



TAI CHI: AN INTEGRATIVE PRACTICE THAT ENHANCES AUTONOMY?

TAI CHI: PRÁTICA INTEGRATIVA POTENCIALIZADORA DA AUTONOMIA?

TAI CHI: ¿UNA PRÁCTICA INTEGRADORA QUE POTENCIA LA AUTONOMÍA?



<https://doi.org/10.56238/edimpecto2025.060-017>

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ABSTRACT

This article is based on research developed through my practice as an occupational therapist on a primary care mental health team in the municipality of Osasco, in the metropolitan region of São Paulo, state of São Paulo. Since 2012, the municipality's primary care mental health center has offered the Tai Chi Workshop activity for patients with mental health needs and for individuals who wish to participate in the practice. Due to the COVID-19 pandemic, the meetings began to take place synchronously, virtually via Google Meet, as did the Research Workshops. The overall objective of the research was to understand, from the perspective of SUS users, whether Tai Chi, as an integrative practice in the region, enhances users' autonomy in managing their care. The specific objectives were to identify what motivates users to participate in the Tai Chi workshop offered in the region; to analyze whether and how Tai Chi practice influences their health perception; To verify whether the practice of Tai Chi enhances the role of patients in care management and to develop a technical educational product for the practice of Tai Chi. The proposed method was qualitative research from the perspective of critical hermeneutics and the construction of a narrative that allows for the exposure of the nuances and meanings that permeated the entire process. We observed a convergence between the conception of health in Tai Chi and Occupational Therapy, as well as the impact of this practice on the perception of a more autonomous daily life for the participants. We found clues that point to the understanding of Tai Chi as a practice that supports subjective, relational autonomy and self-care, which provides well-being and quality of life. From the discussions in the Research Workshops, a proposal emerged to create a Zine as a Technical Product derived from the research. The aim is for the results to contribute to the strengthening of integrative and complementary practices in the SUS.

Keywords: Tai Chi. Integrative and Complementary Practices. Primary Health Care. Mental Health. Occupational Therapy.

RESUMO

Este artigo baseia-se em pesquisa que se desenha a partir da prática enquanto terapeuta ocupacional que compõe uma equipe de saúde mental na atenção básica no município de

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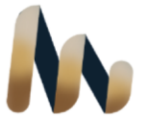


Osasco, região metropolitana da cidade de São Paulo, estado de São Paulo. A atenção básica voltada para a saúde mental do município oferece, desde 2012, a atividade Oficina Tai Chi para usuários com demandas da saúde mental e para pessoas que desejem participar da prática. Atravessados pela pandemia da Covid-19, os encontros passaram a acontecer de forma síncrona, virtualmente via Google Meet, assim como também seguiram as Oficinas de Pesquisa. O objetivo geral da pesquisa foi compreender, pela ótica do usuário do SUS, se o Tai Chi, enquanto prática integrativa no território, potencializa a autonomia dos usuários na gestão do seu cuidado. E, como objetivos específicos, identificar o que motiva o usuário a participar da oficina Tai Chi, oferecida no território; analisar se e como a prática do Tai Chi influencia na percepção de saúde; verificar se a prática do Tai Chi amplia o protagonismo dos usuários na gestão do cuidado e desenvolver um produto técnico educacional para a prática do Tai Chi. O método proposto foi uma pesquisa qualitativa sob a perspectiva da hermenêutica crítica e a construção de uma narrativa que permita expor as nuances e sentidos que permearam todo o processo. Percebemos a convergência entre a concepção de saúde no Tai Chi e na Terapia Ocupacional, como também a repercussão dessa prática numa percepção de um cotidiano mais autônomo para os participantes. Encontramos pistas que apontam para o entendimento do Tai Chi como prática que sustenta uma autonomia e autocuidado subjetivos, relacionais, que proporciona bem-estar e qualidade de vida. A partir das discussões nas Oficinas de Pesquisa emergiu a proposta de construção de um Zine, como Produto Técnico derivado da pesquisa. Pretende-se que os resultados possam contribuir para o fortalecimento das práticas integrativas e complementares no SUS.

Palavras-chave: Tai Chi. Práticas Integrativas e Complementares. Atenção Primária à Saúde. Saúde Mental. Terapia Ocupacional.

RESUMEN

Este artículo se basa en una investigación desarrollada a través de mi práctica como terapeuta ocupacional en un equipo de salud mental de atención primaria en el municipio de Osasco, en la región metropolitana de São Paulo, estado de São Paulo. Desde 2012, el centro de salud mental de atención primaria del municipio ha ofrecido la actividad del Taller de Tai Chi para pacientes con necesidades de salud mental y para personas que desean participar en la práctica. Debido a la pandemia de COVID-19, las reuniones comenzaron a realizarse de forma sincrónica, virtualmente a través de Google Meet, al igual que los Talleres de Investigación. El objetivo general de la investigación fue comprender, desde la perspectiva de los usuarios del SUS, si el Tai Chi, como práctica integradora en la región, mejora la autonomía de los usuarios en la gestión de su cuidado. Los objetivos específicos fueron identificar qué motiva a los usuarios a participar en el taller de Tai Chi ofrecido en la región; analizar si y cómo la práctica de Tai Chi influye en su percepción de salud; Verificar si la práctica de Tai Chi mejora el papel de los pacientes en la gestión del cuidado y desarrollar un producto técnico educativo para la práctica de Tai Chi. El método propuesto fue una investigación cualitativa desde la perspectiva de la hermenéutica crítica y la construcción de una narrativa que permite la exposición de los matices y significados que permearon todo el proceso. Observamos una convergencia entre la concepción de salud en el Tai Chi y la Terapia Ocupacional, así como el impacto de esta práctica en la percepción de una vida cotidiana más autónoma para los participantes. Encontramos pistas que apuntan a la comprensión del Tai Chi como una práctica que apoya la autonomía subjetiva y relacional y el autocuidado, lo que proporciona bienestar y calidad de vida. De las discusiones en los Talleres de Investigación, surgió una propuesta para crear un Zine como Producto Técnico derivado de la investigación. El objetivo es que los resultados contribuyan al fortalecimiento de las prácticas integradoras y complementarias en el SUS.



Palabras clave: Tai Chi. Prácticas Integrativas y Complementarias. Atención Primaria de Salud. Salud Mental. Terapia Ocupacional.



1 INTRODUCTION

The spark that gives rise to this article is the master's dissertation —Between the circularity of Tai Chi and the hermeneutic circle: a walk on autonomy and self-care, of the Graduate Program in Health Sciences Teaching, at the Federal University of São Paulo, Baixada Santista Campus, with Prof. Dr. Luciana Togni de Lima e Silva Surjus. And then we continue to present the research process.

Integrative and complementary practices (ICP) and primary health care (PHC) have had their paths very close, sometimes parallel, meeting and intertwining over the last sixty years. Various human groups from different parts of the planet, but especially in the West, have been building these paths, finding old cracks, widening paths and opening new paths for these forms of care – ICP and PHC.

In the 1960s, different movements from different social strata began to act in order to question the status quo in force until then. It was the so-called Counterculture Movement. The questions ranged from manners and customs to clothing, arts and forms of relationship, including modes of care (TESSER; BARROS, 2008). In this process, there was a (re)discovery, a (re)visit to the East and special attention to the culture, customs and health care of the original peoples of these territories.

In this context of global transformations, the proposal to strengthen local health systems is gradually gaining strength, and the World Health Organization (WHO) organizes its first conference in this regard, proposing the Declaration of Alma-Ata. It is in this declaration that we find a nod, a commitment to community organization and participation, and to the use of all resources, local or not, available for quality care, in addition to the activation of —traditional practitionersll. (DECLARATION OF ALMAATA, 1978).

