Art, culture and care in psychosocial healthcare services

ABSTRACT

OBJECTIVE: To analyze the process of care developed in group activities of culture and art in community psychosocial healthcare centres.

METHODS: This study is part of research evaluating psychosocial health care centers in the city of São Paulo. Ethnographic reports of 126 art and cultural group activities taking place in 21 centers between 2007 and 2008 were analyzed. The analysis included statements from coordinators on the objectives of the observed activities. Based on theoretical psychosocial health care frameworks, content analysis was used to investigate the relationship between the therapeutic tools used and the objectives of the activities.

RESULTS: Three trends of health care were identified: (1) strictly clinical, was predominant and characterized by activities carried out within the centers, with a focus on personal skills and group interactions; (2) psychosocial, including outdoor activities, widening the cultural repertoire and social circulation and; (3) residual, in the minority and without psychosocial benefits.

CONCLUSIONS: Carrying out art and cultural activities which result in health care from the perspective of psychosocial rehabilitation depends on the health care professionals’ access to cultural assets and creative procedures, on the recognition of these activities as part of the coordinated work of a team and on all those involved being considered as actual producers of culture.

DESCRIPTORS: Community Mental Health Services, methods. Outcome and Process Assessment (Health Care). Cultural Competency. Competency-Based Education.
INTRODUCTION

Psychosocial Care Centers (CAPS) are open community referral services to care for people with serious, ongoing mental illness. In Brazil, these services play a key part in the creation of a care network taking the place of the asylum mode.\(^4\) As of December 2011 there were 1,742 of these services in the country, with various modalities diversified by size, complexity and scope of population.\(^b\)

Community based psychosocial care requires the subjects to be integrated into the social and cultural life of their area.\(^4,5\) This perspective calls for mental health care professionals, managers and policy setters in order to create unique treatment projects, with ongoing reference to the social context, in particular to social contracts\(^5\) in the three principal everyday social situations: housing, social exchanges and work.\(^7\)

In the context of mental health public policies interfacing with culture, this demand translates into guidance aimed at linking CAPS and community care centers, at profit making activities based on cultural events, at campaigns linked with Cultural Points\(^a\) and to other work and training partners.\(^3\)

In the context of the services, different case studies have analyzed artistic and cultural approaches. A revision of the literature\(^4\) indicated that these practices are understood as resources for humanizing care, co-producers of subjectivity, catalysts of affectivity and of social reintegration. Research involving professionals from six CAPS in the city of Rio de Janeiro\(^1,7\) revealed that, even in services where teams and management treat it as a therapeutic benefit, art does not seem to be understood as a field of knowledge.

In a study carried out in the city of Sao Paulo,\(^9\) SP, it was found that CAPS dealing with adults had great heterogeneity of organization and function between the different types of care. This diversity was attributed to the history of how mental health services in the city were established, to regional differences and to socioeconomic differences relating to health, cultural, sport and leisure resources in the area of each CAPS, to the varied composition of the teams and to the understanding of the activities according to the abilities of the individual professional. Among the modalities providing care, group activities stand out, being more numerous than those related to art and culture. In order to investigate art and cultural group activities, art and culture are understood to be two poles of the same movement, in which inventiveness and tradition alternate.\(^1,9\) Art is understood as: (1) formative, that is, it intensifies the aspects of invention and execution that characterize producing the work;\(^1,3\) (2) the inseparability of art and life;\(^1,11\) and (3) intersections between artistic and clinical practice, mobilizing human creative potential.\(^1,6\)

The understanding of adopted culture places the emphasis on the practical convergence of meanings related to anthropology and sociology – how a system of meanings about a given social order is communicated, reproduced, experienced or transformed – and its practical side, linked to artistic and intellectual activities and other practices which inform or constitute that social order.\(^1,9\)

Care was considered as a reconstructive category,\(^1\) which combines: a dialogical dimension, among subjects who interact mediated by an object (the problem, the project); the shared responsibility of all participants for sustaining this dialogue; and a continuous process of reflection on and reconstruction of identity, with mutual implications between the participants.

