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RESEARCH

THE RELATIONSHIP OF SOCIALIZATION OF THE COMMUNITY OF CAXIAS DO SUL WITH RESIDENTS OF THE DOMICILIARY THERAPEUTIC SERVICE

AS RELAÇÕES DE SOCIALIZAÇÃO DA COMUNIDADE DE CAXIAS DO SUL COM OS MORADORES DO SERVIÇO RESIDENCIAL TERAPÊUTICO

LAS RELACIONES DE SOCIALIZACIÓN DE LA COMUNIDAD DE CAXIAS DO SUL CON RESIDENTES DEL SERVICIO RESIDENCIAL TERAPÉUTICO

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ABSTRACT

Objective: Knowing the relationships of socialization between the community of Caxias do Sul city, and the residents of Therapeutic Residential Service (SRT). **Method:** This is an excerpt of the Research Project about Networks which Rehabilitates - evaluates innovative experiences of composing networks about psychosocial care (REDESUL), which used the field diaries of four researchers who performed 700 hours of participant observation on the daily lives of residents and their social network. **Results:** The results comprise two themes: SRT Strategies for Reintegrating residents in the community, understanding of community neighboring the SRT about psychosocial rehabilitation. **Conclusion:** The service demonstrates compromise in reintegration of people in psychological distress, and observed that the community has a good relationship with the locals, recognizing that the best way to treat is freedom. **Descriptors:** Mental Health, Socialization, Social Networking.

RESUMO

Objetivo: Conhecer as relações de socialização entre a comunidade do município de Caxias do Sul e os moradores do Serviço Residencial Terapêutico (SRT). **Método:** Trata-se de um recorte do Projeto de Pesquisa Redes que reabilitam - avaliando experiências inovadoras de composição de redes de atenção psicossocial (REDESUL), que utilizou os diários de campo de quatro pesquisadores os quais realizaram 700 horas de observação participante sobre o cotidiano dos moradores e sua rede social. **Resultados:** Os resultados foram agrupados em duas temáticas: Estratégias do SRT para reinserção dos moradores na comunidade e entendimento da comunidade vizinha ao SRT acerca da reabilitação psicossocial. **Conclusão:** O serviço demonstrou compromisso na reinserção dos sujeitos em sofrimento psíquico e constatou-se que a comunidade tem um bom relacionamento com os moradores, reconhecendo que a melhor maneira de cuidar é em liberdade. **Descritores:** Saúde Mental, Socialização, Rede Social.

RESUMEN

Objetivo: reconocer la relación entre la socialización de la comunidad de la ciudad de Caxias do Sul y los residentes de la Terapia Servicio Residencial (SRT). **Método:** Se trata de un extracto del Proyecto de Investigación para rehabilitar Networks - evaluar experiencias innovadoras de redes componer atención psicossocial (REDESUL), que usaron los diarios de campo de cuatro investigadores que llevaron a cabo 700 horas de observación participante en la vida cotidiana de los residentes y su red social. **Resultados:** Los resultados se agruparon en dos temas: Estrategias de SRT para reintegrar a los residentes de la comunidad, la comprensión de la comunidad vecina a la SRT acerca de la rehabilitación psicossocial. **Conclusión:** El servicio ha demostrado su compromiso con la reinserción de las personas en los trastornos psicológicos y encontró que la comunidad tiene una buena relación con la gente del lugar, reconociendo que la mejor manera de cuidar es en libertad. **Descritores:** Salud Mental, Socialización, Red Social.

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INTRODUCTION

The history of madness is marked by stigma, hospitalization, institutionalization and social exclusion. For a long time, the insane were excluded, isolated from society and social life. The long period of institutionalization characterized the individual as a fragment of the asylum, and chronified nullifying a person's ability to relate to the world outside the hospital walls.¹

During this time, with the purpose of excluding that caused discomfort or threat, the company understood that isolation was the best way to treat mentally ill. These factors contributed to the understanding of the place of the patient's psychiatric hospital. Thus, the community started to not want to live with people in psychological distress in social spaces, consolidating the stigma of madness and reinforcing prejudice experienced by the subjects.²

