An existential health care approach in hospital psychiatric nursing*

ABORDAGEM EXISTENCIAL DO CUIDAR EM ENFERMAGEM PSIQUIÁTRICA HOSPITALAR

ABORDAJE EXISTENCIAL DEL CUIDAR EN ENFERMERÍA PSIQUIÁTRICA HOSPITALARIA

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ABSTRACT

The focus of Mental Health Care in Brazil has been on community psychiatric care services that replace the asylum model. However, individuals with mental disorders continue to shift between community services and psychiatric hospitals, besides becoming a target of the disciplinarization and violence that question the quality of the nursing care being delivered. The objective of this study is to understand the ontology of nursing care in psychiatric hospitalization. Participants were four individuals with mental disorders who attended a center for psychosocial care, who agreed to talk about their psychiatric hospitalization experience by means of a semi-directed interview. The subjects remembered about their psychiatric hospitalization and assigned meanings to it. Heidegger's Existential Analysis was used, and thus generated the Meaning Unit: Being-in-the-world cared with impersonality; which allowed to unveil the phenomenon through Dasein's structure, and thus made it possible to outline the ontological care in nursing in psychiatric hospitals.

DESCRIPTORS

Mental health
Psychiatric nursing
Hospitals, psychiatric
Mental Health Services

RESUMO

A Saúde Mental no Brasil tem se voltado aos serviços comunitários de atenção psiquiátrica substitutivos ao modelo asilar. Entretanto, o portador de transtorno mental continua transitando entre o serviço comunitário e o hospital psiquiátrico, sendo alvo, ainda, da disciplinarização e violência que colocam em questão a qualidade do trabalho em enfermagem. O objetivo deste estudo foi compreender ontologicamente o cuidar em enfermagem na internação psiquiátrica. Participaram da pesquisa quatro portadores de transtornos mentais freqüentadores de um centro de atenção psicossocial que aceitaram discorrer sobre a vivência da internação psiquiátrica, por meio de entrevista semi-dirigida. Os sujeitos rememoraram a experiência da internação psiquiátrica e teceram significações a respeito. Aplicou-se a Analítica Existencial de Heidegger, que gerou o Núcleo do Sentido: Ser-no-mundo-cuidado na impessoalidade, que propiciou o desvelamento do fenômeno mediante a estrutura de Dasein, sendo possível delinear o cuidar ontológico em enfermagem em hospital psiquiátrico.

DESCRITORES

Saúde mental
Enfermagem psiquiátrica
Hospitais psiquiátricos
Serviços de Saúde Mental

RESUMEN

La Salud Mental en Brasil se ha volcado a los servicios comunitarios de atención psiquiátrica substitutivos al modelo manicomial. Mientras, el portador de transtorno mental continúa trasladándose entre el servicio comunitario y el hospital psiquiátrico, siendo blanco, aún, de disciplinarización y violencia, que cuestionan la calidad del trabajo en enfermería. El objetivo del estudio es comprender ontológicamente el cuidar en enfermería en la internación psiquiátrica. Participaron de la investigación cuatro portadores de transtorno mental, atendidos en un centro de atención psicosocial, que aceptaron conversar sobre la experiencia de la internación psiquiátrica, a través de entrevista semidirigida. Los sujetos rememoraron la experiencia de la internación psiquiátrica y esbozaron significaciones al respecto. Se aplicó la Analítica Existencial de Heidegger, que generó el Núcleo de Sentido: Ser-en-el-mundo-cuidado en la impersonalidad, que propició develar el fenómeno a través de la estructura de Dasein, haciendo posible delinear el cuidar ontológico en enfermería en hospital psiquiátrico.

DESCRIPTORES

Salud mental
Enfermería psiquiátrica
Hospitales psiquiátricos
Servicios de Salud Mental

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INTRODUCTION

In Brazil, investments in the mental health field have been focused on community service aspects of psychiatric care such as psychosocial care centers and day hospitals, services that meet the proposal of the Psychiatric Reform intended to replace the asylum model. These services are part of an attempt to recover the socio-relational abilities of individuals with mental disorders through psychosocial rehabilitation, indicating new possibilities of being and doing in psychiatrics[1-3].

