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Mente Ativa Group: cognitive stimulation and socialization

EXPERIENCE REPORT

CAMILLO DE ALCÂNTARA CÉSAR[1], ELOISA HELENA DE LIMA[2], LÍVIA AZEVEDO RODRIGUES[3], PATRICIA DE OLIVEIRA DA CONCEIÇÃO ALMEIDA[4]

[1] MESTRANDO DO PROFSAUDE DA UNIVERSIDADE FEDERAL DE OURO PRETO (UFOP), OURO PRETO, MG, BRASIL

[2] DOCENTE DO PROFSAUDE DA UNIVERSIDADE FEDERAL DE OURO PRETO (UFOP), OURO PRETO, MG, BRASIL

[3] FONOAUDIÓLOGA, SECRETARIA MUNICIPAL DE SAÚDE DE BELO HORIZONTE, BELO HORIZONTE, MG - BRASIL

[4] TERAPEUTA OCUPACIONAL, SECRETARIA MUNICIPAL DE SAÚDE DE BELO HORIZONTE, BELO HORIZONTE, MG - BRASIL

ABSTRACT

Introduction: health practices, when supported by the concepts of the National Health Promotion Policy as well as Popular Health Education, represent important pillars in the provision of preventive and health-promoting actions in the first case, as well as inducing self-care in the second, which are significant in Primary Health Care when constructed in a participatory way and together with professional and popular knowledge. **Objective**: to describe the experiences of an operative group, Mente Ativa, developed by the Family Health Support Center (NASF), in two basic Primary Health Care units in Belo Horizonte, focusing on the elderly population. **Experience Report**: The Mente Ativa group began its activities in 2016, occurring weekly, in 1-hour sessions, based on referrals from professionals at the Health Centers or by spontaneous demand. The group aims to maintain the functional capacity of elderly people through cognitive stimulation, social interaction, and physical activity encouragement. **Final considerations**: multidisciplinary health promotion actions developed in operative groups aimed at the elderly, have a protective effect on emotional health through socialization, in addition to presenting themselves as a suitable space for health education.

Keywords: health promotion, health education, family health, elderly

INTRODUCTION

Health Promotion actions are enhanced when associated with Popular Health Education practices within the scope of Primary Health Care (PHC), which has the scope of collective practices in community care. Given the importance of these strategies, both make up some of the various policies of the Unified Health System.[1] Such policies are strong inducers of transformations in care models, especially in chronic non-communicable disease care, which are based on shared self-care approaches and preventive practices, actions that seek to reduce complications and secondary health problems. The concepts of such policies can also be applied to prevent acute illnesses and even external causes, when seen and worked on from the perspective of comprehensive health care, based on encouraging healthy lifestyle habits and promoting violence-free environments, demonstrating the broad scope of such actions. [2,3]

The relevance and impact of care prioritized by health promotion actions led to the creation of the National Health Promotion Policy (PNPS), established by Ordinance No. 2.446, of November 11, 2014, within the scope of the Unified Health System (SUS).[2] Understanding comprehensive care in the field of Health Promotion implies valuing and practicing multidisciplinary work in health, characterized by the articulation of knowledge from different fields of professional knowledge, in the search for approaches with the potential for comprehensiveness and qualification in health. At this point, the performance of family health teams (ESF) improves and achieves greater effectiveness when sharing care with other professionals, with the work of the Expanded Family Health Centers (NASF) being valuable, a strategy that has the role of psychologists, occupational therapists, speech therapists, nutritionists, physiotherapists, physical educators, among other particular compositions, an expansion of the supply of services to the demands of populations at the PHC level.[4]

In the field of Popular Health Education, the PHC scenario presents itself as an appropriate place for the construction and implementation of educational practices, in the resumption of meanings and potentialities involved in the care that health professionals provide to users and communities. Based on the diagnosis of the territory's needs, the concepts of cultural competencies, the valorization of popular knowledge, and participatory actions, it becomes possible to jointly create significant health promotion strategies for people, communities, and professionals.[3]

Social participation is foreseen in the SUS guidelines for health policy implementation, which highlight the importance of including users and communities in the construction of care together with health teams and managers. In this environment, the principles of the National Policy for Popular Education in Health (PNEPS) stand out, established by Ordinance GM/MS 1.996, of August 20, 2007, which highlights the commitment to ethical, shared, and emancipatory care for the population, implementing the popular participation in SUS.[3]

This experience report aims to describe some of the actions of the Mente Ativa Group, an operational group carried out by NASF professionals with users of

two basic PHC units in Belo Horizonte/MG. The Mente Ativa Group works with elderly users, focusing on cognitive stimulation and socialization practices with the aim of health promotion and education.

