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## THE EXPERIENCE OF MENTAL DISORDER PATIENTS USING PSYCHOTROPIC MEDICATION UNDER THE PERSPECTIVE OF COMPLEX THINKING<sup>1</sup>

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### ABSTRACT

**Objective:** to understand how mental disorder patients experience the use of psychotropic medications.

**Method:** a qualitative, exploratory and descriptive research, which used Edgar Morin's complex thinking as theoretical reference. The data were collected through a semi-structured interview applied to 26 mental disorder patients with psychotropic medical prescription and who were subjected to theme category-based analysis.

**Results:** a central category emerged "The complex experience of mental disorder patients in the use of psychotropic medication". This category shows the interrelations between thematic categories, such as: experiencing the effects of psychotropic medications; using psychotropic medication irregularly; identifying the advantages and difficulties of using psychotropic medication; and developing strategies to maintain the regular use of psychotropic medication.

**Conclusions:** the experiences of mental disorder patients use of psychotropic medications is a dynamic and complex process that encompasses the multidimensionality involving human beings and their treatment.

**DESCRIPTORS:** Psychotropic medication. Mental health. Psychiatric nursing. Mental disorders. Community mental health centers.

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## A VIVÊNCIA DO PORTADOR DE TRANSTORNO MENTAL NO USO DE PSICOFÁRMACOS NA PERSPECTIVA DO PENSAMENTO COMPLEXO

### RESUMO

**Objetivo:** conhecer como o portador de transtorno mental vivencia o uso de psicofármacos.

**Método:** pesquisa qualitativa, exploratória e descritiva que utilizou como referencial teórico o pensamento complexo de Edgar Morin. Os dados foram coletados por entrevista semiestruturada, aplicada a 26 portadores de transtorno mental com prescrição médica de psicofármacos, e submetidos à análise categorial temática.

**Resultados:** foi identificada uma categoria central: "A vivência complexa do portador de transtorno mental no uso de psicofármacos", que mostra as inter-relações entre as categorias temáticas: vivenciando os efeitos dos psicofármacos; utilizando os psicofármacos de modo irregular; identificando facilidades e dificuldades no uso de psicofármacos; e desenvolvendo estratégias para manutenção do uso regular de psicofármacos.

**Conclusão:** a vivência do portador de transtorno mental no uso de psicofármacos é um processo dinâmico e complexo que engloba a multidimensionalidade, envolvendo o ser humano e seu tratamento.

**DESCRIPTORIOS:** Psicotrpicos. Saúde mental. Enfermagem psiquiátrica. Transtornos mentais. Centros comunitários de saúde mental.

# LA VIVENCIA DEL PORTADOR DE TRASTORNO MENTAL EN EL USO DE PSICOFÁRMACOS EN LA PERSPECTIVA DEL PENSAMIENTO COMPLEJO

## RESUMEN

**Objetivo:** conocer como el portador de trastorno mental vivencia el uso de psicofármacos.

**Método:** investigación cualitativa, exploratoria y descriptiva que utilizó como referencial teórico el pensamiento complejo de Edgar Morin. Datos fueron recolectados por entrevista semiestructurada aplicada a 26 portadores de trastorno mental con la prescripción de psicofármacos y fueron sometidos al análisis categorial temático.

**Resultados:** emergió una categoría central: "La vivencia compleja del portador de trastorno mental en el uso de psicofármacos", que muestra las interrelaciones entre las categorías temáticas: vivenciando los efectos de los psicofármacos; utilizando los psicofármacos de modo irregular; identificando facilidades y dificultades en el uso de psicofármacos; y desarrollando estrategias para mantenimiento del uso regular de psicofármacos.

**Conclusión:** que la vivencia del portador de trastorno mental en el uso de psicofármacos es un proceso dinámico y complejo que engloba la multidimensionalidad que envuelve el ser humano y su tratamiento.

