

ORIGINAL ARTICLE

PATIENTS' PERCEPTION OF YOGA PRACTICE IN A PSYCHIATRIC INPATIENT UNIT OF A GENERAL HOSPITAL

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ABSTRACT

Objective: To understand the meaning of yoga practice for patients in a Psychiatric Inpatient Unit

of a General Hospital.

Method: A qualitative research, with the theoretical-philosophical framework of Maurice Merleau-Ponty's phenomenology. Fifteen patients from a Psychiatric Inpatient Unit in the city of Porto Alegre, Rio Grande do Sul, Brazil, participated in the study. Data was collected through interviews in the second half of 2017, and analyzed using phenomenological analysis.

Results: The phenomenon under study was supported by the following thematic units: emerging from corporeity; feelings of well-being, lightness, tranquility and peace; improvement in thinking

pattern; breaking of paradigms; improved sleep quality; temporality movement. Conclusion: The practice of yoga with patients from a Psychiatric Inpatient Unit provided a better understanding of the concepts and perceptions of this millenary practice by them, observing in the statements the richness of experiences and positive impacts on their mental health.

DESCRIPTORS: Complementary Therapies; Yoga; Nursing; Mental Health; Psychiatry.

HOW TO REFERENCE THIS ARTICLE:

Silva Filho JA da, Schneider JC, Camatta MW, Nasi C, Tisott ZL, Schmid M. Patients' perception of yoga practice in a psychiatric inpatient unit of a general hospital. Cogitare enferm. [Internet]. 2020 [access "insert day, monh and year"]; 25. Available at: http://dx.doi.org/10.5380/ce.v25i0.65641.



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ARTIGO ORIGINAL / ARTÍCULO ORIGINAL I

PERCEPÇÃO DE PACIENTES SOBRE A PRÁTICA DE YOGA EM UNIDADE DE INTERNAÇÃO PSIQUIÁTRICA EM HOSPITAL GERAL

RESUMO

Objetivo: compreender o significado da prática de yoga para pacientes em uma Unidade de Internação Psiquiátrica em um Hospital Geral.

Método: pesquisa qualitativa, com o referencial teórico-filosófico da fenomenologia de Maurice Merleau-Ponty. Participaram do estudo 15 pacientes de uma Unidade de Internação Psiquiátrica de Porto Alegre, no Rio Grande do Sul. Os dados foram coletados no segundo semestre de 2017, por meio de entrevistas, e analisados mediante análise fenomenológica. Resultados: o fenômeno em estudo foi sustentado pelas unidades temáticas: emergir da corporeidade; sensações de bem-estar, leveza, tranquilidade e paz; melhora no padrão de pensamento; quebra de paradigmas; melhoria na qualidade do sono; movimento de temporalidade.

Conclusão: a prática de yoga com pacientes de uma Unidade de Internação Psiquiátrica proporcionou melhor entendimento dos conceitos e percepções dessa prática milenar por eles, observando-se nas falas a riqueza de vivências e impactos positivos em sua saúde mental.

DESCRITORES: Terapias Complementares; loga; Enfermagem; Saúde Mental; Psiquiatria.

PERCEPCIÓN DE LOS PACIENTES SOBRE LA PRÁCTICA DEL YOGA EN UNA UNIDAD DE INTERNACIÓN PSIQUIÁTRICA DE UN HOSPITAL GENERAL

RESUMEN

Objetivo: comprender lo que significa la práctica del yoga para pacientes de una Unidad de Internación Psiquiátrica de un Hospital General.

Método: investigación cualitativa, con el referencial teórico-filosófico de la fenomenología de Maurice Merleau-Ponty. Del estudio participaron 15 pacientes de una Unidad de Internación Psiquiátrica de Porto Alegre, Rio Grande do Sul. Los datos se recolectaron en el segundo semestre de 2017 por medio de entrevistas, y se los analizó mediante análisis fenomenológico. Resultados: el fenómeno en estudio fue sustentado por las siguientes unidades temáticas: emerger de la corporeidad; sensaciones de bienestar, liviandad, tranquilidad y paz; mejora en el patrón del pensamiento; ruptura de paradigmas; mejora en la calidad del sueño; y movimiento de temporalidad.