Here in Brazil, as a result of the Health Reform movement, the 8th National Health Conference was held in 1986, which approved the understanding of health as a right and organized the bases for the structure of what would become the Unified Health System (SUS). (PAIM et al., 2011). After the promulgation of the 1988 Constitution, according to Paim, Brazil has established a dynamic and complex health system (the Unified Health System – SUS), based on the principles of health as a citizen's right and a duty of the State. The SUS aims to provide comprehensive and universal, preventive and curative care, through the decentralized management and provision of health services, promoting community participation at all levels of government. (PAIM et al., 2011, p.11).

In this work, we propose the use of the term —Primary Health Carell (PHC) based on the reflections of Giovanela (2018), who says that —the existing universal public health systems advocate robust primary health care, and the use of the term primary health care is



in line with this literature and international experience of universal systems^{II}. (GIOVANELA, 2018, p. 5). When dealing specifically with public policies, we will use the term Primary Care (PHC).

A fact that particularizes primary care in the city of Osasco is the presence of mental health professionals working directly in PHC care, linked to the UBS, as the city does not have a Family Health Support Center (NASF).

In 2006, the Ministry of Health published its first National Policy on Integrative and Complementary Practices (PNPIC), which includes in the work processes and as a therapeutic and care resource a set of practices that —contribute to the expansion of individuals' co-responsibility for health, thus contributing to the increase in the exercise of citizenship^{II}. (BRAZIL, 2006). In this text we find the definition of Tai Chi in the PNPIC as —a set of gentle, continuous, progressive and complete movements, used for disease prevention, health maintenance and emotional stabilization.^{II} (BRASIL, 2006, p. 61). It is important to point out that in 2017 there was an update of the PNPIC, including new therapies, totaling 29 (twenty-nine) practices. (BRAZIL, 2017).

Placing the brief historical context, it is important to emphasize that this research started from the curiosity of a professional occupational therapist who, working in the mental health of PHC, felt provoked to seek knowledge to embody her practice, to make it more robust beyond the skills required by the art of Tai Chi Chuan. Encorpar, here, has more than the meaning of giving body to the text, it refers to the intention of bringing the body as a subject, as part of the process of intellectual production, envisioning the body-mind unity.

It is important to note that, in the PHC practice scenario, Tai Chi is, in most situations, something that is in the field of the unknown. Often even placed in the field of mysticism, of beliefs, both by users and by colleagues of the services. Tai Chi Chuan and other arts from the East are usually filled with mysteries, wrapped in veils that alternate between the imaginary, the mythical and the distant reality of the living here in the West.

Bringing this subject to academic-scientific research started from the desire to scrutinize a settlement of the subject within parameters that can give a more tangible contour to the construction of knowledge that brings contributions to health care practices in the real territory and that can produce meaning for PHC teams.

2 METHODOLOGY

2.1 RESEARCH OBJECTIVES

The general objective of the research is to understand, from the perspective of the SUS user, whether Tai Chi, as an integrative practice in the territory, enhances autonomy in



care management. And as specific objectives: to identify what motivates the user to participate in the Tai Chi workshop, offered in the territory; to analyze whether and how the practice of Tai Chi influences the perception of health; to verify whether the practice of Tai Chi expands the role of users in the management of care.

2.2 WAY TO GO THROUGH A PANDEMIC

At the beginning of 2020, the world was devastated by a terrifying novelty: the event of an outbreak caused by a virus little known by the scientific community, with causes, symptoms, sequelae, unknown modes of transmission and, much less, the possibility of an effective drug or treatment or a preventive vaccine. From the family of coronaviruses, the disease was named COVID-19. In March 2020, the WHO (World Health Organization) characterized this event as a pandemic and, together with health authorities around the planet, organized a series of recommendations that included social isolation to avoid mass contagion, health care and, in particular, mental health care (WHO, 2020).

In this spiral of events, we find the survey carried out at the end of 2020, conducted by IciCT/Fiocruz, the Faculty of Medicine of Petrópolis (FMP/Unifase) and ObservaPICS/Fiocruz (Observatory of Integrative and Complementary Practices of the Oswaldo Cruz Foundation), detecting that 61.7% of Brazilians made use of some Integrative and Complementary Practice (PIC) during the pandemic.

According to the study, a large part of the offer took place remotely/virtually and through offers from APS, in addition to offers from the private sector.

In some way, we feel included as researchers in this study. And we realized that our research dialogues with the reflection of Iceland Carvalho (researcher at Fiocruz Pernambuco, coordinator of ObservaPICS), who tells us that ICP extends the look to take care of mind-body-emotion, in addition to enabling the promotion of self-care. This is an important finding in times of health crisis, in which mental health is extremely compromised. Integrative practices in health are an effective option (BOLETIM EVIDÊNCIAS, number 7, Jan-Apr 2021 page 14).

Following this reorganization movement, on the one hand we make ourselves available to users in person, although individually, seeking a return to the center, a balance in the offer of reception and care.

On the other hand, over the months, the possibility of remote/virtual meetings has been profiled as a possible strategy both for the provision of care and for the continuity and effectiveness of this research.



At the same time, we had the rich and sometimes even exhaustive experience of the possibility of virtual contacts, of the presence of and in the cyber world. We have to make good use of technologies. It is on this path that our research took place, with our Tai Chi practice moving from face-to-face to virtual.

The Covid-19 pandemic has brought to the fore the different social and economic conditions and shown the need for change. It laid bare inequalities when we had a significant reduction in participants due to the lack and/or difficulty in the use of technological resources. At the same time, it showed that ICP, especially Tai Chi, have the power to maintain the group, the bonds and the care. According to the principles of Tai Chi, the center is not a static point, but a reference that moves in time-space.

2.3 METHODOLOGICAL PATH

The territory addressed in this project is located in the southern region of the municipality of Osasco, with socioeconomic characteristics between the lower and lower middle classes, mostly dependent on SUS services. The region in question is composed of three UBS – Maria Pia de Oliveira Unit, Vasco da Rocha Leão Unit and Guilhermina Nóbrega Abreu Unit. The mental health team that serves this population is composed of a speech therapist, an occupational therapist and a social worker.

Until the beginning of the Covid-19 pandemic, two Tai Chi Chuan groups operated – called —Tai Chi Therapeutic WorkshopII –, whose meetings took place weekly at the CRAS (Social Assistance Reference Center) Sister Maria Benedito Constâncio, known as CRAS Veloso, an equipment in the territory with spatial capacity to welcome users. The two groups had the same characteristics. The division was based on the capacity of the physical space to carry out the activity.

As they were open groups, they allowed the inclusion of anyone who wanted to participate, whether referred by mental health, by CRAS itself or by indication of an already participating user. Each group had an average of sixty participants, with an average attendance of thirty people each day. The group was conducted by an occupational therapist with personal training and practice in Tai Chi Chuan and co-conducted by a speech therapist.

The groups were heterogeneous, without distinction of gender, with an age range from adolescence to old age, with a prevalence of participants in adulthood. The majority of participants were women, although in some groups, at random times, they were men. Most are black and brown people. Most of them came from being oriented after being welcomed in mental health, that is, there was some personal or family complaint in the scope of mental health. There were also those indicated by CRAS and others invited by the participants.

Based on the assumption of a research that intended to understand how the appropriation of practices occurs as enriching the autonomy of participants-users, a qualitative methodology proved to be more appropriate. (TURATO, 2005).

Therefore, it was intended a qualitative research that would give voice to all the subjects involved. In this sense, Minayo points us to qualitative studies that —all have as a parameter the recognition of subjectivity, the symbolic and intersubjectivity in relationships, and bring into the analyses the inseparable imbrication between subject and object, between social actors and researchers, between facts and meanings, between structures and representations^{II}. (MINAYO, 2017, p.16).

