

## BODY PRACTICES IN THE CONSTRUCTION OF THE BODY AND AS A THERAPEUTIC COMPONENTE: REFLECTIONS FROM THE EXPERIENCE IN A CAPS III

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**ABSTRACT.** When considering that the body builds and is built by everything that surrounds it, this research pursues to understand the body construction from corporal practices developed in a Psychosocial Attention Center, aiming to identify health care relations. We used the phenomenon situated by Merleau-Ponty (2011) in a reality located in the interior of Ceará from observations in a field diary and semi-structured interview with six semi-intensive users. In this way, the research was carried out with six bodily practices worked by different areas of knowledge in this reality. That said, one can perceive that the body construction by corporal practices runs through the medicated body; in the body construction by pleasure/entertainment; and in the participative body construction. Body practices, according to the results obtained, have a role in supporting health care through meanings not restricted to the cause-effect relationship, as they tend to seal bonds, through experiences with the world: with oneself, with the others, with things, mainly.

**Keywords:** Psychosocial rehabilitation; psychosocial care center; body practices.

## PRÁTICAS CORPORAIS NA CONSTRUÇÃO DO CORPO E COMO COMPONENTE TERAPÊUTICO: REFLEXÕES A PARTIR DA EXPERIÊNCIA EM UM CAPS III

**RESUMO.** Ao considerar que o corpo constrói e é construído por tudo aquilo que o cerca, buscamos compreender a construção do corpo a partir das práticas corporais que são desenvolvidas em um Centro de Atenção Psicossocial com vistas à identificação de relações com o cuidado em saúde. Utilizamos como aporte o fenômeno situado de Merleau-Ponty (2011) em uma realidade localizada no interior cearense, a partir de observações em diário de campo e entrevista semiestruturada com seis usuários semi-intensivos. Desse modo, a pesquisa foi realizada com seis práticas corporais trabalhadas por diferentes áreas do conhecimento nessa realidade. Diante disso, percebemos que, por meio das práticas corporais, há a construção do corpo medicamentado; a construção do corpo pelo prazer/divertimento; e a construção do corpo participativo. As práticas corporais, de acordo com os resultados obtidos, têm um papel de fundamentar o cuidado em saúde por meio de

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significados não restritos à relação causa-efeito, pois tendem a selar vínculos através das experiências com o mundo: consigo mesmo, com os outros, com as coisas, principalmente.

**Palavras-chave:** Reabilitação psicossocial; Centro de Atenção Psicossocial (CAPS); práticas corporais.

## **LAS PRÁCTICAS CORPORALES EM LA CONSTRUCCIÓN DEL CUERPO Y COMO COMPONENTE TERAPÉUTICO: REFLEXIONES DESDE LA EXPERIENCIA EM UM CAPS III**

**RESUMEN.** Al considerar que el cuerpo se construye y se construye con todo lo que lo rodea, buscamos comprender sobre la construcción del cuerpo a partir de las prácticas corporales que se desarrollan en un Centro de Atención Psicosocial con miras a identificar las relaciones con el cuidado de la salud. Utilizamos el fenómeno situado por Merleau-Ponty (2011) en una realidad ubicada en el interior de Ceará a partir de observaciones en un diario de campo y entrevista semiestructurada con seis usuarios semi-intensivos. De esta forma, la investigación se llevó a cabo con seis prácticas corporales trabajadas por diferentes áreas del conocimiento en esta realidad. Ante esto, nos damos cuenta de que la construcción del cuerpo mediante prácticas corporales pasa por el cuerpo medicado; en la construcción del cuerpo por placer/diversión; y en la construcción del cuerpo participativo. Las prácticas corporales, según los resultados obtenidos, tienen un papel de apoyo al cuidado de la salud a través de significados no restringidos a la relación causa-efecto, ya que tienden a sellar vínculos, a través de experiencias con el mundo: con uno mismo, con los demás, con las cosas, principalmente.

**Palabras clave:** Rehabilitación psicossocial; Centro de atención psicossocial; Prácticas corporales.

### **Introduction**

The Brazilian Psychiatric Reform brought significant changes to mental health through the operationalization of public services, such as the formulation of Law 3088 of 2011 and the creation of Psychosocial Care Centers - CAPS<sup>6</sup> (Brasil 2002; Brasil, 2011). The aim was to provide a more subjective view of users about the modes of care, based on a perspective of (re)socialization and social participation, contrary to what we had decades ago (Amarante, 2017).

In this way, CAPS works under principles that mean awakening another meaning also in the sociocultural perspective linked to the search for a social space for these subjects, to limit the historical remnants that point to treatments that reinforce the social exclusion of those considered crazy and of madness as an object of social stigma. Today, the psychiatric reform of the psychosocial care model indicates the principle of deinstitutionalization as its foundation (Amarante, 2017). Deinstitutionalization would be aimed at deconstructing knowledge and practices that segregate the 'crazy' and promoting the invention of other forms of relating to differences.

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<sup>6</sup> Psychosocial Care Centers are public health services designed to care for people experiencing mental health problems, including those resulting from alcohol and other drugs. Thus, people in crisis or the process of psychosocial rehabilitation can have access to care from various professionals, such as psychologists, occupational therapists, physical education professionals, psychiatrists, nurses, etc.