Conclusión: la práctica del yoga en pacientes de una Unidad de Internación Psiquiátrica permitió comprender mejor los conceptos y las percepciones de los pacientes con respecto a esta práctica milenaria, observándose en sus exposiciones la riqueza de experiencias y efectos positivos en su salud mental.

DESCRIPTORES: Terapias Complementarias; Yoga; Enfermería; Salud Mental; Psiquiatría.

INTRODUCTION

The basis of yoga, focus of this study, came to the Western World in the late nineteenth century and, in Brazil, they were studied and taught from the early twentieth century. Nowadays, yoga is classified as a mind-body practice by the World Health Organization (WHO)⁽¹⁾, being also considered an integrative and complementary health practice. In addition, yoga was inserted in the Unified Health System (*Sistema Único de Saúde*, SUS) through Ordinance No. 719/2011, which created the Health Academy Program⁽²⁾.

Since 2016, the National Policy on Integrative and Complementary Practices (*Política Nacional de Práticas Integrativas e Complementares*, PNPIC) in the SUS has been making numerous advances, especially in the area of primary care, which is responsible for 88% of these practices in the public health services present in 3,173 municipalities of the country. Thus, in 2017, the Ministry of Health expanded the offer of different types of integrative and complementary practices (Yoga, Ayurveda, Biodance, Circle Dance, Music Therapy, Chiropractic, Reflex Therapy, Reiki, Shantala, Art-Therapy and Integrated Community Therapy) which, together with other practices of this nature, reached the milestone of five million individual and collective appointments in the SUS⁽³⁾.

In 2018, at the International Congress of Complementary and Integrative Medicine (Congresso Internacional de Práticas Integrativas e Complementares, CONGREPICS) the expansion was announced of the number of practices offered in 10 new Integrative and Complementary Practices (*Práticas Integrativas e Complementares*, PICS), being incorporated in the Brazilian health system, totaling 29 integrative practices by the SUS, and bringing the country to the a lead position in offering this assistance⁽⁴⁾.

The creation of the PNPIC-SUS started with compliance with the guidelines and recommendations of several National Health Conferences and WHO recommendations. Approved unanimously by the National Health Council in February 2006 and published in the form of Ministerial Ordinances No. 971/2006 and No. 1,600/2006, it contemplated traditional Chinese medicine, acupuncture, homeopathy, medicinal plants, and herbal medicine, among others⁽³⁾.

The PNPIC includes therapeutic approaches that seek to stimulate the natural mechanisms of disease prevention and health recovery through effective and safe technologies, with emphasis on welcoming listening, development of the therapeutic bond and integration of the human being with the environment and the society. The PICs have an important power to be addressed in the mental health field, favoring health promotion actions⁽¹⁾.

The purpose of health promotion is the empowerment of people regarding their health, because developing new skills and therapeutic approaches is an action that expands the capacity for autonomy and quality of life of people in search of what they believe is quality of life⁽⁵⁾.

In mental health care, the importance of psychosocial approaches (therapeutic groups and workshops), as well as drug therapy, is recognized; however, it is believed that the PICS can enhance care actions in the mental health network⁽⁶⁾.

The psychosocial care network, established in the SUS through Ordinance 3,088/2011, creates, expands and articulates health care units for the care of people in mental distress and drug users, and it is intended to ensure the effectiveness of care, social inclusion, and promotion of autonomy and citizenship of people with mental disorders⁽⁷⁾. This network consists of several services in the territory at different levels of health care: primary, secondary and tertiary. In (hospital) tertiary care, general hospitals with specialized beds to treat people with mental disorder who are hospitalized are mainly included⁽⁷⁾.

Psychiatric hospitalization is a therapeutic resource provided by Law 10,216/2001 when all out-of-hospital alternatives are not sufficient⁽⁸⁾. Thus, hospitalization is considered

as a form of care for those who are fragile and may be at risk, or others, having as a recommendation the short duration and the management of crisis situations, as well as clinical, psychological and social issues, with the support of a multi-professional team⁽⁹⁾. In this context of action, innovation and creativity are necessary to implement and/or expand the use of other therapeutic resources that may contribute to care during hospitalization.

Accordingly, the philosophy behind yoga is related to factors promoting physical and mental well-being. In this sense, a study carried out with people participating in the "Yoga and Health Promotion" program shows that yoga is a mind-body practice that acts as an important therapeutic strategy, since it promotes health for most practitioners, in addition to expanding the capacity for self-perception and body self-care⁽²⁾. In balance, mobility and functional independence, yoga practice has shown benefits⁽¹⁰⁾.

