Reflexivity of the sensitive and family care in the context of mental health

Reflexividade do sensível e do cuidado à família no contexto da saúde mental

Reflexividad de lo sensible y de la atención familiar en el contexto de la salud mental

Patricia Anjos Lima de Carvalho[I] 🔘; Vanessa Thamyris Carvalho dos Santos[I] 🔘; Ricardo Henrique Soares[II] 🔘;
Márcia Aparecida Ferreira de Oliveira[II] 🔘; Rafael Cerqueira Fornasier[III] 🔘; Edite Lago da Silva Sena[I] 🔘

[I]Universidade Estadual do Sudoeste da Bahia, Jequié, BA, Brazil; [II]Universidade de São Paulo, São Paulo, SP, Brazil;
[III]Universidade Católica de Salvador, Salvador, BA, Brazil

ABSTRACT
Objective: to describe the experience of families who experience mental suffering in existential spaces in the territory. **Methods**: this qualitative, descriptive study, based on the phenomenology of Merleau-Ponty and approved by the research ethics committee, was conducted between July 2017 and June 2018 in a municipality in Bahia, Brazil, with the participation of ten families, represented by 24 people. Data were collected in phenomenological interviews and intersubjectivity groups, and then analyzed using the ambiguity analysis technique. **Results**: the resulting descriptions were categorized into the family as a place for re(building) relational virtues and freedom as an existential space for care. **Conclusion**: the study demonstrated the family's potential to constitute a space for promoting virtues and strengthening bonds, and highlighted the importance of building and valuing dialogical experiences, such as the intersubjectivity groups, which proved to be a substantial mental health care strategy.
Descriptors: Philosophy Nursing; Family Relations; Mental Health; Community Mental Health Services.

RESUMO
Objetivo: descrever a experiência de famílias que vivenciam o sofrimento mental em dispositivos existenciais presentes no território. **Métodos:** estudo descritivo, de abordagem qualitativa, fundamentado na fenomenologia de Merleau-Ponty. Com aprovação do comitê de ética em pesquisa, o estudo foi desenvolvido entre julho de 2017 e junho de 2018 em um município da Bahia, Brasil, com a participação de dez famílias, representadas por 24 pessoas. Os dados foram coletados por meio de entrevistas fenomenológicas e rodas de intersubjetividade, tendo sido analisados pela técnica analítica da ambiguidade. **Resultados:** as descrições foram categorizadas em: família como lugar de re(construção) de virtudes relacionais e liberdade como dispositivo existencial de cuidado. **Conclusão:** o estudo demostrou o potencial da família para se constituir como espaço de promoção de virtudes e fortalecimento de vínculos; e ressaltou a importância da construção e valorização de experiências dialógicas, a exemplo das rodas de intersubjetividade, que se mostraram como relevante estratégia de cuidado em saúde mental.
Descritores: Filosofia em Enfermagem; Relações Familiares; Saúde Mental; Serviços Comunitários de Saúde Mental.

RESUMEN
Objetivo: describir la vivencia de familias que experimentan sufrimiento mental en espacios existenciales del territorio. **Método:** este estudio cualitativo, descriptivo, basado en la fenomenología de Merleau-Ponty y aprobado por el comité de ética en investigación, se realizó entre julio de 2017 y junio de 2018 en un municipio de Bahía, Brasil, con la participación de diez familias, representadas por 24 personas. Los datos fueron recolectados en entrevistas fenomenológicas y grupos de intersubjetividad, y luego analizados usando la técnica de análisis de ambigüedad. **Resultados:** las descripciones resultantes se categorizaron en la familia como lugar de reconstrucción de las virtudes relacionales y la libertad como espacio existencial para el cuidado. **Conclusión:** el estudio demostró el potencial de la familia para constituir un espacio de promoción de virtudes y fortalecimiento de vínculos, y destacó la importancia de construir y valorar experiencias dialógicas, como los grupos de intersubjetividad, que resultó ser una estrategia sustancial de atención en salud mental.
Descriptores: Filosofía en Enfermería; Relaciones Familiares; Salud Mental; Servicios Comunitarios de Salud Mental.

