

## EVERYDAY FACE-TO-FACE INTERACTION IN A PSYCHOSOCIAL CARE CENTER DURING THE COVID-19 PANDEMIC

Etiene Silveira de Menezes<sup>1</sup>, Camila Irigonh  Ramos<sup>2</sup>

Luciane Prado Kantorski<sup>3</sup>, Christine Wetzel<sup>4</sup>

Janaina Quinzen Willrich<sup>5</sup>, Ariane da Cruz Guedes<sup>6</sup>

**Highlights:** (1) There was a loss of face-to-face interactions during the pandemic period. (2) The actors in mental health services redefined the meaning of their everyday practices. (3) The strategies and tactics generated transformations in the current reality of the services.

PRE-PROOF

(as accepted)

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<sup>1</sup> Universidade Federal de Pelotas – UFPel. Pelotas/RS, Brazil. <https://orcid.org/0000-0003-3968-7260>

<sup>2</sup> Universidade Federal de Pelotas – UFPel. Pelotas/RS, Brazil. <https://orcid.org/0000-0001-9726-3162>

<sup>3</sup> Universidade Federal de Pelotas – UFPel. Pelotas/RS, Brazil. <https://orcid.org/0000-0001-8593-1397>

<sup>4</sup> Universidade Federal do Rio Grande do Sul – UFRGS. Porto Alegre/RS, Brazil.

<https://orcid.org/0000-0002-9125-0421>

<sup>5</sup> Universidade Federal de Pelotas – UFPel. Pelotas/RS, Brazil. <https://orcid.org/0000-0001-7427-9305>

<sup>6</sup> Universidade Federal de Pelotas – UFPel. Pelotas/RS, Brazil. <https://orcid.org/0000-0002-5269-787X>

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### **ABSTRACT**

**Objective:** To understand everyday face-to-face interactions among actors in a Psychosocial Care Center (CAPS - *Centros de Atenção Psicossocial*) in the context of the pandemic.

**Methods:** This qualitative study uses the case study method. This article is part of a larger study. Data were collected in a CAPS II, located in a city in Rio Grande do Sul. Free and participant observation were used as research instruments. In this excerpt, the participants were three staff members, one service user, and one community member. Two scenes and settings were selected for analysis. For the content analysis, the material was categorized based on the study of everyday life, supported by the concepts of Goffman, Lefebvre, and Certeau. **Results:**

The findings highlight the difficulty of interaction due to mask use, which impairs impression management and communication. However, when the subjects reorganized the setting, they facilitated interaction through tactical action. In perceived space, masks prevent the full use of the senses, which impairs the definition of the situation and can lead to embarrassing situations. Actors tend to seek to preserve face by making efforts to avoid greater embarrassment.

**Conclusion:** Thus, the present study contributes to our understanding of social interactions within the various contexts of the everyday lives of individuals in mental healthcare services.

**Keywords:** Activities of Daily Living; Community Mental Health Services; COVID-19.

### **INTRODUCTION**

Rather than the opposite, it can be understood that social relationships determine individual functioning. Within each individual, there is a variety of relational determinations that are often incoherent and contradictory<sup>1</sup>. Face-to-face interaction is regulated by how a person deals with themselves and others in the immediate physical presence of others. This interaction requires a flow of information transmitted through linguistic and expressive messages<sup>2</sup>.

The primary preventive measure adopted during the COVID-19 pandemic was social distancing. As a result, social relationships underwent significant changes. People increasingly relied on social media to communicate, and face-to-face interactions began to occur with people wearing masks in public. Lefebvre<sup>3</sup> conceives of space as being linked to the social reality experienced during a given historical period through actions and attitudes during social

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interactions. Therefore, space and time cannot be categorized or conceptualized in isolation. Rather, they are understood as constituent aspects of social practice that are produced socially and comprehensible only within the context of a particular society<sup>4</sup>.

