



# The daily practices as key in mental health intervention<sup>a</sup>

*Cotidiano como eixo de intervenção em saúde mental*

*Cotidiano como eje de intervención en salud mental*

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## ABSTRACT

**Objective:** analyze the daily practices of a mental health service in northern Italy. **Method:** Qualitative research whose data collection came from ethnographic field work in a health service between 2015 and 2016. The daily activities were observed, and eight in-depth interviews with the professionals of this service were performed. The empirical material was submitted to Cardano's content analysis technique. **Results:** it was noticed that these practices allow each individual to perform a diversity of roles in a social drama, when they are inserted in an existential territory and supported by an ethical, aesthetic and political practice. **Conclusions and implications for practice:** through this territorialized clinic, it was observed the replacement of guiding concepts of care for a "health invention", which was marked by the boldness of creating spaces for the expression of multiple versions of the self.

**Keywords:** Mental Health; Health Services; Deinstitutionalization; Community Mental Health Services; Mental Health Assistance.

## RESUMO

**Objetivo:** Analisar as práticas cotidianas de um serviço de saúde mental do norte da Itália. **Método:** Pesquisa qualitativa, cuja coleta de dados foi proveniente do trabalho de campo etnográfico em um serviço de saúde no período entre 2015 e 2016. Foram observadas as atividades diárias e realizadas oito entrevistas em profundidade com os profissionais desse serviço. O material empírico foi submetido à técnica de análise de conteúdo de Cardano. **Resultados:** Percebeu-se que essas práticas permitem a cada indivíduo desempenhar uma diversidade de papéis no drama social, quando inseridos em um território existencial e apoiados numa prática ética, estética e política. **Conclusões e implicações para a prática:** Por meio dessa clínica territorializada, observou-se a substituição de conceitos orientadores do cuidado para uma "invenção de saúde" em ato, marcada pela ousadia de criar espaços de cena para a expressão das múltiplas versões do eu.

**Palavras-chave:** Saúde Mental; Serviços de Saúde; Desinstitucionalização; Serviços Comunitários de Saúde Mental; Assistência à Saúde Mental.

## RESUMEN

**Objetivo:** Analizar las practicas cotidianas de un servicio de salud mental del norte de Italia. **Método:** Investigación cualitativa, cuya recopilación de datos procedió del trabajo de campo etnográfico en un servicio de salud en el período entre 2015 y 2016. Fueron observadas las actividades diarias y se realizaron ocho entrevistas en profundidad con los profesionales de ese servicio. El material empírico fue sometido a la técnica de análisis de contenido de Cardano. **Resultados:** Se notó que estas prácticas permiten que cada individuo desempeñe una diversidad de roles en el drama social, cuando se inserta en un territorio existencial y se apoya en una práctica ética, estética y política. **Conclusiones e implicaciones para la práctica:** Por medio de esa clínica territorializada, se observó la sustitución de conceptos rectores del cuidado para una "invencción de salud" en acto, marcado por la audacia de crear espacios de escena para la expresión de las múltiples versiones del yo.

**Palabras-clave:** Salud Mental; Servicios de Salud; Desinstitucionalización; Servicios Comunitarios de Salud Mental; Atención a la Salud Mental.

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## INTRODUCTION

This article deals with the substratum of daily as a theoretical category of support for work in mental health. It is based on the assumption that the process of illness consists of a biographical rupture that not only affects the way people describe and explain what happens to them, but provokes an interruption in the social reciprocity of these people, altering their capacity to mobilize resources to their advantage.<sup>1</sup> This rupture for the subject begins at the crossroads of a time that involves the past and projects for the future, with the challenge of weaving a present full of contradictions, difficulties and hard achievements.

The discussion takes place in the north of Italy, from a Day Center for Mental Health and blends into the powerful resources of daily life and the geographical and existential territory in which our social actors live.