INTRODUCTION

Care to the families that experience mental suffering presupposes the development of a clinical practice centered on the exercise of citizenship and on the identification of territorial- and community-based care devices, which ensure the effective participation of these families in the deinstitutionalization process, based on the reconstruction of possibilities of life and existence, new social relationships, production of new subjects and of new rights[1,2].

The transition from a disease-centered care model to a model that emphasizes health production, rescue of citizenship, and social participation corresponds to the valuing of territorial and social integration devices, as well as those that promote the sense of community belonging[3]. Therefore, instead of creating parallel and protected life circuits for individuals experiencing mental suffering, the challenge to overcome is ensuring living in contractual circuits in social territories, undermining the reductionist logic of dissociating individuals with mental suffering from their family and

community context and replacing it with care aimed at rescuing the family's itinerary within the existential territory where they live, in the sense of directing their look to devices that can mobilize care, not only for the person with mental suffering, but for all their family members[1,4].

This article aimed to discuss the experience of families coping with mental suffering in the insertion into existential devices available in their territory.

THEORETICAL FRAMEWORK

This study is based on the philosophical framework of Merleau-*Ponty, especially on his theory on* reflexivity of the senses, which is presented as a "metamorphosis of the perceiver and the perceived", the impact of the world on us and the effect of our gestures on the world, when speech touches their meanings and causes an invasion of one into another, similarly to a confrontation between sensitivity and reasoning.

In the reflexivity of the senses, Merleau-Ponty uses the metaphor of a man who looks at himself in the mirror, which makes us see the universal magic of the self-other-self intercorporeality, emphasizing that this phenomenon occurs because the mirror attracts our flesh to the outside and, "at the same time, everything that is invisible" in our "body can invest the other bodies that" we see, the same way as our "body can contain segments taken from the others' bodies", since the author believes that "man is a mirror for man"[4:27].

METHOD

This is a descriptive study with a qualitative approach. After retrospective approval of the study by the Research Ethics Committee of the State University of Southern Bahia (CAAE: 52049615.9.0000.0055; Opinion no. 1.634.377/2016), ten families linked to a Psychosocial Care Center II (*Centro de Atenção Psicossocial II*, CAPS II) in a municipality of the state of Bahia, Brazil, accepted to participate in the study, totaling 24 participants.

Data was collected from July 2017 to June 2018, using techniques of phenomenological interviews and inter-subjectivity rounds. The phenomenological interviews were conducted by asking each participant the following: please talk about the places (devices) that you go to, would like to go to, or where you seek help in the neighborhood or municipality where you live, when necessary.

The descriptions of the participants from each family were grouped in a short text to be used in inter-subjectivity rounds, which occurred as follows: at a first moment, they were conducted with each of the ten families and, then, an inter-subjectivity round was conducted with the participation of all the families.

The inter-subjectivity rounds aim to produce experiential descriptions based on the concept of the experiences as phenomena: a single whole that is unveiled to the perception of the person who describes them, regardless of his/her choice or personal deliberation; corresponds to a return to the "lived world", temporality[5:94].

In the inter-subjectivity rounds conducted with each of the ten families, the participants created a map showing the composite sketch of the health devices available in the territory where they live, which were identified during individual interviews and were validated by the family. The map was named as the "I can" map, based on the notion that "everything I see, by principle, is within my reach, at least within the reach of my sight"[4:19].

The ten maps built by the families were exposed during the inter-subjectivity round with the participation of all the families. After the presentation of a video with images of people with mental suffering undergoing psychosocial rehabilitation, the discussion was mobilized by the following proposal: tell us what you saw and felt while you observed the "I can" maps exposed in the room and while you watched the video that we have just presented.