Several studies point to growing interests in developing mental and bodily practices like yoga as supporting practices in several therapeutic actions, as well as significant improvements in patients' vitality, proving to be effective in reducing anxiety levels and improving quality of life. Other studies evaluated the benefits of yoga in sleeping disorders and relief in the symptoms of depression, finding results that suggest remission of these symptoms while others were not conclusive in the disappearance of these symptoms (11-14).

This study sought to answer the following research question: the meaning of yoga practice for psychiatric patients. Therefore, the aim of this study is to comprehend the meaning of yoga practice for patients of a psychiatric inpatient unit in a general hospital.

METHOD

The methodological trajectory shows a qualitative research of phenomenological nature based on Merleau-Ponty's theoretical-philosophical framework⁽¹⁵⁾.

The research site was a Psychiatric Inpatient Unit (PIU) of a general university hospital located in the state of Rio Grande do Sul (Brazil). This unit has 36 beds (26 public beds and 10 private beds and/or for health plans), which treat individuals with different psychiatric disorders such as depression, bipolar and eating disorders, anxiety, schizophrenia spectrum, among others.

The survey was conducted with all 15 participants who practiced yoga during the period they were admitted to the PIU, and no one chose not to participate. The inclusion criteria included were the following: having attended at least two yoga classes and being 18 years old or older. The exclusion criteria included were the following: not being able to communicate due to medication effects or thought disorder during the data collection period. It is highlighted that the yoga classes were taught by a professional from the team and by one of the researchers of this study, and both had degrees in this therapeutic modality.

To describe and understand the experiences, a phenomenological interview was used, using two guiding questions to collect information: "Tell me about you experience with the yoga classes" and "Which sensations did yoga provide to you?"

The interviews were conducted individually, in a private room located in the PIU. The interviews were recorded and lasted about 30 minutes, being transcribed in full for further analysis. Data collection took place in the second half of 2017 and was performed by one of the research authors in order to understand the meaning of yoga practice by inpatients.

The phenomenological analysis of the descriptions followed four steps, with an initial reading of each description transcribed in full, in order to give a general meaning. Then, a new reading took place with the specific purpose of discriminating the units of meaning, focusing on the phenomenon of this research, centered on the perception of the practice

of yoga within a psychiatric unit. Subsequently, the units of meaning were described. And finally, by outlining the units of meaning, they were made explicit, revealing the essence of the researched phenomenon⁽¹⁶⁾. In the end, the units of meaning were synthesized and transformed into a conscious statement about the experience shown in the statements, named as the structure of the phenomenon, which were organized into thematic units⁽¹⁶⁾.

From the thematic units, through the comprehensive analysis of the statements, the purpose was to understand how people, as participants in the study, understand the practice of yoga, which is the structure and essence of the studied phenomenon⁽¹⁵⁾.

This research protocol was approved by the Ethics Committee in Research involving Human Beings, under opinion No. 2,322,056. To ensure the anonymity of the participants, the letter P (Participant) and a sequential number from 1 to 15 were used to refer to the participants (P1 to P15).

RESULTS

In the characterization of the study participants, it was found that the number of patients interviewed represented, on average, 40% of the number of beds available in the study setting. The age group of the participants ranged from 18 to 60 years old, with eight females (53%) and seven males (47%). As for their psychiatric profile, all had good clinical conditions to participate in the proposed yoga activities. The yoga classes took place twice a week, each class lasting 30 minutes, during the period in which participants were hospitalized.

Through the construction of the thematic units and the comprehensive interpretation of the meaning of the experience of yoga for inpatients in a PIU, it was possible to organize the results into six thematic units, which were interpreted in view of Merleau-Ponty's phenomenological perception: Emerging from corporeity; Feelings of well-being, lightness, tranquility and peace; Improvement in thinking pattern; Breaking of paradigms; Improved sleep quality; and Temporality movement.