In this context, individuals with mental disorders, with their beliefs and health needs, become the object of interventions, which implies the need to transform the social role of professionals and consequent innovation of resources for the production of health. From this perspective, the dimension of nursing practice with a contemporary approach moves toward the construction of care in Mental Health as an attitude of accountability that strengthens the relationship between the individual-user and the territory of care in an interdisciplinary context that includes listening, humanized reception, autonomy, citizenship and respect, contemplating therapeutic projects focused on the individuals' real needs in their unique life history[4].

The law in mental health provides for the reduction of hospital beds and requires that psychiatric hospitalization occur only *after all the remaining therapeutic possibilities are attempted and all the extra-hospital resources available in the care network are exhausted and for the least amount of time possible* in psychiatric wards of general hospitals[5-6].

The gap between teaching and nursing practice in mental health seems to be tied to the tutelary paradigm in psychiatrics coupled with the traditional technical nursing education.

The psychiatric hospital is a positivist way-of-doing conceived in techno-science under the rationale of exclusion, of making the problem go away, to put it on hold. However, other ways of being in mental health are being sought, ways that focus on the individuals' meaning of being since linearity does not reach the human, the existential; linearity superficially addresses the human and does not reach the complexity of psychological suffering.

Nonetheless, the psychiatric hospital is maintained as a resource of low level of coverage[3,7], overlapping with humanizing care devices committed to the individuals' intersubjectivity, which still has the hospital as the background: a barren, watertight space that denies individuals' rights, limits individuals to a nosological facility and ruptures any conception of citizenship.

Being the foundation of this secular institution, nursing professionals deliver care that is questionable from ethical, legal and moral standpoints. The psychiatric facility has at its disposal an arsenal paradigmatically built on and historically determined by the conception of madness; ways to suppress, punish and control/discipline were designed depending on the ethical and moral constructs of a society.

Despite the replacement devices developed by the reformist psychiatric model that emerges in Brazil, nursing practice is still focused on the hospital sphere, which maintains a controlling and prescriptive managerial rationale, opposing progressive theories in the field of the professional education of nurses and care practice. The gap between teaching and nursing practice in mental health seems to be tied to the tutelary paradigm in psychiatrics coupled with the traditional technical nursing education[7].

The issue of psychiatric hospitalization has been of interest to few researchers, probably because the psychiatric hospital was the once acknowledged and much adopted (and therefore seldom questioned) therapeutic method or because it is not currently part of the set of the therapies recommended in psychiatrics.

Given this social context that focuses on the hospital-centered paradigm as opposed to psychiatric reform and since nursing practice is focused on the hospital sphere in psychiatrics, this study sought to ontologically conceive care based on the meaningful construction of users of the psychiatric hospital. Such an investigation is needed to clarify the professional context and reinforce discussions related to overcoming the asylum model based on the construction of a practice that pragmatically grasps the new guidelines of care in psychiatric nursing.

OBJECTIVE

Ontologically reflect upon nursing care in a psychiatric hospital based on the report of individuals who have experienced psychiatric hospitalization in light of Martin Heidegger's Existential Analytic.

METHOD

This is a qualitative study with a phenomenological approach composed of an ontological reflection about psychiatric nursing care and which emerged from a master's thesis seeking to understand the meaning of being hospitalized in a psychiatric hospital.

Four individuals with mental disorders being stabilized from a psychopathological condition and who experienced hospitalization in a psychiatric hospital, regularly registered in a Psychosocial Care Center (CAPS) in the interior of Sao Paulo, Brazil, were interviewed. They voluntarily consented to participate in the study after receiving clarification about its objectives and being consulted by the researcher. Free and informed consent forms were presented to the participants who did not present any objections whatsoever[8].