**DESCRIPTORES:** Psicotrópicos. Salud mental. Enfermería psiquiátrica. Trastornos mentales. Centros comunitarios de salud mental.

## INTRODUCTION

With the discovery of neuroleptics in the early 1950s, the development of psychopharmacology in mental health treatment was boosted. However, any sign and symptom of psychological suffering became an object of medical practices that were limited to diagnostic labeling, whose treatment was limited exclusively to the prescription of psychotropic medication.<sup>1</sup> However, this reductionist view, based only on neurophysiology, disregarded the complexity of the human being, as well as the existence of their suffering promoting the banalization of the use of these medication.<sup>1-2</sup>

However, in Brazil, under the Law N. 10.216/2001, there was a redirection of the mental health care model, which began to emphasize the mental disorder patient in its complexity and subjectivity starting with psychosocial attention.<sup>1</sup> In this model, the use of psychopharmaceuticals came to have a differentiated connotation, ceasing to be coercive and alienating and becoming a therapeutic resource that helps in improving the quality of life, rehabilitation, social reintegration of the individual and their social life.<sup>2</sup>

Psychopharmaceuticals present a priority action in the central nervous system, aiming to minimize the physical and behavioral signs and symptoms of the mental disorder, improve the prognosis of treatment, health status and favor therapeutic approaches aimed at the rehabilitation and social reinsertion process.<sup>3</sup>

Although it is a relevant therapeutic resource, the literature shows low rates of adherence to psychotropic medication by the person with mental disorders, many of them begin to use it, but few maintain the use.<sup>4-7</sup> These indices have also been proven internationally in the study carried out in

Canada, which showed that in 6,201 people with mental disorders, 45.9% of cases showed a high frequency of non-adherence to the use of all classes of psychotropic drugs, mainly antidepressants.<sup>8</sup>

The low adherence to the use of psychotropic medication is one of the main challenges in mental health treatment. The causes of abandonment of medicinal therapy vary according to the specificities of each individual. However, they are usually related to the exacerbation of undesirable side effects or due to the non-assent of mental disorder patients regarding the daily use of these drugs over a long period of time.<sup>1</sup>

For the patient with a mental disorder, the use of psychotropic medication is a complex experience that involves all of them, and the effects of these medication are not limited to pharmacological explanations, since they take on a larger dimension in their lives. These effects interfere with biochemical aspects and extend to emotions, feelings, behaviors, attitudes, assessment, and redefinitions of their actions. Therefore, the choice to continue using psychotropic medication constitutes a dynamic process permeated by meanings, expectations, autonomy and intense suffering, leading to an expressive impact on the patient's life.<sup>9</sup>

Considering that the use of psychotropic medication presents itself as a dynamic process involving a multiplicity of factors, using the complex thinking of Edgar Morin<sup>10-11</sup> as a theoretical reference is relevant to unveil the complex reality of the experience of the mental disorder patient during the use of these medication, contextualizing the multiplicity of interrelationships and associations concerning this phenomenon.

Complex thinking corresponds to a fabric of diversified, inextricably related components, represented by the actions, reactions, relationships,

feedbacks, delimitations and coincidences that weave the phenomenal world, the existential reality. It should be pointed out that the beginnings of complex thinking do not attempt, as in this research, to reveal all the information of the phenomenon, but to respect the multiple dimensions.<sup>10-11</sup>

This thought represents a way of perceiving and conceiving human reality as a phenomenon in which chance, inextricability, order, disorder, determinism, indeterminism, unique and diverse, ambiguity and contradiction coexist and, mainly, the notion of uncertainty. Thus, in order to understand the undefined process that encompasses the human being and the world, a multidimensional knowledge is needed which integrates and unites the dimensions of a reality, opposing the reductionist and fragmented mechanisms of thought.<sup>10-11</sup> Thus, investigating the experience of patients with mental disorder in the use of psychotropic medication from the perspective of complexity makes it possible to gather, integrate and contextualize the main aspects that involve this multidimensional phenomenon in order to favor the maintenance of drug therapy.