The northern region of Italy is strongly influenced by the Basaglian Revolution, which led to the closure of asylums, resulting in a radical cultural change in society's relationship with madness, resulting in territorially based mental health care.<sup>2</sup> A revolution that was sustained by the suspension of admission flows into psychiatric hospitals, through the anticipation of the needs of people from them in a network of services outside the institution. An arduous political struggle to restore the power, voice, and recognition of the knowledge of insane asylum seekers.<sup>3</sup>

We highlight the daily life based on the concepts of drama and acting, which allow us to analyze how individuals present themselves in common situations of work, leisure, how they act, communicate, and how interactions take place. The notion of scene (daily life where the action is represented) and of front, the notion of sincere social actor (committed to convince the audience of his role) or cynical (uncompromising with the representation in relation to the audience) make up the axes of analysis that allow us to understand the representation of what happens in culture, in social.<sup>4</sup>

Life is represented in daily life through interactions. This unpretentious appearance of people and things shows how we can access the representations of individuals and groups in daily life in the socio-cultural territory as a scenario (or scenarios, given the complexity of the territory). The roles assumed by social actors and their groups in the structuring of this daily life, their representations, the performance, the different ways in which the self presents itself and is represented, the fronts adopted to perform the representation are composing the scenes of daily life.

Sociology emphasizes the emotions that run through social interaction and the possibilities of arising certain embarrassing situations that generate feelings of discomfort, fear or shame. Through the analysis of the embarrassment it is possible to connect the social organization to everyday conduct.<sup>5</sup>

In the different settings in which the social actor performs, he is required to perform a behavioral recreation that needs to be updated for each situation to be shared by the groups. These representations (roles) talk about the relationship between the actors and the publics of the social drama and tend to give credibility to the reality represented.<sup>4</sup>

Daily life is the common ground where everything germinates and takes root, it is there that one can achieve the realization of possibilities. It is important to point out that everyday life is deeply related to all activities, in their differences and conflicts. In it, the relationships established by human beings take shape, are realized and expressed. Daily life represents the sum of *insignificances* and not *insignificant*, remembering that banality is important in life and that everyday things like waking up, getting up, feeling the sounds and smells are part of everyone's life, giving meaning to their being in the world. This understanding of daily life criticizes its colonization by capitalism mediated by consumption. Therefore, the analysis of the individual and his relations in a space and time in which these connections are possible is emphasized.<sup>6</sup>

The concept of daily life is understood as what we share each day, the oppression of the present, the weight of life and the difficulties of living, as well as the drastic ruptures, the confrontation of the usual dispositions, the tactics that subvert power strategies and the different ways of using daily spaces as anti-disciplinary. Thus, place and space are distinct concepts, in which place is that which has certain more stable configurations and space, like that which has a certain absence of defined positions, more mobile and rich in terms of the different experiences of daily life, understanding space as a practiced place.<sup>7</sup>

The study of daily life is a vast field and has been nurtured by the contributions of different authors to its analysis. Among them, those who support the analyses produced in this article stand out. Within these contributions, the notion of scenario, space and territory has been precious to the field of mental health. In this study, territory is conceived as a space full of life, of represented, concrete, imaginary and symbolic relationships.

The inclusion of this territory in professional practices presupposes an openness to do something that makes it possible to reconfigure relations and forms of bond and negotiation between users and workers. A "outward-looking" care, contextualized in people's areas of life, that includes projects and opportunities in a do that values culture, work and leisure as a therapeutic means and end.<sup>8</sup> Thus, this article aims to analyze the daily practices of a mental health service in northern Italy.

## METHOD

This study consists of a qualitative research that focuses on deepening, based on a reduced number of cases and an approximate observation of the context and the social actors.<sup>9,10</sup>

The research was developed in Settimo Torinese northern region of Italy between 2015 and 2016, at the Center for Mental Health Day towards its territory. This mental health service was chosen because it is one of the pioneers in the region in the process of deinstitutionalisation and insertion into the context of Italian democratic psychiatry.

The one-year ethnographic fieldwork was carried out by one of the authors during her post-doctoral course at the University of Turin (Italy). There was a previous contact with the service to present the researcher and the study proposal. Observations

were made in the service and in the territory and 8 narrative interviews of approximately one hour were conducted with professionals from the service (seven women and one man), which were audio-recorded, transcribed, translated, reviewed and rewritten and later validated by the participants. All workers working in psychosocial rehabilitation and therapeutic follow-up were invited, in person, to participate in the interviews, without any refusal. All those who worked in outpatient care were excluded. As the observations took place in the midst of daily interactions, notes and speeches about other social actors composed the analysis material.

