

## THE MEANING OF HAVING A MENTAL DISORDER: CONTRIBUTIONS FROM EVERYDAY SPONTANEOUS THEATER<sup>1</sup>

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Everyday spontaneous theater is a great tool in care delivery to patients with mental disorders. This study aimed to understand the meaning of being a mental disorder patient for people with this disorder. Therefore, four mental disorder patients participated in four meetings, where they dramatized scenes of their own daily life, registered through photographs, interviews and statements, categorized in themes related to family, prejudice, fear and cause of being a mental disorder patient. Analysis of the material permitted considering everyday spontaneous theater as an important tool, which permits re-significations and contributes in psychosocial rehabilitation.

Descriptors: Mental Disorders; Mental Health; Rehabilitation; Occupational Therapy.

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## **O SIGNIFICADO DE SER PORTADOR DE TRANSTORNO MENTAL: CONTRIBUIÇÕES DO TEATRO ESPONTÂNEO DO COTIDIANO**

Na assistência aos portadores de transtornos mentais, o teatro espontâneo do cotidiano se apresenta como uma grande ferramenta. Este estudo objetivou compreender o que significa, para o portador de transtorno mental, de ser portador desse distúrbio. Para isso, quatro portadores de transtornos mentais participaram de quatro encontros, onde dramatizaram cenas de seu cotidiano, registradas através de fotografias, entrevistas e depoimentos, categorizadas por temas relativos à família, preconceito, medo e causa de ser um portador de transtorno mental, cuja análise permitiu considerar que o teatro espontâneo do cotidiano constituiu-se em uma ferramenta importante, possibilitando ressignificações e contribuição na reabilitação psicossocial.

Descritores: Transtornos Mentais; Saúde Mental; Reabilitação; Terapia Ocupacional.

## **EL SIGNIFICADO DE SER PORTADOR DE TRASTORNO MENTAL: CONTRIBUCIONES DEL TEATRO ESPONTÁNEO DEL COTIDIANO**

El teatro espontáneo del cotidiano es una buena herramienta en la atención a los pacientes con trastornos mentales. Este estudio tuvo como objetivo comprender el significado, para el portador de trastorno mental, de ser portador de trastorno mental. Cuatro pacientes con trastornos mentales participaron de cuatro encuentros, donde dramatizaron escenas de su cotidiano, registradas a través de fotografías, entrevistas y declaraciones, categorizadas en temas relativos a la familia, prejuicio, miedo y causa de ser portador de trastorno mental, cuya análisis permitió considerar que el teatro espontáneo del cotidiano es una importante herramienta, posibilitando re-significaciones y contribución en la rehabilitación psicossocial.

Descriptores: Trastornos Mentales; Salud Mental; Rehabilitación; Terapia Ocupacional.

### **Introduction**

In adopting the concept that occupational therapy take on as initial problematic the social exclusion, and has as final objective the social inclusion<sup>(1)</sup>, we've opted to report, research and discuss the daily life of carriers of mental disorders and their assistance, with the objective of understanding, through the technique "*teatro espontâneo do cotidiano*", what it means to be a carrier of mental disorders, and offer an instrument for re-purposing, contributing to the psycho-social rehabilitation of people suffering from this disorder.

In the 17<sup>th</sup> and 18<sup>th</sup> centuries, to the mad, a institutional

space of exclusion was reserved; there was not, yet, a relation with the disease, but instead a reaction from society, in recognizing or not the conduct of individuals. The mad were considered an animal, without any rationality; the madness becomes a sign of humiliation and suffering, causing the patients to confinement in an isolated space from social contact<sup>(2-3)</sup>. From the moment the mad began to be understood as someone that represented social risks and perils, the institutions for the mad were open by medicine and the ordinance of hospital space<sup>(4)</sup>. At the end of the 18<sup>th</sup> century, beginning of the 19<sup>th</sup>, the first modality of

therapeutic intervention appears the moral treatment, established by Pinel and, later, developed by<sup>(5)</sup>. At this moment, it is noticeable realized a first attempt to use the “do” as a therapeutic strategy and, possibly, the beginning of the pathway of the practice of occupation therapy in the assistance to the carrier of mental disorder.

Although they were therapeutic strategies, however, historically, factors are identified that point to the psychiatric institutions as spaces in crisis and that did not fulfill its mission of treatment and cure. It was after a period of war, in which health was considered a right, and some proposals were reformulated in the assistance of the carriers of mental disorders, beginning the psychiatric reform<sup>(5)</sup>.

