

Physical Education and psychosocial care: reflections about interventions in CAPS and other urban spaces

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Abstract *This study aimed to identify and analyze the themes of body culture mobilized in the interventions of Physical Education professionals working in Psychosocial Care Centers (CAPS) and understand their presence in urban spaces outside the CAPS. We collected data through semi-structured interviews with 18 Physical Education professionals, members of the eight CAPS teams in Goiânia (GO), Brazil. Data were analyzed using the content analysis technique. The results indicated that the interventions involve different themes. In the social imagination, the activities are instead related to the perspective of physical fitness development, and “sports” and “physical and gymnastic exercises” were the most reported. However, there is a scope for others that are less marked by the expected physical fitness development.*

Key words *Psychosocial care, Physical education, Mental health Services, Cities*

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Introduction

Physical Education has historical links with the development of physical fitness from hygienist, eugenic, and military influences. It is generally recognized socially from its strong relationship with sports and physical and gymnastic exercises. These body culture themes are traditionally linked to the development of Physical Education as an academic and professional field. In this regard, Luz¹ understands that “[...] physical education is heir to a set of traditional knowledge and practices, linked to body training or dressage, which preceded modern medicine and the clinic of specialties” (p. 11). The author argues about the relationships of traditional body practices in the field historically established with the military, circus, and dance traditions. It is important to emphasize that these traditional body practices have a robust functionalist appeal² in which physical exercises aim at organic adaptations or streamlined performance according to movement patterns established by biomechanical analyses.

From this perspective, its senses and meanings for the practitioner subject are conditioned by a scientific and natural view of movement³ or by a biomedical rationality⁴. Therefore, they are legitimized by the logic of the analytical decomposition of movement or systematized physical exercise and the entire set of knowledge that accompanies it, thus establishing a solid link with the biomedical paradigm of health.

Among other aspects, the biomedical paradigm is characterized by fragmented and mechanistic approaches guided by a hospital-centric logic and the medicalization of life, emphasizing individual and biological elements, being structured from a concept of health as the absence of disease^{4,5}. Several authors⁶⁻⁹ have already elucidated the link between the traditional way of interventions in Physical Education in health and the biomedical paradigm.

This link can also be observed in the relationships between Physical Education and mental health or, more broadly, between physical activity and mental health, both in Brazil and internationally. Wachs¹⁰ argues that most international literature dealing with physical activity and mental health has a theoretical orientation that delimits its studies based on specific diagnoses, symptoms, and the biochemical responses to exercise. Corroborating this analysis, Roble *et al.*¹¹ identified a predominance of the biomedical perspective that emphasizes the effects of physi-

cal activity on mental health parameters. In the same perspective, Silva *et al.*¹² already highlighted the scarcity of professional interventions associated with mental health to transcend the development of motor skills and the improvement of physical conditioning.

Therefore, a contradiction emerges when discussing the practices that the Physical Education professional could develop in the CAPS concerning their professional core. While the Brazilian Psychiatric Reform movement seeks to deconstruct the biomedical tradition in the care of mental health users, the work of Physical Education professionals in health is predominantly subordinated to a “physical-sanitary order”⁶ based precisely on biomedical assumptions¹³. But is it possible and necessary for Physical Education to build another mode of intervention in mental health?

Wachs¹⁰ argues that the advancement of theorizing about Physical Education practices in mental health requires that they be situated in broad theoretical frameworks that will also be distinct “the diagnosis, focus, and direction of treatment, therapeutic resources, the role of the therapist, the expectations” (p. 59), as they are different. Even understanding that the form or methodology of approach determines with much more intensity the explicit or implicit health perspective in a proposed activity, we believe that identifying mobilized themes also shows clues that contribute to this debate.

Methods

This paper identified and analyzed the body culture themes mobilized in interventions by Physical Education professionals working in CAPS in Goiânia (GO), Brazil, through exploratory research carried out with 18 Physical Education professionals, out of a total of 21 professionals, allocated to eight CAPS teams. We collected data through semi-structured interviews in the first half of 2015. The research began following approval by the Research Ethics Committee of the Federal University of Goiás and the consent of the Municipal Health Secretariat, the Coordination of each CAPS, and the respondents.

All respondents were permanent municipal civil servants, ranging from two and a half to 14 years seniority in CAPS. Half had more than ten years seniority in the service at the time of the interview. They had a degree in Physical Education from public institutions in the State of Goiás

(UFG and UEG). All of them had a *Lato Sensu* postgraduate degree, and three also had a *Stricto Sensu* postgraduate degree, two in Education and one in Health Sciences. Until the research was carried out, the admission of these professionals occurred in two stages. The first group held a public examination in 2002, and a second group held a public examination in 2007, totaling the 21 professionals mentioned.