The individuals were approached in a private room at the psychosocial care center itself on a day and time previously scheduled. A semi-structured interview with the following guiding question was held: *I would like you to remember of when you were hospitalized in a psychiatric hospital. Tell me what this experience was for you*. The individuals remembered their psychiatric hospitalization experience and wove meanings about them. The reports were recorded and identified by fictitious names.

Based on the reports' transcriptions, reading and exhaustive re-reading, the convergent themes were grouped into four categorical empirical constructions called Core Meanings. Data analysis sought to establish relationships that enabled the understanding of the phenomenon *psychiatric nursing care delivered at the hospital* based on the application of the phenomenological framework, the Existential Analytic.

The Core Meaning: Being-in-the-world-cared-for-in-an-impersonal-manner, which is the raw material of this study, is structured into three themes: 1) Hospitalization in a psychiatric hospital is perceived as care; 2) The nursing professional is a representative of care in psychiatric hospitals; and 3) Ontic nursing care undertaken as a craft generates impersonality.

This study's project was submitted to and approved by the Ethics Research Committee at the University of São Paulo at Ribeirão Preto, College of Nursing complying with the standards established by the Resolution 196/96[8] (Protocol No. 0702/2006).

THEORETICAL-PHILOSOPHICAL FRAMEWORK

Phenomenology emerged as a perspective that focuses on the human person, proposing the understanding of the human being in his/her inter-subjectivity based on the return to things-in-themselves as they appear to the consciousness[9-10], and took shape based on Martin Heidegger as the starting point with his the *being who is there*, the human being in him/herself, the only one who can signify his/her history and the world around, embracing the phenomenon and expressing it the way s/he understands[9,11].

Phenomenological research is currently a method of investigation that seeks to understand ontological phenomena, that is, what is exists in itself, encompassing an essence and devising as a starting point the being that makes him/herself to know, immediately. Its objective is always to unveil the being, the human being him/herself, as s/he is, *being there*[12-13].

Heidegger developed the structure of being-there (*Dasein*) that places the question of its ontology as a way to understand the meaning of being, clarifying issues related to the existence of the human being: being-in-the-world, being-in-the-world-cared-for[14]. Being-there shows to the world his/her way of being, which is shown in a singular way by how s/he uses the elements in the world, becoming occupied (caring) with them in a relational universe.

The notion of existence in the Heideggerian conception assumes the idea of launching the human being – to the future – in a world of relationships with another, the being-in-the-world-with-another. The human being is *being-with* loaded with interpretations that derived from his/her surrounding world (affective, spiritual, pragmatic, intellectual, cultural, social) [10-11,15]. At the same time, the historical, social, geographic world in which the human being is in his/her personhood also holds him/her as one meets another amid the social pressure and tension of daily life[11].

The Existential Analytic consists of a search for understanding, in terms of the essence of the human being in the understanding of the being, such as his/her own way of being, constitutive of its structure[16]: the being-in-the-world-cared-for, who is occupied with him/herself when *caring for being*, in his/her experience of self-ownership. At the same s/he cares for another as a compelling task to which one is destined in the irreparable trajectory toward death.

RESULTS AND DISCUSSION

The hospitalization in a psychiatric hospital is perceived as care

The reports show that the psychiatric hospital, in the world experienced by patients with mental disorders, is represented as a place of violence in which one has no voice and has to await the end of hospitalization, which is determined by another. However, the psychiatric hospital is perceived as care by those who experience hospitalization despite the ontic nature inherent to this care.

> Because the asylum, however bad it is, it's a place… a place of treatment…(Pedro).

> But I guess that the service, like, they should explain, like *[...] you're here at the hospital, you'll be cared for... it's because you're not well... you'll leave*... (Ozório).

> We... seek treatment, I'm seeking treating until today… (Bárbara).

