Constructing meanings and possibilities: the incubation team's experience of a solidary undertaking*

CONSTRUINDO SENTIDOS E POSSIBILIDADES: A EXPERIÊNCIA DA EQUIPE DE INCUBAÇÃO DE UM EMPREENDIMENTO SOLIDÁRIO

CONSTRUYENDO SENTIDOS Y POSIBILIDADES: LA EXPERIENCIA DEL EQUIPO DE INCUBACIÓN DE UN EMPRENDIMIENTO SOLIDÁRIO

Priscila Tagliaferro Rojo[1], Carmen Lúcia Alves Filizola[2]

ABSTRACT

The aim of this qualitative study was to analyze the experience of an incubation team in a solidary undertaking regarding mental healthcare clients. Interviews were conducted with seven team members, and the data were analyzed using content data analysis. The analysis revealed four categories: considering incubation as a process – learning and finding the meanings of support; pointing out the easy and difficult aspects in the process of constructing the undertaking; seeing results of the inclusion through work – noticing the clients' improvement; and pointing out the need for changes in the process, expecting greater autonomy of clients and formalization of the undertaking. The experience revealed itself as a new and fulfilling job for the team, allowing for learning, exchanging knowledge and attachment. We identified that the technician plays the role of educator/facilitator of the process. In addition to the simple aspects and the recognition of the relevance of the work in terms of the clients' lives, the team faces challenges in generating satisfactory revenue.

DESCRIPTORS
Mental disorders
Deinstitutionalization
Rehabilitation
Work

RESUMO

Esta pesquisa qualitativa teve por objetivo analisar a experiência da equipe de incubação de um empreendimento solidário de usuários de saúde mental. As entrevistas ocorreram com sete membros da equipe, sendo os dados analisados segundo análise de conteúdo. Da análise emergiram quatro categorias: Considerando a incubação como um processo – aprendendo e encontrando os significados de ser apoio; Apontando facilidades e dificuldades no processo de construção do empreendimento; Visualizando resultados da inclusão pelo trabalho – percebendo a melhora dos usuários; Apontando necessidades de mudanças no processo, esperando uma maior autonomia dos usuários e a formalização do empreendimento. A experiência revelou ser um trabalho novo e gratificante para a equipe, possibilitando aprendizado, troca de saberes e vínculo. Identificamos o papel do técnico como educador/facilitador do processo. Além das facilidades e do reconhecimento da relevância do trabalho para a vida dos usuários, a equipe enfrenta desafios para gerar renda satisfatória.

DESCRITORES
Transtornos mentais
Desinstitucionalização
Reabilitação
Trabalho

RESUMEN

Investigación cualitativa que objetivó analizar la experiencia del equipo de incubación de un emprendimiento solidario de pacientes de salud mental. Fueron entrevistados siete miembros del equipo, analizándose los datos según análisis de contenido. Surgieron cuatro categorías: Considerando la incubación como un proceso – aprendiendo y encontrando el significado de ser apoyo; Identificando facilidades y dificultades en el proceso de construcción del emprendimiento; Visualizando resultados de la inclusión laboral – percibiendo la mejoría de los pacientes; Identificando necesidades de cambios en el proceso, esperando una mayor autonomía de los pacientes y la formalización del emprendimiento. La experiencia reveló ser un trabajo nuevo y gratificante para el equipo, posibilitando aprendizaje, intercambio de conocimientos y vínculo. Identificamos el papel del técnico como educador/facilitador del proceso. Más allá de las facilidades y del reconocimiento de la relevancia del trabajo para la vida de los pacientes, el equipo enfrenta desafíos tales como generar una renta satisfactoria.

DESCRIPTORES
Trastornos mentales
Desinstitucionalización
Rehabilitación
Trabajo

OnLine Português / Inglês www.scielo.br/reeusp

INTRODUCTION

In recent years, the Psychiatric Reform movement in Brazil has produced a series of knowledge and practice-related transformations. The field has been fighting to grant people with mental disorders a position of real citizenship by highlighting social inclusion patterns through the world of labor.

