palombini (2006), which presents the TA as a clinical-political device, seems interesting by characterizing the TA as a network that articulates and puts into operation elements of a given set, which is heterogeneous, involving discourses and institutions. In this sense, TA works as an operator of deinstitutionalization and transformation of the classical clinic, making possible the construction of networks capable of overcoming the asylum logic when performed in the extra-institutional space.

It is in this context that the present research takes as a point of investigation the practice of TA and its history through a systematic review of literature, seeking to characterize the production on the theme. The justification for conducting this research is based on the relevance and timeliness of this practice for the consolidation of the psychiatric reform in its anti-asylum logic.

Method

It is a research of systematic review of literature conducted through the search of articles indexed in the databases: *Scientific Electronic Library Online* (SciELO), Electronic Journals in Psychology (PePSIC) and CAPES Periodicals Portal.

At each base, the following keywords were applied: therapeutic accompaniment (TA) and therapeutic companion (TC). The sample comprised articles indexed in journals, selected from a previous reading of the abstracts, having as inclusion criteria the works published in the period from 2001 to 2015 and that address the practice of TA in the field of mental health. Articles that deal with the theme from the intramural institutional logic, and/or address the therapeutic accompaniment in the field of education were excluded.

Using the inclusion and exclusion criteria presented, a preliminary survey was conducted through a selective reading of the abstracts found. Subsequently, for a better organization and analysis of the works, a table with data of each article was constructed, including: article identification (journal, year of publication, article title); authorship (number, formation, institutional origin); nature of the text and theoretical references adopted; objectives; method and results.

Results and discussion

In the SciELO database it was possible to identify a total of 28 articles related to therapeutic accompaniment, and 01 article from the keyword "therapeutic companion", totaling 29 articles. Of this total, 25 were selected according to the criteria used, and specifically 15 papers addressed the history of TA. For the PePSIC database, the survey identified a total of 38 articles, of which 32 were selected. Of these, 16 articles present reflections on the history of TA. In CAPES Periodicals Portal, 96 works were found. When refined per year (2001 to 2015), 93 articles were retrieved. Of this total, 21 deal with the therapeutic accompaniment from mental health.

The remainder addresses TA in intramural practices and was therefore excluded. Of the 21 articles selected, it was possible to verify that 13 replicate between the SciELO and CAPES databases, and 1

article is repeated in PePSIC and CAPES. Of the remaining 7 articles, 01 addresses the history of TA. In the total of works found in the 3 bases, 32 articles present the history of TA. The organization of the data in table is shown below:

Table 1. Search results in databases and selection of relevant articles

	SCIELO	PEPSIC	CAPES
Articles found	29	38	96
Articles selected according to the criteria	25	32	21
Articles selected that address the history of TA	15	16	01
Total of articles selected		**32**	

The analysis of the sample made it possible to characterize the collection of the review from the aspects: year, journal and cities of greater publication. Concerning the year, the databases consulted showed a higher number of works produced in the years 2010 and 2013, with a decrease in the subsequent years. It was possible to verify that the majority of the published works are from the Southeast region, more specifically of the state of São Paulo. In relation to the journals, the journals that published the most on the subject were those of psychology.

From the analysis of the selected articles, it was possible to identify four thematic axes in the discussion on the history of Therapeutic Accompaniment, namely: in what space and time can we locate the advent of TA; history of TA in Brazil; nomenclature variations – what are the different denominations used for the therapeutic companion (tc); Practices of TA today.

The spatial and temporal emergence of TA proves to be difficult to contextualize, since this practice was originated from different clinical needs and movements related to Mental Health care. Added to this is the divergence between the authors surveyed, because the anti-asylum movements have been associated with different decades. According to Marco and Calais (2012, p. 6):

> Historical considerations about the emergence of Therapeutic Accompaniment are relevant, since they somehow assist in describing current practices. Therapeutic accompaniment is a modality of action germinated in the political-ideological movements of anti-psychiatric reform, institutional psychotherapy and anti-asylum struggle.

