Original Article

Social skills of users of a Psychosocial Care Center

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This study aimed to verify the influence of theater games in social skills of people with diagnoses of mental disorders of a Psychosocial Care Center (CAPS). Qualitative research, being conducted eight meetings using theater games.The binder of Viola Spolin Theater Games, a guide of theatrical techniques for the hosting of the games and screenplay by interview applied to participants of the study, before and after eight meetings, which was based on the Social Competence Assessment Scale in Patients psychiatrists. The results showed that the games had a positive influence on the skills and social skills and have signaled a great potential to be transformed into therapeutic workshops in CAPS.

Descriptors: Psychiatry; Rehabilitation Centers; Art Therapy.

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Competências sociais de usuários de um Centro de Atenção Psicossocial

Este estudo teve como objetivo verificar a influência dos jogos teatrais nas competências sociais de pessoas com diagnósticos de transtornos mentais de um Centro de Atenção Psicossocial (CAPS). Pesquisa qualitativa, utilizando o Fichário de Jogos Teatrais de Viola Spolin; um guia de técnicas teatrais para a realização dos jogos e um roteiro de entrevista aplicado aos participantes do estudo, antes e após os oito encontros, baseado na Escala de Avaliação de Competência Social em Pacientes Psiquiátricos. Os resultados mostraram que os jogos tiveram influência positiva nas competências sociais e sinalizaram terem um grande potencial para serem transformados em oficinas terapêuticas nos CAPS.

Descritores: Psiquiatria; Centros de Reabilitação; Terapia pela Arte.

Habilidades sociales de los usuarios de un Centro de Atención Psicosocial

Este estudio tuvo como objectivo verificar la influencia de juegos teatrales en habilidades sociales de las personas con diagnóstico de transtornos mentales en un Centro de Atención Psicosocial (CAPS). La investigación cualitativa, siendo cumplidos ocho reuniones con juegos teatrales un guía de trabajo de técnicas teatrales para la celebración de los juegos y um guia de entrevista aplicado a los participantes del estúdio, antes y despúes de ocho reuniones, que se basó em la Escala de Evaluación de la Competencia Social en los Pacientes Psiquiátricos. Los resultados mostraron que los juegos tuvieron una influencia positiva en las habilidades y destrezas sociales y han manifestado un gran potencial para ser transformado em talleres terapéuticos en los CAPS.

Descriptores: Psiquiatría; Centros de Rehabilitación; Terapia con Arte.

Introduction

The psychiatric reform has the objective of substituting the mental health care model; previously carried out in psychiatric hospitals, in a biological and central approach to mental disorders; for the care model centered on the subject, which has, as a reference a substitutive service of a psychiatric hospital, of a territorial base, which are the Psychosocial Care Centers (CAPS)[1].

Psychosocial rehabilitation is one of the main objectives of the Brazilian psychiatric reform, which aims to develop social skills in the community, as well as promoting citizenship in three scenarios: habitat, social network and work[2]. This article brings the CAPS as a space for the development of the social skills of its users.

Social Competence is a criterion that has the function of evaluating if the behavior of an individual is coherent with the social situation, and if it is effective to reach the pre-established results[3]. It investigates whether the social skills were learned by the subject so that it fits into its context and is accepted socially. Social competence consists of the "molecular measures" of social competence: verbal grouping, non-verbal grouping, paralinguistic grouping, emotional expressiveness grouping and problem grouping.

Verbal grouping is the ability to express yourself through words. Non-verbal grouping corresponds to eye contact, body movements, head movement, and gestures that aid speech. Paralinguistic grouping is characterized by tone of voice, articulation of words, speech rhythm, syllabic disturbances and repetitions

in discourse. The grouping of emotional expressivity refers to the ability to convey emotion during discourse, and whether it corresponds to the situation, at the level of type of emotion and intensity. The grouping of problem solving is the ability of the subject to be able to spontaneously propose a realistic solution to the situation in which it is inserted[4].

In the literature, the techniques that approach social competence in people diagnosed with mental disorders include interviews[5]; inventories[6]; techniques derived from sociometry[7]; autos registries[8] direct observation of behavior in a natural situation[9] and performance of roles[4].

