THE SPONTANEOUS THEATRE OF EVERYDAY LIFE AS A THERAPEUTIC INSTRUMENT IN THE RESIGNIFICATION OF BEING A CARRIER OF A MENTAL DISORDER[1]

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ABSTRACT: The spontaneous theater of everyday life is an important tool for mental health care. This study aimed to understand the meaning of being a carrier of a mental disorder and to create possibilities for resignification. To this end, five individuals of a Psychosocial Care Center participated in 12 meetings, during which the technique of Spontaneous Theater of Everyday Life was used; they were filmed and interviewed and the content was transcribed and analyzed qualitatively, from a Symbolic interactionism approach. Seven categories were created, whose themes were related to the meaning of being a carrier of a mental disorder, and they provided insights into the normative issues and the suffering that results from daily losses. Paths of possibilities, renovation, overcoming and expectations were presented, with the spontaneous theater of everyday life as a facilitator of interaction and expression, which provides a creative construction that searches for solutions for the challenges of everyday life, thus being an important tool in psychosocial rehabilitation.

DESCRIPTORS: Mental disorders. Mental health. Rehabilitation. Occupational therapy.

O TEATRO ESPONTÂNEO DO COTIDIANO COMO UM INSTRUMENTO TERAPÊUTICO NAS RESSIGNIFICAÇÕES DE SER UM PORTADOR DE TRANSTORNO MENTAL[1]

RESUMO: O teatro espontâneo do cotidiano constitui-se em importante ferramenta na assistência à saúde mental. Este estudo objetivou compreender o significado de ser um portador de transtorno mental e oferecer um instrumento para ressignificações. Para isso, cinco usuários de um Centro de Atenção Psicossocial participaram de 12 encontros, utilizando-se a técnica do Teatro Espontâneo do Cotidiano, que foram filmados, e os usuários, submetidos a entrevistas, cujos conteúdos foram transcritos e analisados de forma qualitativa, na ótica do Interacionismo Simbólico. Identificaram-se sete categorias com temas relativos aos significados de ser um portador de transtorno mental, que revelaram percepções acerca de questões normativas e do sofrimento pelas perdas cotidianas. Foram indicados caminhos de possibilidades, renovação, superação e de expectativas, sendo o teatro espontâneo do cotidiano um facilitador da interação e expressão, propiciando uma construção criativa em busca de soluções para problemáticas da vida cotidiana, constituindo-se, assim, em uma ferramenta significativa na reabilitação psicossocial.

DESCRITORES: Transtornos mentais. Saúde mental. Reabilitação. Terapia ocupacional.

EL TEATRO ESPONTANEO DEL COTIDIANO COMO UN INSTRUMENTO TERAPÉUTICO NAS RESIGNIFICACIONES DE SER UN PORTADOR DE TRASTORNO MENTAL

RESUMEN: El teatro espontáneo del cotidiano constituye una herramienta importante en el cuidado de salud mental. Este estudio objetivó comprender el significado de ser un portador de trastorno mental y ofrecer un instrumento de resignificaciones. Para esto, cinco usuarios de un Centro de Atención Psicosocial participaron de 12 reuniones en las cuales la técnica de Teatro Espontáneo del Cotidiano fue usada; ellos fueron filmados y entrevistados y los contenidos fueron transcritos y analizados de forma cualitativa desde la perspectiva del interaccionismo simbólico. Siete categorías de temas relacionados con el significado de ser portador de trastorno mental fueron identificadas, revelando percepciones acerca de cuestiones normativas y sufrimiento de pérdidas diarias. Caminos de posibilidades, renovación, superación y expectativas fueron indicados; siendo el teatro espontáneo del cotidiano un facilitador de la interacción y expresión, propiciando una construcción creativa de soluciones para problemas de la vida cotidiana, convirtiéndose así en una herramienta significativa en rehabilitación psicosocial.

DESCRIPTORES: Trastornos mentales. Salud mental. Rehabilitación. Terapia ocupacional.

INTRODUCTION

Individuals with mental disorders live within an oppressive situation resulting from the stigma of their disorder.[1] The stigma of mental disorders gives rise to certain concerns such as: 'are they being heard? Under what conditions are they permitted to be heard? What does their condition mean to them?'

The concept applied in this study was the occupational therapy approach, according to which social exclusion is a starting point and social inclusion is the final objective.[2] Thus it was decided to report, research and discuss the daily life of individuals living with a mental disorder.