In suggesting a “genealogy of TA”, Silva and Silva (2006) identify some processes that led to its emergence, such as: the production of psychiatric drugs in the late 1940s, the emergence of day hospital and therapeutic communities in the 1950s, in addition to the discussions on psychiatric reform that resulted in the creation of the Anti-asylum Struggle Movement. Regarding the influence of the therapeutic communities for the emergence of TA, Londero and Pacheco (2006) express that these began in England, Germany and USA, with the aim of seeking new ways of welcoming and recognizing madness. In this sense, some authors report that the TA has as precursors the anti-psychiatric movement and the institutional psychotherapy, which occurred from the 1950s in Europe and the United States (Bellenzani & Malfitano, 2006; Pitiá & Santos, 2006; Marco & Calais, 2012). To these movements, Nogueira (2009) adds the democratic psychiatry, represented by Basaglia in Italy; and, Pullice et al. (2005) also mention Psychoanalysis as the propeller of the idea that it was possible to advance, in the treatment of many affected patients, in addition to the logic of social control, which is characteristic of medical interventions.

On the other hand, some authors (Guerra & Milagres, 2005; Silva & Silveira, 2013) situate the emergence of TA in the 1960s, emphasizing the anti-asylum movements of that time. In addition, Pitiá

and Furegato (2009) also identify the influence of the political movement for the suppression of mental asylums in Europe in the 1960s as an influence for the clinical origin of TA.

In this same direction, other authors indicate that the emergence of TA occurred in the 1960s in Argentina, characterizing it as a work that arose to meet the needs of people who did not present responses to traditional therapies (Pullice et. al. 2005; Londero & Pacheco, 2006; Berlinck, 2010; Marco & Calais, 2012; Acioli & Amarante, 2013). In this sense, Hermann (2005) articulates the emergence of TA with the institutional demands that existed in that period, since, in view of the fact that some cases did not respond positively to the institutional treatment, an opposite movement was necessary: the institution itself should direct the professionals towards the patient. In this sense, Hermann (2005) argues that there is a type of "extension of the institution", in the sense that it is no longer restricted to the physical spaces of its territory.

The emergence of TA in the 1960s is therefore marked by movements of influence that would later characterize this practice. Mainly because it is constituted as a non-institutional practice, extramural, and because it is based on the practices of anti-asylum struggle of that time.

Differently from the abovementioned articles, some authors affirm that TA emerged in a systematized manner in the beginning of the 1970s (Pitiá, 2006; Paravidini & Alvarenga, 2008; Pitiá & Furegato, 2009; Lattanzio & Braga, 2010; Montezi, 2012). However, Silva and Silva (2006) present works that point to experiences already existing at the beginning of the 20th century, containing some assumptions characteristic of TA practice. Regarding the origins of TA, Pitiá (2006) cites Antonucci (1994) to discuss a work conducted in Switzerland in 1937. In this case, similar to what we understand today as TA practice, a nurse was trained by a psychoanalyst to offer assistance to one of his patients who, until then, did not respond to the treatment. The patient was monitored daily, also participating in the analytical process. Finally, it was observed that she was able to reintegrate her life socially. According to Pitiá (2006), the approach between the practice conducted by the nurse and what is currently referred to as TA occurs through the therapeutic proposal of self-regulation of the individual, although it may differ in relation to other aspects of the practice, especially because it constitutes as a complementary practice to the traditional clinical model.

The characteristic assumptions of the practice of TA are what arise in these historical rescues of differentiated practices of care, as already indicated by Silva and Silva (2006). However, these same authors associate the effective emergence of TA to the 1980s and affirm that at that time the practices in psychiatry began to be the object of analyses and denunciations, which made possible the emergence of new actions in Mental Health. This is in line with the work of Ribeiro (2009), when he states that the actions of the therapeutic accompaniment are observed in the 1980s, in view of the propulsion of the ideas brought about by the psychiatric reform in Europe.

It is also worth mentioning the work conducted by Pitiá and Santos (2006), when presenting a bibliographical research that covers the scientific production in the area of TA. In this paper, the authors identify the first book on TA, entitled *Acompanhamento Terapêutico e Pacientes Psicóticos: Manual introdutório a uma estratégia clínica*, written by Susana Kuras de Mauer and Silvia Resnizky in 1987. Pitiá & Santos (2006) point out that TA has arisen as a formal occupation only from the 1980s, with the establishment of fee rules, time/space perspectives, and personal skills necessary for a good therapeutic bond, having been widely used in the private network of mental health care. These authors also point out that there was an expansion in the practice, which was no longer restricted to psychotic persons, but could also be performed with patients with disabilities, syndromes and developmental disorders.