Considering that the body can also be defined as a diversity of biological, motor, and social powers, which intertwine to produce actions and meanings (Camargo, 2021), these subjects as bodies in the world have historically received a certain standardized look, lose possibilities of life, resulting from social exclusion. And here we can see one of the main objectives of CAPS.

In addition to other actions, CAPSs promote bodily practices as an instrument to enhance care. For this work, bodily practices are understood as actions of the body that go beyond physical gestures, as “[...] they are forms of human action through which the body expresses and communicates through its own language, the language of gesture, the relationship with nature, with culture, with history [...]” (Nóbrega, 2004, p. 4). With this idea of expansion, bodily practices align with Vasques' (2021) propositions, since they are more associated with health promotion to overcome social barriers, and not limited to working on the physical-biological aspects of the body.

Thus, bodily practices are phenomena that refer to some meaning. Within a CAPS, for example, they are part of a therapeutic project that aims to improve quality of life. Considering this concept, the term bodily practice points to the various areas of knowledge (physical education, arts, nursing, social work, psychology, pedagogy, etc.), which act in tune with the objectives of the CAPS and the psychosocial care model that is essentially interdisciplinary (Sousa, Severo, & Félix-Silva, 2020).

Regarding the construction of the body to which we refer, we reinforce the idea that there is a reciprocity between body and world, which is based on the idea that the body has a biocultural meaning, where one constructs and is constructed by the other (Mendes, 2013), as in the case of the aforementioned ‘crazy subject’, who has historically been socially excluded and still receives the stigma in our society about the crazy person and madness.

Bodily practices can contribute to the construction of the body by enabling experiences that can provide health care in Psychosocial Care, considering that for Merleau-Ponty (2011), the body, through experiences, learns and uses senses learned from its existential ways of being.

In a brief literature review<sup>7</sup>, bodily practices in the context of CAPS are seen mainly as potential for deinstitutionalization and resocialization (Pimentel, Oliveira, & Pastor, 2008; Abib, Fraga, Wachs, & Alves, 2010; Amorim, Dias, Costa, Araújo, & Ferreira, 2017), as well as important means of facilitating affection between users and professionals, which contributes to a better singular therapeutic project through listening as an instrument (Paula, Oliveira, & Abreu, 2017; Varela & Oliveira, 2017). This approach also stands out for the playful perspective contained in the practices, as it allows the environment to become lighter and more conducive to the participation of subjects in the care process (Abib et al, 2010; Alves & Araújo, 2012; Varela & Oliveira, 2017). Furthermore, the review also points out that bodily practice can be perceived as support in reducing the consumption of psychotropic drugs (Agostinho Neto, Leite, & Rocha, 2017).

The review showed that bodily practices are gaining more space in CAPS, mainly by effectively supporting the construction of therapeutic projects. We can broaden the discussion by initially seeking the voice of CAPS users about the practices they participate in more deeply (and not just in a specific field), based on their worldviews, mainly on the experiences of bodily practices in their care. This research provides a possibility of offering a voice, through the body in action, to subjects who need to be better heard. To this end, we

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<sup>7</sup> Since this work is the result of a master's dissertation in Physical Education, this survey was carried out in March 2019 on the BIREME Platform and in ten journals focused on the Human and Social Sciences in the field of Physical Education.

ask: how does the construction of the body occur based on the bodily practices developed in CAPSIII related to the health care of users?

The objective was to understand the construction of the body based on the bodily practices developed in a Psychosocial Care Center III, to identify relationships with health care.

## **Methodology**

We use the perspective of the situated phenomenon based on Merleau-Ponty's (2011) phenomenological approach, which stands out in four basic themes: the lived world, phenomenological reduction, intentionality, and phenomenological description.

The act of reflecting on one's own experiences is important for the CAPS public, as they can think about the influences of these experiences on their care, elucidating knowledge about themselves. This concerns the concept of the lived world, and it is about making an interpretation of oneself about reality, of what is actually experienced.

To interpret the other person's lived world as it really is, it is necessary to distance oneself from pre-established concepts and representations to reduce interference with the subjects' representations, which is the phenomenological reduction. The entire universe of science revolves around the lived world, with science being the second plane of experience, since science seeks to explain/describe what the experience expresses, and it is not possible to do so in its entirety (Merleau-Ponty, 2011).

Intentionality, on the other hand, deals with experiences that are also part of our choices and intentions. It is about recognizing the direction in which we are moving. All of our actions have intentions, given that, in this intention, there are meanings. These intentions are what need to be described to fully understand the phenomenon studied, which is why we have the phenomenological description, which is a result of the perception that is established in the experience of the body.

Thus, the lived world, phenomenological reduction, intentionality, and phenomenological description were appropriated with a focus on the subjects participating in this study, carried out in a CAPS III. This institution is located in the municipality of Iguatu, in the south-central region of the state of Ceará. The municipality is a hub in the region and offers support in health demand to nine other neighboring municipalities (Instituto Brasileiro de Geografia e Estatística [IBGE], 2019).

The Psychosocial Care Network in Iguatu is composed of four types of services distributed across nine institutions, including the services offered by the Psychosocial Care Centers (three units), namely CAPSi, known as Casa Azul, CAPSad, and CAPS III or general CAPS. Therefore, we decided to conduct the work at CAPS III in the municipality, due to the greater number of bodily practices developed.