The effectuation of the reform requires the invention of a new social place for the madness experience<sup>(6)</sup>. This implies in the practice of psycho-social rehabilitation, which would be an enabler process, in which the individual reaches the best level possible of autonomy and exercising citizenship<sup>(7)</sup>.

In this perspective, we can highlight occupational therapy. The Italian deinstitutionalization made innovations possible for occupational therapy in the field of psychiatric reform, in assuming, as object of the therapeutic action, the people and their needs and not the disease or symptoms. In this context, the therapeutic action start to invest in complexity of the person’s daily life, encompassing the aspects: practical, concrete, symbolic, relational and material, in order to produce movements capable of offering support, protection and resolution of problems that contribute to the surpassing of the existential situation<sup>(5)</sup>.

In thinking in the context in which the carriers of mental disorders live nowadays, and in some strategies and concepts that built the psychiatric thinking and its therapeutic practices, the “*teatro espontâneo do cotidiano*” presents itself as an important instrument of occupation therapy. The activities expressed seek the comprehension of the subject, prioritizing its potentialities as a whole, from the life experiences that contribute so that the individual realizes and identifies different “workings” in their daily life<sup>(8)</sup>. The artistic enables the “creation over the real world”, in which it offers to the subject a space to experiment creative experiences, providing transformation of self, of the daily life and interpersonal relations<sup>(9)</sup>. The expressive activities suggest the development of a creative process, in which seeks to promote the contact between the subjective and objective aspects of the individual’s reality, opening the space for the appearance of expression forms that are more integrating to your personality<sup>(10)</sup>.

Based on Augusto Boal and Jacob Levi Moreno, the “*teatro espontâneo do cotidiano*” was developed by the occupational therapist Márcia Pontes Mendonça, in which reports that the improvisation is fundamental, since it enables to culminate in ideas and themes, without a previously prepared text. In the improvisation, the line and scenes are from the dally life of each subject, with no need for a theatrical stage, however, a space stage that would provide a life space<sup>(11)</sup>.

The “*teatro espontâneo do cotidiano*”, implies the use of the dramatic game, has shown to be a great channel of expression, in which the subject live situations and roles without any care about the conventions and rules that direct social contact. It allows showing the customs of people, recreates stories and situations of their daily life, their needs, their limitations, their fears, their oppression, and provides the development and abilities to recreate their actions, in a sense of conflict resolution, allowing their social participation<sup>(11)</sup>. It has been used as a therapeutic tool so that the individual can channel and express emotions, providing creative building in search for solutions for the problems that come up from the questions of daily life of each one, therefore, it can be used for the development of communication, awareness, imagination and creativity<sup>(12)</sup>.

## Method

It is a transversal study, of qualitative character, and presents as theoretical conjecture the model of the Psycho-social Rehabilitation<sup>(4,7,13)</sup> and the approach of the Symbolic Interactionism<sup>(14)</sup>, therefore consisting, the theoretical base for the analysis and discussion of the results. The descriptive results presented here, from the data collected in the interviews as well as field log records, made during the activity “*teatro espontâneo do cotidiano*”, like the transcription of the tapes and records of the group discussions. For the data analysis we opted for the content analysis<sup>(15)</sup>.

Interviews took place, one initial, individual, starting at the following guiding question: What does it mean for you to be a carrier of mental disorder? Another interview was made at the end of the research, also individually, with the following guiding questions: after each staging, was there any change in relation to what you felt or thought about the staged theme? Which one? Generally, was there any change in your everyday life after participating in the group? Which one?

The group was divided in stages, comprised by: 1st stage – an initial conversation, in which the following guiding question was asked “What does it mean to you to be a carrier of mental disability? and theme established; 2nd stage – some exercises were chosen for the warm up and preparation of the participants, consisted of a work of body consciousness, of group integration, of self awareness and self perception, perception of self and the other, followed by several specific exercises of group integration, with the support of dramatic games, theatrical improvisation techniques and group dynamics; 3rd stage – experience and dramatization of the chosen topic; 4th stage – discussion and statements. To help them in this final conversation, the following questions were asked: what did you feel with today’s activities? How was your participation in the staging? How can the group help with rehabilitation?” The discussion and the statements were recorded. During the meetings, photographic and written records were made in a field log, by two collaborating occupational therapists, trained for this purpose.