Deinstitutionalization in Italy resulted in innovations for occupational therapy in regards to mental health. The object of the therapeutic activity is the individual and their needs, as opposed to the illness and its symptoms. The therapeutic activity uses daily life as its *locus* and involves practical, concrete, symbolic, relational and material aspects in order to provide support, protect and problem solve, helping the individual to overcome their condition.[3]

One of the basic principles of occupational therapy is that "the making" can trigger therapeutic effects. With the psychosocial rehabilitation proposals, the activities become an important part in this process.[4] The possible activities in occupational therapy practice are many. The focus was given to activities of expression, which aim to understand the individual by highlighting their potential via artistic experiences that contribute to a better perception and identification of different ways of daily life.[5]

With this in mind, the Spontaneous Theatre of Everyday Life (TEC, as per its acronym in Portuguese) technique has proved to be an important means of expression, as through acting the individual experiences different situations and plays roles in a carefree way in regards to social rules and conventions. It allows them to recreate stories and situations of everyday life, to develop skills, to resolve conflicts and to be socially included. Psychodrama, spontaneous theatre, the theatre of the oppressed, drama games, improvisation, theatricality and symbolization are the main elements and references that have contributed to the development of this technique.[6]

In a survey by the Health Virtual Library (BVS, as per its acronym in Portuguese), only two studies discuss the use of TEC in occupational therapy and point out this technique as a significant therapeutic instrument in health care. The first regards a survey with a group of elderly people who belong to a primary health care program;[6] the second, oriented towards mental health, regards a preliminary study of individuals with mental health disorders who are cared for by the Psychosocial Care Center (CAPS, as per its acronym in Portuguese).[7] Thus, we highlight that this present study has a particular importance in the field of mental health care, both in the context of psychosocial rehabilitation and in the knowledge and practice development within occupational therapy and related areas, including nursing. The aim was to understand, through TEC technique, the meaning of being an individual with a mental health disorder and to provide a therapeutic instrument for resignification, which contributes to psychosocial rehabilitation.

METHOD

This is a qualitative study that is based on the psychosocial rehabilitation model[8] and on a symbolic interactionism approach,[9] which have been the theoretical principles used to analyze and discuss the results.

The research was carried out at a CAPS in a countryside city of the state of São Paulo. Five individuals living with a severe mental disorder were the objects of this study, and they were selected by the multidisciplinary team of the aforementioned care center in order to explore new possibilities of care that were not previously offered by this service. The 16 professionals who were selected for participation in this study were invited by the researcher. Thirteen accepted the invitation and eight began to attend the meetings, but only five attended all of the 12 scheduled meetings. The participants and their relatives were informed regarding the objectives of this study and, after they agreed to participate, they signed an informed consent form.

Data were obtained between August and December 2010. Initial and individual interviews, 12 group meetings (TEC) and final individual interviews were carried out. The interviews were recorded with a voice recorder and the group meetings were filmed.

For the initial interviews, a guiding question was asked: 'what does it mean to you to be an individual with a mental disorder?' Afterwards, the 12 group meetings were held using the TEC, which is

an important means of expression. Through acting the individual experiences different situations and plays roles in a carefree way in terms of social rules and conventions. It allows them to recreate stories and situations of everyday life, to develop skills, to resolve conflicts and to be included socially.[6]

TEC technique features the following steps: 1) group discussion of different situations and questions of daily life guided by the initial question: 'what does it mean to you to be an individual with a mental disorder?' Then, when the topics have been set up; 2) preparation and warm-up, via body awareness work, group integration, self-consciousness, self-perception and perception of the others; 3) specific activities for group integration, consisting of drama games, theatrical improvisation techniques and group dynamics; 4) staging/dramatization of the chosen topic; 5) discussion/evaluation of what has been staged, and in order to facilitate this the following question was asked: 'What was it like to participate in the staging?'; 6) personal impressions concerning the meeting of the day, with the questions: 'how did you feel while participating in today's activity?', and 'how can the group help in rehabilitation?'; and 7) choice of a consensual word that sums up the meeting. It is worth mentioning that after the 6th meeting, the order of steps was changed, so the 2nd and 3rd steps came before the 1st. This change was necessary due to the difficulty experienced by the subjects in expressing their opinions regarding the guiding question of the 1st step. After this change, an improvement in the quality of the discussions was noticed.

By the end of the 12 meetings, another individual interview was carried out with the following guiding questions: 'after each staging, were there any changes in how you felt or thought about the topic? What were these changes? In general, were there any changes in your daily life after you participated in the group? What were they?

