



THE THERAPEUTIC COMPANION AS AN AGENT IN THE TERRITORY FOR CARE IN FREEDOM

*O acompanhante terapêutico como agente no território
do cuidado em liberdade.*

*El acompañante terapéutico como agente territorial
para un cuidado en libertad*



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1 Part of the initial structuring of this text relied on **artificial intelligence** tools for text organization, which were revised, adapted, and validated by the authors.

Abstract

This theoretical essay aims to reflect on Therapeutic Companionship as an agent in the territory for care in freedom, in light of international paradigms and the guidelines of Brazilian mental health policy. Based on a qualitative approach and a literature review in the fields of Clinical Psychology, Collective Health, and Therapeutic Companionship, the study traces the history of the practice from its origins in reformist movements to its insertion in the Psychosocial Care Network. The results show that the therapeutic companion's approach aligns with the psychosocial rehabilitation model and the Recovery paradigm, as it emphasizes user protagonism and the construction of life within the dimensions of territorial meaning. However, the literature reveals challenges such as precarious working conditions and the still incipient insertion of this practice in the care network devices. We conclude by reflecting that the therapeutic companion's work can strengthen care in freedom as an agent mediating with territorial representations, but it still requires public policy regulations that guarantee funding, training, and professional recognition within care devices.

Keywords: Therapeutic Companionship; territory; care in freedom; Psychosocial Care Network.

Resumo

Este ensaio teórico tem como objetivo refletir sobre o Acompanhamento Terapêutico como agenciador no território para o cuidado em liberdade, à luz dos paradigmas internacionais e das diretrizes da política de saúde mental brasileira. A partir de uma abordagem qualitativa e de uma revisão da literatura nos campos da Psicologia Clínica, Saúde Coletiva e Acompanhamento Terapêutico, o estudo percorre o histórico, desde suas origens nos movimentos reformistas até sua inserção na Rede de Atenção Psicossocial. Os resultados mostram que a abordagem do acompanhante terapêutico se alinha ao modelo de reabilitação psicossocial e ao paradigma do Recovery, pois enfatiza o protagonismo do usuário e sua construção de vida nas dimensões de sentido de território. No entanto, evidenciamos na literatura desafios como a precarização do trabalho e a inserção ainda incipiente nos dispositivos da rede de cuidado. Finalizamos refletindo que o trabalho do acompanhante terapêutico pode fortalecer o cuidado em liberdade, como um agenciador de mediações com o as representações territoriais, mas que ainda merece de regulamentações nas políticas públicas que garantam financiamento, formação e reconhecimento profissional nos dispositivos de cuidado.

Palavras Chaves: Acompanhamento Terapêutico; território; cuidado em liberdade; Rede de Atenção Psicossocial.

Resumen

Este ensayo teórico tiene como objetivo reflexionar sobre el Acompañamiento Terapéutico como agenciador en el territorio para el cuidado en libertad, a la luz de los paradigmas internacionales y de las directrices de la política de salud mental brasileña. A partir de un enfoque cualitativo y de una revisión de la literatura en los campos de la Psicología Clínica, Salud Colectiva y Acompañamiento Terapéutico, el estudio recorre la historia de la práctica desde sus orígenes en los movimientos reformistas hasta su inserción en la Red de Atención Psicossocial. Los resultados muestran que el enfoque del acompañante terapéutico se alinea con el modelo de rehabilitación psicossocial y con el paradigma del Recovery, ya que enfatiza el protagonismo del usuario y la construcción de vida en las dimensiones de sentido del territorio. Sin embargo, la literatura evidencia desafíos como la precarización laboral y la inserción aún incipiente en los dispositivos de la red de cuidado. Concluimos reflexionando que el trabajo del acompañante terapéutico puede fortalecer el cuidado en libertad, como un agenciador de mediaciones con las representaciones territoriales, pero que aún requiere regulaciones en las políticas públicas que garanticen financiamiento, formación y reconocimiento profesional en los dispositivos de cuidado.

Palabras clave: Acompañamiento Terapéutico; territorio; cuidado en libertad; Red de Atención Psicossocial.

Introduction

This study aims to reflect on the Therapeutic Companion (TC) as an agent in the territory, understanding this practice as a concrete possibility for care in freedom, in light of international paradigms and the guidelines of contemporary Brazilian mental health policy.