The narrative interview makes it possible to recover the experience from the perspective of the protagonist of the discourse, in an exercise of intersubjectivity, in which one recognizes the interpretation immersed in a context of meanings anchored in the lived. Furthermore, the narrative field is configured as a common horizon between the researcher and the narrator, a mediator between otherness and experience, in a transforming dialogue that focuses on the speaker and his world.<sup>11</sup> In this way, notes and stories told by the people accompanied in this service during the observation period, recorded in the field diary, as well as narrative interviews with guiding questions composed the analysis material of this study. The technique of content analysis<sup>9</sup> was adopted, which associates three stages to the analysis of the empirical documentation: the segmentation of the empirical documentation, the qualification of all the identified segments and the individuation of the relations between the attributes conferred to the different segments.

The results of the study were organized from two contents from the empirical material, "The territory of Settimo Torinese" and "The daily practices in Settimo Torinese". The field observations are identified by the initials DC (Field Diary) and the season. The interviews are identified by the word "narrative" followed by a fictitious Italian name in order to maintain the anonymity of the participants, as well as of the other social actors who were mentioned in some narratives and throughout the text.

The analyses produced in this article are anchored in the concepts of scene, representation, social actor and social interaction.<sup>4</sup> They are also based on the perspective that the reading of everyday life takes place through the perception of insignificances and possible connections,<sup>6</sup> illustrated in scenes of sharing, ruptures and confrontations.<sup>7</sup>

Research approved by the Research Ethics Committee of the Federal University of Pelotas School of Medicine, Opinion No. 750.144 of August 13, 2014. All the ethical precepts of the legislation were respected and all participants signed the free and informed consent form.

## RESULTS

### The territory of Settimo Torinese

The entry of the researchers into the universe of mental health practices has taken place through the Day Center and from this point it begins to present the possible connections

that are organized around concrete people with specific needs, mixing the field notes with the personal narratives of the actors.

The Day Center operates in a loft house whose lower part has a large reception room, bathrooms, reception and offices and two entrances, one of which has a large external space of extraordinary beauty and a huge kaki tree. Outside, people are allowed to smoke, and most of the time professionals and people who are accompanying them are there. In the upper part, there is a large kitchen, two group rooms (where lunch and coffee are also served), a bathroom and a small more private room. It is a clean, airy, beautiful, light environment, with photos on the walls and comfortable armchairs.

*When I enter the Day Center, on the first day, I see professionals and people in treatment who organize the coffee. The products are on the table and there are a variety of options such as coffee, tea, milk, yoghurt, salty biscuits and sweets. The table is full. People start to serve themselves, without hurrying. I understand that there is no voracity, nor hunger, because of the tranquility with which they are served. They are attentive, they help each other and talk about their daily routine while drinking coffee. In the end, each one helps to take what is left to the kitchen and to keep things (Researcher. DC Winter 2015).*

As the months of observation have passed, it has been possible to understand that the service is composed of the outpatient clinic, the Day Care Center, a residential project and a project of insertion at work, whose physical plan allows the four beds of the general hospital and other devices in the territory to have connection with the emergency room.

*Sara talks about how many people are followed in the service, she says there are 3,000 open records and 400 serious people under the responsibility of the service. She says that the Day Care Center is open from 8 a.m. to 8 p.m., and that at the weekend there is a nurse available for more serious situations that need monitoring at home or in the emergency room. He reports that this nurse has a cell phone and that the most serious patients can access it in case of need. He comments that only the fact that the patient has a number to call offers him an impressive continence and security. He says there are 30 to 40 referrals for a nurse and they are usually provided around eight appointments per weekend. It reinforces that this availability is very important for people who need it to be able to connect with professionals and have confidence in the service. It also says that three nurses make a first appointment to define who needs immediate care with psychiatrists for prescribing psychopharmaceuticals. In total we are ten nurses, three psychiatrists, one psychologist, two social workers, two educators and trainees (Sara. DC Summer 2015).*