Currently, this institution has a multidisciplinary team consisting of four psychiatrists, a pedagogue, a nurse, two psychologists, an occupational therapist, a pharmacist, two social workers, two pharmacy assistants, two artisans, and four nursing technicians. In addition, it has multidisciplinary residents from the Ceará School of Public Health, including a Physical Education professional, a nurse, two social workers, and a psychologist, in addition to three more residents in Psychiatry, through another program.

Regarding the participants of this study, we first mapped the subjects who, according to the professionals working there, were 'fit' to participate. Since the research has a greater focus on bodily practices developed by Physical Education, the option was to select subjects who generally have a high level of attendance in this group. In this sense, the participants are semi-intensive users, that is, those who spend the day at the service, returning home at

the end of the day. The institution has about 20 semi-intensive users. These subjects spend more time immersed in the CAPS and, consequently, participate more in bodily practices, which was also a criterion for selection.

Between 10 and 13 semi-intensive users participate in Physical Education, with seven of them having greater attendance. Of these, we had three women and four men, aged between 36 and 57 years. All are retired due to the problems they present. However, before entering the service, all of them had employment relationships or worked independently, with income between one, two, and three minimum wages, with a family base of between two and five family members, except for the one who lives alone. The time of insertion in the CAPS varies between five and ten years. There was one dropout and six users remained in the research.

The bodily practices currently developed for this audience are carried out by groups under the responsibility of professionals of Physical Education, Pedagogy, Social Assistance, and Occupational Therapy, along with Crafts, Nursing, and Psychology, which are the focus of our attention.

Given this, we thought of instruments to collect reports about bodily practices. A semi-structured interview was applied, allowing us to delve into Merleau-Ponty's (2011) considerations, when we realized that speech does not only mean an aggregate of words but can identify the body by accent, tone of voice, gestures, and physiognomy. In other words, it considers speech as a possibility of seeing the subject in their way of being in the world.

The interview was guided by a script consisting of nine questions, all of which were conducted within the institution, after the Physical Education practices. The questions refer to the perception of the interviewed public regarding the development of the bodily practices they experience based on the motivations, changes, and improvements in the body, as well as from the perspective of health care.

Another important instrument used was the field diary, an important instrument for assigning to the work as a whole certain scenes in which it was possible to observe the expressiveness present in the bodily practices. Thus, some information observed from May to the beginning of August 2019 was used. The observations were carried out with a greater focus on the practices developed by the Physical Education Group, but other practices were also observed during this period.

After gathering this information, we sought to organize it to synthesize and discuss it based on the units of meaning identified in dialogue with the theoretical framework, and we will therefore address 'the construction of the medicated body', 'the construction of the body through pleasure/entertainment' and 'the construction of the participatory body'. The research was authorized by the Ethics Committee of a public university, having approval issued and published by Plataforma Brasil under opinion number 2,941,907 and CAAE 91755018.0.0000.5537.

## **Results and discussions**

### **The construction of the medicated body**

To think about this specific unit, we initially questioned ourselves about the implications that the use of psychiatric medications has for users. Could it be that, through a long treatment, the body, as phenomenology points out, is the possessor, in its organic and social structures, of the medications inserted into it as part of its construction and constitution of being?

A study warns about the need to be careful regarding the duration of medication use for this population, so as not to allow this use to become a 'basic' need in the lives (addictions) of users (Bandeira & Onocko-Campos, 2021). This thinking also collaborates with the objectives of CAPSs, which seek to reduce the use of medications using other non-medicinal practices, such as bodily and artistic practices, for example.

Merleau-Ponty (2011) discussed the spatiality of one's own body and motor skills in the first person, explaining that my whole body: "[...] is not for me an assemblage of organs juxtaposed in space. I am in undivided possession of it and I know where each of my limbs is through a 'body schema' in which they are all included [...]" (Merleau-Ponty, 2011, p. 143-144). The philosopher also understands that the body and space are inseparable and responsible for social constructions. In a brief summary, he explains that the 'body schema' is the way in which the body can express its way of being in the world (Merleau-Ponty, 2011).

For this relationship to occur, Merleau-Ponty (2011, p. 205) implies that the body needs to "[...] know the position of each of my limbs [...]", or that "To be a body is to be tied to a certain world and our body is not primarily in space: it is in space". It is a knowledge of oneself that is necessary to situate oneself in the world and, for such knowledge to exist, it is necessary to know, from the practices of one's own body, what the actions imply for it and this space. It is a type of bodily self-knowledge, a means of understanding oneself (I know who I am) and situating oneself (I know where I am).

In Psychosocial Care, we know that medications are frequent, and their intensity in the body is sometimes so extreme that it can alter behaviors arising or not from the disorders they suffer from, which directly affects body self-awareness. Sometimes users are in crisis, sometimes they are controlled by the medication.

In other words, at one moment it is a disturbed body, at another, it is a medicated body and, in this way, the possibility of knowing one's own body in order to be able to situate oneself is limited, which makes it prone to being a 'confused' body. At the same time, the medication can be used as a field of control, where, at times, the subjects do not know its use, as exemplified by the interviewees' statements: "I take three medications, my sister gives them to me, the psychiatrist who recommended them [...]" (E02), "The only one who knows about the medications I take is my cousin [...]" (E05), "I am taking medication for blood pressure, and the medication here at the CAPS, one in the morning and one at night to sleep, because I can't sleep and the psychiatrists here prescribe them [...]" (E04) and "I take four medications that my relatives administer" (E01).