The TC emerges in the context of transformation in the logic of mental health care, a historical change that occurred worldwide, shifting from the asylum model, centered on confinement and prolonged hospitalization, to a model of care based on territory and community, which respects the particularities and needs of each place and each subject (Amarante, 2015). This change, far from being merely technical, carries an ethical-political bet: that psychic suffering does not need to be synonymous with exclusion, and that care can and must take place in the spaces of everyday life. It is in this fertile ground that the therapeutic companion emerges as a singular figure: someone whose function is to be with the person in psychic suffering through alleys, squares, public transport, health services, schools, and city markets.

To understand the place that the TC occupies today in the Psychosocial Care Network (RAPS), it is necessary to recover the historical soil from which it springs. Initially, the experiences of reformist movements in the second half of the 20th century, driven above all by Franco Basaglia's experience in Italy, promoted radical critiques of traditional psychiatric knowledge and practices, questioning not only treatments but the very asylum institution as a producer of exclusion (Amarante, 1998).

In Brazil, the Brazilian Psychiatric Reform (RPB) did not emerge as a merely technical-assistance movement, but rather in the wake of the great social and political transformations of the late 1970s, where Amarante and Oliveira (2004) analyze that the Mental Health Workers' Movement (MTSM) emerged in 1978 from the public denunciation of violent conditions in psychiatric hospitals – a denunciation that triggered the first public sector strike since the beginning of the military dictatorship, revealing that the Brazilian psychiatric reform was born as a social movement articulated with the struggle for re-democratization.

At the II National Congress of Mental Health Workers, held in Bauru in 1987, the MTSM ceased to be a predominantly technical movement and assumed a broad identity as a social movement, under the motto "For a society without asylums" (Amarante & Oliveira, 2004, p. 16). This motto expressed an epistemological and strategic rupture: the axis of the debate abandoned merely assistance-related limits and began to envision the radical overcoming of the traditional psychiatric model – expressed both in the asylum structure and in medical knowledge about madness. It was in this context that the guidelines of psychosocial rehabilitation were developed. The pioneering experience took place in Santos (SP) in 1989, when the Anchieta asylum underwent a major intervention and, in its place, an innovative structure of services based on the concept of territory was set up: the Psychosocial Care Centers (NAPS), prototypes of the new substitute care model to replace asylums (Amarante & Oliveira, 2004).

According to Chauí-Berlinck (2011), it was in the context of the RPB that the TC emerged in Brazil as an option contrary to the hospitalization model, configuring itself as a resource for mental health treatment. The social movements, therefore, had in their discourses the defense of citizenship and the recognition of people in psychic suffering as subjects endowed with reason and will.

In this scenario of social movements, the TC was born as a political tool aligned with these ideals; initially, in the 1960s and 1970s in Latin America, the TC appeared in the role of a psychiatric assistant – interns who participated in the daily lives of people in crisis, offering basic care and affective support (Hermann, 2012) – and only later did it move from the hospital walls to the city streets.

In its forty years of existence, the TC has reinvented itself, ceasing to be merely an assistant inside psychiatric hospitals to become one who mediates, connects people to possible spaces in the territory, walks with them through squares, helps in the search for work, in home care, in daily chores; and it is no longer restricted to people with severe psychic suffering in the process of dehospitalization, but has expanded to various possibilities and contexts, such as general hospitals, schools, the judicial system, aging processes, among other fields (Metzger, 2017).

Neto and Dimenstein (2016) state that the TC presents itself as one of the fronts for the construction of this new care that takes place in RAPS services, that is, focusing on the singular character of the treatment of mental disorders, not relying on standardized protocols or diagnoses, but on the subject's desire as a therapeutic motor; responding to the guidelines of the Brazilian psychiatric reform, in which the person with psychic suffering can effectively circulate through the city, appropriating the territory as a living space and no longer as a surveillance scenario.

This new logic, with the TC acting as an operator accompanying the subject in the concrete steps of daily life, mediating relationships, strengthening social networks, and assisting in negotiation with territory equipment, is in direct consonance with the psychosocial rehabilitation model, which proposes to go beyond symptom control and mere adaptation of the subject to the environment, which bets on the reconstruction of the social contractual power of the person in psychic suffering, understanding that deinstitutionalization is not completed only by leaving the hospital, but with the creation of new life possibilities in the territory, including housing, work, leisure, affectivity, and citizenship (Pitta, 2001).