Labor and psychiatry have been hand in hand for a long time now. The labor practice in mental hospitals is as old as the mental hospital itself[1]. Philippe Pinel created the idea of ergotherapy in mental hospitals; the practice was supposed to fill idle times, control excessive reverie and also help in exploring patient issues[2].

In this complex deinstitutionalization process - having as one of its main goals the transformation of the custodial relationship seen in delegate institutions that assist mentally ill and/or socially disadvantaged people – the concept of custody has undergone several changes. Reduction of inequality is now deemed to be a health right aimed at reducing inequalities and is understood as an emancipation movement, not as a repressive activity[3]. This emancipation process must include the understanding that the more severely mentally ill people need protection, and must be provided the opportunity to learn to live positively with their impairment in order to either overcome or recover their sense of autonomy and responsibility[4].

The labor integration concept has also been redefined. It is now understood as the exercise of citizenship, or in other words, the exercise of patient rights, and must be seen as a fundamental strategy in projects and processes aimed at producing autonomy and strengthening contractual powers under the perspective of social inclusion[5].

Hence, labor in mental institutions is not simply seen as a prescribed, protected and oriented therapeutic activity, or as a simple way of filling idle times, or as a way of demanding submission and exerting institutional control. It is now a strategy embracing citizenship, autonomy and emancipation [6].

There have been many extra-hospital labor insertion experiences throughout the world and in Brazil. From 2004 onwards, the national mental health policy settled on a cooperative strategy between mental health and the solidary economy as the major guidelines supporting social inclusion through labor. This cooperation was made possible because both guidelines aim at supporting the rights of disenfranchised people, seeking to include them and to build a more solidary society.

> There have been many extra-hospital labor insertion experiences throughout the world and in Brazil. From 2004 onwards, the national mental health policy settled on a cooperative strategy between mental health and the solidary economy as the major guidelines supporting social inclusion through labor.

The solidary economy is imbued with values that differ greatly from the capitalist mode of production; rather, it stands for voluntary, clarified involvement, with collective, democratic participation, self-management, cooperation, human development promotion, and nature-focused actions, among others[7].

Solidarity-based undertakings count on the support and advice of numerous entities, such as universities, by means of the so-called Popular Technological Incubator Cooperatives (PTICs), created in the mid-90's to organize and train historically unemployed social classes, providing these excluded citizens with access to the formal labor market through the construction of cooperatives or self-managed companies[8].

In compliance with these guidelines, a solidarity-based undertaking known as Recriart was launched in 2006. The incubation process resulted from the partnership between a Psychosocial Care Center (PSAC) located in a municipality in the countryside of São Paulo and the Regional Incubator of Popular Cooperatives (RIPC) of the Federal University of São Carlos (UFSCar).

The group's incubation process is enforced by PSAC's workers (upper-level technicians and nursing assistants), together with university employees (a nursing professor, a higher-education technician of the RIPC, and multidisciplinary undergraduate and nursing postgraduate students). This team supports all of the group's production and commercialization activities and follows up on any issues. Although a great deal of progress has been achieved during this advising period, many doubts, conflicts and issues must be considered by the team.

Taking into account the relevance, the complexity and the challenges facing the incubation team, as well as their recorded history in the last several years, the analysis of their experience, in light of the current psychiatric reform and solidary economy, is deemed to be quite a significant process. We hope this study can contribute both to the still incipient knowledge of the incubation process in the mental health field and to the work of the professionals involved in building solidarity-based undertakings.

METHOD

This qualitative-oriented research was carried out in the Recriart solidarity-based group. Recriart informally produces and commercializes recycled paper and derivative products. The workforce is comprised of mental health patients of the São Carlos' PSAC. The project was presented to the Ethics Committee of the Federal Univer-

Constructing meanings and possibilities: the incubation
team's experience of a solidary undertaking
PT Rojo, Filizola CLA

Rev Esc Enferm USP
2012; 46(5):1108-15
www.ee.usp.br/reeusp/

1109

sity of São Carlos and approved under protocol number 165/2009. After the project was approved, the data collection process was initiated.