To characterize the activities that take place in this tangle of daily life in the territory, we start from the narratives of people who have had their lives crossed by mental illness. In the narratives, people, when telling their stories of passing through a service or, when reporting a confrontation in everyday life, make explicit the dimension of a geographic and existential territory, but fundamentally, a relational territory. Thus, we begin with Antonella's narrative about a moment of crisis in her life and her experience of hospitalization:

*I was admitted to a general hospital for a few days and then I came to the Day Center. The hospitalization was a very bad experience. It's not possible for a person to be treated either as a child or as an elderly person in these situations. It was a lot of suffering, but I felt welcomed by my family and professionals when I arrived at the Day Center. I think that the person already has many confrontations to do and that service is only a part of the person's life. Most of it, the person needs to do for themselves. The person needs to be autonomous and know what they need to do for themselves (Antonella. DC Autumn 2015).*

The next scene takes place in the relational space of the apartment group, a residential project aimed at specific situations of people who have this common living space.

*We arrived in an apartment where four women live. One is in the living room watching the TV, the second rests in the bedroom, the third cleans the kitchen and the fourth comes to meet me to say hello. It draws attention to the strong traits in the bodies of women with mental illness and their long years of treatment, such as obesity, the lost look, the identification of movements to walk and talk. They showed us the apartment, offered us a coffee, talked about their routine. The ambiance in the apartment is very good, the structure is ample, the hygiene, the circulation of air and light too, the furniture is new and we don't see anything broken or spoiled. (Researcher. DC Autumn 2015).*

In the following narrative, the scene takes place in a restaurant where a project of insertion at work works. The restaurant is situated in the center of the city, in the Casa de Música, which receives presentations from musical groups, and is therefore a cultural point in the territory.

*At the entrance I see a large mirror and then tables of different sizes, well decorated, the atmosphere is wide, airy and very tasteful. Giulia says that 30% of the people who work in the restaurant come from the service and are appointed by Nurse Pasquale, who is responsible for the reinsertion project. We sit down, an employee brings the menu which is very varied with typical Italian dishes, starters, first and second course, side dishes, desserts*

*and drinks. We make the order, quickly comes the natural and sparkling water and a starter of raw ham and white figs. Then comes a salad, pasta and then dessert and coffee. The values are more economical than restaurants of the same kind. Lunch is wonderful, tasty, made with good quality products (Research. DC Summer 2015).*

In the summer, the Day Center opens to the city and hosts three cinema seratas, offering appetizers and typical food linked to the cultural context of the films that are shown

*I return to the Day Center at 8 pm, accompanied by my teenage son. The outside area, wide and green, is all decorated, with flowers, candles, lights. The people, some I recognize that are accompanied in the service, professionals. I am introduced to others and they are family, friends, and other people from the community who, curious, came to watch the film and participate in the activity. The film shown this evening brings the theme of Moroccan immigrants who go to Europe in search of a better life. About 50 people participate, all dressed in an accurate way. The film is shown on a big screen and has a guest from the community to make an initial synopsis of the film and at the end open a moment of discussion. People participate actively with their opinions, not always convergent, but expressed with respect. Then follows the interaction that takes place with the typical Moroccan food all carefully prepared. A person at the service describes the dishes (which are identified by name) and their ingredients, as well as the drinks. It is a special moment, in which reality and magic blend together. (Researcher. DC Summer 2015).*

### Daily practices in Settimo Torinese

The transformations in the field of mental health, arising from the Basaglian revolution in Italy, have brought challenges to the shaping of mental health practices. It demands that they be anchored in the lives of people in the territory, considering the set of challenges that this daily life evokes. The Community Mental Health Services that emerged from this revolution required technicians to take on new social roles, to take responsibility for people and their wider needs, requiring the (re)knowledge of the space and resources available in the territory.

The following narratives bring three accounts of the practices developed in the Day Center in a perspective of organized intervention in daily life and in the territory, which is not restricted only to the geographical concept, but to the relational and existential territory of the social actors, enabling the development of care in different rehabilitative scenarios, with emphasis on the relational sphere of people, due to the living, procedural and qualitative dimension that exists in the territory.