Based on the reading of theoretical references, SUS policies, discussion with students and the leader of the "Health Promotion" discipline of a professional master's program in family health, an action was proposed with the participants of the Mente Ativa Group, which aimed to provide care with a participatory approach as guided by PNEPS. The action chosen was the incorporation of a meditative activity, also called full attention or mindfulness, which was applied in some of the weekly meetings of the Mente Ativa Group and is described in this experience report.

EXPERIENCE REPORT

The Mente Ativa Group is carried out in two Health Centers linked to PHC in the city of Belo Horizonte/MG, this group is a health promotion and education strategy developed by the NASF, focusing on care for people in the age group over 60 years old. The choice to develop a group among this population arises from the observation of the increased prevalence of elderly people among users of the territory, which reaches an average of 30%, almost double the Brazilian average.[5] Such health promotion action aims to meet the goal of the Pan American Health Organization: "Decade of Healthy Aging in the Americas (2021-2030)", which seeks to reduce the burden of functional decline in the elderly population, providing greater independence and autonomy to people in this age group.[6]

The Mente Ativa Group is an operational group developed by speech therapy, occupational therapy, and physiotherapy professionals since 2016, which has the following characteristics. The target audience is people over 60 years of age, at greater risk of cognitive decline or even mild to moderate cognitive impairment. It is also open to participation by elderly people with reduced social ties, even if they do not have any cognitive impairment. The group has around 13 people per weekly meeting, and 66% of participants are female; the average age group is 74 years old, with the youngest being 64 years old and the oldest being 90 years old.

The group's objective is related to health promotion actions aimed at maintaining the functional capacity of the elderly through cognitive stimulation activities, social interaction, and encouragement of physical activity. It is understood that these practices are related to the prevention of mood disorders, cognitive decline, and falls, as well as contributing to improving the quality of life by reducing the social isolation of the elderly.[7,8,9]

Access to the group is open, preferably to users referred by the ESF and other professionals at the Health Center, as a way of qualifying interdisciplinary integration or also by spontaneous demand based on the expression of interest on the part of the user himself. The meeting frequency is weekly and lasts one hour (08:30 to 09:30). In the first evaluation of the group, the average time of continued participation of users was found to be: a) over two years: 69%; b) between 6 months and two years: 16%; c) less than six months: 15%, demonstrating that most partici-

pants stay for longer periods, finding a space of welcome and belonging.

From a methodological perspective, the Mente Ativa Group meetings follow a structure that is divided into five stages, which seek increasing participatory actions on the part of users through the following sequential activities in each meeting: 1) Initial conversation circle, listening and guidance for reality; 2) "Bom Dia" music with choreography; 3) Cognitive stimulation activities; 4) physical exercises with an emphasis on preventing falls. Such activities begin by engaging active participation by users and progress to interactive actions between those present.[10]

The group dynamics consider the participation of users, transporting to their daily reality the theoretical knowledge that is brought by NASF professionals, working in the form of playful actions, among which the stimulation of cognitive skills stands out; activities of a motivational nature; search for interaction between participants; education to encourage self-care; space for listening and welcoming; orientation towards reality and encouragement to expand the repertoire of instrumental activities of daily living, all of which contribute to promoting the independence and autonomy of the elderly. [7,8,9,10]

From the practical perspective of the actions developed in the group, the pursuit of cognitive stimulation and socialization objectives are carried out through playful collective activities. In cognitive stimulation, logical reasoning games, planning, visual-constructive function, mathematical skills, selective attention, short-term memory, mental challenges, language exercises, memory and cognitive flexibility, discrimination, attention, and auditory closure are carried out. Joint motor coordination and sensory stimulation (balance) activities are also proposed through challenges and competitions. To encourage interaction between those present, group dynamics, conversation circles, recognition of emotions, dramatizations, storytelling, songs and dances, and get-togethers are carried out. [7,8,9,10] Figures 1 and 2 show images from the personal collection of NASF professionals and depict some of these activities.