The content of the interviews and filming was entirely transcribed, read and re-read thoroughly, which allowed us to summarize answers regarding the experiences that were later categorized and analyzed qualitatively and descriptively.[10]

Therefore, the data are presented in two parts in order to meet the two objectives of this study. The first regards the content of the initial interviews and filming of the meetings, in order to meet the first objective; the second also regards the content of the filming, as well as the final interview, in order to meet the second objective.

The project was submitted to the Human Research Ethics Committee of the University of São Paulo School of Nursing and was approved under protocol number 1049/2009.

RESULTS AND DISCUSSION

Characterization of subjects

The five participants of this study were mostly male, between 37 and 52 years of age, with three of them being married and the other two being single. Three said they were Catholic and two identified as Evangelical. The level of education varied from incomplete secondary education to complete higher education. Diagnoses also varied: schizoaffective disorder, undifferentiated schizophrenia, paranoid schizophrenia and other mental disorders resulting from brain damage, dysfunctions or physical illness. Concerning the type of treatment at CAPS, three individuals were undergoing intensive care; one was in semi-intensive care and the other was in regular care. None of them was working at the time; two of them were financially dependent on their family, one was retired as an invalid, one was granted a continual disability allowance and one was granted sick pay. None of them was living on their own; that is, they were living with children and grandchildren or their spouse, or with their mother, brothers and sisters. The time they had been involved in the service varied between two to four years.

The meaning of being an individual with a mental disorder

Regarding the guiding question: 'what does it mean to you to be an individual with a mental disorder?' nine dramatizations were presented and, based on these dramatizations, the initial interviews and the group discussions, we were able to identify, from the Symbolic Interactionism perspective, the meaning and sense that people give to things and how these statements are related to experiences. The most significant excerpts were divided into seven categories, as follows:

Mental disorder, its definitions and causes

The statements bring to light possible definitions of what a mental disorder is: *you think you're crazy* (subject 1); *I think it's too strong a word. When we wonder about a person like those in psychiatric wards, like the old ones, a mental disorder is what a*

crazy person has (subject 2); […] *now, when it comes to the term 'mental disorder', it's an emotional imbalance of thought. If you are imbalanced mentally* […] (subject 3); […] *the disorder just happened to us and made life harder, it really lives with us* […] (subject 4); *what do I think that has to do with mental disorder? Mental disorder is fury, isn't it?* (subject 5)

Secondly, we explored what causes a mental disorder to appear. Currently, it is known that the cause of mental illness is multifactorial, thus the reasons are many: *no, I was upset when I drank; drinking was my problem* (subject 3); […] *because my father left us and left me alone with my older brothers, and I couldn't stand it, you know* […] *I couldn't stand the crises. The family crises, I couldn't stand them, and then I got ill, you know?* […] *Then everybody was worried, they all cried a lot* […] (subject 5).

It is possible to note, based on the statements above, that there are different definitions and causes. These etiological conceptions provided by the subjects concerning mental disorders are influenced by psychosocial factors and determined by the consequences of daily life events, and especially by the contemporary ways of life.[11] The illness can also be seen as an experience that is lived in a unique manner, in such a way that it creates new rules. Thus, every process of an illness makes the individual attach some meaning to this phenomenon.[12] In addition, it may be considered that the traditional care model still affects the meanings attached to mental disorders. These people are seen as the sum of their own symptoms, not as people who have names, identities or their own life, and this leads to a biased characterization.[13]

The individual with a mental disorder and the relationship with normality and acceptance

At various points, subjects bring to light questions related to the criteria that define who the individual with a mental disorder is, questioning the patterns of normality: *I don't see myself as having a problem. I think everybody has problems, haven't they?* (subject 2); *oh, so now I'm ill, right?* [...] *I became different, didn't I?* (subject 5).

To differentiate between 'normal' and 'pathological' depends on the cultural point of view of what society deems as normal. Normality reveals the impact of a diagnosis, which labels the individual and results in job loss, paternal power dismissal, committal and being labeled as a "freak".[14] The loss of patterns of normality involves loss of social patterns, and the statements reveal the extent of non-acceptance of mental disorders. For some, the disorders are only considered during a period of crisis: *I don't see myself as having a mental disorders; I only see glimpses of it in moments of crisis* […] (subject 2).

The subjects often avoided talking about mental disorders, as a means of self-defense regarding their suffering:[11] *well, I cannot hold it; now I accept it, but it really wasn't the case before, I even cried. It's true, I don't accept it, there are so many problems, in the morning, in the afternoon, and in the evening* (subject 1).