Bandeira and Onocko-Campos (2021) contextualize that when medication is used without adequate monitoring and continuity of care, users become even more confused about themselves, given that monitoring of their use is only done in moments of intense crisis. Users who continue to suffer after the crisis often do not receive other forms of care and, due to a lack of knowledge about the use of psychotropic drugs, medicate themselves, negatively interfering with care (Bandeira & Onocko-Campos, 2021).

In Interviewee 04's speech, there is greater detail about its uses. This becomes more interesting when we identify that this person is a participant in Nursing practices, which also aims to address health care, such as hypertension, personal hygiene, use of medications, etc. In other words, there is knowledge acquired through bodily practice, supporting health care.

Another point worth highlighting is the control of bodies through medication. Sometimes the control comes from the family member, sometimes from the psychiatrist, both of whom are fundamental in the process of observation and introduction of medication. However, these users are unable to define why they use medication and thus lose the

meaning of their use, which can contribute to the “confusion” about themselves already mentioned, because “One’s own body is what one feels feeling, experiences experiencing, sees acting in a meaningful behavior” (Capalbo, 2011, p. 34).

Bodily practices can help to absorb self-knowledge about this very construction of the medicated body and, consequently, can help the individual to live better with its implications. We noticed this when some of the interviewees reported that the care they receive at CAPS, including medications, are motivators for their attendance at the service.

There is some knowledge, even if minimal, about the problems they face, as Interviewee 06 says: “I go because of my health [...]”, as well as the need to use medication to “[...] stay calm [...]” and/or to sleep, for example, as explained by E01 and E05, respectively: “I take it throughout the day, every day I need it to control my mood, sleep, and to be well, calm, right? [...]”, “I go because I take medication. Medication to sleep and control, very strong medication. Just for that reason. Because I am sick, I have been sick since I was young. So, I need this care here [...].”

We believe that medication-based care is important for the body in its construction at CAPS; however, for these users, it is difficult to ‘think about who I am’ when it is necessary to deal with two perspectives already mentioned. This “confusing” way of seeing oneself can be seen in the speech of Interviewee 04, who briefly but complexly addresses one of the motivations for attending CAPS: “Because I like it here, I am very sick, I am very nervous, pressure, a lot of tensions and because I want to kill myself... That’s it.”

This statement brings with it a positive perspective on the body also being medicated, especially in more intense and severe cases. We noticed that the interviewee seemed to deal with the matter naturally, as a common expression. The medication here supports the deconstruction of a body ‘without life prospects’, which is something positive.

Thus, it is clear that the work developed through bodily practices, together with other care, such as medication, also acts as a way to alleviate the effects of this confusion in users, enhancing reintegration. Some reports also indicate that the bodily practices developed, such as crafts, painting and physical exercises, help reduce this confusion, as they sometimes bring the same effects as the medication, in addition to being motivational for the practices, as E06 and E02 say, respectively: “It helps my health, it helps everything. Doing physical exercises, for example, makes me calm [...]”, “It helps me relax. My sleep has improved a lot [...]”, as well as in the statements below:

I feel good, because sometimes, without doing physical activity, I get a headache, sometimes I get irritable, and when I do these exercises, I feel good and that’s the purpose, right? That’s what I think is most important (E01).

[...] Before coming to CAPS, I was always hospitalized in Fortaleza. My family would take me to the hospital, there in Fortaleza, a mental health hospital. I would stay for a month and forty-five days, sometimes for a month straight. [...] If you compare CAPS with this hospital, I wanted to stay here, there I would lie down more, there was physical activity, painting, but I didn’t go, I would stay in my room. Here, the people motivate me to do it, the people call me, so I go (E06).

The fact is that medications are necessary to minimize the effects of disorders at certain times, but other bodily practices, in addition to reducing use and its effects, such as irritability, insomnia, and joint pain, among others (Agostinho Neto et al., 2017), can potentialize the subject as their spatial being, given that they can generate some of the same effects as medications, through movements.

Thus, bodily practice and the use of medication cannot be viewed from a dualistic perspective, but rather from a relational and contributory perspective, in which one

complements the other, in collaborative therapy. The medicated body is part of the being in the world of these users and must be considered by society.

Because I feel good and it is part of my treatment, I need to come here to the CAPS to be able to do the therapies, where I put my mind to think in other ways; I don't stay at home still, and I, taking these medications, I feel that the CAPS helps me, that's why I like to participate here (E01).

[...] Because I used to spend the day lying down because of the medication. Now I have more strength. I used to spend the day lying down thinking that someone was going to kill me, and that changed after the practices because I am calmer and more relaxed (E05).

[...] I take medication to sleep, so it helps to reduce it. I was a hassle for my family; thank God, when I started treatment here, I was fine. It seems like you don't even take controlled medication here to feel good (E06).

In this sense, bodily practices, as complex manifestations, require a more attentive look at CAPS than simply being related to biological aspects, such as “accumulating minutes of physical activity to be healthy” (Knuth & Antunes, 2021), as they develop a body that seeks its improvements, that expresses its meanings in gestures, which sometimes allows ‘leaving aside’ the effects caused by the disorder through body movements, as Interviewee 05 says above.