The incubation team members were invited to participate in the project during one of their weekly meetings. Bearing the objective of the research in mind, interviews were carried out following a semi-structured schedule. Seven out of the twelve team members who had developed activities in the group between March and December 2009 were interviewed, as three members were not willing to participate; and the other two people were responsible for this present study.

All interviewees were women, ages 20 to 55 years; four of them were workers (three working at the PSAC and one working for the university's RIPC) and three were students (two undergraduate/extension students with scholarships and one nursing post-graduate student).

Interviews were fully transcribed, numbered from 1 through 7, and later analyzed by means of the thematic category strategy of content analysis[9]. In order to ensure anonymity, the names of the subjects were replaced by the letter E and numbered from 1 through 7 at random.

RESULTS

The careful data analysis generated four thematic categories that express the team's experience in supporting the group.

Incubation as a process – learning and finding meanings for supportive actions

Interviewees refer to the incubation process as being full of difficulties, doubts and conflicts; however, they deem it to be rewarding and affirm that their practical experience always leads them to learn and understand the meanings of their supportive actions. The team recognizes that the process brings new experiences and provides them with opportunities to learn, exchange knowledge with other team members, and create bonds with the patients.

Well, these experiences always make us grow, little by little. In the beginning we had several problems; we had complicated processes within the team, lots of conflicts. But I think it is so rewarding at the same time; I realize that I have quite a strong connection with them today (E2).

Well, it's been a new experience for me. I have been learning a lot with it and I assume that the others also have something to learn from me, right? As a team, each one brings his/her contribution (E5).

One of the interviewees posed a question. She said that she was not very aware of the exact extent to which the supporting team should work together with the patients, since this process/work was brand new to everyone.

I had some doubts regarding the construction process (...) As a support team, we have to help them, we just can't leave them alone, right? We listen to some of their experiences. Some groups totally lost their support, and the group was done. So, I think we have to have this balance. But it's very hard to identify to what extent we should offer them support (E4).

As a support team, the technicians also indicated that they were only expected to stimulate and encourage patients to work, think and plan, in order to support them in their own actions. They believed that they should not do things for the patients, but with them.

I think that I should always stimulate and encourage the group, not drive it. Sometimes, we just end up directing it and (…) I try not to do things for them. I allow them to work. I think that the support role is quite essential. We should not do things for them, but stimulate them toward acting, thinking, planning (E2).

Another interviewee points out that the technicians should also play a role in demystifying mental illness, granting patients contractual powers.

Right now, people who work with us, our partners, are a bit scared. They say *hey, do you leave them alone? Will you go with them to the fair? Shouldn't you go with them to the fair?* I think it's natural, you know, because of their history of mental illness. This issue is not properly defined and people are a bit scared. So, I think that we are demystifying it (E4).

I had some doubts: to what extent should we grant them contractual powers? To what extent should we not? (...) Well, whenever the group has a large order to be produced and delivered, it grows at a faster rate. I think this is our purpose. That's when our support role becomes important, because we are the ones who can transform these contractual powers into an order. I was doubtful, even fearful before. *Oh, will we be able to do it? Will we negotiate it?* Well, I think that we will provide them with it right now. We are the ones who will grant them the contractual powers(E4).

We also notice that there has been a steady search for the creation of autonomy within the team. There is a clear difficulty in conceptualizing it, though; sometimes, the term is associated with independence.

Well, we have to see to what extent it will go, and to what extent it can't go. I think that we are now in a moment of building independence, autonomy! (E4).

(...) I have been trying to promote their autonomy, you know, real autonomy: start, teach, make it alone. I back up slowly and just supervise them. That's my goal, to really strengthen the group so that they can keep moving forward on their own (E3).

1110 **Rev Esc Enferm USP 2012; 46(5):1108-15 www.ee.usp.br/reeusp/**

Constructing meanings and possibilities: the incubation team's experience of a solidary undertaking
PT Rojo, Filizola CLA

Easy and difficult steps in the undertaking's construction process

Although the team indicated that some steps in the process were easy, there were also some severe difficulties throughout the construction's process. The team work, the satisfaction in working with patients, the partnerships with the university, the support of the municipality, and receiving orders for work are seen as the easy and rewarding steps.

