



THE REPERCUSSION OF SCHIZOPHRENIA IN THE FAMILY ENVIRONMENT THE REPERCUSSION OF SCHIZOPHRENIA IN THE FAMILY ENVIRONMENT

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SUMMARY

Introduction:With the transformations that occurred in the field of mental health due to the psychiatric reform, the care offered to schizophrenic patients was directed towards the intrinsic family. However, studies point to family overload, due to the demands presented by these patients in their daily lives.**Objective:**Based on this, this study aimed to understand the representation constructed by family members of schizophrenic patients based on the process of coexistence.**Material and methods:**Study with families that have among their members a patient diagnosed with schizophrenia, aiming to understand the importance of health care for these family members, assessing the burden and the caregivers' speeches will be analyzed from the perspective of phenomenology.**Results:**the study showed that families who live with schizophrenic people go through several transformations in the care process, requiring resilience from them, in addition to the fact that the person with schizophrenia is the person who demands the most attention in the family group, with countless amounts of care being spent on the part of the families.**Conclusion:**Schizophrenia generates instability in the family environment, requiring adaptation on the part of family members, considering that schizophrenia is a disease that still has no cure.

KEYWORDS:Careful. Family. Schizophrenia.

ABSTRACT

Introduction:With the changes that have taken place in the field of mental health as a result of the psychiatric reform, the care offered to schizophrenic patients was directed towards the intrinsic family. However, studies point to a family overload, due to the demands presented by these patients in their daily lives.**Objective:**Based on this, this study aimed to understand the representation constructed by family members of schizophrenic patients from the process of living together. **Material and methods:** Study with families that have among their members a patient diagnosed with schizophrenia, aiming to understand the importance of health care for these family members, assessment of the burden, and the caregivers' speeches will be analyzed from the perspective of phenomenology.**Results:**the study showed that families who live with schizophrenic people go through several transformations in the care process, requiring their resilience, in addition to the fact that the person with schizophrenia is the person who demands more attention in the family group, with countless care being spent by people with schizophrenia. part of the families.**Conclusion:**Schizophrenia generates instabilities in the family environment, requiring adaptation by family members, given that schizophrenia is a disease that still has no cure.

KEYWORDS:Beware. Family. Schizophrenia.

RESUME

Introduction:With the changes that were produced in the field of mental health at the root of psychiatric reform, the care offered to schizophrenic patients was guided by the intrinsic family. However, the studies indicate a family burden, due to the demands that these patients present in their daily lives.**Objective:** From this point onwards, this study aims to understand the constructed representation by family members of schizophrenic patients based on the process of coexistence. **Material and methods:** studio with families that have among their members a patient diagnosed with schizophrenia, with the objective of understanding the importance of health care for these families, the evaluation of burden and the speeches of caregivers will be analyzed from the perspective of phenomenology.**Results:**The study showed that families who live with schizophrenic people go through several transformations in the care process, requiring their resilience, in addition to the fact that the person with schizophrenia is the one who demands more attention in the family group, with innumerable amounts of care being spent by people with schizophrenia runs in their families.**Conclusion:**Schizophrenia generates instabilities within the family environment, requiring adaptation by family members, given that schizophrenia is a disease that



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INTRODUCTION

The psychiatric reform led to the deinstitutionalization of patients in psychiatric hospitals, meaning there was a need for monitoring and monitoring them outside these environments, aiming at their resocialization. In this sense, the family becomes paramount in the process of care for these individuals, where your contribution acts directly to improve the condition of your family member (SOARES et al., 2019).

The concept of family is broad, Pareja, Guerra (2016), define it as follows, people who share social spaces, having interrelationships, being an organizational set that are constantly interacting.

In this context, family members of schizophrenic individuals live with worries on a daily basis, as it is a chronic pathology, without clarification of its possible causes, which affects men and women regardless of sex, with the occurrence of several psychotic outbreaks, mainly in the stages beginnings of the disorder (CARVALHO; SOUSA et al., 2017), it is also a condition that makes it impossible for individuals affected by this pathology to carry out paid activities, thus becoming dependent on their family members (SILVA et al., 2016).