The experiential descriptions produced in this inter-subjectivity round that had the joint participation of the ten families were recorded, transcribed, and subjected to the Analytics of Ambiguity, a technique based on Merleau-Ponty's theoretical framework – with regard to the way in which the process of human perception occurs – which consists of a dynamic experience involving all the senses in a joint and comprehensive action and in constant interaction with other people, with things, and with the world; it devises the sensitive and reflexive dimensions of the being in a frequent movement of reflexivity and intercorporeality[6].

The analysis of descriptions that correspond to the object of analysis of the present article was made according to the following stages: reading of the descriptions; recognition of the theses; identification of the expressions that reveal ambiguities and are characterized as profiles of a single whole imposed to us; and objectification of the thematic categories[6].

In order to guarantee anonymity, the participants chose codenames based on birds (for the CAPS II users) and animals (for their relatives). Since some participants made specific references to professionals working in CAPS II and to

people they invited to join them in the inter-subjectivity round, the mentioned professionals were coded by names of trees, and the invited individuals by names of plants.

RESULTS

The process of understanding the experiential descriptions resulted in the following categories: the family as a space for the (re)construction of virtues, and freedom as an existential care device.

The family as a space for the (re)construction of virtues

The experiential descriptions revealed the potential of families to constitute a favorable space for the construction and (re)construction of virtues such as: solidarity, hope, reciprocity, unity, and love, among others, which can be revealed in a creative manner.

> [...] I wanna regain my family, my mother, my son, my siblings, who I really love! So, it's creating love, valuing my mother, who I love very much. (Dove)

The families also revealed the desire of unity intertwined with feelings of solidarity and joy, which can be present in family relationships with the neighborhood and turn the streets and the territory into places of sharing and welcoming.

> [...] sometimes, we would visit every house in the street, would hang out with the neighbors, we helped each other, and sometimes I helped my grandmother, and the house became full of people. [...] sometimes, we asked each other: what did you cook today? One of us would say: I made cuscuz; and the other would say: I made mungunzá. The other day, my grandmother would ask me to take something to the house of some of our neighbors, and sometimes they also had something for us as well. This is sharing, people's unity. (Hummingbird) [...] happy people, in their homes, happy with their families. (Yerba Mate)

The descriptions revealed ambiguities with regard to the view that the same smile that shows joy, happiness, and strength can also portray suffering and struggle for life and existence.

> [...] there is a smile, yes, because we have to be strong, have to go on with life, because we, as she said (referring to Dove), we have to regain what we have lost, our family. The feeling of struggling to be well, to be fine, to be strong all the time, no matter what. We come, smile, even participate, but it doesn't mean that we are not experiencing any suffering inside. (Ostrich)

The descriptions reveal that people with mental suffering want to justify that, in situations of crisis, they are not aware of the extent to which they hurt their families, and also showed to be concerned with the future.

> [...] when we are in crisis, we don't know what we're saying, what we're doing, and the first thing we do is hurting our family, we think that even people out there are more important than our family. We make our parents suffer even at their old age, make them more worried about us. (Eagle)

Freedom as an existential care device

This category expresses the participants' desire of freedom, which showed to be an existential care device within the families' context. The descriptions revealed profiles of psychiatric hospitalization as deprivation of freedom, centralized use of medications, and violence, at the same time that they showed that freedom can potentially uncover dreams, desires, projects to a more autonomous and happier life.

> [...] sometimes, a person puts a relative there in the psychiatric unit, and the situation becomes worse, a fight starts there with those patients. (Bear) [...] nobody likes it because the person is ill and is beaten at the hospital. (Macaw) [...] since everybody is here, listening, it's a very good thing. The person feels comfortable, free, because there (in the psychiatric unit), they get trapped. (Hummingbird) [...] Having freedom to go whenever you want, to decide by yourself, not having the family's opinion. (Chicken) [...] There [in the psychiatric unit], no, they only give medication [...] I'm going to study, take a course to enter college [...] I'm seeking for autonomy through this. (Eagle) [...] Autonomy, because she decided to struggle by herself. (Ostrich).

