



Supportive Houses for persons diagnosed with serious mental disorders as sociocultural sceneries: A methodological and theoretical proposal from the sociocultural psychology.

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Abstract

Supportive houses for persons diagnosed with mental serious disorders are essential for a system based on the community mental health. Nevertheless, beyond the recognition of the patients' life quality improve who live in these supportive houses, it has been researched little on the influence of these sceneries in the recovery's process of the residents. In this sense, it's especially important the possibility of constructing alternative identities to the "patient" role in these scenery. It's necessary to define these sceneries in a complex way in order to start investigating how social environments can help to reconstruct the identity of the persons diagnosed with mental serious disorders and contribute to their recovery. The methodological and theoretical contributions of sociocultural psychology can help us in this task. The sociocultural psychology, Vigotsky was one of the founders this theory, studies how the cultural, historical and institutional sceneries by means symbolic and material mediators are related dialectically to the cognitive resources of the human beings. Concepts which come from of this tradition as "sociocultural sceneries", "privilegiación", "activity" and "practice" will be used in this paper. A sociocultural analysis of these sceneries needs a description of the following basic dimensions: 1) Concrete activities in the scenery 2) Interactive daily patterns in the scenery: Objective aspects like verbal exchange, space – temporal context, not verbal communication, etc. And also a subjective aspects evaluation, intentions, expectations, values, beliefs, how do the interactions' participants define the context? 3) Institutional: organizational norms and rules. How does the institution define the scenery?

Key words: Recovery, Socio-Cultural Psychology, Supportive Houses.

I

This paper belongs to a research in progress about changes in life narratives of patients with schizophrenia who live in special "Care Homes". I have worked for eight years at a public foundation which provides special lodging to persons with serious mental problems. Concretely I worked in special "Care Homes". I'm interested in studying of these "Care Homes" and in effects of these settings in the patients' identity construction. In this paper I

expose the theoretical approach following of methodological requirements of my research design.

Programs which provide accommodation for people with mental serious disorders are fundamental for system of community mental health. Basically, these lodgings should supply of basic needs, support active participation in the community and interpersonal relationships of users (Dorvil et al, 2005)

Beneficial effects have been demonstrated in social

functioning, quality of life, and hospital admissions, and pathological state of patient, although in this last case the evidence is minor (Lopez, Lara & Laviana, 2004).

However, the debate about specific characteristics of these lodgings is open. For example, the temporary or permanent character of lodging, number of residents, characteristics of the professionals who work in these lodgings, model of resource management (public or private) and aims of these programs; only basic needs or the inclusion of systematic rehabilitation programs.

The special lodgings, where I worked and where I develop my research, are called "Casas Hogar", "Care Homes". These lodgings belong to a public foundation called FAISEM (Andalusian Foundation for the integration of the mental ill). "Care Homes" provides accommodation for between 16 and 20 persons with 24 hours of professional attention. These professional don't have specific academic education. The residents suffer schizophrenia and other psychosis and the most come from other social and health institution, however more and more come from own home or family home.

II

The study of changes in life narratives of patients who live in these "Care Homes" is the key point of my research. These life narratives are related to the construction process of the social identity of patients. We can find more and more contribution which point out that the re- construction of patients' identity is a very important phase in recovery. In this sense, our narratives of life are the essential instrument by means we give meanings to our experiences and by means we present ourselves to the community. Life narratives are like our visiting card. I think that it's difficult to understand how a patient can achieve recovery without a coherent and shareable life narrative. In this point a question arises: How a setting as "Care Homes" can transform, or help to transform life narratives of patients? In order to respond this question is necessary a complex description of these settings. A concept belongs to Socio-cultural psychology helps me to understand "care Homes" as socio-cultural contexts: "scenery or setting of activity". Before explaining this concept and showing example from my research we are going to expose some ideas of socio-cultural psychology.

Only three points about socio-cultural psychology. I think that these three ideas are very interesting in order to understand the recovery process of people with schizophrenia.

First, this theoretical tradition affirms that the individual psychological developmental is explained from micro-social and macro-social contexts, that is, from interpersonal interactions or institutions where persons participate. In other words, psychological function is explained by participation in cultural activities (Vygotsky, 1978).

Second, signs like all cultural material tools are internalized or appropriated by individuals from a social dimension (Vygotski, 1930/1981; Wertsch, 1985). These tools, especially the system of signs called language, mediate our cognitive processes. For example, when we achieved to use language to communicate, in this moment, our cognition is being mediated by these signs; when we learnt writing and reading, these new actions transform our psychological functions. Also, when we use new methods to transmit language, for example books and now Internet, our psychological functions are transformed.

Finally, socio-cultural psychology makes emphasis on processes rather products of psychological function (Luria y Vygotski, 1930/1992).