FIGURE 1: STRETCHING PERFORMED BY PARTICIPANTS IN THE "MENTE ATIVA" GROUP
SOURCE FROM THE AUTHORS' PERSONAL COLLECTION. 2023

FIGURE 2: SENSORY STIMULUS ACTIVITY, CREATIVITY, ELABORATION OF FEELINGS, AND FINE MOTOR COORDINATION
SOURCE FROM THE AUTHORS' PERSONAL COLLECTION. 2023

Some of the qualitative results achieved for the group's objectives are exemplified by the questionnaire prepared by NASF professionals from the Mente Ativa Group and applied to the participants, being measured based on the number of "YES" responses to the questions below, with the respective rate of affirmative answers:

- Do you think the group contributed to improving your quality of life? 100%
- Do you consider that after participating in the group, you began to better understand your memory in general? 100%
- Do you consider that the group has expanded your social interaction? 100%
- Do you think, by participating in the group, that you have become a more active person? 100%
- During group activities, do you find your mood improving? 100%
- During group activities, do you think you think less about your problems? 100%
- Have you changed the way you think about yourself? If yes, what? 100%
- Do you notice any changes in yourself after joining the group? If yes, which one(s)? 93.7%

For the last two questions, when we sought reports from participants regarding the contributions Mente Ativa Group brought to each person's routine, positive considerations converged on aspects that induce mental health. Qualitatively, aspects related to improving self-esteem, quality of life, reducing anxiety, improving mood, and strengthening the social network were raised, which led to health promotion.

It is worth noting that as it is a group with few participants, the tendency for answers to agree, in addition to the direct evaluation of the professional who carries out the interventions, can lead to a bias towards overvaluing affirmative answers (yes). On the other hand, the participants' open reports show that the objectives of providing social well-being for the group and the elderly, in the beneficial contribution to emotional health arising from the friendship relationships built, indicating a path to cognitive health, portrayed through the feedback from participants. [7,8,10]

PROPOSAL FOR ACTION
Practice of full attention (mindfulness)

During the first half of 2023, an action was created by one of the authors, a master's student in a Family Health program, who is also a professional in the PHC ESF, which was based on meditative practice and which was applied in two of the weekly meetings of the Mente Ativa Group. This action sought to be an intervention in line with the concepts of Health Promotion linked to Health Education, with the space of the group that has its actions based on such policies being chosen for such practice.

The intervention proposed and carried out was based on the meditative practice of mindfulness, chosen based on its potential as a healthcare action among the members of the National Policy on Integrative and Complementary Practices (PICS), which was made official in Brazil in 2006 within the scope of the SUS. [11] The choice of such activity occurred in a joint and participatory way with users, based on the sharing of professionals from the Family Health Support Center

(NASF) who bring suggestions for actions periodically during the Mente Ativa Group meetings. Among the themes presented, interest arose from users who chose such a meditative activity to be developed, which guaranteed greater adherence and participation.

Integrative practices are important in addressing common, less severe mental illnesses such as anxiety, depression, and chronic stress, which are prevalent at the PHC level. Such problems can be the focus of multidisciplinary care through practices that encourage self-care, with meditation being a recognized strategy in the prevention and adjuvant treatment of levels of stress and psychological suffering.[11,12,13,16,17]

Therefore, the objective of offering therapy through group meditative practice, in a complementary way to conventional medical and psychological treatments, in addition to the individual demand from eSF offices and mental health teams, for people who may present common mental suffering. This strategy presents itself as a way of expanding the offer of health promotion actions through integrative practices in the search for reducing the impact that such problems bring to psychological health and sometimes physical symptoms, providing psycho-emotional well-being to people, and stimulating the capacity for self-care. [11,12,13,17]

