

PSYCHIATRIC ADMISSIONS: MEANINGS FOR THE PATIENTS OF A PSYCHOSOCIAL CARE CENTER

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Objective: To understand the meanings of psychiatric hospitalization for the patients of a Psychosocial Care Center. **Methodology:** Qualitative research with phenomenological approach. The scenario was a Psychosocial Care Center in the south of Brazil, from January to March 2010. 10 patients were interviewed with the guiding question: Tell me how it was for you to be admitted to a psychiatric inpatient unit. Were used hermeneutics analysis and Foucault's thinking. **Results:** Two themes were revealed: perception of hospitalization in a psychiatric unit: hospital as the place of mental patient, feelings and relations with others; perception of the healthcare team: work routine and conduct of the healthcare team. **Conclusion:** With the phenomenon unveiled, it was possible to realize that psychiatric hospitalization is experienced by ambiguity.

Descriptors: Mental Health; Stress, Psychological; Mental Health Services.

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INTERNAÇÃO PSIQUIÁTRICA: SIGNIFICADOS PARA USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

Objetivo: compreender os significados da internação psiquiátrica para usuários de um Centro de Atenção Psicossocial. Metodologia: pesquisa qualitativa de abordagem fenomenológica. O cenário foi um Centro de Atenção Psicossocial, no Sul do Brasil, no período de janeiro a março de 2010. Foram entrevistados 10 usuários, sendo a questão orientadora: fale-me como foi para você estar internado em uma unidade de internação psiquiátrica. Utilizaram-se a análise hermenêutica e o pensamento foucaultiano. Resultados: desvelaram-se dois temas – percepção da internação numa unidade psiquiátrica: hospital como lugar do doente mental, sentimentos e relações com o outro, e percepção da equipe de saúde – a rotina de trabalho e a conduta da equipe de saúde. Conclusão: com o fenômeno desvelado foi possível perceber que a internação psiquiátrica é vivenciada pela ambiguidade.

Descritores: Saúde Mental; Estresse Psicológico; Serviços de Saúde Mental.

INTERNACIÓN PSIQUIÁTRICA: SIGNIFICADOS PARA USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL

Objetivo: Comprender los significados de la internación psiquiátrica para usuarios de un Centro de Atención Psicossocial. Metodología: Investigación cualitativa de abordaje fenomenológica. El escenario fue un Centro de Atención Psicossocial, en el sur de Brasil, en el período de enero a marzo/2010. Fueron entrevistados 10 usuarios, siendo la cuestión orientadora: ¿Me diga, cómo fue estar internado en una Unidad de Internación Psiquiátrica?, ¿Se utilizó el análisis hermenéutica y pensamiento Foucaultiana? Resultados: se desvelaron dos temas: percepción de la internación en una unidad psiquiátrica: hospital como lugar del enfermo mental, sentimientos y relaciones con el otro; percepción del equipo de salud: rutina de trabajo y de la conducta del equipo de salud. Conclusión: Con el fenómeno desvelado fue posible percibir qué la internación psiquiátrica es vivida por la ambigüedad.

Descriptores: Salud Mental; Estrés Psicológico; Servicios de Salud Mental.

Introduction

Hospitalization is a remarkable situation in life, it disrupts the daily life of a person and their family, but it is still an indispensable therapeutic tool for some patients. The disease is not the determining factor for admission to a hospital, but the severity of the case presented by the person, due to the change of his critical judgment; risk to himself or another and no impulse control, which would justify hospitalization⁽¹⁾. However, the functioning of psychiatric

institutions was characterized throughout its history as a place of violence against humans rights and insulation⁽²⁾.

Given this reality and supported by anti-madhouse movements, was established in 2001, the Psychiatric Reform Law which was characterized by a sociopolitical movement that establishes a model to develop psychosocial support programs in community services. It provides psychiatric hospitalization with minimal duration in general hospitals only when finishing the extra hospital therapeutics⁽³⁾.

In this context, it is necessary to consider that when the person is discharged from a psychiatric hospital the end of their experience occurs, but the memory of their experiences and meanings is maintained⁽⁴⁾. Given the above, questions about the theme emerge from the experience of a health team in the care of patients admitted to a psychiatric unit of a university hospital in southern region of Brazil.

Therefore, in this study it was sought to enhance the expression of meanings of experiences in mental health, said by the person who experienced them, with the guiding research question: what are the meanings of hospitalization in a psychiatric unit of a university hospital for the patients of a Psychosocial Care Centre? And as goal: to understand the meanings of psychiatric hospitalization for the patients of a Psychosocial Care Centre.

