

**BLINDNESS IN LIGHT OF BODY AWARENESS: MEMORIES OF
(TRANS)FORMATION OF A MEDICAL PROFESSOR**

***A CEGUEIRA À LUZ DA CONSCIÊNCIA CORPORAL: MEMÓRIAS DE
(TRANS)FORMAÇÃO DE UM MÉDICO PROFESSOR***

***CEGUERA A LA LUZ DE LA CONCIENCIA CORPORAL: MEMORIAS DE
(TRANS)FORMACIÓN DE UN PROFESOR DE MEDICINA***



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ABSTRACT: The objective of this paper is to provide a critical, self-critical, and confessional view of these experiences enriched by emotions and passions, showcasing the significance of my professional choice as a physician and medical professor, projecting my inner self and future, as well as addressing aspects of childhood, adolescence, and adulthood that contributed to my understanding of my body, relationship with sports, school life, and friendships. I employ autobiographical sources, information from my Lattes curriculum, records of completed modules in the specialization, a statement of intentions in the selection process, personal memories, and projective elements of practices and readings. References to authors in the phenomenology of perception discussed throughout the course aid in understanding the synesthesia present in myself and in relations with others and the world, seeking, through these reflections, to project me towards future actions, living with fullness, intensity, quality of life, and purpose.

KEYWORDS: Visually Impaired Persons. Memory. Formation. Body awareness.

RESUMO: O objetivo deste trabalho é traçar uma visão crítica, autocrítica e confessional dessas experiências enriquecidas por emoções e paixões, apresentando a relevância de minha escolha profissional como médico e professor de medicina, projetando meu eu interior e futuro, além de abordar aspectos da infância, adolescência e vida adulta que contribuíram para o conhecimento de meu corpo, relação com esportes, vida escolar e amizades. Utilizo fontes autobiográficas, informações do currículo lattes, registros dos módulos concluídos na especialização, carta de intenções no processo seletivo, memórias pessoais e elementos projetivos de práticas e leituras. Referências a autores da fenomenologia da percepção discutidos ao longo do curso auxiliam na compreensão da sinestesia presente em mim e nas relações comigo mesmo, com os outros e com o mundo, buscando, a partir dessas reflexões, projetar-me para ações futuras, vivendo com plenitude, intensidade, qualidade de vida e sentido.

PALAVRAS-CHAVE: Pessoas com Deficiência Visual. Memória. Formação. Consciência corporal.

RESUMEN: El objetivo del Trabajo es trazar una visión crítica, autocrítica y confesional de estas experiencias enriquecidas por emociones y pasiones, presentando la relevancia de mi elección profesional como médico y profesor de medicina, proyectando mi yo interior y futuro, además de abordar aspectos de mi infancia, adolescencia y vida adulta que contribuyeron al conocimiento de mi cuerpo, mi relación con el deporte, la vida escolar y las amistades. Utilizo fuentes autobiográficas, información de mi currículum lattes, registros de los módulos completados en la especialización, carta de intenciones en el proceso de selección, memorias personales y elementos proyectivos de prácticas y lecturas. Las referencias a autores de la fenomenología de la percepción discutidos a lo largo del curso ayudan a comprender la sinestesia presente en mí y en las relaciones conmigo mismo, con los demás y con el mundo, buscando, a partir de estas reflexiones, proyectarme hacia acciones futuras, viviendo con plenitud, intensidad, calidad de vida y sentido.

PALABRAS CLAVE: Personas con Daño Visual. Memoria. Formación. Conciencia corporal.

Introduction

Autobiographical writing has always been a challenge for me, as recalling memorable events, lessons learned, and indescribable experiences inevitably brings me face-to-face with adversities, errors, and anxieties. In this memoir, I do not intend to select only the successful episodes or those with satisfying endings, but rather to present my human side, full of imperfections, desires, and dreams, which have shaped my identity as thinking and desiring to be in this world.

I remember my elementary school days when, on the first day of each school year, the teacher would ask us to write about our holiday experiences. In this context, I naturally shared only the happiest events, as if I needed to shield myself from the less fortunate days so that the teacher would well receive my narrative.