It is believed that the understanding of the multiplicity of interrelationships and associations related to the use of psychotropic medication, from the perspective of those who experience it, assists in the implementation of interventions in mental health services aimed at improving adherence to drug therapy and the quality of care offered when considering the investigated reality of this clientele.<sup>12</sup> From this perspective, this study has the following objective: to understand how the person with mental disorder experiences the use of psychotropic medication.

## METHOD

A qualitative, explorative and descriptive study developed in a Psychosocial Care Center (CAPS, *Centro de Atendimento psicossocial*) in Curitiba-PR (Brazil). Twenty-six patients with mental disorders aged 18 years or over who had a medical prescription for psychoactive drugs participated in the study. With the assistance of the multi-professional team, patients who presented exacerbation of signs and symptoms resulting from mental disorder and those with low cognitive conditions to answer the questions during the data collection period were excluded.

Within two weeks, the interviewer approached the patients in order to complete the participation of all the activities proposed in the CAPS. After this

period, with the support of the multi-professional team six meetings were held with the mental disorder patients in order to invite them to participate in the research and schedule the interviews, taking into consideration the time and date of their preference.

Of the 320 mental disorder patients undergoing treatment at CAPS during the data collection period, 105 participated in one of the meetings, three of whom refused to participate and 19 were excluded: seven because they did not have the cognitive conditions to answer the questions and 12 with exacerbation of signs and symptoms. Of the 83 patients eligible to participate, 26 were interviewed according to the closure of the number of participants by theoretical data saturation. The shortage of relevant themes was noted starting from interview 23 while three more were performed with the purpose of certifying the saturation of the data.

The data were collected between March and May in 2015, using semi-structured interviews asking the question: how do you experience the use of psychoactive drugs in your mental health treatment? Interviews lasted for 50 minutes on average; they were recorded and applied individually in a place provided by the coordination of the service.

The data were analyzed by thematic categorical analysis technique by the analytical steps: pre-analysis, material exploration and treatment of the obtained results and interpretation.<sup>13</sup>

In the pre-analysis stage, the full transcription of the interviews was performed, floating reading was carried out to apprehend the main ideas and the elaboration of the indices and indicators of the text fragments related to the object of study. In the exploration of the material, the data were coded and categorized according to semantic grouping by analogy in thematic categories, searching for the connections and integrations between the raw data. Finally, during the processing of the obtained data and interpretation, inferences and interpretations were made based on the meanings and knowledge of the messages emitted by the participants, correlating them and contrasting them with the complex thinking of Edgar Morin,<sup>10-11</sup> resulting in material of diversified components that weave the complex phenomenon of the experience of the mental disorder patient in the use of psychotropic medication.

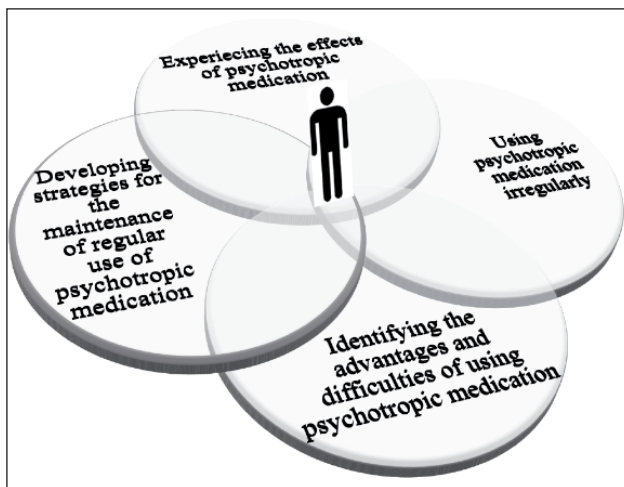
This research was approved by the Research Ethics Committee of the Health Sciences Sector of the *Universidade Federal do Paraná*, under the protocol N. 406.158, CAAE: 20816713.9.0000.0102. The ethical precepts were safeguarded in accordance with Resolution 466/2012. Participants were identified



with the letter “p”, followed by a number (p1... p26), without keeping correlation with the order of interviews.

