

Cognitive transformations in aging and longevity trajectories in Mental Health

Transformações cognitivas nas trajetórias de envelhecimento e longevidade em Saúde Mental (resumo: p. 16)

Transformaciones cognitivas en las trayectorias de envejecimiento y longevidad en salud mental (resumen: p. 16)

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This paper analyzes the movements of cognition related to aging and longevity in the context of users assisted in a Psychosocial Care Center. We seek support especially in studies of the biology of knowing regarding the processes of caring and living. The methodology adopted is qualitative, in the form of intervention research, using cenopoetic workshops that favor free expression through multiple forms of action in language. As a result of this research, we can understand changes of conduct in the experience of the participants, coordination of new and emerging actions directed to mental health care in the paths of aging and longevity.

Keywords: Aging. Longevity. Workshops. Mental Health.



Introduction

Health studies emphasize the issue of age and consider aging focused on the experience of the elderly. By bringing longevity into our research, we shift attention towards changes in physical and mental health states, also focusing on issues other than age, by involving users of the healthcare services who are interested in the research topic and are cared for in an institution focused on promoting mental health.

Throughout life, we experience changes that are intertwined with manners of living together. Based on this reflection, we construct the following research question: How do subjects undergoing mental health treatment construct their aging and longevity processes?

In this study we seek to understand how users of healthcare services who undergo mental health treatment transform their experiences related to aging and longevity.

Aging, longevity and Mental Health

When discussing aging and longevity with mental health, we are discussing everyday behaviors and the life that emerges from them, a continuous process of self-world co-creation. The spontaneous course of human life presents us with changes related to advancing age, transformations in the organism that require differentiated care.

During our aging process we experience biological, psychological and social transformations. We may or may not have chronic illnesses, physical limitations and emotions when dealing with losses, retirement, etc.¹. These changes happen and interact with the caring processes that, through our language behaviors, make the life we are preserving perceptible. Therefore, even as adults, we can come across issues regarding aging that produce concerns. Transformations in living make human becoming perceptible, processes that involve continuous structural changes in the conservation of the organization, which is life itself².

Longevity implies paying attention to the duration, conservation and extension of life, living longer is important as long as it is with quality, with health care actions. Human living requires daily care with food, the continued practice of physical activities, emotions in dealing with everyday life, in short, it requires learning self-care^{1,3}. These are some of the most difficult lessons to learn, as they draw attention to the relationships through which we choose the way of life we want to preserve. One possibility is self-care and attention to coexistence with others and the environment. In this direction, collaboration stands out.

Human beings, from the perspective of the biology of knowing which we adopt, are understood as constitutively loving beings who, from birth, need the care of others to survive. Love, in this approach, is not simply a feeling, but a process of emotioning, among other possibilities, a way of being with others and coordinating behaviors in language towards care practices that guarantee the preservation of life².



If love is the founding emotion of the social phenomenon, which we, humans, preserve in our mammalian and hominid lineages, and which makes language possible, it is evident that this emotion must be present in any human domain that we connote as social, and, not in competition, oppression or submission, which are areas of action in which the acceptance of others in coexistence is not relevant⁴. (p. 1213-4)

This reflection by Viana et al.⁴ is also pertinent when we think about the relationships and practices built between the users of health care and the multidisciplinary team, the users and interns, the users and us researchers, as it involves perceiving the legitimate presence of others in the process of coexistence.

We, human beings, live in a flow of networks of conversations - laws, gestures, images, narratives, constructions - that give visibility to psychic and collective individuation processes, as a flow of our ancestral history. And, along this path, we can make space for free reflection on the life we want to preserve in our daily conduct.

Simondon^{5,6} is an important theoretical intercessor, by expanding reflection on the effects of coupling processes that occur when, throughout human history, we use different objects to create manners of acting in the world. The philosopher develops a powerful discussion on the individualization of technical objects and psychic and collective individuation, processes in which we act on ourselves and produce lags in being. The author's constructions^{5,6} provide us with the necessary outlook when wanting to understand human transformations in different contexts and societies.