In this context, we can perceive, considering the reviewed studies, the concern with the formalization and structuring of the work developed in the clinic of TA from the 1980s. Temporally, the initial decades – 60s and 70s – represent the moments of influence and ideological construction of what has become the TA, with marked influence of the ideals of psychiatric reform. From the 1980s, TA would then begin the process of formalization as a professional practice with consequent insertion in the private network of mental health care. It should be considered that the historical process of the emergence and consolidation of TA is markedly structured from a non-institutional logic, which significantly influenced its development as a therapeutic action in the field of Mental Health.

To think about the emergence of TA in Brazil implies, firstly, to consider the socio-political context in which this practice was consolidated. Thus, it was possible to conceive, from the literature studied, that the military coup occurred in 1964 made possible several changes in the sphere of public health of the country: due to the disinvestment by the federal government, there was a strengthening of the asylum model, since the strategy would be to expand the construction of psychiatric clinics benefiting the private sector (Silva & Silva, 2006). Between the 1960s and the early 1980s, there was an interruption in the movement of criticism to the asylum model, as well as the growth of the number of new psychiatric hospitals (Silva & Silva, 2006). Only in the initial period of political openness, after a series of denunciations to the practices occurred in these spaces, the psychiatric reform gained strength in the country through Law Project No. 3657/89, referring to the "Psychiatric Reform Law".

The TA appears in Brazil at this juncture, as a breaking of the asylum logic and the subjective control (Silva & Silva, 2006), having found space for insertion in the public mental health network and in the private initiatives of assistance. In the process of transformation of mental health care in Brazil, Tristão and Avellar (2014) mention the emergence of Psychosocial Care Centers (CAPS), the Residential Therapeutic Services and the Program De Volta pra Casa (Back Home Program) as important resources for the implementation of the psychiatric reform in the country. Considering the historical and political scenario that questioned the asylum logic in Brazil, Lemke and Silva (2013, p.10) express that "it was in this context that the TA, due to the uniqueness of its practice, was gaining a strategic role in the Processes of deinstitutionalization". With the creation and implementation of the Unified Health System (SUS), there are changes in the TA in Brazilian territory, so that in 1990 the TA is integrated to SUS services, and mainly in the actions offered by CAPS and Residential Therapeutic Services (Gonçalves & Barros, 2013). However, other authors point to the beginnings of TA in Brazil in the 1960s and 1970s (Guerra & Milagres, 2005; Araújo, 2005; Pitiá, 2006; Londero & Pacheco, 2006; Pitiá & Santos, 2006; Berlinck, 2010). At the outset, however, TA practices were still restricted to the assistance at hospital discharge, and were not articulated with the practices of circulation on the territory.

In Brazil, TA began as a practice in the cities of Porto Alegre, São Paulo and Rio de Janeiro, following two axes: one that arrives in Porto Alegre and later in Rio de Janeiro, and another, which passes directly by São Paulo, through what was known as "qualified friend" in Argentina (Pitiá, 2006). Located in Porto Alegre, the Pinel Clinic was the first place to offer AT, still with the function called "psychiatric attendant", inaugurating the TA field in Brazil (Silva & Silva, 2006; Tristão & Avellar, 2014). On the Pinel Clinic, Simões (2005) emphasizes the influence received from the treatment offered in the English Therapeutic Communities: restructuring of the institutional dynamics and participation of patients in the measures taken.

According to Silva and Silva (2006), Pinel Clinic was created in 1960 by Marcelo Blaya, who had just come from the USA. In the clinic were offered services considered until then as "innovative", such as: social therapy, community meetings, operating groups, among others. The practice of TA was among these services, which was proposed by Blaya, who during his training in the United States would have been interested in the work of the agents who walked with the "crazy people" in the streets (Silva & Silva, 2006). It is important to emphasize that, despite the therapeutic intentions, at that time TA appeared in the Pinel Clinic still as a form of containing crazy persons and was in line with a private practice of health care. Therapeutic companions (tcs) were known as "clingy attendants", mainly in situations of risk, suicide and/or aggression (Silva & Silva, 2006).