Art and cultural activities are considered here as parts of a set of strategies in the area of health, aimed at producing subjectivity, constructing life projects and reconstructing the citizenship of the subjects of this care. They require professionals to have aesthetic and cultural experience\(^1\) and are spaces for expression and for producing cultural facts, which implies that one of these terms cannot be covered by the other.\(^6\)

Deconstruction of the ‘myth of therapeutic activity’, as a natural connection between activity and therapeutic benefit, and of the vision focused on relationships as therapeutic in and of themselves,\(^1,6\) in favor of understanding the complexity of the subject being cared for in the context of their life\(^a\) are also adopted as references.

The object of this study was to analyze the care process developed through art and cultural in psychosocial care centers.

---


METHODS

The study formed part of the “Evaluation of Psychosocial Care Centers in Sao Paulo” research which took place in 21 CAPS dealing with adults between April 2007 and April 2008. In order to grasp the care process offered in each service, an ethnographic observation of a typical working week (which also covered fortnightly and monthly activities) was carried out. The aim was to observe the multiple forms of the care process: reception, environment, individual monitoring, group dynamics and other practices taking place in the service and in the area. The observation, guided by an outline, was done by two teams of three researchers who visited the 21 CAPS. The coordinators statement of their aims were recorded at the end of the observation report for each activity. In total, 457 group activities were observed. In this article, the reports from 126 activities which correspond to activities defined by the Ministry of Health, as expressive and cultural workshops are analyzed, totaling 252 hours of observation.

According to the Ministry of Health definition, expressive workshops include artistic (painting, clay modelling, drawing, among others), body (dance, theatre techniques), verbal (poetry, stories, reading, editing texts, plays and lyrics), musical, photographic and theatrical activities. Cultural workshops are regular activities aimed at bringing the participants closer to cultural spaces (museums, exhibitions, musical events among others) in their neighborhood or city. As these definitions encompass a wide spectrum of activities with different contents, processes and products, it was decided to use them as initial criteria, only for the selection of the activities with which to carry out the study.

Of the 125 observation reports, only 102 contained statements from the professionals who coordinated the activities. Nevertheless, it was decided that all of the reports would be analyzed due to their importance as detailed descriptions and, from the 102 statements, assuming that saturation was reached, there would be sufficient coverage of the possibilities of talking about the subject. In order to study the connection between art and culture activities and user’s individual therapeutic projects the observation reports of 21 of the services’ multi-disciplinary team meetings were analyzed, and information was obtained on the agenda for comparing the programmed activities with those which actually took place.

The ethnographic observation as a detailed description of the care process enabled the links between art, culture and production of culture to be learned based on a psychosocial care perspective. It was decided to construct a meta-narrative, understood as a narrative constructed based on the narratives of the observers who observed the activities and the statements of those who coordinated them, so as to consider the mediations which took place between the activities themselves and the data produced.

The units of record were obtained through repeated reading (process of impregnation) of the material. The observation data were organized according to the concept of Occupational Therapy methods of therapy into three categories: settings (contexts and technical role), activities (cast and characteristics of repertoires) and links (interactions, themes and products). A fourth category was made up of the objectives of the activities according to their coordinators. Interpretation was carried out using content analysis.

All participants and teams in the services were informed of the research objectives and procedures and the managers gave their consent for it to be carried out. The interviewees’ anonymity was guaranteed and the data were validated in feedback meetings with the services.

The study was approved by the Committee for Ethical Research of the Secretaria Municipal de Saúde, Sao Paulo (Protocol nº 0306/06 and the Research Projects Ethics Review Committee of the Faculdade de Medicina, Universidade de São Paulo (Protocol nº 0878/08).