This fact allows us to emphasize that family members need to be attentive and informed about the care they need to direct to their loved ones, since caring for people with schizophrenia requires them to make changes to their daily activities, placing those responsible for care in a disadvantageous condition. personal and suffering caused by the stress generated by daily care, since the family is a fundamental player in the treatment and monitoring of people with schizophrenia (CASELEIRO; SEABRA; CALDEIRA, 2017).

These questions arouse curiosity about family responsibility in these cases, as well as highlighting that family members are essential, with family support being an essential tool in the health-disease process, thus justifying the importance of this research with the aim of identifying how family members of people who have schizophrenia realize the importance of this support in the face of the various adversities and difficulties they experience on a daily basis.

In this sense, the study aimed to investigate how family members responsible for direct care for people with schizophrenia perceive the importance of attention directed to these individuals and the possible impacts of this care provided.

METHODOLOGY

Study in the field of qualitative research, of the empirical phenomenological method (EMF) type. This method was best suited due to the approach to life experiences, since the study participants share the fact that they live daily with schizophrenics providing their care.

This method seeks to describe and interpret the phenomena that involve individuals, using perception, with the aim of scrutinizing experiences, thus seeking their essence (FEIJOO; MATTAR, 2014).

The study was developed at the Psychosocial Care Center (CAPS), located in a municipality in the mid-northern region of the state of Mato Grosso, Brazil. We used a non-probability sampling method, for convenience, so the population of our study was made up of family members of people with schizophrenia, both sexes, over 18 years of age and who agreed to participate in the research by signing the Informed Consent Form (TCLE).

2

Data were collected in the months of October and November 2020, through interviews with the aid of a semi-structured questionnaire prepared by the authors, with open questions that dealt with the experience and care provided to the family member with schizophrenia in the family environment, thus allowing the description and understanding of phenomena in their entirety.

Aiming to complement the data, the Scale of *GRAFFING* The first part contains the general characterization of the population, to identify the social class of each participant.

After data collection, they were treated qualitatively through the analysis proposed by Giorgi (2008). As for the data regarding sociodemographic characterization, these were treated with a quantitative approach, which allowed us to characterize the participants.

The interviews were transcribed in full immediately after collection, aiming to avoid losing any meaningful data. Next, steps of phenomenological analysis were adopted, consisting of four stages that will culminate in the syntheses of meanings of the interviews, which resulted in units of meaning, which will be explored in the discussion of the work, these being the phenomena found in the reports of experiences (GIORGI, SOUZA; 2010).

To preserve the confidentiality and anonymity of the researched subjects, in accordance with the guidelines of Res. 466/12, the collaborating users had their names replaced by the alphanumeric indicator (F1 to F4), ensuring that there is no reference that could identify the participating subject. . The research was approved by the Research Ethics Committee of the State University of Mato Grosso – UNEMAT under CAAE 28229219.8.0000.5166 and opinion number 4.031.539.

RESULTS AND DISCUSSION

Of the 23 people referred by CAPS with a diagnosis of Schizophrenia, each process was analyzed to see if they met the inclusion criteria for this study. We checked whether there was confirmation of the diagnosis and the degree of kinship of the caregiver. Thus, we identified 6 individuals eligible for the research. Of these, 2 people were excluded: 1 due to refusal to participate in the study and 1 in which it was not possible to collect data. At the end of this selection process, we were able to identify 4 family members who met the research inclusion criteria as study participants.

Of the 4 study participants, 2 are women and 2 are men. Regarding the marital status of the female subjects, 1 is married and 1 is single and both men are married. With regard to profession, 1 of the women is retired and the other works as a general service assistant, with regard to men, 2 are self-employed.