The concept of care in the Existential Analytic is woven as the core of the structure of being-there, taking different meanings that intertwine (because being-there cannot be fragmented): a) *Sorge* (care/healing), which is intrinsic to *Dasein* and *is worry arising from apprehensions concerning the future and refers as much to the external cause as the inner state*, the essential way of being, which is care[17]; (b) *Besorgen* (occupation): related to the activities of the human being in the world, as to be concerned with things, to provide something for oneself or someone else, assuming the human-being-with-things; and (c) *Fürsorge* (care): is actively caring for someone who needs help, which implies being-with-another[11].

The reports present care perceived in the scope of treatment, that is characterized in the possibility of controlling the mental disorder, since it is essentially perceived as a phenomenon that is part of the individual. This care, as we will further explore, pervades the human existential condition of being cared for, but it implies an intentional care in receiving from another (a professional).

> And... it's very painful to be stuck there… And… even today, I don't like it, but if I have to…there's nothing I can do… I gotta go, you know. I have sleep problems, you know, the medication is not working, and when I get no sleep, crisis strikes me (Eli)

The nursing professional is a representative of care in the psychiatric hospital

The care that emerged from the reports is systematically attributed to the nursing professional as a representative of care delivered in psychiatric hospitals.

> This last time the nurse was good to me (...) they didn't spank me (Eli).

> Then... a lot of nurses appeared, they were all hidden behind the pillar, like… I don't know, they were wearing white clothes, you know… Then, they held me… I didn't understand at the time (Ozório).

The professionals are frequently identified in the reports as *nurses*. *Nurses* represent all the other professionals in the nursing profession, which is shown when the related nursing technical procedures are mentioned. The professionals at the technical level (auxiliary or technicians) carry out the orders of other professionals (physicians, psychologists, social workers and occupational therapists) in the psychiatric hospital and therefore frequently refer to themselves as the ones on the *front line* in the client/patient relationship.

This explanation is essential as this professional is the one who binds and sedates, among other procedures considered invasive and/or aggressive, even though these are supported/determined by other professionals. The physical contact generated in the act of care – whether it is friendly, as in feeding, dressing, positioning, or hostile, when restraining in any way – is mainly performed by a medium level professional, trained and guided by someone with a higher educational level, not necessarily a nurse.

The violence overlapping nursing tasks shows the reproduction of a knowledge/doing based on total control, revealed in a vertical approach and domination of relationships[7]. When the aggressiveness of nurses is indicated, the report is representative of professionals in the psychiatric hospital in general: those who abuse, sedate and/or tie and those who determine that another should tie and make this act trivial, acknowledging the aggressiveness but being silent.

> There... there're nurses, I can't complain, because I was well treated. But you see things… that shouldn't be! There… like… screaming at us… you know? (Bárbara).

> They (*nurses*) want to spank us, the patients. And I defend myself the best I can, you know…[…](Eli).

> There're small things nurses don't allow you to do… (Bárbara).

Nurses supervise nursing actions and it is up to them to systematically evaluate nursing work, focusing on the profession's ethical-legal principles, modulating the inclusion of nursing in the inter-disciplinary teams. That is, even though it represents an institutional rationale, it is the nursing care *per se* that emerges in the reports and is considered in the study.

In the same way that Mental Health refers to the 'individual with a mental disorder', the individual also refers to professionals as *the nurse*, not using names or other personal identification codes. A set of pre-conceived characteristics is attributed to the individual with mental disorders that seems to exclude personhood and at the same occurs in relation to *the nurse at a psychiatric hospital*.

Impersonality generated in ontic nursing care undertaken as a craft

Undertaking care as a craft translates an intentional willingness to be with another, with the individual with a mental disorder, in a situation (illness) that is culturally produced as conducive to care. Issues inherent to the disease-health continuum (the continuum of the process of becoming ill, which is multi-faceted) are taken as background for the development of *being-busy-with-care* that resides in the (is constitutive of) being-cared-for.

In other words, when the human being is included in the health-disease world, s/he refines intentional care that is valued as a profession, as currency (delivered service) and designs his/her singular way of being busy with care, of *caring of* care, a way that reflects the being-care for s/he is in existence.