RESULTS

According to the records of the 126 art and culture activities, 96 took place entirely within the CAPS, 16 took place sporadically in cultural spaces in the community and 15 through regular partnerships in these spaces. The activities in the CAPS were predominantly coordinated by psychologists, whereas for those in the cultural spaces the coordinators included artists, workshop leaders and art-educators.

As for the technical role, the choices on offer to the participants and the stimulation given to their initiatives, to belonging and to exchanging experiences within the group was observed. In the majority of activities partially or entirely carried out within the CAPS, additional characteristics were reported, identified with psychosocial care as being more directly related to social exchanges. These characteristics were: (1) promoting autonomy, returning “impasses” to the participants and stimulating them to solve them; (2) promoting closeness to those linked to other cultural spaces; (3) providing technical support to the participants, respecting their dynamic, requests or objectives; (4) mediating with the object of achieving integration between the participants; (5) support in participants’ moments of discovery or discovery; (6) encouraging everyone to participate equally; (7) producing situations which encourage discovery, ownership and expressing potential, desires and projects and (8) helping participants reach their potential, in moments of crisis.
Within CAPS, the predominant activities are art type activities and those which involve more than one artistic technique. Among the activities which are partly or completely outside of the center, group excursions to museums, cultural centers, cinemas and libraries predominated. Other types of activities, observed both within CAPS and in cultural spaces were: music, physical expression, dance, film, video, photography, theater and drama activities. A cultural group made up of partnerships between two CAPS, a cultural center and two cultural NGOs responsible for Carnival groups was also observed; and two June festivals were organized within CAPS and were open to the community, with music and dance groups and story-telling. There was significant diversity in the activities which took place in partnership with the cultural spaces, including street dance, art of African origin, regional festivals among others.

The majority of the repertoires favored demonstrations, choices and aesthetic experimentation for the participants. Other characteristics related to psychosocial care were observed in the repertoires and involved relationships with cultural resources in the area. These were: (1) opportunities to broaden the participants’ cultural repertoire; (2) exchange of ideas and experiences or sharing in the participants’ projects; (3) experimenting with figurative language or resorting to using metaphors; (4) widening the participants’ social circle beyond themselves; (5) contact with possibilities for artistic or cultural experiences outside of the CAPS; (6) adapting proposals according to participants’ needs or suggestions and (7) partnership between CAS groups in common projects.

Opportunities for cultural experience were observed particularly in proposals which included offering the participants technical support and in those which included their cultural references, interests and projects. Moments of group synergy corresponded to activities with styles inviting the participants to become involved in discovery, ownership and expression of their potential. Among the topics approached in the activities, those referring to the participants’ difficulties and challenges predominated. Topics linked to life projects were reported in observations of activities which were managed so as to encourage participants’ initiative and experimentation. Most of the work was destined for murals, folders and medical records. In eight activities, the authors were credited with the works.

It was rare that difficulties in interaction were observed and these were characterized by coordinators monopolizing the proposal of activities, dominating dialogues between themselves and the participants and impeding their free movement.

Situations of crisis management were observed in 49 activities. According to the observation reports, the care process on these occasions was characterized by: a professional caring for the subject in crisis, while another continued to lead the activity; attention being paid to the group process (especially in the reception by the group of the subject in crisis); psychosocial integration processes (such as relaxation and bodily perception techniques, among others); and the use of drama games or other art activities as a way of building bridges between the content and the troubled subject and other references to group support for the subject.

The context in which the activities were carried out was the most relevant aspect in the definition of the activities’ profile, those which were partly or entirely carried out outside of the centers being those with more of these characteristics and more objectives related to social exchange and social interchange.

There was no direct link between the availability of cultural spaces and partnerships in the area. There were regions with a lot of cultural spaces available and few partnerships. Areas with few teams enjoyed local cultural manifestations.