Regarding the caregiver's degree of kinship, 1 person interviewed had their spouse as a family member with schizophrenia; 1 person had a daughter who was schizophrenic; 1 person had the mother as a carrier of the disorder, and 1 person had a son as a family member who had the disease. In relation to the time spent living with the schizophrenic, this was between 10 and 26 years, the age of the participants varied between 24 and 65 years, and all participants reported having children.

Regarding social position, according to the Graffar scale, 3 subjects are in the lower middle class and 1 in the middle class.

In the analysis of the data emerging from reading and re-reading the narratives, three units of meaning were listed, arising from the essences of the transcribed dialogues, serving as a basis for discussing the work.

Change in family routine

When a young man is diagnosed with schizophrenia, he and his family experience this event as a destructive force that can transform the trajectory of their lives. The family's life trajectory is divided into two stages, before and after the illness of a member (CHESLA, 2005; PEJLERT, 2001).

Family members of people with schizophrenia have different reactions to the diagnosis of the disease, there is a mix of instabilities and uncertainties, as before the discovery of the disease there are doubts, lack of knowledge about what is happening to the family member, after the families experience a sudden change that involves routine care changing everyone's lives (GUIMARÃES, 2015).

A shock, you know, firstly, you got it there, it wasn't very easy, then as time went by it took care because in the beginning, it was more difficult because the doctors couldn't get the medicines right, then it was until they managed to get the medicines right, then there was that seesaw until it got under control, now that it got under control.F4

3

According to Silva and Santos (2016), the life course of individuals is marked by instabilities and changes, the discovery of a disease is mostly difficult and impactful, as there is a forced transition to a different reality, which will require new attitudes. and actions.

He started taking the medicine, he got sick and didn't want to take the medicine anymore, then he got bad and stopped, then he was hospitalized again, it was a lot of struggle, now after a few days he doesn't want to take the medicine anymore and it's in God's hands, waiting for God's mercy. F1

*[...] suffering was already too much, which I've already been through, I can't spend it on it but I arrive at a time when the state doesn't respond, just like I'm saying I couldn't do it, it goes private and private, I arrive at a time when I don't have it anymore, I am waiting for Him who can do everything.*F1

Most diseases lead to changes in the family routine, with schizophrenia it is no different, family members undergo daily changes, considering that they will have to give up some routine activities, as they need to take care of their family member. Thus, the family's life trajectory is divided into two stages, before and after the illness of a member.

"It changed, you know, because I had to look after her, I couldn't work outside anymore, the doctors had to stay with her, then the services, I couldn't work outside, I had to stay alone at home with her, there was I could no longer leave this change." (F4)

Families of people with schizophrenia routinely face situations of stress and insecurity, as this mental disorder requires time-consuming care. Study by authors such as Soares and collaborators and Gianco, Galera, Soares et. al (2019), and Gianco, Galera (2013), denote and confirm this family adjustment to a routine, in which the family member's well-being is prioritized to the detriment of other family components, with this change being noticeable and experienced daily by caregivers.

Thus, the daily activities of family members have undergone transformations since the onset of the pathology, restrictions range from household chores to leisure time, since being away from home generates constant concerns about the schizophrenic family member (SILVA, 2019).

It should be noted that family caregivers of people with schizophrenia experience stressful situations, as they need to be constantly attentive to the needs of their family member, which leads to insecurity and emotional instability, given the repetitive and hectic routine. The impact of this pathology is felt by all family members, especially those closest to them.

"It seems like he gets more agitated, right, like more agitated, like anything already agitates me, right, agitates me now, right, if he goes out on the street and someone calls on his cell phone, it seems like something is happening and the coronation seems like It's going to go off."(F1)

because I don't even leave the house to take care of him, because that way I have my own children out, I don't go out to visit so I can be with him, if I go out and he agrees to go with me, I'll take him, if not, neither, I have him as a child, you want to go, my son, then Come on, if you don't want to go, let's not go either, I'll be with him all the time. (F1)

According to the statements of those interviewed, schizophrenia is linked to peculiar situations, which require a lot of attention and patience on the part of those who care. Considering the experiences of the phenomenon investigated, it is clear that the family environment is undergoing important changes, in which each family member finds ways to deal with their sick family member (CARVALHO; SOUSA et al., 2017).