### **Body construction through pleasure/entertainment**

The construction of the body through pleasure/entertainment concerns the care practices that are linked to the phenomenon of play. This phenomenon is believed to be something much greater than what is seen socially (as a way of passing time) and, therefore, we chose pleasure/entertainment, as we identify such elements in the practices and understand them as characteristics of playfulness. Cruz, Bastos, Lima, Araújo, & Novaes (2021) address that symbolic manifestations linked to play provide the subjects of a given CAPS with affections and desires also related to greater possibilities of autonomy and the feeling of freedom.

Given what was seen in the literature review, playfulness is something that is intrinsically linked to the development of bodily practices in CAPSs and, therefore, to the development of body construction, with moments of pleasure and fun as important aspects for users and CAPS professionals (Abib et al., 2010; Paula, Oliveira & Abreu, 2017; Pereira & Oliveira, 2017; Silva, Santos, Rodrigues, & Freitas, 2019).

Abib et al (2010) identify that services, in their practices, need to seek to diversify extramural possibilities, to try to increasingly solidify social reintegration. With this perspective, and bringing together the aspects of playfulness, the importance of moments of entertainment and pleasure is notable, as was the case of a walk, carried out in the physical education group, with the participation of the occupational therapist, nurse, and artisans (Field Diary, July 4, 2019).

In this experience, the emotional bond of users was strengthened by this extramural practice. In addition, it was a rich component that can be thought of beyond a visit, such as providing a snack and allowing users to participate in the organization, such as selecting food for the meal, for example. Some of these aspects were also identified by Cruz et al. (2021), who noted, through artistic practices, a significant development in relation to



[...] the strengthening of family relationships, self-knowledge of users, as well as improved self-esteem, self-concept, body awareness, and expression of feelings and emotions, thus strengthening the process of psychosocial rehabilitation of users (Cruz et al., 2021, p. 106015).

Because they are entirely linked to playful moments, these visiting exercises can also indicate a chance for (re)organization and (re)elaboration of values, which are related to a specific social environment (Silva et al., 2019).

We also noticed that the moments of pleasure/entertainment contained in playfulness favor the construction of the body based on intentional meanings of getting to know new possibilities, such as other places and new friends. Interviewee 03 refers to this idea when showing interest in traveling, because, when asked about what he expected from the bodily practice in his care, he answers: “[...] I wanted to travel and go to a court to play ball, get to know, and play ball in another place, it’s good for a person to travel, right? To another city, right? I wanted to get to know the court there in Juazeiro”. This place is a city that is about 150 km from Iguatu.

The desire of the participant above to get to know new places and new people can imply personal growth such as the appreciation of differences, and thus, the subject will be able to understand their differences as a being in the world, which contributes to their knowledge. In this sense, bodily practices from the perspective of pleasure/entertainment help in the social, integrated, and participatory body in the environment, as the subjects address: “I feel pleasure in doing it. I have fun, pleasure, I have fun. I like all the activities. I met friends [...] (E02).”, “[...] He explains before (right?), of doing it, then I feel pleasure, and I have fun doing it, I met friends ‘[citing the names of colleagues]’ (E03) and:

[...] Only at home I just lie down and it’s worse for me, and the people here say that I have to move around. Find people to talk to, find a friend, find a female friend to talk to because just staying still and not talking doesn’t work for me, because then I get sick (E04).

Perceiving the other who also performs the same bodily practices, maintaining dialogue, and sealing bonds, which are characteristics of playfulness, first proposes the forms of expression so that one can reach the other. In ‘Phenomenology of Perception’, we note that it is through the body of the other, through which it appears to me, that I know it, just as through my body, it knows me (Merleau-Ponty, 2011).

The reciprocity of the body with the world and things is enhanced by meeting new friends. According to Capalbo (2011, p.40): “[...] reciprocity is the condition of an effective encounter and, for this very reason, it would say that the foundation of social relations, which allows us to understand citizenship and society, is the concept of friendship that came from the Greeks [...]” and the author above also adds “It is about reciprocity in existence as a community that cares about care” (Capalbo, 2011, p. 40). The body constructed through pleasure/entertainment and its influences, such as the issue of making new friends, strengthen the relationship between the body itself and the being in the world, which, at the time, needs to be social.

In this context of playfulness, Mendes and Melo (2010) contribute by discussing a little about the possibility of opening space for attention to one’s own body and health care, based on playful aspects. These contributions can be seen in some reports: “My goal is to improve my health, my well-being, my quality of life [...]” (E02), “I think that the practices help the mind. Playing, entertaining, I have fun, what I don’t like crowd, being around a lot of people [...]” (E05), “I practice art and drawing workshops. I like it because it helps the mind, the person takes care of themselves, makes a name for themselves, makes a drawing, I feel much better, I enjoy doing it, I like it” (E05).

Playful moments, as Miranda, Freire and Oliveira (2011) point out, seek not to repress users of their freedom, and through pleasure and fun, support subjects to be more participative and engaged in activities. Such practices win over subjects and awaken in them mainly expressiveness and communication. In the words of Otsuka (2009, p. 40), playful moments are understood as “[...] a space for the expression of representations and sharing of experiences lived by members [...]”, which leads to liberation as a communicative being with the world.

The playful perspective in bodily practices helps to construct the body in its forms of liberation and communication with and for the world. However, playfulness is often used to reinforce control over bodies. For Mendes and Melo (2010, p. 25), “[...] playfulness can contribute to the disciplining of bodies, by encouraging adaptation to standardizations, or by exacerbating forms of resistance to models established in contemporary times”. Therefore, care must be taken not to use playfulness and its aspects as moments of oppression and repression of freedom within the CAPS.

