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ORIGINAL ARTICLE

Pain: the impulse in the search for health by means of integrative and complementary practices

Dor: o impulso na busca pela saúde por meio de práticas integrativas e complementares

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ABSTRACT

BACKGROUND AND OBJECTIVES: This study investigated the relations between the playful component and the process of rehabilitation, treatment, and promotion of health in the context of a group that treats the pain, located in Florianópolis (Brazil).
METHODS: The research followed a qualitative approach, a descriptive-exploratory field research. A matrix-guided systematic observation was conducted for two months by the group leader, two volunteers and about 15 participants. A field diary was used to register complementary information. Besides two semi-structured interview guides were used, applied to four members and the person responsible for the group after the two-month observational period. The data were organized and analyzed in three topics: "Characterization of the investigated group and dynamics of the meetings," "The group as healing potential" and "Lian Gong/Qi Gong as a possibility to look at the pain."
RESULTS: The participants pointed out that working on Lian Gong/Qi Gong, meditation and auriculotherapy contemplating the playful component the group becomes a place of recognition of each one's pain subjectivity, by the individual that suffers and by the collective, which has fostered the recovery of specific pain and good sensations to those involved, such as happiness, enthusiasm and pleasure.
CONCLUSION: The creation of the group and people's engagement has decreased the number of specific requests for physiotherapy sessions and provided greater autonomy to the participants to handle their own pain.
Keywords: Group, Lian Gong/Qi Gong, Pain, Recreational.

RESUMO

JUSTIFICATIVA E OBJETIVOS: Este estudo investigou as relações estabelecidas entre o componente lúdico e o processo de reabilitação, tratamento e promoção da saúde no contexto de um grupo que trata da dor, localizado em Florianópolis (SC).
MÉTODOS: A pesquisa seguiu uma abordagem qualitativa, tendo sido realizada por meio de uma investigação de campo, configurando-se como descritivo-exploratória. Foi realizada observação sistemática, durante dois meses, guiada por uma matriz, envolvendo a responsável pelo grupo, duas voluntárias e cerca de 15 integrantes. Para o registro de informações complementares, utilizou-se um diário de campo. Além disso, foram utilizados dois roteiros de entrevistas semiestruturadas, aplicados com quatro integrantes e com a responsável pelo grupo, ao final do período dos dois meses de observações. Os dados foram organizados e analisados em três tópicos: "Caracterização do grupo investigado e dinâmica dos encontros", "O grupo como potencial de cura" e "Lian Gong/Qi Gong como uma possibilidade de olhar para a dor".
RESULTADOS: Os participantes indicaram que ao trabalhar Lian Gong/Qi Gong, meditação e auriculoterapia, contemplando o elemento lúdico, o grupo tornou-se um local de reconhecimento da subjetividade da dor de cada um, pelo indivíduo que sentia e pelo coletivo, gerando melhoras nas dores específicas e trazendo boas sensações aos que estão envolvidos, como alegria, entusiasmo e prazer.
CONCLUSÃO: A criação do grupo e o engajamento das pessoas diminuiu o número de pedidos específicos de sessões de fisioterapia e proporcionou maior autonomia do participante em atender a sua própria dor.
Descritores: Dor, Grupo, Lian Gong/Qi Gong, Lúdico.

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INTRODUCTION

The sensation of pain is fundamental to survival, even though it is described as an unpleasant subjective sensory and emotional experience. It is an important and complex phenomenon that originates from injuries or stimuli, such as heat, cold, pressure, chemical irritants, sudden movements. These stimuli can be modified by the memory, expectation, and emotions experienced by each person[1]. All sensations experienced from pain are part of important physiological, sensory, affective, cognitive, behavioral, and sociocultural domains of human experience[2].
To talk about pain is to talk about life, for one is inherent in the other, sometimes in memory or in the personal experience of those who felt or feel, except for rare exceptions. Pain is generally

not the same as it lasts, with varying intensity, and may change from time to time, from day to day, characteristic that can be linked to the context, the time of day, a gesture, a drug, among many other objective and subjective aspects that are part of the pain experience[3].

