

The residents' perception about the Residential Therapeutic Services: satisfaction, freedom and new family¹

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The Residential Therapeutic Services (RTSs) are related to the Brazilian Psychiatric Reform and to the process of deinstitutionalization, and have the purpose of (re)integrate to the community people with mental disorders diagnoses, egresses from psychiatric clinics. This qualitative study aimed to analyze the residents' perception about these services. For that, we conducted a semi-structured interviews with 31 residents of 11 RTSs in the inner of São Paulo state, semi-structured interviews were filmed, fully transcribed and analyzed with thematic content analysis. The themes that have emerged refer to satisfaction, freedom and new family. Improvements were detected: in the quality of life, in the social networks expansion, in the strengthening of community life and in coping with mental disorder of these residents.

Descriptors: Residential Therapeutic Services; Rehabilitation; Mental Health; Psychiatry.

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A percepção dos moradores em relação aos Serviços Residenciais Terapêuticos: satisfação, liberdade e novo núcleo familiar

Os Serviços Residenciais Terapêuticos (SRTs) estão atrelados à Reforma Psiquiátrica Brasileira e ao processo da desinstitucionalização, com a finalidade de (re)inserir na comunidade pessoas com diagnósticos de transtornos mentais, egressas dos hospitais psiquiátricos. Este estudo qualitativo buscou analisar a percepção dos moradores em relação aos referidos serviços. Para tanto, participaram 31 moradores de 11 SRTs do interior do estado de São Paulo, realizaram-se entrevistas semiestruturadas que foram filmadas e transcritas na íntegra e submetidas à Análise de Conteúdo temática. Os temas que emergiram referem-se à satisfação, liberdade e novo núcleo familiar. Detectaram-se melhoras: na qualidade de vida, na ampliação das redes sociais, no fortalecimento do convívio comunitário e no enfrentamento do transtorno mental desses moradores.

Descritores: Serviços Residenciais Terapêuticos; Reabilitação; Saúde Mental; Psiquiatria.

La percepción de los habitantes en relación a los Servicios Residenciales Terapéuticos: satisfacción, libertad y nuevo núcleo familiar

Los Servicios Residenciales Terapéuticos (SRT) están vinculados a la Reforma Psiquiátrica Brasileña y al proceso de desinstitucionalización, intentando (re)insertar en la comunidad las personas con diagnósticos de trastornos mentales, egresados de los hospitales psiquiátricos tradicionales. Este estudio cualitativo buscó analizar la percepción de los residentes en relación a dichos servicios. Por lo tanto, se realizaron entrevistas semiestruturadas a 31 residentes de 11 Servicios Residenciales Terapéuticos en el estado de São Paulo, se realizaron entrevistas semiestruturadas que fueron filmadas y transcritas en su totalidad y sometidas al Análisis de Contenido temática. Los temas que surgieron se refieren a la satisfacción, la libertad y el nuevo núcleo familiar. Se han detectado mejoras: en la calidad de vida, en la ampliación de las redes sociales, en el fortalecimiento de la convivencia comunitaria y en el enfrentamiento del trastorno mental de esos moradores.

Descriptores: Servicios Residenciales Terapéuticos; Rehabilitación; Salud Mental; Psiquiatría.

Introduction

Life in mental hospitals or asylums resulted in the deprivation of social life for years of countless people who were prevented from participating in social spaces and exercising their right to citizenship. They lived there because they were considered "crazy" and thus had lost what humans have most precious: their freedom, the right to come and go and to make choices. Deinstitutionalization implied the chance for a better life, one with dignity and hope. For this to happen, new treatment instruments

have been implemented, among them the Residential Therapeutic Services (RTSs).

RTSs represent a bridge between people who have been locked up and the society to which they are returning, offering what should be common to anyone: the rights and duties of citizens. It also presents the challenge of (re)learning to live in society, because after years of enclosure and inhumane treatment, these individuals need to resume some social skills, such as care with personal hygiene, food, dealing with money, dealing with the street, organizing the home and relating to other

people. The prejudice of the whole society has to be fought, because society has learned that the place of "crazy" people is locked in asylums. This is a complex task because, as Foucault⁽¹⁾ says, the truth about madness is socio-historically constructed.