Biology of knowing

Maturana and Varela⁷, Chilean biologists and scientists, help to understand how the processes of knowing and living occur. The authors⁷ build, through countless studies on perceptual phenomena, the concept - autopoiesis - a word of Greek origin that means: "auto" - by itself and "poiesis" - production, the ability of living beings to produce themselves. "Living beings are characterized by, literally, continually producing themselves"⁷ (p. 84). The interaction with the environment, in human living beings, enables new couplings, as we are language beings. "Language is a way of living together in a flow of consensual coordination of consensual coordinations of behaviors, and is as such a domain of coordinations of coordinations of actions"²² (p. 178). Actions that allow new ways of operating in this closed network, instigating changes in emotion. If we change our emotions, we will change our coordination of actions.

Along these lines, Vianna et al.⁴ clarify that language "doesn't take place in the body of the participants, but rather in the relational space as recurring and consensual coordinations of conduct" (p.1213). We can understand changes related to aging and longevity by observing and analyzing the networks of conversations woven in the research experience, as in these networks we perceive recurring recursions of consensual behavioral coordinations that make it possible to visualize processes of knowing and living.



Methodology

We develop a qualitative study with an intervention research design, developed through the proposition of an experience that brings together a small group of health care users who attend the meetings of the *Oficinando em Rede* Extension Program in a Psychosocial Care Center (CAPS).

The CAPS is located in a residence in the community that offers daily and continuous treatment to people in psychological distress. It has a multidisciplinary team and its space is divided into Nursing, Psychological, Medical/Psychiatric, Physical Education and Social Assistance services.

During the period of first contacts with the research participants, we engaged in the activities of the extension program. CAPS professionals were present at this initial moment of the research, helping us to obtain, for example, the users' contact information.

The path we have constructed involves a "shared practice", in which the research itself is an intervention, as it is a "product and, at the same time, produces a domain of knowledge" between the subjects involved, participants and researchers⁸ (p. 104).

Writing, as an action by the researchers, interacts with the first-person methodology proposed by Varela. In agreement with the scientist, we embrace the idea that, when researching, we are present in the system we observe and simultaneously acting on ourselves⁹.

In this intervention research, cenopoetic workshops are part of the research procedures. Cenopoetry, a concept proposed by Ray Lima, health educator from northeastern Brazil, is a combination of different artistic languages, a possibility of integrating multiple languages¹⁰. In the workshops we integrate cenopoetry through theater, paintings and *cirandas* (Translator's Note: *ciranda* is a traditional Brazilian children's dance). The multiple languages of cenopoetry, interactive processes and games favor the free expression of living.

The research participants are five users who embrace and are interested in the proposition of reflecting on aging and longevity, all of them members of the *Oficinando em Rede* Program. There are four women and one man, aged between 52 and 65 years old. Thus, our research involves not only subjects considered elderly, aged 60 or above, but also those who experience aging and expressed their acceptance of this topic. To preserve identities and ethical precepts, we use the following fictitious names: Carlos, Clarice, Adélia, Coralina and Cecília. They are people who live in social vulnerability, their places of residence are located in the peripheral regions of a city in the interior of northeastern Brazil and all of them had to stop working due to the suffering circumstances that led them to seek health care at CAPS.

The methodological procedures of this research took place in two stages. In the first stage, we participated in workshops from the *Oficinando em Rede* Program and its planning meetings. In the second stage of the research, we organized cenopoetic workshops with the five participants. We recorded the workshops and cenopoetic acts



on video and were able to compose extensive research material for our observation and analysis: images, videos, participants' self-narratives and written logbooks, in which we recorded the moments, conducts/ coordinations of the participants' actions, materials that were necessary for reflection and discussion.

The analysis of the research materials consists of tracing the points of connection and/or distance in the ways of acting on aging, longevity and mental health care. We seek to pay attention to and better understand the journey of each subject in their relationship with the experience of aging and longevity. As we observed the experience, we were able to interconnect the narratives with the images constructed in the cenopoetic creations, composing the reflection process like a mosaic.

It is important to highlight that this research was submitted and approved by the Research Ethics Committee (CEP), under the register: CAAE: 25802819.5.0000.5294. Ensuring the standards set out in Resolutions No. 466/12 and No. 510/16 of the National Health Council (CNS), which aim to protect the research subject by guaranteeing ethical and legal aspects.