In total, four group meetings took place, distributed

in a period from December 2009 to January 2010. To make this group possible, the multi-professional team of the service (Caps I, countryside of São Paulo) was responsible for the selection of the participants, at first inviting twelve subjects. Then, it was proposed a previous meeting in order to meet them and clarify them on the objective of the research and the group activities; however, only six showed interest and of those six, two quit in the beginning, and the group remained with four participants, which became the definitive group, being one man and three women, with ages between 20 and 52 years old, two single, one married and one widow, two were in semi-intensive admission and two in non-intensive admission, added that none of them works. They are carriers of a variety of mental disorders, such as: phobic-anxiety disorder, organic delusional disorder, schizoaffective disorder and bipolar affective disorder. Family members were informed of the objective, signing a consent form willingly and informed, as well as the participants.

The project was submitted to the Ethics Committee on Research involving Human Subjects of the School of Nursing of Ribeirão Preto – University of São Paulo, approved under Protocol nº1049/2009, and counts on the financial support of the São Paulo Research Foundation – FAPESP.

## Results and Discussion

Facing the guiding question, “What does it mean to you to be a carrier of mental disability?”, from the initial interviews and the group discussion, several meanings were raised, through the reports of their own daily situations, individually then extending to group, in which some themes stood out. In analyzing these meanings, we counted on the premises of the Symbolic Interaction: 1) the human being acts in relation to the things that make sense. These things include physical objects, human beings, institutions, ideas, daily life situations etc.; 2) the meaning of these things is derived from social interaction that it is established with other people; 3) these feelings can be manipulated and modified, from an interpretation process, related to things the subjects face<sup>(14)</sup>. Therefore, the adoption of Symbolic Interaction as back up reference for the analysis of the contents – since the concern is to understand the experimental internal aspects of human conduct, the way how people perceive the facts or realities around them, and how they act in relation to their convictions -, allowed to establish the value of the investigated phenomenon<sup>(16)</sup>.

Improvisational theater requires an intense group relationship, since it is from the agreement and the group situation that the material emerges for the staging<sup>(17)</sup>. Therefore, from the data obtained, some themes in common stood out among the participants, in which they were staged, by means of the “*teatro espontâneo do cotidiano*” technique: the carrier of mental disorder and the family; prejudice; the fear of assuming to be a carrier of mental disorders; the cause of being a carrier of mental disorder.

### *The carrier of a mental disorder and the family*

The reports referred to the way the family acted in relation to the mental disorder, and the care they provided, in relation to the Carrier. Some of the statements brought the speech that the family had the support role, however, other acted otherwise. *...to go out alone like this, these things, to travel, because my mother was afraid that I would go out because things might happen to me, fainting (...) I only have the support of my mother and that is it, no one else (subject 1). They try to help me, but who is really helping me is my brother-in-law (subject 2). Sometimes my son, from them, only one, and sometimes they treat me like I'm sick, my daughter does not, she took care of me, I not going to say that she did not, but she is not concerned if I've been taking my meds, very hard, vaguely she asks her mom "is he taking his meds?" (subject 3).*

The family is the main foundation for the human and social development, as has strong influence in the way people interpret the world<sup>(18)</sup>. Mental illness, known as severe and long term, causes a series of responses in people, including between those in the family unit<sup>(19)</sup>. It is known that the family represents a very important factor in the care of the person with mental disorder, especially those with severe and grave disorders, which possesses little autonomy and need round the clock care. However, despite all this, public policy of mental healthcare has not given the proper attention to these families<sup>(21)</sup>.

### *Prejudice, the fear of assuming to be a carrier of mental disorder*

At many times, there is the conception that being a carrier of mental disorder is not to be normal; however, they suffer, most of them, of their own and outside prejudice regarding what they are and what they are capable of doing. *Yes, some people criticize, they think I'm crazy, only those who are crazy come here and the others does not, others treat me as normal, but most of them (...) I feel normal answer there don't I?, you must realize that mad people do not go there, where there are mad people they send them to the clinics, over there we are all normal, many has already stopped the medication, others are attending, evolving, getting well with the treatment (subject 3). To be normal is to write, do math, this is what is normal to me, and I do not do this nowadays (...) I cannot write correctly, cannot do math right (subject 4). I think I am normal like before, but I am not, I know it changed my life (subject 1).*

In shelter mode, the carrier of mental disorder was seen as sick; the subjects were fragmented and placed as production goods. This conception was extremely backed up by the molds of a excluding and alienating practice and, despite the whole process of psychiatric reform; it still has some repercussions in some scenarios<sup>(22)</sup>. People with mental disorder are still punished by segregation and the stigma they suffer; they go through social exclusion due to people's isolation<sup>(20)</sup>. To think of normal and pathological depends in the point of view that society has about it. And in this aspect, it is always influenced by culture. The normality reveals the power of diagnosis, coming to label the subject, meaning the loss of a job, loss of children custody, admittance in a psychiatric hospital and have the identity and the stigma of a “mad”<sup>(23)</sup>.