Methodology

This is a qualitative research with hermeneutic phenomenological approach⁽⁴⁾. The choice of this approach is justified by its methodological concern of understanding the human dimension in its entirety and the appreciation of the parlance of the subject, understand it as a way to reach the meanings embedded in everyday life of the individual that we wish to know in our research. It questions the meaning of language and life. It also seeks to win the distance by approaching the reader to the unknown text.

Phenomenology seeks to understand the phenomenon interrogated from the human experience as it is lived, so the researcher proposes to enhance their knowledge and learn from those who live or have lived the experience under study. To this is added the fact that phenomenology furthers the understanding of the human that we care, professional and subject are both subject and object that complement and seek interaction through their livings⁽⁴⁾.

The participants were people who had been hospitalized in a psychiatric unit of a university hospital and regularly frequented the Psychosocial Care Center – CAPS II of a city in Rio Grande do Sul, Brazil. For that, people were intentionally invited to participate in the open, individual, recorded interviews that happened existentially situated at the dialogued meeting between the researcher and the patient who experiences mental illness⁽⁵⁾. The interviews took place respecting the time of each individual, but it was noticed that the average duration was 25 minutes. The interviews were conducted in a room of the work, from January to March 2010, totaling 10 participants. It was used an open question to start the narrative: Tell me about how it was for you to be admitted to a psychiatric inpatient unit?

To preserve anonymity, each person (participant) was represented by the letter 'P' (P1, P2, ...) for being the first letter of the word person, followed by the codename of a bird. This was due to witness a storyteller individual who have often felt trapped into cages, even the door being open. Thus, the P1 was codenamed "Beak of Wax", P2 "Philippine Eagle" and so on. The method of hermeneutic

phenomenology⁽⁴⁾ was used to interpret the speeches. The individual oral speech was transcribed to written text. The transcription of the interviews occurred shortly after its completion in order to enhance the main impressions for each research subject. It started by a simple reading that allowed researchers a superficial understanding through the perception of the first meanings. Then, it was held a thorough reading with various readings aiming to interpretation and understanding of the probable meanings imbued in the text⁽⁵⁾.

The understanding and interpretation were made text by text. To this end, it was sought to understand the meanings of the experiences learned from the reality of the individual who experiences mental illness through the text, highlighting the ideas (chromatic feature) linked to the chosen theoretical foundation and listening to the sound of voices. Thus, the categories have been emerging (segments of speech as a unit of meaning or sense) which unveiled the metaphor of the work, resulting in the distribution of speeches on topics. Understanding meanings and images projected on the text, the metaphor led the study to reflect the reality experienced by the research subjects, as a net of meanings⁽⁵⁾.

Following the steps of the hermeneutic method, it was reached the last moment of the interpretation and understanding of the work that is expressed in appropriation. This happened when the understanding and assimilation of the message were being discussed into a meaning that is not static but that divides itself into numerous interpretations, because it is not definitely determined⁽⁴⁾.

For discussion of the appropriation Foucault's thought about the disciplinary power of psychiatric institutions was used. The protocol of the research project was approved by Opinion No. 0293.0.243.000-09 of the Research Ethics Committee on Human Research. The participants were informed of the purpose of the research and other ethical principles of research, and after agreeing to participate, signed the informed consent form.

Results

Understanding discourses enabled the identification of two themes and their respective subthemes: perception of hospitalization in a psychiatric unit: the hospital as place for the mental patient, feelings and relations with others and perception of health staff, work routine and conduct of health team.

Perception of hospitalization in a psychiatric unit

The research participants unveiled their perception regarding the admission to a psychiatric unit when they express the feelings experienced at the hospital and the relations with others; they report the hospital as a therapeutic place and social segregation, so demarcate the ambiguity as perception of psychiatric hospitalization.