As I matured during high school and through more critical readings, such as the works of Machado de Assis, Graciliano Ramos, and Karl Marx, I came to understand that life is not a journey without obstacles. We face challenges that require constant reinvention, turning us into the protagonists of our own stories. These experiences shape and change us, directing us toward new paths or even a return to old ones.

Building on this narrative thread, Freire and Guimarães (2002) emphasize the premise that it is imperative to understand history so that we can extract valuable lessons from it. To achieve this knowledge, one must commit to serious and in-depth study, adopting rigor and discipline as guides. This requires countless hours of dedication, along with a sincere willingness to explore, learn, and assimilate. This quest for understanding harks back to one's life journey, becoming an invaluable source for personal and global transformation. Through this process, we become beings in constant harmony with the changes that surround and propel us.

Thus, this memoir aims to revisit stories, whether positive or negative, that have given meaning and significance to the defining moments of my trajectory. Understanding these experiences helps me reexamine my journey, reassessing choices, reactions, frustrations, and transformations resulting in new worldviews.

Methodology

Autobiographical writing necessitates recognizing it as an integral part of self-research. In this context, memories serve as tools that allow us to reconnect with the past, relive the intensity of events, and extract both apparent and hidden lessons.

Ricoeur (2007), in his work on memory, history, and forgetting, emphasizes that memory is a struggle against oblivion, where its representations are marked by the presence or absence of the past, thus determining the reliability of recollections.

According to Pineau (1999, p. 331, our translation), the aim of autobiographical writing is for the individual in training to engage in a reflective return on their "trajectory to construct from it a project of research-action-training. This mode of writing enables its practitioners to confront vicissitudes, dilemmas, successes, and concerns, whose reflective analysis significantly contributes to the deepening understanding of their lived experiences, both in personal and professional realms, and to the elucidation of the challenges intrinsic to these domains".

Prado and Soligo (2005) clarify that the memoir constitutes both a formative tool and a privileged textual genre, allowing the author to assert their voice in the process of authorship, making public their opinions, anxieties, experiences, and memories, contributing to the (re)construction of identity.

According to Bragança (2011), the formation of the subject is intrinsically linked to experiential learning and identity processes, providing a sensitive understanding of existential complexity and the sharing of knowledge. The author emphasizes that formation encompasses all moments and spaces of life, enabling a liberating human transformation through knowledge, self-construction, and interaction with the world.

In this light, I divide the consequences of my memories into two sections. In the first, titled "*Memórias e Formação: Relatos de uma Trajetória Educacional*²", I return to my origins, highlighting my school and university education, my postgraduate studies, and the beginning of my professional career. In the second section, "*Experiências e (Trans)Formações*³", I reanalyze moments of profound transformation in my life, especially visual impairment, its repercussions on my personal and professional trajectory, and the influence of these experiences on my specialization in Body Awareness, Health, and Quality of Life, with concluding remarks.

² Memories and Formation: Accounts of an Educational Journey.

³ Experiences and (Trans)Formations.

The specialization course in body awareness, health, and quality of life is a *lato sensu* postgraduate program offered by the Department of Physical Education at the Federal University of Rio Grande do Norte (UFRN), conducted from May 2021 to November 2022. The course featured monthly meetings held remotely in a synchronous format and was organized into curricular components. This training provided me the opportunity to deepen my knowledge, practices, discussions, and reflections that contributed both to the creation of this memoir and my personal and professional development.

I hope, in this way, to present to the reader the reflections and feelings that emerged from the experiences lived, the learnings shared, and the emotions awakened, in a profound and genuine manner. Using the metaphor of *The Little Prince*, I aspire to contemplate my biography, just as he contemplated the rose, with all its nuances, including the challenges. Moreover, I wish to analyze my life, emphasizing the details that compose my scenery and its circumstances, thereby strengthening my self-knowledge and ongoing dialogue with the world around me, in search of personal and collective transformation.

Memories and Formation: Accounts of an Educational Journey

My educational journey began in Rio de Janeiro in 1980. Swimming soon became my favorite sporting activity, earning the admiration of onlookers for my courageous performance. I quickly began to participate in competitions and accumulate medals. Each defeat motivated me to strive for improvement.