Results and Discussion

The study we carried out originated with the inclusion of the authors in the activities of the *Oficinando em Rede* Program, when we attended weekly workshops. We also participated in the VIII Study Conference of the *Oficinando em Rede* Program. This process provided us with an opportunity to build bonds with the research participants so that we could, later on, develop workshops directly linked to research actions. There was one in-person workshop at CAPS and five online workshops. The online workshops were necessary due to the emergence of Covid-19.

In the first workshop (in person) we put the following words on the table: Aging, Longevity and Mental Health. Soon, the participants started narrating:

I think a lot about my old age. Because some diseases have appeared that I say are due to aging, like bone disease. I'm already 65 years old. I used to tidy my house, I stopped it, I can't do it anymore. I've even tried to kill myself, because I've always been very "artera", I did a lot of things, and then I couldn't anymore [...]. Today I am more resigned, even with the illnesses. I used to care what others said about my appearance, nowadays I don't care. I'm sick, but I'm not always at the doctor taking care of myself. Soon the doctor wants me to go on a diet and I don't want to do it. But I know it's important. (Cecília's self-narrative. Logbook – First Workshop – 03/16/2020)



I think now some bone problems are back, so as I get older I get scared. Because when I was little, when I was 6 years old, I was paralyzed because of this bone problem, until I was 15 years old I couldn't walk, I was always in a hammock [...] after surgery I walked again, but because of age it is returning. [...] I'm not very happy only because of this fear of not being able to walk again and I also really dislike work, I can't work anymore, I'm walking very little now, so I dislike it. (Carlos' self-narrative. Logbook – First Workshop – 03/16/2020)

As we can see, Cecília deals with some health problems and says she does not take care of herself, that these are age-related issues, conforming to the situation. She reported suicide attempts and admissions to the hospital, but currently faces this moment without “caring”. She shows concern, but questions her difficulty in taking care of herself. According to Pellanda¹¹, learning to live, carrying out care practices and developing a healthy aging process requires work on rebuilding oneself. This is a dimension highlighted in self-narratives which appears repeatedly in the lives of health service users, a - difficulty in taking care of themselves -. Emerich and Onocko-Campos clarify and indicate possibilities for building new ways of caring:

For these aspects to be implemented in the reorientation of clinical practices and service management, the actions of workers are essential. As agents of darning and supporting the proposed care model, workers can build new or reproduce old ways of caring, raise criticism and produce knowledge on impasses and advances towards strengthening care practices based on the existence-suffering of subjects and expanding treatment offers, since “[...] there is no point in changing laws and structures without changing people”¹². (p. 2)

We agree with the authors when they indicate the need to change the ways of caring and acting in the health service's daily practices, which implies the necessary reflection on our perceptions of aging. Research participants begin to create modes of free expression in cenopoetic acts, experience joy through their creations, but self-narratives related to pain and suffering are recurrent: words, writings and scenes of lament emerge in conversations during virtual meetings.

Carlos also faces issues regarding aging. He says that the problem in his bones has worsened and mentions his ongoing fear of becoming a paraplegic. This emotion is so strong that Carlos shares his suffering and difficulties in every encounter and is unable to find solutions, or even make changes to live a more joyful and caring life, transforming his emotion. According to Pellanda¹¹, the fear of certain conditions of old age and degenerative diseases can be destabilizing noises, which requires internal, continuous work of reorganization to assume an autopoietic attitude of authorship.



Thus, the emotions of fear and bitterness are noticeable in the lives of Carlos and Cecília. They find it difficult to modify the emotions that support perceptible language actions and, consequently, to carry out caring actions and build a better life. Carlos participates in theater activities, workshops and cenopoetic acts, but he reports that at home he does not have the energy to take care of himself. Another issue perceived and experienced by Carlos and Cecília is the disappointment of not being able to work and/or carry out certain activities that were previously carried out. However, we witnessed in the dance and theater workshop during the VIII Study Conference that the two show notorious vitality that they do not perceive. Regarding change in emotions, Maturana points out²:

