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The feelings of individuals with mental disorders undergoing psychosocial rehabilitation regarding recreational activities*

SENTIMENTO DO PORTADOR DE TRANSTORNO MENTAL EM PROCESSO DE REABILITAÇÃO PSICOSSOCIAL FRENTE À ATIVIDADE DE RECREAÇÃO

SENTIMIENTO DEL PORTADOR DE TRANSTORNO MENTAL EN PROCESO DE REHABILITACIÓN PSICOSSOCIAL FRENTE A LA ACTIVIDAD DE RECREACIÓN

Angelina Moda Machado¹, Adriana Inocenti Miasso², Luiz Jorge Pedrão³

ABSTRACT

Traditional therapies have the strength to control psychiatric symptoms, but do not offer the necessary conditions to maintain that control. Therefore, untraditional treatments may be used to help with that maintenance. The objective of this study was to survey the feelings that individuals with mental disorders experience while taking part in recreational activities. To do this, 10 users of a Psychosocial Care Center were interviewed after participating in 10 sessions of Recreational Activities Results showed the participants felt pleasure, tranquility, emotion and bonding. Thus, recreation can be considered an important activity in mental health care, as it has a positive effect on psychosocial rehabilitation. The participants showed very positive feelings, which suggest that recreational activities may be of great help in controlling symptoms hence increasing the patients' chances to maintain the symptoms of their disorders under control.

DESCRIPTORS

Mental disorders
Psychiatric nursing
Mental Health Services
Recreation
Emotions

RESUMO

As terapias tradicionais têm potencial para controlar a sintomatologia psiquiátrica, mas não oferecem condições de manutenção desse controle. Assim, as modalidades terapêuticas não tradicionais se apresentam como um meio para auxiliar nessa manutenção. Este estudo objetivou levantar os sentimentos que portadores de transtornos mentais têm ao participarem de um programa de atividades de recreação. Para isso, 10 usuários de um Centro de Atenção Psicossocial após participarem de 10 sessões de Atividades de Recreação, foram submetidos a uma entrevista, que mostrou como resultados, sentimentos de prazer, tranquilidade, emoção e união, sendo possível considerar que se trata de uma atividade importante na assistência em saúde mental, influenciando favoravelmente na reabilitação psicossocial. Os sentimentos extremamente positivos apresentados, levam ao entendimento de que essa atividade tem realmente um grande potencial para auxiliar no controle da sintomatologia, oferecendo ao portador de transtorno mental mais chances de controle dos sintomas provenientes de seus transtornos.

DESCRIPTORES

Transtornos mentais
Enfermagem psiquiátrica
Serviços de Saúde Mental
Recreação
Emoções

RESUMEN

Las terapias tradicionales tienen potencial para controlar la sintomatología psiquiátrica, pero no ofrecen condiciones de mantenimiento de tal control. Así, las modalidades terapéuticas no tradicionales se presentan como un medio para auxiliar en dicho mantenimiento. Este estudio objetivó captar los sentimientos experimentados por portadores de transtornos mentales participantes de un programa de actividades recreativas. Para ello, diez usuarios de un Centro de Rehabilitación Psicossocial, luego de participar de 10 sesiones de Actividades Recreativas, fueron sometidos a una entrevista, que mostró como resultados sentimientos de placer, tranquilidad, emoción y unión, posibilitando considerar que se trata de una actividad importante en la atención en salud mental, influenciando favorablemente en la rehabilitación psicossocial. Los sentimientos extremadamente positivos presentados, acercan al entendimiento de que tal actividad tiene realmente un gran potencial para auxiliar en el control sintomatológico, brindando al portador de transtorno mental más chances de control de los síntomas derivados de sus transtornos.

DESCRIPTORES

Trastornos mentales
Enfermería psiquiátrica
Servicios de Salud Mental
Recreación
Emociones

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INTRODUCTION

Throughout its history, psychiatry shows benchmarks in care delivery to patients with mental disorders, such as Pinel's revolution, the synthesis and use of psychotropic drugs, the use of psychotherapy and the development of therapeutic and diagnostic resources. Today, a period of ideological, structural and political changes in mental health actions is ongoing, more specifically regarding the institutionalization of care⁽¹⁾.