Difficulties of caring

After eliminating admissions to asylums for mentally ill people, care for them was directed towards the intrinsic family (LIMA and LIMA, 2017), concomitantly with this, family experiences began to be highlighted, in this sense studies by Magalhães and Lopes (2018), highlight the difficulties in caring for people with schizophrenia, as most of them face profound obstacles on their part. patient, family and society.

4

[...] her family didn't accept her at home, because she had this disease, this diagnosis, but some treat her well, others don't, but anyway, we have to accept it, right?. F2

I have to ask God for direction because we have to know how to take care of ourselves, we have to guess the way the person gets up depending on the day they get up, there are days when they get up well, they go to the kitchen to eat, drink, etc. The day he gets up, he becomes an agent just by looking at the agent you can see that he is angry F1

According to Martins and Lorenzi (2016), the symptoms of schizophrenia cause significant suffering to family members, as they are recurrent, and they need to deal with them on a daily basis, with the aforementioned symptoms of aggression, anxiety, social isolation, stress and delirium. .

These manifestations imprison the schizophrenic and their family caregiver, as some of them deviate from society's behavioral standards, as well as the continued assistance from family members, culminating in social isolation of the caregiver and schizophrenia sufferer. Value judgments by the community also imprison and segregate these beings (SOUZA; PINHO; PEREIRA, 2016).

Symptoms, I don't know how to explain it, it's like being stressed, it's not that, right? Being anxious, my wife has a lot of this, anxiety, she doesn't want to stay in one place, she wants to keep walking, if she doesn't take care she leaves, then she has to be walking behind, no have patience, any little thing (F4).

I didn't know that, I've come to know it now, there are people who talk about the schizophrenia of aggression, aggressive, but thank God, I can say, he goes through a phase where he becomes a bit aggressive, wanting to hurt us, but I face him, I'm his mother, I I'm his mother, then he goes inside and leaves, but by God's mercy (F1).

Many family members spoke about the journey of adapting to the new challenging reality, in which they mentioned hospitalizations, different treatments until the most appropriate one was reached, the overload and uncertainties faced by them are considered exhausting and loaded with negative perspectives. In this sense, living with a member with schizophrenia in the family environment is linked to instability (SOARES et. al., 2019).

*It's very difficult, right, but over time, when she takes the medication, she gets better, but in the beginning it's difficult because we suffer together, if we suffer together, it's not just the person, because, it's not because they want to, *give her that bump, but it's not because she wants to, it's the mind, it suffers a lot, that's more or less*F4*

*In her case, we almost didn't even realize that he had this problem that she had this problem, you know, because she's very simple, you know, she *It was, for us it was normal, only those who knew She was the one going through this problem, right?*F3*

The diagnosis of schizophrenia in a family member is linked to countless difficulties, doubts about how to care, possible crises and emotional exhaustion are just a few that we can mention. In short, the family member is confused and indecisive, but is aware that their care is essential. In this process of adaptation to the disease, the following statements describe this phenomenon:

Then I hospitalized him a bunch of times, a few times, we hospitalized him about five or six times, then I took him to Tangara, to a psychiatrist, then the psychiatrist asked for an examination of his head, so I took him there, he did the examination there, then It turned out he had this disease, right? Then I found out, I started chasing(F1).

*It's take care, we take care, it's a fight, *We have to have a lot of patience, you know, always listening to the things she says, but I've been taking care of her for eight years.*(F3).*

The fact is that caring for a family member with schizophrenia has an impact on various aspects of the caregivers' private lives, especially with regard to their economic situation, as most people with schizophrenia are financially dependent (HANSEN, 2014)¹⁶.