In turn, Certeau<sup>1</sup> understands that social organization occurs dynamically and may be constituted in a proper place, which is a location defined by strategic operations influenced by relations of knowledge and power. Alternatively, social organization may occur in space, which is understood as a place practiced through tactical operations that circumvent dominant structures attempting to control social space. Place is characterized by stability, while space refers to movement<sup>5</sup>. Social space is produced through unstable social interactions in a dialectical process that considers the temporality and historicity of coexisting relationships<sup>6</sup>.

Lefebvre<sup>3</sup> describes social space as complex and inclined to reproduce relationships shaped by capitalist society. However, he acknowledges that forces operate in opposition to the established order, seeking its subversion. He emphasizes that space and time must be considered to understand the context of a given society. Goffman<sup>7</sup> posits that actors perform social roles according to the established social context. For Certeau<sup>1</sup>, everyday practices operate unexpectedly and silently within a dominant order. Thus, consumers carry out micro-level operations within technocratic structures, thereby altering their functioning.

The three theorists argue that, during interactions, there is a tendency to reproduce social relations that are already established in society. However, from the perspectives of Certeau<sup>1</sup> and Lefebvre<sup>3</sup>, there are forces that resist repetition and seek to reappropriate social space, thereby bringing about transformation. Face-to-face interactions are organized through interaction orders, which are sets of norms that regulate behavior according to the established social situation. These interaction orders are decisive for the roles performed in society<sup>2</sup>.

In this regard, descriptions of scenes from Psychosocial Care Centers (CAPSs - *Centros de Atenção Psicossocial*) and discussions of concepts concerning everyday face-to-face interactions are relevant to understanding the historical moment experienced in mental healthcare services during the COVID-19 pandemic. These descriptions serve as theoretical support for understanding the transformations in the everyday lives of those involved in psychosocial care.

Therefore, the objective of this article is to understand the everyday face-to-face

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interactions among actors in a CAPS within the context of the COVID-19 pandemic.

### METHODS

This article is part of a larger study derived from the doctoral dissertation “*Cotidiano e território: a reinvenção da atenção psicossocial no contexto da pandemia de COVID-19*”. The study was approved by the Research Ethics Committee for Human Beings of the School of Nursing at *Universidade Federal de Pelotas*, under Opinion 5,509,429 and Certificate of Presentation for Ethical Consideration 59601522.9.0000.5316.

Throughout all stages of the study, ethical principles were respected in accordance with Resolution 466/2012 of the Brazilian National Health Council of the Ministry of Health regarding research involving human beings<sup>8</sup>. Additionally, Resolution 510/2016<sup>4</sup> of the National Health Council was observed<sup>9</sup>.

The city in Rio Grande do Sul where the study was conducted has seven CAPS dedicated to adult care (for individuals over 18 years of age). One of these services is an Alcohol and Drug Psychosocial Care Center III (CAPS AD III), which is responsible for serving the entire municipal territory. The other six are CAPS II units, which are organized according to coverage areas and are distributed throughout the municipality.

The data collection site was selected based on structured and discursive interviews with seven CAPS coordinators conducted between July 22 and September 2, 2022. These interviews enabled the reconstruction of a timeline comprising three periods—before the pandemic, 2020–2021, and 2022—using the psychosocial care model as a reference. The service that demonstrated the closest alignment with the psychosocial model and adopted creative forms of care during the pandemic was chosen as a selection criterion. Data collection was conducted at a CAPS II site using the case study method. A specific case study was developed to allow the researcher to closely observe the entire context. This approach involved selecting specific aspects of the broader context, providing answers to the research question and extending the study to similar empirical contexts<sup>10</sup>.

CAPS II, where the research was conducted, is characterized by the cultural diversity of its catchment area. It serves neighborhoods located in the central, northern, and rural regions of the municipality. The multidisciplinary service team consists of one nurse, two nursing

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technicians, three psychologists, two social workers, two physical educators, one art educator, one music teacher, one artisan, one administrative assistant, one general practitioner, and two cleaning service workers. In addition to these professionals, two psychiatrists who are psychiatry professors at one of the city's medical schools provide care to service users. This CAPS also receives students from the medicine, social work, and psychology programs who carry out their training activities at the center.