At a young age, I moved to Natal (RN) due to my father's job transfer. I attended *Escola Nossa Senhora das Neves*, where I completed all my elementary and high school education, participating in various civic, cultural, and sports activities. Sports were valued at the school, and swimming continued to be my passion, providing a deep connection with myself and moments of tranquility and stimulation.

For practical reasons, I temporarily switched to generalist physical education in high school, which frustrated me as I did not identify with playing futsal. Gradually, I realized that my genuine desire was to return to swimming, and my parents supported this decision due to my good academic performance.

I was the class leader for several years, representing my class in meetings with teachers and at the civic center. However, this involvement contrasted with a deep feeling of loneliness

that almost always accompanied me. Bullying by some classmates due to my Carioca accent and mannerisms exacerbated this feeling. Isolating myself in the library during breaks became a way to cope with this situation. According to *et al.* (2013), bullying is characterized by repeated exposure to physical or behavioral depreciation actions over a prolonged period, causing emotional and affective harm to the victim and resulting in social isolation.

After completing high school, I achieved my dream of entering the Medical School at UFRN and continued with a Residency in Internal Medicine and Endocrinology at the State University of Campinas (UNICAMP). This phase of studies and professional training allowed me to develop teaching skills and deepen my knowledge of hormones and metabolism.

During my undergraduate studies, I noticed an excessive biomedical bias at the expense of more humanistic approaches. The biomedical conception of the body relies on biophysics and the dichotomy of normality vs. abnormality, conceiving "disease as the result of a deviation from elements primarily morphophysiological and psychological (disease)" (Alves, 2006, our translation). According to the author, this understanding enshrines disease as the linear and direct result of a pathological process that bestows the institutionality of the biomedical conception of medicine and its professionalization.

This understanding underpins a Cartesian, dualist vision that is often objectified, fragmented, and mechanistic of the human being, who, devoid of subjectivity and consciousness, occupies the passive and uncritical pole of the "doctor-patient relationship."

After graduation, I returned to Natal to begin my professional practice. I worked as a doctor in the Family Health Strategy (ESF) in *Pendências*, engaging in health promotion and education activities. Additionally, I worked in the endocrinology outpatient clinic of Luís Antônio Hospital and taught Medical Semiology and Endocrinology at *Universidade Potiguar* (UNP).

However, upon returning, my journey took an unexpected turn. A new self began to emerge, and my body awareness entered a process of mutation. This phase of transformation was challenging but also allowed me to mature and face new encounters with myself.

Experiences of Transformation: The Journey of a Being with Visual Impairment

Experience, as Benjamin (1993) suggests, is a mobilizing, touching, and transformative phenomenon that profoundly affects us. It carries the strength of the collective, the participation of others, and the richness of polyphony, manifesting itself in multiple meanings and interpretations. The knowledge gained through experience emerges from the interaction between knowledge and human life, singular and concrete (Larrosa, 2002).

My new trajectory began with the diagnosis of retinitis pigmentosa, a degeneration of the retina that resulted in tunnel vision and progressive loss of visual acuity. Since my 20s, I have faced difficulties with night vision, in low-light environments, and gradually, with reading. I consulted various specialists and underwent tests until confirmation came about 10 years after the symptoms began, through genetic mapping that revealed a mutation in the *Cerkl* gene, characteristic of retinitis pigmentosa.

The initial signs of the condition likely appeared years earlier when the individual experienced discomfort while following night-time indoor soccer or volleyball games, while their friends continued the activity without visual difficulties. On those occasions, they would choose to sit on the bench and watch from a distance.

After the diagnosis, I faced a series of emotional reactions, including doubts and anxieties. However, I chose to continue, buoyed by statistics indicating that approximately 20 to 30% of cases do not progress to more severe forms. However, upon returning to Natal, my visual condition worsened, adding new challenges such as difficulties in reading and collisions with objects.

During this period, I experienced moments of denial, anger, sadness, and fear, and I occasionally directed these feelings toward my parents and grandparents, considering the genetic nature of the visual condition. These emotional cycles also manifested in my parents, with denial prevailing for many years, which generated uncertainties about accepting my new reality.