When we change our emotion, we change our domain of action. In fact, we all know this in the practice of everyday life, but we deny it because we insist that what defines our conduct as humans is that it is rational. At the same time, we all know that, when we are under a certain emotion, there are things we can do and things we cannot do, and that we accept as valid certain arguments that we would not accept under another emotion. (p. 15)

During this first in-person workshop, Clarice also spoke about some health problems she faces, but said that she also carries out certain activities to live a healthier life:

Those who don't want to get old should die young. I don't feel old, I have some health problems, some diseases, bone diseases, but I can still do a lot of things. My head hurts non-stop, I take a lot of medication, I still feel that sadness. But, despite my age, I try to move around so these illnesses don't catch me. (Clarice's self-narrative. Logbook – First Workshop – 03/16/2020)

Although she needs to face several illnesses, Clarice said that she tries to live healthier and that she does not feel too old to carry out certain activities, despite her age. Soon after hearing her CAPS friends talk about getting older, Coralina showed interest in sharing something:

Old age is not in your appearance, old age is in your mind. Because I know a 99-year-old woman who is tough, she dances, she plays, she doesn't take her lipstick off her mouth, and she says she is the happiest woman in the world. She dances there at CRAS, I wish you could see it. We can still walk, talk, so we have to enjoy it and give thanks to God and live, right. (Coralina's self-narrative. Logbook – First Workshop – 03/16/2020)



Coralina understands aging from another perspective. The relationship between age and disability is brought by Coralina as a way of thinking, “it’s in our mind”, which allows us to reflect on how in our culture we welcome and relate to the processes of aging and longevity.

Right after our conversation, they chose two songs for us to sing, “*Escuta*”¹³ e “*Corpo meu minha morada*”¹³. In the lyrics of “*Corpo meu, minha morada*” we stopped to close our eyes, enjoy the music and breathe deeply as a caring practice.

After this moment of lightness and reflection, we asked: “what do you think of the music, the lyrics?”. And Adélia said:

Our body is our house, our home, so especially as we age, our body changes. There are some things that are getting old on me that I feel a little displeased with. My skin is a little wrinkled and I’m not even that old, but my appearance is already bothering me. That’s why it’s more difficult over time. This song talks about that. (Adélia’s self-narrative. Logbook – First Workshop – 03/16/2020)

In her self-narrative, Adélia refers to the importance of taking care of ourselves, our body as our home and, therefore, the need to take care of it. However, she mentions the difficulty of caring for our bodies, as we are faced with changes in appearance due to advancing age. As stated by Cruz¹⁴, cenopoetry enables the expression of living in action:

What if the body is also time? Taking care of our body-time, creating and conquering life possibilities, digging into what is good, light, radiant, and then problematizing the events that surround us. Learning to support. Cenopoetry is life in action, in the here and now, in it the scene goes thun and the show begins through me. (p. 26)

The next workshops were online due to the aggravation of Covid-19. We decided to rethink our methodological path. We contacted participants and together discussed our future online workshops. Sadly, before we could continue, one of the participants, Coralina, passed away. According to the family, she had Coronavirus and didn’t resist the aggravation of the disease. It was a moment of pain and loss for us, researchers and users. Coralina showed during our research that she handled her aging process with joy, she was always present and dealing with aging by seeking mental health, which taught us that happiness, the power to act is not determined by our age. We performed a ritual of tribute and farewell to Coralina and, as part of the research, Carlos, Clarice, Adélia and Cecília were able to say farewell words, symbolizing the moment of loss of their friend, so dear to everyone.



We started our second online workshop by asking how they were doing at that moment. Our goal was to understand how each participant was dealing with aging and longevity given the situation that permeated our lives. We chatted and they shared the care practices that each one did or didn't carry out in the context of the Covid 19 pandemic. When we asked how they were doing, Carlos shared his pain:

I miss seeing people in person, going for walks and going to CAPS. Sometimes I feel anxious about some things on my mind. (Carlos' self-narrative)

At that moment we asked him: [...] what are you doing to change this situation? What do you do that makes you happy? He replied:

I'm still looking for something to change this situation, trying to find something that makes me happy. But at the moment I am experiencing a period of suffering. (Carlos' self-narrative. Logbook – Second workshop, Online, 07/29/2020)