Through psychiatric reform, devices were created to receive and care for the person in psychological distress in their uniqueness as therapeutic residential services (SRT); they welcome people with mental illness who are subjected to a long period of hospitalization in psychiatric hospitals. These homes have professionals who assist the residents, providing moral and emotional support, while reinserting them that help the community and encouraging them to rebuild their citizenship and autonomy. The SRT is linked to other services replacing psychiatric hospitals, which contribute to the care and treatment of residents. All together form social networks that are characterized by a set of autonomous participants ideas uniting around shared values.³

For the psychosocial care services are able to develop their skills, they must act within existing resources and use that space, enabling

social participation in the community reintegration of individuals in psychological distress through psychosocial rehabilitation.⁴⁻⁵

In this sense, community participation is critical in ensuring social support and emotional support offered by family, friends and neighbors to the residents of the SRT. This support can be presented in the form of affection, information, assistance and companionship, which show up for the resocialization of the required subjects, making him feel esteemed, secure and care.⁶

The SRT supports required for the individual to remain outside the hospital. It is the gateway to social contact and autonomy of those people who were institutionalized years and consequently ended up losing those capabilities.⁷

In this context, this study becomes relevant, since after years of hospitalization, people in psychological distress need of practical and effective social inclusion. These guys have the right to live with dignity in society, whereas the isolation and disruption of social ties increase individuals' susceptibility to illness.

Given the above, this study shows its differential since sought to ascertain the relationship of socialization and the look of the community of Caxias do Sul municipality before residents of Therapeutic Residential Service.

METHODOLOGY

This study is an excerpt from the monograph entitled "The relationship of the community of Caxias do Sul with the residents of the Therapeutic Residential Service from the observer's field research REDESUL." Built from the Research Project "Networks that rehabilitate - evaluating experiences Innovative composition of psychosocial care networks (REDESUL), "developed by the School of Nursing, Federal University of Pelotas, along with the School of Nursing of the Federal University of Rio Grande do Sul who had

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the support of CNPq (notice 33/2008) and Ministry of Health

In Rio Grande do Sul there are five municipalities awarded SRT, namely: Alegrete, Bage, Caxias do Sul, Porto Alegre and Viamão. However, for this study was chosen the city of Caxias do Sul, the choice was made because the SRT this council has shown the diversity and richness of the data related to the composition of the social networks of residents, as well as the contributions of these networks for these subjects.

Field observation was conducted in May 2010 by four researchers who were part of the data collection in Residential Therapeutic Services of the city of Caxias do Sul, totaling 700 hours of observation.

The data used in this research were obtained from the transcripts and records made based on fieldwork research REDESUL taken from field diaries made by researchers. For more information, the researchers followed a script that called for the observation of the social network's resident SRT, social support, independence in relation to leisure, productive activities such as employment, courses, and manage your money, the behavior of resident front-care and participation in domestic activities.

In addition, the researchers also analyzed the service, assessing the ambience, the location of the SRT, the working process of the house, the proposals that workers use the social reintegration of the resident, as stimulus to autonomy and empowerment of family and social networks of resident. They also noted the network of mental health services in the municipality, flowing reference and counter reference to crisis calls and referrals to other services.

In this context, participant observation allows the interaction between researcher and

researched, who performs field work can dispel our doubts with the people of the locality without requiring formal interviews.⁸

In addition to the observational data, there are reports of people surrounding the SRT that integrate the social network of residents. The subjects are neighbors, owners of establishments, employees, and finally, people in the community which have some link with the residents of Therapeutic Residential Service.

The observations taken from field diaries were identified as PS (1,2,3 and 4), reports with the letter V (neighbor) and a random number, and identified between V1 to V8 in order to ensure anonymity of the individuals.

The research REDESUL was approved by the Research Ethics Committee of the Faculty of Dentistry UFPel under letter No. 073/2009.

RESULTS AND DISCUSSION

In order to provide better understanding of the results and discussions were organized into two themes, such as: service residential therapeutic strategies for the reintegration of residents in the community and Understanding the neighboring community service residential therapeutic about psychosocial rehabilitation performed by professionals.