The individual with a mental disorder and the relationship with medicine

Drug therapy is mentioned in the statements. The adverse effects are seen as a factor that hinders daily life, as the medication affects urinary function and the kidneys. *The treatment is continuous; if you stop it today, the medicine will still be in your blood, it's in your bloodstream* […] (subject 3); *I don't like it because it gives me body aches under my arms, that's all* (subject 5).

A study shows that there are many factors that influence non-adherence to drug therapy. Among these are side effects[15] and also the loss of critical sense affected by the chronicity of the condition and the fact that they don't view themselves as being ill.[16]

However, sometimes they see drug therapy as an important adjunct, showing some concern and awareness of the consequences of not using their medication: *for us to get better, to be under control, we need to take the medicine* […] (subject 2); […] *I'm normal when I take the medication, you know? With medication I'm normal; without it, I get confused, I start wandering in the streets, because I didn't know to take the medication, you know?* […] (subject 5).

This leads us to conclude that the choice of drug therapy is the most appropriate in this situation, providing hope that the problems will be solved and the "disability" will be balanced.[17] Through the statements we see that non-traditional therapies do not appear to be the main forms of treatment, but drug therapies are.

The individual with a mental disorder and daily losses

From the statements, it can be seen that having a mental disorder affects the ability to perform daily activities, from the most common to the more

specific: […] *I have many dreams, but I cannot fulfill them, I have my limitations* […] *I was friends with the whole city, but I'm restricted now. Nobody comes to my house anymore, no women. I have no girlfriend, I'm losing interest in women, so the time is passing by for me, and I'm getting old. It's hard* […] (subject 3); […] *because of this mental disorder, which is making 'daily stuff' harder* (subject 4).

It is through activities of daily life that an individual is included in society. Day-to-day activities represent the schema of social relations, which are related to different daily activities. In this schema, the individual possesses his own reality, his personality and his individuality and builds their life integrated within society.[18] Therefore, one of the objectives to be met in mental health care, and more broadly in psychosocial rehabilitation projects, must be the practice of Activities of Daily Life (AVDs, as per its acronym in Portuguese).[17] AVDs include personal care, such as feeding, personal hygiene, ambulation, communication, hands-on skills and domestic chores.[19]

Next, the statements mention work as one of the biggest losses in their daily life, which results in other conflicts. The way the individual with a mental disorder sees the importance of work in their life can affect their plans for the future and their immediate life:[20] […] *if I say 'I'll get a job', I must admit that, depending on the kind of job, I won't be able to fill out the application. If there is any little problem, they won't call us, so we have to lie, we have to lie* (subject 2); […] *I looked for a job, but nobody offered me one. I looked for one, filled out applications all over the city but nobody gave me a job. I had no job opportunity* (subject 3).

Work represents an important part of people's lives. Through work people can have an adult life and create networks.[21] In addition, it improves self-esteem and acts as their contractual power, but in the capitalist system a person with a mental disorder is not acknowledged and is excluded from productive life. This can result in pain and financial strain, as work is a source of income.[22]

Society's relationship with mental disorders

The concepts of mental disorders vary according to the historical context, but the way in which society deals with mental disorders has always been linked to the labeling and stigmatization of people who behave differently.[1] The statements bring some understanding of these conceptions and the way society deals with persons having a mental disorder: […] y*es, everybody is afraid we are going to do something, because we've done it, you know? Everybody watches us, you know?* (subject 1); *people see us as different, don't they? We struggle to be who we are and they think we are different than they are. […] If we come close, they leave; they think we are different* (subject 5).

Family is where social interaction takes place most often for people with mental disorders and, consequently, it is the family who suffers the most with the responsibility of caring for their loved one. It was noted that it is very difficult for relatives to live with a person with a mental disorder, and their attitudes are questionable: […] *they remove the keys from the car so I cannot drive. You should see it, it's so strange* (subject 1); […] *until we know what the doctor is going to do with us, we have to stay with our mothers. Mom locks the front door because she is afraid we will run away, she locks the bedroom door because she is afraid we will kill her in her room. So, in moments of crisis, we do become a burden on our family* […] (subject 2). Mental disorders are considered as complex and involve physical, emotional, cultural and social aspects. In light of this complexity, understanding mental disorders becomes more difficult, particularly for the family.[23]

Society's representation of mental disorders made the individuals with mental disorders feel alienated and objectified. Stigma results in communication breakdown and social exclusion. This can send lead us to a discussion regarding how mental disorders are viewed. These pictures are formed following the logic of a rationalist paradigm that creates the capitalist model of normality.[23-24] In this way, the discussion regarding the position of individuals with mental disorders in respect to stigma is necessary, but even more necessary is to imagine how to assign roles not yet played and that are of utmost importance in social inclusion.