The name "Residential Therapeutic Service" was recognized by the Ministry of Health of Brazil in the year 2000 through ordinances 106 and 1,220. This service deals with the organization, operation and financing of residences with the purpose of including people with diagnoses of mental disorders, and who have been hospitalized in psychiatric hospitals, in the society. RTSs, also commonly called 'therapeutic residences' or simply 'dwellings', are houses located primarily in urban areas, in which the needs, preferences, habits and dynamics of the dwellers must be respected. In fact, according to the aforementioned ordinances⁽²⁻³⁾, the insertion of a user into a RTS is the beginning of a long process of psychosocial rehabilitation that should seek the progressive inclusion of this person in society.

This process should seek the construction of citizenship and also of contractuality with three important scenarios: the home, work and the social network⁽⁴⁾. In a progressive manner, access to public services, organizations, private spaces and relations with the community (neighbors, local commerce, etc.) are developed.

Living in a home and getting involved in the neighborhood is of paramount importance for the process of reconstruction of identities - dilapidated by the experience of institutionalization - and of (re)signification of everyday conveniences, in which the subject has a meaning for the others⁽⁵⁻⁶⁾.

In an analysis of Psychosocial Rehabilitation, Ana Pitta brings us the idea of a process that highlights the healthiest parts and potentialities of the individual, with a comprehensive modality with a vocational, residential, social, recreational, and educational support, respecting the singularity of each individual⁽⁷⁾.

The role of RTSs and psychosocial rehabilitation will be better developed "if there is a horizontal relationship between users and services, in a permanent presence of dialogue and group interaction, as a facilitator of the autonomy of users"⁽⁸⁾.

Thus, this research concerns the impressions that dwellers have about RTSs, and what has changed in their lives as users of this service. Thus, the objective was to analyze the perception of dwellers about these services.

This objective is justified by the fact that the literature review carried out during the production of the doctoral thesis in which this article was produced evidenced the prevalence of current research of these services focused

more on the observation of subjects and contexts⁽⁹⁻¹⁰⁾ or the professionals' perspective of the matter⁽¹¹⁾, to the detriment of the perspective of the dwellers themselves⁽¹²⁾. It is important to give voice to these subjects, because it is surprising that researches and works on Psychosocial Rehabilitation have scarcely explored this autonomy of dwellers to speak for themselves.

Method

This is a cross-sectional study of a qualitative nature due to the close relationship with the social field, which gives importance to the subjectivity of the actors involved in a constantly changing reality.

A total of 31 dwellers from 11 RTSs located in nine cities in the countryside of the state of São Paulo, Brazil, participated in the study.

A survey of all the existing RTSs was initially carried out at the Health Department of the State São Paulo (SES-SP), Brazil. We found 45 municipalities with RTSs, a total of 49 services, as there were municipalities with more than one of these services⁽¹³⁾. The inclusion criterion for selection of RTSs was their operating time, i.e., the service should have been in regular operation for at least 10 years. From 49 RTSs, 26 met the criteria. Each service to be studied was drawn so that there were no preferences.

With the list of services drawn, a first contact with the professionals was made through phone calls in which the days and times for visits and interviews were agreed. On the scheduled day, we visited the services and the professionals were waiting for the researcher. After introduction to the dwellers, an informal dialogue was established, creating a link and providing information about the research, the time and the procedures that would be carried out with the recording and filming equipment. Then the dwellers were randomly invited to participate in the survey.

The criteria for inclusion of participants were: to accept the random invitation, in the sense of avoiding the risk of preference for dwellers well adapted to the service. We established a minimum of two dwellers per residence, and there were residences with more than two dwellers who were interested in participating.

For the sampling of the participants, we adopted the data saturation strategy, defined by termination of inclusion of new participants when the data collected started to show a redundancy, a certain repetition, in the view of the researcher, so it is no longer relevant to continue collection⁽¹⁴⁾. In this way, the interviews with the dwellers of the first RTS began; at the end of nine RTSs visited, saturation of information was observed, and two

further visits were carried out to confirm this saturation. Therefore, 11 of the services were included in the study, totaling 31 participants; there were no refusals.

The main sociodemographic characteristics of the participants can be found in Table 1.

Table 1: Sociodemographic characteristics of study participants, n = 31.

Characteristic	n	%
Age		
30 to 59	14	45.2
60 years and over	8	25.8
Non-informed	9	29
Marital status		
Single	23	74
Divorced	3	9.7
Widowed	3	9.7
Married	2	6.4
Schooling		
Incomplete elementary school	11	35.4
Illiterate	6	19.3
Complete elementary school	2	6.4
Complete high school	2	6.4
Non-informed	10	32.3

We used semi-structured interviews, which were recorded. This type of instrument consists of a technique used to guide a conversation with a specific purpose, with direct interaction between researcher and social actors, starting with the elaboration of a script with open questions in which the interviewee freely discusses the proposed theme⁽¹⁵⁾. The interviews followed a script about the relationship of the dweller with the RTSs and addressed questions regarding the daily life of the dwellers in the house, their occupations, relations with other dwellers, with the family and with the community.