## RESULTS

In the process of integrating the multiple connections of the participants’ reports, the central category called “The complex experience of the person with the mental disorder in the use of psychotropic drugs” emerged, which is represented in figure 1 by the individual in the central position of the phenomenon, demonstrating the complexity of the object of study from the interrelationships and integrations between the four emerging thematic categories.



**Figure 1 - The complex experience of patients with mental disorders in the use of psychotropic medication**

With this diagram, we try to represent the experience of the mental disorder patient in the use of psychotropic medication, which has shown to constitute a dynamic and complex process, represented by a multidimensional character of reality. Each thematic category symbolizes one of these dimensions that are continually interwoven and intertwined, sometimes more intensively, sometimes less. In the same way as experiences of the person with mental disorder occurs in all areas of their lives

On receiving the prescription of psychotropic medication and using them, the participants remain Experiencing the effects of psychotropic medication; Using psychotropic medication irregularly; Identifying advantages and difficulties of using psychotropic medication; and Developing strategies for maintaining regular use of psychotropic medication.

The dynamicity and non-linearity of this experience constitute a fabric together with diverse, inextricably related components that follow from feedback and mutual reinforcement of the aspects experienced by the person with mental disorder; resulting in a complex reality. Therefore, any change in one of these categories has repercussions on the whole experience of the use of psychotropic medication and every change in the whole has repercussions on each part. Principally, when considering that each category expresses the multidimensionality of the human being when expressing the integration and interconnection between the various faces of the experience, such as: subjectivity, mental health, physical, occupational, economic, spiritual condition of the individual, as well as the family and social environment.

### Experiencing the effects of psychotropic medication

The experience of the use of psychotropic medication for those with mental disorders has shown to involve varied feelings, emotions and expectations associated with the effects they stimulate on their mental and physical health, occupational and interpersonal aspects. The positive effects of psychotropic medication were recognized by the reduction and remission of the mental disorder symptomatology, minimization of suicidal ideation, improvement of thinking organization, emotional balance, greater self-control over their lives and motivation for their relationship with their relatives.

*The medication is improving clinical picture, before I could not sleep, I had a lot of anguish and impatience [...]. With these medications, my mental health is very good, my thinking is more organized and I don't have suicidal thoughts (p10). The medicines have improved the family relationship. Before, I couldn't be close to my grandchildren and I couldn't hear their crying. Now I can pick them up on my lap (p3).*

Although psychotropic medication has important benefits in the life of patients with mental disorders, they also have intense negative effects due to side effects such as: psychomotor slowing, drowsiness, forgetfulness, extrapyramidal effects, increased body weight, sexual dysfunction and physical health complaints.

*I have gained a lot of weight from these medicines and it makes me worse, I cannot even look in the mirror. There's a patient who always calls me fat. It is very sad to hear this (p7). With this medicine, I am very forgetful, I can't remember almost anyone [...]. My mind is slow*

and [participant cites the name of the psychotropic medication] *makes my body slow and shaky. I feel that I am doped, that I am in another world (p14). Because of these medications, my husband and I sleep separately. I do not feel like having sex. I have no will, no desire, no pleasure (p15).*

Another negative effect experienced by the participants is associated with the incomplete interruption of anxiety and episodes of suffering due to the mental disorder, this is evidenced as they continue to present episodes of sadness, anxiety crisis, psychotic symptoms and even suicidal ideation.

*Even with the medicines, I have no joy. I still hear voices calling me and chasing me, I even want to die. They diminish these things, but they do not take them away (p13). I feel things touching me, voices talking to me, sometimes it seems that my tongue is twisted. I feel this even taking these medicines, voices cursing me [...]. I still have hallucinations, but it has diminished somewhat with the medicine (p14).*

The duality of the effects of psychotropic medication leads the sufferer of mental disorders to ambivalence, and as a consequence, evaluates the advantages and disadvantages of using them. This ambivalence is externalized from a succession of feelings of anguish, fear, expectation, anxiety, apprehension, weariness, hopelessness, suffering, and impotence.