Even if they are considered expressions of withdrawal from a condition considered healthy, pain and functional disability are elements reported below expectations and not specifically recorded by the Basic Health Units (BHU) in Brazil. Due to its high prevalence, more attention is needed from professionals working at the BHU to treat it efficiently[4], since one of the primary care strategy responsibilities in Brazil is to maintain a preventive attitude to the population's health-disease problems.

In Brazil, it is estimated that chronic pain affects around 30 to 40% of the population, being described as one of the leading causes of sick leave, early retirement, labor compensation, and low productivity, and can be pointed as a public health problem[5,6]. In the Brazilian reality, especially in the context of the BHUs, the word "pain" is said and heard practically every day in the routine of care. Listening to these types of reports, a physiotherapist, working in a BHU in the south of Florianópolis (SC), founded an open group, aiming to promote autonomy in the treatment of pain (acute and chronic). Pain starts to be viewed according to each person, taking into account the social condition, the cultural context, and their history[3].

With initiatives such as this, it is, therefore, possible to think of humanized care, which means listening, capturing, and meeting, as thoroughly as possible, people's health needs, always seeking quality care[7,8]. Complementing this idea, the Ministry of Health (MOH) advocates that the individuals assisted should not be reduced to purely technical intervention objects[9].

According to the National Health Promotion Policy (PNPS), actions and services in the health area should aim at the equity and quality of life of people to reduce vulnerabilities and health risks arising from social, economic, political, cultural, and environmental determinants.

The structuring and strengthening of attention in Integrative and Complementary Practices (PIC) in SUS occurs through the insertion in all levels of care, with emphasis on primary care, multi-professional development, as well as the establishment of financing mechanisms, elaboration of technical and operational standards for the implementation and articulation with the other policies of MOH[10].

As a result of initiatives such as these, more humanized relationships developed by the BHUs are being established, in which the playful component presents itself as a fertile path, which can be understood as the *anima* (soul) that moves the human being[11], and unproductive pleasure, that is, what drives or feeds playing, partying, and other activities marked by the end in themselves. In this sense, it is believed that health care that takes into account the playful component would be experienced in its entirety, in which professional and user would be immersed at the moment, beyond a set of activities or a list of idealized qualities as spontaneity, fun, joy, creativity, pleasure, dream or immediacy.

From this perspective, this study aimed to investigate the relationships established between the playful component and the process of rehabilitation, treatment, and health promotion in the context of a group that treats pain. This group is located in Florianópolis (SC) and has been developed by residents and health professionals.

METHODS

With a qualitative approach, carried out through a field investigation, it is configured as descriptive-exploratory research. The qualitative research was chosen because it did not seek to generalize the findings, but rather to deepen the aspects of the context of the participants in their daily living[12]. The description was used, trying to go deep into the details that characterize the studied phenomenon, with no intention of testing or building theoretical models[13].

It is important to emphasize that, according to the International Association for the Study of Pain (IASP), the qualitative research enables, with its resources, an individualized contact with patients, giving voice to the experiences of those who live with pain. Thus, qualitative knowledge allows the understanding of the patient as a whole, not just as body parts, thus contributing to the decision-making regarding health care[14].

The group investigated, entitled the Pain Group, worked in one of nine BHU selected to participate in a broader research, of which this study is part, entitled "The playfulness and rehabilitation in public and private institutions in Florianópolis (SC)". The Pain Group met at the Residents' Association headquarters in a neighborhood located in the southern region of Florianópolis on Wednesdays, from 9 am to 10 am, being coordinated by a physiotherapist, accompanied by a nutritionist, two health agents, and two physiotherapy residents.