Both Minayo (2017) and Onocko-Campos (2011) place the scientific rigor of qualitative research in its theoretical foundation and in the accurate description of the research processes, both in the collection¹ of data and in its analysis.

Critical and narrative hermeneutics (ONOCKO-CAMPOS, 2005) presents itself as a methodological possibility that gives support and contour to this research. Hermeneutics, as mentioned by Ayres (2008), points out positive paths for the development of research with designs appropriate to what each study proposes, maintaining a genuine interest in the democratic construction of health practices, which are both more effective and wiser.

Taking into account that this research deals with an integrative practice, Caprara presents us that —the hermeneutic perspective allows a new construction of health-disease models, which recover the experiential dimension, as well as the psychosocial one^{II}. (CAPRARA, 2003, p. 925), important subsidies for research. We add here the contribution of Sato and Ayres, who point to Gadamer's philosophical hermeneutics, in a double perspective: on the one hand, for offering a critical reference to the techno-scientific reduction of Western rationalism, with a strong impact on health work in contemporary times; from³ on the other hand, because it indicates, in the comprehensive interpretative movement of hermeneutics, the ways of intelligibility of the process under study and the search for validity of its propositions. (SATO; AYRES, 2015, p.1029).

From this methodological perspective, we understand research as a dialogical path, a space for the construction of knowledge in-between for those involved. This leads us to understand that —in this way, Gadamerian hermeneutics carries within itself a practical commitment to transformation that generates the need for critical distancing, provoking the emergence of new discursiveness.^{II} (SURJUS, 2011, p.124).

³ Given the qualitative and interactive nature of this research, we chose to use the term —harvest^{II}, because the information is apprehended in a participatory process, as found in Paulon et al., 2014 and Sade et al., 2013.



As Passos and Kastrup (2013) tell us, the observation of what is produced in terms of meanings can happen through encounters through different strategies such as participant observation, focus groups, intervention groups and interviews, as well as the means of recording: recordings, transcriptions and field diaries. Due to the researcher's direct involvement with the participants, the choice was made to hold research workshops that could deal with the theme in a less directed way.

In this sense, Spink, Menegon and Medrado tell us that the objective of the workshop is not limited to the recording of information for research purposes, since it sensitizes people to the theme worked, enabling its participants to negotiate various meanings, opening spaces for controversies and enhancing changes. (SPINK; MENEGON; MEDRADO, 2014, p. 33).

As Bernardes et al. (2017, p. 813) say, the —use of methodological strategies depends fundamentally on the researcher and his/her personal history, as well as on his/her relationship with the other research subjects, which resonates with the purposes of this research and its researcher.

The first design of this research proposed the realization of two research workshops that aimed to reflect on the practice, at first called —Thinking about life, thinking about Tai Chi... II.

The criterion for choosing the participants was their interest in being part of the research. The invitation would be made verbally in meetings prior to the first research workshop; The place where the research workshops were held would be the CRAS itself, where the Tai Chi Therapeutic Workshops operated. The space was adequate, with the availability of chairs and privacy to carry out the research workshops. The place was known to the participants, a place of occupation for both the researcher and the participants, ensuring horizontality and equity in this being present. All this before the advent of the Covid-19 pandemic.

With a qualitative research design, with everything right for the face-to-face research workshops and the approval by Plataforma Brasil, the pandemic came.

Point. It changed everything.

Due to the Covid-19 pandemic and from the quarantine decreed on 3/22/2020) and the suspension of face-to-face groups, there were a few months of uncertainty, of insecurity.

With the collaboration of my speech-language pathologist, I began the process of contacting each of the participants of the Tai Chi Workshops. It is worth mentioning that this co-worker, a teammate, thinking together about actions, a colleague reflecting on practice, was formally instituted as an auxiliary observer before the ethics committee. developing the tasks of controlling the time of the activity and notes on the participants' speeches.



Using the same criteria proposed for the face-to-face research, the first step was to list all the participants of the last three meetings of each group. So, we resorted to the Electronic Medical Record of the Municipal Health Department, in the search for each person's telephone contacts. Once the list is ready, we start the contacts through the UBS landline, which is in the manager's office.

Between one call and another, questions and curiosity: Will you answer on the computer? Where? How? Why? It was unknown to us as well. Despite the authorization for teleservice by our respective class councils (COFFITO and CFFa) and by the municipal administration itself, it was all very new. (COFFITO, 516/2020; CFFa, 580/2020). With each new call, an expectation: will you answer the phone? The number called does not exist. That number is no longer this person's. When the person answered the phone, it was already a joy. And it generated a conversation. Requests to clarify doubts about the pandemic, health and our meetings.

In the meantime, we dedicated ourselves to the task of redoing the research project, adapting it to the new situation to be sent to the appropriate ethics committee⁴

It was very important to contact the users. There was an important exchange of affection. Ties were strengthened.

And the discovery (which was not new, unfortunately) that many people were left out. First those with whom we have not been able to contact anything because their telephone numbers in the medical records were outdated. Then those who said they didn't have the means for a virtual meeting. And others who did not have mastery of the technologies and no one, neighbor or relative, who could help.

There were moments of tension: will we be able to organize a group? Will we reach a sufficient number of participants for the research? Will anyone want to participate in the survey?

In September 2020, we started our weekly meetings. Every Tuesday morning I forwarded the Google Meet⁵ link, to remember the meeting at 2 pm. An interesting production. Many arrangements involved.

At the time of the research, a few months had already passed since the beginning of the virtual practice. There was already a certain management, albeit rudimentary, of technological tools.

The Tai Chi Therapeutic Workshops are now held via Google Meet, to support the biosecurity and protection measures of the participants. This format was used by the

⁴ Plataforma Brasil. Receiving, at the end, the CAAE authorization: 29921120.0.0000.5505 on 06/05/2020.

⁵ Video communication service developed by Google



participants and the researcher, maintaining the same horizontality proposed in the face-to-face meetings. This led us to adapt the Research Workshops to this new reality, without changing the methodology⁶.

For Onocko Campos et al., it is necessary to overcome production —onll to produce knowledge —withll and,

in this sense, we reiterate the advantage of the Workshops in not working only with hegemonically recognized specialists, including interest groups that experience the evaluated process on a daily basis, although they do not have structured academic formulations about them. (ONOCKO CAMPOS et al., 2010, p. 236).

Based on this premise, the researcher conducted the research workshop, with her co-worker who acted as an auxiliary observer. She is also part of the Tai Chi Therapeutic Workshops, being identified by the participants as a therapist. The richness of the research workshop is to be able to make use of the actors of the research scene, because everyone will be producing knowledge. Such collaboration aims to provide greater quality and rigor in the observation and recording of data, as stated by Brigadão et al. (2014, p.77).

According to the literature, the workshops last an average of ninety minutes, however, in the virtual process, the participants requested a reduction in time.

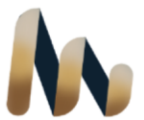
The classes were recorded and for the purpose of data presentation we preserved the identity of the participants. To support the recordings, a field diary was also used by the researcher.

After the exchange of experiences in the Research Workshops, the analysis took place through the identification of argumental nuclei and the construction of a narrative, which allows for rigorous production in the intellectual field, without creating a dissociation between affect and thought. In this sense, according to Onocko Campos (2011), the ethical-political commitment is maintained both in the field of research and in the relationship with-

After the first two meetings with each group, and the transcriptions were made, the expectation was to build a narrative that contemplated the contributions of the participants and that would enable the reflection of the group of participants themselves. There was the possibility that the groups would bring very different contents and, in this case, two narratives would be constructed, so that a coherent reflection could be drawn with each research group.