Service residential therapeutic strategies for the reintegration of residents in the community

Approved law 10,216 of 2001 that determines how the State's duty of care and build spaces concrete alternatives for monitoring the individual psychic suffering⁹, it was revealed that the task of such services would not be easy, as they should rebuild the social network, autonomy and citizenship of these people.

The Therapeutic Residential Service shows up as an important device in the practices of social reintegration of residents, it includes the

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right to live with dignity in society. Therefore, it is necessary to put into practice social inclusion measures which are effective for new life in the city in pursuit of individual autonomy.¹⁰

In this sense, we highlight the importance of Therapeutic Residential Service de Caxias do Sul be located in a downtown area, near several businesses and homes, allowing residents to circulate in several areas:

The SRT is close to two hypermarkets (Zafari and BIG), a school logo on the front, there is next pharmacy, bakery, bar, church, bus stop two blocks from home, finally, is located in a safe and well lit. (Note1)

It's right in the downtown region, with a prime location. Getting neighbor of a great private school, two blocks from two hypermarkets in front of a bakery closed to a lottery and many shops. (Note 4)

Identifies up there in the statements above a potentiality of SRT Caxias do Sul by putting this up against the logic built by psychiatry Pineliana where people in psychological distress need to be kept away from society through his internment in psychiatric hospitals built outside the city away from community life.

The hospice is located on the outskirts of cities, because they say that the best treatment is to keep the person suffering alone, away from family and social life. However, through the distancing of family and social life, mental illness not only confirms but also alienates even more.

The differential SRT stands out because this is located in the territory, because in this space that establishes relations with the culture and people of that space. In the territory there different knowledge, the subject's family, and are with different knowledge that should work. In this perspective that the model of mental health care was proposed because the territorial scope is a network of extra-hospital care can help in the reconstruction and rehabilitation of people in psychological distress in everyday community.

In the mental health field has built up an understanding of what is needed these people reintegrate into society and SRT presents itself as an important element, as it allows the residents they relate to a large number of people in the community in which they belong, as well as win your place in society.

The inclusion of people in society happens through relationships they developed during life, in the family, at school, at work, in their community, in short, that all relationships are strengthened through social interaction. It is natural for human beings to connect to people, thus forming a network structure, in which each has its role and feature unified with others form a whole.

The network structure is defined not only humans, also encompasses a vast network of services that assist in the reintegration of the person in everyday life of the community where it operates. Thus, to better assist the individual in psychological distress, the entire network of health care should have a good run, investing in the reference and counter reference, for the purpose of caring for the subject comprehensively.

The reference consists of forwarding the user to a service greater degree of complexity as specialized clinics. Already against the reference characterized the conduct of the user to a service with lower complexity, ie it can be referenced against the health facility of its territory, in order to improve the service and provide good care. For this it is necessary that other services like Basic Health Unit (BHU) and the Center for Psychosocial Attention (CAPS) are also available to greet these people, thus ensuring improved quality of life of individuals:

13:00 pm I went to accompany a dweller in the CAPS Workshop generating art.10:00 am hang out with generating a resident because she has dance workshop in CAPS.

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(...) We arrived at CAPS she introduces me to her colleague workshop also co Literate Brazil Program and responsible for his teacher workshop. (Note 1)

Through service, we can see that the residents require other services outside the scope of SRT and community life to the service of their care network. On CAPS, they perform workshops, interact with other users, professionals and receive the support necessary to improve their mental state. In Primary Care, clinical care they receive, and when necessary, are referred to medical specialties:

UBS reference SRT is M, is located about 10 minutes from the SRT. UBS is a traditional serving spontaneous. It is used when they require clinical care, vaccines, evaluation. I ask for receipt as when the residents of the SRT come into service. They pass me that usually the chance. WRS schedule earlier consultations by phone. Some others do not go together, but it is always very calm interface. Because reference unit, always have some there. The receptionists super thoughtful, educated with the locals. When the resident needs some specific clinical care (cardiologist, dermatologist, gynecologist etc.) there is the perception of signs and / or symptoms by workers sent to UBS goes alone or with a companion to the queue, consultation with a general practitioner who found the need reference for the CES (Specialized Center Health) when there are scheduled to return from CES SRT with the date and time of the query, if the user autonomy, he alone or someone on staff goes accompanying him. (Note 1)

UBS is one of the devices used by the residents and that make up the network of the Unified Health System This should be co-responsible with the user, providing the necessary support for quality health care, using the principles of universality and comprehensiveness on probation.