After the effect in Rio Grande do Sul, TA was established in Rio de Janeiro with Vila Pinheiros Clinic, which operated from 1969 to 1976 (Pitiá, 2006; Silva & Silva, 2006). The clinic had a team of "tcs" composed of students of Psychology, Medicine, Nursing, among others with an interest in becoming professional in the area of TA, not necessarily having a university education (Pitiá, 2006). However, Pitiá and Furegato (2009) point out that in the early 1980s there were courses of 24 hours within the institution, for the until then so-called "psychiatric auxiliaries". It is possible to observe here the characteristics of multiprofessionality that suggests the characteristic interdisciplinarity in the practice of TA.

Later on, the practices in TA also started in Espírito Santo in 1988, at CAPS Ilha de Santa Maria, in Vitória (Tristão & Avellar, 2014), already in a model of attention and care integrated into the Unified

Public Health System (SUS). In Betim, Minas Gerais, TA was implemented through a partnership between public health institutions and mental health institutions: Cersam (Mental Health Reference Center), Betim Sheltered Housing, and PUC University in Betim (Pontifical Catholic University of Minas Gerais, Campus Betim), as Nogueira (2009) points out. Guerra and Milagres (2005) express that the systematized experience in TA was late in Belo Horizonte, Minas Gerais, when compared to other capitals, and only occurred in the 1990s. Also according to Guerra and Milagres (2005), with the addition and strengthening of the Lacanian theory in the 1980s, TA was no longer of interest to students and young professionals, claiming that the companion did not occupy the place before assigned to the psychoanalyst in healing, occupying *only* imaginary identifications (Guerra & Milagres, 2005).

On the training and qualification of workers in Mental Health Silva and Silva (2006) highlight the experience that occurred between 1999 and 2002, in Rio Grande do Sul, with the course offered by the State Public Health School. The course, called "Basic Qualification Course in Therapeutic Accompaniment", lasted eight months and was aimed at mid-level workers (Silva & Silva, 2006). For these authors, TA course can be considered as a milestone for health workers' action and not simply as an action to "manage" individuals trained in therapeutic accompaniment. This was able to make possible, mainly, a way of thinking about TA as a strategy in the production of new senses.

Regarding the specificities of the actions taken by the *tcs,* Paravidini and Alvarenga (2008) cite an article published in 1985 by José Eggers to discuss the experience of a team of the Institute of Comprehensive Psychiatry. According to Eggers (1985), there was a difficulty in defining the therapeutic companion because of the diversity involved in this function. However, according to Eggers (1985, apud Paravidini & Alvarenga, 2008, p. 173), a consensus could be drawn from the authors of that time: *tc* could be understood as a mental health professional with a complementary role to that of the psychotherapist, however, this would act outside the conventional *setting*, having the function of operating within the social framework.

After tracing a historical path about the emergence of TA, it is also important to recognize the different nomenclatures attributed to this function over time, considering the role of the therapeutic companion (tc) in the proposals for transformation of care in Mental Health. In Argentina of the 60s, the "therapeutic companion" was still known as a "qualified friend" and had the function of being with the patient in his daily life and assisting him when necessary. However, such a term has fallen into disuse, considering the value of friendship and little professional value that could be attributed to it (Araújo, 2005; Londero & Pacheco, 2006; Nogueira, 2009; Pitiá & Furegato, 2009; Berlinck, 2010; Gonçalves & Barros, 2013).

Paravidini and Alvarenga (2008) point out that the expression "qualified friend" was invented by the psychiatrist and psychoanalyst Eduardo Kalina, and that the name used later – therapeutic companion – should imply the delimitation of the role of this professional. The current nomenclature "therapeutic companion" emphasizes the therapeutic character of this function. In addition, Paravidini & Alvarenga, 2008 evidence the break with the idea of "continence" previously offered by the therapeutic companion to the individual, to give rise to a joint action: the accompaniment. Regarding the modifications made in the terms, Nogueira (2009) affirms that the term "qualified friend" began to be discussed by the professionals involved, since the relationship thought in terms of equality of friendship, did not allow clarity in the delimitation of the roles.