The descriptions show that the family is ambiguous towards the experience with psychotropic medications. The use of medications can prevent some people with mental suffering from working and returning to social life, while this experience does not interfere with other peoples' lives. The descriptions also show the role of work as a therapy, thus increasing the sense of human dignity and social reinsertion.

> [...] There are people who work, live a social life. Don't they take medications? Yes, they do. (Ostrich) [...] many don't work, because they can't take it. (Swan) [...] I take two injections per month, six medications per day [...] and it doesn't interfere with my life. [...] It depends on the person, because if you didn't have a father, a mother, friends to take care of them, what would they do? They would have to work. It's important to take their medication every day. [...] People become dependent on the medication. (Chicken) [...] The thing that hinders people is crossing their arms, and when mommy provides food, clean clothes, and housing. (Panther) [...] I've always worked, even taking medications. (Chicken) [...] it doesn't interfere with our work (Ostrich) Working is an honor. (Eagle) [...] It's dignity. (Ostrich) [...] Social reinsertion. (Eagle)

The following description evidences the users' bond with the professionals working at CAPS II, who seem to share the same interest in interventions grounded on dialog and that emphasize the importance of listening for promoting empowerment and building of users' autonomy.

> *It was so hard for us to have a professional like Bamboo, and today we have. It's a reason of appreciation [...] This supports your struggle. Today, the CAPS has air conditioning. Look at the struggle, the empowerment, the autonomy! The food is not good, he complains. This is a victory, not only for those who are here, but for everybody. (Ostrich).*

The description allowed seeing the meaning of the inter-subjectivity round as a meeting that produces affections and intercorporeality, in addition to making it possible to deconstruct the stigma of being "crazy", to reveal feelings, and to build knowledge, which can lead to a better future for the entire family.

> *[...] Through this meeting, I could understand a little more about the stories of each person, I think this experience will allow me to deal even better with my father. (Bear). [...] I was able to realize how hard it is for you not having the support of your family; I could witness this here, because we see a person passing by on the street, throwing stones, doing one thing or another, you say it is a crazy person, but you don't have this in your family; I'm leaving here with the certainty that many of you need support. (Rosemary) [...] I'm taking learning and I'm taking much love, because many families don't have this love, this patience that you have to deal with each situation. (Peppermint) [...] What I take from here is a great moment of learning. (Donkey) [...] Hope, love, affection and attention. (Dove).*

DISCUSSION

The approach with the families occurred through the intertwining with the social subjects, which is identified amidst sounds and silences, gestures and words, produced as reflexivity[4]. This initiative enhanced the meeting and opened possibilities to the building of knowledge as an invasion of language in which the perceiver became the perceived and the perceived became the perceiver[7].

This invasion was only possible because of the creation of dialogicity, necessary for the manifestation of coexisting feelings and for the expression that make ourselves known and, at the same time, make us know the other. This simultaneity mobilized the communication between feeling and reflecting, contributing to doing and undoing identities, always as a resumption and overcoming of the others' speech[8].

Viewing the "I can" maps motivated the production of experiential descriptions that showed how the families experienced their existential territories as a movement by themselves, through the transmutation of sensitivity into language[4,7].

Under Merleau-Ponty's perspective, it can be said that the produced descriptions celebrated the enigma of visibility, the revelation of beliefs, ideas, desires, cultures, emotions, among other aspects that were intertwined to the experience of families that experienced mental suffering with the insertion into existential devices available in their territory[9,10].

The potential of the family to constitute an existential care device were intertwined with its willingness to build and rebuild virtues, such as solidarity, hope, union, love, and reciprocity. Ostrich's experience of revealing a sad smile appeared as an idea that did not come from the images, but as a consequence of them, as a reflexive experience[4].

Ostrich's speech showed the desire of social insertion, of contributing with knowledge building through valuing the space to express suffering and struggle. The resumption of Dove's description with regard to the desire of regaining their families indicated reflexivity in Ostrich's descriptions, ratifying the thesis that "children will always miss their mother". This thesis, seen as an established knowledge that operates in favor of culture and moral duty, as a behavior transmitted through generations, mobilizes human feelings and practices[11].