There are reports that the performance of roles can be observed, for example, through theatrical games, which enable the development of social skills, as they directly address social skills such as verbal, nonverbal, paralinguistic expression, emotional expressiveness and solution of problems.

Theatrical plays are part of expressive therapies, which in the context of psychosocial rehabilitation, privilege expression as a means of developing the cognitive, the corporal, the expressive and the behavioral. They have in themselves therapeutic purposes of rehabilitation and resocialization, emotional adjustment, introspection, reduction of stigma and prevention of discomfort[10]. Nise da Silveira when using expressive therapies in groups of psychiatric patients already emphasized the therapeutic value of expressive activities[11].

This study aims to verify the influence of theatrical games on the social skills of users of a Psychosocial Attention Center.

Method

Study type

It is a descriptive research, with a qualitative approach, that follows the procedures of content analysis[12].

Instruments

The study used the Viola Spolin Theatrical Play File as a reference for the application of theatrical games, which is a guide to teach theatrical techniques for youngsters, in a school environment, in order to offer teaching/learning techniques through games and troubleshooting solutions[13].

A questionnaire developed by the researchers was also used, based on the theoretical reference of the five subscales of the Social Competence Assessment Scale in Psychiatric Patients (SCAS)[14]. The SCAS is a 6-point Likert scale or global dimensions, distributed according to: Incompetence (1-2 points), Average competence (3-4 points) and Higher than average competence (5-6 points) attributed through the systematic observation of the behavior in role performance[14]. The SCAS points out that social competence can also be assessed by observers with five subscales: verbal, nonverbal, paralinguistic, emotional expressiveness, and problem solving skills. The researchers of this study elaborated the questions in order to understand the influence of the games in the social competences of the participants after the eight meetings; with the following questions: 1- When you need to communicate with someone can you express your needs? Give an example. 2 - When you talk to someone else can you talk about your feelings? Give an example. 3- Do you think you talk in a higher or lower voice when you talk to people? 4 - When you talk to someone else, do you talk fast or speak slower? 5- Do you think that you can speak the words, vowels and consonants clearly without rolling the tongue? 6 - When you are talking to someone do you think you can show, through your face, your emotion? 7 - When you talk to someone else do you use gestures and look at the person when you are communicating with them? 8 - In your daily life, can you find solutions to the problems that arise, such as finding solutions when you have a problem when you are tidying up your home? Give an example?

Ethical aspects

This study is part of the project entitled: "Recreation in the process of rehabilitation of people with mental disorders in a Center for Psychosocial Care", which has as a criterion the psychosocial rehabilitation of people with mental disorders through expressive group techniques such as music, dance , theater and painting. The project was appraised and approved by the Ethics Committee, under Protocol nº 0807/2007. The relatives/guardians signed the Free and Informed Consent Term and later the participants also signed it.

Subjects

Characterization of the subjects is shown in Table 1.

All those participants who were part of the extension project of the USP School of Nursing in Ribeirão Preto were recruited: "Recreation in the process of rehabilitation of patients with mental disorders in a Psychosocial Care Center" and were under treatment in the CAPS for at least one year. As inclusion criteria were also considered: considering

the demands / needs related to social competence, not to be in a psychotic outbreak at the moment of the study, to have availability of participation in the activities proposed by the research, to be able to establish a communication with the other members of the group, and do not have physical limitations to participate in activities.

Table 1- Characterization of the subjects participating in the study. Ribeirão Preto, SP, Brazil 2013

Participant (P)	Age (complete years)	Gender	Psychiatric diagnosis (ICD10)[15]	Follow-up time in service (complete years)
P1	51	Female	F33	06
P2	38	Female	F31 and F20	04
P3	55	Female	F31 and F20	17
P4	34	Male	F33	15
P5	48	Female	F20	17
P6	58	Female	F20	04
P7	52	Male	F20	17
P8	34	Female	F71	16
P9	31	Male	F31 and F20	04
P10	39	Male	F33	03

ICD10: International Classification of Diseases.

Location

The research was carried out in a Psychosocial Care Center (CAPS) in a municipality in the interior of the State of São Paulo.

