103 - PHYSICAL EDUCATION, BODY AND MENTAL HEALTH: AN EXPERIENCE IN A PSYCHOSOCIAL CARE CENTER (CAPS)

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INTRODUCTION

This study comes in line with training offered in the course of Physical Education, Federal University of Rio Grande. Its development began in the second semester of graduation, more specifically in the discipline of their schooling, in which the film was worked A Stranger in the nest[11].

After watching the movie began a process of discussion about the devices present in psychiatric hospitals in the service of the norm[12]. In the following semesters worked on the analysis of the dissertation of Felipe Wachs (2008), entitled "Physical Education and Mental Health: a health care practice emerging Center for Psychosocial Care (CAPS).

Gradually were built the theoretical and methodological basis for an intervention in an area of mental health services. The opportunity to realize the intention above occurred in the discipline Supervised Internship I, which favors the student to build and put into effect a proposal to operate in a non-school institution.

Thus we have presented an education proposal that was incorporated into the discussion raised by Wachs (2008) and put into practice in a CAPS. Aware of the fact that, as Philip puts Wachs (2008, p. 99), "[...] in CAPS[13], Physical Education also includes codes and functions and must comply with a therapeutic project. "Thus, The purpose of this study was to carry out interventions attuned to the stage design principles of mental health service, which agrees with what Wachs (2008) named Physical Education "from the" CAPS. For that, the Center for Psychosocial Care (CAPS) CONVIVER, located at Rua Presidente Vargas 588, in Rio Grande - RS, the institution of choice for our interventions.

In Brazil, the CAPS result from the process of Psychiatric Reform[14] on the National Policy on Mental Health, supported the law 10.216/02. With this, the Ministry of Health sought to consolidate a model of attention to mental health open and community-based, owned by the Unified Health System - SUS[15]. Thus, in 1992, held in Rio Grande the first tender for psychologists. However, only in year 2000 the CONVIVER is accredited as CAPS - Psychosocial Care Center by the Ministry of Health, receiving funds for investment in mental health, "(Project Drugs, 2004, p. 7).

In 2002 CAPS "go through a reaccreditation by the Ministry of Health and CAPS - CONVIVER shall be classified and designated as CAPSII[16], according to Ministerial Decree No. 336, 19/02/2002 (Drugs Project, 2004, p. 7). Thus, the concern is the CAPS II the following tasks:

> Daily care for adults with severe mental disorders and persistent, for cities with between 70,000 (seventy thousand) to 200,000 (two hundred thousand) inhabitants; Running from 8:00 to 18:00 in two shifts during the five days of the week and comprising a third operation to 21:00; assist the patient in the CAPS II with the following activities: personal assistance (medication, psychotherapy, mentoring, etc.); care groups (psychotherapy, group operating activities, social support, among others) calls in therapeutic workshops run by professionals with a college or high school, home visits, family care, community activities focusing on the integration of the mentally ill in the community and their family and social insertion; patients treated at a shift (4 hours) will receive one meal per day, assisted in the two shifts (8 hours) will receive two meals (the city of Mental Health, 2006, p. s / p).

In order to find the Physical Education "from the" CAPS CONVIVER tariff binding interventionist goals with the mission of the Care Center, which is established as: "to promote the recovery of identity, dignity and respect for the individual to express distress in terms of their community and social reintegration "(therapeutic Project, 2004, p. 11). Thus, we distance ourselves from believing in the myth of scientific neutrality (Carvalho, 1995) and Physical Education attached to a narrow concept of health, which generalizes and classifies the subjects into diseased and healthy[17].

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[14]The process of reform has its own history, entered in an international context changes by overcoming violence asylum. Founded at the end of 70 years, the crisis model of care focused on the psychiatric hospital, on the one hand, and hatches on the other hand, the efforts of social movements for the rights of psychiatric patients, the process of Reform in Brazil is larger than that the penalty for new laws and regulations and greater than the set of changes in government policies and health services. More information about the Deinstitutionalization available at: http://portal.saude.gov.br/portal/arquivos/pdf/relatorio_15_anos_caracas.pdf. Accessed: 10/10/09

[15]The national policy on mental health concerns in addition to CAPS, which will focus in this study, the following services: Residential Therapeutic Centers for Living and Culture and the comprehensive care beds, as well as the program "Back Home. More information on mental health services available in http://portal.saude.gov.br/portal/saude/area.cfm?id_area=925. Acessed: 10/10/09.

[16]Interestingly, this analysis is dedicated interventionists to speak from experience, so do not go into broad concepts in relation to specific care work in CAPS, for example, the CAPS I, III CAPS, CAPS i (juvenile) CAPS ad (alcohol and drugs). More information about these services are available in http://portal.saude.gov.br/portal/saude/cidadao/visualizar_texto.cfm?idtxt=24355&janela=1. Acessed: 10/10/09.