The precursor movements of the Brazilian Psychiatric Reform, which emerged in the United States and Europe as from the mid-20th century, revealed criticism against the care delivered to patients with mental disorders, when they were excluded and segregated from society, demanding actions with a view to more humanized care deliver, so as to guarantee their dignity as citizens⁽¹⁾.

For years, psychiatry played the role of controlling deviating subjects. Psychiatric patients were marginalized, excluded from society and deprived of their autonomy and independence. Psychiatry did not consider patients with mental disorders as active subjects in their treatment; the main focus was on the disorder.

The psychiatric reform entailed a significant evolution in psychiatric treatment and care delivery to mental disorder patients, which laid the foundations for the expansion of this care⁽²⁾. It should be reminded that the psychiatric reform involves not only laws and proposals, but also their practice and exercise.

Social inclusion and enabling society to live with the difference serve as the basic premises of mental health policies. Integrating this policy with other social policies is important, involving education, work, leisure, culture, sports, housing and professional capacity-building, with a view to guaranteeing the full exercise of citizenship⁽³⁾. In short, initiatives that attempt to redefine professionals and health services' role, discussing the meaning of mental health care and the meaning of the cure process. Besides, a culture needs to be created that is marked by solidarity and the experience of citizenship, so as to guarantee social inclusion, autonomy and dignity⁽¹⁾.

Nursing is a health area directed at the prevention and relief of human suffering. The interaction process is the base for nursing actions and fundamental for an effective therapeutic process. Thus, knowledge, skills to communicate and understand behavior and relations with patients are essential for nurses working with mental disorder patients.

The goal of psychiatric nursing is not clinical diagnosis or medication intervention, but commitment to the daily quality of life of patients with mental disorders⁽⁴⁻⁵⁾. Different types of therapeutic modalities have been used in mental health care services, offering not only leisure activities,

but also benefits like decreased anxiety and irritability, increased self-esteem and memory and social reintegration.

The care offered should respect and welcome mental disorder patients' differences, treating them as human subjects and not as a symptom to be cured. Besides, the exercise of boldness, creativity and joy should always be associated with therapeutic activity⁽⁶⁾.

The activities should please the users. Nurses should adopt a democratic attitude, making them choose the activities they want and need to perform. Moreover, they should always assess their practice and attitudes, as it is not worth it to use an activity alternative if it does not make sense to users or if their action still reproduces traditional care practices.

It is a fact that traditional therapies, including psychotropic drugs therapy, are sufficient to achieve effective control of psychiatric symptoms, but are not sufficient for mental disorder patients to maintain this control. Thus, non-traditional treatment modalities, including rehabilitating

recreation, are not only means to support maintenance, but also offer mental disorder patients a quality of life similar to that of people without any psychiatric disorder, that is, *normal* people.

In the belief that psychiatric care service teams propose and conduct non-traditional therapeutic modalities, but that these are not always adequate to the principles, including participating patients' cultural principles, it is relevant to know how mental disorder patients feel in these activities, with a view to obtaining support for transformative actions in care delivery to these clients.

...non-traditional treatment modalities, including rehabilitating recreation, are not only means to support maintenance, but also offer mental disorder patients a quality of life similar to that of people without any psychiatric disorder...

OBJECTIVE

To identify the feelings of mental disorder patients going through psychosocial rehabilitation when participating in a recreation activity program.

METHOD

This is a descriptive research with a qualitative approach, aimed at detecting the influence of a procedure or intervention inside a context⁽⁷⁾. The goal is to identify the feelings of mental disorder patients towards a non-traditional therapeutic activity, designed as part of their psychosocial rehabilitation process.