> I have been learning a lot with the process and I assume that the others also have something to learn from me, right? As part of a team, each one brings his/her contribution (E5).

Speaking of partnerships, the university offers a platform for new relationships, allowing patients to stop attending mental health institutions and to interrupt their dependence on the services provided by the municipality.

> It's quite important for patients, because they leave that treatment routine and the reality of the mental health service, in order to get to know other places, the university, the students, the professors, the population, the community (...) (E5).

> The municipality supports us in all initiatives. As the city is in favor of the reform, it fully backs the consolidation of this undertaking (E4).

Despite the ease of parts of the process, the group also faces hardships in processes of production and commercialization. The challenge of earning a satisfactory income is a primary highlight. The team questions whether the Recriart program stands out as a genuine workplace, or is just a place to kill time.

> Their income is very low. It's been one of the things that drew our attention from the beginning. I even said: I*t's so low! What are they doing here*? (E2).

> The income generation issue is quite a difficult process, you know. Sometimes the work becomes much more of a time-killing activity than an income generation process in itself (E5).

Product advertisement and commercialization were also pointed out as areas of difficulty that directly affect the patients' income.

> We have difficulties in sales and in identifying the target audience, because the product is a bit more expensive. It's an added-value handicraft. Yet, not everyone values this type of product, you know (...) So the commercialization of the product is a major difficulty (...) (E3).

Another relevant issue is the restriction in the self-management process. Technicians recognize that the decision-making process is sometimes highly dependent on the team.

> (...) I think that the group ends up making the majority of decisions. But, it's not like that all the time. Sometimes,

quick decisions have to be made. Sometimes, we prefer to make the decision, because it's easier for us, and we have more access to the answers needed to make a decision. If someone has to be contacted, we do it right away, because we already know the person (E5).

Regarding the patients, there is difficulty in encouraging autonomy. As there are many things to be done, the lack of knowledge of the patients usually causes the team to act, instead of taking the necessary time to instruct them. This instruction process either delays or hinders relevant decisions.

> (...) this issue of building the autonomy of patients constitutes quite a hardship, because they lack the necessary information and we are supposed to help them overcome their difficulties. There are many things to be done and they do not even know where to start off. Sometimes, then, we end up doing things that they should do, you know. We end up doing things which prevents them from acting, as it would take them much longer to get things done (E5).

The results of labor inclusion – realizing the improvement of patients

In spite of the above-mentioned challenges, the team points out the development and evolution of patients regarding both their work abilities and the meaning this has for them. This recognition is mainly provided by the technicians who follow up the group from the beginning of the work.

Statements highlight the recognition of gains/advances in the autonomy of patients and point out greater initiative and stronger technical skills toward the development of activities at the Recriart, resulting in a considerable improvement in the quality of products.

> (...) I realize the production group has improved a lot. Since my arrival here, up to today, I perceive a great improvement in the product manufacturing process, and also in the group's abilities in production (E5).

> I think that they are now able to produce on their own (…) Their autonomy has grown a lot. They used to produce a very small line. Their quality has increased greatly and I think that it has to do with the enhancement of their autonomy (E3).

The technicians report that the members of the group are very participative. They consider Recriart as a job/occupation.

> There are very participative people within the group (E4).

> They say that they will participate in order not to lose their occupation(…) Yes, they see Recriart as an occupation (E6).

The team pinpointed several changes in the behavior of patients as they take on new responsibilities and participate more actively in the assemblies.

Constructing meanings and possibilities: the incubation
team's experience of a solidary undertaking
PT Rojo, Filizola CLA

Rev Esc Enferm USP
2012; 46(5):1108-15
www.ee.usp.br/reeusp/ 1111

The decisions the group has to make on issues related to the use of money, or whether they will participate in a given fair, or if they will work a certain day caused introverted people, who previously did not have anything to say in the assemblies, to speak up (E2).

The inclusion process has also been a milestone in the family environment. Several people now take responsibility for certain activities, which they were previously excluded from.