The participants in this study comprised three workers (W), one service user (SU), and one community member (CM) who all belonged to the CAPS catchment area where the study was conducted. Each participant was identified by a letter corresponding to their group, followed by a number in ascending order according to their participation in the fieldwork.

Initially, free observation was conducted in the reception area and the workers' meeting room to understand the service's overall functioning and user flow, and to determine which activities to observe more closely. This stage took place over the course of one week, from September 12 to 16, 2022, for a total of 50 hours of observation.

Participant observation was carried out over a four-month period from September 19, 2022, to January 19, 2023, for a total of 334 hours. Several CAPS activities were observed during this phase, including individual consultations, therapeutic workshops, therapeutic groups, and home visits, according to the service's organizational structure. Participant observation is the primary method used to study social interactions in a natural setting. A prolonged observation period allows participants to become accustomed to the researcher, enabling an in-depth temporal description of everyday processes<sup>10</sup>.

In all observed activities, participants were asked for their consent regarding the researcher's presence. Observations were recorded in field notes, totaling 60 pages.

Data analysis was conducted through an exhaustive review of the field notes compiled during 384 hours of free and participant observations. The abbreviation "FN" (Field Notes) was used to identify excerpts from the field notes cited in the study. This article includes two scenes and two settings from the selected excerpt. Minayo's<sup>11</sup> content analysis was employed to group the material into categories based on the study of everyday life, supported by the concepts of Goffman, Lefebvre, and Certeau.

It should be noted that a scene is the moment in which an individual presents themselves

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to others, performing a role or performance<sup>7,12</sup>, whereas a setting is the environment in which the interactive process of the scene unfolds<sup>7</sup>.

## **RESULTS AND DISCUSSION**

From Goffman's perspective<sup>7</sup>, when individuals are in the presence of another person, they analyze and are analyzed according to social standards learned from their earliest social interactions during childhood. These social experiences influence how they interpret impressions<sup>13</sup>.

Similarly, Lefebvre<sup>14</sup> argues that everyday life consists of repetitive gestures and automatic movements that reproduce social practices conditioned by the dominant social order. This makes it necessary to study the creative activities that emerge in this context, as well as the activities that reproduce it.

Wearing masks may impair impression management and communication because the individuals involved in the interaction cannot obtain all the transmitted information, which may hinder the definition of the situation.

This occurs because, during the interaction process, the actor plays a role to create an impression on others, controlling their expressions to convey the idea that what is being enacted is real. This performance includes personal presentation and setting<sup>7</sup>.

A performance is any activity carried out by an individual before a particular audience during a given period that exerts some influence over the observers. During a performance, there is a part of the display called the "front", consisting of the expressive tools used by the performer, which function in a standardized manner, either consciously or unconsciously. The front is composed of fixed elements, including the setting and the personal front<sup>7</sup>.

The social front consists of the setting, which can be considered the "scenic parts of the expressive equipment", and is related to the other "items of expressive equipment" belonging to the actor that accompany them wherever they go. Signal vehicles may be relatively fixed, such as racial characteristics, or relatively transitory, such as facial expressions<sup>7</sup>.

Therefore, it can be perceived that the choice of setting for consultations became particularly relevant during the pandemic, since mask use can hinder communication and

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interaction. Two settings that illustrate this situation are described below.

<u>Setting 1</u>
The individual consultation took place in the garage. Two chairs were arranged facing one another, without a table between them. The garage is a spacious area with good acoustics. W1 chose this location because it is less affected by external noise. The presence of acoustic interference makes a difference during communication with the service user, and it is noticeable that mask use impairs interaction. (FN)

<u>Setting 2</u>
The intake session takes place on the second floor in the arts and crafts room. The rooms on the ground floor, which provide better acoustic insulation, were occupied with other consultations. There is a table in the room, but W2 chooses to position the chairs facing one another without the table between them. The window remained closed. The street where the CAPS is located is very busy, and depending on the room, external noise interference is greater. Therefore, this room was chosen because it was available. External noise considerably hinders communication, which becomes even more difficult because of mask use. (FN)

Clearly, workers reorganized the furniture and considered the acoustics when selecting consultation locations, intentionally doing so to prevent impairment of the therapeutic and communicative processes.