The objectives of the activities, according to their coordinators’ reports, were mostly related to acquiring and widening the users’ personal repertoires, to developing competencies, to self-expression and recognition of desired situations. It was less commonly reported for these objectives to be related to cultural experiences, social exchanges and social interaction. Objectives less focused on art and culture and more oriented towards psychopathology, such as describing sub-conscious contents, observing symptoms and interventions towards the subject, in the sense of managing behavior (overcoming inertia, organizing discourse and training abilities) were occasionally reported.

The objectives reported by the professionals who coordinated the activities coincided with the therapeutic methods described by the observers in the respective activities in terms of the management, repertoire, topics, interactions and links observed.

Analyzing the reports of the team meetings revealed that in the 21 observed meetings there were only two discussions on the therapeutic implications of group activities, none of which were art or culture activities, and two on CAPS relationships with the community. The agendas of activities planned by the services rarely included art and culture activities, especially those carried out in partnership with cultural spaces.

**DISCUSSION**

Three care trends were identified based on the relationship between the characteristics of the activities studied, and on psychosocial care assumptions. As observation of the activities was limited to one
single session of each, and as different trends were frequently observed in the composition of the same activity, the trends themselves were taken as the object of discussion.

The predominant trend was the “strictly clinical trend”, with activities carried out entirely within the CAPS and characterized by: (1) a clinical perspective aimed at increasing personal competencies, self-awareness and self-expression; (2) little variation in the technicians, with psychologists predominating; (3) a predominance of intra-group interaction; (4) topics largely referring to the participants’ difficulties and challenges and (5) by the carrying out of cultural interventions limited to the CAPS environment and a lack of integration with the local area.

On the other hand, the “psychosocial trend” highlighted a clinical perspective developed at the interface between art and health care, with ramifications coming from the area. This is characterized by: (1) occasional activities or regular partnerships with cultural spaces in the area; (2) a diverse cast of professionals, with different technical, artistic and cultural resources; (3) activities and repertoires aimed at monitoring relationships, sustaining creative experiences and widening the participants’ cultural repertoires; (4) links characterized by involvement with the activity, by group synergy and by relationships with the cities’ cultural spaces; (5) topics related to the participants’ wishes, projects and creations and (6) artistic productions in cultural spaces.

The “residual trend” was in the minority and characterized by: (1) difficulties in carrying out the activities; (2) limitations in the repertoire; (3) an improvised cast of professionals and interventions not based on techniques; (4) lack of consideration of the participants’ needs, wishes and projects; (5) lack of recognition for their actions and productions. The precariousness of the connections is revealed in the poor quality of the dialogue such as speaking as if to a child, for example; in topics aimed at rules and the questions of institutional day-to-day; in lack of interest and dialogue between participants; and in the curtailment of their authorship and freedom.

The two former trends may be categorized as reconstructive care, as the conduct adopted by the professionals proves itself to be sensitive to the participants’ concerns and interests and contributes to producing connecting relationships, giving rise to the reinvention of meanings for events in life. In these situations, the two trends are characterized by combining links connected throughout the group process and the access to language which enables them to talk about suffering they have experienced.

However, these two trends differ in the universe of the dialogues. Whereas in the strictly clinical trend the dialogue dimension is limited to the interactions of the subjects within the services, and therefore the protagonists and objects restricted to the clinical space, the psychosocial trend includes another range of options by providing access to dialogues in situations relating to the three everyday situations proposed by Saraceno, these being: “housing, social exchanges and work”. By increasing the opportunities for social exchanges in other environments, this trend also favors the possibilities for autonomy and transforming relationships marked by social disadvantage.

As regards the importance of conceptions of work in characterizing the psychosocial trend, the partnerships depend more on the local cultural events being recognized and valued than on regional socio-economic differences.

The two trends also result in differentiated methods of care. Whereas in the strictly clinical trend the focus of the interactions is on the participants’ symptoms and their difficulties, the psychosocial trend highlights the wishes and desires involved in constructing the projects, which suggests a shift in attention towards the subject of care as a whole.