The data collection started by the systematic observation technique, applied during two months, in seven meetings, with a total duration of 10h30 minutes. The systematic observation matrix referred to the activities developed in the group, including: playful activities, forms of appropriation of the playfulness by the responsible (the playfulness as vehicle, object or work method), results and forms of playfulness appropriation by the group members (implicit and explicit expressions). The observations applied as a data collection instrument through the systematic matrix involved the group leader, two volunteers and about 15 members. To record complementary information to this matrix, a field diary (FD) was used to verify and obtain an accurate description of the situations/phenomena that met the research objectives[15], as well as the records of emotions and details that overflowed the matrix.

In addition, two semi-structured interview scripts[16] were used, applied to four members, and the group leader at the end of the observation period. The script for the members comprised of questions that besides the identification data, included the following elements: reasons for participation and permanence in the project; meaning given to the group/project; changes (personal and/or health) from joining; possible changes to the professional, location, activities or methods; and perception of

Table 1. Identification of participants

Participants	Fictitious name	Marital status	Age (years old)	Health problem	Profession	Gender	Group participation time
Part. 1	Julieta	Widow	69	Yes	Housewife	F	5 months
Part. 2	Carlos	Did not inform	61	Yes	Retired	M	4 months
Part. 3	Clóvis	Did not inform	65	Yes	Retired	M	4 months
Part. 4	Adelaide	Married	59	Yes	Housewife	F	1 year
Leader	Rosa	Married	32	-	Physical therapist	F	Founder

Source: Own authorship (2019).

playful activities in the group/project. In turn, the interview script for the leader included: identification data; professional career; understanding of the term "playfulness"; working time with playful activities; characteristics of the public served by the groups/projects (gender, age, places); choice of contents and how they are developed; expected and achieved results; evaluation mechanisms; and possible differences in working with playful activities inside and outside the institution.

Since the participation in the group was open, there was no attendance control, with participants continually joining and quitting. Thus, after the observations, the members of the group were chosen to participate in the interview with the help of the leader, especially considering their frequencies. Table 1 presents the characteristics of the research participants.

All interviews were conducted in a quiet and reserved place. Before starting the interviews, the participants and the leader signed the Free and Informed Consent Form (FICT) and the Consent Form for Photographs, Videos, and Recordings. An audio recorder was used to record the interviews. The participants' names have been replaced by fictitious names to preserve their identities.

The data obtained through observations, field diary, and interviews were analyzed by thematic analysis, which consists of organization, preparation, reading, coding, and description of the data, followed by representation and interpretation of the analysis[12]. At the end of this process, the thematic topics were reached: "the group as a healing potential" and "Lian Gong/Qi Gong as a possibility to look at pain".

This study was approved by the Ethics Committee of the Santa Catarina State University, under number 916.511 of 2014.

RESULTS

During the meetings, it was possible to notice elements that are permanent during the period of the activity, such as lit incense, low music with slow melody, and soft but well-intoned voices of the leader and the trainees that mediated the action.

The work of the group investigated was characterized by an initial welcoming moment, in which some dynamics usually occur so that the members get closer and know each other better, as the dynamics where each one, in a circle, makes a movement and the others follow. Gradually, this exercise made people less embarrassed even to perform their own movements. Another activity was the distribution of sentence fragments to different people who should look for, among the other participants, those with the complementation. This dynamic stimulated the locomotion around the room, to look at each other, verbal communication, even briefly.

In a second moment of the meetings, the Lian Gong/Qi Gong guided exercise practice from the Traditional Chinese Medicine (TCM) was performed aimed at developing the use of vital energy. It was divided into four phases: a) Unlocking, responsible for releasing the channels to capture the energy more efficiently, thus strengthening the bone structure and marrow; b) Uptake, in which external energy is captured; c) Circulation, movements are made to favor the circulation of the energy captured through the channels, in order to clean, nourish and strengthen the internal organs; and, finally, d) Storage, when the energy reserve occurs with the intention to use when needed[17].