5

Leading to family insecurity because the provision of income is essential for maintaining life, studies discuss the importance of guaranteeing income for people with schizophrenia, as they and their families need to meet their daily needs, since the caregiver needs to dedicate care for the patient, and income is often uncertain or non-existent (SOUZA; PINHO and PEREIRA, 2017; HANSEN et. al., 2014).

I think that God, the future I think about my daughter and that God will free him, and he will work, I still have a lot of hope, that God will give him a job, a wife, that he will live his life.F1

Importance of care provided by the family and perspectives for the future

People with schizophrenia need uninterrupted care considering that this pathology is considered serious among the countless mental disorders that can affect individuals (OLIVEIRA, 2015).

In this context, after approaches to incarceration and segregation of individuals with mental health problems, since these have become obsolete, the family becomes the center of attention of health services in line with the schizophrenia patients that make up them. Several studies discuss how essential the role of the family is in the diagnosis of schizophrenia (CARVALHO; SOUSA, 2017; MAGALHÃES et.al., 2018; SOARES et. al., 2019).

The families of those with mental illness mostly incorporate care for their members as part of their lives, in this sense their attention has significant importance in improving the clinical condition of those with schizophrenias.

For me to be well, to be able to take care of her, you know, it's firm because it's wear and tear, if there's wear and tear in the day-to-day life of living with your wife, you know, it's important, important care.
F4

The care provided by them is essential, considering that the intrinsic family is responsible for the experiences of individuals, and the family is considered as a base and is consolidated over the years of the subject as a safe haven (CASELEIRO et. al, 2017).

Therefore, it is necessary to view the family as an ally of care, especially when it comes to patients with schizophrenia, we must bear in mind that the disease does not define the subject. The family that provides care cannot be designated just as caregivers, but as protagonists of care, who, as human beings, need a holistic view of health services. The following excerpt highlights the importance of the family in this process:

As I take care of her, I think she will feel more welcomed, you know, happy, that's it, I know she feels there, I don't, I would never despise my mother like that, you know, I, I take care of her, I think she feels better. She feels happy, right, my mother by my side, taking care of her, you know, this changes her behavior, her routine, I think it helps her develop more(F2).

It's important because we are parents and we have to have all the affection for our children and the father will never want the child to be like that, you know, it makes him sick when he's sick, you have to be very careful with him and her (F3).

According to studies, family members of people with schizophrenia, when they become responsible for the care, go through countless moments during the care, which lead to an increase in the family bond, which previously did not exist (SOARES et. al., 2019; SOUSA; PINHO and PEREIRA , 2017).

In times past, these individuals found themselves socially excluded, in addition to the fact that the manifestations of the disease distanced family members from the individual, which continues to happen today, however, by directing care to families in conjunction with psychosocial assistance, these experiences suffered. positive changes and enabled close relationships to the detriment of segregated ones (LIMA; LIMA, 2017).

When addressing questions regarding the future of their family members, those responsible for care reflect on current and common concerns, but also emphasize issues linked to improving the situation.

family member's clinic, hope to resume their previous activities (CARVALHO et al., 2017).

6

What I think, what I think, I had already thought and planned was to build a home, a family with her and today, thank God, I have that, right?F2

Others engage their strength and believe that their faith will heal their family member, they place all their trust in God, with religiosity seen as a strong point of support for these families, who at different times turn to it as hope for difficult days (GOMES; MELLO , 2012; BELLINI et. al., 2017).

The family plays a fundamental role for the individual from birth and at all stages of life. life, when the individual is sick, they are intrinsically involved, and this linking of both, patient and family, is important for a positive evolution of the clinical picture, as well as for the relationship between the family to become pleasant and not tiring and stressful. The following excerpt denotes these perspectives:

I think that God, the future I think about my daughter and that God will free him, and he will work, I still have a lot of hope, that God will give him a job, a wife, that he will live his life before I go down into the grave, I will see this, he frees me from this illness(F1).