[17]Physical education is embedded in the health field, but not infrequently, it tends to treat health only in individual perspective, blaming and blaming individuals for their health status. As a difference to people on the margins of a minimum state social welfare (access to work, leisure, education and public policy of infra-structure and basic sanitation) is simply ignored by many professionals in physical education that produce proliferate and make speeches in favor of health. For a more careful discussion on the concept of health and their use in the field of physical education consult the article "Reinventing the concept of health" written by Luiz Carlos Rigo, Eliane Pardo, Tatiane Silveira Teixeira. In: "The health debate in Physical Education Volume 3. Bagrichevsky, M; ESTEVÃO, A., PALMA, A; (Eds.). IIHÈUS: Editus, P. 2007 155-173.

METHODOLOGICAL ASSUMPTIONS

This essay's main objective is to describe, analyze and reflect on the experience of a curricular discipline of non-formal (no school), held during the first half of 2009 with an academic degree course in Physical Education University Foundation of Rio Great, next to the CAPS CONVIVER, the city of Rio Grande, Brazil. The workshops took place on Wednesdays[18] and Thursdays from 15h to 16horas and 30 minutes. To perform this test we use to guide the methodological contributions from the ethnography, more specifically the work of Loïc Wacquant (2002), in which the author adds to the classic ethnographic observations of the contributions from the direct intervention of the researcher with the object of study, which he called "observant participation". The photographs were used as sources imagistic aesthetic dimensions of suffering and historical-cultural (Barthes, 1984). Thus, this study is endorsed in speeches and in the comments (written and image) performed during the internship.

INTERVENTIONS IN CAPS CONVIVER

On the second of abril 2009 was held the first intervention stage, constituting the beginning of what we call the Physical Education "of the" CAPS CONVIVER. At the first day of testimony fragments of users of the institution indicated how some of them had introjected discourses of body and health that disqualified and makes them more as a subject. Their testimony said: "I have hepatitis teacher and get tired very quickly," or, "Teacher I will not do his class because I have a platinum on foot", and "today I will not participate, because the medicine made me very tired "(Journal of Field 02-04-09).

Analyzing these statements we see that they could serve to help legitimize the intervention that we wanted, but it was essential to develop our status as a trainee as a subject of experience. However, for the experiencing subject becomes possible is essential:

> stop thinking, stop and look, stop to listen, think more slowly, stopping to feel, feel more slowly, take in the details, to suspend belief, stay the proceedings, suspend the will, the automatic stay of action, cultivate attention and gentleness, open your eyes and ears, talking about what happens to us, learning to slow, listen to others, cultivate the art of meeting, very quiet, be patient and give yourself time and space (LARROSA, 2002, p . 24)

In this sense, just like the character McMurphy movie A Stranger in the Nest, little by little, we were gaining ground among the people who attend services at CAPS, even without having conducted a campaign against the medicalization of routines used in the pharmacological treatment of institutionalized subjects.

One of the methodological guiding ethical principles of our measures was not to impose on users of CAPS participation in the workshops of Physical Education. We made this decision because he believed it is essential that users of CAPS can establish a relationship of non-subjection to your own body to join the testing of new physical techniques[19]. This ethical option was taken by methodological conceive it is essential that the subjects themselves to take decisions on their bodies. Especially at a time when we follow a spread of discourses and practices originating and producing a biopower (Foucault, 2006) which call the right to health, mixing the right to the widespread use of drugs, making each individual in a potential consumer / customer of the new pharmaceutical industry. As announced Junges (2008, p. 8):

> biotechnology offers health systems give rise to complex and powerful semiotics are the cultural pimp new subjectivity of health with new demands in health, forcing a rethink their right to health. This investment symbolic techniques to the health service provides a new configuration to biopower, as it allows the emergence of a powerful agency demands to who owns biotechnology because of the link between technical and signs that gives the good health of symbolic efficacy[20].

Whereas the actions taken have produced a progressive, exciting and even surprising adherence to the users of CAPS following we expose some photographic records of our intervention. It reminds us that our proposal to study how political horizon and pedagogical work in harmony with the design of therapeutic institution, which has as one objective: "to rescue the self-esteem, so people can share experiences, feeling part of a group "(therapeutic Project, 2004, p. 11).



Figure 1: Workshop held in the courtyard of CAPS CONVIVER, 22/04/09.



Figure 2: Visit the Federal University of Rio Grande (FURG), 29/04/2009.

[18]The workshops on Wednesday had an extraordinary character, since that was the day that the van of the city was in the provision of CAPS CONVIVER.

[19]Many activities involving games and play in this sense it is clear that use the concept of "body techniques", according to the conception of the anthropologist Marcel Mauss, to develop themes that concept Jocimar Daolio (2004, p. 4) says that Mauss conceives of "body techniques" as "the ways in which humans traditionally and specifies, using their bodies. Thus, all bodily gesture can be considered a component, which meets the criteria of tradition and efficiency." With that in my speech presupposes a conception of body as a producer and expression of the dynamics of culture, enhancing their aesthetic, subjective and symbolic (Daolio, 2004).