The methodology of mindfulness actions was based on the Mindfulness Program, adapted to the PHC context, created by Marcelo Demarzo's research group. This program is structured and developed in eight weekly sessions, lasting approximately 1 hour, namely: 1) What is Mindfulness? Introduction to the program; 2) Mindfulness of breathing; 3) Mindfulness of the body 1 (walking with full attention); 4) Mindfulness of the body 2 (body scanning); 5) Mindfulness of the body 2 (body exercises with full attention); 6) Silence; 7) Compassion; 8) Mindfulness for life.[14,15]

Before starting the proposal for mindfulness activities, we sought to involve the participants of the Mente Ativa Group, based on concepts of participatory strategies, to evaluate the eligibility of offering such an action. In May 2023, the topic of introducing meditative practices among the target audience was raised to understand their receptivity. The reports from those present were collected through a chat application to capture the impressions and contributions of users and direct the initiation of actions. What could be observed was a receptivity and interest in participating in such a meditation activity, with some participants bringing personal impressions about what they understood about meditation and its relationship with health. In this aspect, many participants brought up the association with the promotion of mental health, in points that meditation can contribute to, such as providing tranquility, serenity, compassion, and self-knowledge, values sought by those attending the Mente Ativa Group.

After the first introduction meeting to the practice of mindfulness, the second meeting followed, in which, among the main mindfulness techniques, mindfulness of breathing was carried out, below is the example of one of the guided moments (table 1):[14]

CHART 1: MINDFULNESS BREATHING TECHNIQUE[14]

1. **Adopt a comfortable position, sitting or lying down, letting your body stabilize in the position. You can take one or two deeper breaths to bring your attention to your body, as well as slowly begin to observe the sensations in your body at that moment (body contact with the floor or chair, skin temperature, possible discomfort, etc.).**
2. **Gradually begin to bring attention and observation to the movements of the body during breathing, such as, for example, the movements of the chest and abdomen when inhaling and exhaling air, or even the sensation of the air moving in and out of the nostrils during breathing. It is important to follow the natural flow of breathing, without trying to change it, just observing it.**
3. **Maintain, then, observation of breathing as an anchor of attention and mind in the present moment, moment by moment, with each breath.**
4. **Let any distraction, thought, image, sensation or concern that comes to the surface pass, be gentle and simply notice, without holding back or judging, returning the observation to the breath again.**
5. **Before ending the session, bring attention and observation to the sensations throughout the body at that moment and end the practice slowly and gradually**

SOURCE: FONTE: DEMARZO E GARCIA-CAMPAYO. MINDFULNESS APLICADO À SAÚDE. IN: PROMEF – 2017

THEORETICAL REFLECTIONS:

Understanding the concept of emancipatory popular education leads to the resumption of reflections brought by Paulo Freire, an important Brazilian educator who, due to the solidity of his works, including the work Pedagogy of Autonomy: knowledge necessary for educational practice, also deserves emphasis in the application of his teachings in the field of health promotion and care for people and communities. Freire's thoughts indicate an educational path that includes the participation of the student/user, which seeks to value and transform people's reality based on maturity and respect for their autonomy. [3,18,19,20]

Aspects closely related to the concept of health promotion and "shared self-care", which are relevant to the epidemiological profile experienced by society, impacted by psycho-emotional disorders such as anxiety, depression, chronic stress, chronic pain, as well as chronic diseases, non-communicable diseases, acute, infectious, and external causes. Health care based on health promotion principles can be applied to all these problems, mitigating them and impacting improvements in health indicators when addressed through educational actions and sharing knowledge with the population. [3,18,19]

Health-promoting popular education occurs from recognizing the importance of the space of speech, the word, the participation of SUS users, and open dialogue that allows communication in the relationship between health professionals, users, and communities, as well as managers. Relationships between these actors overcome barriers of hierarchies or distances of knowledge that seek to achieve the common objective of promoting health and autonomy. The path to building this joint knowledge occurs through sharing knowledge, aware that no one has complete knowledge, but rather we learn from each other, as said by Paulo Freire, *"Now no one educates anyone, just as no one educates themselves: men educate themselves in communion, mediated by the world* (FREIRE, 1987, p. 39). [21]