Activity settings are defined as very specific socio-cultural contexts where concrete human actions take place (Wertsch, 1985). What I think interesting is that the activity settings are explained not only by means space-temporal and objective descriptions, but by means meanings and subjective assumptions of participants in actions. These meanings are necessary in order to recognize the activity setting by participants. We have said that language is an essential cultural tool. Therefore, it is normal that speech or discursive genres are fundamental in order to explain activity settings. That is, conversational patterns, stereotyped issues and linguistic uses, which can be observed in activity settings.

For example, how "Care Homes" are defined? Next, we see three different definition of "care Homes".

Excerpt 1

FAISEM: "A resource aimed at promoting the continuity and active participation in social life" (Documento de trabajo no1. Criterios para el desarrollo del programa residencial. FAISEM, 2000)

Excerpt 2

Monitor: "[...] They are institutionalized and have the experience of being institutionalized but we want to sell that this is not an institution, that is a Home. The

everyday experience of them is that it's an institution.[...]" (Interview to "monitor". Año 2008)

Excerpt 3

Resident: "Why must I clean my room? if I did it last week... You earn, because I pay you, because I'm paying here!". (narrative Interview to resident. Año 2007)

First, a definition from an official document, "Care Homes" is defined as a useful instrument to achieve recovery and integration. In opposite sense, a worker affirms that "we can sell that this is not an institution", but the residents, their everyday experiences "is that it's an institution". Institution for this worke(a)r is understood as a closed space separated from society. But, how does a resident define "Care Homes"? In this last extract we can see how a resident defines "Care Homes" as a Hotel in which the people pay for service. These three definitions interwoven are a fundamental part of this setting of activity.

III

With regard to discourse genres, let me show you two excerpts from my interviews:

Excerpt 4

Monitor 1: "And what I personally use are stories, any situation that has happened to me personally. Interviewer: Aha

M: This morning it has happened to me with my child... he has said to me that... and I tell him something that was not important, but that it belongs to real life and that it's personal and then automatically they change the chip, at least, momentarily".

Excerpt 5

M2: "[...] I've had my problems, for example with this person; because he often confuses something... he tries to consult psychiatric problems to me. So I do not have neither voice nor vote, I don't understand, You must say it to your psychiatrist, I can't help you with that".

We observe that a fundamental characteristic in "Care Homes" is that verbal interventions, utterances, of residents related to some delusive or hallucinatory topic are not accepted. In the first extract, a professional explains us what she does when a resident tell her some delusive story or when the resident suffers a hallucination. This professional sets

up against this delusive story "any situation that has happened to me personally", "something that was not important, but that it belongs to real life and that it's personal". In this way "they change the chip, at least, momentarily".

In the second extract, other professional is more radical. Faced with some commentary related to delusion or hallucination, he directly sends the resident to the psychiatrist. "I have neither voice nor vote, I don't understand, you must say it to your psychiatrist, I can't help you with that".

This meanings and assumptions explain aims and characteristics of the actions that participants develop in the settings. Moreover, interpersonal relationships take place in daily activities and residents appropriate discourses and other cultural tools by means interaction with professionals and other residents. In this sense, analyzing daily activities is essential in order to understand deeply "Care Homes". The analysis of daily activities needs a historical approach. That is, we need to observe the process and not only the product. In this sense, statistical tools like the instruments that we see in the slide are useful but not sufficient to describe "Care Homes". I would like to study changes in the time, therefore I need other designs.

For example, we can read in the next extract that a professional tell us the activity of going with the patients to the doctor or to hospital. We discover that, contrary what we can believe at the beginning, these activities are the more adequate for arising personal talks between professionals and residents.

Excerpt 6

Monitor: The activities usually tend to be simple and then it's a time perhaps with more personalized talks with residents. Because, well, you spend an hour, an hour and a half with them on the street alone, many conversations arise. Small talks, it's a nice day today! I fancy to go to the beach! or more serious conversations, about what? How have you been these days? [...] I have heard that you had a fight with someone, I have heard that your family came to see you how was it? How are you?

IV

Other methodological requirement is the study of institutional contexts. Normally, this task is realized by sociologist and historians. But, as we have seen, macro-social context also affects human actions and psychological functions. Therefore, in my opinion

Institutions is an object of study also for psychology. It's possible to analyze official documents, minutes of meetings and other documents. In this sense, is fundamental to consider in our analysis, for example, in the case of "Care Homes belong to FAISEM, the public funding or the participation of relatives of patient in the institution.

For example, in the Quality Plan Program for next years the institution includes an extensive questionnaire about social functioning of residents. It's significant that the Institution decides to establish systematically an individual evaluation and intervention for each patient. In this way the aims of the institution go beyond providing basic needs. That means more systematization of the work in the last years. Also it's interesting the inclusion of aspects related to the sexual life of residents in the evaluation.

In summary, an activity setting, in this case "care Homes" for patients with mental ill, should be analyzed from two focal points. On the one hand, institutional definitions, aims of the institution, institutional history, standards and rules. On the other hand, subjective factors as definitions, meanings and cultural tools that are used by participants. Human actions, which we can observe, take place between these two focal points.

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