Mental disorder and possibilities, renewals and overcoming

In light of some of the questions regarding the condition of being a person with a mental disorder, we see mental disorders as both something that causes difficulties and suffering, and also as a door to possibilities, renewals and overcoming: […] *well, we see that it was good, some things involving day-to-day life have been lost but other things have been gained: trust, help from colleagues; we see that the group is capable of doing something. We lost on one hand but*

won on the other (subject 2); *it upsets me a lot, but in the end, we try to get used to doing what is necessary to live as best as possible as a disabled person* [...] (subject 4); *it means that I can solve problems that help me overcome the lows of life, you know?* (subject 5).

Man has the capacity to overcome crises and adversities, to adapt and to face high-risk situations. This ability to overcome is known as 'resilience', the process of facing and overcoming situations that can be considered a significant threat to well-being.[25] Thus, it is understood that the individuals, even though they have a mental disorder and experience situations of conflict and can be vulnerable, they maintain their ability to overcome crises resulting from their illness.

The person with a mental disorder and their expectations

At some point, wishes and expectations for the future arise. In counterpoint to feelings of loss resulting from their condition, their expectations are positive regarding their life. The main expectations include: having a better life, recovering, being able to stop taking their medication, working, going back to school, material achievements, taking care of themselves, having faith, deepening relations and being released from care or committal: [..] *I don't want to be confined* (subject 1); being *cured, you know? Be cured, and not have to take medicine anymore* […] (subject 2); *faith, to me faith means to believe. If you don't believe in yourself and are hopeless, you will never be cured* (subject 3); *what I have to say is precisely that we have to be aware and become like we used to be again, overcome everything and be like we used to be again. This is my thought today for tomorrow, that's my hope* (subject 4); *I want to work for myself, you know? When I think about the future, I want to have a car, a house* (subject 5).

Expectations for a better life make life more bearable in the present and give it a meaning, a direction and a certain optimism. It is understood that for an individual to be rehabilitated they must have hope and believe in themselves.[26] It is therefore necessary to be aware of these hopes and expectations, as they may indicate a path to meaningful healthcare.

As a consequence, listening to the individuals' statements concerning their condition, we were able to see that different meanings are subscribed by each individual. This is due to the many experiences that the individual has within their social environment which influences their conceptions. From the Symbolic Interactionism perspective, one acts according to the way they define the situation they are living in, and that definition may be under the influence of those who interact with them. It is also the result of one's own definition and interpretation.[9]

Contributions from Spontaneous Theatre of Everyday Life (TEC)

Through TEC it is possible to renew the phenomenon.[6] During the whole process of this study, the technique facilitated the discussions regarding the meaning of living with a mental disorder.

In occupational therapy, activities involving art and expression enable the establishment of relationships that allow the individual to externalize their emotions, feelings and wishes, and to bring about processes of expression and knowledge of others, of the social environment and of themselves.[5] Therefore, we can point out that during the TEC activities, as far as creativity was concerned, man was projecting onto reality everything he believed and saw as characteristics of people who belonged to his environment and which influenced his experiences, whether they were personal, social or concrete, all of them built from relationships.[27]

In this way, it was possible to identify different contributions, such as the experiences lived during the preparatory stage, the opportunity to recall memories and the ability to express themselves freely regarding their achievements and interactions. Regarding the preparatory stage: […] *we did exercises, and I liked them because they stopped the pain I have in my arms and legs, and all over my feet. I liked it* (subject 1); *it was good, wasn't it? But it was easy, not so much movement* (subject 2); […] *the music, the dancing…it was possible to think about it* (subject 3).

The continuous repetition of gestures and expressions creates a mechanization of the body and its emotions. For that reason, games and exercises enable a mechanization of ideas, emotions and body sensations.[28] In addition, gestures made can give meaning both to the activity being carried out with the group, where the focus is on pleasure and experimentation, and to daily activities[5], which create new ways of dealing with the body and day-to-day feelings.