Activities took place at the Psychosocial Care Center (CAPS) of the Ribeirão Preto Municipal Health Secretary, due to the previous bond with the team at that service, which includes training and research activities, among others. The CAPS is structured to offer intermediary care, between full-time hospitalization and community life. The

service also receives mental disorder patients forwarded from health centers, emergency care, hospitals and private practices to develop a creative rehabilitation or habilitation experience⁽⁸⁾.

For this study, a group of 10 mental disorder patients was selected, between 31 and 50 years of age, who attended the CAPS service in a semi-internment regimen with intensive care and daily attendance and/or semi-internment regimen without the need for intensive care and programmed attendance, who participated in a non-traditional therapeutic activity called "Recreation Activity", offered regularly at the CAPS, once per week, during one hour and a half, by students from the University of São Paulo at Ribeirão Preto College of Nursing.

These activities include: painting, plastic arts, music, dancing, dramatization, different games and excursions to squares and parks, which can be used purely or in combination, such as music and dancing, excursions to squares and parks articulated with different physical exercises and group games, favoring intense approximation and interaction and permitting the desired resocialization and social insertion, thus achieving psychosocial rehabilitation as recommended in the Psychiatric Reform.

Participant mental disorder patients received explanations about the study aims and procedures. After agreeing to participate, patients and their relatives signed the informed consent term, in compliance with resolution 196/96 by the National Health Council. Approval for the research project was obtained from the Institutional Review Board

at the University of São Paulo at Ribeirão Preto College of Nursing (Letter No 195/2007-CEP).

For the research situation, a cross-sectional cut was established, with the included mental disorder patients participating in Recreation Activities for three months, totaling twelve sessions. At the end, a tape-recorded semistructured interview was held with the entire group, departing from the following guiding question: "How do you feel when participating in this activity?". The tapes were fully transcribed. For data analysis, the qualitative approach was used⁽⁹⁾.

After fully transcribing the recorded interviews, the entire contents were first read to obtain a general view. Then, after organizing, reading and re-reading the entire material, the themes were identified that emerged from interviews with the study participants. These themes were analyzed, based on literature support about the research problem, with a view to achieving the research proposals. One important point in this type of (qualitative) analysis is the emergence of clues and indications that can support planning proposals, program assessments, institutional and relationship changes, in the attempt to improve the study context⁽⁹⁾.

RESULTS AND DISCUSSION

In the table below, the participating subjects' general characteristics are shown, considering: gender, age, marital status, religion, origin, occupation and diagnosis.

Chart 1 – General characteristics of study subjects - Ribeirão Preto - 2008

Subject	Gender	Age	Marital Status	Religion	Origin	Occupation	Diagnosis
(S1)	M	47	Single	Catholic	Ribeirão Preto	Retired	Hebephrenic Schizophrenia
(S2)	M	43	Single	Catholic	Ribeirão Preto	Retired	Personality Disorder
(S3)	M	54	Widowed	Catholic	Ribeirão Preto	Retired	Paranoid Schizophrenia
(S4)	M	51	Separated	Catholic	Ribeirão Preto	Retired	Schizoaffective Disorder
(S5)	M	37	Separated	Catholic	Ribeirão Preto	Retired	Paranoid Schizophrenia
(S6)	M	36	Single	Catholic	Ribeirão Preto	Retired	Paranoid Schizophrenia
(S7)	F	50	Married	Catholic	Ribeirão Preto	Housewife	Personality Disorder
(S8)	F	34	Separated	Catholic	Ribeirão Preto	Retired	Paranoid Schizophrenia
(S9)	F	44	Married	Catholic	Ribeirão Preto	Retired	Paranoid Schizophrenia
(S10)	F	31	Single	Catholic	Ribeirão Preto	Unemployed	Bipolar Affective Disorder

The above table shows that most sample subjects are female. Ages ranged between 31 and 50 years, leading to the understanding that balance existed, in the sense that all patients already belong to a class of adults and, in a way, have experienced different situations across the lifetime. It was also identified that all study participants have lived with their mental disorders for more than five years. Therefore, it can be affirmed that their experiences in different daily situations in general are truly diverse.