Following this logic, the proposed replacement services in mental health policy in Brazil (CAPS I, II and III, CAPSad, CAPSi, SRT I and II psychiatric beds in general hospitals, workshops income generation, UBS, among others) to work

network contribute to the deinstitutionalization of people with mental disorder, making them responsible for the rehabilitation and reintegration of the subject society.

To occur effectively reintegrating the subject of society is necessary to invest in other areas besides the health services. An important initiative was the inclusion of residents in government program called "Literate Brazil". It is a program of the Ministry of Education focused literacy of young people, adults and seniors. In this space, they are literate and the teacher is a young intern who is studying philosophy. According to the excerpts below realizes that the school teacher relates well with students, although this report has not received any training in dealing with people with mental disorders, as demonstrated by the following note:

Teacher goes from class to class advising, answering questions, talking and delivering pencils and colored pens to draw. He is majoring in Philosophy and is this project through City Hall. Receive no training in relation to the management of users in a crisis situation, or as if this group on your needs. He says he knows because of mental illness was searched and read about it. (Note 1)

The teacher told us he spends two days a week with users, is part of "Literate Brazil", is academic philosophy, says he has no training in mental health, and research reports that reads "outside", that occasionally participates in team meetings on their own initiative. (Note 3)

In the organization of health services, a fundamental tool to assess the quality of care given and the difficulties faced is the team meeting. Team meetings are an important device for the discussion of cases and also a space in collective decision making. It is characterized as a space that contributes to the exchange of information and experiences of everyday life, which are placed in the difficult and easy, and provides a participatory process of the professionals.

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In this sense, the participation of the teacher in the SRT team meeting with CAPS professionals is essential for improvement and can thus see the work of professional services as well as be aware of the routine of the residents. By attending the meetings, he could expose their difficulties in working with people in psychological distress, and discuss them collectively construct ways to improve and enhance work with students.

Another important issue to be highlighted in the fact of the residents attending school is that this becomes a space of socialization, because residents have the opportunity to socialize and share experiences with people outside the network of relationships built on SRT. This fact can be seen in the following excerpts:

Today we have 17 people in the classroom, and three are not the SRT, live with their families and attend CAPS (...) We arrived at the college, were presented to the teacher. He was very familiar, very receptive, reported that between programming for the day is a visit to the House of Culture where there was an exhibition. (Note 1)

(...) Once there, they were setting up a new display and told to come back next week. Then the teacher led them in the Cathedral Church. They were astonished, toured throughout the Church, rose on the altar, took pictures and then went in back of the church, which was a winter garden. They walked, took water from a makeshift well and return to school. (Note 3)

Through speeches, it is clear that students are not strictly within the school, but there are also the stimulus to visit and explore other local community in which they live, providing them meet other people and places beyond those of his daily life.

These are areas of life in which people interact and build their social networks, which constitute the essential devices deinstitutionalization and the process of rehabilitation and social reintegration. In this context, each person is interconnected in groups, R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3864-75

which are able to relate and socialize. The human being grouped with their peers and will establish relations that will be developing and changing over time. That way, he'll shaping your network, expanding it as their entry in the reality of a given site.¹¹

After institutionalization, the possibility of inserting people within the city and the world rights was subtracted. The individual is stripped of their legal rights, political and civil rights, thus becoming a non-citizen.¹⁵ Furthermore, by being admitted, the person cannot carry with them the documents and personal objects, this fact makes it a subject without rights without identity and decrease their citizenship.

However, citizenship is a right established in the Federal Constitution of 1988. This unfolds in three rights: civil, being considered as the right to come and go, to speak, freedom to choose, the politician, which refers to citizen participation in government, and the social, which guarantees the right health, education and work.¹⁶⁻¹⁷

The latter enables companies organized minimize inequalities and ensure the well-being marginalized person, lower and excluded in decision-making.