The prejudice we have is the people on the street, who don't give them a job and they need a job, they need to keep their head entertained and they don't give them a job, I think this It's a prejudice that people don't need, right?(F1)

FINAL CONSIDERATIONS

In the families' reports, it is possible to identify that families go through constant transformations and challenges, as the daily routine is marked by instability, the future becomes uncertain and the caregiver's burden is an inherent factor in the care of the individual.

However, it was also evident that the family environment exerts positive influences on schizophrenics, providing them with security and attention. Therefore, we must look not only at the person suffering from a mental problem, especially schizophrenia, but also at the caregiver, especially the family member.

The experiences revealed showed that family members share in common concerns about their family member's schizophrenia, insecurity regarding their future, and also demonstrated that changes in the family routine are inevitable and are linked to the disease. From this perspective, family members need monitoring and support from healthcare teams, as family adjustment to the disease takes time.

This study points to the importance of the family as a partner in assisting people with mental disorders, taking into account the characteristic that care is home-based and mostly family-based when we refer to mental health, thus making it preponderant to carry out research involving this theme, since dealing with the reality of the chronicity of the disease is an intriguing challenge, uncertainty and questions are companions of family members, however taking care of someone can be rewarding for individuals.

However, we must consider limitations regarding the research design as it cannot be extended to a large population, but it may contribute to characterizing the population studied and supporting other detailed studies.

Finally, it is considered that there is no intention of exhausting the subject in this research, but rather to serve as an aid to future research that addresses the topic, helping others, so it is hoped that the study can contribute to thinking about strategies to support direct caregivers of people with schizophrenia and their families.

References

ALMEIDA, ACMCH; FELIPES, L.; POZZO, VCD The Impact Caused by Mental Illness on the Family. **Portuguese Journal of Mental Health Nursing**, 2011. Paraná. Available at: <http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=>. Accessed on: 18.09.19.

7

BANDEIRA, M. & Barroso, S. (2005). Burden on families of psychiatric patients. *Brazilian Journal of Psychiatry*, 54(1), 34-46.

BICUDO, MAV Phenomenology: Confrontation and Advances. São Paulo: Cortez Editora, 2000.

BORIANI, ML Challenges in mental health care. 2nd edition, Maringá- PR, Editora Eduem. 2011.

BRAZIL, Clinical Protocol and Therapeutic Guidelines for Schizophrenia. Available at: <http://portalarquivos>.

BRAZIL, LAW 10,216 April 6, 2001. Provides for the Protection and Rights of People with Mental Disorders. Brasília, April 6, 2001. Available at:

<http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm>. Accessed: 02.09.19.

BRAZIL, Ordinance No. 251/GM, on January 31, 2002. Establishes Guidelines and Standards for Hospital Care in Psychiatry, Reclassifies Psychiatric Hospitals, Defines and Structures the Door and Entry for Psychiatric Admissions in the SUS Network and provides Others Measures. Available at:<<https://portalarquivos2.saude.gov.br/images/pdf/2015/marco/10/>>. Accessed on: 02.0919.

BRAZIL, Ministry of Health. Mental health: what it is, illnesses, treatments and rights. Brasilia, 2019.

BUENO, ERA Phenomenology: the return to things themselves. In PEIXOTO, AJ (org). Interactions between phenomenology & education. Campinas: Alínea, 2003.

CARNUT, L.; FAQUIN, J. Family Concepts and Family Typology: Theoretical Aspects for the Work of the Oral Health Team in the Family Health Strategy. Uberlândia. Available at: <<http://portaldeboaspraticas.iff.fiocruz.br/wpcontent/uploads/>>. Accessed on: 29.08.19.

CAVAYE, A. (1996). Case Study Research: A Multi-Faceted Research Approach For IS. Information Systems Journal, 6(3), 227-242.