It is the first passage through the hermeneutic circle, where the stories of the participants gain visibility, gain the body of text, because, as Gadamer (2008, p. 507) tells us, —writing is the center of the hermeneutic phenomenonll. These narratives would then be

⁶ Therefore, the steps described below were maintained, with the adaptation of the Informed Consent Form (ICF) to the digital format.



read to each group so that all participants could see themselves represented, included or not, identifying points that, perhaps, had not been properly clarified or contemplated, in a third meeting, which is the —hermeneutic groupll.

It is worth mentioning that, in each research workshop, the proposal was, through different activities, to allow the participants to reflect on the practice of Tai Chi. These were dynamic proposals that provide the inclusion of the participants, without embarrassing them, as Luiz, Dal Prá and Azevedo (2014) warn us. A guiding script was prepared for the research workshops. In addition, two other workshops were held to respond more broadly to the objectives of the research, and to construct the educational technical product of this process in a participatory way.

The commitment to the analysis of the meanings and experiences collected is, based on the theoretical-academic tradition (ONOCKO-CAMPOS et al., 2010) in the fields of integrative and complementary practices, mental health and PHC, to build a dialogue with the findings brought by the participants. With this research, it is expected to contribute to a theoretical-academic reflection that talks to professional practice in PHC in order to enrich the quality of care and the strengthening of the SUS, as well as fostering new debates among health sciences researchers.

With all this path traveled, we begin our harvest of meanings and reflections. Yes, it is a harvest. Harvest because, in this qualitative, participatory, hermeneutic methodology, the data are collected because there was a sowing, the sowing of the work that instigated the research. It is the science that comes from doing, from happening, from encounters. We can also name this process as —exchange of experiencesll, since it implies the horizontality of the relationships proposed by this methodology.

The richness of this methodology lies precisely in allowing reflection on the world, where the researcher and participants are part of the same process. This methodology that I have been waiting for so long and that now makes sense, enabling another turn in the hermeneutic circle.

As initially planned, there were two workshops to build understandings and revelations about the practice of Tai Chi and its impacts on the lives of the participants.

One of the people who regularly participates in the virtual meetings filled out the form and agreed to be present during the research workshops, but without manifesting himself. This agreement was made in a face-to-face meeting at the UBS.

As foreseen in the face-to-face modality, the research workshops took place after a brief practice. I select stretching movements, breaths, and a brief self-massage. This part was not recorded, nor would it be in person. As the practice is standing, we have time to



organize the space and sit down for the conversation. I would not feel comfortable talking about Tai Chi without first activating the body so that it would be present during the conversation.

3 RESULTS AND DISCUSSION

As outlined in the methodological design of the research, after the first two research workshops, we focused on the transcriptions made from the audio-recordings. They contain the sets of explanations brought by the participants-subjects of the research, which unravel the themes put up for discussion, the so-called in this methodology of argumental nuclei.

According to Onocko-Campos, from the perspective of critical-narrative hermeneutics, what we look for in the transcriptions are not the categories that appear, since these were actually presented as the theme of the research itself.

In this methodological proposal, the argumental nuclei are those that bring something of elucidation, of causality to the categories or themes offered for discussion, —remembering that argumental nuclei are not the themes raised, but the weave of intrigue on these themesll. (ONOCKO-CAMPOS, 2011, P.291).

3.1 ARGUMENTAL NUCLEI

Thematic Axis – Autonomy
<ul style="list-style-type: none">— I met someone who said that it was too slow, that it was too slow, but I said 'I'm going', a person who sometimes had already been there... And I don't regret it.— The first two times I did it, my daughter took me. On the way back, they went to meet me, and then I started to go alone, to come back alone, I became a different person. Today I feel cheerful and loose.— Pay attention to the things you are buying, I pay more attention.— I started with gymnastics, then I learned about Tai Chi, then I started to participate— but after I started doing Tai Chi, I took the medicine and thank God I'm there,— Nothing ever gets in my way, I already plan early, with early lunch, and I get my umbrella, right? And grandpa
Subcategory - Decision to participate in the Research Workshops
<ul style="list-style-type: none">— Some people filled out the ICF, but did not participate in any of the Research Workshops, not even in the Tai Chi practices. There was no justification.— There were those who wanted to participate, but had no possibility of help to use the technological tools offered.



Thematic Axis - Care management

- Samuel is saying that he does Tai Chi because of depression and anxiety and he does some exercises at home as well.
- When I'm in a queue that is taking a long time, I use the posture, I release my knees and breathe because I'm very anxious and also so as not to damage the spine, as you had explained to me. I do breathing exercise also because of anxiety
- When I joined TaiChi, in the first classes, I felt a lot of anxiety and had a feeling of despair, especially when I closed my eyes, after a few classes this disappeared
- When I'm crocheting because it starts to hurt the neck, the hand, then I do a little massage and it relieves well.
- I can stand for 10 hours, and then I end up feeling pain in my body, neck, shoulders. That's where I always remember Tai Chi because I end up doing a little exercise there at work.
- But the one on the foot, on the instep, has already become a craze, I sit down and I'm already turning my foot.
- In line at the bank I like to do the foot exercise.
- After Tai Chi, I began to meditate on the problem.
- But every day I do a little bit of each thing
- I don't do them all [at home] because I'm getting lost, I'm getting lost, but this one about the foot, the instep, has already become a craze, I sit down and I'm already turning my foot, I turning my foot

Thematic Axis - Perception of health

- I've been going to Tai Chi for a long time, I don't even know how many years, I went to CRAS because I was already there doing gymnastics, I thought it was better to move on to Tai Chi because I found gymnastics very abrupt and Tai Chi is softer.
- my head, because I started because of therapy.
- I can't say that it solved all my problems, but it helped me with many things.
- After Tai Chi, I began to meditate on the problem.
- Not only will it take the tension out of the body, but to be in union and learn to live with each other.
- At first I had my sciatic nerve locked, it unlocked and we don't get perfect because there is no perfection, right?

Subcategory - The strong presence of the biomedical model

- My Knee (2)
- My sciatic nerve
- I have labyrinthitis
- My Anxiety (7)
- Depression (5)
- I have fibromyalgia (2)
- chronic sclerosis problem
- Alzheimer's disease
- All the doctors I comment that I do Tai Chi they say that it is very important



Thematic Axis: Motivation for practice

- If I start talking about all the good things that Tai Chi gives me, we'll stay here until tomorrow
- And I'm happy to be evolving, I'm really fine.
- It gives the impression that my head is cool, I don't know, I like the movements very calm, it makes me very calm.
- All the exercises were useful because after 6 months that I started practicing my nerve already de-inflamed, it was very bad.
- When I go there with some pain, when I do it, I improve a lot then I feel a lightness, the body is different
- The moves are cool. So much so that I've been there for a long time because the exercises are doing me a lot of good
- I'm not going to leave, just one time I can't go that I'll miss.