The characteristics of the repertoire reveal more subtle differences between the three trends. Choices related to the strictly clinical trend indicate poorly differentiated ownership on the part of the professionals, of the potential offered by this range of resources. The opportunities to extend cultural repertoire and to circulate in public spaces were few. The perception of the participants’ expressions as cultural facts which, according to Lima & Pelbart, is essential when combining art and therapy, seemed to be absent from the repertoire of the majority of professionals, judging by the ways in which the productions were treated, as the majority of works were not signed and no credit was given to their authors, who had little choice in deciding where they would end up.

The psychosocial trend united choices which offered opportunities for cultural experiences, to produce creative dialogues, to experiment with different languages, to use metaphor and to broaden relationships beyond the activities themselves. In this trend, doing and inventing are presented almost simultaneously in the invitations to create through artistic labor, making possible moments of formativeness. Creative vitality seemed to be inseparable from the cotidian, as it was exercised in different contexts of life, beyond the limits of the clinic. The psychosocial trend is characterized by the transversality between artistic and clinical practice in crisis situations, through artistic language which facilitates delimitation and dialogue with this experience.

Although it was the minority, and was little seen in the CAPS, the residual trend should also be considered. Objectives of intervention with the subject suggest the presence of concepts associated with the “myth
of therapeutic activity as they reduce the use of the activity to a “remedy”. Activities which do not give rise to individual or collective projects, to the group process or to any product with meaning for the author suggests the occurrence, although rare, of occupations with a mere institutional meaning. In the relationships with the subject of care, these difficulties are translated into care which demeans, treats the service user as an object and “protects” them from the local area.

Taken altogether, care practices using art and culture show arrangements which tend towards innovation, with different levels of identification with the changes advocated by psychosocial care, and traces of the asylum model. When seeking relationships between culture, as a complex process and its usual meaning, connected to cultural activity, it is understood that the proposals of art and cultural activities require, in addition to innovation, the questioning and deconstruction of any remnants of the asylum culture. In this way, art and culture activities in the local area, as they favor changes in patterns of coexistence with difference, also produce cultural facts.

The lack of visibility, for managers and team, of art and culture activities, especially those which take place in the local area, leads to them questioning the recognition of their work, especially when there is a predominance of such activities within these service centers.

Given the consistency between the activities observed and the reported objectives, it can be understood that the majority of the repertoires used were based on the professionals’ conceptions, knowledge and experience, there being no perceptible alienation in their planning, as the professionals have control of their own practices. However, disconnections between planning and carrying out activities, as well as the topic not being mentioned in team meetings, suggests possible fragmentation in the actions, in relation both to the services project of care as well as to individual therapy.

In short, the investigation undertaken leads to challenges in training, whether this be in the professionals’ access to cultural and aesthetic experience, in relation to the psychosocial health care project itself, which assumes that communication takes place among the different care agents and from them to the social teams in the area. Meeting these challenges is essential to combining art, culture and health care in a psychosocial perspective.

Care through means of art and culture in the CAPS in Sao Paulo appears to mainly include broadening personal competencies and coexistence within the centers and, to a lesser extent, taking advantage of the potential of the relationships resulting from these activities in different situations in life.

Expanding on this potential appears to depend on the professionals having greater access to cultural goods and creative processes, which requires these aspects to be incorporated into both the academic training and continuing professional development in health care. Greater visibility for teams and service managers may promote links between the different care agents and between them and the social teams in the local area so that art and cultural activities may bear fruit such as works which are cultural facts and methods of care which favor the promotion of new social forms of coexisting with difference.
REFERENCES


Article based on the dissertation of Ana Tereza Costa Galvanese, entitled: “A produção do cuidado através de atividades de arte e cultura nos Centros de Atenção Psicossocial CAPS/Adultos do município de São Paulo”, presented to the Preventive Medicine Program, Faculdade de Medicina, Universidade de Sao Paulo, 2010. The authors declare that there are no conflicts of interests.