[20]Junges also stresses that "this new configuration of biopower likelihood that the right to health as easily access and use of technology, forgetting the social determinants of health as an individual's right and duty of the state. This perspective helps explain, in other molds, the problem of universality and targeting, as discussed at the beginning of the implementation of SUS. The focus on services was the way to achieve universal access and it was not a dyad of contradiction, but complementary. But because of biopower, the universal and the focus may be misleading and assemblages by semiotics, responding only to the demands of consumer use of technologies "(2008, p. 9).



Figure 3: Visit to Stadium Sports Club Sao Paulo (Stadium Aldo Dapuzzo), 14/05/09.



Figure 4. Classroom in the Park Labors games, badminton, and football club. 21/05/09.



Figure 5. Murals made of the photographs of classes, 28/05/09.



Figure 6. Return to CAPS after a soccer match in the Park Labor, 18/06/09.

FINAL CONSIDERATIONS

From the analysis of persuasive devices related to the forms of government immersed in health services, establishing dissonance between the rights of users of the health service and the actions that they often are submitted by reference to the experiment conducted with CONVIVER the CAPS, we see the work in the physical education teacher a chance to contribute to the life of users of CAPS, for example, issues related to planning for further care of their bodies, through diversification of their body experiences.

The result of our intervention, we highlight a greater concern with the body of the users of CAPS, also underscore the fact that as the workshops of bodily practices possible the creation of new forms of social interaction among the users of the institution. A sociability that, as pointed out by Francisco Ortega (2002), is also political because it is guided by the recovery of public spaces.

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PHYSICAL EDUCATION, BODY AND MENTAL HEALTH: AN EXPERIENCE IN A PSYCHOSOCIAL CARE CENTER (CAPS)

SUMMARY.

This study is characterized as an essay that deals with Physical Education and Health Metal, in the case of the intervention on the body and health of users of a CAPS (community mental health services). The study was conducted with empirical support for a curricular done in a Bachelor's Degree in Physical Education during the first half of 2009. The methodology followed the principles of ethnography, conceived as Loïc Wacquant (2002).The conclusion shows that physical education can have a role to users of CAPS, helping them to build a position of autonomy and not as subjection to your health and your body.

KEYWORDS: Physical Education, Body, Mental Health.

L'EDUCATION PHYSIQUE, CORPS ET LA SANTÉ MENTALE: UNE EXPÉRIENCE DANS UM CENTRE DE SOINS PSYCHOSOCIAUX (CAPS)

RÉSUMÉ.

Cette étude est caractérisé comme un essai qui traite de l'éducation physique et la santé métalliques, dans le cas de l'intervention sur le corps et la santé des utilisateurs d'un CAPS (services communautaires de santé mentale). L'étude a été menée avec le soutien empirique pour un cursus fait dans un baccalauréat en éducation physique au cours de la première moitié de 2009. La méthodologie a suivi les principes de l'ethnographie, conçu comme Loïc Wacquant (2002). La conclusion montre que l'éducation physique peuvent avoir un rôle pour les utilisateurs du CAPS, les aidant à construire une position d'autonomie et non comme la soumission à votre santé et votre corps.

MOTS-CLÉS: Éducation Physique, Body, la santé mentale.

EDUCACIÓN FÍSICA, CUERPO Y SALUD MENTAL: UMA EXPERIENCIA EM UM CENTRO DE ATENCIÓN PSICOSOCIAL (CAPS)

RESUMEN.

Este estudio se caracteriza como un ensayo que se ocupa de la Educación Física y la Salud Metal, en el caso de la intervención sobre el cuerpo y la salud de los usuarios de un CAPS (servicios comunitarios de salud mental). El estudio fue realizado con apoyo empírico para un plan de estudios realizado en una licenciatura en Educación Física durante el primer semestre de 2009. La metodología seguida los principios de la etnografía, concebida como Loïc Wacquant (2002). La conclusión muestra que la educación física puede tener un papel a los usuarios del CAPS, ayudándoles a construir una posición de autonomía y no como sometimiento a su salud y su cuerpo.

PALABRAS CLAVE: Educación Física, Cuerpo, Salud Mental.

EDUCAÇÃO FÍSICA, CORPO E SAÚDE MENTAL: UMA EXPERIÊNCIA EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL (CAPS)

RESUMO.

Este estudo caracteriza-se como um ensaio que versa sobre Educação Física e Saúde Metal, tratando da intervenção sobre o corpo e a saúde dos usuários de um CAPS (Centros de Atenção Psicossocial). O estudo foi realizado tendo como suporte empírico um estágio curricular feito em um curso de Licenciatura em Educação Física, durante o primeiro semestre de 2009. A metodologia utilizada seguiu os princípios da etnografia, conforme a concebeu Loïc Wacquant (2002). A conclusão do estudo mostra que a Educação Física pode ter um papel relevante aos usuários dos CAPS, contribuindo para que eles construam uma postura de autonomia e de não assujeitamento quanto à sua saúde e ao seu corpo.

PALAVRAS-CHAVES: Educação Física, Corpo, Saúde Mental.

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