Subcategory: Appreciated Movements

- "I really like the part from the waist up, I like all the movements, the head, the ball, I like it a lot, and the neck,
- This one with the ball, a movement we do with the arm, then you get the ball, I like it a lot
 - What I like the most, that I feel even better is when I stretch my arms

- The exercises for the knees have helped me a lot
- exercises that are straight to the spine are the ones that help me the most
- we like it more, right, like the one with the swing,
- I really like to meditate

Subcategory: Cumbersome/difficult/tiring movements

- The hardest thing for me is the ball because I have labyrinthitis, but I can do it
- There is one that I don't like, it's hugging.
- It's nice to hug the tree, but once in a while we get... [inaudible]... to think of a tree tree, but it's cool, it's a little tiring
- In the first classes, I felt a lot of anxiety and had a feeling of despair, especially when I closed my eyes

Thematic axis: Paths of the health network

- I learned about Tai Chi at UBS
- They wanted me to do some things there [CAPS], but for me it wasn't possible, it was too far away, and then they referred me here, which is closer.
- I was doing therapy with you, P., at Maria Pia [UBS], and then you referred me to CRAS to do these exercises
- In Metalúrgico there is also [another UBS]
- First, I got a referral at the Novo Osasco [UBS] post, then I was referred to the Vila Yolanda [UBS] post. There, I went to the A.P. and I was waiting because I wanted to go to the psychiatrist, I got it, and then they called me to do this follow-up with you. Then, I went to the post on Avenida Santo Antônio [UBS] and was referred to CRAS.
- Maria Eduarda came on the recommendation of CRAS itself.
- I went to CRAS because I was already there doing gymnastics, I thought it was better to move on to Tai Chi



Subcategory: Movements within the territory

- It's just that sometimes it varies, sometimes I go by bus, sometimes I go by car.
- before he arrived at CRAS walking because in a way he lived nearby, but now he takes a bus to get to CRAS
- my daughter who took me there when I started, then I arrived there trembling as hell, she left me then I managed to come back alone but they were always waiting for me. But now I'm going alone, I'm coming back alone, I'm fine, I've lost the fear of walking alone, I'm very well.
- as I live close here to CRAS, I go on foot

Thematic Axis: Stories in the territory

"There was a day when we were leaving Tai Chi, Samuel and I were there, and we stopped near the station and the police stopped us. We had to explain to them where we were leaving and they asked us if Tai Chi brings any change in our daily lives, and this is a way for us to occupy our minds, and that's how you always say, right? The best thing is to look for a job to be able to occupy the mind, and this, for those who are unemployed, is a way to occupy the mind, not only to take the tension out of the body, but to be in union and learn to live with each other.

Thematic axis: The pandemic

Subcategory: Distancing

"I'm not going to leave, just a time when I couldn't go that I'm going to miss.

Subcategory: Remote practice

- For me it's been a new modality, I'm enjoying it because for us who don't mess with this technology business, for me it's a very difficult thing, so for me it's been very good. The return of Tai Chi through videoconferencing for me is being very good because we were missing it, so I just have to say that I'm grateful for that
- It would be better if it were face-to-face, right? But how can we not, right? Because of the pandemic, but it was wonderful, you know very well that I've been with you since 2015.
- I say I'm in my cell, I just go out to eat and go back to crochet, I think I'm very still
- But at home it's excellent

Thematic axis: The Research Workshop

- The good thing about this research is that we are able to talk, talk about the exercises, which part we like the most, where it hurts the most, while there we didn't talk.
- I think it was an opportunity for us to be able to express ourselves, to pass on the places where we have the most tensions.
- Both in the lecture and in the exercises, mentally, physically, I loved it and I love it, thank you very much, so congratulations.

Subcategory: New Constructions



- That ball [exercise] there, can we blow up a balloon and use a balloon? Those bladders? ... I thought I could.
- Hugging the tree is nice, but hugging the tree is even better.
- I think that if I could have it twice a week Tai Chi would help more, I try to do it here alone but I don't remember it right.

Thematic axis: Hermeneutic Circle

- I heard that story and I thought 'my God, this story looks like mine'. But that's very good, to use another name,... because no one will know.
- I loved the text. I liked that you talked about Maria Eduarda
- Even my rooster participated, my dog. My rooster is famous.
- From the first part that you talked about those who had depression and anxiety I already identified myself
- I imagined myself in the living room, okay? It seems like I was there
- It's everything that's really inside the story, the context is beautiful.
- I recognized there about the approach, about the approach such
- The part I told you in the old narratives that in the beginning I closed my eyes to do the exercises, I had a lot of anxiety, a lot of anguish, I wanted to leave, then it passed. Maybe you could specify this item more in your work, you know?
- how did you explain the way he [Tai Chi] came to us, right?
- I think there's only one title left now, right?

After identifying the argumental nuclei, and the records of the field diary, a narrative was elaborated that could mediate the logic of collective production, emphasizing the aspects that stood out – of interest to the research, and of relevance to the collective.

Narratives have occupied an important place in qualitative research in collective health, due to the possibility of understanding subjects in their different contexts, as presented by Onocko-Campos et al.

We will place ourselves here next to one of the ways of conceiving narratives in the field of medical anthropology, the one that understands them as a —dimension of the experienced^{II} and as an expression of —social, cultural and collective values and expectations and develops specific ways of thinking, explaining and acting in the situations experienced daily that concern their illness^{II}. (ONOCKO CAMPOS et al., 2013, p. 2852).

Considering our object of study the practice of Tai Chi, that is, an activity manifestation of the body, our understanding of narrative must dialogue with a conception that includes the body dimension of the subjects and their way of being in the world. Thus, we share the proposition that: —The lived experience is what unveils the way of being in the world of individuals. As the lived is always embodied bodily and in context, when this tradition attributes visibility to the lived experience, body and intersubjectivity are illuminated.^{II} (ONOCKO-CAMPOS et al., 2013, p. 2853).



The richness of the collective narrative is not only in its text itself. It also resides in the tasting of the text by all the participants, in the sensation of the fusion of horizons that mediates the relationships and opens the way for the fluidity of the speeches, of the placements. On this return hermeneutics, the participants experience a place of knowledge-power, and perceive themselves as builders of knowledge.

Collective narrative "A certain Tao: plenitude and resilience!"

At some point in history, there is a place, a large room, with green walls and a floor with a grayish tiled floor, with a small window at the back and a bathroom.

On one side of the room there is a table where coffee and bags are placed. On the opposite side there is another table, for more bags.

Some chairs are scattered throughout the space, in addition to several other chairs that remain stacked in the corner under the window.

This room-scenario hosts a large circle of 20 people, sometimes up to 30 people.

As Ruth said, "I imagined myself in the living room, okay? It feels like I was there", bringing this feeling of the place of practice to our story. "It's everything that's really inside the story, the context is beautiful", as Ruth said. It is in this space-setting that we gather to practice Tai Chi together.

This set of movements with this different name, which comes from the eastern shores and was developed by the Chinese a long time ago. They thought of something that would give strength and health, and that could be practiced by anyone. It is not a gymnastics only for strong young people.

And at the beginning of history, there was also the practice of repeating movements many times so that, with this, it was possible to use them as self-defense. And it worked!

But then they discovered that Tai Chi was really good for balancing health, and then they spread this practice around the world. After passing through many paths, Tai Chi came to this large room with green walls.

To get to CRAS Tai Chi there are also several ways to access. There are people who came through the UBS, but there are people who came through the CAPS and other people came through the CRAS itself.

And how can we not talk about people's commuting paths! There are those who come by car, or by bus. He had to come on foot because he lived near the CRAS, but then he moved house and started to come by bus. And there are still those who started to come on foot, but needed to be accompanied by someone from the family, but, after a few practice meetings, they started to come alone! This independence is a happiness.



And, in addition to the practice of slow and different movements, transformations are taking place in bodies, emotions, feelings.

And meetings are also happening. Life passes through bodies and their sensations. Often these sensations come in the form of pain, which is why it is present in the statements, such as Alice, who had knee pain, Daniela, who had sciatic pain, or Maria Eduarda, who has fibromyalgia.

And it's not just body pain. There are also the pains of feelings and emotions that are out of place. Sometimes these emotions are very exaggerated, like Méuri and Sara, who have anxiety, and Samuel, who has depression, in addition to anxiety.

And then we find ourselves impregnated with medical terms, as if we were defined by them. And at the same time, we realize how these words are already part of people's lives, like lara, who practices Tai Chi to prevent Alzheimer's disease.

Most people bring positive things about the practice. After all, would they be if it was bad? In fact, Daniela said that the person who recommended Tai Chi to her didn't like it, said it was too slow, and didn't stay. But Daniela, curious, decided to try it and liked it!

So we know that those who don't like it, don't stay. And that's okay. It is good to be able to decide whether or not to stay in a practice.