Hospital as the place of mental patient, feelings and relations with others

Hospital admission is sometimes seen as a punishment for man intolerable behavior in society. This question is addressed in the following speech, when the patient mentions the importance of identifying the hospitalized person by clothing [...] *with the hospital gown, I had a certain implication, especially when going out walking at the hospital. But I know the importance of using it because, as I was well, I could be bad and so I could escape. A few know our name, but not all. Clothing is important to identify [...] (P2 – Philippine eagle).*

Despite the uniqueness of each person, in this conception, something approaches them. In its habitat, the band becomes one: the mental patient. In this understanding, the person becomes insane, his freedom is private and psychiatric hospitalization becomes part of your palpable world. This fact is exemplified by the following speech: [...] *you feel useful. Not useful. How will I explain? You feel [thoughtful] you can not be valued [frowns], but you feel in your space [...] (P6 – John Clay).*

The person experiencing admission to the psychiatric unit reveals mixed feelings: sometimes sadness, sometimes joy. He feels trapped and at the same time free to establish friendly relations. Birds build their nests into a harmonious living environment where they feel safe for the naturalness of their flights. The search or the feeling of security is symbolized as the psychiatric hospital being his home: *I felt it was my home. I left and came back and it seemed that when I returned, I was returning home [...] (P9 – Agapornis).*

The family is a natural support for people who experience mental illness. Moreover, the organization of the person in everyday life is a factor that expresses its clinical stability, as revealed: *Now my mother has given me a knife to cut my food. She restored confidence in me. She gave me a plate, fork, knife and glass. She already knows that I do not cut anymore. She already knows. Now I'm no longer in crisis [...] (P7 – hummingbird).*

Therefore, psychiatric hospitalization is marked by ambiguity of a therapeutic resource and a punitive to some behavior, as well as the relationship with the other is seen as care and in a codependency way.

Perception of the health team

Research participants express their perception of the health team when they report a meaning of their experience (psychiatric hospitalization) observing the actions of health professionals. The ambiguity permeates the perception of the person who is the object at a time and is the subject of care of health team at another time.

The work routine and conduct of the healthcare team

By birdsong, they seek not only a safe habitat, but also the attitude of a friendly gaze of another. Even requiring listening and not being met, the person feels protected in

nest with a welcoming posture of staff, thus, a presence that speaks. This is expressed in the following statement: *I like the girls (nursing staff). I do not know, but I miss them. [...] And they had almost no time to listen to us. And then we disappear [...] (P4 – Bird-Satin).*

When the internal bird starts to hear some professionals sometimes it recedes in the nook of its not being, as revealed: *This guy is annoying me. Put him on the ropes, it's what I heard a lot in the psychiatric hospital. The other thing is debauchery. The guy're squirming there [grimaces]. I have seen it a lot, but not only in the psychiatric hospital [...] By working with [...] he must have a screw loose. I could not step in, I was a patient. I was not going to step in and pick a fight. We get scared [...] (P6 – John Clay).*

Moreover, he perceives the body as a relationship object of power established sometimes by professionals and by the hospital: [...] *We keep taking injection and be tied to sleep [...] (P7 – hummingbird).*

In an attempt to understand the experience of the other, hospitalization routine is considered a form of (in)security. Feelings of harmony, with regard by having a habit that bring security to the daily bird. However, are established, for a moment, codependence relations in surveillance of the other: sleep and remedies are supervised, as indicated by speech: *There you wake up early, breathe fresh air, there is lot grass, because it's out. The nurses are good, the food is good, everything is good, the remedy is on time. I felt good and well disposed [gesturing head nod] (P3 – Coleiro).*

Therefore, the care from the other to himself also permeates the ambiguity, because it provides therapeutic host and relationships of dependence and power.

Discussion

From the metaphor of the work resulting from the discourses of research participants, were unveiled the experiences of people who were hospitalized in the psychiatric unit. The identification of subjects with names of birds is the core of this research work because by appropriating of his speeches, it can be seen that they are birds who felt trapped. They are trapped to suffering, to daily use of medications that, although important for the stabilization of their disease, have significant side effects. The routine of psychiatric unit that sets time and desirable behavior fits the person and transforms he into an object of care. In this sense, the psychiatric patient remains, at the same time, object and instrument of exercise of disciplinary power relations⁽²⁾.

The action of monitoring in psychiatry is mainly performed by the nursing staff, which has the task of managing the care of the patient. This monitoring mission follows the patient throughout his life. When discharged, he returns to the tutelage of family caregiver. It is visible in the work of speeches that patients assimilate these rules and disciplines learned at the hospital and in his speech they appear in an automatically and submissive way, the work of discipline of bodies and minds of patients in order

to make them docile and useful individuals to society⁽²⁾. Thus, invasive practices and guardianship difficult for the subject to take ownership of their experiences and life choices⁽⁶⁾.

The dominant practice in hospitals is because it is impregnated by the concepts of reason and truth, inherited by our forefathers and defended by us, even if unconsciously. Extending this discussion of the dominant practices in psychiatry, it is noted that this process of social domestication and prejudice create in us the *mental asylums*, which pushes us to repeat the same process of enclosure of crazy person, not just at the nursing home, but at our own mind⁽²⁾. It is understood in this sense that the care of nursing in mental health does not happen neutral to this historical question of psychiatry, and therefore must be called into question⁽⁷⁾.