Regarding marital status, the group showed heterogeneity, with four single, two married, three separated and one widowed subject. This can be considered favorable for the study, as different people with varying relationships had the opportunity to report their feelings about a specific recreation activity.

Catholic religion predominated, which is common in Latin American countries, particularly in Brazil. All study participants come from Ribeirão Preto and are mostly retired, while only one is a housewife and the other unemployed. These are fundamental aspects as, even retired, they are in a very productive age, deserving great investments in these mental disorder patients' psychosocial rehabilitation. Thus, due to their characteristics, non-traditional activities like Recreation become essential for these patients' social reinsertion.

As for the diagnosis, the group is relatively heterogeneous, with mostly schizophrenic patients. Others were diagnosed with personality disorder, schizoaffective disorder and bipolar affective disorder. For a research aimed at verifying feelings of mental disorder patients towards a non-traditional therapeutic activity like recreation, the participant subjects' range of diagnoses is extremely positive, as each disorder is marked by specific characteristics and patients manifest different behaviors. This permits different feelings towards the activity in question and enriches the presented reports. It should be highlighted that these data are in line with literature, which appoints that 20% of the population suffers from some mental disorder in general and that 1% of the entire population suffers from schizophrenia⁽¹⁰⁾.

It is highlighted that feelings are expressed by the way we perceive our reactions to the surrounding world. They are the hidden face all people carry inside them, which flows little by little⁽¹¹⁾. Hence, feelings are affective states produced by different phenomena in intellectual or moral life. They can result from sensory perceptions or mental representations. They represent stable forms that follow acute and violent forms of emotions. They also differ from emotions themselves, as they contain a larger number of intellectual elements⁽¹²⁾.

In view of these aspects, the contents of the study subjects' testimonies appointed four themes, which were: *pleasure*, *tranquility*, *emotion* and *union*, described next and illustrated with the subjects' statements.

Theme 1 - Pleasure

Pleasure is experienced when feelings of valuation and recognition are experienced. Valuation is the feeling that work has a meaning and value in itself, while recognition is the feeling of being accepted and admired at work and having the freedom to express one's individuality, as expressed in the following statements:

Hey, I wanted to say that I liked the meeting a lot. For me the meeting was very pleasant and gave me a very good feeling(S2).

And I think that's very pleasant. I liked it a lot because it reminds me of what I do and gave up doing and what I can do again(S10).

The feeling of satisfaction, particularly in this study, means pleasure. The study subjects found pleasure when they were offered painting activities, so that they would experience painting their own painting and making their own works of art. The feeling of satisfaction derives from the manifestation that their work is recognized and the demonstration of gratitude for what was performed⁽¹³⁾. This is shown in the following statements.

I thought it was good. I liked my painting, I painted my flower, I drew my name. It's a flower(S5).

I liked it! I had never put my hands on a painting, I liked doing that!... I thought I wouldn't be able to handle the brush(S7).

Feelings of pleasure towards the recreation activity were observed despite the initial fear to accomplish it, expressed through the belief that who never laid his hands on a brush would not be able to paint. This fear was overcome by coping with and developing the activity. No assessment was attached to what would be done, that is, nobody would be assessed for the quality of his/her work, also because there was no evaluator with sufficient technical skills to do so. What existed was encouragement to do, thus stimulating coping with the disorder symptoms and permitting the expression of potentials and possibilities.

Thus, each person in his/her own way accomplished what was being proposed and felt good, which is the main objective of the activity, generating the feeling that these patients are able to develop an activity, evolve and have full conditions, in the future, to develop work, create a bond and have a job.

Theme 2 - Tranquility

Tranquility means feeling safe, serene, being well with oneself and other people, feeling of happiness, free from concerns⁽¹⁴⁾. Feelings of tranquility or relaxation were frequent and appeared when the participants were offered group or self-massage activities. The following statements illustrate these aspects.

Ah, I liked it a lot. I got so relaxed that I felt sleepy. And I'm not feeling any pain. I'm feeling very well(S7).

The body is more relaxed... it seems you get more relaxed...(S1).