Procedures

Initially, the interview recorded with the participants was carried out by the responsible researchers. Eight weekly meetings were held with the group of participants, lasting one hour and thirty minutes, in the months of April and May 2013. They were led by a psychologist and an occupational therapist with training and experience in drama and theater plays, and a nursing student with experience in theater workshops.

The meetings were developed in a room, also of the CAPS itself, suitable for the performance of theatrical games. After the eight meetings, the final interviews were conducted, with the same initial questions, in order to compare. For the interviews a voice recor

Figure 1 shows the sequence of the encounters and respective games performed.

Meetings	Theater games	Objectives
1st meeting	Blablação theater game[a] – Sell (A86) Blablação theater game – Past incident (A87) Blablação theater game Portuguese (A88)	Develop participants' non-verbal language.
2nd meeting	Dar and Tomar theatrical game – Warm-up (B5) Dar and Tomar theatrical game (B6)	Develop non-verbal communication, speech resonance, verbal ability to hear and express, verbal agility, and sensory and temporal perception.
3rd meeting	Theatrical Play Warm-up Scene Whisper[b] (C15)	Provide vocal warm-up and verbal agility.
4th meeting	Chicotinho Queimado Theater Game (A96) Vowels and Consonants theater game (B46) Sung Dialogue theater game (B47)	Develop verbal agility, dialogue, ability to speak and listen in conversation, familiarity and flexibility with words, verbal fluency and tonal quality and resonance of speech.
5th meeting	Fiscalizando um objeto Theater Game (A41) Changing emotion theater game (C31)	Develop non-verbal communication and the perception and expression of emotions.
6th meeting	Building a story theater game (12) – A76 Building a story with emotion theater game (C30)	Develop participants' listening skills, familiarity and flexibility with words, speech and narration, reading and writing, expressing emotions.

Figure 1: Continuation

7th meeting	Physical Irritation Theater game # 1 (C24) Physical Irritation Theater game #2 (C25)	Develop the ability to communicate between people, familiarity and flexibility with words and physical movement and expression.
8th meeting	Illuminated theater game (C9) Debate in counterpoint Theatrical Game #1 (C10) Debate in counterpoint Theatrical Game #3 (C12)	Develop listening, speaking, dialogue, familiarity and flexibility with words and present tense.

Figure 1- Theatrical games and their objectives, according to the Viola Spolin File[13].

[a] The Blablação technique is important to free the actor from the multitude of technical details that involve the initial trial and to enable him to move spontaneously and naturally in his role. Blablação simply means replacing articulated words with sound settings.
[b] It is used in the dramatization, when the actors simulate a whisper that can be heard by the audience[13].

Data analysis

For the purposes of analysis, the interviews were conducted by the researchers individually with each participant, in a CAPS room, which kept the conditions of confidentiality. They were recorded on an MP3 recording device, transcribed in full and analyzed following the procedures of the thematic content analysis[12]. Content analysis, as a method, becomes a set of communication analysis techniques that uses systematic procedures and objectives to describe message content[12], in order to point out the nuclei of meaning that have some meaning for the purpose of the research.

Results and Discussion

After analyzing the material collected in the interviews, the contents of the syntheses of the initial and final interviews are presented below, in the form of the categories that emerged according to the themes related to social competence. The initials P (1 to 10) refer to the speeches of the participants.

Verbal and paralinguistic grouping

The characteristics that describe verbal communication include verbal and paralinguistic skills: speaking clearly, being able to articulate words, having adequate speech rhythm (neither too fast nor too slow), the volume of the voice being clearly audible (not loud not too low) and the absence of speech disturbances (syllables or repeated words or hesitations)(14).

When asked about verbal communication, some participants answered: *[..]; I can! Slower slow* (P4). *[...] when I am, I speak in a lower tone, I do not speak in a high tone [...; I speak quickly, it will not be long before I speak* (P5); *Sometimes I get difficult because of the medicine, I speak soft, I swallow some words, but I like to talk right* (P6); *Oh, more or less right ?! If it's fast I pause* (P7).