When experiencing them, some participants prefer not to use psychotropic medication and coexist with the possibility of recurrence of the mental disorder to adapt to the side effects. Meanwhile, others prefer to use psychotropic medication and try to get accustomed to side effects, despite the presence of some symptoms resulting from the disorder.

*I take the medicine, but I would rather not have to take it, because it does not solve all my problem. It simply camouflages, softens the pain, symptoms and traumas [...]. I know it will not completely resolve the problem, because I still have crises and I'm in a chemical restraint. I would rather be free from this restraint, even with the possibility of a crisis, I do not like to live like this [...]. But the medicine also helps because it calms me down (p1).*

### Using psychotropic medication irregularly

The existence of the negative effects of psychotropic medication promotes distress and suffering to individuals, leading them to irregular use of medications, as well as modifying prescriptions without the consent of health professionals. The irregular use of psychotropic medication occurs by increasing the prescribed dose to minimize the some symptoms of

the mental disorder, reducing the dose to alleviate side effects, abusive use and self-administration of prescribed psychotropic medication to third parties.

*I began to take medicine that was prescribed for my father, for his anxiety. This medicine took away the anxiety I had, I was almost dying of anxiety [...]. I also took his medicine used for sleeping, but it did not work (p11). Before, I would take a lot of pills [participant cites the name of the psychotropic medication], take them in a row. I took one and, after an hour, I took another. I would always take it because the tension relieved me. I became dependent on this medication, because when I did not have it, my body missed it, I had a lot of restlessness and trembling in my body (p14). The psychiatrist reduced the dose of my medication because it wasn't doing me any good, but I wasn't well and I decided to increase the dose, but it did not help, I continued the same way (p17).*

Participants acknowledged that irregular use of psychotropic medication has had a harmful impact on their lives by provoking numerous suicide attempts and hospitalizations. *If I stop taking the medication, I'm already trying to commit suicide, like it happened last time. [...]. When I don't drink, I am well for a few days, but then I begin to see figures and things that do not exist, hearing voices with suicidal commands. So I have had made many suicide attempts [...]. I have had twenty hospitalizations and, every now and then, I stopped taking the drugs (p8).*

### Identifying the advantages and difficulties of using psychotropic medication

The advantages perceived by those with mental disorders are mainly related to the support of the CAPS professionals regarding the care taken by the referenced technician, the nursing team and the psychiatrist. They expressed that the use of medicines depends, as a priority, on the openness of health professionals to listen to them and to attend them according to their anxieties and fears. Family support - whether for the encouragement and active participation of loved ones in the treatment, or also in the acquisition of medicines - it has been identified as a facilitator in the use of psychotropic medication.

*When I have questions about some medications, I ask the nursing technician, especially if they cause any side effects. They guide me (p1). My daughter buys the medicine. When she can't, my husband does (p3). The relationship I have with the psychiatrist is very good, he helps me and directs me about my medication [...]. He considers the things I say (p.5). My daughter always helps me, she gives me the pills when I forget. She also*

*reminds me to take them. Every day she visits me to take the medicines and see how I am (p15). My technician is very patient with me, she listens to what I say, encourages me a lot and believes in me. I think if it was not for her help, I wouldn't take the pills anymore because of the bad side effects (p24).*

The difficulties shown are associated with: difficulty in obtaining medical prescription and psychiatric consultation, high turnover of health professionals, low financial condition for acquisition of psychotropic medication and difficulty in self-administration.