Furthermore, another process that the TC encompasses is social contractuality and the reconstruction of life projects, which also aligns with the international person-centered paradigm, Recovery and human rights of the World Health Organization, which, among various guidelines, focuses on the process of lived experience, the narrative about the processes in the dimensions and daily life of the person.

Brandão, Figueiredo and Delgado (2022) describe that Recovery emerged in the mental health field from the movements of people with lived experience of psychic suffering and their families in Anglo-Saxon countries in the 1970s, becoming relevant for the understanding of care practices that value user protagonism. Based on the classic definition of Anthony (1993), the authors point out that Recovery is not confused with cure in the biomedical sense, but rather with a personal and singular process of change: a way of living a satisfactory, hopeful, and meaningful life, even in the face of limitations caused by psychic suffering.

When approaching the TC from this international paradigm, it is not a matter of mechanically transplanting a foreign model, but of extracting from it its potentialities: user centrality, a bet on hope, the right to a meaningful life in the territory, in light of the achievements and concrete limits of the Brazilian Psychiatric Reform.

In Brazil, some experiences have described the TC in the devices of the Psychosocial Care Network and intersectoral services, such as in Psychosocial Care Centers (CAPS), Therapeutic

Residences (RT), and the judicial system, expanding its performance beyond mental health care itself. Silva (2012) points out that, although still incipient, sporadic, and timid, such experiences produce a significant impact on care and on the network. One example is the “TC in the Network” project, developed in Rio Grande do Sul since 1988 as an extension and research initiative linked to the Federal University of Rio Grande do Sul.

In the context of RAPS, the TC could be considered a privileged operator, due to the care strategies it develops for care in freedom that goes beyond mere discourse, but also takes effect as an act in the living territory, even though it remains tensioned between its clinical potency and institutional precariousness. Given the above, the central question guiding this essay arises: how can Therapeutic Companionship strengthen care in freedom in the territory, overcoming limits that still persist in the Psychosocial Care Network?

Methodology

This qualitative research was composed as a theoretical essay which, according to Meneghetti (2011), focuses on permanent reflection as a zone of centrality, through the theme of therapeutic companionship care as a relevant device of the psychosocial rehabilitation model and current paradigms.

The text is characterized by the interconnection between the experiences and the background of the authors, who analyze elements of the thematic field in search of an understanding of its complexity. Thus, they engage critically, descriptively, and interpretatively, allowing them to compose a synthesis of existing knowledge and to identify gaps for future investigations. To this end, literature was used in the form of articles and books from Clinical Psychology, Collective Health, and the field of Therapeutic Companionship.

The material, composed of books and articles, was analyzed based on themes related to the practice of TC and reflection in light of Brazilian mental health policy, and was subsequently triangulated with reality.

Results and Discussion

The TC constitutes a clinic in constant construction, open to the new and marked by a rupture with traditional models centered on the office. Inserted in the real contexts of the lives of people in psychic suffering, the TC produces not only technical interventions but also human connections built in the daily encounters between therapeutic companion and accompanied person. It is in this proximity, sustained by relationships and coexistence, that support, understanding of the uniqueness of human experiences, and the expansion of possibilities for social insertion of people in suffering become possible. This way of operating already points to a first answer to the central question: the TC strengthens care in freedom by moving the clinic from the closed space of the office to the living territory where life happens.

In this direction, according to Hermann (2005), the TC is understood from the practice itself and the place occupied by the one who accompanies the subject in their singular way of being in the world. The therapeutic companion must sustain, together with the accompanied person, the reconstruction of this world, building singular strategies and favoring possibilities of existence

without imposing models or pre-established ways of living. Thus, the TC strengthens care in freedom by starting from the subject's desire and singularity, rather than from standardized protocols or diagnoses.

We therefore consider that the TC can be constituted, as Lancetti (2008) refers, as a peripatetic clinic, carried out in the open air, that goes to meet the accompanied person in their daily routes, in the spaces where they live, circulate, and establish relationships. In this way, it becomes possible to accompany their singular modes of existing, tracing a map that reveals not only their pains and enclosures but also their unexpected potencies, their sensitivity, and the rhythms with which they inhabit the world and time. This can be a strategy for the RAPS by operating in situations and scenarios where services often do not reach, namely: on the street, at home, in leisure and work spaces.