Appropriating this way of caring give us the possibility of perceiving how the psychiatric hospital is perceived as care despite the thoughtless *impersonal way of care* that is developed by some of the professionals, basically nursing professionals. Therefore, we have two facets of ontological care that is developed in this study: (a) *being-care for* in the world with others while in existence (*Sorge*) and (b) being cared for *by* another who makes care available as an attribution and who in his/her own existence, cares and mirrors this way of caring-of-being in the care craft (*Fürsorge*).

It is necessary to distinguish the use of ontological care that attempts to approximate care to the disease[16]. From this non-philosophical perspective, a focus of the health field, there is a misconception in signifying care as an immediate experience related to convalescence, attributing to care an ontic, situational, non-existential characteristic, different from what was proposed by Heidegger.

Ontologically, care is the way of giving oneself, reflecting how the being shows her/himself; care in the

Heideggerian conception does not imply the care of a patient, but care for oneself and care for another who may not be ill. Care, from the ontological perspective, cannot be compared to treatment or technologically specialized care practice (that is, ontic, immediate care). Caring for an ill individual in a delimitated occasion is an occupation of the human being with another who is ill, considering the disease's immediate condition.

It is up to the human being to care for another for his/her entire existence and this is particularly the task of professionals in the health field, especially in the area of nursing, which supposes an unfolding of ontological care[18]. Ontic care portrays an attempt to think about the application of care: applying care to a situation (clinical) refers to the way human beings become occupied, that s/he her/himself is care, for when s/he becomes occupied in caring for another[16].

The care referred to in hospitalization includes the use of psychotropic drugs, which is the pillar of psychiatric care and understood in many circumstances as the main tool in the syndromic approach of mental disorder in the scope of the hospital. This study is not intended to discuss the merits of psychopharmacology in the symptomatic control of mental disorder but rather to stay on the path that has been taken to understand care in psychiatric nursing, which currently consists of the repetitive practice of sedating/medicating.

Restraining medication is as or even more restrictive than *isolation rooms* or restraining bands *per se*, forming a lasting intangible restraint that accompanies the individual even after his/her hospital discharge. Physical restraint and psychotropic drugs are part of an inner-worldly utensil dialectic and routinely used by individuals with mental disorders and nursing professionals, a socially acceptable, but not less violent, way of restraining. It is up to nursing professionals to use them and expose themselves to the patients as those who determine their use.

> They give you many drugs, you know? You get doped… on medications… It was difficult even to walk. They gave me this haldol… I'd crawl […] didn't feel my body…(Ozório).

> So, the drug I took [...] is a strong medication. It's that… it left me sexually impotent. Now… think about it, a young man with a beautiful girlfriend and who… who can't have an erection anymore! (Pedro).

The restraining bands and the psychopharmacologic drugs are included in a mundane world that is conformed to the mental disorder world and are legitimated in their routine use. *Being tied up* appears in the reports as a frequent action of nursing professionals that invariably occupied themselves with tying in a circumstance in which they are physically close to patients and in a hostile relationship, in co-existence: in the instant of mechanical restraint, both professional and user exist in the scenario, paradoxically sharing the same experiential situation (one tying up and the other being tied up). It is up to the individual to either be tied up or react to it – and be tied up the same, because the restraining bands are the elements of hospitalization, and the way these are used (routinely, thoughtlessly) reveals nursing care.

> The other time [...] I stayed tied up the entire time, with pain and everything and on the ankle and foot. A relative would visit me but then I realized I was tied up again and didn't even know why… (Eli).

The individuals portray psychiatric hospitalization as a painful, distressing experience that utilizes restraint but that still is based on care: impersonal care, revealed among obscure experiences, violence and deprivation developed in experiences with nursing professionals.

> [...] even though I was different from the others, I was treated the same. So… at seven in the morning, it could be the worst cold in the world, I had to get up and take a shower. Or was even thrown in there, like […] we're not Indians, you know… take off the clothes in front of everybody, you know […] and you're … you're treated the same as everyone […] massively equal, everyone (Pedro).