Most participants reported some interferences, such as speaking in an extremely low and/or loud voice, sometimes speaking quickly or slowly, "swallowing" letters, causing misunderstanding of communication. There were associations of the rhythm of the speech with the side effects of the usual medications.

When questioned whether the participants were able to express their needs through speech, their responses evidenced the attempt and difficulty in being effectively understood, which prevents the verbal communication from being prolonged: *I have a hard time talking to my daughters who do not understand me, I take time to talk, I speak in this tone with them, they already like to change, right [...] I'll talk and they do not pay much attention to the that I speak, I got nervous.* (P1); *Sometimes I say hello, there the person says he did not understand anything I said, it sucks, right, but then I say it all over again because I want to talk* (P2); *There is no time that anyone understands what I'm talking about, but I'm talking!* (P3).

After the interventions, when asked if they were able to express their needs in theatrical games, the participants emphasized: *[...] I succeeded, but it was complicated; [...] I often did not know what it was to say [...] it was good.* (P1); *[...] the first time I was very bad, I think I could not speak, but then I got it right.* (P3).

It can be seen in the lines of P1 and P3 that, despite the initial difficulty, Viola Spolin's theatrical games allowed the participants to have freedom and exercise their capacity for expression, in situations very close to real situations[16], which allowed the evolution in their verbal competence.

Nonverbal grouping

As for non-verbal communication, the use of gestures was sometimes pointed as a substitute for verbal communication, for example: *I always try to look at people [...] sometimes when, for example, the person does it like this for me, I do it too (waving a hand)* (P9). *Ah, when I get talking on the street and I see someone on the bus line I do so (waving movement)* (P10). *However, some participants did not use non-verbal communication frequently: I look at her but make a gesture like that* (P5); *I look, but I do not gesture* (P3).

Non-verbal communication can be used to complement, replace and even demonstrate feelings in people with mental disorders, due to affective blunting, distancing and catatonia many are impaired[17]. After the interventions, the participants reported an improvement in their performance regarding non-verbal communication: *I tried to look, but I do not know if they understood* (P5)*; In this I had difficulty, because I was ashamed, but I think I performed well, developing according to the day né* (P3)*.*

Thus, it was observed that, despite shyness in the scenes, there was an overcoming in front of the new one, the attempt to interpersonal interaction, in the exchange of looks and the search for the development of this competence, making possible the assertiveness and empathy in the communication[18].

Grouping of emotional expressiveness

The objective was to identify if the subject perceived transmitting some emotion during his social interaction with the interlocutor. Initially the participant reported: *I do not think I can (emotionally express myself* (P1)*.*

However, the intervention of theatrical games proved beneficial for this same participant who, in the ambience of theatrical game highlighted: *Some games, some things. (...) when I had to do the doubles, the two, me and P3, we could do; I think we can do, convey what we were going through* (P1)*.*

The speech of P1 shows that the theater plays and the appearance with the other members of the group ensured an intimate environment capable of making P1 express their emotion, previously repressed.

In one group there are therapeutic factors that permeate the relationship between the participants: group cohesion, altruism, vicarious learning and universality. The group cohesion refers to the fact that the member feels belonging and welcomed to the group. Altruism is the ability to be sensitive to the difficulties, problems and limits of others, feeling the desire to help you, or actually doing something to help you in the group context. In addition to these, there is also vicarious learning, which is to recognize having learned something of value to oneself by the observation of another member of the group; and universality, which concerns the perception of not being the only one having problems, or recognizing that other group members have problems equal to or greater than their own (19).

These therapeutic factors may lead to changes in the behaviors and social skills of participants in a group as Yalom points out, often pointing out that older group members are more likely to tune in to the process, acquire conflict resolution methods, less likely to judge, and more capable of experiencing and expressing empathy. These skills help in future social interactions, and support emotional intelligence[19].

In addition to the therapeutic factors of the group, theatrical games are techniques that contribute to the development of emotional expressiveness, as it was observed in the report of P1.

Theatrical game provides an environment of trust in the game's partners, emotional security and absence of tension that creates conditions conducive to learning social skills, since playful behavior offers opportunities to experience behaviors that, in normal situations, would never be tempted by the fear of error or punishment[19]. This playful education stimulates emotional development and sociability[20].