Clarice, in turn, showed us what she was doing to brighten her day and take care of herself:

Clarice grows countless plants in her backyard and shares her teachings and wisdom about each of them, showing them with enthusiasm. She said that she loves drinking *chimarrão* [mate] and using some herbs from her garden. She gave us a real lesson on the benefits of medicinal plants and proposed teaching her friends from CAPS how to garden after the pandemic. She said that sometimes what bothers her is joint pain and back problems that started about 15 years ago. She said that she follows up, goes to medical appointments and always engages in activities that help her body. (Logbook – Second Online workshop, 07/29/2020)

It is important to highlight the emotioning of fear, desires and concerns, discussed by Cardoso and Silva¹⁵, as they emerge in narratives during the pandemic, a context in which preserving life implies social distancing. At this time we carried out and proposed some physical activity practices, simple stretches that help to strengthen the body and move, without so much physical effort so as not to strain the joints. We performed the stretches together, and the participants proposed some techniques they already knew. Thus, Clarice showed us that she was looking for ways to care and support her life during this pandemic period.

In the third workshop, Adélia felt the need to speak to the group about how she was living, dealing with aging and mental health during this period of isolation:



What I find bad at the moment is that we can't get together, I miss the meetings at CAPS. Besides distracting me from bad thoughts, I liked it. But, now with the workshops via WhatsApp, we can see our friends, play and have a little fun like before. (Adélia's self-narrative. Logbook - Third Online Workshop, 08/07/2020)

Silveira³ enlightens us on the creative functions in which, when dealing with the process of weaving through language, the client perceives themselves as an artist and is able to deal with their own emotions, in order to deal with and alleviate their own suffering. The different artistic forms are part of cenopoetry and enhance free expression, which is why clients demonstrated to miss the workshops, and at the same time, they enjoy the fact that we can hold cenopoetic workshops on aging and longevity in online meetings.

Soon after Adélia said that she was less active, Carlos and Clarice happily commented that in the last workshop, in which Adélia could not participate, we performed a series of exercises and stretches that they were doing at home and would like to share with her to help her. Then, we started the stretches and the participants themselves were teaching. When it was time for the *cirandar*, they asked for the song they named as "*do sol*"¹³.

Cecília, in our conversations by phone calls, as she does not have internet access, showed, like Adélia, a concern about the disease Covid-19. She also spoke of the difficulty of taking care of herself:

At home some things are difficult, I'm not eating very well, I don't go out like I used to and I don't care for my appearance either, so I can't control my Diabetes anymore, I have some pain in my bones in addition to the sadness, right, that appears sometimes. (Cecilia's self-narrative. Logbook – Phone conversation, 08/10/2020)

At that moment, I asked if she performed any activity that made her joyful and that she liked to do as a care practice in her life. She reported that she really liked the music from the workshops. I reminded her of some, we sang the *cirandas* together with the following songs: "Escuta", "Eu quero pegar o sol", "A roda é o fluxo da história", all songs created by artists, health educators from the Brazilian northeast, such as Ray Lima, Junio Santos and Johnson Soares¹⁰.

In the fourth Online Workshop, participants brought some songs and poems and discussed issues they were dealing with as they grew older.



Clarice showed us her plants, what each one is for, how we can grow them in our home and use them in our food. Carlos reported that he likes listening to music and shared some that he loves, such as Carimbó Português (Roberto Leal), o amor é um bem maior (Tony – guitar and voice). At that moment, I put the songs on YouTube to follow Carlos while he taught us the lyrics to the songs. (Logbook – Fourth Online Workshop, 08/10/2020)

We notice some changes in Carlos' actions. Before, he always talked about his suffering and anguish, the fear of no longer being able to walk and of being alone in old age. Carlos lives with his parents, his mother is bedridden and his father suffers from Alzheimer's. However, in the fourth workshop Carlos shared his joy with music, he talked about his favorite musicians, some good memories in his life and that he loves being next to his father and listening to songs on the radio, the two of them sitting together on the sidewalk.