Thus, we can understand play as a social phenomenon, and from the CAPS perspective, it is not just about having fun in free time and relieving tension (important perspectives for health), but a tool that also has its place as a therapeutic means, as the body that has fun learns important social knowledge (Mendes, 2013).

### **The construction of the participatory body**

The participatory body refers to what is linked to one's own actions. Historically, these bodies were excluded from the social environment and this has contributed to the subjects losing certain social spaces today. Interviewee 03 talks a little about this loss, sadly emphasizing that “[...] before coming here, I worked at a company, then I left there, they kicked me out, it was at that time, they didn't accept me working anymore”.

From observations in the field diary, such as on June 6, 10, and 13, 2019, bodily practices, such as the construction of craft materials<sup>8</sup>, seek to develop the body that actually participates in social actions and activities: working, earning money through work, buying materials, for example. From the experiences of crafts, there are possibilities of grounding the bodies with new sensations, new knowledge, and perspectives that, strictly speaking, are scarce for them in everyday life.

A study carried out in a CAPS identified that when experiencing the productions made by them, the subjects feel satisfied, are motivated to make more creations, and thus, result in new cognitive stimuli (Alves, Silva, & Lucena, 2021). The stimuli are not limited to the cognitive, as the biocultural relationship of the body allows an apprehension of senses and meanings that Merleau-Ponty (2011) explains is possible through the relationship with the insertion space.

In all observations from the field diary, the participation of users is present in the bodily practices at the CAPS of the study. At the very moment of practicing physical education, for example, users organize the activities through dialogue with the professional and other colleagues, also considering the thoughts of others, as they organize in a way in which everyone can participate. In this way, there is thinking and acting for the collective, as we are faced with an organization of the practice space carried out by the users themselves, who as bodies, involve the perception of everything that surrounds them, such as the materials used in the classes and the other participants.

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<sup>8</sup> The group carries out work in which the individuals involved in the practices make materials to be sold daily, either at CAPS or at events that take place in the city. The money raised is used to buy more work materials for the group; the practice is similar to traditional employment.

Organizing space means much more than helping the professional. In this regard, Merleau-Ponty (2011, p. 328) shows that space is not merely a place where things are arranged, but “[...] how the position of things becomes possible [...]” and that “[...] we must think of it as the universal power of its connections [...]”. Therefore, organizing space, on the occasion, is to be participatory in the construction of one's own care and of a certain collective, where the subjects showed significant points for this care, such as joy, trust, and socialization, having, in the relationship between bodily practices and body construction, a therapeutic sense with the participation of users (Muniz, 2021).

Other studies also highlight the importance of the subject's participation in organizing spaces for physical exercises such as Abib et al. (2010), who approached a soccer workshop as a therapeutic mechanism in a CAPS. There was participation and organization so that soccer could be played; discussing rules and deciding on the formation of teams, for example, were essential for the game to begin. This perception of constructing the environment is important to highlight for those who experience these activities, so that they can perhaps continue this exercise outside of the CAPS, something that is seen by the study participants as a significant change in the body based on bodily practices.

Being a participant, therefore, goes beyond the activities of the institution: “Outside of CAPS, I only do things at home, only at home. I watch television, I listen to the radio, I sweep the house, I wash the dishes. I do it myself [...]” (E02), “[...] at home, my cousin takes care of me, I do activities at home, to sweep, she makes me do it. I like it, it's good. I clean the yard, I help around the house [...]” (E05), “I have other things to do, I clean the house, wash the dishes, wash clothes, I do everything... I do general cleaning, I pluck the weeds in front of the house, I live alone... I live alone. I have relatives living here in the city” (E03). Importantly, these ‘extraCAPS’ participations were mentioned in the Field Diary by some of the subjects' family members, since before the beginning of the practices, some of them did not perform such activities at home.

Thus, the contributions of bodily practices to bodies come from participation through experiences of developing activities. According to Nóbrega (2010), the meaning of something is totally linked to the body from the moment it is lived, when it is experienced. The movement of organizing activities begins to produce this meaning, which is necessary for understanding the participatory being in other contexts, such as in one's own home.

Another important aspect to be highlighted is that, at times, users listed their desires, such as Interviewee 02, when discussing motivations for practicing, when he said “What motivated me to practice was the desire, right?”, which suggests intentionality based on knowledge about one's own body, as the same user also explains that “My body is like this, fat (right?), I think I'm fat, so I felt like going”. In other words, realizing and deciding to participate in activities, through the understanding that one could improve one's body, can be seen as a way of participating in one's own body and health care.

Taking into account Merleau-Ponty's (2011) considerations, being participatory, in this case under study, is not something that may occur naturally; stimuli are required. Possibilities must be given so that bodies have apprehensions about what they are and that they can, to the maximum extent possible, live with this so as not to exclude themselves from the social context.

With this in mind, the CAPS institution cannot be understood as a final path, but rather a journey, that is, a part of the existence of bodies. We also point out that it is a type of care that is not provided in a restricted place but is built from the perspective of a network of pillars, which leads us to think about the different segments of society, including the role of the family in the construction of a participatory body.