It was also noted that the subjects were offered a space to recall and relive their own routine: *it helped me with my disorder, you know, it helped me*

with my disorder as I remembered things from school, I was able to make friends, it helped me with my family […] (subject 3); *I remembered, and it was good for me* […] (subject 5)

One of the main contributions was the opportunity to express freely: *yes, I got it all off my chest* (subject 1); […] *because I learned to show my feelings, I even did things I'm not used to; it was hard, but I did it* (subject 2); *I found it nice, good. The aim is to complement different realities, to talk, to discuss, isn't it? These are good things* […] (subject 3); […] *to tell him my story was really good* (subject 4).

Theater allows the individual to accomplish and rebuild conscious feelings and desires and it acts as a means of expression for those who remain unaware of their conscious feelings[28] Therefore, TEC has proved to be an important means of expression,[6] as it gives the individual the ability and opportunity to communicate orally and bodily, in individual and collective scopes, in situations experienced every day.

Some objectives were reached and they allowed reformulations and resignifications: *it changes the way I think* (subject 1); […] *in practical things, in wishful thinking, you know?* […] *it improved my relationship with my mother* […] *it is easier to overcome barriers* (subject 3); *we saw things that we had never seen or heard, and we see now what we can learn from life* […] (subject 4). Every action can be considered as a new interaction with the world, as the social order and the meaning of actions are always subject to change.[29] In regards to mental health actions, we tried to offer a space where the individuals could find meaning in their daily life. It is through this meaning that the individual understands their way of being, so they can force society to accept them the way they are, without having to wait for society to change. Thus, the individual himself becomes the agent for change.[30]

It was observed that the interaction becomes symbolic; that is, the acts of each individual mean something to both the creator and the receiver:[9] *I think that, for those who have a disorder like us, others also do, don't they? We are not the only ones. Slowly we'll get there. We'll, slowly learn and accept. We don't actually accept, because nobody does, but we see that there are people who are in an even worse situation, you know? So we're fine, trying to listen to each other, I think we'll all help each other, you know?* (subject 2). We observe that there is a feeling of relief when they are speaking or being heard, and they realize they are not the only ones in this particular situation.

They also highlight the importance of staging and how significant it was: *oh, to me? Well, I disclosed everything, didn't I? I opened up about my dreams* […] (subject 5); *nice, because there I was telling her my story, she can understand my problem and I can understand her problem too* (subject 2). Activities of art and expression enable thoughts on the development of health, confrontation with illness, loneliness and/or isolation.[31] Therefore, as far as the rehabilitation process is concerned, we can assume that the individual is responsible for the improvement of their health, considering that health means, in this context, the ability to break some rules and establish new ones that focus on diversity, multiplicity and creative capacity.[13]

To this end, the intervention that was proposed in this study enables the principles of psychosocial rehabilitation, which promotes relationships and make the recovery of the capacity to give social meaning possible, re-establishing the individual's contractual power as a citizen.[8] Given that the cause of psychiatric illness and the appropriate therapies are still being sought, this study contributes to current discussions regarding the subject and favors new ways to reach out and care for individuals with mental disorders. It also features TEC as a possible intervention for psychosocial rehabilitation.

CONCLUSION

The meanings presented are related to the individuals' life history and to the different relationships they establish. However, some of these meanings are related to exclusion and segregation, in which the individual reveals their perceptions regarding normative issues and the suffering that results from daily losses. Nevertheless, paths of possibilities, renovation, overcoming and expectations were presented, which suggest the creation of new possibilities for caring for these people that build new meanings in the process of psychosocial rehabilitation.

TEC has proved to be an important therapeutic instrument and a facilitator of interaction and expression, as it is a new way of interacting and caring for individuals with mental disorders. This technique provided a creative construction that seeks solutions for the challenges of everyday life, and is thus an important tool for resignification and psychosocial rehabilitation.

In this way, considering the principles of psychosocial rehabilitation, we believe that the

results obtained show that the meaning of being a person with a mental disorder, although still related to current conceptions of a society that discriminates and doesn't appreciate these individuals, are filled with stories of people who wish to live and continue to tell their stories. From this point of view, it is necessary to continue the search for new forms of care that value personal history and offer possibilities for new life.

The limitations of this study were the small number of participants. It would be interesting to have a larger number of participants; that is, a minimum of eight to twelve. However, difficulties were encountered in reaching that number, given the conditions of the service itself and the characteristics of the selected population. When it comes to dealing with individuals with mental disorders and their difficulties made explicit by their symptoms, it is difficult to ensure regular attendance at all of the activities.

The applicability of TEC is evident to the different mental health care services, especially by an experienced professional who is familiar with the technique and who follows the procedures presented, especially in public services such as CAPS.

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