Patients are now playing other roles in their families, roles they did not used to play. Now they can go to the bakery on their own, they can even go shopping (…) These people have upgraded their family roles. They are not seen as sick people anymore, who cannot do anything (…) This change in their social role in the family is quite significant, you know (E4).

Identifying necessary changes in the process, expecting greater autonomy of patients and formalizing the undertaking

The team affirms that the incubation of this social undertaking allows them to visualize and identify necessary changes. The recognition of the relevance of being respectful to the patients' timing, movement and rhythm is one of them.

Our goal is to respect their time (...) This is our greatest challenge: to respect the rhythm of the group, which is always different from ours (E4).

The team also feels that the group members still have to develop their own goals, which differ from the goals of the team. They also sense that the group can achieve a level of self-management, in which patients start to make all necessary decisions.

I firmly believe that, with time, they will be able to reach a level of self-management, without the support of the team. I think that time can only improve their skills (…) They are the ones who must make decisions (E1.)

We also came across some question as to whether or not the group's income should be enhanced, since some of the patients already have an independent income. The answer to this question seems to be quite clear in the words of one of the interviewees: if it is supposed to be a job, there must be an income.

The income did not used to be that important. Many of them do not need it, as they already have pension funds, benefits, and their families to help them. Yet, some of them do need it. So I think that the income has to be improved. As employment, it has to generate income, a concrete result, you know (E2).

The team also expects the group to steadily decrease their need for support. In this sense, the team aims to provide patients with a high level of autonomy, although one of the interviewees questioned whether or not full autonomy is unrealistic. They also expect Recriart to be formally organized as a cooperative or association.

Oh, I hope it advances, that they take hold of what already belongs to them. I think that this is sort of unreal, a utopia, but I do expect them not to have to depend so much on our support anymore (E2).

(...) I just want to see them working as a less and less dependent cooperative. I hope our support becomes only a support, you know. I do want to see them become a legal cooperative (E3).

DISCUSSION

In the first category, interviewees state that the incubation is quite a new, rewarding process and affirm that they are learning to be a support team in the practical field. Although they face doubts and conflicts, they say that the teamwork is an effective knowledge exchange platform among members of the group. The professionals in an incubator in Rio Grande do Sul point out that the construction of a solidarity-based undertaking allows for mutual growth due to the constant exchange of knowledge related to the practices, visions or concepts of the members of the group in organizing and handling the work[10].

Regarding the question as to whether or not the technicians should work with the patients, we highlight the need and the relevance of the presence of the technicians in this process, as such support/protection is needed for the emancipation of the patients toward the recovery of their autonomy and responsibility[4].

The technicians also pointed out that their support role should be limited only to the stimulus and encouragement of patients; they say that the work should be done with them, not for them. Thus, they conclude that in order to consolidate knowledge and encourage the effective participation of all of them in decision-making processes, the work should be done *with* the cooperative members and not *for* them. The incubation technicians, therefore, have to be facilitators and process mediators, thus bridging the gaps between themselves and the cooperative members[11].

As for the demystification of mental illness, we concluded that prejudice is not only observed within the context of the work environment that Recriart is involved in, but is an existing reality in the mental health field, as pointed out by another study[12].

In addition to the prejudice experienced, the history of mental illness shows that the difficulties brought about by both the disease and the treatment deprive individuals with mental illness of their contractual powers[13]. Contractual power is a pre-condition for any exchange process, encompassing three fundamental dimensions: exchange of goods, exchange of messages and exchange of affections[14].

1112 Rev Esc Enferm USP 2012; 46(5):1108-15 www.ee.usp.br/reeusp/

Constructing meanings and possibilities: the incubation team's experience of a solidary undertaking
PT Rojo, Filizola CLA

The construction of autonomy, so difficult to conceptualize and sometimes associated with independence, has been a consistent goal of the team. The concept of autonomy must be elaborated by the professionals involved in the assistance process, as it represents meanings such as independence and self-organization[15]. Autonomy represents a wider concept, meaning that the person is able to generate norms and orders for his/her own life, in accordance with the situations he/she faces, without transforming it into self-sufficiency or independence[14]. Thus, autonomy is not to be understood as the opposite of dependence, but as the ability of the subject to maintain his network of dependency, to comprehend himself and the world, and to establish commitments and contracts with other people[16].