*I've been a psychologist and I've worked in that service since 1988. My work has always been close to the territory, not only in the clinic, but with the people, that is, in the houses, in environments where people experience their daily lives. The interventions can take place in different spaces, they must take place outside the services, they must take place in the city and preferably together with other people, with a perspective of social inclusion. People seek this service to take up the thread of their lives, because of a hospitalization or because they are going through a crisis situation, so this service is a space where one works on relationships, one intervenes in the here and now of what is happening in the lives of these people (Narrativa de Giulia).*

*I have been working in this service as an operator since 1992. The focus of my work is people, I also take care of the service kitchen. I accompany the people who are connected to the service in the territory, help with the shopping, take the shopping home when I have time to help organize the shopping. It is a job that gives me great satisfaction when I see that these people are feeling better, when they return to their projects or when they simply return home feeling better. That means that we all work together for this (Giordana's Narrative).*

*I've been working in this service since 2009, I'm an operator, I work both in the service and in the territory. I follow the people who attend the service individually in the territory. I deal with everyday life, so my work is based more on relationships than anything else. I accompany a girl, we were thinking of putting her on a course, but at the end this course wasn't in her interest, so we went for something that was in her interest. She wanted to do a resume, so we went to the library to help her do her resume (Emanuela's Narrative).*

It is possible to identify in the following narratives that the practices in mental health exercised on the stage of the Day Center are guided by the perspective of the daily clinic, founded on existential and relational territory, from a conception of needs that are proper to living in community, family and organized groups.

*I'm a nurse and I've been in that service for 30 years. My job here is a job with the people in the territory and in the clinic. It's a job of listening to people beyond psychiatry, because I don't think people in psychic distress have different problems than other people, I think they have more problems to manage... So people come here to share their stories, which may even be different, but they are also suffering and this helps people to get out of here and do their things (Michela's Narrative).*

*I've been working in this service for twenty years, I'm an operator. My job is to take care of the service and the people, their basic needs, to listen to them, to say what*

*I think about what they say, about their daily problems. So we talk a lot about what happens in daily life, in the family. I talk about my experiences as a mother, a daughter, a girlfriend, a wife, trying to be on an equal footing with them, showing that problems derive from society, from evil - being that comes from anger, from emotions, from what happens to us every day, so this happens to those who are in pain, to the operators, to everybody, no? (Narrative by Ilaria)*

Speech spaces consist of fundamental scenarios for the elaboration and relocation of feelings and emotions originating from everyday life in the territory. These are a kind of daily observatories of social assumptions and representations worked with horizontality until the re-edition of roles, in order to coexist and resignify the suffering attached to them. Being able to listen and also to place oneself before the experience of the other emerges as a mediating resource of a present designed by many hands between past and future.

And so, each story is written in steps taken in a journey marked by momentary paralysis in the face of social demands and daily confrontations in search of a positive action in the scenario of life. Giovanna displays in her narrative some aspects of this journey accompanied by the worker Giulia, who helped Giovanna to participate in the social games.

*Giovanna talks about when she met Giulia. Her father was already dead, she was sick and separated from her husband, and the law had given custody of her son to her former husband. She was desperate, not knowing what to do, and Giulia helped her. Giulia said it was Giovanna who did everything and not her. In a very particular way, Giulia helped Giovanna to have the right to see her son. Giovanna said that she resumed her relationship with her son. (Giovanna. DC Spring 2015).*

The mental health practices in the territory and the access to an insertion project at work made it possible to recover his social and family role, giving him back the illuminated space in the stage of life.

*Federico says that today he attends the Day Center, which is fine, that he has a scholarship to work in the restaurant (where he has a project that receives 30% of the users). He says he has another life, that he doesn't believe in the insane asylum because this new modality has shown that he can be part of his family today, that before no one listened to him, noticed him? Today it's different: "Even my father, who spent 40 years without listening to me, now talks to me, asks me what I think". (Federico. DC Winter 2016).*

The same territorial-based practice that appears in Federico's speech as a contribution to his non-segmentation of the spaces

of social exchange, family and life emerges in Pietro's experience as an accompaniment to his maintenance in the flows of the city. The presence of a mental health community service operator sustains a social itinerancy, sometimes summarized for people who experience psychic suffering.