There is also the experience of Samuel, who did not feel well and says that "at first I closed my eyes to do the exercises, I had a lot of anxiety, a lot of anguish, I wanted to leave, then it passed". He was someone who managed to get used to the practice and continue in it.

But not all the movements we practice please everyone. There are people who like to move their feet, and there are people who like to stretch their arms. Hugging the tree, for example, everyone does. There are those who don't like to do it, but then they do it and say they feel good afterwards. And there are people who do the movements at home, like Méuri, Daniela and Maria Eduarda.

There are people who remember TaiChi when they are in the market, because they adjust their posture so as not to have back pain. And there's Daniel, who remembers Tai chi to endure many hours standing at work.

Alice remembers crocheting and Ruth while cleaning the house. And each one chooses different movements to make. And there is no right or wrong, everyone does what they like. There are even "stories", different things that happen on the way through the territory, such as the story of Daniel and Samuel, who were stopped by the police when they were returning home.



It was a Tuesday, 3 pm. They explained that they were in Tai Chi and then the police wanted to know more, and they told them that it was good, that it is a good activity. What about practice time? It has everything! There are people who have been in the group for nine years! But there are also "the youngest", with two years in the group. In fact, every week new people arrive and there are people who no longer come. Each with their own reasons. The weekly meetings had been going on for a long time, until, suddenly, a new disease appeared in the world and contaminated many people, forcing then, to protect health, that everyone stayed at home and that there were no more gatherings of people to reduce the contagion of that disease, unknown and serious. We were separated! We stayed in our homes. Care was needed. After a few months of separation, the idea of using modern technologies to resume meetings came up. And we did it! With several stumbling blocks, we learned to use cell phones and computers to resume our practice of Tai Chi. Access was not easy and many people were left out. Each one in their own home, we meet on Tuesdays. Discovering the technologies we had fun, we turned on the microphone out of turn, we turned it off, the rooster crows in the backyard, dogs bark and with all this we practice our Tai Chi. This distancing brought different feelings. Multiple sides. Several ways of seeing the history of the pandemic and distancing. Some people did not want to participate in the virtual Tai Chi. They don't like to use their cell phones. Others couldn't, even if they wanted to, because they don't have access to the internet or don't know how to use the technologies and have no one in the house to help. But there is the other side, people who went to live with children, in distant places, and who can only participate because it is virtual. Others, even at home, are really enjoying keeping the weekly meetings. And there are those who are feeling more intensely the suffering due to the distancing and the lack of usual activities. In a very touching expression, there are those who "feel in a cell", only go out for sporadic health consultations and realize that the Tai Chi practice meeting is a moment of being out of the cell, even at home. In the middle of all this there was research. So we agreed that, after a brief practice, we would do the research workshops, to build an understanding of Tai Chi in our lives. We discovered that in a survey we can participate not only by giving opinions, but by learning and teaching, and exchanging ideas and building new encounters, different from those we were used to. As I said to Meuri, we can talk about the exercises, about what we feel, and that's very good. And in the end, we are so different, each and every one of us has a story, a place, a way of being in the world. But something connects us, there is a thread that unites us: the practice of Tai Chi."



3.1.1 Another hermeneutic turn

This collective narrative occupied a place of trigger, of cultivation broth for the realization of other Research Workshops. We could say that it was a watershed of this study, the feeling of completing a circle and, in a spiral movement, moving to the next level of discussions.

On the way to completing a last hermeneutic turn indicated in this study, we proposed to expand the dialogue between the findings in the Research Workshops and the exchange of experiences between the researcher and the participants.

It was a conversation between Tai Chi, mental health, Occupational Therapy and primary health care.

Inserted in these fields, we also seek to collect the concepts proposed in the research objectives, placing the exchanges of experience and the meanings brought by the participants in conversation with the scientific production.

Supported by the critical and narrative hermeneutic methodology, we built a dialogue between the literature, the findings and their relations with the concepts that we seek to investigate according to the objectives of this study.

Considering the intrinsic characteristic of the Professional Master's Degree of developing a technical product beyond the dissertation, an invitation was inserted in this process so that the research participants could also contribute and think about the possibilities of this product, its form and content, ideas and concreteness. Thus, we move on to the complementary workshops.

3.1.2 The production of the complementary workshops

As provided for by the methodology itself, rigor is given by the explicitness of the processes followed.

In the case of this research, we were urged, after the Hermeneutic Workshop, to hold two more Research Workshops, in order to deepen the discussion of the concepts of autonomy and self-care, as well as quality of life, based on the voices of the participants and their connections with the practice of Tai Chi.

Our perception was that the first round of the hermeneutic circle happened as a process of collective learning, of bringing the group closer to the scientific academic world.

A new bond was formed between the researcher-therapist and the participants-users of the SUS, the bond of knowledge construction. Participation in the next two research workshops was different, more fluid, more spontaneous, more aware of the process in which



we are all involved. One more explanation of the ethical-aesthetic-political power of critical and narrative hermeneutics.

In the workshop named Research Workshop 4, we resumed the use of the Jamboard⁵ application, now with a board, previously prepared by the researcher, used as a trigger for the discussions and also as an organizer of the words and ideas derived from the discussion.

The columns with the concepts were presented in blank, and the words and ideas were placed as the participants described them. It was a rich and intense process.

Some ideas fit in the different columns and everyone was able to express their representations and understandings.

Throughout the Workshop, the concepts were connected to the experiences and sensations arising from the practice of Tai Chi and its perceived and felt effects on the bodies of the people participating there. The choice of colors was random, made by the researcher.

Throughout the production of this research, through the methodology that proposes criticism, a place was outlined that at the beginning was not yet clear to the therapist^{II}, and that in this process of theoretical-practical construction comes to be understood and perceived as

—researcher^{II}. However, being the same – and only – person, we believe it is important to mark here the meaning of being-being —therapist-researcher^{II}.

This Jamboard resource presented the possibility of transforming, in real time, ideas into written words, being validated by all during the meeting, in a collective hermeneutic movement. The participation was quite valuable, as can be seen in the production shown in Figure 4.

Figure 1

Research Workshop 4

TAI CHI								
AUTONOMIA			AUTOCUIDADO			QUALIDADE DE VIDA		
Liberdade para fazer Tai chi.	Ter controle e domínio sobre você.		Melhora dos pés e joelho.	Mais concentrada.	Mais calma. Diminui o nervoso.	Não ter brigas. Ter paz.	Mais calma. Diminui o nervoso.	melhorar a vida. Ter dias, relaxamento, poder andar.
Confiança em si.	Equilíbrio.		Alimentação boa.	Cuidado com a mente.	Prevenir Mal de Alzheimer	Respirar ar puro.	Prevenir Mal de Alzheimer	Melhora dos pés e joelho.
Prevenir Mal de Alzheimer			Benéfico para a vida e a saúde.	O que você faz para você melhorar.	Prevenção.	Entendimento entre as pessoas.	Deixar vícios.	Olhar o outro.
			meditação eu consigo saber minhas necessidades físicas e mentais	auto cuidado mental que reflete de forma benéfica na minha vida cotidiana	higiene mental	Harmonia entre o corpo e a mente.	Ouvir. Não só falar.	Liberdade.

Source: Prepared by the researcher and participants, using Jamboard.

Something changed in this second hermeneutic turn: while in the first cycle of workshops we started from the body to identify possible motivations, sensations and effects for Tai Chi, without further elaboration of meaning; in the second, after the narrative experience, we perceive the group with greater authorial security – managing to construct meanings about the practice in their lives from the words. As Sade and Melo (2020) tell us, —the narrative can express the experience of the encounters [...] to the extent that it becomes capable of including the participants' speeches, including that of the narrator himself, in the same polyphonic discoursell (p. 154 155). The authors also point out that —one effect of narrative groups is the increase in the degree of participation and appropriation of the participants, once they offer the possibility of remembering their speeches and the discussions they generatedll. (SADE, C.; MELO, J., 2020, p. 157).