After data collection, the interviews were transcribed, and then we performed data analysis based on the principles of the content analysis technique, establishing thematic categories as indicated by Bardin¹⁴. The following phases were conducted in organizing the data: pre-analysis, exploration of the material and referencing of indices, and elaboration of indicators. Empirical data saturation was also performed¹⁵ in the data organization process. The interview script had the following questions: (a) What Physical Education activities have you already developed or are developing at CAPS? And (b) what sports activities/workshops or other bodily practices take place outside the CAPS physical space?

Results

The body culture themes mobilized in the activities reported by Physical Education professionals in CAPS are pretty diverse. We observed that the respondents' answers covered topics such as sport, gymnastics, weight training, walking, dance, yoga, relaxation, massage, and other Alternative Bodily Practices (ABPs), adventure practices, games, plays, and fights. We should emphasize that the interview questions asked about activities already developed or in progress. We identified the mobilized body culture themes from the answers. However, it is noteworthy that the questions were directed only to Physical Education Professionals, questioning the activities they had already developed or developed up to the research time. Therefore, we did not identify whether other professionals also mobilized these themes in their interventions. We have distributed the themes mentioned to facilitate the analysis, as shown in Table 1.

In Chart 1 below, we can see that this diversity remains in the activities carried out by Physical Education professionals outside the CAPS facilities. Professionals reported a total of 17 activities regularly. We identified the themes, the number of actions by CAPS, and the places where they were carried out.

Therefore, in the box above, we could also see some diversification, with a more significant presence of sports and physical exercise, when we analyze the activities proposed outside the physical space of the CAPS. Most of these activities were developed continuously weekly, except for the acrobatic tissue, which was a sporadic experience, and the physical assessment performed regularly in a Therapeutic Residence, however, at longer intervals. It should be noted that the Therapeutic Residence is located in a physical space outside the CAPS. Still, it is part of the Psychosocial Care Network (RAPS), as it is a deinstitutionalization device, as explained in Ordinance N° 3.088/2011.

Discussions

Table 1 shows the presence of several categories. We emphasize that the categories "sports" and "physical and gymnastic exercises" were the most reported, with sport present in all eight CAPS and physical exercises in six CAPS, reported by 10 and 12 professionals, respectively, which brings us to the debate previously presented that the development of physical fitness in its relationship with health and sport is an imaginary that legitimizes the Physical Education professional's work, as reflected by two respondents:

At first, I started to work with the walking group, which is a typically Physical Education activity. We guide stretching, walking in groups [...] (Respondent 07).

[...] it isn't elementary because in the common-sense imagination [...] it seems to restrict the physical trainer, the instructor [...] (Respondent 13).

Thus, suggestions for the organization of groups of walking, gymnastics, physical exercises, soccer, among others, are common, both by users and by the mental health team itself. Ferreira et al.¹⁶ address this issue and characterize it as a "task request", often ordered by the CAPS multidisciplinary team to Physical Education professionals. This situation often limits the scope of the intervention's potential, as per the reflection of the same respondent mentioned above: "[it restricts] the professional who is there to 'do something' without any possibility of reflecting and who, in my view, limits the field of action" (Respondent 13).

The category "physical and gymnastic exercises" included: walking, running, hydrogymnastics, physical assessment, psychomotricity, and gymnastics. As shown in Table 1, 67% of pro-

Table 1. Themes, number of professionals, and CAPS that mentioned them.

Theme	Professionals		CAPS	
	Number	%	Number	%
Physical and gymnastic exercises	12	67	6	75
Games and plays	11	61	6	75
Sports	10	56	8	100
Dances and rhythmic activities with music	9	50	5	63
Alternative Body Practices (ABPs)	7	39	5	63
Fights	4	22	3	38
Adventure practices	2	11	2	25
Circus activities	1	6	1	13

Source: Own elaboration based on research data.

Chart 1. Themes present in activities carried out outside the physical space of the CAPS.

Themes	Number	Locations
Swimming	1	SESC club
Hippotherapy	1	Goiânia Equestrian Society
Physical assessment	1	Therapeutic Residence
Circus: Acrobatic fabric	1	Lago das Rosas Park
Games and plays	2	Street/Square
Adventure corporal practices (climbing/slackline)	3	Square/Slackline Training Center
Soccer	4	Military Police Battalion/Lago das Rosas Park/Street/Square
Physical exercises (Walk/Run/Stretch)	4	Squares/Parks/Therapeutic Residence
Total	17	

Source: Own elaboration based on research data.

professionals from 75% of CAPS reported having already mobilized these themes. In Box 1, which shows the activities carried out outside the physical space of the CAPS, this predominance is also observed, as four workshops were developed in squares, parks, and a Therapeutic Residence.