After the activities, some of the patients reported that they were feeling calmer, happier. Besides they wanted other patients in the group and students who conducted the activities to experience the same feeling. These reports are opposed to mental disorder patients' anguishing experience, making them even more relevant.

It was great, I got really emotional... I liked to dance... I was nervous, now I ain't anymore, I'm calmer... The soul is relieved, happier... I'm fine...(S8).

...I'm happy, it was very good, I felt more relaxed.... I wish happiness to everyone, to the families and to you who are always here doing this activity with us...(S1).

A more beautiful day that lightened up my life, my soul, the center of my heart... From the love up there I wish everyone happiness...(S9).

It was good, I was kind of sad, you know.... but now I'm happy...I wish happiness to you girls who are always here making us happy with this different activity...(S5).

The emergence of the tranquility theme was due as such activities generally enhance this feeling. These activities are free, as participants can choose what to do during the sessions, but are structured with a well-designed scheme. It should be highlighted that, for mental disorder patients, choosing among different possibilities and facing the challenge without charges can arouse pleasure.

Hence, it is to be expected that the moments experienced in this kind of activities provide support for patients to be ready to face greater challenges. And now, yes, with some charges, can re-educate themselves for productive life. When feeling tranquility in a supervised activity, there is a greater chance that this feeling can be transferred to an unsupervised activity outside the CAPS, that is, a job or an occupation.

Thus, it is evidenced that the recreation activities, in the way they are offered, that is, free to choose, but structured in terms of the method to offer them, are in accordance with the range of activities that can be offered at CAPS, with a view to mental disorder patients' psychosocial rehabilitation, inserted in the context of the Psychiatric Reform's proposals.

Theme 3 - Emotion

Emotions are exalted individual states, related to the feeling of fear, anger, joy, sadness, motor preparation for the reaction, the organic condition and type of situation that unleashes it. They imply a load of feelings, but are not restricted to them, because they also cover the cognitive aspect. This cognitive element is responsible for the association between feelings and the environment, where the subject is inserted and which, in social situations, can provide clues on other people's emotions and feelings⁽¹⁵⁾.

The patients demonstrated the feeling of emotion when they went to a shopping mall. They were touched by seeing the windows, on a Monday morning, ceasing to think about contents that reinforce their symptoms, that is, with routine concerns from their homes and social relations, making room for healthy emotions.

I found it moving, because Monday is not just the day to wash clothes (laughs)... Going to the mall on a Monday, I loved it (laughs)... I loved it a lot and even forgot about the housework (S7).

I loved the earring shop, the bookshop... I also liked to see the flower shop. I found it very pretty(S9).

I want to say that, here at the mall, we have a lot of fun with things... And we need this kind of therapy from time to time(S1).

The patients' emotion was also verified during an excursion to a park. They reported the emotion they felt about breathing in clean air, about being in contact with nature and visiting a different place from the usual. They emphasized that this type of excursion should be more frequent and should cover other cities than Ribeirão Preto, so as to help other patients. At that moment, the importance of activities outside the CAPS was verified, permitting participants to interact with more natural situations, in a space that allowed for the transformation from a simple participation to an activity, a more in-depth experience, loaded with meanings, which permitted the perfectly pure and original expression of emotion, which can be translated as symptom control. This can be detected in the following statements.

It was a very different day... Feeling the clean air, having good conversations. Talking, dancing... Reciting poetry, right? All this had never been possible, right?(S3).

A more beautiful day that lightened up my life, my soul, the center of my heart... From the love up there I wish everyone happiness...(S9).

I have to clean my throat... Wait... The group, I found it spectacular, I found it excellent, everyone cooperated and it worked out... I hope everyone will do this group with us, that it will happen in other cities, and I hug you all my friends, and colleagues, and teachers. I liked you, I hope things will get better from now on. (S1).

In the analysis of the patients' reports who participated in the Recreation Activity, in contact with the environment, the expressed emotions were detected and added up, translated into feelings of wellbeing.