The setting consists of furniture, decorations, the physical arrangement, and other elements that serve as the backdrop for the social actor's actions. The setting remains in the same geographical position where the actor may begin their performance when they are present in the appropriate location, and they may only conclude the performance by leaving the setting<sup>7</sup>.

The concept of setting<sup>7</sup> can be linked to Certeau's idea of the proper place<sup>1</sup>, which refers to a controlled location where elements are arranged in an organized way. These elements may be positioned side by side in locations that define them and that are subject to dominant powers<sup>1,5</sup>.

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Although the setting may be understood as fixed, it is one of the elements that compose a particular front through which individuals perform predetermined social roles. When subjects organize the environment to facilitate the therapeutic and communicative processes, a subversive movement emerges in response to the pandemic and the requirement to wear face masks. This can be understood as the conquest of space since it seeks to produce change through tactics developed by ordinary individuals, as described by Certeau<sup>1</sup>.

Thus, a new space is constructed that can be understood as a meeting point of movements operating under the control of dominant power. This space becomes a place of practice<sup>1</sup>. Therefore, it is possible to argue that, when reorganizing the setting to perform their roles, research participants employ the acting methods studied by Certeau<sup>1</sup>, making use of tactical operations.

Organizing a consultation in a private room with furniture, such as chairs, cabinets, and mirrors, constitutes a setting. This setting is situated within a proper place and represents a strategic operation because it follows the dominant order associated with the structure of an individual consultation. In contrast, choosing a room with better acoustics to facilitate communication and positioning the chairs so that the actors face one another directly without a table separating service users/family members from professionals constitute tactical operations that generate a horizontal relationship.

Therefore, both settings were reconfigured to promote therapeutic listening. Neither room was originally intended for individual consultations; they were spaces where workshops took place. However, it is evident that the workers were concerned with creating a setting that ensured privacy based on an already established proper place. Thus, the rooms were used strategically to carry out consultations institutionalized by the service, such as individual consultations and intake sessions. Nevertheless, when the workers transformed the space by giving the room a different function—it was originally intended for therapeutic workshops—to ensure better acoustics and facilitate communication by closing the window and rearranging the chairs so they faced one another, they employed tactical operations. This resulted in the reappropriation and production of space.

Based on the described settings, in addition to impaired verbal communication, it is believed that masks hinder recognition of actors' expressions, thereby compromising

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interaction in this pandemic context. The following scene is presented for analysis to illustrate face-to-face interaction in a broader manner.

Scene 1
<p>SU1 and W3 remain masked throughout the entire interaction. The re-intake session takes place in the nursing room, with a table positioned between the service user and the worker. There are also chairs available for both of them to sit. The room contains cabinets, a sofa, and another table with chairs arranged around it. The door is closed, and only W3 and SU1 are present in the room.</p> <p>W3 is wearing a floral dress, glasses, and earrings. SU1 is wearing a shirt and jeans and is not wearing any accessories. W3 warmly welcomes SU1, saying, “Hi, SU1, how are you? What have you been doing since you were discharged from CAPS?”—SU1 had been discharged in 2021. SU1 replies, “I haven’t been doing anything!” W3 asks, “Have you been traveling a lot?” (the service user frequently traveled with her mother to visit a sister who lived in another city). SU1 responds, “I used to travel a lot, go downtown with my mother, and go grocery shopping, but two months ago my mother passed away”. I find it difficult to identify whether the service user expresses sadness while reporting this situation.</p> <p>According to W3, the service user and her mother were very close and were always together. SU1 says, “I have been feeling very lonely”. W3 asks, “What about your family? Who do you have the most contact with? I remember your daughter lived with you. And your husband?” SU1 then replies, “My daughter moved out”.</p> <p>The service user is not very communicative. I notice difficulty in the interaction. She limits herself to answering questions. It is difficult to identify SU1’s feelings. She does not use gestures and does not cry. SU1 reports, “I am upset that my daughter moved out”.</p> <p>Again, I find it difficult to identify the expression of this feeling because it is not possible to observe the service user’s facial expressions due to mask use. W3 then investigates the symptoms, asking, “Why did you return to the service?” SU1 reports, “I’m not sleeping well. I stopped taking my medications because my sister-in-law said it is harmful to use medication for too long”. W3 asks, “How long ago did you stop taking your medication?”</p>