So, being a citizen is to have the consciousness of being a subject of rights, is to live in society, participate actively in decisions affecting their community, influencing lifestyles in a positive way around, and exercise vested rights. Having the freedom to move in all spaces with autonomy to decide the issues of everyday life. In the comments below, we can see the work that professionals perform the SRT in pursuit of autonomy of residents regarding the use of its financial resources, motivating them to exercise their citizenship, something he was not allowed while interned in asylums:

(...) All residents receive at least one benefit (LOAS, pension invalids etc.). This amount received per resident is around \$ 510.00. (Note 1)

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In the living room has a safe (where is the money of the residents) on file with invoices and receipts enveloped individual with the username. The trader explains that they have the pedagogical bank. Each week, you have \$ 10.00 to spend on whatever you like (ice cream, soda etc..) And is accompanied to learn how to handle money. (Note 2)

(...) I leave with M. It has relaxing massage once a week, especially in a beauty clinic located near the City of Caxias. (Note 1)

The bank is a pedagogical strategy employed by the SRT workers in order to help residents manage their money. There is a cabinet where it is filed in a notebook which is registered to control expenditure. The notebook is a way to track spending, this strategy shows the commitment of the team with regard to the financial resources of the residents, however, provide professionals the opportunity to each manage their own money, helping to employ him in the best way and respecting preferences.¹⁸

Although the SRT workers assist residents to care for and organize the money, everyone has autonomy to spend it as they wish. This gesture is also a way to rescue the citizenship of residents, providing the opportunity to move in the spaces they choose without the need for supervision. Importantly, residents are not encouraged to use the priority calls, this fact is evident in the comments below:

Thus, users use their money to pay for what they need as hygiene materials, purchases, among others. Also acquire the capability to invest their money in activities they consider important. Some of them perform gymnastics, which is an activity that really rocks them:

According to workers, residents are encouraged not to use "shortcuts" as priority queuing, scheduling appointments at UBS, priority boxes at banks, supermarkets etc.. Are encouraged to meet the normal flow of services without abbreviate passages. The focus is not the "disease". (Note 1)

When we went to the supermarket, the resident went to the box of the priority groups and the worker told to use another row, the 30 items because they had few things and could use this queue like other people. After discussing this with the worker and told us that professionals seek to enhance not they position themselves as patients, but rather enhance their movement as everyone else. (Note 2)

Who develops it is a physical therapist. When a technician monitors (...). They take swimsuits. Arriving there, were exchanged, bathed in the shower and enter the piscine, the teacher helps them to descend the ladder. Enter the pool and start doing stretching exercises do (...). The teacher interacts with them too, encourages, calls each by name to participate, then they play with balls. (Note 1)

We arrived in the market and he bought the toothpaste and a box of matches, we were in the normal queue, although one of the boxes having indicated the queue of disabled people. (Note 3)

Others use the money doing equine therapy, massage, hiking, among others:

The work done in the SRT is not focused on the disease, but the rehabilitation of the person in different spaces, giving the performance of various activities. From this, the individual understands and assumes its role as a citizen and psychological distress in this context bears no importance, but is designed with one more fact in the life of the subject.

Do not like going to the supermarket, like to buy nice things, are well catered for and treated. They love to perform tours.
Hippotherapy - They say that love, start to repeat the name of the horses. (Note 2)

After years of institutionalization, many residents of the SRT must relearn how to live and build relationships in order to build a new social networks, linkages and autonomy lost due to their exclusion. There is extensive work by both

I wonder who is this park? He tells me it is the Park of monkeys. "We come here on Sundays, playing ball, walking

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professional services by the residents as to ensure the social rehabilitation of individuals whose lives were void behind the walls of asylums.

treatment for a person suffering from mental disorder.

Psychosocial rehabilitation is a process of adaptation to the game of the weak to the strong, but a process to which the rules and strengths can coexist and live with the poor in the same scenario, ie, changes to strategy rather than the 'weak 'have become' strong ', is permitted to 'strong 'coexistence with the other.¹⁹

The fact of the residents of the SRT alone move by the city to perform their routine activities, like going to the supermarket, bakery, school, UBS enables not only build relationships with community institutions (school, UBS), but with the people who live there .