*Pietro says that in agreement with his therapist, they decided that this operator should accompany him. He says that once a week he meets her in a public place, for example, in a square and they go for a walk, they go to eat something together, they go to watch a movie. (Pietro. DC Winter 2016).*

## DISCUSSION

To analyze the fragments of field work, we resume the discussion from the understanding of space as both analyzer and revealer, which synthesizes the natural (physical framework), the mental (the representations about this space) and the social (the corresponding practice).<sup>6</sup> The fragments of field observation of common everyday scenes, such as that professionals and people in attendance share a breakfast, allow us to synthesize the physical space in the Day Center in its distribution and also as a welcoming space for everyday practice.

In the scene where Sara talks about the professionals involved in mental health care for people with severe psychosocial problems, we perceive the complexity and richness of real life, its dynamism and the broad field of possibilities that are configured in daily experiences. Regarding the performance of the social actor - Sara, it allows us to highlight his role as a sincere actor, when he highlights the importance of bond and trust, as an essential substratum in the composition of social interactions that take place in this service. The concepts of scene, social actor and performance<sup>4</sup> contribute to the understanding of what is expected from the service as representation. There is an expectation that the service will adopt a way of doing that is capable of generating bond and reliability, reaffirming its need and the role it occupies in the lives of the people who are served by it.

This representation takes place in a relational and territorialized space of the daily life of people, services and the city. It is important to consider the three ways in which space has been conceptualized: conventional space (with its latitudes and longitudes), relative space (which presupposes the relationship between objects) and relational space (with the production of other types of relationships within it).<sup>12</sup> A space that is of conviviality and creation, a territorial appropriation that, by tracing out networks of belonging and participation, tensions the strengthening of the capacity to act, create connections and multiply them.<sup>13</sup>

The conceptions of territory as a relational space<sup>12</sup> and, symbolically, of belonging<sup>13</sup> allows us to situate the narratives of people geographically and existentially. This idea helps us to understand that the narrated scenes take place in the context of services constituted from the Basaglian revolution and,

therefore, inhabited by social actors with desires to overcome the insane asylum, but immersed in existential territories crossed by contradictions about what has been overcome and what still needs to be.

Ways of conducting practices in the field of mental health coexist, coexist, and are constantly being discussed. The contradictions of the paradigms of assistance are marked in the meetings and speeches of domination, which put the suffering person in a passive position of the actions and orientations of the professional.<sup>14</sup>

In Antonella's narrative we realize that it is required of her, as a social actor, a recreation of her behavior, which in turn is updated to be shared<sup>4</sup> with the researcher. The strength of Antonella's representation, in bringing the regressive interaction that one has with the child or with the elderly and lives in many health services tends to give credibility to the reality experienced from the encounter with the Day Center. This reinforces its representation as a welcoming space. The reaffirmation of an inadequate and regressive interaction with the person in psychic suffering reminds us to think about the challenges to be faced, still in the process of deinstitutionalisation.

The care in freedom requires a critical and ethical perception of professionals about their practices, because manicomial ideas are constantly updated in speech and acts. Therefore, it is necessary to stimulate the reversibility of relationships of knowledge and power between professionals and people who are being accompanied in the search to promote for these authors the creation of life itself.<sup>15</sup> It is in the experimentation of meetings generated with the territory that practices of care committed to the cultivation of life in its expansion emerge. It is in the territory that the dichotomy of who cares and who is cared for is broken, in exercises of empowerment potentialized to increase social ties, expand autonomy and strengthen the contractual power so fragile for people in psychic suffering.<sup>16</sup>

In this sense, the Basaglian revolution refers to a transformation of a cultural order, which aims to constitute in the midst of culture a new relationship with madness, beyond structural changes. These changes need to go through everyday life, the daily life, the subjective field of the actors and their interactions. They need to penetrate the social fabric, not only to increase tolerance with madness, but also to take responsibility for the community of the problems that belong to it.<sup>3</sup> This exercise of rehabilitative practices can be perceived in the reality of the Day Center of Settimo Torinese, which evidences the realization of psychosocial practices that consider the daily life of the accompanied actors as permanent resources to overcome the insane asylum.