CARVALHO, CMS; SOUSA, DMG, PINHO. R., AI; FERNANDES, MA; OLIVEIRA, ADS Experiences of Relatives of People with Schizophrenia. **Electronic Magazine Mental Health Alcohol Drugs**. Teresinha-PI, Jul.-Sept. 2017. Available at: <https://www.revistas.usp.br/smad/article/view/149377#pkp_content_footer>. Accessed on 07/12/19

CAPALBO, C. Phenomenology: Historical and Current Trends. Available at: <<http://www.abepss.org.br/files>>. Accessed on: 23.10.19.

CASELEIRO, T.; SEABRA, P.; BOILER. S. Family of People with Schizophrenia: Literature Review. CuidArte Enfermagem, 2017. Available at:< <http://portal.revistas.bvs.br/index.php?mfn=7493&about=access&lang=pt#>> Accessed on: 18.09.19.

By CASTRO, TG, GOMES, WB Applications of the phenomenological method to research in psychology: traditions and trends. Studies in Psychology I Campinas I 28(2) I 153-161 I April - June 2011. Available at: <https://www.scielo.br/pdf/estpsi/v28n2/03.pdf>. Accessed on: 15.05.20

FERNANDES, MC; SANTOS, SA Importance of the Family in the Quality of Life of Schizophrenia Patients. CuidArte, 2012. Available at:< <http://portal.revistas.bvs.br/index.php?search=CuidArte,%20Enferm&connector=ET&lang=pt> >. Accessed on: 02.09.19.

FEIJOO, AML C., MATTAR, CM Phenomenology as a Method of Research in Philosophies of Existence and Psychology. Psychology: Theory and Research Oct-Dec 2014, Vol. 30 n. 4, pp. 441-447.

FIGUEIREDO, MLR; DELEVATI, DM; TAVARES, MG Between Madmen and Asylums: History of Madness and Psychiatric Reform in Brazil. **Humanities and Social Sciences** | Maceió | v. 2 | n.2 | p. 121-136 | Nov 2014. Available at: <periodicos.set.edu.br>. Accessed on: 09.09.19.

GUYS, SAF; ZANNETI, AC G et al. Research with Families of People with Mental Disorders. **Brazilian Nursing Magazine**, Brasília, 2011, Jul-Aug; 64(4): 774-8. Available at:< www.scielo.br >. Accessed on: 09.09.19.

GIORGI, A. About the phenomenological method used as a qualitative research model in the human sciences: theory, practice and evaluation. In several authors, *Qualitative research: epistemological and methodological approaches* (p386-409., A. Cristina, Trans.). Petrópolis, RJ: Voices. 2008.

GIORGI, A. SOUZA, D. *Phenomenological method of research in psychology*. Lisbon: End of the century. 2010.

GOMES, MS; MELLO, R. Overload Generated by Living with People with Schizophrenia: Nursing Building Family Care. *SMAD, Electronic Magazine Mental Health Alcohol Drugs*. Jan.-Apr. 2012; Available at: <https://www.redalyc.org/pdf/803/80323610002.pdf>. Accessed on: 24.09.19.

GUIMARÃES, AN; BORBA, L. de O.; MSFTUM, MA; LAROCCA, LM.; NIMTZ, M.A. (2015). Changes in mental health care resulting from psychiatric reform: perceptions of nursing professionals *Science, Care And Health*, 14(1), 830 - 838. Available at: <https://doi.org/10.4025/ciencucidsaude.v14i1.22187>. Accessed on 03/23/20.

HANSON, SMH (2005). *Family Health Care Nursing. Theory, Practice and Research*. Second Edition. Lusoscience. Loures. ISBN: 972-8383-83-5.

IBGE – BRAZILIAN INSTITUTE OF GEOGRAPHY AND STATISTICS. *Statistics by city*. 2018. Available at: <https://www.ibge.gov.br/cidades-e-estados/mt/diamantino.html>. Accessed on 08/24/19

MARTINS, J C., BELFO, F. *Qualitative Research Methods Case Studies in Information Systems Research*. 2011. <<https://www.researchgate.net/publication/303346737>>.