### *The cause of being a carrier of mental disorder*

In other moments, they reported on conceptions and causes that attributed to the condition of carrier of mental disorder. It is known nowadays, that the cause of mental illness is multi-factorial and that there are many attributions given to this disorder. It is clearly noticed, in the statements, the several attempts of explanation for the cause of being a carrier of mental disorder. *With me it was always this way, I was born like this* (subject 2). *I think it was when I was younger I fell of a tree, it is what I think because I did a MRI, no head problems, it was clear (...) but I think it was not because of that because I have nothing wrong with my head (...) mine was emotional* (subject 3). *Now this I've had since I was five years old, so it has nothing to do with my stepfather (...) there is not a hereditary problem, I do not have that* (subject 1). In a study on the perceptions of mental illness, it was seen that the carrier of mental disorder associated this condition to several meanings: the disease as loneliness, the disease as suffering, the disease as description/presence of symptoms and the disease as difficulty<sup>(24)</sup>.

Facing these meaning attributed to mental disorders, it can be considered that the person is seen by what she presents. Is seen by the symptoms of the disease, that asks for a classification, and not as a person with a name, identity, their own life; the subjectivity is very distance from any consideration<sup>(24)</sup>.

Regarding the preparatory stage of the exercises and warm ups, the subjects were able to experience them in a uncompromised and spontaneous manner. The games reproduce essential characteristics in life, they have rules and laws, in which are necessary so the game can work, they help in the unmechanisation of the body and mind facing the daily alienation, becoming sensory dialogues enabling creativity<sup>(25)</sup>. *I have a difficulty to express myself you know, I'm very closed (...) then you are helping me a lot* (subject 1). *I think the relaxing can help us, I liked the relaxing this can help us a lot* (subject 4). Through the game, the personal freedom is released, and the person as a whole, is physical, intellectual and intuitively awoken<sup>(17)</sup>.

It was seen that in some moments the interaction became symbolic, that is, when the acts of each individual has a significance for the creator and receiver of the action<sup>(14)</sup>. *What happened to her has already happened to me too; this has happened many times it was no tone or too* (subject 1). *What she said to me has moved me too because it happened to me too* (subject 3). *It was good, I liked it, I liked it because we can see how the other person's image is* (subject 4).

Some re-significations were made. *Let me see, change, many things I thought before like I was the only one with problems many people have problems* (subject 1). *I think it improved, improved so much that I am more in the real world now* (subject 2). *I had depression and I did not know that I had a mental disorder; I did not know nobody told me* (subject 3). *They told me this, you go there, you see that there are other problems and your seems small and I liked it* (subject 4). The occupational therapy process and the activities presented them as enablers of new pathways to do it, in the relation that is established during the shared activity, with the relation of teaching, learning, building, inventing and creating. They offer a space for a pleasurable individual experience, in which the facts of life are lived differently<sup>(1)</sup>. It can still be

thought that the light of the Symbolic Interaction, in which every act be also considered an new interaction with the world, since the order of the social facts and the meaning of the actions are always subject to changes<sup>(16)</sup>.

### **Final Considerations**

With the intent of moving together the principles of psycho-social rehabilitation, it is necessary to rethink the assistance to carriers of mental disorders, which suggests new spaces and ways to deal with this type of disease. These forms and practices of assistance are expressed by the understating of the subject as co-creator of this renewal process. From the initial conception that carries historically the weight of oppression and suffering, in feeling as co-creator, there is the opportunity of the exercise expression and right to citizenship. It is in this context that the “*teatro espontâneo do cotidiano*”, is inserted as an occupational therapeutic tool that suggests new healthcare spaces, offering the exercises of the creative in search for solutions to the problems staged in daily life. From this experience, by means of the Symbolic Interaction, it was possible to transform old meanings on carriers of mental disorders – that before they would transmit to fear, to prejudice, to the cause, to the family -, into positive ideas.

After the effectuation of the Psychiatric Reform, it is important to mention that the traditional therapies, including the therapeutics with psycho pharmaceuticals, has true potential to control psychiatric symptomatology effectively, but, such potential is not the same regarding maintaining this control. Therefore, the non-traditional therapeutic modalities, which include the “*teatro espontâneo do cotidiano*”, presented to be a means to help in this maintenance. In proposing the “*teatro espontâneo do cotidiano*” as a tool to be used in the assistance to mental healthcare, created a space for better comprehension of the meanings of being a carrier of mental disorder, being able to contribute to the psycho-social rehabilitation of this category of patients.

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