Contrary to most authors, Tristão and Avellar (2014), in addition to Guerra and Milagres (2005), express that the term "qualified friend" would only have arisen later than the terms "psychiatric auxiliary" and "psychiatric attendant" and that later, the "qualified friend" would be replaced by "therapeutic companion". Thus, it is worthwhile to return to the understanding of TA presented by Eggers (1985 apud Paravidini & Alvarenga, 2008) when characterizing him as a mental health professional with a complementary role to the psychotherapist, acting above all in the social framework. In this sense, the different nomenclatures attributed to the tc corroborate the statement made by Marco and Calais (2014) who present the inaccuracy of time sequence for the denominations and functions related to TA.

Aciolli and Amarante (2013) state that, unlike Argentina, on arriving in Brazil in the late 1960s, the name of "psychiatric auxiliary" or "psychiatric attendant" was assigned to the "qualified friend". This denomination is justified because the psychiatric auxiliary serves as a psychiatrist's "helper", since the accompaniment was still intramural, in the hospitals or in the therapeutic communities (Londero &

Pacheco, 2006; Berlinck, 2010). The term “psychiatric auxiliary” was used until the end of the 1980s, evidencing the hierarchy of existing relationships in psychiatry (Paravidini & Alvarenga, 2008). The subsequent modification of the term to “therapeutic companion” had as objectives to demarcate the autonomy of the professionals in relation to the psychiatric knowledge and to emphasize the therapeutic character of the function (Reis Neto, Teixeira, & Oliveira, 2011; Lemke & Silva, 2013), which is in line with the space attributed to medical knowledge in psychosocial care practices.

In Rio de Janeiro, Vila Pinheiros Clinic was the first to use the term “psychiatric auxiliary” for the function attributed to TA (Pitiá, 2006; Dimenstein & Azevedo, 2008), however, Pitiá and Santos (2006) confront this assertion, since they point out that the expression arrived in Rio de Janeiro from the influence of Rio Grande do Sul, which already used the term. Unlike Rio de Janeiro, “tc” appears with the initial name of “qualified friend” at the A Casa Institute, in São Paulo; in the Pinel clinic (RS), in turn, the companions were known as “psychiatric attendants” (Dimenstein & Azevedo, 2008).

It is interesting to observe, in this course, that the therapeutic accompaniment was still being gradually structured in the country, from international influences, which justifies the use of different names for the same function, as well as its presence, with other nomenclatures, in private spaces of mental health care. In these spaces, TA practice was often presented as a therapeutic innovation and a complementary practice of care. The changes occurred in the nomenclature reveal, respectively, the transformations that occurred for the consolidation of TA as a practice, and mainly as a new perspective in the therapeutic process.

When discussing the configurations of TA in the current scenario, Silva and Silva (2006) affirm that, as time passed, other strategies of action have emerged, allowing new territories for the functions in this field, namely: in therapy for families; in the production of documentaries, movies and short films; in clinical interventions and ethical reflections; in the structuring of dorms and “halfway houses”; in the school inclusion of students with special needs; in the inclusion of young people who committed crimes; in the criticism to the media and creation of meanings of/in the urban space; in interventions of “social” nature and in the creation of new links between health institutions and users.

In addition to recognizing TA as a device that operates in the “concrete” context of users’ reality, such as, for instance, in the organization of the individual’s routine and his circulation in social spaces, Montezi (2012) presents a reflection on the importance of the *setting* in the present time for the constitution of the individual’s subjectivity. That is to say, the practice of TA is placed in addition to a concrete support in the daily life of the individual, but it concerns, above all, the possibility of “situating him and relocating him in the face of the cultural rupture he has suffered, and thus, causing the individual to retake his own subjectivity” (Montezi, 2012, p. 263). In this sense, Reis Neto et al. (2011) affirm the emergence of a concern in the practice of TA to better manage the bond and listening offered to the accompanied subject, evidencing the contribution of psychoanalysis in this process.

In order to characterize the clinical experience of TA, Pitiá (2006) emphasizes the process of growth of this field of action, in addition to emphasizing the importance of the theoretical-practical support to the professionals who perform this function. In this sense, points out that any proposal for the transformation of the psychosocial care has ideas that can be debated or not, in addition to emphasizing that the clinic of TA can be understood from several analytical perspectives. Regardless of the theoretical field – Freudians, Lacanians, Deleuzians, or Reichians –, the main objective should be directed mainly to the autonomy of the individual in his difficulty (Pitiá, 2006).