The fragment of the field diary that describes the apartment group reveals that space needs to be thought of critically as revealing, discerning three levels of the real: the perceived, the conceived and the lived.<sup>6</sup> And in this sense, the apartment group was conceived as a place to live and presents all the resources for this purpose, as the observation shows. What is experienced in daily life, in this space, opens up the contradiction perceived in women's bodies, which are portraits of a journey of confronting the diagnosis and its treatments and a new organization of life.

The path of psychic illness is marked by relational and affective ruptures in the work and life purposes of these people, however, in this path there are also new beginnings, which can be facilitated by access and accompaniment in territorially based services, such as the apartment group, which functions as a device, which gives new meaning to the life of its inhabitants.

The perspective of the apartment group, as part of the existential and relational territory of these people, is significant for thinking about health interventions. This idea evokes conceptions that focus on a nonobjective part of reality, asking ourselves how we inhabit and produce this territory.<sup>17</sup> The relationships constituted with living carry tensions on the path of deinstitutionalisation, rehabilitation and social insertion.

Living the territory through assisted housing, protected work strategies and cultural activities contributes to the emergence of new social and subjective connections and makes it possible to open paths for the resumption of citizenship.<sup>18</sup> It is the practical reality of a doing aimed at strengthening the power, discourse and exercise of citizenship of those who have had them restricted by the look of psychiatry.

This perspective can also be perceived from the narrative that describes the restaurant, in which a project of insertion at work works. In it, the arrangement of the tables, the details, the preparation of the menu, the dishes served and the interaction with the people who enter and leave constitute a scenario full of creativity and sensations experienced in the daily life of a work with many stimuli. The representation of an insertion in the world of life acquires strength, in a moment in which a certain pride is observed by the social actors who present the restaurant space, the employees, in order to reaffirm the project of reinsertion in the work.

The circulation spaces in the city are, without a doubt, scenes of wide relational possibilities, which are repeated in terms of objects, people and sensations, and also in relation to chance. The city assumes a character of subjective production, in the interstice of desires and memories,<sup>17</sup> and in them the *seratas*, configure a mixture of reality and fantasy, in an enlargement of the social space in which the individual circulates. In this space, there are not only neighbors, relatives, individuals under treatment and health professionals, there is a circulation of external people that frequent this community, either to visit relatives that live there, or to work, or simply as a path to their destination. It is life in daily life, being the stage and tool for psychosocial rehabilitation.

The deconstruction of the front anchored in the label of mental illness, to live new roles, allows actors to perform other performances,<sup>4</sup> a subjective transformation in the complexity of the territory. They are people who exchange experiences, opinions, impressions about the city, problems and daily life. This change from being the individual under treatment, in order to be a mother who talks about her children, a movie lover who talks about her tastes, a curious cook with the elaboration of the dishes, capable of sharing so many different knowledges and experiences, configures the displacement of roles of social actors in life scenarios.

The territory becomes an area of identity open to negotiation between the various roles and its repercussions on the construction of a plural "I". An arena for the elaboration of discourses, otherness and multiple identities, which have their therapeutic effect on the plot of interactions and the different possibilities of being.<sup>19</sup>

The narratives describe the territory as the stage of everyday scenes, in which the relationships between social actors and support networks, whether local, formal or informal, establish a practice of care that considers the uniqueness of each social actor within everyday life. This was demonstrated through Emanuela's narrative when she began to consider the desire of the person being assisted (to do a resume to seek employment) in place of the desire of the team (to put her on a course), explaining a reconfiguration in the social role of the service technicians.