While one of the leaders demonstrated the sequence of movements to the group, the other two walked around, observing and, if necessary, giving individual orientation to each of the participants to improve the quality of the movement. Next, the leader conducted a meditation session in which participants imagined hugging a tree. From this image/sensation, they were led to carry an imaginary light that went throughout their body to unlock the energies that were disturbing and producing the pain; and embrace the energies that helped them reduce their pain. Soon after, a sentence from the leader, the trainees or participants, such as "bad thoughts destroy the opportunities and plant the suffering of tomorrow" was read and repeated, "it is wonderful to come home when so many have nowhere to go" (FD 21/10/2015),"none of us is as good as all of us together" (FD 7/11/2015), among others.

In the end, the participants had auriculotherapy, a method also coming from the TCM, using points located in the pinna to treat various body disorders[18]. In this case, the stimulus was made by mustard seeds stuck in the specific ear points of the patients and changed every 15 days. This ended up being the most intimate moment between patients and professionals because when asked what they felt, they ended up having brief consultations, placing the seeds where needed, and sometimes venting about something that bothered them regarding the various aspects of their life.

From the observations and interviews conducted, it was observed that the audience over 50 years was the most frequent, since the time and day of the meetings may have been a barrier for more people to participate. A fact confirmed in the response of the leader in relation to the public served by the project: *"Everyone wanted to participate, but due to the schedule, we had more old people. But all who wanted to participate could come"*.

The professional responsible for the group informed that the participants adhered to the project both by medical indication and willingness, respecting their interests and needs. Throughout the collection period, the climate variation was intense, but with little change in the group frequency, demonstrating the motivation of the participants to integrate this group.

DISCUSSION

The attendance of participants to the group was something that has drawn our attention and can be justified by the remarkable presence of the playful element during the development of the proposed activities, as noted in the FD, in relation to spontaneity: "[...] observing Juliet and Clovis, they talked how good it was to come to the group, until she said, *'I do things here that I've always felt like doing, but I was ashamed of, now I do it spontaneously*,' and he nodded."(FD 11/11/2015). This fact meets the response of Rosa, professional responsible for the Pain Group. She stated that playfulness can be any activity characterized by *"[...] relaxation, so that people feel comfortable in what they are doing and are happy and not an imposed thing; but, yes, something that makes them feel good"* (Rosa).

Rosa believed that activities aimed at pain management, when permeated by the playful element, even favored people's participation in relating the group to good feelings, happiness, and relaxation. Thus, studies that advocate humanized treatment through welcoming environments that use playful activities as a form of health recovery and pain distraction[19,20] are, therefore, restated.

Professionals' conceptions about health and care regarding practices are varied. Some related the PICs to the individualization of care, the professional-patient relationship, self-care, light technologies, and the patients' biopsychosocial and spiritual context. In turn, the professionals who do not have training in PICs did not describe any relationship with these practices, nor with the therapeutic and natural stimulation of the organism[21]. PICs are applicable as non-pharmacological measures using therapeutic touch, *reike*, herbal medicine, flower therapy, acupuncture, body therapies, meditation and relaxation practices. Using these practices in pain control may contribute to a lower potential for toxicity that may be caused by the use of pain-relief drugs[22].

From this perspective, Rosa reported that she worked at BHU and a year ago founded the Pain Group, realizing that there are more opportunities for integration and bonding with participants, particularly considering the way activities are developed, which favor the active role of participants. Although observations have shown that there is a "script" to follow in the meetings, the participants find a space to be heard and to share their views on group activities.

That day, the group started the activity with a circular dance. They played very calm music, and the steps were simple, but as someone always forgot some movement, everyone ended up laughing, including the person who made a mistake. [...] In the end, one lady gave her opinion about that meeting, saying that she liked it a lot, especially the music. [...]. (FD 7/11/2015).