*Sometimes I get confused because of the medication. These days, I took the evening medicine in the morning [...] I get confused with the names and colors [...]. I got confused with the medicine, took one and thought I had not taken it and I took it again (p9). Here the psychiatrist and the other professionals change a lot; because of that, we get a little lost in the treatment. It is difficult to maintain an evolution in treatment (p16). I am not working and I am not able to pay for the drugs [...]. This past year, it's been really hard to buy them because my husband is the only one working. I already went a week without taking them (p18). On Monday, he had a meeting here at the CAPS and all the patients talked about the difficulty of making appointments with the psychiatrist. I've been in treatment here for three months and only had my first appointment. They have many patients for very few psychiatrists (p19).*

### **Developing strategies for the maintenance of regular use of psychotropic medication**

The participants use strategies related to actions practiced to maintain the use of psychotropic medication and the resolution of problems arising from mental disorders from the continuous monitoring of side effects, diet and medication storage and, in particular, medication supervision by family members and health professionals.

*Sometimes I don't feel hungry, but I force myself to eat so that I don't do harm to my stomach [...]. These medicines are very strong, and if I do not eat something before, I feel bad because I have gastritis and sometimes I have to stop to take the medicine because of the disorder (p2). My medication stays here at CAPS. I have to come twice a week to get them [...]. The nursing technicians separate and give out the medicine [...]. They take care of me because I'm very forgetful and sometimes I end up taking it twice or not taking it at all. With this organization, the medication comes in plastic containers that are previously separated, which means I can't go wrong (p14). When the doctors give me the prescription, I put*

*it in the refrigerator door so as not to forget the times to take them and to remember to take the medicine at the health clinic (p17).*

Participants realized the signs and symptoms of the disorder are not suppressed by using medicinal therapy only; Therefore, they seek other therapeutic resources to alleviate the suffering experienced and for effective rehabilitation, such as spiritual support from the church, therapeutic groups and physical exercise.

*The church helps me to get better [...]. I feel very empowered when I go to church and I feel more willing to come here at CAPS and do the activities and even take the pills (p1). I like to attend the therapeutic groups on Tuesdays, which are usually day outings. We got to go to the beauty salon, the museum and the park [...]. I find it very enjoyable to do these activities because I keep my head busy (p18). On the days that I do not come to the CAPS, I do forty minutes of walking in the park and I do forty more minutes by bicycle. It seems that this takes the anxiety away a little and I feel better, more willing, more cheerful. Doing exercise is good for my mental health (p24).*

## **DISCUSSION**

The results allowed us to conceive the complexity that surrounds the experience of the mental disorder patient in the use of psychotropic medication in order to gather, integrate and contextualize this phenomenon, and also identifying the singular and individual dimension of each participant when considering the implications to subjectivity, and to occupational and interpersonal aspects. At the same time, it made the emergence of aspects involving the multiple and the complex possible, as well as their inter-relations visualized in the central category "The complex experience of the mental disorder patient in the use of psychotropic medication". In this experience, the individual stands at the intersection of dimensions, at the center of the phenomenon, since in complexity the individual can be considered a subject who stands at the center of his world to deal with this and with himself.<sup>10</sup>

The dimensions, represented by the thematic categories, were intimately united, interconnected and in constant modification, thus forming the complex experience of the mental disorder patient in the use of psychotropic medication. This perspective is in keeping with the complex thinking that entails apprehending the multidimensionality and complexity of reality through the search for relationships and interrelations in each phenomenon and its context.<sup>10-11</sup>



In this research, as it is in the literature, experiencing the use of psychotropic medication is not restricted to those with mental disorders, biological explanations, biochemical and physiological aspects of the action of these drugs in the body. However, it was interconnected to the concomitant influences and repercussions on subjectivity, mental, physical, occupational, interpersonal, economic and spiritual health.<sup>9</sup>

In the view of complexity, the human being should not be understood as a solely biological being since it is considered, in its excellence, as a singular and multidimensional being. Man is revealed to us in his complexity by representing an entirely biological and fully cultural, psychic, spiritual, sociological, historical, and physical being all at the same time.<sup>10-11,14</sup>

These dimensions, even if divergent, are intimately related and pervading the same individual, transforming him into a complex being, by trying to identify the articulations, characteristics and distinctions between them.<sup>14</sup> In this sense, the person with mental disorder, experiencing the use of these medications and the symptoms of the disorder, manifest changes in their body and mind, as well as environmental and cultural consequences and influences that also have repercussions on their body and their life.