In this context, we also observed that the technicians define autonomy as the opportunity for patients to execute all production and commercial activities by participating and being held responsible for all the phases of the process. In this respect, we recommend a more precise definition be given to such concepts in the studied experience.

In the second category, interviewees point out the easier and more difficult features faced during the incubation process. Among the easier aspects of the process, we found that the team work involved is a new and rewarding experience in terms of the organization of the work, allowing for the emergence of learning experiences resulting from the exchange of experience and knowledge that each professional brings[17].

The partnership with the university, the support of the municipality and the accruing of product orders are also pointed out as easier parts of the task.

Taking into account the academic partnership, the university is considered to be a very good partner, as it is able to ally research and education as a way of supporting and contributing to the growth of solidarity-based undertakings[18].

Among the difficulties and challenges faced, we highlight the low income earned by the patients that has caused the team to wonder whether the Recriart program is a true work place or just a place to kill time. Nonetheless, this issue is also present in other solidarity-based undertakings. Originating as a result of economic crises and developed on the periphery of capitalism, these social institutions generally face intense hardships along the path of their economic survival[19].

 Advertisement and the commercialization of products were also stated as difficult aspects that directly affect the group's income. Solidarity-based undertakings generate small product lines and are unable to cope with costs and maintain the regularity of offers in the capitalist market[20]. One possible strategy for overcoming this restriction is the creation of social protection networks based on the initiatives of social cooperatives by means of intersectorial cooperation[21].

Another challenge is the consolidation of the self-management process; this characteristic, however, is also observed in other solidarity-based undertakings and is not a specific problem in the area of mental health. The effective absence of the members in decision-making processes, their lack of participation and inaction in exercising power and responsibility bring about severe damages to the organization, and also interfere in the organizational aspects related to solidarity and democratic participation[20]. Notwithstanding, efforts to teach and advise helps the institution to create and develop an effective solidarity-based management[22].

As for the issue of the patients, we observe a high degree of difficulty in the building of autonomy; there are many things to be done and the lack of knowledge of the patients causes the team to sometimes perform activities themselves, instead of teaching them how to do it. The dependence of patients is quantitative, above all else. The excess of dependence seen in a small number of relationships is responsible for the decrease of autonomy[14].

In the third category, the team ratifies the improvement and evolution of patients, especially identified in the techniques applied in the group from the beginning of the project. To bet on people, or in other words, to introduce them into the world of labor expresses a belief in the potential to change patterns and behaviors, as well as in the acquisition of skills that will allow them to thrive in society[12].

Concerning the advancement of autonomy, patients now display more initiative and technical abilities in dealing with Recriart's activities, thus resulting in the improvement in the quality of products. The achievement of such quality leads producers to an enhanced self-esteem and brings about positive changes in the lives and work of the patients[1].

Inclusion has been an outstanding feature within family dynamics; patients start taking on responsibilities for activities from which they were previously excluded. The insertion into solidarity-based undertakings makes the production of new meanings possible, both in the labor process and for the individuals involved. In this way, these changes may allow people suffering from psychic disorders to be truly transformed and break through their limits[1].

In the fourth thematic category, the team points out necessary changes, affirming that patients have to achieve greater autonomy and be formalized as a cooperative or association. The timing, movement and rhythm of patients should be respected. Each undertaking displays its own specific dynamic, speed and rhythm; thus, the incubation technician must respect and recognize existing differences from one group to another, in such a way that their autonomy is respected[11].

Constructing meanings and possibilities: the incubation team's experience of a solidary undertaking
PT Rojo, Filizola CLA

Rev Esc Enferm USP
2012; 46(5):1108-15
www.ee.usp.br/reeusp/
1113

The issue of the formalization of the undertaking is a critical point, as the current legislation (Law number 9.867 from 10 November 1999) regarding social cooperatives does not back related undertakings. Therefore, the alteration of the current legislation has been broadly discussed at different levels[21].