When based on a biomedical perspective, interventions based on these themes aim at changes in specific physical aspects such as strength, balance, flexibility, and resistance. Generally, bodily practice is submitted to a merely functionalist dimension in a curative or preventive sense, hardly considering the possible interferences of living conditions and social determinations of the health-disease process. The fact that twelve professionals indicate this set of practices highlights the great difficulty of these professionals in overcoming this paradigm. Thus, the practice of exercise or physical activity is often understood as a medicine or a substitute for it. Bilibio and Damico⁹ call “dogmatic pride and panacea” how

many studies on the relationship between physical activity and health are produced because they reinforce a not always scientific and often unquestioned belief about health as a result of some physical activity or exercise.

Despite the hegemony of this perspective in training, professional interventions, and academic literature on Physical Education, we should emphasize that there are also consistent criticisms of it^{6,7,17-19}. An example of an activity that approaches this perspective, we highlight the physical assessment carried out in partnership with professionals from other areas in a Therapeutic Residence (TR), which aimed to control body weight. The TR is a health device of the Municipal Health Secretariat (SMS), which aims to support people with severe mental distress in returning to social life, marking the beginning of a new life in the community. The teacher reports the work of physical assessment in a group called *Medida Certa*. The name of the activity carried

out by the CAPS professor is homonymous to the initiative premiered on the Sunday newscast *Fantástico* in 2011. Initially, two TV news presenters were challenged for three months to undergo a nutritional and exercise re-education program elaborated by a physical trainer trained in Physical Education. The program encouraged the population to exercise and adopt a healthy diet. The influence exerted by the mainstream media is evidenced in this proposal, which often reinforces the stereotype that the primary function of Physical Education is about fighting against sedentary lifestyles, obesity, and preventing several diseases, especially chronic non-communicable ones.

“Sport” was mentioned by ten professionals and is present in all CAPS in Goiânia, as shown in Table 1. We have swimming, volleyball, and soccer. In Box 1, we can see that soccer workshops outside the physical space were reported in four CAPS, two CAPS adult disorders, and two CAPSad. They occurred in a Military Police Battalion, in the Lago das Rosas Park and streets and squares close to two CAPS.

One of the sports identified was swimming, performed to initiate people into the modality that includes adaptation to the liquid environment, teaching different forms of propulsion for movement, and swimming styles. It was carried out by a Physical Education teacher from an adult disorder CAPS in partnership with the Social Service of Commerce (SESC), which provided one of the club’s swimming pools.

However, the most significant occurrence was soccer, probably related to its popularity among Brazilians. Despite this, it is noteworthy that in many cases, the opportunity to practice this sport can present itself to users of CAPS as a rare chance to manifest themselves in this practice that in other situations may have otherwise been an experience forbidden to them. It seems that soccer’s popularity favors its presence in the CAPS, as it facilitates the user’s adherence to the practice, which is a significant challenge in the service. The statement below properly explains this issue:

Soccer was proposed because I started to realize, and I said it in a meeting, that we had a good group of young men who weren’t at ease. They were not encouraged to come to the CAPS to participate in prolonged activities [...] They were in groups that had people with greater motor or mental impairment than them. They were feeling very discouraged [...] So, I thought: let’s get on with soccer, which is what young men in our culture like. To play ball, right? I opted for the obvious, right? Be-

cause of the country. So, we scheduled soccer, and people started to come. The group soon worked out in a few meetings (Respondent 04).

In general, the mass media publicize the sporting spectacle aimed at high performance, which favors a reductionism in sports culture. Bracht²⁰ said that an important characteristic is transforming sport into a commodity conveyed by the mass media. However, in the context of CAPS, there is a need to understand sport in other dimensions besides the hegemonic one. Its importance for users in various aspects should be recognized, such as addressing competitiveness, collective involvement, playfulness, rules, agreements, and conflicts in sports, which teachers can discuss in their interventions. Bracht²⁰ calls this other perspective of sport a leisure activity. The author argues that, in general terms, it is a high-performance sport that provides the model for leisure sport activity. However, “in sport as a leisure activity, other codes appear relevant and capable of guiding the action” (p. 34).