Living with visual impairment highlights the phenomenon of ableism, defined as a prejudicial attitude that ranks individuals based on the conformity of their bodies to corporeality norms (Mello, 2016). Such prejudice can manifest internally, as self-ableism, or be directed towards other people with disabilities, negatively impacting social interactions and inclusion.

While working as a doctor for the Family Health Strategy in *Pendências* (RN), I encountered a new world of challenges, facing glare and brightness in the mornings, haziness

in the afternoons, and darkness at night. People did not know how to help, and I was learning to adapt to the new scenario, seeking ways to move and assistive technologies.

During this period, the discourse of medical rehabilitation permeated my life, being reinforced at work, during home visits, and even within the family. Often, I was questioned about the possibility of surgeries to improve my vision, something I knew to be unfeasible, but which I nonetheless nurtured as an illusory hope.

My attempts to find treatments led me to consult doctors in various cities and even to travel across the country in search of research protocols involving stem cells. However, my visual condition was too compromised to be included in experimental trials, leading to disillusionment and depression.

As Schilder (1980, p. 11, our translation) presents: "The image of the human body is the figuration of our body formed in the mind, that is, the way in which the body presents itself to us." This mode of appropriation, when not confronted and satisfactorily addressed, is often dominant and can impose a series of self-punishments, punitive perspectives, or social separations.

After a period of reflection, I realized that I needed to face my situation with more confidence and decided to begin the rehabilitation process in 2012. At the Institute for Education and Rehabilitation of the Blind in Rio Grande do Norte (IERC), I familiarized myself with the white cane, the signature guide, and Braille writing. I still resisted internally and externally to this learning process, but I found support in individuals with visual impairments, especially in the Hope Alive Group, a music education program for the blind at UFRN.

My wife also played a crucial role in this journey of learning, perseverance, and self-confidence. I learned from Valter Hugo Mae about the importance of touch and how sensitivity and empathy towards others' suffering can make us more humane.

Merleau-Ponty (1999) introduces us to the expanded conception of the body as a form of expression of our being in the world, not merely as a simple object, but as a living presence in motion, encompassing aspects of subjectivity and the relationship with oneself, with others, and with our environment.

Over time, I rekindled my passion for swimming and discovered biodance, which brought life, courage, and a new perspective of interaction with the world. Throughout these experiences, I sought to deepen my self-awareness and understanding of the health of people with disabilities. I pursued further specializations, undergraduate and master's degrees, facing

challenges and being welcomed into the faculty at UFRN, where I could contribute to inclusion and accessibility, fostering a welcoming and accessible environment.

According to the Brazilian Inclusion Law (Brasil, 2015), it is the collective responsibility of society, the government, and families to safeguard the rights of people with disabilities. These rights include accessibility, effective communication, access to information, health care, rehabilitation, dignity, respect, freedom, and participation in community life, among others. Consequently, it is the duty of every member of society, whether or not they have a disability, to ensure an inclusive environment free from barriers that allow the full participation of everyone in meaningful social interactions.

Thus, “Through the movement of inclusion, individuals come closer to themselves and their communities, and in this tactical but not predetermined or predictable movement, they (re)unite and strengthen forces for the creation and (re)creation of social connections promising the continuous constitution of their ways of being and existing in the world, with the world, and with others as protagonists of their history in collectivity” (Orrú, 2020, p. 27, our translation).

Currently, I understand that rehabilitation transcends mere recovery of physical functionality; it involves a profound transformation of the body, mind, and spirit. Through this experience, one learns to perceive the world in various ways, using tools such as screen readers, text scanners, smartphone apps, and fundamentally, one's sensitivity.

I noticed a significant evolution in my understanding of the world and my existence during my specialization. My view of the body transformed into something more expansive, cosmic, dynamic, sensitive, and reflective. This transformation allowed me to feel the expression of this integration and reaffirm my existence as something that transcends the obvious, the static, and the visible, reaching the plane of the immaterial, the invisible, the beyond, and the sublime. According to Merleau-Ponty (1999), the body is an active being essential in our understanding of the world, constantly involved in sensory experiences and movements, i.e., the esthesiological body, a body that moves and desires.