Cat's descriptions about care for mental suffering valued the efforts of her grandmother to keep the family united when Dove's mother and siblings did not support her, confirming her involvement in care promotion and management[12]. The reflexivity of the families on attitudes and gestures that include them as existential devices opened the possibility to consider the family as having an essential role for people and for society[13].

Cat's description led Eagle to state that, in moments of crisis, people with mental suffering are not aware that they mistreated their family, and this context brought concerns with the future, related to uncertainty about who will take care of them at their old age. Within this perspective, there was the intertwining of being cared for with being happy. Care emerged as effort, solicitude, and attention, evidenced by the feeling of unity, by attitudes that imply in the involvement with the others, with their lives, and their destiny[14].

Care emerges by means of gestures that do not have a given meaning, but are understood as an act of being cared for, "by the reciprocity between [one's] intentions and the gestures of other people, between [one's] gestures and intentions legible in the others' behavior"[5:251]. The gestures of sharing and solidarity revealed in Hummingbird's experience with the neighborhood led to the reflection that the family is a device that promotes gatherings and communicational movements that allow deepening human relationships and virtues, such as commensality, which crosses different fields of knowledge, since food and its consequent relationships are crucial to life[15].

Ostrich's and Panther's descriptions showed that the decision of working is not linked to the use of medications, but rather to one's willingness to decide what one wants to do. This willingness was confirmed by Chicken, who, when reporting that medications never prevented her from working, pondered that this can occur with "people who become dependent on the medication", corroborating studies revealing that drug therapy favors relationships and contributes to social reinsertion[16].

The relationship between work and social reinsertion is shown to promote inter-subjectivity and, as an expression of freedom, enables feelings of gratification and dignity, both of which are inherent to the exercise of citizenship. In this sense, the descriptions reinforce the potential of work to motivate social reinsertion and the building of a new social place for the person with mental suffering[1,10].

The desire for autonomy was evidenced in the descriptions in which Eagle reports options of social reinsertion as a perspective of future, leading Ostrich and Chicken to reflect on the relationship between autonomy and freedom. In this context, there is Ostrich's description that intertwines empowerment with autonomy and with freedom as an experience in which the users engage to struggle for improvements in the infrastructure and in the services provided by the CAPS. These descriptions ratify the potential of care in contexts of freedom for the strengthening of the sense of autonomy and empowerment[3,10].

Eagle's recommendation that one should smile, "even if the smile is sad", showed the potential of this strategy to help families in (re)building bonds, respect, and confidence, to assume the corresponsibility for care and for projects of happiness of their members. The participants' view conducted the intertwining of autonomy with empowerment and social reinsertion, and also the resumption of Merleau-Ponty's concept of "I can" with freedom, "an essential power that I have [we have] of being the subject of all my [our] experiences"[5:483].

CONCLUSION

The study revealed that families experiencing mental suffering can give visibility to the virtues, understood as relationship aspects that are intertwined with feelings of happiness in the family collective, such as reciprocity, generosity, and solidarity – which emerge to open possibilities of satisfying the desire of (re)gaining the family expressed by some people with mental suffering The experience of freedom showed to be intertwined with autonomy and empowerment, as a movement towards social reinsertion.

Freedom and the family itself emerged as existential care devices able to promote the desire encounter between subjects, who are in a constant (re)building of themselves, of their life projects, of hope, and of happiness, showing to be intertwined with the existential success of their families.

