

To receive and to provide care: the historical path of a woman with mental disorder

The condition of woman with mental disorders is permeated by the experience of care she receives from informal caregivers (typically closer relatives), in health services, and by the care she provides to herself, her children, her home, and her relatives. Current scientific research is particularly interested in studying this situation in front of current public policies of mental health in Brazil, which envision the increase of extra-hospital services and the extinction of the asylum care model. From this perspective, the main goal of this thesis is to understand, through a case study, the condition of a woman suffering of mental disorder in respect of the care she provides informally (e.g. motherhood, housework), and her personal needs, taking account of her life story and her current life context. The research has started studying the routine of short-stay sector of a psychiatric hospital in Southeast Brazil and characterizing its woman patients. In the following step, we chose a case study according to the following criteria: a woman in first psychiatric hospitalization, married, with children, and without historic of drug abuse. In our research, we made interviews, observations and informal talks with the patient, the team of the psychiatric hospital, her relatives, and consulting medical documents. We developed a qualitative analysis of the thematic content covering transcribed interviews and registries of field diary, which allowed the elaboration of a descriptive and comprehensive picture of the studied situation in terms of her life story, her surroundings, her life perspectives, and the perception of each relative about her mental illness, the treatments and informal care she was submitted. The collected results point to the role of informal caregiver as central in the patient's life, the burden of caregiver as a relevant factor for changing the responsible for the care, the loss of patient autonomy caused by the received

cares, and the need of interaction between formal services of mental health and families, in order to find out solutions to cases similar to the studied one, which demand prolonged care and extension of the social network.

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