Other authors also cite Freire's contributions, which can be transferred to Health Promoting Education, especially because they aim to care for and with others. Reflections that value the user's subjectivity, the sensitivity of educational approaches, the protagonism of the user who is no longer seen as a "patient", the emotional bond achieved by the person-centered approach and longitudinality, the defense of human rights guided by ethical actions, the lovingness present in humanization (extended clinic), attributes that lead to health care for people and communities, to be incorporated by the ESF in their work in PHC.[19]

Still, in ethical reflection, health-promoting education to be seen as a care action that seeks comprehensiveness in meeting the health needs of communities must allow people to participate in the construction of improvements in living conditions, supported by an approach to social health determinants by health professionals and other institutions. Within the scope of SUS and PHC, Popular Health Education, when contemplating aspects of humanization, is ethically committed to individual and collective care, with moral values from a constructivist perspective that transforms people's reality. This social aspect must be built from the understanding of the sense of responsibilities that professionals need to develop, leaving the biomedical model and seeking interdisciplinary care, in addition to the regulatory principles of the Professional Councils, which are more focused on biological technical standards.[19]

As a form of approach that aligns with Health Promotion, Integrative and Complementary Health Practices (PICS) include some of the actions conducive to the multidisciplinary work of PHC professionals, which allows knowledge to come together between ESF and NASF and the construction of health care through a collective approach. This collective space facilitates popular health education through the possibility of including users in reflecting on and conducting health actions proposed by health teams.[11]

In these aspects, the experiences of the operative groups achieve the objectives brought by health policies in PHC. Particularly regarding the Mente Ativa Group, which has its actions with the elderly, including protection against mood disorders, cognitive decline, and falls, it is clear that the greatest benefit is in improving quality of life by reducing social isolation. This space guarantees socialization, which is so important in building support networks and valuing friendship ties, which develop a feeling of belonging, sharing, and compassion as perceived in the participants' reports, these aspects being expanded on health.[7,8,9,10]

The choice to propose mindfulness activities is in line with the multidisciplinary work between ESF and NASF included in the field of PICS. Mindfulness can be developed in PHC, together with groups of people, as a Health Promotion strategy in a complementary way to traditional treatments for common mental disorders. It is understood that the regular practice of mindfulness, through techniques and exercises, can improve the capacity for mindfulness in the present, as well as provide health benefits in the psychological field, greater resilience and self-care capacity for chronic non-communicable diseases, as well as pro-

moting healthy environments for more harmonious social coexistence.[12,13,14,15]

Final considerations

The Mente Ativa Group presents itself as a powerful space for Health Promotion and Popular Health Education actions in the field of Primary Health Care in the SUS. It is structured and qualified based on the multidisciplinary work of professionals from the Family Health Strategy and the Family Health Support Center. By sharing knowledge, they seek health care for communities, guided by territorial needs and supported by cultural skills. They interact with users, valuing their knowledge and participation in the construction of a path of health practices through exchanges of experiences and feelings, which reinforce the concept of health promotion and education in a broad sense, as brought by OLIVEIRA and WENDHAUSEN (2014, p.3):[18]

Finally, we believe it can become an instrument of empowerment for the individual/community when considered in a dialogical, emancipatory, and participatory approach, aiming to promote citizenship and quality of life.

The receptivity and evaluation by the participants of the Mente Ativa Group, based on feedback regarding the actions carried out, including meditation focusing on breathing, opened space for experiences and sensations awakened by health care practices. The statements pointed to the contribution of social integration and the construction of support networks based on the set of activities developed collectively in the group.[10,12,15]

User reports also expanded learning on the part of health professionals who understood an additional benefit of health promotion actions in the context of socialization, which emerged as a point of greatest value for the elderly. Initially, it was not an aspect for which there was a perception of relevance, which showed in practice the potential of Popular Education in Health as a two-way learning tool in the joint construction of edifying practices when listening to the population and allowing them to participate in health-promoting actions.[7,8,9,10,15]

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