This attention to the playful element is shown as one of the reasons for the participants' engagement in the group, making them think that doing **in**-group becomes more relevant than doing **in the** group. That is, the group is as important as the suggested practice itself, as put by a participant:

[...] the environment we form in the group is so good. The day I miss the meeting, I feel something is missing and on Wednesdays that I don't have it, I'm sorry. For me it was very important, I had never participated in a group and I am loving it (José Círio Floreiro).

In the positive repercussions in the physical spheres, the feeling of belonging to a group was perceived, the creation of an identity as being part of something that transcends individualism, corroborating the evidence of improvement and relief of chronic pain, promoting quality aging, through group practices that enable socialization[23]. Thus, the group's routine has become a meeting point, creating moments of coexistence for the members, in which they can know the realities of other people who also have similar or different pain and talk about such experiences. In this sense, it was very sensitive to understand the welcome to a new member, as described below:

[...] at the time of auriculotherapy, [...] the members were already giving their opinions about what they thought and encouraging a new member of the group to also participate in this activity, saying it was wonderful and stating that she would not regret [...]. (FD 11/11/2015).

From these statements, it was noted that the group has become a place for the sharing of various pains, since the forms of reaction to pain are never identical because they are loaded with multiple social and cultural conditions, besides the history of each person[3]. Therefore, it is necessary to consider the particularities of each individual, because even if the pain is installed in only one body fragment, changes in relationships transcend the individual physical body, reaching the totality of the relationship with the world. In this way, it is important for those who suffer, even if the most banal pain, to have their experience recognized by the other, in the other and from the other. Therefore, the Pain Group becomes a place of recognition of the subjectivity of each one's pain by the collective, corroborating the idea that the group itself is a potential space for healing.

In a study conducted in another context, which aimed to evaluate the presence of chronic pain in elderly practitioners of Chinese gymnastics (Lian Gong/Qi Gong) and sedentary elderly, the result shows that the practice was related to the decrease in the use of medication, the positive perception of their own health, the inclusion of autonomy practices in self-care and the impression of less impairment to perform daily activities[15]. These findings confirm the data found from the interviews and observations of this research, being possible to understand the importance of all the activities that make up the Pain Group, especially the practice of Lian Gong/Qi Gong, as reported by Claudio: *"For me, it was a very good thing, I have never exercised at home. Now I come here. When I can't come, during the week I do some of these exercises, and*

it helps a lot my health" and by Adelaide: *"All exercises are very favorable, important, rewarding, and the seed also helps a lot."*

In addition, the observations made it possible to capture moments of explanations of the leader to the participants, demonstrating the importance of the movements stating: "[...] *they serve not only for the body but for the circulation of energy"* (FD 11/11/2015). Participants highlighted their changes after joining the group, beyond the physical issues, as Adelaide demonstrates: *"Improvement, optimism, joy, lots of changes, good things"* and Julieta: *[...] everything I do has helped me much. Because before, I was very down, because I have my hands like this (showed the hands with some injuries that took them out of body alignment) because I have arthritis. I do biodance, gymnastics on Tuesday and Thursday, and on Wednesdays, we get out of there and come to this therapy. For me, everything I do helps me.*

The statements indicated zeal from the participants who, slowly, do the exercise of "[...] plunging into the innermost of the suffering man to try to understand how he deals with biological data to appropriate his behaviors and what meaning it gives him"[3], so that he can have autonomy and ability to deal with, improve and resolve his pain and perhaps help others who need.

The number of specific requests for physiotherapy sessions before and after joining the group is unknown. However, the professionals of the Pain Group expect a reduction of the requests and a greater autonomy of the participant to handle their pain with the use of alternative resources worked in the group (Lian Gong/Qi Gong exercises, meditation, and auriculotherapy) which have been accompanied by other good feedback from participants, such as the manifestation of decreased pain, more satisfaction, joy, pleasure, enthusiasm, among others.

CONCLUSION

The Pain Group was considered an important action to improve the lives of the people involved, as it recognizes the potential of humanized actions in therapeutic initiatives that favor the playful element not only concerning physical pain, but also the psychological and social aspects.

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