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SU1 replies, “Earlier this month, I think it has been more than two weeks”. In a welcoming tone of voice, W3 explains, “You cannot stop taking your medication. You need to keep taking it regularly; otherwise, you will become ill again”. SU1 responds, “I thought I could stop because I had been feeling well for a long time”.

W3 says, “You cannot stop, otherwise the symptoms will return”, and continues, “Based on what we discussed, we need to think about your treatment here at CAPS. How is your schedule? We have gardening workshops and arts and crafts workshops. Which do you prefer?” SU1 replies, “I prefer the afternoon because I live far away. The gardening workshop would be fine”.

W3 says, “Alright, then we will do the following: you will attend the gardening workshop weekly, continue meeting with me every two weeks, and on day X you will come for a medical consultation”.

Thus, the Individual Therapeutic Plan is developed according to the service user’s abilities, availability, and needs. During the consultation, SU1 coughed frequently, and W3 asked, “How long have you had this cough?” SU1 replied, “For quite a long time. It comes and goes”. W3 then referred her to the Basic Health Unit in her area for clinical assessment. At the end of the consultation, W3 said goodbye to SU1 and hugged her affectionately. (FN)

The setting includes a table between the seated actors. The presence of this furniture defines the situation as a re-intake session. As previously discussed, it can be assumed that this setting constitutes a strategic operation that occupies a proper place because it complies with institutional power. Although the personal front is coherent with the roles performed by the actors in some situations within this scene, it presents discrepancies in other moments, which will be described later.

First, it is important to understand that personal presentation can be divided into two categories: appearance and manner. Appearance relates to stimuli that display an individual’s social status and the activity in which they are currently engaged, whether at work or during a recreational activity. Manner, on the other hand, refers to stimuli that reveal the role the actor intends to play in a given situation. Typically, audiences expect manner and appearance to be compatible with and appropriate for the environment in which the performance takes place<sup>7</sup>.

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Coherence between appearance and manner can be observed by considering the clothing worn and the social status of the actors, as well as the fact that W3 plays her professional role at certain moments in the scene, as prescribed by the social order. She investigates the service user's mental health condition, decides to refer her for a clinical assessment, and organizes an Individual Therapeutic Plan (ITP) within the service. These actions can be considered strategic.

However, there is an inconsistency between her appearance and manner when she sheds the pretense of professionalism — according to the order of interaction — by questioning the user about her life, involving her in decisions regarding the choice of workshop, and embracing her. Thus, she places herself on the same level as the user. These practices are believed to be tactical, seeking to creatively reframe the service and understand the individual in their entirety.

Appearance and manner are expected to be coherent and express social differences according to the role one plays in an interaction. However, they may also be contradictory. For instance, an actor may appear to hold a higher social position than the audience, yet behave in an egalitarian manner. Conversely, an actor may wear clothing that suggests high social status, yet occupy a subordinate position relative to another individual. In general, coherence is expected among the environment, appearance, and manner<sup>7</sup>. It is important to note the tendency to maintain appearances so that the interaction follows an order consistent with the pre-established social situation<sup>15</sup>.

During face-to-face interaction, when W3 demonstrates an understanding that aspects of everyday life must be considered in addition to clinical investigation during a re-intake session, it becomes evident that the ways of acting within psychosocial care constitute possibilities of resistance to the dominant order in society.

Tactical operations create different modes of use within a space, re-signifying it and generating a rupture between the power that structures the dominant order and how the order is used<sup>1</sup>. Everyday practices affect technocratic structures through multiple, interconnected tactical operations occurring within individuals' daily lives, enabling them to reappropriate space<sup>1</sup>. Certeau<sup>1</sup> argues that space is filled by interconnected everyday practices over time. Similarly, Lefebvre<sup>3</sup> posits that space and time constitute social practice, and that space is created and transformed through social interactions.