CONCLUSION

The analysis of the experience described by the team involved in the incubation process of this solidarity-based group shows how relevant and rewarding it is for its members to participate in this type of program, which allows patients to experience a new meaning in their lives, or in other words, achieve emancipation. The exchange of knowledge among the members of the team, the possibility of creating connections with patients and the visualization of positive results are pointed out as positive steps in the process, generating a great deal of satisfaction and pleasure.

All interviewees recognize both the relevance of guidelines for accomplishing psychosocial rehabilitation and the advancements achieved by patients throughout the process. Such advancements are related to autonomy, work skills, recognition within the family environment, and the expansion/creation of new relationships and places where they are accepted.

The core meaning of being supportive shows that the role of the technicians is that of educators/facilitators in the process, as they take part in all production and commercial activities; this level of support is achieved whenever the technicians work together with the patients, and not for them. However, the reference related to the lack of a clear definition as to the measure of this presence is still open to reflection; for this reason, we reaffirm the importance of the support provided by technicians, as it is understood as a health right.

Interviewees also stated that they seek to demystify mental illness in the support process, providing patients with contractual powers and building a level of autonomy, taken in this context as the expectation of empowering patients to carry out all phases of the production and commercial processes on their own, that is to say, without the support of the team. Nonetheless, they recognize that this is quite a difficult process and wonder whether or not full autonomy is unrealistic. We also observed in the statements the need for a clearer definition of such a concept within the studied context, as sometimes autonomy was associated with independence.

Notwithstanding, beyond the recognition of the significance of this work and the achievement of positive results, the incubation technicians pointed out several hardships, restrictions and challenges. Among them, we highlight the low income generated by the undertaking, causing some interviewees to wonder, at times, whether Recriart was more a time- killing activity than real work. We emphasize that the low income is related to several other challenges in the process; on the other hand, this issue does not seem to constitute an inherent difficulty in this specific solidarity-based undertaking, or for any other patients involved in mental health undertakings. This issue is actually present in each and every solidary economy undertaking. In this respect, we reinforce a series of strategies used by participants in these areas who are coping with these issues; among them, the construction of commercial networks in solidary economies.

Another pinpointed difficulty, also generally inherent in solidarity-based undertakings, is related to the important challenge of achieving self-management. We highlight here that the construction of a solidary management is a slow, difficult process that requires plenty of patience, since the guarantee of positive results demands the creation of specific conditions.

The incubation technicians also indicate their expectation of the formalization of the group as a cooperative or association. This issue has been largely discussed by mental health and solidarity-based players, as the current legislation does not back up the undertakings in this field. This denial makes the formalization and development of the work quite a difficult process.

We also emphasize that the development and sustainability, not only of the studied solidarity-based group, but of all related experiences that have currently spread throughout the country, is directly connected with the advancement/consolidation of the social cooperative law, as well as the implementation and strengthening of intersectoral policies that foment and encourage initiatives of this nature.

REFERENCES

1. Saraceno B. Libertando identidades: da reabilitação psicossocial à cidadania possível. Rio de Janeiro: Instituto Baságlia/Te Corá; 1999.

2. Rotelli F. Superando o manicômio: o circuito psiquiátrico de Trieste. In: Amarante P. Psiquiatria social e reforma psiquiátrica. Rio de Janeiro: FIOCRUZ; 1994. p. 149-69.

3. Nicácio F, Kinker FS. O desafio do viver fora: construindo a cooperativa para todos. In:Campos FCBC, Henrique CMP. Contra a maré à beira mar: a experiência do SUS em Santos. São Paulo: Página Aberta; 1996. p. 121-31.