There are several ways to conceptualize the TC in the literature. For Metzger (2017), what defines the TC is attentive listening to the suffering subject in an attempt to build social ties from the interventions that emerge from each encounter. Mendonça (2017) supports the TC as a "clinic of everyday life," understanding the TC as a clinical-assistance approach that is restricted neither to psychotherapy and transference management nor solely to practical activities of daily living, with management and handling as fundamental operations of clinical practice, where the bond is the tool to sustain care in freedom even in the face of crises and highly complex situations.

Palombini (2004) broadens the understanding of the TC by highlighting its political-clinical dimension, understanding the TC as a practice aimed at transformation and at building possibilities for coexistence in the world based on the recognition of different ways of existing. The author understands the TC as a clinical-political technology articulated with the public mental health network and substitute services. She also presents it as a fundamental device for sustaining and analyzing the principles of psychiatric reform. Thus, the TC operates as a tool for deinstitutionalization and transformation of traditional clinical practice, by building care networks in the extra-institutional space and producing practices that move away from asylum logic. This political-clinical dimension is central to overcoming the limits of RAPS, because the TC not only cares but also denounces and transforms the structures that still perpetuate exclusion.

For the TC to exercise this transformative power, Palombini (2004) emphasizes the importance of a practice guided by an ethics of encounter and by the constant analysis of lived reality. From this perspective, the therapeutic companion does not rely on fixed protocols but builds their performance based on the uniqueness of each encounter with the subject and their existential territory, in which the clinic takes place directly in the daily crossings at home, on the street, in services, and in different spaces of circulation, making life's events and impasses material for the creation of new meanings and possibilities of existence.

Thus, the TC transcends the condition of mere technique and affirms itself as a clinical-political practice that problematizes established knowledge and acts micropolitically in the deconstruction of the norms and habits that sustain asylum logic (Palombini, 2004). It is at this point that this clinic most strongly contributes to overcoming the limits of RAPS: by questioning crystallized practices and betting on the daily creation of new possibilities.

The insertion of the TC into Brazilian public mental health policies is marked by the experience of Santos (SP), especially after the intervention at the Anchieta asylum in 1989, a fundamental event for the anti-asylum struggle in Brazil. From this process, the first Psychosocial Care Centers (NAPS)

were created, precursors of the current CAPS, consolidating a model of territorial, community-based, and freedom-based care, in which the TC found space to develop as a clinical practice inserted in the public mental health network (Prefeitura de Santos, 2024). The creation of these spaces for territorial, community-based, and freedom-based care allowed the TC to strengthen itself as a clinical practice inserted in the public network, including with TC professionals who passed civil service exams since the first NAPS (Souza, 2026). This experience demonstrates that the formal insertion of the TC into RAPS, with stable employment ties, is a path to overcome institutional precariousness.

Another important milestone in the insertion of the TC into Brazilian public policies is the Comprehensive Care Program for the Judicial Patient (PAI-PJ), linked to the Court of Justice of Minas Gerais. Since its creation in 2001, the program has incorporated the TC as a fundamental clinical tool in the care of people in psychic suffering subjected to security measures or in situations of legal vulnerability. Supported by an articulation between justice, health, social assistance, and civil society, the PAI-PJ is guided by the principles of psychiatric reform and by the construction of alternatives to incarceration and asylum logic, maintaining the TC as a clinical function that permeates all professions (Barros-Brisset, 2010).

In the PAI-PJ, the TC occupies a strategic clinical function by acting directly in the daily lives of subjects, favoring their circulation through the city, access to rights, and the construction of care networks. Inserted in an interdisciplinary team and having the TC as a cross-cutting clinical function across different professional categories, it operates as an articulator between health, justice, and social assistance, accompanying situations marked not only by psychic suffering but also by social exclusion, racism, violence, and poverty. Through clinical work carried out in the territory, the TC sustains care practices in freedom, favoring processes of autonomy and the construction of new possibilities of existence and social circulation, even in the face of deep marks of stigma and exclusion. Thus, the PAI-PJ experience evidences the power of this device to tension asylum-like and judicial structures, affirming care in freedom as a concrete possibility, even in contexts of high institutional complexity (Barros-Brisset, 2010).