When investigating the factors involved in the referral for therapeutic accompaniment, Londero and Pacheco (2006) identify the following categories regarding the experience in this field: 1) factors for indication of therapeutic companion: those patients who reflect characteristics of “disability and / or disadvantage” from severe psychopathological conditions are referred to TA; 2) role of the therapeutic companion in the treatment: this is perceived as of great importance by the team of professionals, especially in cases that require interventions outside the office; 3) abilities and characteristics necessary for the work of a therapeutic companion: it is valued the professional’s ability to adapt to the environment, considering, however, the boundary of intimacy between the professional and the patient; and 4) theoretical reference and area of knowledge appropriate to the practice of TA: the authors verified that the cognitive-behavioral approach was the most cited among the participants of the research, involving a team of six professionals from the city of Porto Alegre. It is worth mentioning that

this finding differs from the historical references on the practice of TA. Nogueira (2009) states that historically TA has been accompanied by another theoretical approach: psychoanalysis. By quoting the study of Carvalho (2004), Nogueira (2009) points out that according to interviews conducted at the *3rd São Paulo Meeting of Therapeutic Companions and the 1st National Meeting of Therapeutic Companions*, 69% of the professionals linked their work on TA to psychoanalysis, 4.8% to psychodrama and 3.6% to "Jungian approach", which is in contradiction with Londero and Pacheco (2006).

In view of the advances and impasses in the practice of TA, one advance to be considered is the fact that TA is not limited to the process of psychiatric de-hospitalization, but to regard, in addition to an institutional demand, the social demand – of the family, for instance – or even the demands of the individual in relation to the tc (Nogueira, 2009). Nogueira (2009) also emphasizes the importance of a structured theoretical knowledge so that the professional can deal with the impasses in the clinic of psychosis, in addition to the relevance of the construction of a therapeutic network in TA, so that there is not a single professional reference.

Pitiá and Furegato (2009) express that, in view of the changes in health policies and, especially, the struggle to consolidate the ideals brought about by the Psychiatric Reform, it is possible to recognize the contribution of the TA, which, in an interdisciplinary way, has been established in line with these changes in psychosocial care. Despite these data, Londero and Pacheco (2006) express the difficulty in finding updated publications on the practice of TA and emphasize the fact that this activity is still considered recent and in the process of theoretical and technical consolidation. In this same sense, it is worth emphasizing that, of the articles selected in the present research, few situate the practice of TA today, which hampers the process of understanding and reflection of this practice at the present.

Final considerations

As the articles surveyed show, the history of TA was not linear, presenting advances and setbacks in its process. Despite the divergences presented by the authors regarding the time in which TA appeared, the movements of influence appeared in agreement in all the works reviewed, being the main ones the Psychiatric Reform and the Anti-Asylum Struggle. In this sense, according to the literature, we perceive that the TA is historically constituted as a possibility of non-institutional care, beyond the intramural logic, which characterizes its practice and importance in the course of the Psychiatric Reform.

The relevance of the social movements for the consolidation of the TA is presented in relation to the ideas of humanization and transformation of the current health conceptions, and political actions are necessary to enable its effective practice. In this sense, it should be noted that TA is not clearly mentioned in the official documents of public policies of mental health documents, despite being in line with the general guidelines of these policies, which undermines its visibility and recognition in the field of mental health. When considering, for instance, the Ministerial Ordinance No. 3088, of 23 December 2011, which establishes the Psychosocial Care Network for people in suffering or mental disorder and with needs arising from the use of crack, alcohol and other drugs, in the context of SUS, it is noticed that the use of the expression "therapeutic accompaniment", in its article 9, does not refer specifically to the practice of TA, but to a protective form of attention of a transitory nature in residential care.