This question is evident in the excerpt below, in which the SRT neighbor reports having a good relationship with the locals:

Understanding the surrounding community to the Therapeutic Residential Service about psychosocial rehabilitation performed by professionals

With the emergence of Therapeutic Residential Service, the subjects had the opportunity to live in a house, with the ability to establish and strengthen emotional ties and materials, practice their autonomy interact with the community and expand your social network.¹⁸

The inclusion of individuals in psychological distress in everyday city allows him to build social relationships and regain their ability to establish social exchanges, contributing to their psychosocial rehabilitation.

Psychosocial rehabilitation is part of the new mental health policy. It involves strategies for the individual regain their physical, intellectual, autonomous he left to develop on their experiences during hospitalization.

The social rehabilitation is an approach that involves much more than passing a user of a state of inability to capacity, a disabled state to an enabled state. The subject takes place in various settings; this is defined as a space of exchange, treatment space, can be at the grocery store, etc. in the social space. The rehabilitation process would be the full exercise of citizenship user. Suggests, therefore, a total change in mental health policy, involving all stakeholders in the process of health disease, ie, all professionals, users, families and the entire community of users.

Therefore, the process of social rehabilitation may also involve addition of professional and user family, friends and community. Rehabilitation can occur anywhere where there might be an exchange of knowledge, experiences, because this is also a form of

We have a good relationship with the staff there. They come here, they buy sometimes they come alone and I feel that for me, they have a lot of grace because they are there, sometimes they do so in a bad mood and I now know why I go heads down and we do not point of greeting, but there are times when they come to stop at the door and say "Good day stay with God" eh. (V1)

You can analyze that the neighbor knows the residents, referring to the lack of humor and the state on certain days. This demonstrates that some residents have inserted themselves into the community and already feel part of it, and the neighbors have also perceived them as a part of that community:

Oh, no everything right, the guys there all cool all normal and nothing to declare more. Sometimes accompanied sometimes alone. (V5)

N. come take water, give a hug coming at us. She does so much, (...) right? Lots of love, then comes in search of us. To me people are normal in case, right? And is not confined to, the mentor brings some of them on Sunday, sipping coffee, sitting there taking some ginger ale, spend a few minutes in here with us. (V4)

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It is perceived by speech that the autonomy of the residents makes the neighbor did not recognize them as sick people. Even those with greater difficulty in interpersonal relationships, with greater reliance on worker SRT. For these social reintegration and autonomy are encouraged gradually, gradually recovering the ability to relate.

In everyday practice of SRT can emphasize that workers seek care model as the deinstitutionalization of residents, since this is possible at the time understand the need and positive relationships with people other than those that divide the home. To deinstitutionalize the subject, it is necessary to consolidate a network that meets and watch these people. Therefore, it is necessary to dismantle the culture that separated the condition of the subject, the social body, taking the focus of healing, but proposing a living with the disorder. Emphasizing the uniqueness of each subject in different spaces of sociability and solidarity in which circulating.

The focus of rehabilitation is on the present and future, not the past uses, since that is left behind, there is a high value to this, encouraging the individual to transcend their limits and discover ways to create your own reality.⁴

In this thinking, it is possible to understand that the person with psychological distress is able to relate to everyone. Through this logic is plausible consolidate the reintegration of the resident:

They all wish me well a lot. Here they feel at home for sure. Surely feel at home. Like my boss that they're good. We live here, then they come here they fill the bag all the time because Aunt want water. (V7)

They come here. We love that they come because they are a wonderful people, so many people so full of health and do not value and they come here dear. Sometimes they can not even pick up things and give immense value. That's worth a lot to those who have health, to appreciate and value

others. I find it very beautiful and I like them to come here because they are good ones. (V8)

Through speeches, we can see that the neighbors appreciate the coexistence with the locals, value their company, for loved ones and consider them educated and many times are "good about life", bringing joy to those places.

