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Interactive Patterns between professional and Patient in supportive houses for serious mental ill

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Abstract

This study belongs to a research in progress about changes in life narratives of persons diagnosed with paranoid schizophrenia. These persons live in supportive houses in Andalusia which belong to a Public Foundation. In the present study the more important interactions between professionals and patients are described. It was carried out ten semistructured interviews to expert professionals who work in the supportive houses. The interactions face to face between professionals and patients is one of the essential factors that can help us to understand the process of patients' recovery in these sceneries. The description includes very wide aspects as the special – temporal context, the verbal exchange, the emotional charge, the professional evaluation of the interaction, etc. The episodes that the professionals reported us can be classified in the six interactive formats.

Key words: Social interactions, Recovery, Supportive Houses.

I

In my second paper I would like to speak about some preliminary results of my research in progress (Saavedra, 2006). Concretely, I refer to a first approach to types of interactions between professionals who work directly with residents in "Care Homes" by means interviews to professionals. The aim of this paper is: In-depth description of recurrent interactions between professionals and patients in the context of the "Care Homes". According to theoretical approach which we are described in my first paper I am interested in subjective experiences of "Monitors": meanings, assumptions, valuations of interactions, emotional states, etc.

Participants were ten expert professionals, called "monitors", who work directly with patients in "Care Homes". All participants have more than three years of experiences and permanent contract. Two of these professionals belong to work council. That is, they have labour union responsibilities. They were four men and six women. Four "monitors" have university education; three have secondary education and three have primary education. It's important to point out that professionals don't have a specific education in order to develop this job.

I have utilized a semi structured interview. We informed to professionals that the well practices were the interview's focus. This interview consists of a first open question: ¿Could you describe me in detail three interactions between you and one o more residents during your work in "Care Home"? The first interaction a very common interaction, second a usual interaction, and finally a rare interaction. So, we obtain thirty extensive descriptions of interactions. After the first professional's description, interviewer can ask or holds a dialog about concrete aspects. The analysis is qualitative and I seek interactive patterns or idiosyncratic formats between the thirty professional descriptions. We call "interactive episode" each one of descriptions of

"monitors". And we call "Interactive Format" each one of set of interactive episodes that are grouped by criteria such as type of activity, space-time context, and goals for the participants in the interaction, valuations, speech genres, etc.

II

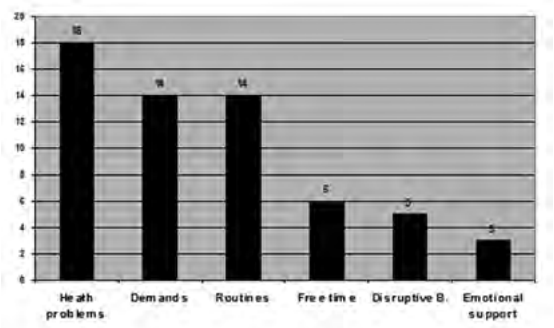
We have found six interactive formats.

- Interactive Format 1 (IF1). Related to health problems of residents.
  1.1 Interactions related to anxiety or delirious state of residents
  1.2 Coping of compulsions and strange behaviors
  1.3 "Going with residents to the doctor"
- IF2. Demands of residents
- IF3. Routines related to daily life in "Care Homes"
- IF4. Interactions in free time activities
- IF5. Disruptive Behavior
- IF6. Mediation between Family and Resident or explicit request of emotional support

First, a big interactive format related to interventions of monitors in residents' health problems. This format is divided in other three subgroups. One of these are "Interactions related to anxiety or delirious state of residents", other "coping of compulsions and strange behaviors", and finally "Going with residents to the doctor".

The second IF is related to concrete demand to monitors of residents. The following IF refers to daily life routines, interactions in free time activities, Interventions related to disruptive behaviours of patients and finally mediation between family and residents or explicit emotional support. If we score interactions, we obtain frequencies of each IF. In the next graphic we see a graphic representation of these frequencies.

3 pts. Interactions very common
2 pts. Interactions usual
1 pts. Interactions rare



As you see the first three IF are absolute majority. That is, during the work of these professionals the majority of the interactions with residents in "Care Homes" are related to problems of health of residents, demands of residents or daily routines. I would like to describe in detail each IF, but we don't have enough time, so I select the three more frequent IF in order to expose some significant results.