On the board, the words spoken by the participants were placed. No previous definition was presented about the concepts initially expressed in the table, therefore, the words that appeared reflect the meanings perceived by them about the concepts. It was a spontaneous presentation, and, at first, when the same word was repeated, we thought of repeating it in the different columns keeping it in the color of the column about the concept in which it appeared first.

But, with the fluency of the conversation, also spontaneously, we only started to keep fixed the word that was repeated in the column referring to the first concept identified, incorporating into it the different colors respective to each concept. In the richness of the methodology, we have this opening to a space for conversation that has been strengthened.



It is important to point out that in regular Tai Chi practice meetings, both face-to-face and virtual, the time is occupied by movements, breathing, meditation and self-massage, with little space for reflection in conversations.

The Research Workshops occupied this place and allowed all of us these moments of construction of collective knowledge. We make here a rescue of the speech of Méuri (participant), who appears in the Collective Narrative, saying that —we can talk about the exercises, about what we feel and that is very goodll.

This power of group ICT is reflected in the production of Nascimento and Oliveira, when they tell us that —these therapeutic modalities have stood out for inciting promotion actions and changes in lifestyle habitsll. (NASCIMENTO; OLIVEIRA, 2016, p. 90). When a reflection on self-care appears that says —reflects in a beneficial way on my daily lifell, we can perceive the delicacy of the practice of Tai Chi and its connection with the concept of integral self-care, which does not separate the person from their surroundings, from their relationships and social tasks.

The very definition of Tai Chi as an art of circulating vital energy implies its insertion in the world, the human being as part of nature. And it brings us everyday life as a producer, conductor and manifestation of life. This daily life leads us to the considerations and studies of Occupational Therapy, which focus on this theme and here we witness and experience our action of —mediating the reinvention of the user's interaction [...] with their multifaceted daily life of activities/actions, in the sense of contributing to the process of transforming carell. (COSTA; ALMEIDA; ASSIS, 2015, p. 195).

And with the simple contribution of —improving life and taking away painll, we witnessed —that the daily path to be taken is created, built and walked' in an approximation of affections, delicacies and dialogues.ll (GALHEIGO, 2020, p. 23). We live in a time of complexity and paradoxes, so even with the strong influence of the hegemonic biomedical model, we see the words —Alzheimer's diseasell and the description of separate parts of the body, such as feet and knees. This appeared more intensely in the first two Research Workshops, when we dealt with what were the sensations perceived with the practice of Tai Chi. Even in the last workshops, in which we proposed to advance conceptually, this capture by the biomedical model still persists. We could talk here with Contatore and collaborators, who show us how much hetero-referred self-care based on hegemonic biomedicine is rooted in cultural and subjective knowledge. (CONTATORE et al., 2021).

However, already in the fourth meeting we can observe more sensitive expressions, such as —looking at the otherll, —not fighting, having peacell, —self-confidencell,

—understanding between people¹¹, in a broader expression of the subtle senses and their (own) perceptions about the concepts presented.

We deduce, then, the understanding of quality of life as a composition of individual and also relational attitudes and situations, the concept is associated with the collective, with the living conditions of the group to which the participants belong. Here we see the quality of life in its subjective conception, considering the context, social group and historical moment where the participants are inserted, as Almeida and collaborators have already pointed out. (AMEIDA et al., 2012).

During the preparation of Workshop 5, we decided to use the Mentimeter⁷ resource to collect words that name meanings, sensations and concepts, and to highlight those most present in the first four Research Workshops, presenting the image as one of the triggering activities.

The objective of this workshop was to deepen perceptions about the concepts of autonomy, self-care and quality of life, and their connections (or not) with the Tai Chi movements practiced by this group.

Figure 2

The words



Source: Prepared by the researcher, using Mentimeter.

⁷ Jamboard is a virtual and interactive whiteboard, developed by Google, that can be edited collaboratively with others and accessed from anywhere with the internet.

The image was produced by the researcher and presented to the participants during the fifth Research Workshop, to illustrate our journey and the words that⁸

We spoke in previous meetings. It happened as a way to maintain dialogue and also show the group's powerful production. Also in the fifth Research Workshop, the table was presented divided into columns – with the concepts worked throughout the research – which were filled in with the words/expressions used by the participants to name the experiences that led them to such concepts, and their relationship with the movements of Tai Chi. The researcher was left with the task of —materializingll what was being said, that is, write on the Jamboard, as shown in Figure 3.

Figure 3

Tai Chi and the concepts

TAI CHI								
AUTONOMIA			AUTOCUIDADO			QUALIDADE DE VIDA		
Acariciando nuvens	Segurar a árvore		Joelho	Pescoço	Joelho e pernas	Juntas e corpo	Coluna	Respiração
			Respiração que deixa leve	Pés		Massagem no rosto e cabelos	Abracando a árvore	

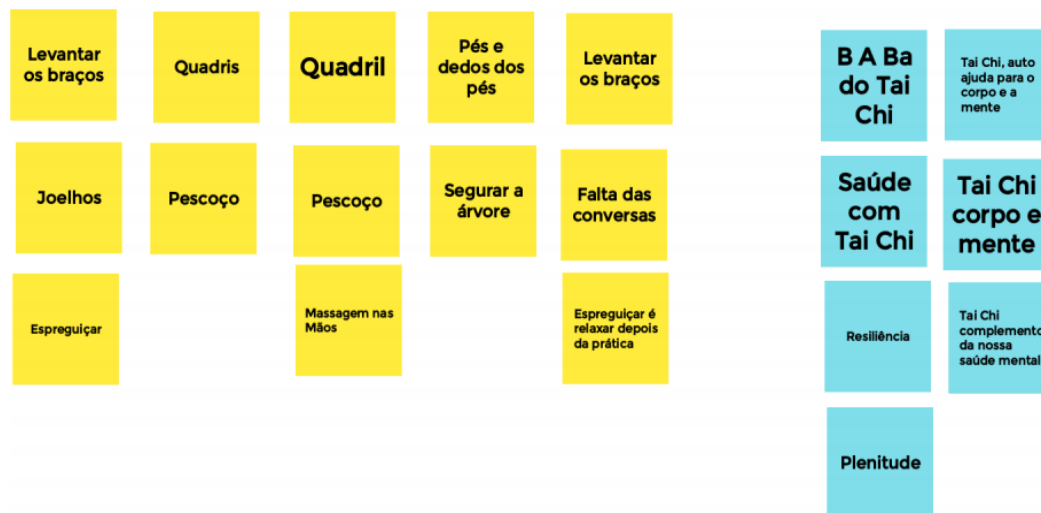
Source: Prepared by the researcher and participants, using Jamboard.

In a dynamic and simultaneous way, the participants brought movements and sensations that they did not place or identify as representing any specific concept, and a new Jamboard was then created during the Research Workshop, named by the researcher —Words and movementsll. Announced at the end of Research Workshop 4, by the very dynamics of the meeting, the idea of the —Technical Productll was taken up, and then, in blue, suggestions for the title of this proposal appear.

⁸ Mentimeter is an online platform of Swedish origin (2014), which allows you to create interactive presentations. The audience can answer various types of questions via smartphone. There are several possibilities for questions with real-time feedback.

Figure 4

Words and movements



Source: Prepared by the researcher and participants, using Jamboard.

By observing this process, we realize that the Tai Chi movements are not a priori perceived as fragmented, as possible to be cataloged in the different concepts presented, namely, autonomy, self-care and quality of life.