This change in the way of acting creates possibilities for a differentiated welcome for those who experience mental suffering/mental illness through mental health practices that are diversified and articulated with the territory.<sup>20</sup>

The development of mental health practices in the territory is not limited to a displacement in physical space to make the professional, it goes beyond, through an attentive and reflective look that drives the action on this scenario, with the intention of understanding what ways of life are being designed and what kind of clinic is possible.<sup>21</sup> The clinic needs to be reinvented as a place of commitment, accountability and construction of possibilities of life and production of subjectivities for those who suffer.<sup>22</sup>

From this perspective, the territory, the place where life happens, should be the stage where the scenes of health care practices take place among social actors. In order to act in this territory, mental health practices need to be able to take into account people's ways of organizing and articulating, as well as how they resist and survive in these spaces.<sup>21</sup> This discussion alerts us to the need to consider the potential that the city's encounters with madness offer for the deconstruction of hegemonic practices of caring, living and clinic,<sup>23</sup> as a way of acting in people's concrete reality.

The structured interventions in daily life and in the territory carried out by the operators, as social actors of the Day Centre of Settimo Torinese, provide a greater chance of success for the social inclusion of the people followed by the service. They take as a starting point the singularity of each social actor, considering the experiences and experiences of each person followed, as a script that develops in different rehabilitative scenarios and circulates through the existential and relational territory of the social actors, configuring a clinic of daily life.

This way of operating also emerges from the dialogue between Giulia and Giovanna, which shows a clinic marked by the complicity of daily life, in which the space of care is the daily life of the people, their challenges and embarrassment with the dominant social rhythm. And in this counterflow the practices in the Day Center move forward to support the relocation of these persons on the stage of social exchange through practical actions capable of intervening in the concrete conditions of life.

In the field of mental health, social actors who develop mental health practices experience the challenge of acting in dense scenarios and many disputes, in a dynamic path full of peculiar crossings, marked by values impregnated with social practices.<sup>24</sup> Although disputes in existential territory warn of the daily risk of becoming a disciplinary field in a new guise, the process of reterritorialization exposes the need for insertion of these people back into social coexistence.<sup>25</sup>

To this end the workers assume the role of intermediaries, such as one who acts as a “*double lighthouse*” mediating discrepant discourses and understandings so that they may coexist in a possible composition.<sup>4:140</sup> In the relationship established between Giulia and Giovanna the necessary intermediation is built up for the development of a practice which favors the resumption of their contact with their son.

This is the struggle for the power of social and affective contractuality, exchanged by territorial practices, which are directly connected with the variables of daily life of the subjects, which provide an opportunity for affective and material exchanges that aim to increase the power of the subject in terms of their possibility of choice.<sup>17</sup> This question is also marked in Federico’s discourse that refers to having received in the Day Center the support to recover the power of rhetoric, and in Pietro’s narrative that associates the accompaniment by this service as the maintainer of its circulation in the flows of the city. Pietro’s perspective takes up the relational aspect of the territory and the power of being where life happens. And thus, space becomes evident as a place practiced, where one can subvert power relations,<sup>7</sup> in this case, between the technician and the people in accompaniment.

The psychosocial clinic, liberated from the postulate of knowledge - power, amplifies the relational and intervention possibilities, acting in the agency of desires and resistances towards knowledge and affections that increase the potency of life in the meetings that take place in the territory. By showing that everyday life is capable of producing individual and collective mobility in the process of experiencing the unexpected.<sup>26,27</sup> With this, it is understood that the different ways of using spaces in everyday life allow a plurality of experiences to emerge that are open to a certain absence of defined positions.<sup>7</sup>

## CONCLUSION AND IMPLICATIONS FOR PRACTICE

By analyzing the daily practices in mental health and their representations in the context of work and life, this study contributed to understanding the role displacements experienced in an Italian territorial-based service. In it, doing so takes on a transitory and changing character, marked by the pulsating demands of technicians, operators, people accompanied by the service and the city, in a way in which the rhythm is dictated by the effervescence of daily life and the relationships that are established in it.

The permeability of practices developed in the relational space of a territorialized clinic that, in fact, replaced its guiding

concepts of care with an “invention of health” in action is notorious. The possibility of experiencing different roles and living the banalities of daily life becomes a resource for people in psychic suffering to update their representations and stage new roles in the social drama, passers-by in a life of creative potential.

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