Emerging from corporeity

Psychiatric inpatients, when experiencing yoga, refer to the emergence of corporeity linked to the body awareness that yoga provides. They report that they feel the muscles working, providing wisdom to know their own body, according to the reports below:

[...] it gives me more sense of my body, I found, for example, that I am much more unbalanced on the left side than on the right, I found that I have more strength on one side than the other and I had never realized that. (P2)

It brings something of recognition of the body parts, it is as if each part of the body had an independent life and as if we could feel this life, feel the foot, the leg, the calf, feel the hand, the neck, the belly, the back [...]. (P7)

It was growing, I was letting go, when you say stretch the neck at first I did not feel the neck lengthen, but in the last classes I could feel the neck stretch, felt the movement of the body sideways, lean forward. (P11)

Feelings of well-being, lightness, tranquility and peace

This thematic unit is linked to esthesia, that is, the individual's ability to understand the sensations emanating from the experience of practicing yoga. This occurs when the participant reports feeling well-being, lightness, tranquility and peace.

It felt good; it was a new experience, new knowledge... for me it was a wonderful experience, so much for the teachers being considerate as for the experience itself. It was my first time so I felt comfortable, I felt light, peaceful, and I felt at peace. (P1)

[...] I felt good, relaxed, comfortable, I had no pain, it was not an exercise that later I felt pain, I guess I felt very comfortable. (P6)

Improved thinking pattern

Psychiatric inpatients report that the practice of yoga has improved their thinking patterns, that is, opening their minds to possibilities, allowing them to try, experience and understand aspects of their inner world.

I felt a change in my thoughts, as if my mind was opening to new possibilities, quieter, calmer, peaceful thoughts. (P1)

[...] getting rid of the pain and thinking about the path of tranquility and welfare to the body, to the soul and spirit and lightness of the fears and pains trigged by life. [...] the ability to get rid of bad thoughts by opening yourself to daily good ways and thoughts. (P3)

At the time of practice I did not have many thoughts, during practice we listened to that song, we thought about waterfall, water, I thought a lot about the beach, good thoughts, it helped. (P9)

Breaking of paradigms

In the reports of the psychiatric inpatients, there was a change of conception regarding yoga, removing a thinking pattern that was previously used so that a new understanding of the practice was adopted. This can be seen in the transcripts below:

[...] I thought of yoga more as a meditation thing, that we would sit around making a sound, something like that, I had no idea what yoga was. (P2)

I always thought yoga was more exercise, but yoga is more, it has breathing, body control. (P5)

[...] I had no expectations at all, I had a prejudice and now, as I told you, I keep counting the seconds to the next yoga class, I thought it was only a girl thing, I had this sexiest and silly attitude (laughs) and I got rid of this attitude. I think it's being very good, very good indeed. (P8)

Improved sleep quality

According to the patients, the practice of yoga, as well as the breathing exercises (pranayamas), helped to induce sleep, as shown in the following statements:

I really enjoyed it, I was able to concentrate better, even to sleep, now when I can't sleep I do the breathing exercise and I fall asleep, I think it helped me to be calmer, be more patient, I guess. (P9)

[...] I did all the practices and I liked it a lot, helped me a lot, helped me to sleep despite of my insomnia, I did the breathing exercise I learned here and really helped me relax at bedtime. (P10)

Temporality movement

In this thematic unit it was noticed that the statements are permeated by temporal

aspects (past, present and future), allowing the participants of the Yoga classes to make a rescue of the past to the present, highlighting the improvements during the practice of yoga, as well as aiming at the future, projecting to carry on the practice after discharge. We can check this temporal movement in the following reports:

I think yoga is a combination that is good for body and soul and spirit, I think it is a complete exercise and I think about doing it outside, my daughter is already looking for [...]. (P6)

I think I will continue to do it throughout my life [...] it is very relaxing, letting the body loose, you detach from your body, I couldn't do it before in this way. (P7)

I'll have to do some activity after leaving here, but I will seek to do yoga. I did not expected it, it's been unique, I try it just to kill time, and from the third class onwards I noticed it was a good thing to do, that was going to bring me benefits. (P8)

DISCUSSION

In the statements of the participants, it can be noted that their perceptions about the practice of yoga are linked as to understand them as an "emergence of corporeity", referring to body awareness linked to the motricity that the experience brought them. The patient understands that there are positive changes in body perception during the period of the yoga practice and attributes the meaning of perceiving oneself better, bringing self-awareness and knowledge regarding their body in the world.