> They didn't treat us as human beings [...] I'd think: *well, I guess I died and ended up in hell* (Ozório).

> Sometimes is too cold and you want to take a shower later… no, it has to be when they want […] and you leave bed still warm… They take everything off and treat you as if you were an idiot and didn't know you have to take a shower later…(Bárbara).

The reports signal an impersonal way of caring in which a legitimate concern is not perceived on the part of the professionals in relation to the patients.

Signifying the psychiatric hospital as a restraint that is imposed on the individual by another but which remains as part of the experienced world, expresses the way of delivering care in psychiatric nursing at the hospital. In worldliness, the individuals signified the care they received during hospitalization in the relational universe, which makes them being-there-with the nursing professional.

The reports shed light on *how nursing care is developed*; the issue to be debated is the nursing professional's thoughtless reproduction of a social and culturally built rationale that considers individuals mentally ill as part of the set of their peers, not in their existential dynamics of their inner world[11,19].

It is through this impersonal care that the way of the being-there is shown (nursing professional) professionally caring for another. The *how to care* is personal and occurs in the individual's process of life, in embracing the – ontic – care as a daily task.

CONCLUSION

Both the *individual with a mental disorder* and *nurse* are considered in an impersonal manner, in which the being-

there is ignored in his/her existential possibility of launching that ontologically transcends the others. From the same perspective, the psychiatric hospital is guided by impersonal care, which is historically reproduced by the collectivity that inhabits that situation, that is, the current professionals and mentally ill individuals are not the same as in the beginning of the 20th century but are still seen through the same psychiatric hospital rationale, in which the dangerous and unproductive *crazy* individual is segregated.

The individuals who participated in the study attend a psychosocial care center, but their experiences once permeated psychiatric hospitalization, that is, their experience in psychiatrics shows that individuals with mental disorders still are admitted to both mental health community services and psychiatric hospitals and are still subject to disciplining, violence and deprivation imposed by the hospital facility, which brings into discussion the quality of psychiatric nursing care. Psychiatric hospitalization is, therefore, still meaningful for users of the mental health network and reiterates the existential condition of being-an-individual-with-mental-disorder socially acknowledged as such.

We perceive that the psychiatric hospital is denied in contemporary studies but remains in the world that surrounds the individuals. Despite the suggestive discourse of asylum deconstruction, new actors (new others: nursing auxiliaries and technicians and nurses) are daily hired as employees in asylums and their practices remain restrictive and punitive.

Psychiatric hospital nursing care, the phenomenon addressed in this study, was delineated based on the individual with mental disorders, who remembered the experience of hospitalization in psychiatric hospitals and attributed meaning to such experiences providing the analytical elements needed to grasp the existential understanding of care. Therefore, to understand psychiatric hospital nursing care it was necessary to first become familiar with the psychiatric hospital through the experience of those who inhabit it.

Turning to the processes of education and humanization in nursing care, largely disseminated and sought by the nursing profession, which could guide a responsible, reflective, and critical care delivery focused on the complex existential of users of nursing services, the question that is posed is: what type of care delivery is currently undertaken by nursing professionals in psychiatric hospitals?

It is inferred that even though the psychiatric hospital is only one of the many services in which psychiatric nursing works and is not recommended as a therapeutic resource, these professionals in fact inhabit it. However, based on the perception of the study's individuals, the work process developed there is based on impersonality, indicating that the asylum model of repression and punishment is reproduced by nursing professionals under the impersonal way of being-nursing-professional-in-psychiatric-hospital.

In conclusion, it is the role of nursing professionals to reorganize the focus of their practice in psychiatrics (psychiatric care), turning their eyes to the context of the hospital facility in which this profession is clearly included. We believe that only after reviewing the device *psychiatric hospital* for meaning in mental health, shedding light on the real work developed in this sphere, will nursing professionals be able to systematize ethical care based on respect and dignity.

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