MARTINS, PPS, LORENZI, CG *Family Participation in Mental Health Treatment as a Practice in Daily Service*. *Psych.: Teor. and Pesq.*, Brasília, Vol. 32 n. 4, pp. 1-9, 2016. Available at: https://www.scielo.br/scielo.php?pid=S0102-37722016000400216&script=sci_abstract&tlng=pt. Accessed on 16.05.20.

MOREIRA, AD *The phenomenological method in research*. São Paulo: Pioneira Thomson, 2002.

OLIVEIRA, G.C, SCHNEIDER, JF; Nasi C.; CAMATTA, MW *The treatment of patients in psychological distress in the psychiatric inpatient unit: expectations of family members*. *J Nurs UFPE online [Internet]*. 2014 [cited 2015 Aug 27];8(11):3938-44. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6594>

PAREJA, JMD, GUERRA, FF *The production of space and its relationship in the health process - family illness* . *health soc*. vol.25 no.1 São Paulo Jan./Mar. 2016. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902016000100133. Accessed on 18.05.20.

ROCHA, RM *Health Nursing*. 2nd edition. Rio de Janeiro, Editora Senac Nacional, 2005.

SOARES, MH, FARINASSO, ALC, GONÇALVES, CS, MACHADO, FP, MARIANO, LKFR, SANTOS, CD *Burden and satisfaction of family members of patients with schizophrenia*. *Cogitare Enferm*. 2019. Available at: <http://www.revenf.bvs.br/pdf/ce/v24/1414-8536-ce-24-e54729.pdf>. Accessed on: 16.05.20

SIANI, SR; CORREA, DA; CASAS, ALL *Phenomenology, Phenomenological Method and Empirical Research: The Intriguing Universe of Knowledge Construction Examined in Life Experience*. *UNIMEP Administration Magazine*. v.14, n.1, January/April – 2016. Available at: <<http://www.raunimep.com>.



SILVA, RC Schizophrenia: a review. **USP Psychology**, São Paulo 17(4),. Available at: <<http://www.scielo.br/scielo.php?script=>> Accessed 02.08.19.

SPRADLEY, J. **The ethnographic interview**. Fort Worth: Hancourt Brace Jovanovich College, 1979.

SILVA, AM, SANTOS, CA, MIRON, FM, MIGUEL, NP, FURTADO, CC BELLEMO, AIS
Schizophrenia: a literature review. UNILUS Teaching and Research Magazine, v. 13, no. 30, Jan./Mar. 2016.
Available at: loja.unilus.edu.br/. accessed on: 16.05.19

SILVA, JM de OLIVEIRA.; LOPES, RLM, DINIZ, NMF Phenomenology. **Brazilian Nursing Magazine**,
Brasília 2008 Mar-Apr; 61(2): 254-7. Available at: <http://www.scielo.br/pdf/reben/v61n2/a18v61n2.pdf>.
Accessed: 08/24/2019.

SILVA, RV; OLIVEIRA, WF The Phenomenological Method in Health Research in Brazil: an Analysis of
Scientific Production. Available at: < <http://dx.doi.org/>. > Accessed on: 23.10.19.

THORNICROFT. G, TANSELLA M. Good Practices in Community Mental Health. Manoele Publisher. 1st
edition 2010 Barueri, São Paulo.

TOWNSEND, MC Psychiatric Nursing Care Concepts. 3rd edition, publisher Guanabara Koogan, Rio de
Janeiro, 2002.

WAGNER, A. Psychosocial Challenges of the Contemporary Family: research and reflections.
Alegre, Arthmed.2011.

Harbor

ZANETTI, ACG; GUYS, SAF; The impact of schizophrenia on the family. **Magazine. Gaucho
Nursing**.2007;28(3):385-92.