After the contact, we organized a suitable place to avoid accidents in the recordings and filming. The interviews were conducted individually by the researcher (master psychologist) in the homes of RTS dwellers and audio and video recorded. Each interview had an average duration of one hour and a half.

For the analysis of the interview, the speeches were transcribed and the Thematic Content Analysis method was used, organized as follows: pre-analysis; exploitation of the material; and treatment of results, inference and interpretation, seeking in the verbal or textual expressions the most recurrent or relevant general themes, pointing to the nuclei of meanings, which have some signification for the research objective⁽¹⁶⁾.

In the first phase, the organization and pre-analysis by quick reading were made, establishing a familiarization

with the material and knowing the text. This resulted in impressions and directions. In the second phase, exploration of the material, we discovered the nuclei of meaning, and separated excerpts from the texts. In the third moment, treatment of results, we transformed the raw data into a content synthesis, and afterwards the categorization of the data was started. These categories were grouped according to the speeches that had meanings of the same nature; this process occurred through the inference of the researcher⁽¹⁶⁾. Because quantifying the frequency with which each word or theme appeared was not of interest in this research, we grouped the interviewees' speeches by themes with the same meaning, constituting the thematic categories. For the interpretation, we used the relationship between the data obtained and Psychosocial Rehabilitation.

The project was analyzed and approved by the Ethics Committee on Research Involving Human Beings of the University of São Paulo at Ribeirão Preto College of Nursing, protocol CAAE: 27369614.9.0000.5393. The study meets the norms established by Resolution 466/12 of the National Health Council. All the participants were clarified about the objectives of the research and the reading and signing of the Informed Consent Form. To ensure anonymity, participants were given names of precious stone in the presentation of data pertaining to them.

Results and Discussion

Deinstitutionalization goes hand in hand with citizenship. Some of these rights that involve being a citizen are portrayed in the three thematic categories of our research, the right to come and go, to speak, housing, health, leisure, food, transportation and others. These categories were defined based on the dwellers' responses to the interview, on their impressions of the RTSs, such as: satisfaction, freedom and new family nucleus.

Satisfaction

Many of the lines express the sense of satisfaction on the part of the dwellers when they refer to the residences. This word carries interesting senses, related to contentment, pleasure for the accomplishment of something, or even reparation for an evil caused to someone or something. We can be satisfied; we can satisfy or give satisfaction about something. However, those who are not satisfied with the RTSs also emerged in our interviews. So let us look at some of the excerpts:

I like living there. (...) because the house does not lack anything, it is a good house, do you understand? ... the house is good, the house is clean, the house is all right, there is no complaint ... (Zircon).

It is good here, very good. Here is all I want, my cigarette, the house is good, everyone is good, there is nothing to worry about, I have no complaints. (Fluorite).

I think it is cool. It is a residence where people live, people live and do activity, the house is ours (...), there is a cleaning lady who we pay to clean. (Diamond).

The place has everything that is good, there is nothing bad. The important thing is you have a home to live. It is better than living in a house than it is in the rain, without a roof, right? (Rutilio).

It's the treatment, I'm recovering, they're treating me, I have to do what the house says, I have to obey, the house has laws, the country has laws, every place has laws, there's laws in heaven, everywhere there is law. (Tiger Eye).

Here the relationship is good, the shelter is good, I like to stay here, it has everything. There's a hot bath, clean clothes, that's good. (Ruby).

The main reasons for the satisfaction of the dwellers were: having what to do; a clean house; the "goodness" of the house (of the people); and organization.

Daniela Arbex⁽¹⁷⁾ tells us the history of the Colonia, considered the largest asylum in Brazil, in Barbacena/MG. At the beginning of the book is the following description, when narrating the arrival of Marlene Laureano for her first day of work in the asylum:

"An unbearable smell reached her nostril. Accustomed to the scent of roses from Brazil Flowers' office, where she had had her only professional experience to date, Marlene was surprised by the stench coming from inside the building. She had not even regained her discomfort when she saw mounds of grass scattered on the ground. Beside the bush there were squalid human beings. Two hundred and eighty men, most of them naked, crawled across the white floor with black ankles amid the filth of the open sewer that crossed the entire pavilion. Marlene wanted to vomit"⁽¹⁷⁾.