REFERENCES

1. Venturini E. A linha curva: o espaço e o tempo da desinstitucionalização. Rio de Janeiro: Editora Fiocruz; 2016.
2. Amarante P, Nunes MO. Psychiatric reform in the SUS and the struggle for a society without asylums. Ciênc. Saúde Coletiva [Internet]. 2018 [cited 2020 May 10]; 23(6): 2067-74. DOI: https://doi.org/10.1590/1413-81232018236.07082018
3. Braga CP, d'Oliveira AFPL. Políticas públicas na atenção à saúde mental de crianças e adolescentes: percurso histórico e caminhos de participação. Ciênc. saúde coletiva [Internet]. 2019 [cited 2020 May 10]; 24(2): 401-10. DOI: https://doi.org/10.1590/1413-81232018242.30582016
4. Merleau-Ponty M. O olho e o espírito. São Paulo: Cosac Naify; 2013.
5. Merleau-Ponty M. Fenomenologia da percepção. Tradução: Carlos Alberto Moura. 5. ed. São Paulo: Martins Fontes; 2018.
6. Sena ELS, Araújo ML, Ribeiro BS, Santos VTC, Malhado SCB, Soares CJ et al. Ambiguity of care in the experience of drug consumers. Rev. Gaúcha Enferm. [Internet]. 2017 [cited 2020 May 09]; 38(2): e64345. DOI: https://doi.org/10.1590/1983-1447.2017.02.64345
7. Merleau-Ponty M. O visível e o invisível. Tradução: José Artur Gianotti e Armando Moura d'Oliveira. 4. ed. São Paulo: Perspectiva; 2014.
8. Carvalho PAL, Malhado SCB, Constâncio TOS, Ribeiro IJS, Boery RNSO, Sena ELS. Human care in light of merleau-ponty's phenomenology. Texto contexto - enferm. [Internet]. 2019 [cited 2020 May 10]; 28: e20170249. DOI: https://doi.org/10.1590/1980-265x-tce-2017-0249

9. Carvalho PAL, Moura MS, Carvalho VT, Reis MCS, Lima CBO, Sena ELS. The family in the psychosocial rehabilitation of people with mental suffering. Rev. enferm. UFPE on line [Internet]. 2016 [cited 2020 May 10]; 10(5):1701-08. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13545/16317

10. Assad FB, Pedrão LJ, Cirineu CT. Care strategies used by occupational therapists in psychosocial care centers. Cad. Ter. Ocup [Internet]. 2016 [cited 2020 May 10]; 24(4): 743-53. DOI: http://doi.editoracubo.com.br/10.4322/0104-4931.ctoAO0738

11. Reis CCA, Menezes TMO, Sena ELS. Experiences of hospitalized elderly's family caregivers: visibility to the invisible. Saude soc. [Internet]. 2017 [cited 2020 May 10]; 26(3):702-11. Available from: https://doi.org/10.1590/s0104-12902017156439

12. Souza IP, Araújo L F S, Bellato R. Gift and care during the time lived with the family. Rev. Fun. Care Online. [Internet] 2017 [cited 2020 May 10]; 9(4):990-8.DOI: http://dx.doi.org/10.9789/2175-5361.2017.v9i4.990-998

13. Fornasier RC. Memory and family in the Sociology of Pierpaolo Donati and the Anthropology of Francesco Botturi. Memorandum. [Internet] 2018 [cited 2020 May 10]; 35:100-14. Available from: https://periodicos.ufmg.br/index.php/memorandum/article/view/6889

14. Gomes ET, Brandão BMGM, Abrão FMS, Bezerra SMMS. Contributions by Leonardo Boff for the understanding of care. Rev. enferm. UFPE on line [Internet] 2018 [cited 2020 May 10]; 12(2):531-6. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23563

15. Oliveira RG, Barcellos DMN,Prado SD. Body, consumption and commensality in the city: reflections on the affections in advertising. INTERIN [Internet] 2019 [cited 2020 May 10]; 24(1):139-56. Available from: https://interin.utp.br/index.php/i/article/view/1601/1764

16. Maftum MA, Alcântara CB, Capistrano FC, Czarnobay J, Ferreira ACZ, Brusamarello T. Use of psychopharmacological drugs to treat people with mental disorders: nursing team's perception. Invest. Qualit. Saúde [Internet]. 2016; [cited 2020 May 10]; 2:664-73. Available from: http://proceedings.ciaiq.org/index.php/ciaiq2016/article/view/808/794