Thus, Delors (1996) teaches us that among the essential learnings for cognitive and social development is the preparation to deal with life's adversities, justice, empathy, preparation for work, and living in society. These pillars are fundamental in my encounter with the world after the loss of vision, propelling me to explore new paths, rebuild myself as a person, establish new connections, and launch into the sea of the infinitude of life, with perseverance and dedication.

In summary, body awareness represents the knowledge and practice that allow us to understand and perceive the wholeness of being, rescuing feelings, identity, and expression in the world. It is the interaction between the perception of the body as both essence and appearance, integrating sensible experience and the knowledge acquired throughout my journey.

Thus, I plan to continue seeking new courses in body therapeutic practices and meditative and humanistic techniques throughout life, aiming for improvement, updating, and redefining my existence. I also intend to continuously reflect on my relationship with the body and the world, writing new letters with new worldviews and experiences, always reaffirming life, joy, health, balance, love, peace, and light.

Final Considerations: Rehabilitating to Transform

In this concluding section, I return to the letter to the body, constructed as a tool for the selection process in the specialization course in body awareness, health, and quality of life. My initial perceptions of the body were strongly influenced by the biomedical perspective, a result of my medical training, although they already included essential elements of humanistic, relational, and holistic understanding.

My ten-year experience as a person with a disability and the deepening of themes related to inclusion and rehabilitation, from a broader perspective, during my postgraduate studies in Public Health, provided me with the knowledge to go beyond the materiality of the body.

However, these initial attempts to integrate the essence into the apparent body were limited and not very reflective. The excessively medicalizing bias of medical training has always deeply bothered me, and today, I consider the unicausal, fragmented, and unidirectional understanding of the human being to be insufficient.

Today, I understand body awareness as a set of knowledge and practices aimed at comprehending and perceiving human beings in their totality, rescuing aspects of feelings, identity, and expression in the world. To achieve this goal, theoretical, methodological, and epistemological elements were deepened to, based on the fullness of being, unite interception and exteroception, the being sensed and the being signified, affections, sensations, and action in the world. Agreeing with Nóbrega (2009), body awareness is the perception that human beings have of their existential reality as a body in motion, as corporeality.

This new perspective on the self-body and the world provides a foundation for a more sensitive professional practice attentive to the dynamics of human life in its completeness, where the human being is integrated and active in the world. In this context, I can, with determination, assist in realizing the proposal contained in my entry memorial as a professor, encouraging students, the clients to whom I provide care, the family members with whom I interact, colleagues at work, and in my own family and friends, the discovery of themselves, the valorization of self-care, daily expression, and transformation as subjects.

In the field of medicine, body awareness holds vast potential for action and integration, from perceiving the body as an active subject and protagonist of its care to empowerment for multidimensional action, based on the completeness of being. This drives the practice of humanized health care, which is welcoming and relates on a horizontal level, free from judgments and disrespect. These pillars constitute the foundation for self-care, care for others, and care for the world, essential for health workers, family members, and the entire community. Moreover, it involves an expanded perspective of healing that transcends physical matter and encompasses mental, spiritual, and biopsychosocial dimensions. It also includes interpreting physical signs and psychological suffering as vocalizations of the unconscious, the unsaid, and the forbidden, among other significant contributions.

From my training in body awareness, health, and quality of life, I aspire to deepen and incorporate daily self-knowledge, the relationship between the self and the world, the multiple ways of expressing desires and needs, the feeling of belonging to the whole, to the cosmos, and intercorporeality, which connects me to my peers and gives more meaning and significance to my existence. I intend to practice and incorporate into my routine many of the experiences from the course, such as meditation, relaxation, stretching, deep and conscious breathing, self-massage, silence, singing, dancing, and sharing impressions, frustrations, and curiosities about the world with my peers, perpetuating such experiences in my heart.

Finally, I conclude this study with a feeling of gratitude for this transformative journey, which has broadened my understanding of the world and being. I commit, as both a professional and a human being, to disseminate and apply the knowledge acquired, aiming to contribute to a more empathetic, welcoming, and conscious society, where rehabilitation can (trans)form lives, promoting the fulfillment and well-being of each individual and the community as a whole.

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