Such a reality was the rule in institutions where participants of this survey spent good time in their lives.

Thus, we can understand why mentions of cleanliness, of the lady that comes to clean the house, the hot bath, washed clothes, organization, (re)invention of everyday life⁽⁵⁾ emerge in the dwellers' speeches. There is a manifest satisfaction for being clean, in clean places and equipped with what is necessary for their lives, necessary for the (re)construction of identity that had been destroyed.

In contrast to the satisfaction with the services, we present two dwellers who were greatly dissatisfied

with the place; we realize that their lines do not show a connection with the place or with the professionals who work there.

I have a house (...). I like people, but I do not like the house. But, where I live I like the house and the people. Here I just like people, I do not like the house. (...) there is no love here, it is a house without love, in my house there is love... they only see people and they leave, they change, they take turns. (Mother-of-pearl).

This house is number 16, it's a post-war house, not worth anything. I don't like it. (...) I'm alone I want to go to Rio, my friends are from Rio, I lived under the bridge for 40 years, they pulled out the bridge (...). (Jade).

Mother-of-pearl expresses the desire to live with the family, because in the sayings that reproduce what common sense propagates, there would be no better place in the world than the coziness of the family, where we could be ourselves, and have intimacy with the house and with the people⁽⁵⁾.

In the research of the project "Thinking to live: trajectories of users of Therapeutic Residential Services of the municipality of Santo André (SP)", Mângia and Ricci⁽⁶⁾ found the desires of dwellers to have their own home or to return to the family of origin, thus bringing a reflection on the role of RTSs and the need for more participative and dynamic therapeutic projects.

Jade is alone; he has no family, and demonstrates his discomfort with the house, because for forty years he had his relationships built on the street, under a bridge that was destroyed. And how much symbology there is in this image of the bridge! The bridge that represented his space of connection with the others, that crushed down.

A movie that illustrates very well this situation is "The Soloist"; this movie tells the history of a cellist who lives in the streets of Los Angeles/USA and with the help of a journalist who meets him under the bridge, when his car breaks down, he starts to participate of a social service and is contemplated with a dwelling, with the prospect of living in these apartments, to play his instrument again and to have his family ties rescued would be the best option for the homeless. However, the unfolding of the story (based on real facts, told in a biography) shows that it was on the street that his social relations were built; where he was able to exercise contractual power⁽⁴⁾ with other homeless people, and in that dwelling place he felt good, not fitting to the new so-called "normal" dwelling.

This case, related to Jade's speech, highlights the importance of listening to the users for the (re)construction of their citizenship, so as to avoid the reproduction of the logic of institutionalization. Probably from this logic emerges the reference to the house not as dwelling, but as a number.

Freedom

This category involves the words that, somehow, materialize meanings about the freedom that the dwellers experience living in the RTS houses. Freedom is always relative, even to those so-called "normal"(1,18). And freedom will not always be synonymous with something positive. Releasing cannot fit into the logic of abandonment, since we deal with subjects who have had their identities and their social networks so much impaired.

Here we have all freedom, we go, go out, we go to the city to walk, to drink a soda. I go there and come back by bus. There's a television here, I listen to the radio, I go to the bar to get a soda, ice cream, there's the church, there's the mass, once in a while. (Grenade).

(...) here I go out in the morning, I go jogging, I'm going every morning, and then I go to the church... on Sundays. There's a neighbor down here, Z.'s mother. There's another friend I'm going to visit with her too. (Turquoise).

It's very good, for me it's very good. I participate in the CAPS, I go to CAPS to do the activities. The shopping I do, I buy clothes, and this is what I do. (Magnetite).

We note in the speeches of Granada, Turquoise and Magnetite that the exercise of going and coming works in the process of rehabilitation based on a meaning of daily activities based on praxis, that is, in the experience of the most common exits that allow the recovery of missed contractualities, the contractualities with the environment that surrounds them from the home - watching television, listening to the radio - going through the resumption of the neighborhood as a contact space and convenience of interpersonal relations⁽⁶⁾ - and then to the bar, to the church, to relate to neighbors - getting engaged in more complex activities - using public transport, going to CAPS, shopping⁽⁴⁾. For this reason, the legislation recommends that the dwellings be inserted in the urban space⁽²⁻³⁾.