Another important experience in the insertion of the TC into the Brazilian public network was the “TC in the Network” project at UFRGS, created in 1998. With continuous action for nearly three decades, the project articulates extension, teaching, and research, contributing to the training of professionals and to the RAPS of Porto Alegre, in addition to becoming a national reference in the promotion of care in freedom (Palombini et al., 2022). The consolidation of the TC in the Network has always been supported by a broad collaboration network between university, public services, faculty, students, and accompanied persons, becoming a national reference in the practice of TC in the public context. Linked to the university, the project articulates extension, teaching, and research, enabling its continuity and theoretical foundation, but also evidencing structural limits, since its existence depends on academic institutional support, without constituting a formal public policy of SUS (Palombini et al., 2022). Even so, the experience demonstrates the clinical and social power of the TC and points to the need for its more effective incorporation into public mental health policies (Palombini et al., 2022).

Another relevant experience in which professionals act as TCs are the Therapeutic Residential Services (SRTs) in the city of Rio de Janeiro, initiated in 1998 as strategic devices of the deinstitutionalization policy. Regulated from the year 2000 onwards, the SRTs offer housing

inserted in the urban space for people discharged from long psychiatric hospitalizations, favoring their return to community life and care in freedom. In this context, the TC occupies a central role in care coordination, working alongside caregivers and nursing technicians (Soares & Silva, 2019). In the SRTs, the TC constitutes the central axis of care, offering daily support in the home environment and favoring processes of psychosocial rehabilitation, autonomy, and community insertion. The TC, hired via a formal work card through a Social Organization (OS), acts as a reference technician, articulating clinical and social care, supervising caregivers, and sustaining the residence as a space of life in freedom, avoiding its institutionalization (Soares & Silva, 2019).

Despite the different forms of institutional insertion of the TC in the experiences presented – whether through public civil service exams, as in Santos, the cross-cutting clinical function exercised in the PAI-PJ, formal hiring in the SRTs of Rio de Janeiro, or the university link in the TC in the Network – all converge in supporting the TC as a powerful practice of care in freedom. Even though crossed by different institutional arrangements, the TC demonstrates, in all these contexts, its capacity to build bonds, expand social circulation, articulate care networks, and sustain singular modes of existence outside asylum logic. These experiences show that the power of this clinic is not reduced to the institutional model to which it is linked, but is affirmed precisely in the ethics of the encounter, in presence in the territory, and in the daily construction of possibilities for life and social belonging.

Final Considerations

This study made it possible to describe the history and performance of Therapeutic Companionship (TC) and reflected on its relevance as an actor in psychosocial rehabilitation care, through expanded clinic strategies, in the territory, and mainly in freedom. It proved important, therefore, to carry out reflections on this device in light of international paradigms and the guidelines of Brazilian mental health policy.

Throughout the theoretical path constructed, it was possible to show that TC historically emerges as a border practice, situated between clinic and politics, between hospital and city, between the technical and the existential. From its origins in the reformist movements of the second half of the 20th century, through the Italian experience and the Brazilian anti-asylum struggle, TC has consolidated itself as a deinstitutionalization device that operates in the living territory, accompanying people in psychic suffering in their daily routines. The analysis also demonstrated that TC aligns with the psychosocial rehabilitation model, by betting on the reconstruction of social contractuality, as well as with the international paradigm of Recovery, which emphasizes user protagonism and the construction of a meaningful life even in the face of limitations.

Notwithstanding the clinical and political power of TC, this study also evidenced the tensions that permeate its practice in the context of the Psychosocial Care Network. The therapeutic companion remains frequently subjected to precarious working conditions, with fragile employment ties, lack of regulation, and little institutional supervision. Moreover, the insertion of TC into the network's devices is still sporadic and timid, concentrated in local experiences with little national reach. These limits point to the need for institutional strengthening of TC as a public policy and not just as an isolated initiative.

Faced with the central question that guided this essay – how can TC strengthen care in freedom in the territory, overcoming limits that still persist in the RAPS? – it is considered that TC strengthens care in freedom to the extent that it operates as an agent connecting the subject to the territory's equipment, as a network builder, and as a trigger for autonomy processes. However, for this power to be realized in an expanded and sustainable way, it is suggested as a course of action that TC ceases to be a marginal practice and begins to occupy the place of a central device in mental health policies. This implies the need for: (a) inclusion of TC as a specific service in the RAPS, with its own funding; (b) continuing education and permanent supervision for therapeutic companions; (c) guarantee of dignified employment ties; (d) promotion of research that evaluates the impact of TC on reducing rehospitalizations and expanding user autonomy. It is hoped that this essay contributes to making TC visible as a fundamental strategy for the consolidation of care in freedom and for the advancement of the anti-asylum struggle in Brazil.

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