Given these paradigmatic issues, the nursing in mental health is in a transition period among the models of mental health care, seeking to overcome the disciplinary and punitive procedures with continuing education as strategy for overcoming this model. A team of mental health care seeks to understand and execute the law of psychiatric reform, and is essential the social rehabilitation of the subject and care in his territory⁽⁸⁾. However, this law does not prohibit the psychiatric hospitalization when it is necessary in exhausting other therapeutic resources. For that, the decree 1.899 of September 11, 2008 establishes the Working Group on Mental Health in General Hospitals in order to conduct a situational analysis for the implementation of psychiatric hospital beds integrated into clinical care⁽⁹⁾.

Thus, the challenge of a hospital mental health team is to provide an interconnected therapeutic care with the reference team of health on the territory of the individual and the listening the subject to co-responsibility for the treatment and the creation of other social spaces for promoting mental health⁽¹⁰⁾. The care of a multidisciplinary team grounded in dialogue proposes to enhance the subject in the plurality of their needs in favor of completeness, valuing his subjectivity⁽¹¹⁾. Listening the subject and the type of care in mental health can provide reframing the phenomenon of hospitalization, as well as the effectiveness of the hospital as a tertiary service and therapeutic devices like the matricial and the unique therapeutic project⁽¹²⁾.

Intention is to people write their own history, valuing their uniqueness and their perspectives on the therapeutic potential and production of life, so it is necessary to conduct research regarding their perception on their therapy. In this perspective, the health professional is a facilitator in building the therapeutic project together with the user and family, seeking to guarantee access to health services, multidisciplinary care, medication, social spaces, the possibility of adapting the everyday and reframing of mental illness⁽¹³⁾.

Final Considerations

This research sought to understand the meanings of psychiatric hospitalization to users of a Psychosocial

Care Center. It was observed the research participants metaphorically as a bird. He can born and grow 'freely' depending on the (dis)trust relationship established with other: social, familial, institutional, and himself, being challenged in ambiguous relationships. At a time the subject is trapped in an instinct of naive protect, at another time he is thrown into an abyss, in a dependency relation with the other, alienating him from the the conviviality with himself.

To express their subjectivity by his song, it is possible to see moments of introspection (becomes subject and object of observation) when he recognize himself only as mentally ill and thus sees himself as a person with possibilities and not possibilities from the world of the other. In this dimension there is deprivation of liberty and the bird is literally trapped into a cage. The cage does not refer only to the place, psychiatric ward, but also, to our mind, that governs.

From the experiences that emerge from psychiatric hospitalization, arises the need to rethink and strengthen some care in everyday life to enhance and/or change the work processes, recognizing the hospital as a tertiary health care and included in the perspective of line of mental health care. In this sense, the matrix support and the reference staff of the subject in its territory is a continuity strategy of specialized treatment. Thus, promoter of awareness of health professionals in order to carry out actions to promote mental health, appreciation of the person listening to co-responsibility of treatment redefining the phenomenon of hospitalization when it is necessary.

Nursing team, set in a multidisciplinary health team needs to incorporate provisions of the Psychiatric Reform to build, together with users, a net of support for rehabilitation and adaptation to everyday life, in search of a care based on the integrity and citizenship of the subject. In appreciation of the care, nursing is responsible for comfort, welcome, welfare of patients. In this host should be implied the maintenance of the dialogue, enabling distinguish and prioritize needs and define the trajectory or user flows by the system together with the health care team.

It is understood that being hospitalized provides mixed feelings, sensations and some meanings of hospitalization emerge from the conduct of the other, on how events occur, how is the process, how it is experienced. Thus, the desired feeling is to feel safe with respect to professional attitudes as the recognition of the other's identity, welcome, listening, presence of the other.

This study did not aim to be subject of generalizations, since it is grounded in qualitative research approach. Results are parameters for theoretical foundation for further research in the thematic perspective and awareness of health professionals to listen to the patient who experiences hospitalization. Thus, this research has achieved the stated objective to produce knowledge about the meanings of psychiatric hospitalization for people who experience mental illness. Therefore, as facilitators of the Psychiatric Reform Law, we seek, in theory and research, a foundation for the construction of theoretical pillars and mainly of professional attitudes to enforce the precepts of humanized and integral care.

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