Freedom implies responsibility with oneself, with people and with things; daily responsibilities with the house, with payments, with well-being, with purchases; responsibilities inherent to the human being itself, social responsibilities⁽⁵⁾.

The RTS starts to represent a propitious place to operate the reintegration into community life, of those who seek to resume their life history, their daily routine as a free citizen, with individual differences and their own demands for their living environment⁽⁹⁾.

Silveira and Santos Júnior⁽¹¹⁾ report that being a citizen implies not only having rights, but an active and continuous process of the capacity for autonomy and freedom, in which madness does not mean limitation

and incapacity. Magnetita remembers the activities in the CAPS, which exemplifies the responsibility of the search for his treatment. As emphasized in the introduction, the dwellers are progressively regaining public and private spaces and rebuilding their being in the world with the essential support and action of professionals involved in the process of rehabilitation^(4,8).

New family nucleus

With the following lines, we note the formation of a new family nucleus inside the houses, the conviviality among the inhabitants, the embracement, the care among them, the sharing of objects, the development of the power of contractuality, the exchange of experiences, the affectivity, the discussions, are typical features of a family that are present in the routine of the RTSS surveyed.

This is a family. (Emerald).

She paints my nails I lend her nail polish to paint her nails. (...) It's a delight here. I consider it as my family. (Agate).

We get along very well here, I, my companions, the colleagues who live with me. The maid, I get on very well with her, not only myself but the colleagues who live here. She takes good care of us. (Opal).

Here in this house is as I say about roses and thorns, but most are good people who understood me. (Turquoise).

I have friendship with the girls, I talk to them, we are close, we never fight, we get along, we do one thing, another day we do another thing. (Amethyst).

In the relations with the companions we perceive a good deal of respect among the peers in the majority of the speeches, a very superficial speech though, without reporting what it is in fact this relation. It is yet a very coherent speech, of Turquoise, that shows naturalness in the expressions, referring to the idea of a family like any other with their likes and dislikes. "It is known that inter-subjective relations are woven by bonds, but also crossed by us. Narrowing the bonds and untying the nodes is a constant challenge in everyday life"⁽¹²⁾ and, therefore, in the rehabilitation.

The family is fundamental in the process of living. "A family is formed not only by a group of persons, but by the relations and connections between them"⁽¹⁰⁾. Therefore, we can say that therapeutic residences can represent new family nuclei, once life gains meaning through the ties of affection and cooperation and sharing of experiences in this context⁽⁹⁾.

Conclusion

These services, which strive not to have a "face" of services, especially of health care service, seek to be as close as possible to a common home in the community, bringing the possibility of rebuilding and (re) signifying lives, housing and creating new subjectivities and more autonomous and free individuals, with rights and duties of citizens and, above all, resuming their dignity. These houses/services are places of protection, of contractuality, of affection and they have become, for many, a new family nucleus, despite the existence of conflicts - common in the various so-called "normal" spaces. There, they can feel loved, they care with each other, and they grow and learn to live with respect.

Dwellers leave their message: RTSs have brought benefits to their lives, although there are improvements yet to be achieved, even if they now go unnoticed. In the lines of their speeches, we found a predominance of positive things. Of course, the houses would not please everyone. We have the complaints of two dwellers, one for being a homeless for 40 years and having the desire to go back to the bridge where he used to live and to meet his old friends, and another who seeks the family love that, in his view, only the original family can offer.

Compared to what their lives were like inside psychiatric hospitals, all RTSs actually bring about an improvement in the quality of life that is unquestionable with regard to physical structure, hygiene, food, affection and care. As far as Psychosocial Rehabilitation is concerned, each one is at a different level of progress, but it is a fact that most of them are in the search for the so-called "freedom" and some need to review their practices. But from the perspective of the dwellers, these "small" conquests symbolically have a great meaning, because, of course, they spent a great part of their lives without having a proper bath, basic minimal food, own clothes, power of decision-making over the most ordinary things, rights, voice, peace, affection and love, that is, basic needs, and these are traumas difficult to overcome.

RTSs provide a new perspective of these people; the mere fact that the service exists is already a paradigm shift. For the most part, they offer a new family nucleus. Coexistence with their peers for years makes them build affection toward each other, care with one another and the exercise of contractuality in their homes.

Obviously, life is not just roses, but thorns too, like any family anywhere in the world. According to the beneficiaries, RTSs bring the hope of a better life with more peace and security.

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