As we saw in the tables of Figures 6 and 7, the movements are repeated in the different columns and in the two frames, and as Lara (participant) says, —I, in my opinion, are all the movements that are good for us. Everyone begins their explanation in this way, and, based on a questioning, a provocation on the part of the researcher, they place the movements in one or more columns. We understand, therefore, that, even after the discussions and constructions about the concepts of autonomy, self-care and quality of life, the Tai Chi movements remain integral and integrative, and that their categorization or their —framingll in the different concepts only occurs through the instigation of the researcher.

Therefore, we reflect here on the integrality of the practice of Tai Chi which, as part of the philosophical contribution of traditional Chinese medicine, proposes that the search for self-knowledge is a fundamental part of the sense of being in the world and it is up to each one to develop it in all aspects of life. This extends to learning one's own care needs and their application through self-care. (CONTATORE et al., 2021, p. 9; 16).

We then opened a dialogue with a speech by Samuel (participant) during one of the Research Workshops, when he says that, through practice, —I can know my physical and mental needsll.



Another statement that demonstrates the power of the practice of Tai Chi as an integrator of self-care is the —breathing that makes it lighterll, brought by another participant, understanding breathing as a conscious gesture, a movement with intentionality, which balances being and being in the world.

There was a moment in the production of the research when the question arose about whether there would be an understanding of a certain —orderll between the concepts of autonomy, self-care and quality of life.

The question was whether there would be almost a causality or a sequence. Even though it is not among our objectives, we put the question to the group of participants. The question was asked directly, explaining that there would be no —correct answer in the endl, but it was a curiosity about the subjective perception about it.

A sensitive note is that, in Research Workshops 4 and 5, the participants do not place the concepts in an order, in a predetermined sequence. There is no "what comes firstll. However, the perception of a fluidity between the concepts is evident to the participants.

We cannot leave out the dialogue between literature and the meanings that emerged in the first Research Workshops, in the first hermeneutic turn. It is important to rescue the diversity of participants' practice time and the flexibility offered to participate in regular Tai Chi meetings, both face-to-face and virtual, remembering that there is no need for any type of referral to practice.

This non-prescriptive proposal finds support in Oliveira et al., when they bring us a reflection on the non-regulation of bodies, and, at the same time, it contrasts with the findings of their study in which access to bodily practices occurs through

—medical referralll. These are the contradictions and paradoxes of the different realities of practice, even when the professional has knowledge and theoretical position within the field of humanization and expanded care. (OLIVEIRA, L. et al., 2017).

Affirmed by the testimonies —every day I do a little bit of everythingll and

—I don't do them all [at home] because I'm getting lost, I'm getting lost, but this one about the foot, the instep, has already become a craze, I sit down and I'm already turning my foot, I turning my footll, we found that this autonomy provided by the practice of Tai Chi was observed in two studies that, although quantitative, highlight this characteristic of Tai Chi, that makes it possible to be anywhere. (ZHENG et al., 2018; CALDWELL et al., 2016).

These statements that appear in the first two workshops are then validated by the definitions of autonomy brought by the participants themselves in the fourth Research Workshop.



These same statements also raised concerns: how to give visibility to our activity and how to create a resource to help remember the movements to practice.

And then we had, in this path, in this fusion of horizons, the proposition of the technical product, which emerged from the growing participation of users that was built from the research workshops, as a way to contribute to the understanding of this collective about the power of Tai Chi as a mental health care strategy in PHC.

As an emerging technical product of this research, we propose, then, a record of this practice that has been existing and resisting in the territory since 2012. We aim to build a

—zinell in digital format, which may or may not be printed, which expresses basic content for the practice of Tai Chi and which can, at the same time, be shared among participants, disseminated among users as a trigger for the provision of care and also as a device to give visibility to mental health actions in PHC. This product was announced to the participants as part of the conclusion of this research and, with them, it was thought and drafted during Research Workshop 5.

4 CONCLUSION

Finally we got here. Memory insists on bringing a memory of the preparatory readings for the selection process of this Professional Master's Degree. In one of the texts, Humberto Eco talks about the adventures of writing a thesis and, at a certain point, says that —if my thesis served to stimulate someone to start new experiments [...] I obtained something usefulll. (ECO, 2016, p.31). If at the time it seemed challenging to me, now it sounds reassuring. Perhaps we will be the famous_drop in the ocean'.

There is still a long way to go. It is necessary to scrutinize the subtleties and complexities of the different ICPs, their characteristics, peculiarities and their forms of qualified insertion in the SUS, the issues of financing, training of professionals, deepening studies and evaluations of the activities offered. There are many fields to be explored in research and studies, qualitative, evaluative, and qualitative.

It is also necessary to tension the standards and measures imposed by —hegemonic sciencell, the methodologies that stiffen and exclude more subtle ways of seeing and feeling the glass, the world and the body-in-the-world.

ICPs are in this field, like Tai Chi, which is a subtle practice, which needs to be a different ruler' to measure its effects. For this particular study, the point of was the assumption that Tai Chi is a practice that produces an improvement in people's quality of life, awakening to self-care and enhancing autonomy.



The daily coexistence with Tai Chi practitioners points to the fact that this practice interferes in people's conception of health. From then on, we followed our path seeking to contemplate the objectives of our study.

An important fact to mention is that we were crossed by the Covid-19 pandemic, which changed both the practice routine and the progress of the research, requiring us to put into action the flexibility provided by the Tai Chi movements to, despite all the challenges imposed, carry out this study.

Supported by the health recommendations of the WHO and local management, we suspended face-to-face meetings and replaced them with the technological virtuality available.

We observed and experienced – the fragility of bodies and minds, grief, fear, the challenge of distancing, a whirlwind of emotions that surfaced and provoked the resistance/resilience of mental health, both as people and as an institution. Despite the setbacks, the bonds and affections, as well as the capacity for resistance intrinsic to PHC, supported us to cross (we continue to cross!) this political-health crisis.

Through the critical and narrative hermeneutic methodology, we participated in fruitful meetings and were able to experience, in addition to the sensations and proprioceptions arising from the practice of Tai Chi, the conversation, the dialogue, and thus we made it possible to give voice to them, all of them, participants and researcher.

Tai Chi has occupied the place of support of relationships and production of knowledge, confirming one of its definitions as being the —mainstayll, sustained (and sustains to date) the weekly virtual practice meetings.

Through the Research Workshops, powerful tools of academic and scientific research, we collect the senses perceived by the participants regarding self-care, autonomy and quality of life.

We found clues that point to the autonomy brought by the practice of Tai Chi as belonging to the Freirean perspective, such as freedom, mastery over oneself, the possibility of practicing when and where one wants, and also being able to choose one's favorite movements.

We also observed that the influence of hegemonic biomedicine still persists, which places autonomy in the preventive category.

There is the delicacy of the meanings expressed about self-care, about the subtlety of the marks that the Tai Chi movements incorporate into the perception and preservation of life. In this aspect, the senses found are more connected to subjectivity, to sensations



body, mental and emotional aspects of the research participants. The reports of well-being, pain relief and psycho-emotional suffering seem to justify the long stay of the participants in the practice meetings, both face-to-face and virtual, given that they have been in the group for at least two years.

We found convergences between the ways of thinking about Occupational Therapy, ICT and also Tai Chi, in a circular movement that integrates senses. Through the Research Workshops, we experience this connection that makes us see the other, that amplifies the caregiver-caregiver relationship, and that places us as part of this weaving of the care and life network.

We noticed in our Research Workshops that the practice of Tai Chi has promoted a greater perception of the participants about their bodies, their emotions, their way of being in the world and their relationships with the health and care networks offered in the territory.

We can say that this combination of critical and narrative hermeneutic methodology with the resources of research workshops is quite powerful when one intends a research with ethical-aesthetic-political production based on the production of comprehensive care.

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