4. Basaglia FO. Mário Tommasini: vidas e feitos de um democrata radical. São Paulo: Hucitec; 1993.

5. Brasil. Ministério da Saúde; Secretaria de Atenção à Saúde; Departamento de Ações Programáticas e Estratégicas. Portaria Interministerial n. 353, de 7 março de 2005. Instituí o Grupo de Trabalho, Saúde Mental e Economia Solidária [Internet]. Brasília; 2006 [citado 2009 mar.13]. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/REL_GT1.pdf

6. Amarante P. Saúde mental e atenção psicossocial. Rio de Janeiro: FIOCRUZ; 2007.

7. Singer P. Introdução à economia solidária. São Paulo: Fundação Perseu Abramo; 2002.

8. Andrade EP, Duarte MD. Incubadora de cooperativas populares: gerando emprego e renda e fazendo solidária a economia. In: 23º Encontro Nacional de Engenharia de Produção; 2003 out. 21-24; Ouro Preto, MG, Brasil [Internet]. Ouro Preto: ABEPRO; 2003 [citado 2010 maio 24]. Disponível em: http://www.abepro.org.br/biblioteca/ENEGEP2003_TR0113_1144.pdf

9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2008.

10. Lechat NMP, Barcelos ES. Autogestão: desafios políticos e metodólogicos na incubação de empreendimentos econômicos solidários. Rev Katál. 2008;11(1):96-104.

11. Cançado AC, Cançado ACMG. Incubação de cooperativas populares: metodologia dos indicadores de desempenho. 2ª ed. Palmas: Futura; 2009.

12. Hirdes A. Autonomia e cidadania na reabilitação psicossocial: uma reflexão. Ciênc Saúde Coletiva. 2009;14(1):165-71.

13. Mota TD, Barros S. Saúde mental, direitos, cidadania: o escritório de advocacia como agência para inclusão social. Rev Esc Enferm USP. 2008;42(2):220-6.

14. Kinoshita RT. Contratualidade de reabilitação psicossocial. In: Pitta A. Reabilitação psicossocial no Brasil. São Paulo: Hucitec; 1996. p. 55-9.

15. Pereira MAO. A reabilitação psicossocial no atendimento em saúde mental: estratégias em construção. Rev Latino Am Enferm. 2007;15(4):658-64.

16. Campos RTO, Campos GWS. Co-construção de autonomia: o sujeito e questão. In: Campos GWS, Minayo MCS, Akeman M, Drumond Junior M, Carvalho YM. Tratado de saúde coletiva. São Paulo: Hucitec; 2006. p. 669-87.

17. Filizola CLA, Milioni DB, Pavarini SCI. A vivência dos trabalhadores de um CAPS diante da nova organização do trabalho em equipe. Rev Eletr Enferm [Internet]. 2008 [citado 2010 set. 20];10(2):491-503. Disponível em: http://www.fen.ufg.br/revista/v10/n2/v10n2a20.htm

18. Cruz A. Uma contribuição crítica às políticas públicas de apoio à economia solidária [Internet]. Campinas: UNICAMP; 2002 [citado 2010 abr. 14]. Disponível em: http://www.itcp.unicamp.br/downloads/itcp_doc1.doc

19. Adriano PL. Educar para a autogestão: uma nova metodologia e seus desafios. In: Dal Ri NM. Trabalho associado, economia solidária e mudança social na América Latina. Marília: Cultura Acadêmica; 2010. p. 119-35.

20. Rech D. Economia solidária, condições de vida, dignidade e autonomia: Proposta n. 98, set./nov. 2003 [Internet]. [citado 2010 out. 5]. Disponível em: http://www.fase.org.br/projetos/vitrine/admin/Upload/1/File/Proposta98/danielrech98.pdf

21. Brasil. Ministério da Saúde; Ministério do Trabalho e Emprego. Conferência Temática de Cooperativismo Social [Internet]. Brasília; 2010 [citado 2010 nov. 19]. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/cadtema_coopera.pdf

22. Barfknecht K, Merlo ARC, Nardi HC. Saúde mental e economia solidária: análise das relações de trabalho em uma cooperativa de confecção de Porto Alegre. Psicol Soc. 2006;18(2):54-61.

Correspondence addressed to: Priscila Tagliaferro
Rodovia Washington Luis, Km 235 - Caixa Postal 676
CEP 135650-905 – São Carlos, SP, Brazil