Theme 4 - Union

Union is teamwork, in which people do not only think about themselves, but also about people who are close, think about helping other people, with a complementary view, considering that adding up efforts is fundamental to achieve good results, that the result of work is better if everyone works together⁽¹⁶⁾.

The participants reported the feeling of union in the group when they all went together to a square to talk, listen to music and dance, as observed in the following testimonies.

I got very happy to participate in this group, this group is united... I love everyone... This is doing me good, I get home, I don't think about anything... I just think about the joy, the happiness of being with you... when there's an activity, I get anxious to come and participate... I like everyone and I liked the group...(S5).

I have to clean my throat... Wait... The group, I found it spectacular, I found it excellent, everyone cooperated and it worked out... I hope everyone will do this group with us, that it will happen in other cities, and I hug you all my friends, and colleagues, and teachers. I liked you, I hope things will get better from now on. (applause)(S1).

Besides the expression of the group's feeling of union, in the reports, the desire was observed for the group to stay united, with the cooperation of all participants.

Ah, I thought it was very good... I liked it a lot, this activity of ours, I want it to be like that always, everything united... I got very happy, and I liked everything...(S5).

... I found it good, everyone's united, hardly anyone's missing from the group, I hope it will stay like that always, united, it's better, right...(S1).

It was extremely important that the theme union appeared in the recreation activities, as mental disorder patients tend to seek isolation, mainly in Schizophrenia cases, which represented 50% of diagnoses in the study group. Departing from a group that usually does not relate with other people, or faces great difficulty to get close to people, adherence to this activity was very meaningful, revealing the need to invest in this kind of proposals, as they certainly represent a new road towards a long-lasting future bond with (an)other group(s) and, betting on a good evolution and social rehabilitation, the hope of being a group linked with a job or an occupation.

CONCLUSION

The constitution of a multiprofessional team and the issue of teamwork, which the different healthcare segments so highly recommend, are strongly anchored in Psychiatry. The health area definitely contributes most to this issue, as it has been recommending its work on the articulation with different knowledge areas for a long time, benefiting the mental disorder patients attended at different psychiatric care services. This articulation is difficult but, in Psychiatry,

one may say, with a great chance of getting it right, that the multiprofessional team works.

Thus, a care model is established, but this model, no matter which, has to be composed, as practical experience shows that a pure model does not cover all requirements the team determines/requires for care.

In this context, the range of therapeutic modalities is highlighted. First, the traditional modalities that are characteristic of each area suppress a range of difficulties mental disorder patients face, due to the symptoms these disorders produce, but are limited. Thus, to decrease these limits, non-traditional therapies emerge from team members' different professional areas, which end up being fundamental for care. The range of these therapies expands to the extent that the team's creativity increases, also entailing possibilities for other people willing to perform this activity to develop these therapeutic modalities. In this perspective, the Recreation Activity emerges, departing from an idea discussed by the multiprofessional team at CAPS and accepted for development as a Community Service Project by the University of São Paulo at Ribeirão Preto College of Nursing.

Identifying the participating mental disorder patients' feelings was fundamental for the activity's assessment. Four categories emerged from the contents of the synthesized interviews, all directed at extremely positive aspects, entailing the understanding that this activity is truly able to help and control symptoms, thus avoiding new acute episodes and hospitalizations.

Another aspect that should be highlighted is the study subjects' desire to offer other people the full range of wellbeing the recreation activity offers. They manifested a desire to share, evidently with the meaning that, if the other people whom they live with share this wellbeing, they will definitely establish a better relation and will be more comprehensive. These aspects are fundamental for a healthy life among people living with such as serious disorder.

Finally, the study subjects' positive reports reveal satisfaction with recreation activities. It is a fact that, when there is pleasure to do, satisfaction to participate, to develop work or activity, this enhances adherence to the activity and, consequently, to the service offering this activity. Hence, mental disorder patients attended at the CAPS who participate in activities that offer such a range of positive aspects will adhere better to the entire therapeutic project the multiprofessional team has established for him (and with him), definitely entailing greater chances of psychosocial rehabilitation.

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