As in other body culture themes, the cultural dimension allows and requires expanding the intervention focus, valuing the social, symbolic, and cultural processes of sports practice. These aspects can contribute to pedagogical and therapeutic processes. Luz¹ draws attention to the need for Physical Education professionals to understand that there are fundamental differences in their intervention in the field of health, as it is not about training, dressage, or enabling the body to perform physical activities. The author emphasizes that “body activities geared to health are a complex social fact found in contemporary cultural life rather than fashion aimed at ‘physical form’, dictated by the media” (p. 11).

Both perspectives highlighted by Bracht²⁰ and Luz¹ can also be present in the other themes identified, which were dances and rhythmic activities with music, games and plays, adventure practices, circus activities, fights, and Alternative Bodily Practices (ABPs). However, these themes are less marked by the expectation of physical fitness development. A significant number of professionals and CAPS resorted to these practices, as shown in Table and Box 1. Regarding ABPs, there are different conceptions in the literature, including different nomenclatures and terminologies for the set of practices assigned to this category²¹. In this work, we will adopt the concept of ABPs developed by Cesana²¹:

Alternative Bodily Practices can be characterized by searching for new ways of life that give meaning to existence. These practices may origi-

nate from a need for answers in Western society to fill the void left by consumption in social life. In the search for new sources of knowledge that could fill this gap in Western culture, a part of this response was sought in Orientalism, and a possibility of replacing the current status, or of traditional customs societies²¹ was pursued in the option for the different, the uncommon, non-conventional and non-traditional (p. 23-24).

Coldebella et al.²² argue that ABPs enable the search “for subjectivity, non-competition, the possibility of self-knowledge, awareness, stretching, expressiveness, and creativity” (p. 120). They also add that they bring the possibility of minimizing physical effort, opposing the formal logic of physical exercises, as in the case of “Yoga, massage, acupuncture, Do-In, Tui Na, Tai-Chi, aromatherapy, and anti-gymnastics”²² (p. 120).

In our research, activities such as relaxation, breathing techniques, massage, and Yoga were mentioned. However, we have an important caveat: although we include relaxation and stretching bodily practices, we should clarify that these were only included in the category in question after analyzing the context explained in the respondents’ statements. In other words, the meaning and purpose in which these practices were carried out were observed before they were included in the category of ABPs. The example below can help highlight this context:

A routine where you start talking to people, bringing some brief reading, something that even comes up with the why and what for the practices will be implemented in the group. Then [we performed] very gentle stretching exercises, mobilizing the major body joints for a general warm-up, and gentle stretching without overexertion, emphasizing the awareness of the effort’s intensity and volume. This self-knowledge helps subjects to perceive whether they have joint pain [...] and, in the end, we have meditation and relaxation [...], mainly to provide individuals with a good week (Respondent 05).

It is noteworthy that the ABPs are a significant proportion among the professionals interviewed, as seven professionals (39%) from five CAPS said they performed or had already performed some of these activities. Matthiesen²³ points out that the relationship between Physical Education and ABPs only escalated in the late 1980s and early 1990s. As a field of relative independence from what configured the understanding of Brazilian Physical Education, ABPs gained ground in discussions on methodological alternatives for teaching physical education at school and, later, on its use as a therapeutic practice in health.

Respondents also mentioned games, plays, fights, hippotherapy, circus activities, and adventure practices such as slackline. In most of the times, these activities were mentioned, the context of the statements referred to providing a recreational and playful experience to users. Actions with this purpose were already present in asylums, in the sense of filling the idle time of the subjects, occupying them when they were not in other types of care²⁴. We note that this perspective comprising playful and recreational activities as a way of waiting or distracting the subjects for other times, such as medical or psychological care is still present, as the following respondent explains: “We have the following story: stay with the boy for me to attend the mother or father, which is a more important case. So, play with the boy [...]” (Respondent 06).

Notably, although the CAPS is part of a proposal to replace the asylum, the contradictions in the Psychiatric Reform process have become more acute in recent years. These elements can be identified in Technical Note No. 11/2019²⁵, from the Ministry of Health, which points in the opposite direction to the principles of the Psychiatric Reform. The note does not recognize RAPS services as substitutes and indicates the expansion of beds in psychiatric hospitals. Regarding services for receiving users of alcohol and other drugs, the document disregards Harm Reduction, pointing to the paradigm of abstinence as the only possibility for care and expands resources for Therapeutic Communities, which evidences contradictions in the Psychiatric Reform process, which were already present at the time of data collection for this research, but which escalated with the political directions of recent governments.