The person in the world is the body in the world, because the body is the one who perceives it, who feels it, that is, the subject of perception is the body, for it is a living perceptual unity and no longer the consciousness from which knowledge comes. In considering the person as a body in the world, the importance of perceptual experience is emphasized, which shows us that knowledge begins in the body itself⁽¹⁵⁾.

Thus, it is observed that the awareness of the body as a form of expression and relationship with the world presented itself as a starting point for new discoveries about one's body and its sensations, awakening them to explore this new reality presented at the yoga practice during the hospitalization.

It is noted that the phenomenon of yoga practice emerged as a report of their lived experiences, bringing the meaning of feelings of well-being, lightness, tranquility and peace in the scenario of these practices. In this sense, this perception reinforces that the body confirms human existence in the world through sensations, since the body is not primarily in space, but it is space itself, that is, it is the field of sense apprehension. Thus, one cannot speak of sensation as pure impression, because something "felt" is not sensation, but a property of the object, a sensitive "something" (15).

Here, the sensitive is the definitive word that unfolds in the elaboration of an original ontology of the body, being precisely the element that establishes that affinity. The affirmative situates us in order to understand the human existence as singular, essential, unique and a trigger of several sensations required for the affirmation of the human being⁽¹⁵⁾.

In practice, yoga allowed patients to experience and understand aspects of their inner world as they stated in the category of improving thought patterns, as well as opening their minds to new possibilities of existence.

For the human being, the moment retained and modified is the perceptive, which opens a spatial and practical field, describing the relationship with the preceding as moments in our control. So it is first with our body that we experience time⁽¹⁵⁾.

Thus, the present surpasses itself into a future and a near past, and touches them

where that past and future are, and so the past does not come to us only in the form of expressed memories. With this, we see that the body is seen as capable of identifying a positive change through the practice of yoga by the patients of the PIU. The experience of the body reveals a profoundly significant type of existence which, to experience another person's body or my own body, has no other way than to live it⁽¹⁵⁾.

The statements show the temporal movement, through the report of breaking paradigms, removing a thinking pattern that was previously used so that a new understanding was adopted regarding yoga. However, it is also noticed in the statements the rescue of the past to the present, in which people perceive positive changes in the period in which they did the practice, in which people launch themselves into the future, projecting the practice of yoga after discharge.

The analysis of time has confirmed a sense of meaning and understanding: time only has meaning to us because we "are it", and we can only say this about time because we are in the past, present and future. It is not only the notion of the body, in the present, that is necessarily linked to the notion for oneself, but the actual existence of my body is indispensable to the existence of my consciousness. However, it is not the objective body that Merleau-Ponty refers to, but the phenomenal body that possesses the truth of the body as we live it⁽¹⁵⁾.

The limitation of the research refers to the continuous practice of yoga by patients after hospital discharge. Further studies on yoga practices with people in the mental health field are suggested in order to fill this gap in scientific publications and advance the construction of knowledge regarding integrative and complementary practices like yoga in the SUS.

FINAL CONSIDERATIONS

From the phenomenon of "the meaning of the experience of yoga for psychiatric inpatients", this study made it possible to understand that the practice of yoga with psychiatric inpatients represents a significant support in the context of psychological suffering, as they resume their lives based on the perceptions they had and sensations they felt, resulting in positive impact on their health.

Given this, the experiences of yoga practice proved to be fundamental for participants at the time of psychiatric hospitalization regarding the perception of their body, as well as the feelings of well-being, lightness, tranquility and peace. It also enabled people to build positive thoughts and to improve their sleep quality.

Participating in yoga groups made people rescue moments from the past and present, and also expressed future expectations regarding the desire to continue with the practices. Furthermore, the group proposed reflection, reconstructing thoughts about the practice of yoga.

Thus, it is important to promote nursing care in the light of new practices. It is necessary to change thoughts, values and beliefs about the inclusion of new therapeutic approaches in mental health. This view includes the holistic approach to one's health, that is, a way of seeing the world with infinite possibilities for exchange between science, philosophy, art, and spiritual traditions, making them interactive and transdisciplinary.

The data from this research can support actions in the processes of nursing education in mental health, giving visibility to integrative practices with patients in a Psychiatric Inpatient Unit.

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Received: 02/04/2019 Finalized: 04/12/2019

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Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - JASF, JFS, MWC, CN, ZLT, MS