We see an example of emotional development and sociability after intervention with theatrical games in the story: *I was more affectionate with my mother, it is me and she and her husband. I became more affectionate with her, more attentive. Helped a lot in life* (P3)*.*

Troubleshooting grouping

The research also identified participants' perceptions of their problem-solving ability, which is an integral part of the repertoire of social skills[14].

In question eight of the initial interview, the participants reported a daily problem, such as doing a domestic task, and what would be the steps to be taken in solving this problem: to ask for the help of someone in the house, to borrow the utensil to a neighbor, go to the supermarket to buy it, etc. Below are the reports of the participants on the strategies chosen to solve the problem: *Sometimes I ask my sister-in-law or I ask someone else. I'm hard to ask for things. I'm not asking for it* (P7)*; I have not been solving anything lately. My daughter who does what she has to do* (P1)*; Help from my mother, every time I have a problem at home I have to talk to her* (P4)*; Sometimes I need help to go to the supermarket, I do not know what to buy* (P9)*.*

There was a distinct need for help in solving everyday problems. Relatives, neighbors and friends were strongly cited as contributors to these resolutions. However, after the theatrical games, some participants reported having developed some autonomy and skill in solving problems, whether it be "playing games" or in real life situations: *I think so, at the last meeting I had, I was able to look at the other's face, see what he's doing. With someone else it's good!* (P1)*; Until not, I did not need help. I even went more myself! It helped a lot in life. I was more attentive* (P9)*; Ninety percent needed help. It's because you know I have a little shyness, but I think I did it, I gave my best. I improved, because before I was to give the money to do not know who, I was so silly, now improved* (P7)*.*

This data seems to indicate that theatrical games allow the confrontation with the problems and the attempts to solve them, developing the social competence of problem solving. In this way, the theatrical game made it possible to recreate problem-solving "training", which it would be difficult to do in daily life[21] because of possible unpleasant experiences or fear of making mistakes.

Process of Awareness from the Theatrical Games

Some participants seemed to broaden their perception of their difficulties regarding social skills after intervention with theatrical games. One sees this, for example, when before theatrical games, the participant believes he can express himself verbally in a clear way, but after the process, recognize: *Clearly, clearly no, I needed a little help* (P6).

A demonstration of awareness also arises when there is the perception of the complexity of expressing itself by gestures: *It was a bit complicated right? Because talking gesticulating is more difficult for the person to understand, right? Or even talk, that even when the group that had us could not talk, just make gestures. I did it but it was very difficult* (P2); Or how important is the articulation of words: *Well, articulating words I think it was like this, a little difficult* (P8).

At first, the awareness of these participants about difficulties with molecular measures of social competence (verbal grouping, non-verbal grouping and pralinguistic grouping, respectively) may seem to be a setback. However, this can be a first step for participants to move towards an improvement of social skills.

Therefore, Spolin's improvisation games provided a space for sensory, bodily, emotional and interrelated experiences that enabled the participants to acquire self-awareness, a more direct contact with the environment[16], an approximation of their own body and the body of the other, showing traces, modes of functioning, activation of thoughts, memory and imaginaries as a result of these eight encounters[22].

Conclusion

Due to the results presented and the time of implementation of the games was relatively short, and, on top of that, there have been advances in the social skills of the participants, it can not be said that these acquisitions are permanent.

However, one can not deny the positive influence of the games on the social competences of the study participants and the potential of these theatrical games as a therapeutic tool, which is a flexible and plastic structure language capable of exchanging experiences and facilitating the communication between people, especially when common language is insufficient to externalize singular experiences, especially in collective contexts, to facilitate communication between people, aiming at the process of psychosocial rehabilitation.

Thus, this study demonstrated that theatrical games can be incorporated into the activities of the CAPS by professionals of the multiprofessional health team, who understand the purposes and periodically supervise the possible advances, aiming at the development and training of social skills and consequent psychosocial rehabilitation of their users.

It is important to point out that new studies are needed to expand the results and discuss the subject.

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