The participants perceived the positive effects of the use of psychotropic medication as improving the symptoms of the mental disorder throughout their life. Linking this finding to a study developed with mental disorder patients undergoing treatment in a mental health outpatient clinic of a hospital in the interior of Rio Grande do Sul (Brazil), showed that the use of psychotropic medication promotes physical and mental health, helps in the performance of activities day-to-day life, solving problems and motivating them to live.<sup>1</sup>

The positive effects of medicinal therapy are related to the hope and desire for a possible rehabilitation, to be better and to be able to live life to the fullest; nevertheless, the individuals concomitantly experience the contradiction expressed by the appearance of side effects and the incomplete resolution of all their symptoms.

The experience of intense side effects causes innumerable losses and limitations to the individual, favoring negative feelings and episodes of suffering that can compromise interaction with family and society.<sup>12</sup> These side effects favor the non-continuity of the use of psychotropic medication and the low adherence to the treatment.<sup>15-16</sup> In experiencing the

duality of these effects, participants are constantly feeling a sense of ambivalence.

A research developed with 36 relatives and 36 people with schizophrenia undergoing treatment in mental health services in the interior of São Paulo (Brazil) has shown that medicinal therapy is constantly marked by ambivalence, since the mental disorder patient is aware of the necessity of its use to stabilize the clinical picture, while simultaneously presenting unpleasant effects.<sup>17</sup>

This ambivalence, in the perspective of complex thinking, is associated with a dialogical attitude, in which the positive and negative effects of psychotropic medication are mutually exclusive; however, they are inseparable from experiencing this feeling. The dialogical attitude makes it possible to unite two principles that should be mutually exclusive, but inseparable from one reality. Thus, antagonistic aspects may be complementary.<sup>10-11</sup>

Ambivalence seems to help the individual to establish the relationship that he or she assumes with the use of the medicine, if he uses them regularly or irregularly. This relationship is closely related to the identification of potentials and difficulties in the use, as well as the development of strategies for the maintenance of this therapy. In this way, it expresses a relationship of reciprocity between the whole and the parts of this reality.

In the dimension "using psychotropic medication irregularly", the existence of the negative effects of psychotropic medication encouraged individuals to modify their medical prescription without the consent of health professionals. Irregular use for many people with mental disorders has proved to be one of the only sources of hope in reducing the suffering they experience, demonstrating an exasperated search for better health.

A study based on the consultation of medical charts of 167 patients in treatment in a mental health center in Ribeirão Preto (Brazil), showed that 60% of the patients use the psychotropic medication irregularly, a practice which has a great risk of causing relapse. Aggravation of the disorder, lower response to treatment and prolonging rehabilitation time.<sup>18</sup>

Based on the complexity frame, it is important to consider that the individual is the author of his life with the capacity to think, choose, make decisions and act on them. However, when the human being performs any action, it begins to detach itself from its primary intentions. Action enters a world of interactions and influences and, consequently, the environment appropriates it and even allows it to become the opposite of real intentions.<sup>10</sup>

This perspective was evident in this research, since the participants undertake the action of modifying the medical prescription to minimize the suffering caused by the disorder and the medicinal therapy. However, this action further intensified the sufferings due to exacerbation of symptoms, episodes of ideation and suicide attempts, and even the need for hospitalizations in mental health services.