In our fifth Online Workshop, we shared poetry and listened to participants' reflections on the processes of aging and longevity. Adélia also demonstrated that she was bothered by some changes in her body due to aging. We shared with them the poem "*Erótica é a alma*"¹⁶, written by the poet Adélia Prado.

After the poetry reading, participant Adélia revealed that one of her biggest difficulties and obstacles is not feeling good about her appearance. The changes due to aging make her uncomfortable:

I'm noticing some changes in my body that I don't like. My skin is getting a little wrinkled, you know? Some gray hairs are appearing and my belly is getting flaccid. I never thought I would look like this at 52 years old. (Adélia's self-narrative. Logbook – Fifth Online Workshop, 08/14/2020).

Shortly after Adélia's narrative, Clarice shared that some gray hairs are appearing for her as well, but for now it doesn't bother her, unlike the health problems:

Some gray hairs are appearing for me too, you know, but my appearance still doesn't bother me, what's bad is my bone problems, but I also don't sit still, I exercise, I'm doing those stretches, I grow my plants, I drink juice and take care of myself, go to medical appointments, I don't sit still, if not it's worse. (Clarice's self-narrative. Logbook – Fifth Online Workshop, 08/14/2020)

We observe in the self-narratives movements of self-organization of living, we notice the disturbances that emerge in conversation networks and in cenopoetic workshops and that participants begin to deal with their own emotions and reflect on their daily actions². Inspired by Simondon's⁶ studies on the individuation processes and becoming, we know that we are capable of establishing relationships, taking different objects and poetic productions that enable experiences that affect languaging human bodies in the sensitivity dimension in cenopoetic constructions. We can transform



ways of living by acting on ourselves and, in acting on ourselves, we produce updates in the ways of being-feeling-living in the world. Living beings not only adapt to the world, they can modify their relationship with the world through aging and longevity, promoting relief of psychological suffering and both physical and mental health care.

For our sixth and final workshop, we proposed a conversation on the experience of the workshops and asked the participants what we can do/think to continue living an aging process with more care, health and love. To this meeting, Carlos brought a small radio from his house that he uses to spend time with his father listening to old music.

This is my father's radio, we like to listen to it, spend time together. It's good to listen to music, I like it. It's like we've been saying, it's good to do joyful activities, to take care of yourself, I'm trying... (Carlos' self-narrative. Logbook – Sixth Online Workshop, 08/19/2020)

During the period of time in which we held the last workshops, Carlos shared videos of the songs he likes and was listening to via WhatsApp. We can ask: - With how many languages can we make our world? For Carlos, music is his language, a way of weaving linguistic networks, moving from narratives in which he is victimized due to difficulties in moving his legs, to dancing and smiling. Changes in emotions are intertwined with ways of acting in the language that Carlos dances to and the clues pointed out by a user of a mental health service can provide tracks for building paths towards aging and longevity with mental health. It's worth mentioning the learning of the different ways in which attention works, processes discussed by Kastrup¹⁷.

Most studies on attention are limited to highlighting its function of selecting information and its role in carrying out tasks, but attention also has an effective participation in creative activities and, in general, in inventive cognition. (p. 187)

At the last meeting, Clarice showed us her favorite plant, the desert flower. She said that it looks beautiful when it blooms, it's vibrant and brightens the garden. She thanked us and shared that she loves our meetings, where she can show a little of what she likes, talk, sing and play. She reported that she will continue taking care of herself and growing the plants she loves. Adélia took a small mirror from her house, showed it and explained:

Sometimes I don't really like what I see, but I learned from you that despite the changes in our lives we can take care of ourselves in a joyful way, and that's what I intend to do. I want to spend my old age being very happy. I will miss our meetings, but we will continue talking and helping each other. (Adélia's self-narrative. Logbook – Sixth Online Workshop, 08/19/2020)



We finished the meeting with *cirandas*, singing and having fun. Through the multiple ways of acting in language, we are able to observe the processes of self-organization and new and emerging emotions in the way each participant starts dealing with aging and longevity. Silveira³ was dedicated to the arts as a possibility of opening space for the promotion of care and relief from psychological suffering, openings for changes in the relationships between what happens in the “depths of the unconscious” and “everyday spaces”. She refers to the catalyzing affection in mental health care actions. In turn, Kastrup¹⁷ highlights attention to oneself as a process present in inventive cognition. In this sense, the relief of psychological suffering related to aging and longevity processes does not happen only with access to information on health or through the mere performance of activities and tasks, but through the holding of good encounters, such as in cenopoetic creations, in which we can all transform the course of living.