III

Within interactive format "Health problems of residents", I consider interesting episodes related to anxiety or delirious state of residents. Professionals describe an important number of episodes in which they help residents to control unspecific distress, for example, pain in different places of the body, fear, anxiety, etc. Professionals can respond to patients' requests of help, but also they keep watch residents and ask often them for their state. The professionals express the importance of physical contact in order to moderate anxiety. For example, a professional describes how she clean slowly patient's eyes when the patient feels anguish and thinks that he becomes blind.

How do professionals define or interpret these states of distress? All professionals use the same concept to explain unspecific distress. These patients' behaviors are described as "demands of attention" by monitors. That is, patients look for personal contact with professionals more or less intentionally by means expressing unspecific distress.

What happen when a resident tells a delusive story or comments an auditory hallucination? Two monitors tell us how they cope with this situation. First, they listen briefly patients because to deny the reality of the patient's experiences in the moment of hallucination is absurd. Second, they tell to residents very concrete stories with real personages belong to community or order very specific tasks. Only, after the acute state, professionals can confront the reality of these experiences or inform about characteristics of illness.

IV

As you can see in the first excerpt, this Interactive Format,"Demands of residents", is described as residents' demands of different objects by monitors. For example, money, medicaments, bus card, etc. Professionals express their tiredness because of residents are constantly demanding. The valuation of this interactive format is the worst.

Excerpt 1

> *Monitor 1: [...] I came very early every day and we already have Antonio waiting. That is my entry every day. He is waiting. When I came, he was waiting at the door (.) And he is saying, medication! The bus card! and money! So I say Antonio, good morning [...] "*

As you can read in the last two excerpts, professionals describe these interactions as "continuous war", "fight" or "burning".

> *"E2.M2: [...] and that is a continuous war. I believe that we are constantly saying no, not only on the issue of snuff, but with the money "*

> *"E3.M3: [...] and that fight is ongoing, right? the truth is that burning a lot every day repeating the same story [...] "*

Professionals lose the initiative of interactions and they feel sick and tired for resisting demands. Professionals said that they are limited to say no systematically to demands of residents. What is interesting in this interactive format is that the evaluation is worse than other interactive formats, which we can think more difficult to cope with. For example, professionals consider coping with hallucination, disruptive behaviors or emotional problems part logic of their job. However, they have some problems to accept demands of residents as part of job.

V

The third more frequent Interactive Format is related to daily activities as awakenings, home tasks, hygiene of residents, etc. The aspect more important of this format is the high affective communications that take place in daily routines. We can say that professionals and residents express in this format intimacy and proximity. Professionals describe in interviews affective expressions, smiles, embraces and physical contacts which convey trust and intimacy. This interactive format is appropriate in order to residents can collaborate actively with "monitors" and even to take some minor decisions. Regarding to communal tasks, professionals show a wide number of arguments in order to get the collaborations of residents. Next slide shows an excerpt in which a professional describes the common tasks activities in the morning.

> *E4.M4: [...] Just when I open the door of the wardrobe, he laughs a lot. I give to him the towels, that other residents need, and he delivers to others the towels. Well, very happy at that time. He laughs a lot to me and he shows much affection, is not it? ... I don't know... there are not well... caresses, but it is physical contact that show that... affection, is not it? The glances... he shows that is... the truth is that I also enjoy, I laugh a lot and I convey him in some way the same feeling...*

You can see positive valuations of these activities. Monitor tells how the resident collaborates and what affective expressions resident shows: for example, "laughs", "caresses", "physical contacts". At the end of the excerpt the professional says "the truth is that I also enjoy, I laugh a lot and I convey him in some way the same thing"

VI

To conclude I point out some general consideration about results, including interactive format that we don't have described.

Firstly, physical contact with residents is recognized by professionals as a useful instrument in order to express intimacy and trust or in order to regulate anxiety state.

The use of stories for professionals is an aspect to remark. Some stories can help to cope with positive symptoms and are utilized in order to help residents' elaborations of life narratives.

Most of residents' behaviors, which are valuated by professionals as negatives, are explained as "demands of attention". The concept of "Demands of attentions" works as an "explanatory framework".

The "daily routines" are the main contexts for expressing affection and intimacy (Sells, Stayner and Davidson, 2004; Roe y Davidson, 2007).The mains interactive formats for elaborating personal stories in dialogue with professionals are "free time activities" and "going with residents to the doctor"Interactive Format as "Disruptive Behaviors" and, specially, "Demands" involve professional burnout. Finally, we can say that "Care Homes" provide of an important emotional support (López et al, 2007).

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