However, we also have systematized proposals, apparently aligned with therapeutic projects and that present users with new possibilities to enjoy different experiences with bodily practices, allowing for other approaches to care. These characteristics can be seen in the following excerpt:

[...] expressly, the fight workshop was set up due to the great demand for fight situations at school for children who have this mental disorder issue. [...]. I noticed that it was possible to thematize violence using some struggle elements (Respondent 06).

Several activities reported occurred only in institutions and physical spaces outside the CAPS, as is the case of adventure, hippotherapy, and circus practices, as shown in Box 1, whose characteristics generally demand specific areas for their realization. Two professionals from

two CAPSad reported work with acrobatic fabric, climbing, and slackline held at the SlackLine Training Center and in various parks. Hippotherapy was a weekly activity, in which the Physical Education teacher accompanied some CAPSi users at the Equestrian Center in the city. The diverse initiatives show that Physical Education can contribute more comprehensively to social health needs and comprehensive care.

One of the fundamental aspects of this contribution is showing CAPS users their ability to take advantage of available urban spaces, often in their territory of residence, which is an essential contribution to the psychosocial rehabilitation process. One of the several challenges of the permanent need for deinstitutionalization of care is the risks of approaching the CAPS to a service with a logic similar to the outpatient²⁶ or even the producer of new chronicities²⁷. It is about the tendency to produce further isolations, dependencies, and specializations, which can resume the ruptures with life posed by the total institution, as Goffman²⁸ conceived it. In this sense, the deinstitutionalization process does not produce the necessary advances and may be restricted to what Amarante²⁹ explains as being a mere de-hospitalization.

Some authors³⁰⁻³³ point out as possible alternatives to this situation the expansion of possibilities for therapeutic care from the construction of strategies that allow greater visibility of service users, more significant interaction with reality, and the resources presented in the territory extrapolating the offers of health care networks.

While insufficient, as per Lima *et al.*²⁶, some extramural therapeutic care activities promoted by CAPS professionals themselves can contribute to the realization of some fundamental principles of psychosocial care. These activities allow, for example, greater visibility of users, educational processes based on resources in the territory, a re-interpretation of the use of leisure spaces, necessary learning for the autonomy building process, among other essential aspects, linked to a therapeutic approach that seeks social reintegration.

Final considerations

The analysis of the interventions of teachers linked to CAPS in Goiânia shows diverse body culture themes. Some theoretical perspectives reduce them to activities devoid of cultural sense and meaning, although all themes are historically

and culturally established. We can find themes that, in the social imagination, are instead related to the expectation of developing physical fitness, and the most reported categories are “sports” and “physical and gymnastic exercises”. However, there is scope for others less linked to this expectation, such as ABPs, games and plays, adventure practices, fights, circus activities, and hippotherapy. This characteristic can favor other paths to guide action. In the case under analysis, the training of all subjects was developed in two public Higher Education Institutions, one Federal and the other State, in the Licentiate Academic Degree.

The reality of substitute services and the overcoming of the asylum paradigm demand interventions that transcend the organic dimension of health. The contributions of community health expand the potential of training and intervention in health since they comprise the health-disease process as a social production that constitutes the dynamic and contradictory reality of life³⁴. The health needs of individuals in psychological distress presuppose interventions consistent with the principle of comprehensive care and require the circulation and appropriation of other spaces in the city beyond CAPS physical boundaries.

Extramural work, such as those reported by professionals in this research, is of fundamental importance for social reintegration. It allows the user to know appropriate places and cultural elements that make up the territory in a movement where care in health transcends CAPS physical space. The diversity of community activities and workshops with bodily practices developed by Physical Education professionals from CAPS in the territory can be seen.

These initiatives can contribute to the reintegration of users, as adherence to practices presupposes the onset of the development of the right to use and the feeling of belonging to these mostly public places. It is noteworthy that Law 10.216/2001 establishes in its article 4, paragraph 1, that “the treatment will aim, as a permanent objective, the social reintegration of the patient in their environment”. As they involve content related to free time and leisure, they have great potential concerning the appropriation of territory and the redefinition of the users’ relationships with institutions and spaces such as squares, parks, schools, clubs, and churches. Therefore, they are great allies in the therapeutic process of users, especially when it comes to thematizing the territory and the right to the city.

Collaborations

RP Furtado, MFM Oliveira, PS Vieira, JFN Martinez, WA Santos, MF Sousa, RLR Neves, participated in the design of the research project, collection, organization and analysis of data, and drafting and critically reviewing the text. PMG Sousa and HM Pasquim participated in the organization and analysis of the data and drafting and critical review of the text.

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