In the dimension "identifying advantages and difficulties in the use of psychotropic medication", participants identified multiple influences that interfere with safe use. These influences seem to establish a connection between the thinking and the actions carried out by the participants, helping them to choose whether or not to use psychotropic medication and to perform strategies. This aspect was found in other studies which highlighted that adherence to medication use is a process that involves multiple factors.<sup>17-18</sup>

The support received by health professionals and family members encourages the person with a mental disorder to use psychotropic medication regularly due to feelings of motivation, safety and trust. Studies corroborate the findings of this research, when explaining the importance of a professional relationship based on response, on the alliance and on therapeutic communication to favor treatment continuance.<sup>19-21</sup>

Regarding family support, a research developed with patients with chronic illness using medication showed that the family represents a source of security and support for their loved ones, sharing affection, tenderness, love and respect, facilitating self-care practices and success in drug therapy.<sup>22</sup>

The difficulties experienced by the participants favored feelings of despondency, hopelessness and insecurity of the individual, thus leading to the non-maintenance of medication use. However, the literature emphasizes that the factors that hinder adherence to the use of psychotropic medication can be modified; Therefore, care planning for the promotion of behaviors which are beneficial to their use should be considered.<sup>17</sup>

From the perspective of complexity, that which integrates the evolution of a specific situation from the eventuality and events, with the purpose of modifying and repairing the reality is considered a strategy. It is also viewed as the art of using knowledge that arises from action, drawing up intervention plans and being able to organize the maximum of certainties to deal with what is considered uncertain.<sup>14</sup>

In order to minimize the negative effects, and to minimize identified difficulties in the use of

psychotropic medication and in order to avoid their irregular use, patients with mental disorders and health professionals have developed strategies to help maintain the use of psychotropic medication. These, therefore, favored an increase in the tendency in the use of psychotropic medication and for the rehabilitation process.

Among these strategies, the literature points out that the treatment supervised by health professionals has a position of notoriety in the treatment maintenance.<sup>23</sup> The supervision of the use of psychotropic medication is commonly indicated to patients who have low adherence and difficulty in self-administration, with a large number of tablets and who use them in an abusive manner or as an attempt to commit suicide.<sup>24</sup>

A study carried out with patients and health professionals from the basic health units of the city of São Paulo (Brazil) showed that the implementation of supervised treatment, from the professionals' perspective, favors a sense of security for the individuals, the conviction that they ingested the medicines, the daily opportunity to reinforce the importance of the treatment, the visualization of the evolution of the clinical picture and, even, the improvement in the relationship between professionals and patients.<sup>25</sup>

As the use of psychotropic medication does not minimize all the symptoms of mental disorder, patients use as strategy other than therapeutic resources to increase their quality of life. In the context of psychosocial care, it is necessary to construct and develop multiple therapeutic resources that consider subjectivity and the social reintegration of the individual based on their citizenship and autonomy. It should be noted that the use of other therapeutic resources, mainly group therapies, favors a more appropriate interdisciplinary action, with a more human and resolute professional practice.<sup>26</sup>

One of the limitations of this research is related to the fact that the data collection occurred in only one of the CAPS, in the municipality, and it is not possible to know and interrelate the patients' experiences in the use of psychotropic medication in other mental health care devices. This research, in turn, instigates new investigations in order to modify and complement this phenomenon.

## CONCLUSION

This study allowed us to understand that the experience of patients with mental disorders is a dynamic and complex process. When they undergo medicinal therapy, those with mental disorders



remain constantly: experiencing the effects of psychotropic medication expressed by the positive and negative effects and the feeling of ambivalence; using psychotropic medication irregularly to alleviate the anxieties caused by the negative effects of these drugs; identifying advantages and difficulties for the maintenance of drug therapy; and developing strategies for the maintenance of regular use of psychotropic medication. These emergent dimensions are constantly changing and are closely interrelated and influenced by each other, thus constituting the complex experience of the person with mental disorder in the use of psychotropic medication.

It should be emphasized that the obtained results can favor the disruption of simplifying and fragmented practices and interventions, still predominant in mental health care, in conceiving the multidimensionality that involves the human being and its treatment.

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