It is necessary, therefore, to think about political actions that enable the practice of TA, allowing new proposals for the care and production of health and, consequently, for the production of subjectivity. In this sense, it is important to pay attention and reflect on the activities developed so that the mental asylum logic is not present in mental health practices that should be in line with the principles of the psychiatric reform. It should be emphasized that the change in paradigms – from the hospital-centered model to care in freedom – does not only involve health spaces, but includes the social actors who perform their functions there, in order to allow the practices of TA to be sustained and recognized as possibility of extra-mural care. In addition, a fundamental point is that these practices can respect the autonomy and freedom of the users.

From the analysis of the studies and practices reported in the researched articles, it is possible to perceive that TA makes it possible to move what is placed in the institutional logic of mental health,

promoting care in freedom and defending mainly a conception of individual in his possible ways of existence , so as to offer spaces for other forms of subjectivation to be recognized. Within this line of considerations, we think that the challenge for the practices of TA is not only limited to the development of a specialized academic and professional training, but it is especially concerned with the possibility of producing other ways of problematizing and reflecting these practices, and the implication of this for welcoming and forming links between the individuals involved.

Thus, as presented in the words of Lancetti (2008, p. 124), “it is not a question of taking the model from the office to be multiplied in popular territories, but of constructing concepts and inventing practices that operate in the middle of the productive field of sociability and life”. We intend, with this, to affirm the TA, as an affective clinic, with capacity for constructing citizenship and producing life.

References

Acioli N., Manoel de L., & Amarante, P. (2013). O acompanhamento terapêutico como estratégia de cuidado na atenção psicossocial. *Psicologia: Ciência e Profissão*, 33(4), 964-975.

Amarante, P. (1995). Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil. Rio de Janeiro: SDE/ENSP.

Araújo, F. (2005). Do amigo qualificado à política da amizade. *Estilos da Clinica*, 10(19), 84-105.

Bellenzani, R. &Malfitano, A. P. S. (2006). Juventude, vulnerabilidade social e exploração sexual: um olhar a partir da articulação entre saúde e direitos humanos. *Saúde e Sociedade*, 15(3), 115-130.

Berlinck, L. C. (2010). O acompanhamento terapêutico e a formação do psicólogo: por uma saúde humanizada. *Arquivos Brasileiros de Psicologia*, 62(1), 90-96.

Dimenstein, M. & Azevedo, T. (2008). O Acompanhamento Terapêutico no cuidado em Saúde Mental. *Estudos e Pesquisas em Psicologia*, 8(3), 658-671.

Eggers, J. C. (1985). O acompanhante terapêutico: um recurso técnico em psicoterapia de pacientes críticos. *Revista de Psiquiatria do Rio Grande do Sul*, 7 (1), 5-10.

Gonçalves, L. & Barros, R. D. B. (2013). Função de publicização do acompanhamento terapêutico: a produção do comum na clínica. *Psicologia & Sociedade*, 25(spe2), 108-116.

Gruska, V. & Dimenstein, M. (2015). Reabilitação Psicossocial e Acompanhamento Terapêutico: equacionando a reinserção em saúde mental. *Psicologia Clínica*, 27(1), 101-122.

Guerra, A. M. C. & Milagres, A. F. (2005). quantos paus se faz um acompanhamento terapêutico?: contribuições da psicanálise a essa clínica em construção. *Estilos da Clinica*, 10(19), 60-83.

Hermann, M. C. (2005). O significante e o real na psicose: ferramentas conceituais para o acompanhamento terapêutico. *Estilos da Clinica*, 10(19), 132-153.

Lancetti, A. (2008). *Clínica Peripatética*. (3a. ed.). São Paulo: Hucitec.

Lattanzio, F. & Braga, L. (2010). O acompanhamento terapêutico na perspectiva lacaniana: contribuições para uma clínica em construção. *Revista Estudos Lacanianos*, 3(4), s.p.

Lemke, R. & Silva, R. (2013). Itinerários de construção de uma lógica territorial do cuidado. *Psicologia & Sociedade*, 25(spe2), 9-20.

Londero, I. & Pacheco, J. (2006). Por que encaminhar ao acompanhante terapêutico? uma discussão considerando a perspectiva de psicólogos e psiquiatras. *Psicologia em Estudo*, 11(2), 259-267.

Maciel, S. (2012). Reforma psiquiátrica no Brasil: algumas reflexões. *Caderno Brasileiro de Saúde Mental,* 4(8), 73-82.