Therefore, it is important to emphasize that the production of space is both a theoretical

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concept and a practical reality. It is constructed in a relative manner and understood as a dialectically related triad. This triad is designated as both the perceived-conceived-lived triad and the spatial practice-representations of space-representational spaces triad<sup>3</sup>.

Lefebvre<sup>3</sup> adopts a dual approach to space: one is phenomenological, and the other is linguistic. Thus, the analysis of the dialectics of the spatial production triad can be developed from a linguistic perspective, considering: social practice as the material dimension of activity and the networks of communication and interaction occurring in everyday life; representations of space as the images that compose space and emerge through discourse in the form of descriptions, concepts, and scientific theories of space; and representational spaces as the symbolic dimension of space and the process of signification linked to the material<sup>4</sup>. Representations are historically and socially structured and influence people's everyday lives, forming patterns established by the dominant culture of a given place<sup>16</sup>. From a phenomenological perspective, the production of space occurs through the concepts of the perceived, conceived, and lived. This triad is composed simultaneously of both individual and social dimensions<sup>4</sup>.

Perceived space relates to everyday experiences mediated by the body through the use of the senses. Conceived space is the dimension in which thinking associated with producing knowledge takes place and is governed by spatial domination. Lived space refers to individuals' actions in everyday life that are organized through practice and interactions, which determine the diversity of social spaces<sup>4,17</sup>. These three dimensions of space exist simultaneously and dialectically. Spatial practices may be associated with perceived space, representational spaces with lived space, and representations of space with conceived space<sup>3</sup>.

Starting from the spatial triad, one could argue that what is perceived is related to what is observed through bodies engaged in social practices between W3 and SU1. Thus, the expressions and impressions formed between actors during face-to-face interaction may be considered part of the perceived space.

From this perspective, conceived space can be understood when W3 uses a setting structured according to institutional healthcare service standards. This setting is composed of traditional consultation furniture and a social front that initially establishes a differentiation between professional and service user roles. W3 also uses scientific knowledge to identify

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service users' symptoms, provide medication guidance, and develop an ITP. This configures the representation of space as a therapeutic environment.

Lived space can be understood when the worker establishes a horizontal relationship with the service user, creating at that moment a discrepancy in the personal front (appearance and manner). Representational spaces are created when W3 considers subjectivity and individual potential when choosing the therapeutic workshop jointly, and when she seeks to identify aspects of SU1's everyday life, such as her daily routine and family life.

To illustrate the production of space within a three-dimensional dialectic, consider the issue of medication use. In the lived dimension, the service user discontinued her medication. When W3 explains that SU1 needs to resume taking her medication, the interaction moves into the conceived dimension. The welcoming manner in which the interaction occurs may be associated with the perceived dimension.

When analyzing the use of masks, conceived space can be understood as the definition of what is already known and established within a specific place. This occurs when W3 uses scientific knowledge to organize therapeutic interventions and when actors wear masks during consultations. However, perceived space may be impaired because the masks prevent the actors from fully using their senses to observe what is happening during the interaction. Nevertheless, an alternative pathway emerges within lived space when W3 draws on her prior knowledge of SU1 and incorporates her into the therapeutic process by considering her preferences and requirements. These constitute tactical operations through which ways of existing within psychosocial care are created.

There is a close relationship between Lefebvre's lived and perceived spaces and the tactics employed by the ordinary individual as conceptualized by Certeau, just as conceived space may be understood as a proper place, i.e., a space of domination<sup>18</sup>.

The presence of face masks can create obstacles to the therapeutic process. However, the fact that W3 and SU1 knew each other before the pandemic minimizes these obstacles, allowing for tactical and strategic movements that redefine psychosocial care practices. Considering face-to-face interaction, masks may generate greater discomfort depending on the situation. When an individual is in the presence of others, they seek to gather as much information as possible to define the situation. This allows others to anticipate what the

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individual expects from them and what they may expect from others<sup>7</sup>.