Thus, we draw attention to the need to understand that care practices in CAPS cannot be reasons for creating a vicious bond and dependence for users. It is important to highlight this participatory body, because with more social participation, the less the user will need the service. We found a discourse that brings this point, about creating a dependence on CAPS through the bodily practice of Physical Education.

In general, I feel calm; sometimes, when I miss a physical activity day, I miss not having done the physical activity that day. Then, sometimes, I go to the farm and I can't come, and then on that day, I feel like I miss having participated. It's like I have a need (E01).

We emphasize, then, that it is possible and necessary to make the subject seek ways to participate in other practices that are not developed by the institution. On the other hand, according to interviewees 02 and 03, we found reports that emphasize the construction of participatory bodies based on what they would like to see concerning the changes resulting from the developed bodily practices, such as: "My coexistences have improved, thank God, and I would like them to improve more" (E02) and "I wanted physical education with reinforcement so that the person could learn to read. My dream is to learn to read" (E03).

There is a clear relationship that expands the body to other paths, through improvements in current relationships, as well as the possibility of expanding them in everyday life, or in the pursuit of a dream, such as learning to read. Seeking this possibility of a dream is something to be considered as a participatory action with oneself, because there is first the body's mastery over reading, and then other experiences can arise, such as exploring new places and enrolling in a school, building one's own education, ending the body's biocultural relationship.

Thus, for the construction of the participatory body based on bodily practices, it is suggested that there be expansions and diversifications and that they be more directed towards the autonomous resocialization of users, with their own participation in this process, or, as Amarante (2017, p. 91) says, "[...] enabling them to participate in the deinstitutionalization process".

## **Final considerations**

Bodily practices are included in the CAPS of the study as a way of constructing bodies for social reintegration, since their influences carry bodies of knowledge about oneself, about the body itself, which is organic, physiological, and biological, but which must also be situated in a certain social and cultural context. Thus, the practices demand awareness and reflection about oneself, modes of existence, limitations, and potentialities, among others, to subsequently seek a relationship with the social.

Bodily practices are a set of actions that explore the expressions of users, who, in turn, lack readings of these bodies in movement so that they can more effectively pursue their goals regarding health care. Thus, they support the translation of this language externalized by the bodies, which consequently contributes to the therapeutic project and the quality of the provision, with their participation being fundamental in the CAPS.

'Feeling good', feeling pleasure and entertainment, for example, is an expression of the body that facilitates dialogue with the world, and therefore, these sensations have a meaning for users and professionals who work in care. Thus, there is also a need for more studies in this scenario based on playfulness, to externalize it as a means of health care and as a possibility of deinstitutionalization.

Regarding health care in general, practices work to enhance care itself and this implies the condition of taking this knowledge outside the CAPS context. They condition the construction through the movement through which they learn knowledge about the body and health in a way that is not restricted to the illness and its limitations.

Therefore, the study carried out indicates that bodily practices in CAPS can play a role in the production of care through relationships implied in an affective, cognitive, political, and cultural way of the subjects, as they tend to seal bonds with the world, with oneself, with other subjects, environments, mainly.

## References

- Abib, L.T., Fraga, A. B., Wachs, F. & Alves, C. T. P. (2010). Práticas corporais em cena na saúde mental: potencialidades em uma oficina de futebol em um centro de atenção psicossocial de Porto Alegre. *Pensar a Prática*, 13(2), 1-15. DOI: 10.5216/rpp.v13i2.7934
- Agostinho Neto, J., Leite, L. H. I., & Rocha, P. G. L. (2017). Uso de psicofármacos e práticas corporais para a saúde em um grupo terapêutico. *Sanare – Revista de Políticas Públicas*, 16(1), 42-50. DOI: 10.36925/sanare.v16i2.1177
- Alves, C. V., Silva, T. A., & Lucena, E. E. S. (2021). A ludicidade como estratégia de educação em saúde bucal no centro de atenção psicossocial álcool e drogas: relato de experiência. *Revista Ciência Plural*, 7(1), 177-190. DOI:10.21680/2446-7286.2021v7n1ID19753
- Alves, G. S. L., & Araújo, R. B. (2012). A utilização dos jogos cooperativos no tratamento de dependentes de crack internados em uma unidade de desintoxicação. *Revista Brasileira de Medicina do Esporte*, 18(2), 77-80. DOI: 10.1590/S1517-8692201200020000
- Amarante, P. (2017). *Saúde mental e atenção psicossocial*. Rio de Janeiro, RJ: Fiocruz.
- Amorim, A. K. M. A., Dias, M. A., Costa, M. L. F., Araújo, A. C., & Ferreira, D. S. (2017). Práticas corporais e desinstitucionalização em saúde mental: desafios e possibilidades. *Estudos de Psicologia*, 22(1), 39-49. DOI: 10.22491/1678-4669.20170005
- Bandeira, N., & Onocko-Campos, R. (2021). Itinerários terapêuticos de usuários que abandonaram o cuidado em Centros de Atenção Psicossocial (CAPS-III). *Saúde Debate*, 45(128), 91-104. DOI:10.1590/0103-1104202112807
- Brasil. Ministério da Saúde. (2002). *Portaria nº 366, de 19 de fevereiro de 2002*. Brasília, DF: Ministério de Saúde. Recuperado de [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2002/prt0336\\_19\\_02\\_2002.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2002/prt0336_19_02_2002.html)
- Brasil. Ministério da Saúde. (2011). *Portaria nº 3.088, de 23 de dezembro de 2011*. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Brasília, DF: Ministério da Saúde. Recuperado de [https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088\\_23\\_12\\_2011\\_rep.html](https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html)
- Camargo, J. (2021). Natureza e corpo na segunda fase de Merleau-Ponty. *Princípios: Revista de filosofia*, 56(28), 28-48. DOI: 10.21680/1983-2109.2020v27n54ID20286

