

Influence of practices of body awareness activities on the image and body schema in patients with schizophrenia

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Popularly known as madness, schizophrenia is one of the most known types of psychotic mental disorder and affects around 1% of the population, it typically begins near the end of adolescence or early adulthood. According to the sayings of Dalgarrondo (2008) hallucinations and delusions are characteristic symptoms of this disorder, involving the loss of differentiation between the real and imaginary, therefore, living outside of reality and show distortions of the image and body schema may be a the most prominent characteristics of schizophrenia patients.

It is noteworthy that the clinical subtypes of schizophrenia are Paranoid, Hebephrenic, Catatonic, Simple and Residual, each with specific predominant symptoms (LOUZADA NETO, 2006). It is also known that there is not a precise and specific cause for this disorder, but it is believed that there are some biological, psychological and sociocultural factors that, in a way, can influence in the onset and evolution of schizophrenia.

In medicine, it is observed that since the 80s until today, there are attempts to find, most appropriate and worthy, ways and treatments for the mentally ill. In this context, emerged the Psychosocial Care Centers (CAPS), which are institutions that have joined the open and community health network of the Unique Health System (SUS), aiming the reception; the stimulation of social and family integration; support and clinical and psychosocial rehabilitation cares, thereby avoiding hospital admissions, favoring the exercise of citizenship and social inclusion of users and their families. Thus, schizophrenia is a non-uniform disorder whose symptoms vary for each person, so some cares should be made using multidisciplinary teams, involving professionals in the fields of psychotherapy, occupational therapy, therapeutic monitoring, groups of self-help, family counseling, workshops, physical activities, dance and other related activities, which

aim to minimize or reduce relapses and promote social adjustment of patients with this disorder (LOUZADA NETO, 2006). Although the CAPS long for the multidisciplinary therapeutic profile, it is known that not all centers have this variety of professionals in their program, making the institution sometimes needy in addressing the specifics of schizophrenics. Due to this fact and to reflect on the symptoms and disorders caused by schizophrenia, it is believed that it is feasible to think of a work to develop the recognition of body schema and a (re) construction of body image for the deficits, coming out of the disorder, to be minimized and treated therapeutically. Therefore, it is understood that the understanding of body awareness is an essential tool for the development of perception and consciousness of the body as a whole. About this perception, it is understood as body sensitivity the capability to perceive other structures, like other bodies, people moving and mixing. According to Imbassaí (2003, p. 51) "the interest of body awareness is particularly on the sensitization being the channel through which open the doors of perception of the body." Fischer Apud Olivier (1995), believes that body awareness can be the way by which the attention and feeling on the body are distributed and how people differ in how much they are aware of your body as a whole. For Le Boulch (1987) the "sensitization" refers to a form of attention brought by an individual for his own activity and this awareness is to take his own activity as his object of thought. From this perspective, one can say that through the work of body awareness is also understood the process of (re) knowledge and understanding of image and body schema. With regard to body image, according to Tavares (2003), is the way people experience and conceptualize their own body, that is, the way the body appears to himself. In other words, the body image is a mental representation of the body. The body schema in other hand would be linked to the postural pattern model that each person builds of themselves, serving as reference for them to oppose this model, its different postures and movements (Turtelli, 2002). Thus, this study sought to determine the influence of Body Awareness Activities Program (PACC) inserted in the therapeutic workshops on patients with schizophrenia, which are part of the CAPS program Viçosa / MG. This was a descriptive and exploratory study and sought in the

literature, themes focused on schizophrenia, focusing on body awareness, image and body schema for the organization of the theory and practical activities that were carried out on the field. Research participants were 10 adults, a group of five men and five women aged between 19-60 years of age, all with participating in at least 90% of activities. It was signed an informed consent form approved by the ethics committee of the Universidade Federal de Viçosa - UFV (Of. Ref. N° 048/2007/Comitê de Ética). For data collection, It were built up some guidelines for observation and a semi-structured interview, applied at the beginning and end of each class in order to check possible changes on the perceived image and body schema during the practical work. The data were treated by qualitative means due to the method of content analysis. The application of PACC lasted nine months divided into three main activity modules, each module having three months of duration and applied twice a week (with a schedule of 4 hours per day). The following modules were: a) tactile sensitization (self-massage), b) awareness by the movement and c) expressiveness (dance). The program aimed to work on and develop elements such as: self-perception and awareness of body parts through touch and improvised mechanic movements. The achievements were close as the ones achieved by other works developed primarily on the issue of image and body schema, which highlighted particular influence on behavior, feeling and emotion of the study participants. As an example, in the module "tactile sensitization" when asked to work with facial touch, some participants, at the end of the reported that before they felt part of his face and limbs, and after the intervention they might perceive facial details, feelings of members on the move and highlighting the importance of their teeth being healthy (it is worth mentioning here that during the class, nothing was talked about teeth or their health, only the work with the touch and facial perception was done). The working with expressive and mechanical movements encompassed variations in intensity, speed, direction and level, especially the slow, controlled and improvised movements, where some students said they felt well, they were relieved from muscle pain and that their anxiety decreased after the moves. At the end of interventions the interest and social rapport among the group was noticed, because some participants had initially an

insulating behavior. With that it is believed that expressive activities might influence the consciousness and self-perception of these patients, attributed to improvement of social relations and its predisposition, because according to Imbassaí (2003), from that perception - individual, you can see other bodies, other people and also move and, beyond this perception, be able to interrelate. Improved physical predisposition, recognition of some parts of the body before neglected, improved personal hygiene, sense of wellbeing and relief from muscle pain, in summary, some significant changes were noted during labor and body awareness. In this sense, the results presented here open subsidies to reflect and think about the formulation of a body awareness program that addresses the specifics of schizophrenia patients, thus allowing its application in various institutions, both in extra-hospital networks, Day-Hospital or alternative psychosocial care, allowing the improvement or alleviation of the symptoms that this disease can cause.

Keywords: Body Awareness, Body Image and Schema; Schizophrenia.

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