When W3 investigates aspects of the service user's everyday life, she gathers information to help establish a therapeutic plan. However, identifying the service user's expressions and feelings is difficult because of mask use. It should be emphasized that the therapeutic relationship established before the COVID-19 pandemic between the service user and W3 helped define the situation in this scene.

The definition of the situation is primarily conditioned by the analysis and interpretation of what occurs during the encounter. Within this encounter, an interactional game is established, in which actors transmit or withhold information according to their subjective knowledge and moral rules. The objective is to manage impressions that meet the social actors' expectations, in accordance with a particular social organization<sup>7,9-20</sup>.

Thus, when considering the use of face masks, it may be difficult to identify the facial features and expressions of those involved in face-to-face interactions. This hinders the impressions formed and, consequently, the interpretation of the situation.

The following scene depicts such an interaction between a CAPS SU2 without a mask and a CM1 wearing a mask.

<u>Scene 2</u>
<p>While we are exercising on the equipment in a public square, a young woman, CM1, arrives and recognizes SU2. CM1 greets SU2, calls her by name, and says, "Do you remember me? We were hospitalized together at the [Psychiatric Hospital]. I have been coming here to the square to exercise. How have you been?" CM1 is very affectionate toward SU2. She uses a caring tone of voice but does not make physical contact. Clearly embarrassed, SU2 places her hands in her pockets, lowers her head, and replies, "I'm fine. I'm here with the CAPS group". She then says goodbye and quickly moves away from CM1. I realize that SU2 did not recognize CM1 and felt embarrassed by the situation. (FN)</p>

Based on this scene, it can be inferred that recognizing others becomes difficult when masks are used. During the current pandemic, when masks are worn, it becomes difficult to perceive others' actual images. Instead, we construct an idealized image in our minds, using

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our imagination to fill in the covered portion. This creates gaps and makes recognizing people more difficult. Consequently, the situation becomes less clear because masks obstruct recognition of facial expressions.

Therefore, it should be emphasized that the definition of the situation involves a set of actions and behaviors that are subject to interpretation by different social actors throughout the interactional process, generating tensions due to the potential for misunderstandings. As a result, maintaining the interaction becomes a fragile balancing act and a constant state of vulnerability, whose continuity depends on the effort and negotiation of those involved<sup>19</sup>.

Embarrassment may arise when an individual projects a definition of the situation, but events during the interaction contradict or challenge that projection. This can cause discomfort and potentially lead others to become hostile or uneasy. In such circumstances, face-to-face interaction may break down<sup>7</sup>.

Thus, when inappropriate communication occurs, something unexpected emerges, generating embarrassment. This situation becomes prominent, revealing the inadequacy of the communication to the context. This may result in the loss of the previously established reputation in front of the audience and create discomfort due to the discrepancy between the expected social behavior and the actual behavior<sup>13,21</sup>. Therefore, when an embarrassing situation arises, actors tend to maintain their composure, making efforts to avoid further embarrassment. This is what happens when SU2 distances herself from CM1.

The constant possibility of embarrassment during interaction regulates social relationships. Consequently, social events involve social constraints, or the avoidance of behaviors that might discredit the participants and determine what is accepted within the interaction order<sup>22</sup>.

Another aspect of this scene that can be analyzed is that during this social encounter, CM1 states that she “remembers the service user from the psychiatric hospital”. At that moment, SU2 may be recalling the role she played in that segregated and isolated environment, which differs substantially from her role on the day of the analyzed scene. On that day, she is in a public square, exercising and living freely.

This embarrassment underscores the distinction between social roles. Each individual performs a role according to their audience. Thus, a person performs different roles, but there

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are occasions when the audience remains the same. In such situations, individuals encounter selves that differ from those they present in other circumstances before the same audience. This generates embarrassment directed not toward the individual, but toward the social system itself<sup>23</sup>.