Final considerations

We seek, in the final moment of this writing, to highlight the reflections we consider most relevant, which interact with the entire research process. We resume the question: How do subjects undergoing mental health treatment build their processes of aging and longevity? Our objective is to understand how health care users who undergo mental health treatment transform their experiences related to aging and longevity.

We need to highlight that Covid 19 caused changes in the research methodology and that in the course of the research we experienced the grief of Coralina’s death. We were able to learn and experience, building together cenopoetic practices and acts during the meetings that started to take place online.

The experience of this research provides us with the opportunity for a circular movement of actions and reflections that allows us to visualize paths of possible changes and reconstruction of the participants’ lives. We were able to distinguish changes in the coordination of actions in language and emotion, such as the adoption of care practices, the search for the cultivation of joy and power in living, through changes in images, self-narratives of care, gestures and circumstances that invite us to take responsibility for the experience of living with care and attention to health.

Aging was shown in the initial moments of the research to be a process marked by weaknesses related to what they can no longer do, diabetes problems, joint pain, mobility difficulties, among other issues that are interconnected with their life paths. The self-narratives initially focused on lament-type complaints, which seemed to impede the possibilities of changing their emotional states and mental health.

At the end of our research, we can recognize our and the users’ desire to continue with the meetings and cenopoetic acts, as these open up possibilities for us to have fun together and, as taught by Silveira³, understand that it is possible to alleviate psychological suffering and make changes in life. Promoting mental health implies changes in behavior, coordination of new and emerging actions aimed at caring for mental health during the process of aging and longevity. The choices and actions in our daily lives point out paths and highlight the life we want to preserve.



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Funding

The author declares to have received the following financial support for the research, authorship or publication of this article: This work was funded by the Coordination for the Improvement of Higher Education Personnel (CAPES) - registration number 88882.455741/2019-01.

Acknowledgements

We thank everyone who participates in the Oficinando em Rede Extension Program for their embracing and support.

Conflict of interest

The authors have no conflict of interest to declare.

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Editor

Simone Mainieri Paulon

Associated editor

Moisés Romanini

Translator

Paola Pujol Manzoli

Submitted on

03/21/23

Approved on

09/28/23



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Este trabalho analisa os movimentos da cognição relacionados a percursos do envelhecimento e da longevidade no contexto de usuários atendidos em um Centro de Atenção Psicossocial. Buscamos apoio, especialmente, nos estudos da Biologia do Conhecer sobre os processos de cuidar e viver. A metodologia adotada é qualitativa, na forma da pesquisa-intervenção, com emprego de oficinas cenopoéticas que favorecem a livre expressão mediante múltiplas formas de ação na linguagem. Como resultado desta pesquisa, pudemos compreender mudanças de condutas na experiência dos participantes; e coordenações de ações novas e emergentes dirigidas ao cuidado com a saúde mental nos percursos do envelhecimento e da longevidade.

Palavras-chave: Envelhecer. Longevidade. Oficinas. Saúde Mental.

Este trabajo analiza los movimientos de cognición relacionados a recorridos de envejecimiento y de longevidad en el contexto de usuarios atendidos en un Centro de Atención Psicossocial. Buscamos apoyo, especialmente, en los estudios de la biología del conocimiento sobre los procesos de cuidado y vivir. La metodología adoptada es cualitativa, en la forma de la investigación-intervención, con empleo de talleres escenopoéticos que favorecen la libre expresión, mediante múltiples formas de acción en el lenguaje. Como resultado de esta investigación, pudimos comprender cambios de conductas en la experiencia de los participantes, coordinaciones de acciones nuevas y emergentes dirigidas al cuidado con la salud mental en los recorridos del envejecimiento y de la longevidad.

Palabras clave: Envejecer. Longevidad. Talleres. Salud Mental.