- Capalbo, C. (2011). *Maurice Merleau-Ponty: a percepção e a corporeidade – o cuidar do corpo numa perspectiva de totalidade*. In A. J. Peixoto, & A. F. Holanda (Orgs.),
- Peixoto, A. J. & Holanda, A. F. (Orgs). *Fenomenologia do cuidado e do cuidar: perspectivas multidisciplinares* (p. 33-41). Curitiba, PR: Editora Juruá.
- Instituto Brasileiro de Geografia e Estatística [IBGE]. (2019). Recuperado de <http://www.ibge.gov.br>
- Knuth, A. G. & Antunes, P. C. (2021). Práticas corporais/atividades físicas demarcadas como privilégio e não escolha: análise à luz das desigualdades brasileiras. *Saúde e Sociedade*, 30(2), 1-11. DOI: 10.1590/S0104-12902021200363
- Mendes, M. I. B. S. (2013). *Corpo e cultura de movimento: cenários epistêmicos e educativos*. Curitiba, PR: Editora CRV.
- Mendes, M. I. B. S., & Melo, J. P. (2009). Notas sobre corpo, saúde e ludicidade. *Licere*, 12(4), 1-13.
- Merleau-Ponty, M. (2011). *Fenomenologia da percepção*. 4 ed. São Paulo, SP: Martins Fontes.
- Miranda, E. D.; Freire, L. A.; Oliveira, A. R. C. Os desafios da Educação Física no Centro de Atenção Psicossocial de Coari (AM). Florianópolis, SC: Revista Saúde & Transformação Social, 2(1), 163-169.
- Muniz, T. R. (2021) As expressões corporais de crianças em um CAPSi de Goiânia, nas atividades de jogos e brincadeiras (Trabalho de Conclusão de Curso). Universidade Federal de Goiás, Goiania. Recuperado de <http://repositorio.bc.ufg.br/handle/ri/20025>
- Nóbrega, T. P. (2004). A linguagem do corpo na educação. Comunicação apresentada no I encontro Nacional de Ensino das Artes e Educação Física de Natal, UFRN, Paidéia.
- Nóbrega, P. (2010). *Uma fenomenologia do corpo*. São Paulo, SP: Editora Livraria da Física.
- Cruz, H. A. B, Bastos, M. C. C., Lima, C. M. B., Araújo, R. L. M. S., & Novaes, A. L. (2021). Oficinas artísticas como ferramenta reabilitadora da saúde mental no CAPS. *Brazilian Journal of Development*, 7(11), 106010-106021. DOI: 10.34117/bjdv7n11-303
- Otsuka, E. D. (2009). *A inserção das atividades de lazer no cotidiano de usuários de saúde mental: a experiência da 'Copa da Inclusão'* (Dissertação de Mestrado). Universidade de São Paulo, São Paulo. Recuperado de <https://teses.usp.br/teses/disponiveis/47/47134/tde-15122009-105920/pt-br.php>
- Paula, A. D. A., Oliveira, B. N., & Abreu, S. M. B. (2017). Educação física, rede de atenção psicossocial e grupo de práticas corporais: um estudo de caso. *Revista Baiana de Saúde Pública*, 41(4), 831-842. DOI: 10.22278/2318-2660.2017.v41.n4.a2576
- Pereira, C. T. F., & Oliveira, B. N. (2017). Grupo de ginástica comunitária vinculado a um Centro de Atenção Psicossocial: relato de experiência. *Biomotriz*, 11(2), 16-30.

- Pimentel, G. G. A., Oliveira, E. R. N., & Pastor, A. P. (2008). Significados das práticas corporais no tratamento da dependência química. *Interface- Comunicação, Saúde, Educação*, 12(24), 61-71. DOI: 10.1590/S1414-32832008000100006
- Silva, P. P. C., Santos, A. R. M., Santos, P. J. C., Rodrigues, E. A. P. C., & Freitas, C. M. S. M. (2019). Práticas corporais nos centros de atenção psicossociais álcool e outras drogas: a percepção dos usuários. *Revista Brasileira de Ciências do Esporte*, 41(1), 3-9. DOI: 10.1016/j.rbce.2018.08.004
- Sousa, F. M. S., Severo, A. K. S., & Félix-Silva, A. V. (2020). Educação interprofissional e educação permanente em saúde como estratégia para a construção de cuidado integral na Rede de Atenção Psicossocial. *Physis: Revista de Saúde Coletiva*, 30(1), p. 1-21. DOI: 10.1590/S0103-73312020300111
- Varela, S. H., & Oliveira, B. N. (2018). Alongamento? Dinâmica? Chama o professor de Educação Física! Rediscutindo o fazer da categoria em um CAPS. *Licere*, 21(1), 313-340.
- Vasques, D. G. (2021). Saúde, corpo e práticas corporais: uma crítica à promoção de atividade física na escola. *South American Journal of Basic Education, Technical and Technological*, 8(2), 882-888.

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