Therefore, one could argue that SU2 performs different social roles depending on her audience and the spaces she occupies. In this regard, it is understood that SU2 played one role at the psychiatric hospital while hospitalized with CM1 and a different role in a public space with her CAPS social group.

It should be emphasized that, within the social space of the psychiatric hospital, surveillance and control cause hospitalized individuals to appear more easily captured by the system. This makes it difficult for them to choose with whom they wish to interact and causes their bodies to move according to institutional norms.

In contrast, individuals possess autonomy and move freely in public spaces such as the square, exercising their right to choose their social relationships within lived space. In this sense, when SU2 distances herself from CM1, she acts within her perceived space and exercises her freedom to choose how to relate to others. Notably, SU2 acted within an interaction order while simultaneously using ingenuity to transform the social space. This situation is made possible when the therapeutic process occurs within people's life territories.

Therefore, it can be concluded that mask use reorganizes interaction order, becoming a determining factor in the development of the scene. This is part of the territory of the pandemic context, where the "terrain", in concrete terms, is a "socially produced space of social relations of production and reproduction"<sup>3</sup>. When SU2 distances herself from CM1, she avoids greater embarrassment. In doing so, she adopts a tactical stance toward the established situation to preserve her social front. Thus, subtle tactical practices occur within the dominant system and promote resistance movements within microsocial spaces<sup>1</sup>.

## **FINAL CONSIDERATIONS**

Face-to-face interactions in everyday life in CAPS were challenging for social actors involved in psychosocial care during the pandemic. The preventive measures implemented to combat the pandemic, such as wearing face masks, made face-to-face interactions more

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difficult. This led workers to seek settings with less acoustic interference to facilitate communication. These everyday practices reveal resistance to the reality imposed by the COVID-19 pandemic.

The use of masks hindered individuals' ability to observe one another's facial expressions during interactions. Facial expressions are important for defining situations and understanding social spaces. This demonstrates that perceived space was impaired. It should be emphasized that the dimensions of conceived and lived spaces within the re-intake scene were not compromised by prior knowledge resulting from previous interactions between the worker and service user. This allowed this everyday practice to be reinterpreted within psychosocial care. Furthermore, the use of masks increases the likelihood of misunderstandings and embarrassing situations because of confusion about the situation, requiring social actors to maintain their front.

The present study contributes to the understanding of social interactions in the different contexts in which actors within mental healthcare services are embedded. It makes it possible to understand people's everyday lives and the ways in which they re-signify their social practices in response to the adversities encountered within the space and time of mental healthcare service realities. This new knowledge is inscribed through the strategies and tactics employed during the COVID-19 pandemic, enabling the creation of a space that considers the historical moment while recognizing the transformations these experiences generated in contemporary mental healthcare services.

The study is limited because it was conducted during a specific period marked by the resumption of collective activities within the service following the introduction of vaccines. Thus, it portrays only one moment within the broader course of the pandemic.

It is suggested that future research be conducted to analyze CAPSs' daily routines, with the aim of identifying and understanding the marks left by the COVID-19 pandemic on these services. Such investigations can reveal how experiences during the pandemic continue to influence face-to-face interactions and care production from a psychosocial perspective.

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<b>Authors' contributions</b>
<p>Etiene Silveira de Menezes: Conceptualization; Investigation; Methodology; Project administration; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p> <p>Camila Irigónhê Ramos: Conceptualization; Methodology; Project administration; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p> <p>Luciane Prado Kantorski: Conceptualization; Methodology; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p> <p>Christine Wetzel: Conceptualization; Methodology; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p> <p>Janaina Quinzen Willrich: Conceptualization; Methodology; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p> <p>Ariane da Cruz Guedes: Conceptualization; Methodology; Data presentation design; Original manuscript drafting; Writing - reviewing &amp; editing.</p>
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<p><b>Corresponding author:</b> Etiene Silveira de Menezes Universidade Federal de Pelotas Faculdade de enfermagem – Rua Gomes Carneiro, 01 – Pelotas/RS, Brazil <a href="mailto:etimenezes@gmail.com">etimenezes@gmail.com</a></p>
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