Many respondents report noted that although the residents have their difficulties are educated people and needy:

Sometimes they come to give hi, to give kiss, she greets us. We feel that they need affection. Always comes. You know what I see in them? They are very poor, they need affection. (V1)

So they are very poor people, but they buy themselves, they ask (...) they ask things, people are so very nice and needy, but really cool. (V2)

Sociability is a natural ability of humans to live in society, the individual is socialized to participate in life in society assimilates its norms, values and customs. Social contact is the source of life in society. It is the first step to occur any human association.²⁰

Therefore, to analyze the bonds of sociability and social networks of people with mental illness, one must take into account the process of social disintegration due to his career in the mental health field. With the reform in the system of care for the mentally ill, reintegration into society involves other actors in the process, as neighbors and family. Thus, we recognize the importance of social networks, both in terms of reconstruction of a daily life, often lost due to institutionalization, as well as the solidarity offered by these actors outside the medical field.³

Social relationships provide a great and strong support, assisting in times of crisis. We know that community involvement in the relationship of the person with a psychosocial coping is of great significance, resulting in

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increased personal confidence, life satisfaction and better ability to cope. In case of illness, the social relationship with the community is able to raise the self-esteem of the subject and in his will to live, increasing their ability to succeed in your treatment.²¹

The following discourses clearly show the positive aspects of the relationship of the person with mental suffering people whom they have affection and are part of their social network. These situations against strengthen the bonds guarantee the welfare and quality of life:

It is difficult to describe in words the emotion I felt at seeing the joy and happiness that he was to find E. Both were a long time embraced. There was reciprocity. At that time, women were passing in the street, also came to embrace him joyfully. We entered the house (...), in a humble neighborhood, this house is on the same street he lived (born and raised). The neighbor was extremely loving, caring, receptive, I feel that she was glad at heart to see him too, (...) the two were talking about some people on the SRT, about the time they lived together. She said that for more than 40 years who know. He said it was very family friendly. That when I was little, I would eat at his house molasses. The neighbor was very affectionate with M, talked plenty of time in hand. M was extremely happy and excited, came all the way smiling. (Note 3)

By the previous observation, we can see that there is a strong link between the resident and neighbor, this happens to be his childhood friend. There including an affectivity was not lost with the passage of time.

The bond is formed by the approach of individuals, allowing a two-way relationship with a reciprocal affection and commitment between both. He favors the entirety of health care and becomes a decisive tool in the exchange of knowledge and practices that enable the formation of positive emotions and feelings.

CONCLUSION

O serviço residencial terapêutico de Caxias do Sul assume o compromisso de reinserir na R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3864-75

comunidade os indivíduos em sofrimento psíquico. Este relacionamento é um fator importante no resgate das potencialidades desses sujeitos. Vale destacar que, o trabalho dos profissionais de Caxias para reinserção dos moradores na vida cotidiana da comunidade é efetivo, uma vez que estabelecem diferentes maneiras de intervenções para garantir a autonomia e cidadania.

Nesse contexto, o estudo torna-se relevante por apresentar resultados importantes no que se refere ao relacionamento da comunidade com os moradores do SRT e demonstra a importância da reinserção social das pessoas em sofrimento psíquico institucionalizadas por longos anos.

A comunidade mostrou-se receptiva, possui um bom relacionamento com os moradores e consideram a singularidade dos sujeitos, reconhecendo que a melhor maneira de cuidar destas pessoas é em liberdade no espaço onde há socialização dos indivíduos. É importante ressaltar a relevância da participação e o entendimento da comunidade quanto a sua participação no âmbito da reforma psiquiátrica, através da reinserção social das pessoas em sofrimento psíquico no espaço que se caracteriza como o lugar mais adequado de cuidado, garantindo uma melhor qualidade de vida.

Um limitante da pesquisa foi ausência de um questionário mais elaborado para realizar entrevistas a um numero maior de pessoas da comunidade a fim de obter maiores resultados sobre as relações estabelecidas entre os vizinhos do SRT e seus moradores.

Entretanto, espera-se que este estudo sirva como ferramenta para refletir melhores formas de auxiliar os moradores do SRT na prática de sua autonomia e na construção da sua cidadania, bem como no desenvolvimento de ações que contribuam na discussão acerca da inserção dos moradores na sociedade e elaboração de pesquisas no âmbito territorial que busquem investigar as

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intervenções de reinserção social das pessoas em sofrimento psíquico.

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