Marco, M. & Calais, S. (2012). Acompanhante Terapêutico: caracterização da prática profissional na perspectiva da Análise do Comportamento. *Revista Brasileira de Terapia Comportamental e Cognitiva*, 14(3), 4-33.

Montezi, Aline Vilarinho. (2012). A importância do cotidiano oferecido pelo acompanhante terapêutico a pacientes psicóticos. *Estudos Interdisciplinares em Psicologia*, 3(2), 258-264.

Nogueira, A. B. (2009). O acompanhamento terapêutico e sua caracterização em Betim e Belo Horizonte. Psicologia em Revista, 15(2), 204-222.

Palombini, A. (2004). *Acompanhamento Terapêutico na Rede Pública: a clínica em movimento* (2a. ed.). Porto Alegre: UFRGS.

Palombini, A. (2006). Acompanhamento terapêutico: dispositivo clínico-político. *Psychê*, 10(18), 115-127.

Paranhos-Passos e Aires (2013). Reinserção social de portadores desofrimento psíquico: o olhar de usuários de um Centro de Atenção Psicossocial. *Physis Revista de Saúde Coletiva*, 23 (1), 13-31.

Paravidini, J. & Alvarenga, C. (2008). Acompanhamento Terapêutico (AT) e saberes psicológicos: enfrentando a história. Gerais: *Revista Interinstitucional de Psicologia*, 1(2), 172-188.

Pitiá, A. (2006). Um olhar sobre o acompanhamento terapêutico pelo conceito reichiano de auto-regulação social. *Psychê*, 141-150.

Pitiá, A. &Furegato, A. (2009). O Acompanhamento Terapêutico (AT): dispositivo de atenção psicossocial em saúde mental. *Interface - Comunicação, Saúde, Educação*, 13(30), 67-77.

Pitiá, A. & Santos, M.. (2006). O Acompanhamento Terapêutico como Estratégia de Continência do sofrimento psíquico. *Revista Eletrônica Saúde Mental*, Álcool e Drogas, 2(2), 1-14.

Pulice, G., & Rossi, G. (s.d.). *Acompañamiento terapêutico*. Buenos Aires: Polemos Editorial.

Pulice, Gabriel Omar, Manson, Federico, &Teperman, Daniela. (2005). Acompanhamento terapêutico: contexto legal, coordenadas éticas e responsabilidade profissional. *Estilos da Clinica*, 10(19), 12-31.

Reis Neto, Raymundo de Oliveira, Teixeira Pinto, Ana Carolina, & Oliveira, Luiz Gustavo Azevedo. (2011). Acompanhamento terapêutico: história, clínica e saber. *Psicologia: Ciência e Profissão*, 31(1), 30-39.

Ribeiro, A. (2009). A idéia de referência: o acompanhamento terapêutico como paradigma de trabalho em um serviço de saúde mental*. Estudos de Psicologia* (Natal), 14(1), 73-83.

Severo, A. & Dimenstein, M. (2009). O diagnóstico psiquiátrico e a produção de vida em serviços de saúde mental. *Estudos de Psicologia*, 14(1), 59-67.

Silva, A. & Silva, R.. (2006). A emergência do acompanhamento terapêutico e as políticas de saúde mental. Psicologia: *Ciência e Profissão*, 26(2), 210-221.

Silva, D. & Silveira, R. (2013). Devires e Drivers da clínica: acontecimentos no acompanhamento terapêutico. Gerais: *Revista Interinstitucional de Psicologia*, 6(1), 71-89.

Simões, H. (2005). *A produção científica sobre o acompanhamento terapêutico no Brasil de 1960 a 2003: Uma análise Crítica*. 157 f. Dissertação de Mestrado em Enfermagem e Trabalho, Universidade Estadual de Campinas - Faculdade de Ciências Médicas, Campinas, SP.

Tenório, F. (2002). A reforma psiquiátrica brasileira, da década de 1980 aos dias atuais: história e conceitos. *História, Ciências, Saúde-Manguinhos*, 9(1), 25-59.

Tristão, K., & Avellar, L. (2014). Acompanhantes terapêuticos na Grande Vitória, Espírito Santo, Brasil: quem são e o que fazem?. *Interface - Comunicação, Saúde, Educação*, 18(50), 533-544.

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